11

CULTURAL INFLUENCES ON SOCIAL ANXIETY IN AFRICAN AMERICAN, ASIAN AMERICAN, HISPANIC AND LATINO, AND NATIVE AMERICAN ADOLESCENTS AND YOUNG ADULTS

ARGERO A. ZERR, LINDSAY E. HOLLY, AND ARMANDO A. PINA

Although social anxiety disorder (SAD) is one of the most common psychiatric disorders in the population, research has focused primarily on Caucasians of European descent. However, cross-cultural research is beginning to emerge (e.g., Okazaki, 1997, 2002; Okazaki, Liu, Longworth, & Minn, 2002), revealing some notable variations in the experience and prevalence of the disorder across cultural groups. For example, *Taijin kyofusho* (TKS) is a culture-bound syndrome considered a form of SAD in Japan. The term's literal translation is disorder (*sho*) of fear (*kyofu*) of interpersonal relationships (*taijin*). Individuals with TKS believe they have socially inadequate bodily characteristics that offend others, leading them to avoid social situations and interpersonal relationships. Similar to those with SAD, they experience emotional distress such as shame, embarrassment, anxiety, and fear when faced with social situations. Different from SAD, however, TKS appears to be more prevalent in males than females (Kirmayer, 1991; Takahashi, 1989). Four subcategories of TKS are phobia of blushing (*sekimen-kyofu*), phobia of a deformed body (*shubo-kyofu*), phobia of eye contact (*jikoshisen-kyofu*), and phobia of having foul body odor (*jikoshu-kyofu;* Suzuki, Takei, Kawai, Minabe, & Mori, 2003). Data are relatively limited, but an epidemiological study reported a prevalence of 6.8% (Ono et al., 2001).

Although no other culture-bound syndrome with clinical phenomenology comparable to SAD is described in the literature, in this chapter, we present an overview of conceptual and methodological issues relevant for social anxiety research among four cultural and ethnic groups: Native Americans, African Americans, Asian Americans and Pacific Islanders, and Hispanics and Latinos. According to the most current U.S. Census Bureau population survey, there are about 4 million Native Americans (including Alaska Natives), 36 million African Americans, 12 million Asian Americans, and 35 million Hispanics and Latinos in the United States. Thus, each of these ethnic and cultural groups comprises a significant proportion of the U.S. population. Although these four broad groups are the focus of this chapter, it is important to note that there are within-group variations, and these groups should not be viewed as homogenous (Knight, Roosa, & Umaña-Taylor, 2009).

PREVALENCE OF SOCIAL ANXIETY AND SOCIAL ANXIETY DISORDER ACROSS ETHNIC AND CULTURAL GROUPS

Cross-ethnic and cross-cultural research shows both similarities and differences in the prevalence of SAD. Data from a large epidemiological study (Grant, Dawson, & Hasin, 2001) indicate a lifetime prevalence of 8.6% for SAD among Native Americans and a rate of 5.5% for Caucasians, who were significantly more likely to have SAD than African Americans (3.5%), Hispanics and Latinos (3.2%), and Asian Americans (3.3%; Grant et al., 2005). Using the National World Mental Health Composite International Diagnostic Interview (Kessler & Ustun, 2004), Himle, Baser, Taylor, Campbell, and Jackson (2009) reported a 12-month prevalence of 7.11% for SAD among Caucasians and 4.55% among African Americans, a statistically significant difference. For Mexican Americans and African Americans, prevalence of SAD has been reported to be more similar than different (about 4.5%; Vega, Scribney, Aguilar-Gaxiola, & Kolody, 2004).

Certain racial and ethnic groups also report high levels of social anxiety symptoms on the basis of rating scales. Adolescents from the Lumbee Native American tribe reported high levels of social anxiety (Newman, 2005) on the Social Anxiety Scale for Adolescents (La Greca, 1998). Using the Worry Inventory (Adolescent Health Program, 1987), D'Andrea (1994) found that Native American preadolescent and adolescent girls from the Lakota tribe endorsed more social worries than their male counterparts. On the basis of the Social Phobia and Anxiety Inventory for Children (Beidel, Turner, & Morris, 1995), African American youth had significantly lower social anxiety levels than Caucasians (Beidel, Turner, Hamlin, & Morris, 2000).

Similarities or differences in social anxiety across ethnic and cultural groups are interesting but need to be interpreted cautiously. In addition to typical study-to-study variation in the use of SAD diagnostic criteria (e.g., Beidel, Turner, & Trager, 1994; Cooley, Boyd, & Grados, 2004; Ginsburg & Drake, 2002; Tiwari & Wang, 2006) and the disadvantages of relying on retrospective reports (e.g., Angold et al., 2002; Heimberg, Stein, Hiripi, & Kessler, 2000; Ruscio et al., 2008), cross-cultural and cross-ethnic differences (or lack of) across groups may be artifactual if measures yield nonequivalent information. Even if the core features of SAD are the same across groups, the threshold at which the symptoms constitute a disorder may be different (Millsap, 1998). If so, studies might overestimate or underestimate prevalence and severity in one group versus another. Nonequivalent cross-ethnic information can arise from variations in respondents' values, attitudes, language, and worldviews (Okazaki & Sue, 1995). If one assumes the instruments are culturally robust, variations still require evaluation in the context of culturally ecological influencing factors. For example, using the Social Anxiety Scale for Adolescents (SAS–A; La Greca, 1998), Lau, Fung, Wang, and Kang (2009) found higher social anxiety for Asian Americans than for Caucasians. Also, ethnic differences in social anxiety symptoms were mediated by differences in "loss of face" concerns, a central cultural concept in Asian cultures involving one's awareness of one's social status, expectations of other individuals, and a motivation to prevent negative evaluations from others (Lau et al., 2009; Zane & Yeh, 2002).

MEASUREMENT OF SOCIAL ANXIETY

Overall, few structured measures have been used in studies with significant representation of ethnic minorities, and even fewer studies have reported reliability and validity data corresponding to minority samples. Pina and Silverman (2004) reported test–retest reliability for anxiety diagnoses derived using the Spanish versions of the Anxiety Disorders Interview Schedule for *DSM–IV:* Child and Parent Versions (Silverman & Albano, 1996) in the good to excellent range ($\kappa = .64$–$.96$). Similarly, the Social Interaction Anxiety Scale (Mattick & Clarke, 1998) showed strong reliability ($\alpha = .93$) and comparability of the Spanish versions with the well-established English version (Novy, Stanley, Averill, & Daza, 2001). Storch, Eisenberg, Roberti, and Barlas (2003) found support for the factor structure of the SAS (La Greca & Stone, 1993) in a Puerto Rican and Dominican youth sample. Among African Americans (Margolin, 2006), the SAS (La Greca, Dandes, Wick, Shaw, & Stone, 1988) yielded an alpha of .85, and the SAS–A showed strong reliability in samples of Native American youth (Newman, 2005, West & Newman, 2007). Studies with Asian American samples reported good reliability for the

SAS–A (Lau, Fung, Wang, & Kang, 2009; Zhou, Ingles, Hidalgo, & La Greca, 2008) and strong reliability for the Social Phobia and Anxiety Inventory (Hong & Woody, 2007; Lee, Ohazaki, & Yoo, 2006; Okazaki, 2002; Okazaki et al., 2002).

Although social anxiety research with minority samples is emerging, there are no cross-cultural measurement equivalence data for social anxiety measures. Consideration of measurement equivalence is critical because culturally biased measures of social anxiety may misrepresent symptoms across different groups. Misrepresentation of symptoms could lead to inconsistent research findings, erroneous reporting of mental health disparities, ineffective prevention and intervention efforts, and wasted resources (Knight et al., 2009; Knight & Zerr, 2010; Pina, Little, Knight, & Silverman, 2009; Vega, 1990). Measurement equivalence tests are needed not only to determine the cross-cultural validity of measures but also to determine the robustness of the social anxiety knowledge base published to date (Hui & Triandis, 1989; Knight & Hill, 1998; Vandenberg & Lance, 2000).

Measurement Equivalence

According to Hui and Triandis (1985), measurement equivalence includes item equivalence, functional equivalence, and scalar equivalence. Item equivalence indicates that items on a measure have the same meaning across groups. An example would be lack of eye contact as an indicator of social anxiety. In some Asian cultures maintaining eye contact with strangers is considered inappropriate or rude (Galanti, 2008; Iwamasa, 1997), suggesting that this behavioral indicator may have less predictive power toward deriving a SAD diagnosis in Asian Americans.

Linguistic equivalence also is relevant to item equivalence and includes comprehensive translational methods that evaluate internal validity of items across languages (Erkut, 2010). Without thorough translation techniques, such as back translation, multiple forward translations, and cross-cultural validity evaluations, symptoms may be misrepresented. For example, the Spanish word *pena* could refer to shyness (as in social anxiety) or may refer to sorrow (as in depression). For this reason, measures that use this word could easily misrepresent the item's intended meaning. In addition, for bilingual individuals it is important to consider the influence of native language. A Puerto Rican adolescent, for example, may interpret the word *nervous* as meaning *nervios*, which is semantically different (Baer et al., 2003; Guarnaccia, Lewis-Fernandez, & Marano, 2003; Salgado de Snyder, Diaz-Perez, & Ojeda, 2000). This is problematic because for Puerto Ricans the word *nervous* could refer to the culture-bound syndrome known as *ataque de nervios*, which is more characteristic of depression and trauma than of social anxiety (e.g.,

Guarnaccia, Rivera, Franco, & Neighbors, 1996; Hinton, Lewis-Fernandez, & Pollack, 2009).

Functional equivalence indicates that scores generated by a measure have similar antecedents, consequences, and correlates across groups. Social anxiety measures demonstrating cross-cultural functional equivalence would ideally show positive relations to measures of social withdrawal and negative relations to measures of social skills across cultural groups. If functional equivalence is lacking, then these relations may be interpreted as cultural differences instead of measurement artifact or vice versa (Mullen, 1995).

Last, scalar equivalence indicates that a given rating on a measure refers to the same degree, intensity, or magnitude of the construct across groups. Cultural research on scalar equivalence has found that less acculturated Latinos are more likely than acculturated Latinos and non-Latinos to endorse extreme anchors on response scales, which may lead to higher or lower total scores (Hui & Triandis, 1989; Marín, Gamba, & Marín, 1992) and affect clinical cutoff and impairment values. For example, symptoms of social anxiety may be more acceptable in Asian cultures (Chen, 2000; Heinrichs et al., 2006), so Asian individuals may not feel as impaired as Caucasians (Chen, Rubin, & Sun, 1992; Hsu & Alden, 2007; Okazaki et al., 2002). Examination of scalar equivalence may be the most important form of measurement equivalence for cross-cultural research because numeric ratings constitute the most fundamental level on which both research and clinical decisions are based.

Cultural Bias Across Assessment Methods

In addition to measurement equivalence, there also may be cultural (method) bias. Evaluation of method biases is important because the very nature of assessment involves confrontation of specific social fears, and the impact of assessment method may differ across cultures. Method biases such as differential social desirability, response styles, or stimulus familiarity can inappropriately appear as cultural differences (van de Vijver & Poortinga, 1997). Assessment formats may partially account for cross-cultural differences in social anxiety between Asian and European heritage adolescents (Hsu & Alden, 2007). For example, when interview-based assessment methods are used, Asian individuals score significantly lower on social anxiety than Caucasian individuals. When self-report questionnaires are used, Asian individuals score significantly higher on social anxiety than Caucasian individuals (Hwu, Yeh, & Chang, 1989; Lee et al., 1987; Okazaki, 1997, 2000; Somers, Goldner, Waraich & Hsu, 2006; Sue, Ino, & Sue, 1983; Wittchen & Fehm, 2001). Moreover, on self-report measures of social anxiety, Asian Americans score higher than Caucasians, but on peer-report and behavioral indices of social anxiety, Asian Americans score similar to Caucasians (Okazaki, 2002;

Okazaki et al., 2002). Furthermore, the discrepancy between self-report and peer-report measures appears to be greater for Asian Americans than Caucasians because peer reports underestimated social anxiety in Asian Americans (Okazaki, 2002). These examples of method-based differences may be due to Asian cultural values, which discourage display of emotions, especially to strangers (Matsumoto & Kupperbusch, 2001). Because many Asian cultures value emotional discretion, clinical interviews, peer reports, and behavioral indices may underestimate symptoms compared with self-reports.

BROAD CULTURAL AND ETHNIC FACTORS

In our review of the literature, two cultural factors emerged with regard to social anxiety. First, the transcultural research literature has focused on examining the impact of individualism and collectivism on the presentation of social anxiety. Second, the cultural-contextual research literature has focused on examining factors such as acculturation and immigration as influences on social anxiety. Both of these issues are discussed in the sections that follow.

Individualism, Collectivism, and Social Anxiety

Differences in societal values may partly explain cross-cultural differences in SAD, especially between Asian and Western cultures. Many Western societies value individualism, assertiveness, and independence, whereas Asian cultures adhere to more collectivistic values and connectedness with others (e.g., Chen, 2000; Markus & Kitayama, 1991). Individualism promotes independent self-construals in which individuals ideally strive for autonomy, personal achievement, and success. In contrast, collectivism promotes interdependent self-construals in which individuals value group harmony and stability over personal happiness. The link between individualism, collectivism, and social anxiety has been examined primarily in terms of cross-cultural group comparative research, within-person associations, and person-by-culture match studies.

Cross-cultural research from individualistic and collectivistic countries has shown group differences in the acceptability of certain social behaviors (e.g., fear of blushing; Heinrichs et al., 2006). For example, socially reserved and withdrawn behaviors are more acceptable in collectivistic countries (Heinrichs et al., 2006). Also, within-person associations among individualism, collectivism, and social anxiety have been examined by measuring individual-level orientations of perfectionism, self-esteem, and self-construal. Self-oriented perfectionism (i.e., high self-standards of performance) better predicts social anxiety for Caucasians, whereas socially prescribed perfection-

ism (i.e., high social standards of performance) better predicts social anxiety for Asians (Xie, Leong, & Feng, 2008). In addition, collective self-esteem (i.e., society-oriented self-esteem) is more robustly associated with anxiety among Asians than Caucasians (Xie et al., 2008). Asians tend to report interdependent self-construals, whereas Caucasians tend to report independent conceptualizations of the self (Okazaki, 1997). These differences in self-construals have been linked with cross-cultural differences in levels of social anxiety, particularly increased social anxiety in Asians (Lau et al., 2009; Okazaki, 1997; Xie et al., 2008). Socialization within collectivistic cultures also may emphasize emotional sensitivity to others yet limit opportunities to gain emotion recognition competencies. In fact, higher social anxiety symptoms among Asians were explained by emotion recognition skills (Lau et al., 2009). On the basis of these data, it appears that, at least to some extent, specific individual-level relations underlie cultural-level differences in social anxiety.

Third, person-by-culture match focuses on the interaction between individual values and societal values. When social orientation is inconsistent with societal values, people may be at risk for poor mental health. Among students residing in individualistic societies, collectivism scores were positively correlated with social anxiety and other mental health problems, whereas the inverse was found with individualism scores in their counterparts (Caldwell-Harris & Ayçiçegi, 2006). In contrast, for students residing in collectivistic societies, individualism was positively related to mental health problems, whereas collectivism was negatively related to mental health problems. These findings suggest that social anxiety may occur in individuals who emigrate to a culture where societal values contrast with individual values.

Immigration, Acculturation, and Social Anxiety

When individuals immigrate to a host culture, they typically bring their origin's cultural values. In addition to struggling to retain their native cultural values, immigrants face acculturation stressors that may influence the presentation of social anxiety. Illustratively, social anxiety and loneliness were significantly higher in immigrant Mexican American adolescents than their U.S.-born counterparts (Polo & López, 2009). Acculturation stress and English proficiency mediated the association between nativity and social anxiety. As such, social anxiety symptoms may be conceptualized as a direct effect of acculturation stressors, a direct effect of cultural values, or both (Weems & Pina, 2010).

Social Relations

Data on the association between social anxiety and interpersonal relationships, especially during adolescence, when peer relations become particularly

influential, consistently show more cross-ethnic similarities than differences in regard to peer affiliation (Brown, 1990; Dolcini & Adler, 1994; Phillips, Hughes, & Wilkes, 1998) and romantic relationships (Collins, 2003; Kuttler & La Greca, 2004). In addition, associations among peer relations, social skills, and social anxiety tend to be similar across ethnic groups (e.g., Prinstein, Boergers, & Vernberg, 2001; Vernberg, Abwender, Ewell, & Beery, 1992). Positive friendships and peer affiliation (both high and low status) were negatively related to social anxiety in both Caucasian and Latino adolescents (La Greca & Harrison, 2005). Negative friendships were positively related to social anxiety in both ethnic groups. However, dating was negatively related to social anxiety in Latino but not Caucasian adolescents. In another study conducted with Asian Americans, Hispanics, African Americans, and Caucasians, dating competence and social assertion were negatively related to social anxiety, with no differences across groups (LeSure-Lester, 2001).

EVIDENCE-BASED TREATMENTS FOR SOCIAL ANXIETY DISORDER

Because SAD is among the most prevalent and impairing psychiatric disorders, significant efforts also have been made to develop, test, and disseminate evidence-based treatments. Although the research has focused primarily on Caucasian individuals of European descent, some notable exceptions exist (Ferrell, Beidel, & Turner, 2004; Ginsburg & Drake, 2002; Pina, Silverman, Fuentes, Kurtines, & Weems, 2003). Most likely, the lack of research is related to practical and cultural barriers in the recruitment and retention of minorities into psychotherapy and research studies (Cabassa, Zayas, & Hansen, 2006; Kouyoumdjian, Zamboanga, & Hansen, 2003; Miranda, Azocar, Organista, Muñoz, & Lieberman, 1996). Additionally, practical issues linked to acculturation, immigration, and socioeconomic status were some of the main barriers faced by Latino parents seeking treatment for their adolescents (Flores, Abreu, Olivar, & Kastner, 1998; Vega & López, 2001). Because of these barriers and cultural incongruencies, applying psychosocial treatments created for Caucasians to ethnocultural minorities has been contraindicated (see American Psychological Association, 1990a, 1990b, 2003; Constantine & Sue, 2005; Fouad & Arredondo, 2007), whereas adapting treatments for ethnocultural minorities has been advised (Malgady & Constantino, 1999; Wagner, 2003).

In a recent report on evidence-based treatments (Silverman, Pina, & Viswesvaran, 2008), no treatment was considered well established for SAD among children and adolescents, but several met criteria for probably efficacious. Huey and Polo (2008) evaluated research on evidence-based treatments for ethnic minority youth using criteria outlined by Chambless et al.

(1998; Chambless & Hollon, 1998). The review concluded that no well-established treatment exists. Huey and Polo (2008) rightfully concluded that "the literature is characterized by unrepresentative samples, Euro-centric outcome measures, inadequate sample sizes, and few direct tests of key theoretical assumptions" (p. 296).

In our review, we also found a scarcity of treatment research focusing on SAD among minority adolescents or young adults. Ferrell et al. (2004) examined treatment outcomes for African American and Caucasian youth with SAD participating in the Beidel, Turner, & Morris, (2000) randomized clinical trial of Social Effectiveness Therapy for Children and Adolescents (for a description, see Chapter 13, this volume). The sample included 19 African American and 39 Caucasian youth, and outcomes were not different for the two groups, either at posttreatment or 6-month follow-up (Ferrell et al., 2004). Although other investigations of treatment outcome among adolescents with SAD exist (Baer & Garland, 2005; Hayward et al., 2000; Masia, Klein, Storch, & Corda, 2001), ethnicity data were not reported.

For ethnic minorities, in general, lower rates of treatment participation are related to practical and cultural barriers (e.g., Cabassa et al., 2006; Kouyoumdjian et al., 2003; Miranda et al., 1996) and contribute to their underrepresentation in clinical trials (Adams-Campbell et al., 2004; Evelyn et al., 2001). As such, less is known about treatment efficacy for minorities. However, there seems to be a growing literature focused on evaluating cultural influences on the treatment of SAD, including barriers to treatment participation as well as efficacy of psychotherapeutic treatments (see Griner & Smith, 2006).

Treatment seeking and engagement may be particularly difficult for people with SAD because of their fear and nervousness when initiating social contact, making phone calls, and speaking to new people (Olfson et al., 2000). These social fears may be even more pronounced for ethnic minorities, especially those with relatively recent immigration histories. Specifically, retention of native cultural values or acculturation stressors may affect treatment participation. In terms of cultural values, lower treatment-seeking behavior was linked to stigma associated with mental illness (e.g., Alvidrez, 1999; Alvidrez & Azocar, 1999; Silva de Crane & Spielberger, 1981; Wynaden et al., 2005). This appears to be true for Hispanics and Latinos, Asian Americans, and African Americans who typically delay or avoid seeking mental health services (Cuffe et al., 1995; Lin, Inui, Kleinman, & Womack, 1982; Miranda et al., 1996; Vega & López, 2001). In addition, acculturation, immigration stressors, low English language proficiency, lack of insurance, and/or lack of transportation have been highlighted as factors that prevent minorities from seeking treatment (Flores et al., 1998; Pina, Villalta, & Zerr, 2009; Vega & López, 2001).

Adolescents and young adults who immigrate to the United States typically face an adjustment period (Berry, 2002) characterized by difficulty making

new friends or attending social gatherings (Li, 2009). In addition, recently immigrated adolescents and young adults may face language barriers and deportation fears, exacerbating social isolation and loneliness, all of which may be synergistic with social anxiety (Ryder, Alden, & Paulhus, 2000). Reluctance to seek treatment may also stem from fear of institutionalization, mistrust, and perceived discrimination or racism, especially in the case of Native American and African American adolescents and young adults (Takeuchi, Bui, & Kim, 1993).

CONCLUSIONS AND RECOMMENDATIONS

In this chapter, we reviewed cross-cultural research relevant to SAD, with a focus on adolescents and young adults. A critical evaluation of cross-cultural comparison research focusing on social anxiety, risk factors, and intervention was presented. In addition, individual-level and cultural-level factors that may help explain cultural differences in the development and presentation of social anxiety were described. It is clear that there are several gaps in the research literature. First, there is a critical need for cross-cultural measurement equivalence data for SAD. Second, with evidence that social anxiety measures are culturally robust, tests of cross-cultural models of SAD development are needed to clarify the relations among transcultural risk and protective factors; resilience mechanisms; and the role cultural and contextual factors may play in the onset, development, and maintenance of SAD between and within cultures. Third, there is a critical need to test, refine, and disseminate evidence-based treatment and preventive interventions. As these data accumulate, greater progress can be made to improve the lives of adolescents and young adults with SAD.

REFERENCES

Adams-Campbell, L. L., Ahaghotu, C., Gaskins, M., Dawkins, F. W., Smoot, D., Polk, O. D., . . . DeWitty, R. L. et al. (2004). Enrollment of African Americans onto clinical treatment trials: Study design barriers. *Journal of Clinical Oncology, 22,* 730–734. doi:10.1200/JCO.2004.03.160

Adolescent Health Program. (1987). *The adolescent health survey*. St. Paul: University of Minnesota Press.

Alvidrez, J. (1999). Ethnic variations in mental health attitudes and service use among low-income African American, Latina, European American young women. *Community Mental Health Journal, 35,* 515–530. doi:10.1023/A:1018759201290

Alvidrez, J., & Azocar, F. (1999). Distressed women's clinic patients: Preferences for mental health treatments and perceived obstacles. *General Hospital Psychiatry, 21,* 340–347. doi:10.1016/S0163-8343(99)00038-9

American Psychological Association. (1990a). *General guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations*. Washington, DC: Author.

American Psychological Association. (1990b). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists*. Washington, DC: Author.

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58,* 377–402. doi:10.1037/0003-066X.58.5.377

Angold, A., Erkanli, A., Farmer, E. M. Z., Fairbank, J. A., Burns, B. J., Keeler, G., & Costello, J. (2002). Psychiatric disorder, impairment, and service use in rural African American and White youth. *Archives of General Psychiatry, 59,* 893–901. doi:10.1001/archpsyc.59.10.893

Baer, R. D., Weller, S. C., de Alba Garcia, J. G., Glazer, M., Trotter, R., Pachter, L., & Klein, R. E. (2003). A cross-cultural approach to the study of the folk illness nervios. *Culture, Medicine and Psychiatry, 27,* 315–337. doi:10.1023/A:1025351231862

Baer, S., & Garland, J. E. (2005). Pilot study of community-based cognitive behavioral group therapy for adolescents with social phobia. *Journal of the American Academy of Child and Adolescent Psychiatry, 44,* 258–264. doi:10.1097/00004583-200503000-00010

Beidel, D. C., Turner, S. M., Hamlin, K., & Morris, T. L. (2000). The Social Phobia and Anxiety Inventory for Children (SPAI–C): External and discriminative validity. *Behavior Therapy, 31,* 75–87. doi:10.1016/S0005-7894(00)80005-2

Beidel, D. C., Turner, S. M., & Morris, T. L. (1995). A new inventory to assess childhood social anxiety and phobia: The Social Phobia and Anxiety Inventory for Children. *Psychological Assessment, 7,* 73–79. doi:10.1037/1040-3590.7.1.73

Beidel, D. C., Turner, S. M., & Morris, T. L. (2000). Behavioral treatment of childhood social phobia. *Journal of Consulting and Clinical Psychology, 68,* 1072–1080. doi:10.1037/0022-006X.68.6.1072

Beidel, D. C., Turner, S. M., & Trager, K. N. (1994). Test anxiety and childhood anxiety disorders in African American and White school children. *Journal of Anxiety Disorders, 8,* 169–179. doi:10.1016/0887-6185(94)90014-0

Berry, J. W. (2002). Conceptual approaches to acculturation. In K. M. Chun, P. Balls Organista, & G. Marín (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17–37). Washington, DC: American Psychological Association. doi:10.1037/10472-004

Brown, B. B. (1990). Peer groups and peer cultures. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 171–196). Cambridge, MA: Harvard University Press.

Cabassa, L. J., Zayas, L. H., & Hansen, M. C. (2006). Latino adults' access to mental health care: A review of epidemiological studies. *Administration and Policy in*

Mental Health and Mental Health Services Research, 33, 316–330. doi:10.1007/s10488-006-0040-8

Caldwell-Harris, C. L., & Ayçiçegi, A. (2006). When personality and culture clash: The psychological distress of allocentrics in an individualist culture and idiocentrics in a collectivist culture. *Transcultural Psychiatry, 43,* 331–361. doi:10.1177/1363461506066982

Chambless, D. L., Baker, M. J., Baucom, D. H., Beutler, L. E., Calhoun, K. S., Crits-Christoph, P., . . . Woody, S. R. (1998). Update on empirically validated therapies, II. *Clinical Psychologist, 51,* 3–16.

Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66,* 7–18. doi:10.1037/0022-006X.66.1.7

Chen, X. (2000). Growing up in a collectivist culture: Socialization and socioemotional development in Chinese children. In A. L. Comunian & U. P. Gielen (Eds.), *International perspectives on human development* (pp. 331–353). Lengerich, Germany: Pabst Science.

Chen, X., Rubin, K. H., & Sun, Y. (1992). Social reputation and peer relationships in Chinese and Canadian children: A cross-cultural study. *Child Development, 63,* 1336–1343. doi:10.2307/1131559

Collins, W. A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. *Journal of Research on Adolescence, 13,* 1–24. doi:10.1111/1532-7795.1301001

Constantine, M. G., & Sue, D. W. (2005). The American Psychological Association's guidelines on multicultural education, training, research, practice, and organizational psychology: Initial development and summary. In M. Constantine & D. W. Sue (Eds.), *Strategies for building multicultural competence in mental health and educational settings* (pp. 3–15). Hoboken, NJ: Wiley.

Cooley, M. R., Boyd, R. C., & Grados, J. J. (2004). Feasibility of an anxiety preventive intervention for community violence exposed African American children. *The Journal of Primary Prevention, 25,* 105–123. doi:10.1023/B:JOPP.0000039941.85452.ea

Cuffe, S. P., Waller, J. L., Cuccaro, M. L., Pumariega, A. J., & Garrison, C. Z. (1995). Race and gender differences in the treatment of psychiatric disorders in youth adolescents. *Journal of the Academy of Child and Adolescent Psychiatry, 34,* 1536–1543. doi:10.1097/00004583-199511000-00021

D'Andrea, M. (1994). The concerns of Native American youth. *Journal of Multicultural Counseling and Development, 22,* 173–181.

Dolcini, M. M., & Adler, N. E. (1994). Perceived competencies, peer group affiliation, and risk behavior among early adolescents. *Health Psychology, 13,* 496–506. doi:10.1037/0278-6133.13.6.496

Erkut, S. (2010). Developing multiple language versions of instruments for intercultural research. *Child Development Perspectives, 4,* 19–24. doi:10.1111/j.1750-8606.2009.00111.x

Evelyn, B., Toigo, T., Banks, D., Pohl, D., Gray, K., Robins, B., & Ernat, J, (2001). Participation of racial/ethnic groups in clinical trials and race-related labeling: A review of new molecular entities approved 1995-1999. *Journal of the National Medical Association, 93,* 18S–24S.

Ferrell, C. B., Beidel, D. C., & Turner, S. M. (2004). Assessment and treatment of socially phobic children: A cross cultural comparison. *Journal of Clinical Child and Adolescent Psychology, 33,* 260–268. doi:10.1207/s15374424jccp3302_6

Flores, G., Abreu, M., Olivar, M. A., & Kastner, B. (1998). Access barriers to health care for Latino children. *Archives of Pediatrics & Adolescent Medicine, 152,* 1119–1125.

Fouad, N. A., & Arredondo, P. (2007). *Becoming culturally oriented: Practical advice for psychologists and educators*. Washington, DC: American Psychological Association. doi:10.1037/11483-000

Galanti, G. (2008). *Caring for patients from different cultures* (4th ed.). Baltimore, MD: University of Pennsylvania Press.

Ginsburg, G. S., & Drake, K. L. (2002). School-based treatment for anxious African-American adolescents: A controlled pilot study. *Journal of the American Academy of Child and Adolescent Psychiatry, 41,* 768–775. doi:10.1097/00004583-200207000-00007

Grant, B. F., Dawson, D. A., & Hasin, D. S. (2001). *The Alcohol Use Disorder and Associated Disabilities Interview Schedule—DSM–IV version*. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.

Grant, B. F., Hasin, D. S., Blanco, C., Stinson, F. S., Chou, S. P., Goldstein, R. B., . . . Huang, B. (2005). The epidemiology of social anxiety disorder in the United States: Results from the national epidemiologic survey on alcohol and related conditions. *The Journal of Clinical Psychiatry, 66,* 1351–1361. doi:10.4088/JCP.v66n1102

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review [Special issue]. *Psychotherapy Theory, Research, Practice, Training: Culture, Race, and Ethnicity in Psychotherapy, 43,* 531–548. doi:10.1037/0033-3204.43.4.531

Guarnaccia, P. J., Lewis-Fernandez, R., & Marano, M. R. (2003). Toward a Puerto Rican popular nosology: Nervios and ataque nervios. *Culture, Medicine and Psychiatry, 27,* 339–366. doi:10.1023/A:1025303315932

Guarnaccia, P. J., Rivera, M., Franco, F., & Neighbors, C. (1996). The experiences of *ataques de nervios:* Towards an anthropology of emotions in Puerto Rico. *Culture, Medicine and Psychiatry, 20,* 343–367. doi:10.1007/BF00113824

Hayward, C., Varady, S., Albano, A. M., Thienemann, M., Henderson, L., & Schatzberg, A. F. (2000). Cognitive-behavioral group therapy for social phobia in female adolescents: Results of a pilot study. *Journal of the American Academy of Child and Adolescent Psychiatry, 39,* 721–726. doi:10.1097/00004583-200006000-00010

Heimberg, R. G., Stein, M. B., Hiripi, E., & Kessler, R. C. (2000). Trends in the prevalence of social phobia in the United States: A synthetic cohort analysis of changes over four decades. *European Psychiatry, 15,* 29–37.

Heinrichs, N., Rapee, R. M., Alden, L. A., Bogels, S., Hofmann, S. G., Oh, K. J., & Sakano, Y. (2006). Cultural differences in perceived social norms and social anxiety. *Behaviour Research and Therapy, 44,* 1187–1197. doi:10.1016/j.brat.2005.09.006

Himle, J. A., Baser, R. E., Taylor, R. J., Campbell, R. D., & Jackson, J. S. (2009). Anxiety disorders among African Americans, Blacks of Caribbean descent, and non-Hispanic Whites in the United States. *Journal of Anxiety Disorders, 23,* 578–590. doi:10.1016/j.janxdis.2009.01.002

Hong, J. J., & Woody, S. R. (2007). Cultural mediators of self-reported social anxiety. *Behaviour Research and Therapy, 45,* 1779–1789. doi:10.1016/j.brat.2007.01.011

Hsu, L., & Alden, L. (2007). Social anxiety in Chinese- and European-heritage students: The effect of assessment format and judgments of impairment. *Behavior Therapy, 38,* 120–131. doi:10.1016/j.beth.2006.06.006

Huey, S. J., Jr., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37,* 262–301. doi:10.1080/15374410701820174

Hui, H. C., & Triandis, H. C. (1985). The instability of response sets. *Public Opinion Quarterly, 49,* 253–260. doi:10.1086/268918

Hui, H. C., & Triandis, H. C. (1989). Effects of culture and response format on extreme response style. *Journal of Cross-Cultural Psychology, 20,* 296–309. doi:10.1177/0022022189203004

Hwu, H. G., Yeh, E., & Chang, L. (1989). Prevalence of psychiatric disorders in Taiwan defined by the Chinese Diagnostic Interview Schedule. *Acta Psychiatrica Scandinavica, 79,* 136–147. doi:10.1111/j.1600-0447.1989.tb08581.x

Iwamasa, G. Y. (1997). Asian Americans. In S. Friedman (Ed.), *Cultural issues in the treatment of anxiety* (pp. 99–129). New York, NY: Guilford Press.

Kessler, R. C., & Ustun, T. B. (2004). The World Mental Health (WMH) survey initiative version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI). *International Journal of Methods in Psychiatric Research, 13,* 93–121. doi:10.1002/mpr.168

Kirmayer, L. J. (1991). The place of culture in psychiatric nosology: Taijin kyofusho and *DSM–III–R*. *Journal of Nervous and Mental Disease, 179,* 19–28. doi:10.1097/00005053-199101000-00005

Knight, G. P., & Hill, N. E. (1998). Measurement equivalence in research involving minority adolescents. In V. C. McLoyd & L. Steinberg (Eds.), *Studying minority adolescents: Conceptual, methodological, and theoretical issues* (pp. 183–210). Manwah, NJ: Erlbaum.

Knight, G. P., Roosa, M. W., & Umaña-Taylor, A. J. (2009). *Studying ethnic minority and economically disadvantaged populations: Methodological challenges and best practices*. Washington, DC: American Psychological Association. doi:10.1037/11887-000

Knight, G. P., & Zerr, A. A. (2010). Informed theory and measurement equivalence in child development research. *Child Development Perspectives, 4,* 25–30. doi:10.1111/j.1750-8606.2009.00112.x

Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice, 10,* 394–422. doi:10.1093/clipsy/bpg041

Kuttler, A. F., & La Greca, A. M. (2004). Linkages among adolescent girls' romantic relationships, best friendships, and peer networks. *Journal of Adolescence, 27,* 395–414. doi:10.1016/j.adolescence.2004.05.002

La Greca, A. M. (1998). *Manual for the Social Anxiety Scales for Children and Adolescents*. Miami, FL: Author.

La Greca, A. M., Dandes, S. K., Wick, P., Shaw, K., & Stone, W. L. (1988). Development of the Social Anxiety Scale for Children: Reliability and concurrent validity. *Journal of Clinical Child Psychology, 17,* 84–91. doi:10.1207/s15374424jccp1701_11

La Greca, A. M., & Harrison, H. M. (2005). Adolescent peer relations, friendships, and romantic relationships: Do they predict social anxiety and depression? *Journal of Clinical Child and Adolescent Psychology, 34,* 49–61. doi:10.1207/s15374424jccp3401_5

La Greca, A. M., & Stone, W. L. (1993). Social Anxiety Scale for Children–Revised: Factor structure and concurrent validity. *Journal of Clinical Child Psychology, 22,* 17–27.

Lau, A. S., Fung, J., Wang, S., & Kang, S. (2009). Explaining elevated social anxiety among Asian Americans: Emotional attunement and a cultural double bind. *Cultural Diversity & Ethnic Minority Psychology, 15,* 77–85. doi:10.1037/a0012819

Lee, C. K., Kwak, Y. S., Rhee, H., Kim, Y. S., Han, J. H., Choi, J. O., & Lee, Y. H. (1987). The nationwide epidemiological study of mental disorders in Korea. *Journal of Korean Medical Science, 2,* 19–34.

Lee, M. R., Ohazaki, S., & Yoo, H. C. (2006). Frequency and intensity of social anxiety in Asian Americans and European Americans. *Cultural Diversity & Ethnic Minority Psychology, 12,* 291–305. doi:10.1037/1099-9809.12.2.291

LeSure-Lester, G. E. (2001). Dating competence, social assertion and social anxiety among college students. *College Student Journal, 35,* 317–320.

Li, J. (2009). Forging the future between two different worlds: Recent Chinese immigrant adolescents tell their cross-cultural experiences. *Journal of Adolescent Research, 24,* 477–504. doi:10.1177/0743558409336750

Lin, K. M., Inui, T. S., Kleinman, A. M., & Womack, W. M. (1982). Sociocultural determinants of the help-seeking behaviors of patients with mental illness. *Journal of Nervous and Mental Disease, 170,* 78–85. doi:10.1097/00005053-198202000-00003

Malgady, R. G., & Constantino, G. (1999). Ethnicity and culture: Hispanic youth. In W. K. Silverman & T. H. Ollendick (Eds.), *Developmental issues in the clinical treatment of children* (pp. 231–238). Needham Heights, MA: Allyn & Bacon.

Margolin, S. (2006). African American youths with internalizing difficulties: Relation to social support and activity involvement. *Children & Schools, 28,* 135–144.

Marín, G., Gamba, R. J., & Marín, B. V. (1992). Extreme response style and acquiescence among Hispanics: The role of acculturation and education. *Journal of Cross-Cultural Psychology, 23,* 498–509. doi:10.1177/0022022192234006

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98,* 224–253. doi:10.1037/0033-295X.98.2.224

Masia, C. L., Klein, R. G., Storch, E. A., & Corda, B. (2001). School-based behavioral treatment for SAD in adolescents: Results of a pilot study. *Journal of the American Academy of Child and Adolescent Psychiatry, 40,* 780–786. doi:10.1097/00004583-200107000-00012

Matsumoto, D., & Kupperbusch, C. (2001). Idiocentric and allocentric differences in emotional expression, experience, and the coherence between expression and experience. *Asian Journal of Social Psychology, 4,* 113–131. doi:10.1111/j.1467-839X.2001.00080.x

Mattick, R. P., & Clarke, J. C. (1998). Development and validation of measures of social phobia scrutiny fears and social interaction anxiety. *Behaviour Research and Therapy, 36,* 455–470.

Millsap, R. E. (1998). Group differences in regression intercepts: Implications for factorial invariance. *Multivariate Behavioral Research, 33,* 403–424. doi:10.1207/s15327906mbr3303_5

Miranda, J., Azocar, F., Organista, K. C., Muñoz, R. F., & Lieberman, A. (1996). Recruiting and retaining low-income Latinos in psychotherapy research. *Journal of Consulting and Clinical Psychology, 64,* 868–874. doi:10.1037/0022-006X.64.5.868

Mullen, M. R. (1995). Diagnosing measurement equivalence in cross-national research. *Journal of International Business Studies, 26,* 573–596. doi:10.1057/palgrave.jibs.8490187

Newman, D. L. (2005). Ego development and ethnic identity formation in rural American Indian adolescents. *Child Development, 76,* 734–746. doi:10.1111/j.1467-8624.2005.00874.x

Novy, D. M., Stanley, M. A., Averill, P., & Daza P. (2001). Psychometric comparability of English- and Spanish-language measures of anxiety and related affective symptoms. *Psychological Assessment, 13,* 347–355. doi:10.1037/1040-3590.13.3.347

Okazaki, S. (1997). Sources of ethnic differences between Asian American and White American college students on measures of depression and social anxiety. *Journal of Abnormal Psychology, 106,* 52–60. doi:10.1037/0021-843X.106.1.52

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.

Okazaki, S. (2002). Self–other agreement on affective distress scales in Asian Americans and White Americans. *Journal of Counseling Psychology, 49,* 428–437. doi:10.1037/0022-0167.49.4.428

Okazaki, S., Liu, J. F., Longworth, S. L., & Minn, J. Y. (2002). Asian American–White American difference in expressions of social anxiety: A replication and extension. *Cultural Diversity & Ethnic Minority Psychology, 8,* 234–247. doi:10.1037/1099-9809.8.3.234

Okazaki, S., & Sue, S. (1995). Methodological issues in assessment research with ethnic minorities. *Psychological Assessment, 7,* 367–375. doi:10.1037/1040-3590.7.3.367

Olfson, M., Guardino, M., Struening, E., Schneier, F. R., Hellman, F., & Klein, D. F. (2000). Barriers to treatment of social anxiety. *The American Journal of Psychiatry, 157,* 521–527. doi:10.1176/appi.ajp.157.4.521

Ono, Y., Yoshimura, K., Yamauchi, K., Asai, M., Young, J., Fujuhara, S., & Kitamura, T. (2001). Taijin kyofusho in a Japanese community population. *Transcultural Psychiatry, 38,* 506–514. doi:10.1177/136346150103800408

Phillips, L., Hughes, P., & Wilkes, K. (1998, February). Black students' peer crowds: An exploratory study. Paper presented at the Society for Research in Adolescence, San Diego, CA.

Pina, A. A., Little, M., Knight, G. P., & Silverman, W. K. (2009). Cross-ethnic measurement equivalence of the RCMAS in Latino and White youth with anxiety disorders. *Journal of Personality Assessment, 91,* 58–61. doi:10.1080/00223890802484183

Pina, A. A., & Silverman, W. K. (2004). Clinical phenomenology, somatic symptoms, and distress in Hispanic/Latino and European American youths with anxiety disorders. *Journal of Clinical Child and Adolescent Psychology, 33,* 227–236. doi:10.1207/s15374424jccp3302_3

Pina, A. A., Silverman, W. K., Fuentes, R. M., Kurtines, W. M., & Weems, C. F. (2003). Exposure-based cognitive-behavioral treatment for phobic and anxiety disorders: Treatment effects and maintenance for Hispanic/Latino relative to European-American Youths. *Journal of the American Academy of Child and Adolescent Psychology, 42,* 1179–1187. doi:10.1097/00004583-200310000-00008

Pina, A. A., Villalta, I. K., & Zerr, A. A. (2009). Exposure-based cognitive behavioral treatment of anxiety in youth: An emerging culturally-prescriptive framework. *Behavioral Psychology/Psicología Conductual, 17,* 111-135.

Polo, A. J., & López, S. R. (2009). Culture, context, and the internalizing distress of Mexican American youth. *Journal of Clinical Child and Adolescent Psychology, 38,* 273–285. doi:10.1080/15374410802698370

Prinstein, M. J., Boergers, J., & Vernberg, E. M. (2001). Overt and relational aggression in adolescents: Social–psychological adjustment of aggressors and victims. *Journal of Clinical Child Psychology, 30,* 479–491. doi:10.1207/S15374424JCCP3004_05

Ruscio, A. M., Brown, T. A., Chiu, W. T., Sareen, J., Stein, M. B., & Kessler, R. C. (2008). Social fears and social phobia in the United States: Results from the Nation Comorbidity Survey Replication. *Psychological Medicine, 38,* 15–28. doi:10.1017/S0033291707001699

Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology, 79,* 49–65. doi:10.1037/0022-3514.79.1.49

Salgado de Synder, V. N., Diaz-Perez, M. J., & Ojeda, V. D. (2000). The prevalence of *nervios* and associated symptomatology among inhabitants of Mexican rural communities. *Culture, Medicine and Psychiatry, 24,* 453–470. doi:10.1023/A:1005655331794

Silva de Crane, R., & Spielberger, C. D. (1981). Attitudes of Hispanic, Black, and Caucasian university students toward mental illness. *Hispanic Journal of Behavioral Sciences, 3,* 241–255.

Silverman, W. K., & Albano, A. M. (1996). *The Anxiety Interview Schedule for Children (ADIS–C/P)*. San Antonio, TX: Psychological Corporation.

Silverman, W. K., Pina, A. A., & Viswesvaran, C. (2008). Evidence-based psychosocial treatments for phobic and anxiety disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 37,* 105–130. doi:10.1080/15374410701817907

Somers, J. M., Goldner, E. M., Waraich, P., & Hsu, L. (2006). Prevalence and incidence studies of anxiety disorders: A systematic review of the literature. *Canadian Journal of Psychiatry, 51,* 100–113.

Storch, E. A., Eisenberg, P. S., Roberti, J. W., & Barlas, M. E. (2003). Reliability and validity of the Social Anxiety Scale for children. *Hispanic Journal of Behavioral Sciences, 25,* 410–422. doi:10.1177/0739986303256915

Sue, D., Ino, S., & Sue, D. M. (1983). Nonassertiveness of Asian Americans: An inaccurate assumption? *Journal of Counseling Psychology, 30,* 581–588. doi:10.1037/0022-0167.30.4.581

Suzuki, K., Takei, N., Kawai, M., Minabe, Y., & Mori, N. (2003). Is *taijin kyofusho* a culture-bound syndrome? [Letter to the editor]. *The American Journal of Psychiatry, 160,* 1358. doi:10.1176/appi.ajp.160.7.1358

Takahashi, T. (1989). Social phobia syndrome in Japan. *Comprehensive Psychiatry, 30,* 45–52. doi:10.1016/0010-440X(89)90117-X

Takeuchi, D. T., Bui, K. T., & Kim, L. (1993). The referral of minority adolescents to community health centers. *Journal of Health and Social Behavior, 34,* 153–164. doi:10.2307/2137241

Tiwari, S. K., & Wang, J. (2006). The epidemiology of mental and substance use-related disorders among White, Chinese, and other Asian populations in Canada. *Canadian Journal of Psychiatry, 51,* 904–912.

van de Vijver, F. J. R., & Poortinga, Y. H. (1997). Towards an integrated analysis of bias in cross-cultural assessment. *European Journal of Psychological Assessment, 13,* 29–37. doi:10.1027/1015-5759.13.1.29

Vandenberg, R. J., & Lance, C. E. (2000). A review and synthesis of the measurement invariance literature: Suggestions, practices, and recommendations of organization research. *Organizational Research Methods, 3,* 4–70. doi:10.1177/109442810031002

Vega, W. A. (1990). Hispanic families in the 1980s: A decade of research. *Journal of Marriage and the Family, 52,* 1015–1024. doi:10.2307/353316

Vega, W. A., & López, S. R. (2001). Priority issues in Latino mental health services research. *Mental Health Services Research, 3,* 189–200. doi:10.1023/A:1013125030718

Vega, W. A., Sribney, W. M., Aguilar-Gaxiola, S., & Kolody, B. (2004). 12-month prevalence of *DSM–III–R* psychiatric disorders among Mexican Americans: Nativity, social assimilation, and age determinants. *Journal of Nervous and Mental Disease, 192,* 532–541. doi:10.1097/01.nmd.0000135477.57357.b2

Vernberg, E. M., Abwender, D. A., Ewell, K. K., & Beery, S. H. (1992). Social anxiety and peer relationships in early adolescence: A prospective analysis. *Journal of Clinical Child Psychology, 21,* 189–196. doi:10.1207/s15374424jccp2102_11

Wagner, E. F. (2003). Conceptualizing alcohol treatment research for Hispanic/Latino adolescents. *Alcoholism, Clinical and Experimental Research, 27,* 1349–1352. doi:10.1097/01.ALC.0000080201.46747.D5

Weems, C. F., & Pina, A. A. (2010). The assessment of emotion regulation: Improving construct validity in research on psychopathology in youth—An introduction to the special section. *Journal of Psychopathology and Behavioral Assessment, 32,* 1–7.

West, A. E., & Newman, D. L. (2007). Childhood behavioral inhibition and the experience of social anxiety in American Indian adolescents. *Cultural Diversity and Ethnic Minority Psychology, 13,* 197–206.

Wittchen, H.-U., & Fehm, L. (2001). Epidemiology, patterns of comorbidity, and associated disabilities of social phobia [Special issue]. *The Psychiatric Clinics of North America, 24,* 617–641. doi:10.1016/S0193-953X(05)70254-9

Wynaden, D., Chapman, R., Orb, A., McGowan, S., Zeeman, Z., & Yeak, S. (2005). Factors that influence Asian communities' access to health care. *International Journal of Mental Health Nursing, 14,* 88–95. doi:10.1111/j.1440-0979.2005.00364.x

Xie, D., Leong, F. T. L., & Feng, S. Culture-specific personality correlates of anxiety among Chinese and Caucasian college students. *Asian Journal of Social Psychology, 11,* 163–174.

Zane, N., & Yeh, M. (2002). The use of culturally-based variables in assessment: Studies on loss of face. In K. S. Kurasaki, S. Okazaki, & S. Sue (Eds.), *Asian American mental health: assessment theories and methods* (pp. 123–138). New York, NY: Kluwer Academic/Plenum.

Zhou, X., Xu, Q., Ingles, C. J., Hidalgo, M. D., & La Greca, A. (2008). Reliability and validity of the Chinese version of the Social Anxiety Scale for Adolescents. *Child Psychiatry and Human Development, 39,* 185–200. doi:10.1007/s10578-007-0079-0