ASIAN INTERNATIONAL STUDENTS' BELIEFS ABOUT PSYCHOLOGISTS' INTERNATIONAL COMPETENCIES AND SERVICES

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Asian International Students' Beliefs about Psychologists' International Competencies and Services

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Abstract

An analogue study in which 311 Asian international students were randomly assigned to read one of four vignettes was conducted to examine the impact of psychologists' level of international competency and the type of psychological service (outreach vs. individual therapy) they provided on participants' attitudes toward psychologists and their services. Two MANCOVAs were performed to test the hypotheses that high psychologist international competency (as compared to low competency) and outreach (as compared to individual therapy) would result in more favorable perceptions of psychologists and psychological services. Findings suggested that demonstrating high international competency resulted in more positive perceptions of psychologists' expertness, although it was not related to Asian international students' attitudes toward specific psychological services. Results further revealed that while Asian international students as a whole perceived individual counseling and outreach similarly, regional differences emerged with respect to stigma tolerance for services. Research and training implications for psychologists are discussed in light of the findings.

Keywords: Asian international students, help-seeking, international competencies, outreach.

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Asian International Students' Beliefs about Psychologists' International Competencies and Services

Because of changes brought forth by globalization, it is essential that psychologists in the United States (U.S.) develop international competencies related to working with non-U.S. populations (Heppner, Leong, & Gerstein, 2008; Marsella & Pedersen, 2004). Given that the U.S. continues to attract more international students than any other country in the world (Institute for International Education, 2014; IIE), this need for international competency is becoming especially apparent within U.S. colleges and universities for many reasons. First, enrollment of international students in U.S. institutions of higher education exceeded 820,000 as of 2013, and approximately one-half of them self-identified as Asian (IIE, 2014). Second, international students may experience a host of stressors when studying abroad. Along with the normal academic stressors and adjustment issues related to college, these students also may experience prejudice and discrimination, language problems, difficulties with housing and food preferences, financial stress, cultural misunderstandings, difficulties adjusting to the U.S. education system, and a lack of social support (Mori, 2000; Olivas & Yi, 2006). Moreover, these students experience emotional (Bai, 2016), cultural (Panganamala & Plummer, 1998), and career (Crockett & Hayes, 2011; Shen & Herr 2004; Spencer-Rodgers, 2000) distress as well as acculturative stress, loneliness, and hopelessness (Mori, 2000; Pederson, 1991). As a result, these problems can negatively affect the students' pituitary-adrenal activity (Kudielka & Wust, 2010), immune system (Guyton, 1986). Asian international students, in particular, have been found to experience many acculturation challenges (Brilliant, 2010; Panganamala & Plummer, 1998) that can increase their likelihood of experiencing depression (Gupta, Leong, Valentine, & Canada, 2013). Some scholars (Surdam & Collins, 1984) have argued that Asian as compared to European international students experience higher levels of stress. Another reason why it is critical that U.S. psychologists acquire international competencies to help international students is that these individuals use the services at their university counseling centers significantly less than U.S. students do (Hyun, Quinn, Madon, & Lustig, 2007) and Asian international students in particular are among the least likely of all international students to seek counseling (Dadfar & Friedlander, 1982; Mitchell, Greenwood, Guglielmi, 2007; Smith & Trible, 2016 Yakushko, Davidson, & Sanford-Martens, 2008) and they also terminate counseling prematurely. The stigma associated with seeking counseling (e.g., Yoon & Jepsen, 2010), the importance of emotional self-control, assuming only individuals with very serious problems see psychologists (Li, Wong, & Toth, 2013), and internalized minority myth (Kim, Kendall & Chang, 2016) are just a few of the reasons why Asian international students do not seek psychological help.

As will be discussed below, to further understand why Asian international students do not enter counseling, researchers have examined these students' attitudes toward psychological services in relation to their demographics and cultural factors. There are many unanswered questions, however, about how to increase the probability that they will utilize mental health services and how to address the stress experienced by Asian international students. One such question is how to improve Asian international students' attitudes towards seeking psychological help. Therefore, the purpose of the current study was to investigate how Asian international students' attitudes toward and intentions to seek psychological services in the U.S. are influenced by factors such as a psychologists' level of international competence and the type of psychological service they provide.

Client Variables and Psychological Help-Seeking

Research findings are generally mixed about the role that client demographic variables play in psychological help-seeking attitudes among Asian international students. Significant and insignificant results have emerged regarding the association between help seeking attitudes and factors including age, academic status, or length of time in the U.S. (Mitchell *et al*., 2007; Zhang & Dixon, 2003). Moreover, country of origin has not been found to predict HS attitudes among Asian international students (Zhang & Dixon, 2003), and our literature review failed to locate any research exploring differences in help seeking attitudes in relation to what region in Asia (i.e., South Asia, Southeast Asia, East Asia, etc.) international students came from.

The roles of gender and previous therapy experience in help seeking attitudes have garnered some support. There is evidence Asian international female as compared to male students tend to hold more positive help seeking attitudes (Komiya & Eells, 2001; Wong, Wang, & Waffini, 2014) and Asian international students who have had previous therapy experience tend to hold more positive help seeking attitudes compared to those without therapy experience (Mitchell *et al*., 2007; Yoon & Jepsen, 2008). While these findings are consistent with help seeking research conducted with U.S. populations (Dadfar & Friedlander, 1982; Ægisdóttir, O'Heron, Hartong, Haynes, & Linville, 2011), they fail to explain the lack of help seeking behaviors specifically among Asian international students.

Cultural factors also have been examined in relation to Asian international students' help seeking attitudes. Again, research has yielded mixed findings (c.f. Yakunina & Wiegold, 2011; Zhang & Dixon, 2003) although it is possible these inconsistencies are tied to the different ways in which acculturation has been measured (e.g., unidimensional, bidimensional measures, etc.). The relationship between certain Asian cultural values and psychological help seeking appears even more complex. For example, Wong *et al*. (2014) observed Asian students who strongly adhered to Asian cultural values such as emotional self-control and

humility, as compared to students with less adherence to such values, held more negative attitudes toward psychological help seeking, but only in relation to interacting with their peers. Yakunina and Wiegold (2011) also found international students who adhered strongly to Asian values reported more negative attitudes toward counseling, but those who had a high fear of loss of face (i.e., fears of losing one's social status) and stigma concerns endorsed greater intentions to seek counseling. They posited Asian international students with such concerns might fear sharing psychological concerns with significant others and therefore prefer the confidential nature of counseling. Thus, it is apparent that client variables studied in isolation may not provide a complete understanding of Asian international students' help seeking attitudes.

Psychologists' International Competencies and Services

While much attention has focused on how Asian international students' individual differences may impact their help seeking, almost no attention has been given to how potential differences in psychologists or psychological services may impact help seeking. Given Asian international students' low counseling utilization rates and high drop-out rates (Mitchell *et al.*, 2007; Yakushko *et al.*, 2008), one possibility is that they do not perceive U.S. therapists as possessing the competencies needed to effectively work with them. In fact, two studies have shown that therapists who demonstrated culturally sensitive practices were perceived more favorably by Asian international students as compared to therapists who did not demonstrate cultural sensitivity (Sodowsky, 1991; Zhang & Dixon, 2001). Moreover, Asian international students' help seeking current patterns parallel those of U.S. ethnic minority populations before the widespread adoption of multicultural competencies within psychology (c.f. Sue, 1977), which further points to the possibility that concerns about competency play a role in their help seeking.

The concern that psychologists may not be adequately trained to work with non-U.S. populations has been echoed within the field as well. U.S. scholars have become increasingly vocal in their calls for the field to better address international training issues (e.g., Gerstein & Ægisdóttir, 2007; Hurley & Gerstein, 2013; Marsella & Pedersen, 2004), and research suggests that U.S. psychology trainees currently receive little training in working specifically with non-U.S. populations (Hurley, Gerstein, & Ægisdóttir, 2013; Turner-Essel & Waehler, 2009). Thus, it is conceivable that Asian international students' perceptions of psychologists and attitudes toward their services can be best improved by enhancing U.S. psychologists' international competencies.

Recently, greater attention has been given to identifying the specific characteristics of internationally competent psychologists. As such, Ægisdóttir and Gerstein (2010) extended Arredondo *et al*.'s (1996) Awareness-Knowledge-Skills

multicultural competency model to inform psychologists' international work. They asserted professionals in our field must not only develop (a) awareness, (b) knowledge, and (c) skills that are culturally sensitive, appropriate, and effective for international populations, but also they must develop (d) motivation to enhance their international competencies. Yet, the impact psychologists may have on an international client when demonstrating these competencies is unknown, as no research has sought to test their Motivation-Awareness-Knowledge-Skills (MAKS) model.

By focusing only on individual psychologist characteristics, however, researchers may still be missing the complexity of providing internationally competent services. Heppner *et al.* (2008), and Heppner, Wang, Heppner, and Wang (2012), asserted that an ecological perspective (i.e., a systemic contextual and cultural understanding of human behavior) was necessary to enhance mental health services in an international context. They stated that the internationally competent therapist would use skills to accommodate for differences that would otherwise hinder the provision of effective and culturally appropriate services. Moreover, Heppner *et al.* (2012) stressed the importance of psychologists intentionally reflecting upon their experiences in a cross-national context in order to enhance their competence.

Similarly, Gerstein, Hurley, and Hutchison (2015) proposed the Dynamic-Systemic-Process (DSP) model of international competencies. This developmental and learning model, in general, assumes the acquisition of international competencies is continuous, recursive, ever evolving and changing, cumulative, highly dynamic, and in a reciprocal relationship with the environment. It also is argued a persons' international competencies are shaped by and shape the environment. In specific, Gerstein *et al.* stated that international competencies as conceptualized by Ægisdóttir and Gerstein (2010) (i.e., MAKS) are a function of person (e.g., personality), person-process (e.g., cultural adaptability), environmental (e.g., cultural context in which services are provided), and environmental-process (e.g., training) variables. Therefore, one must think beyond individual psychologist characteristics when conceptualizing internationally competent practice. Furthermore, according to the DSP model "there is no final goal of psychologists developing international competencies. Instead, there is a lifelong and unique process of psychologists acquiring and refining such competencies as a result of professional and personal experiences, obtaining new knowledge, and the influence of an ever changing environment and their exposure to diverse cultural contexts" (Gerstein, *et al*, p. 243).

According to the DSP model (Gerstein, *et al*, 2015), psychologists that are internationally competent possess knowledge about their clients' culture, they understand and respect the clients' cultural norms related to self-disclosure, and the different ways their clients process information and make decisions. One implication of this observation is that psychologists must be aware of, and skilled

in, how to best deliver mental health services in order to be effective and congruent with their international clients' cultural norms and context. Given that individual therapy is a historically Western practice that is viewed as highly stigmatizing for Asian international students (Brinson & Kottler, 1995; Tedeschi & Willis, 1993; Yoon & Jepsen, 2008), it would seem this form of counseling may not be culturally appropriate for this group of students and it might negatively influence Asian students' perceptions of psychologists and their services. Therefore, many researchers have suggested that psychologists provide services to international students through outreach programs rather than individual therapy because it may be less stigmatizing (Nilsson, Berkel, Flores, & Lucas, 2004; Zhang & Dixon, 2003), provide students with more of a sense of anonymity, lessen their pressure to self-disclose, and respect their desire to maintain emotional self-control.

Outreach programs involve systematic attempts to offer psycho-education to individuals as well as efforts to modify the campus environment (Engel, Insalaco, Singaravelu, & Kennon, 2007). Scholars have recommended that therapists provide outreach programs to international students because of their low utilization rates of individual counseling (Nilsson *et al*., 2004; Zhang & Dixon, 2003). Although case studies have been published regarding successful outreach programs on university campuses, with benefits noted such as an increased sense of social connection for participants, fostering campus cultures that are more welcoming of diversity, and enhanced psychoeducation for participants (Engel *et al*.), our literature review failed to identify any research regarding Asian international students' help seeking attitudes for such outreach programs. Thus, the benefits of psychologists providing outreach versus individual therapy to international students remains unclear.

While there is limited evidence to suggest that providing more culturally competent therapy will improve Asian international students' perceptions of therapists (Zhang & Dixon, 2001), no research has examined whether this also would translate to the broader context of international students' attitudes toward psychological services. Asian international students' attitudes toward psychological services are important for several reasons. According to the Theory of Planned Behavior (Ajzen, 1985; 1987), one's behavioral intention to engage in a behavior is determined by a person's attitude towards the behavior, subjective norms (i.e., perceived social pressure), and perceived behavioral control. The theory has been used to successfully predict various behaviors (Fife-Schaw, Sheeran, & Norman, 2007) and also has gained support specifically in relation to psychological-help seeking behavior (Mo & Mak, 2009). The Theory of Planned Behavior can thus be applied to better understand the relationship between international students' attitudes toward psychological services (as well as their attitudes specifically toward psychologists) and international students' intention to seek various types of psychological services. While previous studies have examined international students' perceptions of therapists, these perceptions have yet to be linked with

behavioral intentions. Investigating this link may offer some insight into how to increase the number of international students seeking help from psychologists.

The Current Study

In summary, the past research is limited in several ways. By not attending to psychologist characteristics and features of the psychological services available to Asian international students in the U.S., it was assumed no variation exists within U.S. psychologists and their services, and that all U.S. psychologists consistently provide services in culturally competent ways. Furthermore, the models of international competency for psychologists that have been proposed by scholars have yet to be tested. The current study not only aimed to test aspects of these models in relation to Asian international students' help seeking attitudes, but also address the need for studying the perspectives of culturally diverse clients as a way to gain further understanding of psychologists' cultural competence (Dunn, Smith, & Montoya, 2006).

In specific, this study sought to address the limitations of the literature by examining the impact of psychologists' international competency and their service modality on Asian international students' perceptions of psychologists and attitudes toward their services. As such, the following hypotheses were tested: H1) Asian international students will have more positive perceptions of psychologists with high international competency as compared to those with low international competency, H2) Asian international students will have more favorable attitudes towards psychological services when the psychologist demonstrates high versus low international competencies, H3) Asian international students will perceive psychologists who provide outreach services more favorably compared to psychologists who provide individual counseling, and H4) Asian international students will hold more positive help-seeking attitudes towards outreach services as compared to individual counseling.

Method

As outlined below, a pilot study was first conducted to develop and validate four written vignettes that differed in relation to the two independent variables of interest: psychologists' level of international competency (high, low) and type of psychological service provided (individual therapy, outreach program). Following the pilot study, Asian international students from U.S. universities were recruited to participate in the main study. Participants were randomly assigned to read one of the four vignettes that were constructed in the pilot study and they then completed a series of measures related to the variables of interest.

Pilot Study

Generation of Stimuli. Research on psychological problems faced by Asian international students (Mori, 2000), help seeking literature (Ying & Miller, 1992), as well as research on analogue designs (Seguin & Ambrosio, 2002) was used to guide the construction of the vignettes (See Appendix). In the first paragraph of all vignettes, participants were asked to imagine that they were experiencing difficulty in adjusting to the U.S. and that this problem was impairing their academic and social functioning. The second paragraph described the hypothetical psychologist and type of psychological service that would be available to the participant. Consistent with Ægisdóttir and Gerstein's (2010) MAKS model, as well as Gerstein *et al*.'s (2015) DSP model, the psychologist in the high international competency condition was described as demonstrating motivation (*"The psychologist reports looking forward to working with you as an international student."*), awareness ("*The psychologist is aware that you are an international student, and your experiences might be different from U.S. students*."), knowledge (*"The psychologist knows about common international student concerns because of working with many international students in the past, and also knows useful strategies and techniques for international students."*), and skill ("*The psychologist also says that being an international student can be challenging because you have to deal with the stress of being in college, as well as adjust to a new culture*.") related to specifically working with international students, while these qualities were not mentioned for the psychologist in the low international competency condition (e.g., no mention of the psychologist being aware that the client is an international student, and may have had experiences different from U.S. students).

Literature on successful outreach programs for international students on U.S. campuses was used to construct the outreach condition (Engel *et al*., 2007). Specifically, the outreach program described in the vignettes was one in which U.S. and international students met together to enhance each other's university experiences by discussing their respective cultures and transitions to the university. The description of the individual therapy condition was based on a previous analogue study examining beliefs about psychological services (Ægisdóttir *et al*., 2011).

All vignettes contained around the same number of words (382-384) and described the psychologist as demonstrating general therapist competencies (e.g., warmth, care, respect, etc.). The gender of the psychologist was not mentioned to prevent a gender bias. Similarly, the vignettes did not indicate the ethnicity of the psychologist. This descriptor was intentionally omitted given that psychologists practicing in the U.S. may be of any ethnicity.

Next, feedback was elicited about the vignettes from three experts in international psychology, as evidenced by three or more publications in the area of international counseling. Experts were asked to rate whether the four vignettes sufficiently described the targeted independent variables (i.e., high/low international competency, individual counseling/outreach program) on a scale from 1 (*Not at all*) to 6 (*To a great extent*). Specifically regarding international competency, experts rated the characteristics of motivation, awareness, knowledge, and skills described in each of the vignettes (e.g., *"To what extent does the vignette describe a psychologist who demonstrates motivation related to working with international students?"*). The researchers set an *a priori* rating of 4 as an acceptable evaluation for the vignette. As expected, the high international competency conditions received an average rating of 4 or above, while the low international competency conditions were rated as 2 or below.

Manipulation Check. A 16-item manipulation check was created to assess if the independent variables in the vignettes were strong enough to elicit differences in the dependent variables. It was expected the seven general psychologist competency items (e.g., "*The psychologist was respectful*") would be rated similarly across all experimental conditions. It also was expected that the nine remaining international competency items would be rated differently across conditions based on the international competency level found in the vignette (e.g., *"The psychologist was motivated to help international students"*). Specifically, two items each were developed to assess the international competency characteristics of awareness, knowledge, and skills, while three items were developed to assess motivation.

Participants and Procedure. Thirty Asian international students from a large, Midwestern university were recruited via a campus-wide email to participate in the pilot study. Eleven (36.7%) were male and nineteen (63.3%) were female. The mean age of participants was 26.4 ($SD = 6.4$). One-third were undergraduates and two-thirds were graduate students. Approximately one-half of the participants had sought professional help for an emotional problem in the past ($n = 18$). Students were randomly assigned to read one of the four vignettes and then complete a demographic form, as well as the manipulation check items. Participants received a $5 Amazon gift card for their participation.

Results and Discussion. Because it was predicted that the type of service (counseling, outreach) was an unambiguous characteristic of the vignettes, only responses to the level of international competency was examined. The four experimental conditions were thus collapsed into two conditions: High international competency ($n = 15$) and low international competency ($n = 15$). Given the small sample size in the pilot study, manipulation check items were collapsed into two subscales (general competency, international competency) to increase power for the analyses. In the pilot study, Cronbach's alpha reliability coefficients were .91

for the general competency subscale and .94 for the international competency subscale. In the main study, the reliability coefficients were, .90 and .94, respectively.

As anticipated, responses to the international competency subscale were significantly higher for students in the high international competency ($M = 37.53$, $SD = 6.32$) compared to those in the low international competency ($M = 29.07$, $SD = 10.16$; $t = -2.74$, $df = 28$, $p < .05$) conditions. Cohen's d was calculated at 1.0, indicating that the effect size was large according to Cohen's (1988) guidelines. Also as expected, there were no significant differences in participants' responses to the general competency subscale across the high international competency ($M = 35.36$, $SD = 4.4$) and low international competency ($M = 33.73$, $SD = 4.40$; $t = .82$, $df = 27$, $p > .05$, Cohen's $d = .37$) conditions. Taken together, the results just reported provide validity for the four vignettes created for the current project. Thus, these vignettes were used as the stimulus material in the main study to test the stated hypotheses.

Main Study

Participants. This sample consisted of 311 Asian international students from 22 U.S. universities who were recruited via email by contacting university international offices and international student organizations. One-hundred seventy-four students were female (55.9%), 135 were male (43.4%), and two identified as transgender (0.6%). About one-half were undergraduates ($n = 150$), one-half were graduates ($n = 152$), and seven identified as non-degree-seeking students (2.3%). Two participants (.6%) did not indicate their academic status. The average time living in the U.S. was 33.8 months ($SD = 29.93$). The age of participants ranged from 18 to 57 ($M = 25.1$, $SD = 5.9$). Approximately half of the participants ($n = 153$, 49.2%) were from the East Asian region (China, Taiwan, Japan, South Korea); one-fourth ($n = 75$, 24.1%) were from the Southeast Asian region (Vietnam, Thailand, Malaysia), one-fourth ($n = 78$, 25.1%) were from the South Asian region (India, Nepal), and two (.6%) were from the Central Asian region (Uzbekistan, Tajikistan). Two participants (1%) did not report their country of origin. Fifty-nine participants (19%) stated they had sought professional help in the past for an emotional problem.

Measures. The Counselor Rating Form-Short version (Corrigan & Schmidt, 1983; CRF-S) was used to measure participants' perceptions of psychologists. The CRF-S is a 12-item scale with three subscales including therapist attractiveness (i.e., friendly, likable, social, warm), expertness (i.e., experienced, expert, skilled, prepared), and trustworthiness (i.e., honest, reliable, sincere, trustworthy). Each subscale contains four items that list adjectives and respondents indicate the degree to which each adjective represents the therapist on a seven-point Likert-type scale, with higher scores indicating more positive perceptions of a therapist.

The CRF-S subscales have demonstrated adequate split-half reliability ($r = .82$ - .93) and construct validity (Epperson & Pecnik, 1985). For the current study, the directions were reworded to reflect perceptions of the specific psychologist described in the vignette (i.e., "*Please mark the point on the scale that best represents how you viewed the psychologist just described to you*"). Reliabilities for the attractiveness, expertness, and trustworthiness subscales in the current study were .91, .92, and .94, respectively.

A modified version of the Beliefs About Psychological Services Scale (Ægisdóttir & Gerstein, 2009; BAPS) was used to assess attitudes toward psychological services. The BAPS consists of 18 items – four items measuring expertness (i.e., beliefs about the characteristics of psychologists and perceived outcomes of participating in counseling), eight items measuring stigma tolerance (i.e., subjective norms related to seeking help), and six items measuring intentions to seek services (i.e., likelihood of seeking psychological help). The BAPS has been shown to demonstrate adequate reliability ($r = .72$-.82), as well as content, construct, and criterion validity (Ægisdóttir & Gerstein, 2009).

Items were again reworded to directly reflect the particular psychologist and type of service described in the vignette (e.g., "*At some future time, I might want to see the psychologist that was just described to me*" versus "*At some future time, I might want to see a psychologist*"). Changing the wording was considered acceptable for the purposes of this study given than Ægisdóttir *et al.* (2011) reported similar reliability and validity for the BAPS when the wording was changed from "psychologist" to "mental health counselor." In the current study, the respective reliability estimates for the expertness, stigma tolerance, and intention subscales were .80, .80, and .85.

Procedure

A convenience sample was recruited from U.S. universities with large numbers of international students. Emails were sent to the international student office at the universities, international student organizations, and personal contacts that had access to international student email addresses. The email included a request to forward the invitation for participation in the study to Asian international students. It also included a brief description of the purpose of the study, eligibility requirements, a link to the *Qualtrics* (2013) website that hosted the survey, and information about the option to enter a drawing to win one of five $20 Amazon gift cards after completing the survey. Students were informed that the study's purpose was to investigate "potential services offered on campus" as opposed to "psychological services on campus" to prevent a selection bias. Each office, club, and person was contacted no more than twice.

Participants who consented to the study completed a demographic questionnaire and were then randomly assigned to read one of the four vignettes.

Students then completed the CRF-S, BAPS, and the Manipulation Check in a counter-balanced order to minimize ordering effects. At the end of the study, participants received a debriefing script about the true nature of the study.

Results

Manipulation Check

A series of independent samples *t*-tests were conducted to determine whether the manipulation was effective in the main study. As expected, there were no significant differences among participants' responses to each of the seven general competency items regardless of whether they were assigned to the high or low international competency condition. As anticipated, responses to each of the nine international competency items were significantly different, with those assigned to the high international competency conditions reporting significantly higher scores than those in the low international competency conditions ($p < .01$). The international competency items were then summed to obtain an aggregate score to determine the effect size of this difference (M_{High} = 42.92, SD_{High} = 7.75; M_{Low} = 36.03, SD_{Low} =9.87; $t = 6.64, df = 260.79$, Cohen's $d = .78$). According to Cohen's (1988) guidelines for interpretation, this was a medium to large effect size.

Preliminary analyses

Preliminary analyses were conducted to investigate the relationships among the participants' demographic characteristics and the dependent variables of interest, given that previous research has found associations among them. Specifically, multiple Pearson product-moment partial correlations were computed to explore the relationships among the variables of interest while controlling for vignette type. Small, significant correlations emerged between participants' academic status and their responses to all CRF-S and BAPS subscales (r's = .12 - .20, $p < .05$). In addition, being female ($r = .13$, $p < .05$) and being older ($r = .15$, $p < .05$) were related to higher BAPS-stigma tolerance responses. Previous therapy experience was associated with higher BAPS-expertness responses ($r = .12$, $p < .05$). Length of time living in the U.S. was not significantly correlated with any of the CRF-S or BAPS subscales ($p > .05$).

Based on these findings, a series of one-way MANOVAs were conducted to determine whether any participant demographic variables needed to be accounted for in the main analyses due to their significant relationships with the dependent variables. The two participants who identified as transgender were dropped from the analysis examining gender due to the small sample size. No differences were found for male and female participants' responses to the CRF-S, Wilks's ë = .997,

F (3, 282) = .24, $p > .05$, $\eta_p^2 = .003$ or BAPS, Wilks $\lambda = .983$, F (3, 281) = 1.59, $p > .05$, $\eta_p^2 = .017$. Similarly, there were no differences for participants with previous therapy experience and those without previous therapy experience in responses to the CRF-S, Wilks $\lambda = .986$, F (3, 282) = 1.34, $p > .05$, $\eta_p^2 = .014$ or the BAPS Wilks $\lambda = .984$, F (3, 281) = 1.50, $p > .05$, $\eta_p^2 = 016$.

Academic status was then examined in relation to the dependent variables given that it was significantly correlated with all six of the dependent variables. Only participants who identified as undergraduate or graduate students were used in these analyses due to the small sample size of persons identifying as non-degree seeking students. There was a significant effect for academic status in participants' responses to the CRF-S, Wilks $\lambda = .947$, F (3, 284) = 5.25, $p < .05$, $\eta_p^2 = .053$. Univariate analyses indicated that graduate as compared to under-graduate students reported significantly more positive attitudes regarding psychologist attractiveness [M_1 (*SD*) = 23.39 (*3.8*), M_2 = 22.37 (*3.6*), Cohen's d = .27], expertness [M_1 = 23.16 (*4.3*), M_2 = 21.32 (*3.97*), Cohen's d = .44], and trust-worthiness [M_1 = 22.98 (*4.64*), M_2 = 21.3 (*4.26*), Cohen's d = .38]. A similar pattern emerged when examining differences in undergraduate and graduate students' responses to the BAPS, Wilks $\lambda = .918$, F (3, 283) = 8.42, $p < .05$, $\eta_p^2 = .082$. Univariate analyses indicated that graduate as compared to undergraduate students reported significantly greater intentions to seek psychological services [M_1 = 25.87 (*6.39*), M_2 = 24.06 (*5.38*), Cohen's d = .31], higher stigma tolerance [M_1 = 35.58 (*7.73*), M_2 = 32.09 (*6.98*), Cohen's d = .47], and a greater belief in psychologist expertness [M_1 = 18.44 (4.08), M_2 = 16.77 (3.69), Cohen's d = .43].

In addition, since participants represented a heterogeneous group of Asian nationalities, differences related to participants' overall region of origin also were examined. Differences in students' responses to the CRF-S also were found in relation to their Asian region of origin, Wilks $\lambda = .933$, F (6, 560) = 3.30, $\eta_p^2 = .034$, $p < .05$. Univariate analyses indicated these differences were present for all CRF-S subscales ($p < .05$). Scheffe post-hoc tests revealed that there were significant differences ($p < .01$) between East Asian and South Asian responses to the psychologist attractiveness [M_1 = 22.33 (*3.99*); M_2 = 23.92 (*3.42*), Cohen's d = .43], expertness [M_1 = 21.48 (*4.33*), M_2 = 23.57 (*4.18*), Cohen's d = .49], and trustworthiness [M_1 = 21.5 (*4.67*), M_2 = 23.54 (*4.45*), Cohen's d = .45] subscales. Again, a similar pattern emerged when examining differences in BAPS responses based on Asian region of origin, Wilks $\lambda = .950$, F (6, 562) = 2.44, $\eta_p^2 = .025$, $p < .05$]. Univariate analyses indicated significant differences were present for all BAPS subscales ($p < .05$). Scheffe post-hoc tests revealed there were significant differences between East Asian and South Asian responses to the intention [M_1 = 23.9 (*5.92*), M_2 = 27.22 (*6.07*), Cohen's d = .55], stigma tolerance [M_1 = 32.81 (*7.41*), M_2 = 35.58 (*8.12*), Cohen's d = .36], and expertness [M_1 = 17.04 (*4.13*), M_2 = 18.63 (*3.9*), Cohen's d = .4] subscales.

Main analyses

Mean scores for the CRF-S and BAPS by psychologists' international competency level and type of psychological service are shown in *Table 1*. Overall, participants had somewhat positive perceptions toward psychologists described in the vignettes, with mean scores ranging from 5.34 to 5.83 on a scale from 1 to 7. Attitudes toward psychological services were similarly positive, with mean scores ranging from 3.97 to 4.48 on a scale of 1 to 6.

Table 1. Mean Scores and Standard Deviations for Responses to the CRF-S and BAPS

	Individual Service					Outreach Service			
	High Competency (n = 76)		Low Competency (n = 73)			High Competency (n = 90)		Low Competency (n = 70)	
	M	SD	M	SD		M	SD	M	SD
CRF-S									
Attractiveness	5.63	0.92	5.60	0.93		5.83	0.88	5.77	1.06
Expertness	5.58	1.03	5.34	1.14		5.64	1.06	5.49	1.10
Trustworthiness	5.46	1.17	5.47	1.23		5.45	1.16	5.66	1.09
BAPS									
Intent	3.97	1.04	4.23	1.01		4.16	0.94	4.22	1.01
Stigma	4.18	0.97	4.09	0.87		4.25	0.92	4.23	1.03
Expertness	4.26	1.10	4.48	0.96		4.36	0.91	4.44	1.00

Note: Higher scores indicate a more positive attitude toward counseling and a more positive attitude towards the therapist; CRF-S scores ranged from 1 -7; BAPS scores ranged from 1-6.

Because of their significance in the preliminary analyses, academic status and Asian specific region of origin were taken into account as part of the main analysis. An examination of the data indicated that all assumptions associated with multivariate analyses were met (i.e., normal distribution, linearity, homogeneity of variance and covariance).

A 2 (level of psychologist international competency: high, low) x 2 (service type: individual, outreach) x 3 (Asian region: east, southeast, south) multivariate analysis of covariance (MANCOVA) was conducted to test Hypotheses 1 (Asian international students will have more positive perceptions of psychologists with high international competency as compared to those with low international competency.) and 2 (Asian international students will have more favorable attitudes towards psychological services when the psychologist demonstrates high versus low international competencies.). Academic status was used as a covariate rather than an independent variable because although it appeared to be associated with the variables of interest, it was theoretically unrelated to the construct of

international competencies. Asian region of origin was treated as an independent variable because its potential interactions with the other independent variables (i.e., type of psychological service, psychologists' level of international competency) were considered to be of theoretical importance. Namely, because models of international competency stress the importance of understanding cultural influences that may impact the provision of services, it was thought that exploring significant regional differences due to culture could provide valuable information related to psychologists' international competencies. The dependent variables of interest were students' perceptions about the psychologist's attractiveness, trustworthiness, and expertness.

To reduce Type I Error, Hypotheses 1 and 2 were tested together instead of separately. Only main effects were examined in this first step because interactions were not articulated in the original hypotheses. Consistent with Hypothesis 1, the main effect for competency was significant, Wilks $\lambda = .953$, $F(3, 273) = 4.49$, $p < .05$, $\eta_p^2 = .047$. Univariate tests revealed no significant differences ($p's > .05$) in students' responses to the attractiveness and trustworthiness subscales as function of psychologists' international competencies. However, significant differences were found in students' responses to the expertness subscale with those in the high international competency conditions responding more positively compared to persons in the low international competency conditions ($M_{high} = 22.77$; $M_{low} = 21.61$, Cohen's $d = .27$). Thus, Hypothesis 1 was partially supported. To test Hypothesis 2, the main effect for service type was examined. Results were not significant, Wilks $\lambda = .989$, $F(3, 273) = 1.02$, $p > .05$, $\eta_p^2 = .011$, thereby failing to support Hypothesis 2.

A 2 (level of psychologist international competency: high, low) x 2 (service type: individual, outreach) x 3 (Asian region: east, southeast, south) MANCOVA also was conducted to test Hypotheses 3 (Asian international students will perceive psychologists who provide outreach services more favorably compared to psychologists who provide individual counseling.) and 4 (Asian international students will hold more positive help-seeking attitudes towards outreach services as compared to individual counseling.). The dependent variables were psychologist expertness, stigma tolerance, and intention to seek psychological help. Again, academic status was used as a covariate and only main effects were investigated. Hypothesis 3 was not supported, as no main effect was found for competency, Wilks $\lambda = .992$, $F(3, 272) = .76$, $p > .05$, $\eta_p^2 = .008$. The results also failed to support Hypothesis 4. No main effect was found for service type, Wilks $\lambda = .988$, $F(3, 272) = 1.11$, $p > .05$, $\eta_p^2 = .012$.

Supplemental analyses

Since there is no previous research involving how the dependent variables discussed above may be affected by the relationship between a psychologist's international competencies, the type of service they offer to Asian international students, and the region in Asia where students are from, the interactions in the aforementioned analyses were also examined. Results of these analyses might enrich our understanding of the factors that contribute to shaping Asian students' perceptions of psychologists and what may increase this group's willingness to seek mental health services. The 2 x 2 x 3 MANCOVA involving participants' responses to the CRF-S revealed no significant three-way interaction, Wilks λ = .98, F (6, 546) = .93, p > .05, η_p^2 = 01. Similarly, an examination of two-way interactions (i.e., service x region, service x competency, competency x region) in responses to the CRF-S revealed no significant findings (p's > .05). The 2 x 2 x 3 MANCOVA examining students' responses to the BAPS also was insignificant, Wilks λ = .983, F (6, 544) = .78, p > .05, η_p^2 = 008. Next, an investigation of two-way interactions in responses to the BAPS revealed two non-significant findings (i.e., service x competency, competency x region, p's > .05), but one significant interaction between service type and region, Wilks λ = .944, F (6, 546) = 2.63, p < .05, η_p^2 = .028. Follow-up univariate analyses indicated that there were differences specifically in responses to the stigma tolerance subscale. Estimated marginal means were then examined to determine the nature of these differences. Specifically, contrasts were examined while applying a Bonferonni adjustment to control for Type I Error. Results indicated that participants from Southeast Asia reported significantly higher stigma tolerance for the outreach intervention compared to East Asians [$M_{southeast}$ = 35.75 (*6.75*), M_{east}, = 31.36 (*7.21*), Cohen's d = .63], and participants from South Asia reported significantly higher stigma tolerance for the outreach strategy compared to Southeast Asians [M_{south} = 37.31 (*8.13*), Cohen's d = .21]. In addition, the outreach intervention was viewed as significantly more positive as compared to individual counseling for South [$M_{outreach}$ = 37.31 (*8.13*), $M_{individual}$ = 33.26 (*7.9*), Cohen's d = .51] and Southeast Asian students [$M_{outreach}$ = 35.75 (*6.75*), $M_{individual}$ = 32.46 (*6.83*), Cohen's d = .48]. There was no significant differences, however, in East Asian students' stigma tolerance for individual counseling and outreach [$M_{outreach}$ = 31.36 (*7.21*), $M_{individual}$ = 33.55 (*7.55*), Cohen's d = .3]. See *Figure 1* for results.
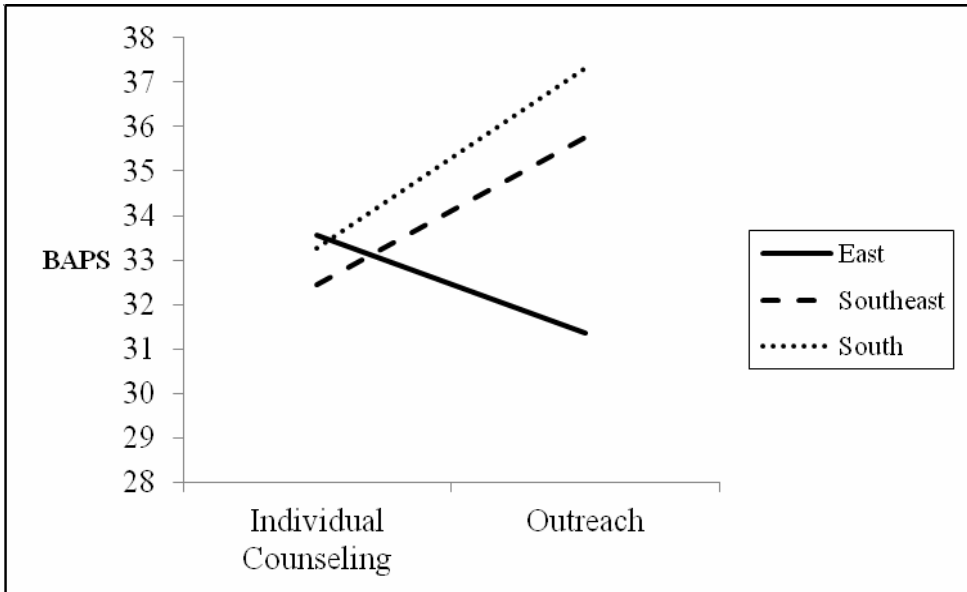
Figure 1. Responses to BAPS Stigma Tolerance Subscale by Asian Region of Origin

Note: Possible total scores for BAPS stigma tolerance subscale ranged from 8 to 48 with higher scores reflecting a greater stigma tolerance.

Discussion

An analogue study in which participants were randomly assigned to read one of four vignettes was conducted to examine differences in Asian international students' perceptions of psychologists and attitudes toward their services in relation to psychologists' level of international competency (high, low) and the type of psychological service provided (individual therapy, outreach). It was expected that high psychologist international competency (as compared to low competency) and outreach (as compared to individual therapy) would result in more favorable perceptions of psychologists and their services. A post-test only research design was used to reduce demand characteristics, as well as to decrease participant fatigue given that the experiment was conducted in English. Participants also completed a manipulation check to assess the strength of the manipulation.

Hypothesis 1 was partially supported in that psychologists who demonstrated high levels of international competency were viewed as more expert compared to psychologists who demonstrated low levels of international competency. Yet, this effect was small and no differences were found in Asian international students'

perceptions of the psychologists' attractiveness or trustworthiness. Moreover, Asian international students held similar attitudes towards psychological services regardless of the level of international competency demonstrated by psychologists, thereby failing to support Hypothesis 2.

One explanation for these findings involves the way in which international competency was operationalized in the vignettes. In this study, the psychologist's international competency described in the vignette was relatively general (e.g., "*The psychologist knows about common international student concerns because of working with many international students in the past*"). It is possible that if the psychologists in the high international competency vignettes were to demonstrate more region or country-specific competencies, such as greeting participants in their respective native languages or demonstrating familiarity with a specific Asian country, then more significant differences would have emerged. Indeed, Zhang and Dixon (2001) found that counselors who demonstrated such behaviors with Asian international students were perceived as being significantly more expert, attractive, and trustworthy compared to those who did not. Thus, it may be that international competency cannot be operationalized as a general practice that encompasses working with all international students, but instead needs to be expressed in a way that communicates international competency for a more specific Asian international student population.

In a similar way, including more distinctive characteristics of an internationally competent psychologist in the vignettes used in this study may have resulted in obtaining more positive HS attitudes from the Asian international student parti-cipants. Gerstein *et al*. (2015) identified several specific qualities of interna-tionally competent psychologists (e.g., cultural intelligence, cultural adaptability, cognitive flexibility and complexity) in their DSP model of international com-petencies that could be included in vignettes employed in future studies. These characteristics were not included in the current study given that aspects of the model were still being revised at the time of data collection, but they certainly warrant further exploration.

Hypotheses 3 and 4 also failed to gain support. The type of psychological service provided, whether individual or outreach, did not impact Asian inter-national students' perceptions of psychologists or their services. Asian inter-national students reported moderately favorable attitudes toward both individual counseling and outreach services, as well as towards the psychologists providing those services.

These findings are contrary to assertions that outreach programs may be perceived more favorably among the international community as compared to individual therapy (Engel *et al*., 2007; Nilsson *et al*., 2004; Zhang & Dixon, 2003). One possibility that the outreach program described in the current study was not a better alternative to individual counseling for the specific presenting

problem outlined in the vignettes. Participants were asked to imagine that they were experiencing moderate difficulty adjusting to the U.S., and were asked how likely they would be to seek services for that problem. Wong *et al*. (2014) observed that Asian international students who were more emotionally self-controlled had less positive attitudes toward HS in the context of interacting with fellow Asian international students. Therefore, discussing this type of problem in an outreach program with fellow international students may have inadvertently gone against some Asian cultural values. Outreach programs aimed at prevention rather than remediation may be more appropriate for Asian international students, as prevention programs may require less self-disclosure of personal problems.

It should again be emphasized, however, that Asian international students' perceptions of psychologists and their attitudes towards psychological services were overall relatively positive in this study. In fact, their attitudes were similar to those reported by U.S. students in a previous study (Ægisdóttir *et al*., 2011). Thus, questions remain regarding the inconsistencies between Asian international students' favorable attitudes towards the psychological services outlined in the current study and their low utilization rates of counseling services (Nillson *et al*., 2004).

Regional differences in the way that Asian international students perceive psychological services also warrant further exploration. In this study, South Asian and Southeast Asian students considered outreach to be less stigmatizing as compared to individual counseling. Furthermore, significant differences emerged in the stigma tolerance for outreach services among all three of the Asian regions that were examined. South Asians reported the highest stigma tolerance for outreach, followed by Southeast Asians, and then East Asians. Therefore, it is possible that providing the type of outreach described in the vignettes of the current study (i.e., U.S. and international students discussing their adjustment to the university) would be a service that is particularly beneficial to South and Southeast Asian international students, as they perceived outreach to be a less stigmatizing service as compared to individual therapy. Although these findings should be interpreted with caution given their exploratory nature, they strengthen the argument that the demonstration of international competency and provision of psychological services should be tailored to match a specific cultural context.

Limitations

In addition, there are alternative explanations for the results that are related to the limitations of the current study. First, the analog design of the current study offered the advantage reducing the practical and ethical issues when experimenting with the counseling process (Heppner *et al*., 2008), but it may have reduced the effectiveness of the study. Written interventions tend to be less effective in producing change in counseling attitudes as compared to more

experiential interventions (Tinsley, Bowman, & Ray, 1998), and it is possible that a more salient type of intervention may be required to impact Asian international students' perceptions of U.S. psychologists who demonstrate international competency. Such an explanation would elucidate why past studies of counselors demonstrating international competencies *in vivo* towards Asian international students elicited changes in perceptions towards therapists (e.g., Zhang & Dixon, 2001). The concern regarding the saliency of the vignettes was further compounded in that the effect of the manipulation diminished from the Pilot Study to the Main study. Therefore, the possibility exists that more significant findings would have emerged if a more salient intervention were used.

Another limitation that may have impacted findings involves the measures employed in the current study. Although the researchers accounted for the length of time that participants had been in the U.S., acculturation was not specifically measured. It is possible that an acculturation measure could have provided a better understanding of the findings, as the relationship between HS attitudes and acculturation still remains unclear (c.f., Yakunina & Wiegold, 2011; Zhang & Dixon, 2003). Furthermore, even though the CRF-S has been used in past studies to explore HS attitudes in international populations (Zhang & Dixon, 2001), its cultural validity for use specifically with Asian international students has not been established. In a similar way, the modifications that were made to the BAPS items could have impacted the validity of the study. Therefore, it is possible that Asian international students' perceptions of "expertness" may not have been fully relevant to what was measured.

Implications for Training and Practice

Even though limitations to the current study exist, the findings provide insight as to how Ægisdóttir and Gerstein's (2010) MAKS model and Gerstein *et al*.'s (2015) DSP model of international competencies may be of value. Namely, psychologists who demonstrate motivation, awareness, knowledge, and skills in their work with Asian international students may be perceived as more expert, experienced, skilled, and prepared. Therefore, psychologists and psychologists in training are encouraged to familiarize themselves with the various models of international competencies and to reflect upon how they intend to demonstrate such competencies in their provision of services to Asian international students in the U.S. and also overseas.

The current study also has implications for the provision of psychological services to Asian international students. No differences were found in attitudes towards outreach and individual therapy, but both were viewed favorably. Therefore, psychologists in university counseling centers are encouraged to offer both types of services, as it is possible that Asian international students may derive different benefits from outreach and therapy (e.g., confidentiality of individual

counseling vs. social connection of outreach). Yakunina and Wiegold's (2011) finding that Asian international students with loss of face concerns might fear sharing psychological concerns with significant others, and therefore preferred the confidential nature of counseling further supports this assertion that different types of services may provide various psychological benefits. Thus, psychologists in university counseling centers are encouraged to explore various outreach strategies for international students related to the method of delivery (e.g., mentoring programs, family support, friendship programs) and the population of interest (e.g., all international students, both U.S. and international students, international students from a particular country) to determine what would be most appropriate for their Asian international student population. Psychologists practicing in university counseling centers outside of the U.S. also are encouraged to explore different outreach strategies to engage international students attending their institutions.

Directions for Future Research

The current study also holds implications for future research. As previously mentioned, future research is needed to examine how incorporating the number and quality of specific international competencies into analogue designs might influence HS attitudes and behaviors of Asian international students. In addition, it may be important for future researchers to further investigate discrepancies in Asian international students' relatively positive HS attitudes and low HS behaviors. To complement findings gleaned in the current study, researchers also may wish to consider an alternative research method (i.e., *in vivo* experimental design) or method of inquiry (i.e., qualitative research exploring help-seeking and international competence).

Finally, researchers are encouraged to further explore the nature of the unanticipated findings in the current study. In the current study, graduate students reported more positive attitudes toward psychological services and perceptions of psychologists as compared to undergraduate students. Furthermore, regional differences emerged in relation to the stigma tolerance of outreach and individual therapy. Although most past research on Asian international students' HS attitudes did not investigate differences related to Asian regions and academic status (e.g., Wong *et al.*, 2014; Zhang & Dixon, 2001) future researchers may wish to examine these differences more closely when exploring international students' attitudes toward seeking psychological help. Researchers are encouraged to obtain similar sample sizes for regional comparisons, as East Asian students were overrepresented in the current study, which further may have confounded the results.

Conclusion

In summary, the results of the current study may help to inform U.S. psychologists' understanding of how to provide services to Asian international students in an internationally competent manner. These results, however, as stated earlier should be interpreted with caution given the limitations of this study. Questions remain as to whether similar results would be found if Asian international students were to meet *in vivo* with psychologists demonstrating low or high international competency and attend the psychological services described in the vignettes.

While there are limitations to the current study, the strengths are also noteworthy. The post-test only analogue research design, as well as the inclusion of the manipulation check contributed to the high internal validity of the study. External validity was enhanced by examining and then accounting for interactions that occurred between client characteristics and the independent variables of interest. A final contribution of this study was that it empirically investigated models of international competency proposed by psychologists. It is hoped that future researchers will continue to advance the field's understanding of international competencies not only by relying on theoretical paradigms, but also with additional empirical research in the U.S. and abroad. Indeed, such research is essential if U.S. and non-U.S. based psychologists are to better understand their impact on the global community that they seek to serve.

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Appendix - Vignettes

Vignette A – Individual session, high international competency

Imagine that your mood has changed in the last two weeks. You feel sad. You have trouble focusing on tasks that you need to complete. You are behind in your schoolwork. Also, you feel tired all the time, but when you try to sleep, you cannot. You become worried about these changes and consider seeking help from a professional at the university counseling center. You decide to attend an individual counseling session.

In the first session, you meet your psychologist. The psychologist explains confidentiality and asks if you have any questions about it. The psychologist asks about your reasons for seeking counseling, and explains that the questions asked will help to understand your situation better. The psychologist is warm and caring in response to you. The psychologist expresses the understanding that you may have some questions regarding the counseling process. The psychologist reassures you that you will be encouraged to discuss your concerns and you will be treated with respect in counseling. The psychologist also informs you about how counseling works.

The psychologist encourages you to talk about your concerns honestly. When you discuss your concerns, the psychologist listens. The psychologist is aware that you are an international student, and your experiences might be different from U.S. students. The psychologist knows about common international student concerns because of working with many international students in the past, and also knows useful strategies and techniques for international students. The psychologist is aware of potential fears you may have about counseling because counseling is less common in your culture, such as people thinking you are "crazy" or "weak". The psychologist asks if you have these concerns and reassures you that it is common for students to attend counseling in the U.S. The psychologist also

says that being an international student can be challenging because you have to deal with the stress of being in college, as well as adjust to a new culture. The psychologist asks you about your experiences in the U.S. At times, the psychologist summarizes what you have said to make sure that you understand one another. The psychologist then asks about what you hope to gain from counseling. As the hour ends, the psychologist reports looking forward to working with you as an international student and learning more about your culture.

Vignette B – Individual session, low international competency

Imagine that in the last two weeks you have noticed that your mood has changed. You feel sad most of the time. You have trouble focusing on the different tasks that you need to complete during the day. You are falling behind in your work for the classes in which you are currently enrolled. In addition, you have noticed that you feel tired all of the time, but when you try to go to sleep, you cannot. You become worried about all of these changes and think about seeking help from a professional at the university counseling center. You decide that you will go to an individual counseling session.

In the first counseling session that you attend, you meet the psychologist that you will be working with. The psychologist explains confidentiality to you and then asks if you have any questions about it. Then, the psychologist asks you more about your reasons for seeking counseling. The psychologist explains to you that the questions asked in the counseling session will help the two of you to understand your current situation better. The psychologist is warm and caring in response to the things that you say. In addition, the psychologist expresses the understanding that you may have some questions regarding the process of counseling. The psychologist reassures you that in counseling you will be encouraged to discuss your concerns and that you will be treated with respect when you share your concerns. The psychologist also tells you more about how the counseling process works.

As the counseling session continues, the psychologist encourages you to be honest and open about your concerns to better help you. The psychologist asks you to talk more about what you have been going through lately. Specifically, the psychologist asks about your current life situation and recent life history. The psychologist listens to you while you talk more about your experiences and concerns. At times, the psychologist summarizes the things that you have said to make sure that the two of you have understood one another. After having talked with the psychologist for awhile, the psychologist asks you about what you hope to gain from the counseling sessions that you attend. As the session comes to an end, the psychologist reports looking forward to working with you in the future.

Vignette C – Outreach, high international competency

Imagine your mood has changed in the last two weeks. You feel sad. You have trouble focusing on tasks you need to complete. You are falling behind in your schoolwork. You feel tired all the time. When you try to sleep, you cannot. You become worried about these changes and consider seeking help. You decide to attend a meeting for U.S. and international students hosted by the counseling center at your school.

The group leader is a psychologist and explains that the purpose of the group is to help U.S. and international students have a good college experience, and to help one another learn from each other's cultural experiences. The psychologist explains confidentiality and asks members if they have questions. Then, the psychologist asks everyone's reasons for attending. The psychologist is warm and caring in response to everyone. The psychologist knows you may have questions regarding the group. The psychologist reassures everyone that they will be encouraged to discuss their concerns and will be treated with respect by all members. The psychologist also explains how the group works.

The psychologist is aware that international student experiences can be different from U.S. student experiences. The psychologist knows about common international student concerns because of past work with international students, and also knows useful strategies and techniques for international students. The psychologist is aware of fears you might have about attending because counseling is less common in your culture, such as people thinking you are "crazy" or "weak". The psychologist asks group members if they have these concerns and reassures everyone that it is common for students to attend counseling programs in the U.S. The psychologist also explains that being an international student can be challenging because international students have to manage the stress of being in college, and also adjust to a new culture. You and other group members, both U.S. and international, talk about your experiences at college, your different cultural experiences, and concerns. At times, the psychologist summarizes what has been said to make sure that everyone has understood. Then, the psychologist asks members what they hope to gain from the group. As the hour ends, the psychologist and group members say that they are looking forward to seeing you again, and learning more about your culture and experiences as an international student.

Vignette D – Outreach, low international competency

Imagine that you have noticed your mood has changed in the last two weeks. You feel sad. You have trouble focusing on the different tasks that you need to complete during the day. You are falling behind in the classes you are taking. In addition, you feel tired all the time, but when you try to sleep, you cannot. You

become worried about these changes and think about seeking help. You decide to attend a meeting that is available to students and is hosted by the counseling center at your school.

The group leader is a psychologist from the counseling center at your college. The psychologist explains to everyone in the group that the purpose of today's meeting is to help students have a good experience while they are at college and are away from home. Then, the psychologist explains confidentiality and asks members if they have questions about it. The psychologist asks you and other group members about your reasons for attending the group. The psychologist is warm and caring in response to the things that you and other group members say. The psychologist also expresses the understanding that you may have some questions regarding how the group meetings will work. The psychologist reassures you that in group you will be encouraged to discuss your concerns and that you will be treated with respect by all members of the group. The psychologist also explains how the group works.

As the group meeting continues, the psychologist encourages group members to be honest and open about the concerns that they have been experiencing to better help everyone. The psychologist asks you and other group members to talk more specifically about your current life situation and recent life history. You and other group members, talk about your experiences at college thus far. At times, the psychologist summarizes the things you and other group members have said to make sure that everyone in the group has understood one another. After you and other group members have all discussed your experiences and concerns, the psychologist asks you all about what you hope to gain by attending the group meetings. As the group meeting ends, the psychologist and other group members tell you that they are looking forward to seeing you again at the next group meeting.