Theses and Dissertations

2022

Intergenerational family conflict among Asian American families; an exploration of its dynamics, effects, and therapeutic interventions

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Graduate School of Education and Psychology

INTERGENERATIONAL FAMILY CONFLICT AMONG ASIAN AMERICAN FAMILIES;

AN EXPLORATION OF ITS DYNAMICS, EFFECTS, AND THERAPEUTIC

INTERVENTIONS

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Lisa Choi

October, 2022

Thema Bryant-Davis, Ph.D., - Dissertation Chairperson

This clinical dissertation, written by

Lisa M. Choi

under the guidance of Faculty Committee and to be approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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DEDICATION

This work is dedicated to Asian Americans who are unraveling generational trauma, redefining their relationship to mental health, and making meaning of pain and love within their family bonds. In completing this work, I hope that it will encourage treatment providers to take an extra step to examine their own unconscious biases and westernized conceptualization of healing through psychotherapy.

I also dedicate this to those who have been diagnosed or identified as neurodivergent. I want to remind them not to focus on their deficits, but on expanding and invigorating their natural strengths as that is when the magic happens.

I also dedicate this project to future clinicians who enter this field with hopes to change the world and defy injustice. I empower them to continuously question what is "normal," ask why even when it is unwelcomed, and entertain the idea that the kind of psychologist you want to be or the role you want to have to be may not be created yet.

ACKNOWLEDGEMENTS

VITA

EDUCATION

Pepperdine University, Graduate School of Education and Psychology, Los Angeles, CA
Present
Doctor of Psychology, Clinical Psychology (APA Full Accreditation)
<u>Dissertation</u>: *Intergenerational Family Conflict among Asian American Families; An Exploration of its Dynamics, Effects, and Therapeutic Interventions*
Dissertation Chair: Thema Bryant-Davis, Ph.D.
Committee: Carrie Castaneda-Sound, Ph.D.; Shavonne J. Moore, Ph.D.
Preliminary Oral Examination: Passed August 2020
Defense Scheduled: August 2022
<u>Comprehensive Clinical Examination:</u> Passed September 2020
<u>Psychotherapy Tracks:</u> Cognitive Behavioral Therapy & Humanistic Existential Therapy

Pepperdine University, Graduate School of Education and Psychology, Malibu, CA   *2016*
Master of Arts, Clinical Psychology

University of California, San Diego   *2013*
Bachelor of Arts, Psychology; Minor Literature Writing

AWARDS
Conrad N. Hilton Foundation Fellowship Award, Union Rescue Mission   *2017-2018*

CLINICAL EXPERIENCE
Sepulveda VA Ambulatory Care Center, North Hills, CA
Doctoral Psychology Intern,   *Aug 2021-July 2022*
Mental Health Clinic, Supervisor: Carissa Klevens-Thomas, Ph.D.
Provided evidence-based individual therapy in Cognitive Behavioral Therapy & Interpersonal Therapy for Veterans struggling with depression, anxiety, and suicidality.
Co-facilitated Anger Management Group, Managing Behavior & Affect: DBT Skills group, and LGBTQIA+ Group
Conducted Mental Health Initial Assessment (MHIA) for Veterans referred for mental health services; Diagnosed psychiatric disorders and developed treatment plans

Couples & Family Clinic, Supervisor: Falguni Chauhan, Ph.D.
Participated in weekly seminars that provided group supervision and training in couples and family therapies, including Integrated Behavioral Couples Therapy (IBCT).
Provided weekly treatment for couples struggling with relationship distress

Trauma Recovery Services Clinic: Alexander Barrad, Psy.D.
Attended an evidence-based practice seminar that focused on empirically supported treatment of PTSD.
Provided individual Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE) therapy to Veterans diagnosed with PTSD
Conducted a diagnostic interview, Clinician Administered PTSD Scale for DSM-5 (CAPS-5), in order to assess impact and severity of PTSD diagnosis

CLINICAL EXPERIENCE (Continued)

Harbor UCLA Medical Center, Torrance, CA
Doctoral Extern,   *Aug 2020-July 2021*
Adult Outpatient Psychiatry- CBT/DBT Track, Supervisor: Janice Jones, Ph.D.
Conducted CBT, DBT, ACT, and CBASP (Cognitive Behavioral Analysis System of Psychotherapy)
individual and group psychotherapy for adults with trauma, addiction, and emotional regulation
difficulties in an outpatient setting
Attended weekly case consultation team meetings for therapy and research
Administered standardized assessment measures to inform therapy and assess progress towards treatment
goals

VA Loma Linda Healthcare System, Loma Linda, CA
Doctoral Extern,   *Sept 2019-July 2020*
Primary Care Mental Health Integration (PCMHI) Clinic, Supervisor: Beth Meyer-Bulley, Psy.D.
Collaboratively work within the primary care environment in the identification and treatment of mental
health diagnoses and behavioral interventions
Assist with triage, same-day access, and referral to appropriate mental health services within the VA
healthcare system
Provide brief, evidence-based, time-limited psychotherapy to veterans struggling with depression,
anxiety, anger management, chronic pain, grief, PTSD, and sexual trauma.

Behavioral Health Interdisciplinary Program (BHIP) Clinic, Supervisor: Kellie Ashby, Psy.D.
Utilized evidence-based psychotherapy (CBT-I, CBT-D, & CBT-A) services to veterans within an
interdisciplinary team.
Cofacilitated group therapy and provided psychoeducation in DBT Skills Group, DBT for Bipolar group,
and CPAP Desensitization group.

Union Rescue Mission, Los Angeles, CA
Doctoral Extern, Supervisor: Aaron Aviera, Ph.D.   *Sept 2017-May 2020*
Provide individual psychotherapy to dual-diagnosis, homeless males living in a residential treatment
facility.
Completed comprehensive intake evaluations, developed case conceptualizations, and generated and
executed evidence-based treatment plans.
Developed curriculum and co-facilitated a Behavioral Health Group mandated for members
Trainings include: motivational interviewing in multicultural settings, relapse prevention model, and
addressing religious and spiritual issues in therapy.

UCLA Aftercare Research Program, Los Angeles, CA
Doctoral Extern/ Lead Cognitive Coach, Supervisor: Kenneth Subotnik, Ph.D. July 2018-Aug 2019
Provide psychotherapy to individuals with Schizophrenia, Schizoaffective, and Schizophreniform
disorder in a psychiatric outpatient program.
Co-facilitate weekly groups focusing on rehabilitation, cognitive training, and psychoeducation
Utilizing Cognitive Behavioral Therapy and other evidence-based strategies to reduce distress and
impairment related to psychosis, while providing social skills training to aid recovery
Collaborated and established working relationships with professionals across disciplines through
consultation and participation in weekly treatment team meetings to address patients' needs, promote
continuity of care, and enhance professional development.

Los Angeles County/University of Southern California Medical Center, **Neurology** Los Angeles, CA
Doctoral Neuropsychology Extern, Supervisor: Nora Jimenez, Ph.D.   *Aug 2018-Aug 2019*
Administer, score, and interpret neuropsychological batteries for outpatients with various neurocognitive disorders, including epilepsy surgical candidates
Conduct comprehensive chart reviews and clinical interviews
Writing reports integrating medical records review, interview data, behavioral observations, and test findings.

Southern California Counseling Center, Los Angeles, CA
MFT Associate, Supervisor: Robert Mendelsohn, LMFT   *July 2016-Aug 2017*
Marriage & Family Therapist Trainee   *Aug 2015-July 2016*
Provided individual, short, and long-term treatment for individuals from the community with typical presenting problems including mood disorders, anxiety disorders, eating disorders, trauma, relational difficulties, personality disorders, and general life distress, in order to enhance the quality of life across multiple areas of functioning.
Developed a curriculum for and co-facilitated a mandated anger management group with The Abuse Prevention Program
Attended weekly trainings and workshops in clinical skills, topics including sexual abuse, gang violence, crisis management, suicidality, etc.

Coalition for Family Harmony, Oxnard, CA
Marriage & Family Therapist Trainee, Supervisor: Denise Payne, LMFT   *Jan 2015-Aug 2015*
Provided individual, couples and family therapy for a low-income population, treating issues such as anxiety, depression, posttraumatic stress, and sexual assault.
Co-facilitated group therapy for court-mandated batterers, teens with anger management issues, and mandated parents

RESEARCH EXPERIENCE

Brain Structure and Function in Genetics Disorders Lab, UCLA Semel Institute, Los Angeles, CA
Research Assistant & Assessment technician   *Aug 2015-Dec 2016*
Lab: Conducting transactional studies of the neural basis of cognitive and social difficulties in children with Neurofibromatosis I.
Administered, scored, and interpreted a full battery of neuropsychological tests for school-aged children with NF1
Completed comprehensive score reports for patients which included interpretations of scores and recommendations for optimal learning and performance
Tests include but not limited to: BVMT, CPT-IP, DKEFS Verbal Fluency, WMS Spatial Span, WASI, WISC-IV, WRAT 4, and Trails A & B

Perception Dynamics Institute: Path to Reading, UCSD, La Jolla, CA
Research Assistant, Professor Teri Lawton, Ph.D.   *June 2013-Feb 2014*
Lab: Evaluate the effectiveness of utilizing visual interventions that target the brain's motion-sensitive visual pathways in order to improve processing speed, reading, attention, sequential processing, multi-tasking, and working memory
Implemented a computer-based intervention to strengthen reading fluency in second and third grade students with executive functioning difficulties
Administered baselines assessment measures including: Comprehensive Test of Phonological Processing (CTOPP), Test of Word Reading Efficiency (TOWRE), Gray Oral Reading Tests (GORT), Test of Information Processing Skills (TIPS), Cognitive Assessment System (CAS), and Decoding-Encoding Screener for Dyslexia (DESD)

Fictional Research Lab, UCSD, La Jolla, CA
Research Assistant, Professor Jonathan Leavitt, Ph.D. *Jan 2012-June 2012*
Lab: Studied the effects of Schema Discrepancy theory and its interaction in the context of stories, where the effects of spoilers can result in increased positivity of affective response
Administered experiments and assisted in modification of experimental design through feedback.
Responsible for data entry, literature review, and scheduling subjects and research assistants.

CONFERENCE PRESENTATIONS

Choi, L., Duncan, M., Hooks, S., Saavedra, A., Bryant-Davis, T. (2018). *Counseling Considerations: Asian Immigrant Families and Intergenerational Conflict.* Poster session presented at International Summit on Violence, Abuse, and Trauma Linking Research, Practice, Advocacy, and Policy (San Diego, CA).
Choi, L., Duncan, M., Hooks, S., Saavedra, A., Bryant-Davis, T. (2018). *Counseling Considerations: Asian Immigrant Families and Intergenerational Conflict.* Poster session presented at Asian American Psychological Association (San Francisco, CA).
Duncan, M., Hooks, S., Saavedra, A., **Choi, L.,** Bryant-Davis, T. (2018). *Counseling Considerations: Physical Intimate Partner Violence amongst African American Women.* Poster session presented at International Summit on Violence, Abuse, and Trauma Linking Research, Practice, Advocacy, and Policy (San Diego, CA).
Hooks, S., Saavedra, A., **Choi, L.,** Duncan, M., Bryant-Davis, T. (2018). *The Impact of Racism and Race-Based Trauma for African Americans.* Poster session presented at International Summit on Violence, Abuse, and Trauma Linking Research, Practice, Advocacy, and Policy (San Diego, CA).
Saavedra, A., Hooks, S., **Choi, L.,** Duncan, M., Bryant-Davis, T. (2018). *Counseling Considerations: Immigrant Related Stress and Trauma Among Undocumented Latina/o Families.* Poster session presented at International Summit on Violence, Abuse, and Trauma Linking Research, Practice, Advocacy, and Policy (San Diego, CA).

TEACHING EXPERIENCE

Pepperdine University, Los Angeles, CA
Teaching Assistant to Carolyn Keatinge, Ph.D. *Sept 2018-June 2019*
Cognitive & Personality Assessment
Assisted in the instruction of doctoral and master level students enrolled in Cognitive & Personality Assessment courses on administration, scoring, and interpretation of assessment batteries.
Led assessment workshops, review clinical reports, graded assignments and exams, and delivered feedback regarding student test administration performance, scoring, and integrative report writing.

Pepperdine University, Los Angeles, CA
Teaching Assistant to Elizabeth Krumrei, Ph.D. *Dec 2015-July 2015*
Family Therapy & Religion and Psychology
Graded course exams, papers, and research projects for classes and assisted the profess in research tasks
Served as a guest lecture on a cultural panel discussing clinical applications of theoretical orientations in the context of couples and family psychotherapy.

TRAINING & CERTIFICATIONS

Cognitive Behavioral Analysis System of Psychotherapy
James McCullough, Ph.D., Lynn McFarr, Ph.D. – Harbor UCLA Medical Center   *September 2020*
1 day training on diagnosing and treating chronically depressed, treatment resistant patients

Acceptance and Commitment Therapy
Lynn McFarr, Ph.D., Jessica Schneider, Psy.D. – Harbor UCLA Medical Center   *September 2020*
1 day training on exploring the underlying theoretical model, general clinical approach, and treatment using ACT

PTSD Chain Analysis and Case Formulation Course
Veterans Health Administrations   *September 2020*
An online training course on implementing behavior chain analysis by using working hypotheses and relating it to a client's PTSD

Dialectical Behavior Therapy
Lynn McFarr, Ph.D., Lisa Bolden Psy.D., Janice Jones, Ph.D. – Harbor UCLA Medical Center   *September 2020*
2 day training on the core concepts of DBT as well as discussing its application toa variety of clinical populations

Cognitive Behavior Therapy
Lynn McFarr, Ph.D. – Harbor UCLA Medical Center   *August 2020*
A 3 day training focused conceptualization, treatment planning, and interventions within the cognitive behavioral model.

Dialectical Behavior Therapy for Bipolar Disorder
Anna Medina, Ph.D. - VA Loma Linda Healthcare   *September 2019*
A 1 day training focused on utilizing principles of Dialectical Behavior Therapy in treating Bipolar Disorder in the veteran population

Cognitive Behavior Therapy- Anxiety
Kellie Ashby, Psy.D. - VA Loma Linda Healthcare   *September 2019*
A 1 day training focused on utilizing the Cognitive Behavioral principles to reduce symptoms of Anxiety in the Veteran populations

Cognitive Behavior Therapy- Depression
Kellie Ashby, Psy.D. - VA Loma Linda Healthcare   *January 2020*
A 1 day training focused on utilizing cognitive behavior principles and interventions in order to reduce depressive symptoms in the Veteran populations

Cognitive Processing Therapy for PTSD
Ashley Wilkins, Ph.D. - VA Loma Linda Healthcare   *September 2019*
A 3 day training focused on using the modality to reduce symptoms of PTSD in the Veteran populations

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
Pepperdine University   *September 2018*
Web-based TF-CBT learning which focused on the evidence-based treatment for children and adolescents impacted by trauma

How the Body Releases Trauma and Restores Goodness
Peter Levine, Ph.D   *August 2017*
A workshop focused on Somatic based therapy, the nine principles in successful trauma treatment, the evolutionary underpinnings of trauma, and how trauma is related to the ethnological concept of tonic immobility

Eye Movement Desensitization Reprocessing Therapy (EMDR)
Stephen Dansiger, Psy.D. – EMDR Institute   *April 2017*
6- day training that covers adaptive information processing model, trauma-informed stabilization, case conceptualization with specialized populations, and the methodology and mechanisms of actions used in EMDR therapy

New Frontiers in Trauma Treatment
Bessel A. van der Kolk, M.D   *February 2017*
1 day workshop exploring the neurobiology of trauma, developmental psychopathology, affective neuroscience, and assessment and treatment planning off developmental trauma disorder

Difficult Couples: Moving from Despair and Deprivation to Secure Bonding in Emotionally Focused Therapy
Sue Johnson, Ph.D.   *November 2017*
1-day training on risk factors, warning signs, and protective factors of suicide in the general and military specific populations and psychological theories of suicide risk, risk assessment, and suicide treatment strategies.

Emotionally Focused Therapy Externship
Sue Johnson, Ph.D.   *September 2017*
4-day workshop focusing on the basic experiential and systematic concepts of an "emotionally Focused" approach to couple's therapy.

Community Resiliency Model
Trauma Resource Institute   *December 2015*
2- day training on traumatic stress reactions and learning the key concepts of the trauma resiliency model

Transforming Trauma with EMDR
Parnell Institute   *July 2015*
2-day training on the psychological flexibility model underlying ACT, the six "hexagon processes", and how psychological flexibility relates to language and cognition from an RFT point-of-view.

Domestic Violence Advocacy Certification
Domestic Violence Center of Santa Clarita Valley   *February 2015*
40-hour intensive training focusing on a multidimensional approach to domestic violence advocacy, focusing on direct client services, safety and assessment, legal issues, and cultural competency

Somatic Experiencing Beginning I
Somatic Experiencing Trauma Institute   *July 2014*
4-day workshop, leading toward certification for Somatic Experiencing Practitioner (SEP)

LEADERSHIP & PROFESSIONAL AFFILIATIONS

APA Division 56- Division of Trauma Psychology, **Student Affiliate**   **2017-present**
Asian American Psychological Association, **Student Member**   **2017-present**
Psi Chi, The International Honor Society in Psychology, **Member**   **2014-present**

ABSTRACT

Experiences of intergenerational family conflict are a prominent concern within the Asian American community. They are at a heightened risk of experiencing intergenerational family conflict compared to other immigrant families. Intergenerational family conflict occurs when an immigrant parent acculturates to a new mainstream culture at a slower rate than offspring and as a result an acculturation mismatch is created. Intergenerational family conflict is unique to this population because the acculturation-based conflict involves cultural differences that tend to deepen over time, lasting beyond the adolescent stage. According to several findings, Asian American families are experiencing poorer psychological adjustment along with many other acculturative stressors they are simultaneously navigating. This dissertation includes a comprehensive review of the literature related to the psychological needs of Asian American interventions. Impact of current and historical acculturative stressors are explored to provide context to the occurrence of intergenerational family conflict. A primary aim of this study is to decrease the gap in the literature for interventions to treat Asian Americans struggling with family conflict and acculturative stressors and increase providers' capability to deliver culturally congruent treatment. Directions for future research and indications for use are discussed.

Chapter I: Introduction

Asian Americans

As one of the fastest growing minority groups in the United States (U.S.), Asian Americans account for 5% of U.S. citizens and 25% of foreign-born people in the country (U.S. Census Bureau, 2005). Currently, the U.S. Census Bureau (2005) has divided the Asian demographic category into 11 Asian subgroups and a residual category called "Other Asians." In social science research, it is essential to recognize the heterogeneity that exists within the broad category of Asian Americans. Within-group differences can significantly contribute to distinct acculturation levels, gender roles, family traditions, and values among Asian Americans. Despite the U.S. Census Bureau predicting a 271% increase in their population by 2050, Asian Americans are neither well-researched nor well-represented in the psychological literature (Hall et al., 2011; Hays & Iwamasa, 2006). Due to these limitations with this population, it is difficult to determine the prevalence of intergenerational conflict within Asian families residing in the U.S. However, some studies support that parent-child conflicts have become one of the most common reasons Asian American college students seek psychological treatment (Castillo et al., 2012; Tewari, 2002). Family conflict has been recognized as a common risk factor for Asian American college students (Lee & Liu, 2001). Asian Americans' stigma against seeking treatment and reporting conflict or violence are contributing factors that make it difficult to determine how many of them experience significant intergenerational conflict. Geographic specificity and comparable samplings are two of the main factors that limit generalizability. Although 66% of Asian Americans in the U.S. were first-generation immigrants as of 2014 (Malik, 2016), there is a significant lack of literature that examines this specific experience or ways to provide psychological support. The acculturation process and its direct contribution to

family conflict must first be explored to understand the intergenerational family conflict (IFC) in this population.

Acculturation

Different Asian ethnic groups have immigrated to the U.S. for varying reasons and at stretching across a span of time. Historically, Chinese immigrants were economically motivated by railroad and goldmine jobs in the 1840s, Korean immigrants pursued advanced educational opportunities from 1945-1964, and Vietnamese immigrants sought asylum as refugees in the 1970s (Lo, 2010). Although they immigrated hoping to pursue different lives, they also faced challenges that included racial discrimination, language barriers, and conflicting cultural values and customs (Cho & Haslam, 2010; Farver et al., 2002). The process of acculturation proposed by Berry (2001) defined two main functions: developing awareness of the individual's familial cultural expectations and values with society's expectations and values and building a strategy to navigate two cultures (Brown & Hewstone, 2005). As Asian immigrants navigated two cultures, their American-born children faced their own unique set of challenges. When Asian immigrants transition to the U.S., they have already developed a cultural identity in their native country; Children of Asian immigrants are concurrently navigating dual cultures as they develop an understanding of who they are and how they are perceived and positioned both by and in their families and mainstream society.

Berry's (1997) Model of Acculturation outlines four strategies: assimilation, integration, separation, and marginalization. The assimilation strategy can potentially cause minority youth to experience more racial discrimination and internalized racism, while the separation strategy can make integration into a host society difficult (Berry et al., 2001; Chae et al., 2012). Although bicultural competence or integration is hailed as the most adaptive strategy, it is still uncertain,

and not enough literature speaks to what qualifies as balanced bicultural competence. Ultimately, American-born children of Asian immigrants are not only navigating typical developmental milestones but also juggling multiple cultural identities and values.

Intergenerational Family Conflict

Immigrant intergenerational conflict may occur when an immigrant parent acculturates to a new mainstream culture slower than his or her offspring, creating an acculturation mismatch within families that produces conflict and discord (Portes & Rumbaut, 2001). Portes and Rumbaut (2001) provide a framework of intergenerational conflict that rests on two core principles: (a) navigating different cultural expectations can be challenging in a family system and (b) acculturation mismatches within immigrant families leads to poorer mental health outcomes. On the latter, they reported a predictive relationship between acculturation mismatch and intergenerational conflict.

Intergenerational conflict negatively impacts the self-esteem and psychological adjustment of many Asians and Asian Americans (Cheng et al., 2015; Kalibatseva et al., 2017). Another conceptualization of immigrant intergenerational conflict suggests that immigrant parents and their second-generation offspring possess fundamentally different cultural frames of reference (Le & Stockdale, 2005; Ogbu, 1993). Intergenerational conflicts between immigrants and their children are unique because acculturation-based conflict involves cultural differences across individualistic and collectivistic cultural orientations (Fuligni, 1998; Lee & Liu., 2001). Immigrant intergenerational conflicts tend to indicate more deep-seated conflicts regarding value systems across a lifespan accompanied by long-term psychological distress. In contrast, intergenerational conflict in mainstream society is likely to be resolved when offspring enter adulthood. Empirical studies have shown consistently that Asian American parents who identify

more with their native country's values are less likely to show emotion toward or affection for their children, more likely to restrict children's behavior, and, consequently, have more significant parent-child conflicts in comparison to European American parents or Asian American parents who identify more closely with American mainstream culture (Farver et al., 2007; Tao et al., 2013).

Effects of Intergenerational Conflict

In a meta-analysis of intergenerational cultural conflict, Lui (2015) found multiple studies supporting links between intergenerational conflict and lower self-esteem, poorer psychological adjustment (depressive symptoms), and general psychological distress. Research has consistently found that family conflicts have a detrimental effect on the well-being and adjustment of Asian American young adults, specifically increasing their vulnerability to depression and anxiety (Lee et al., 2000; Lee & Liu, 2001). Ying and Han (2007) found that intergenerational conflict can predict negative mental health consequences such as depression and suicidality. Children of Asian immigrants may feel confused by conflicting values in home and school/societal settings, which may contribute to stress and anxiety when those conflicts lack resolution.

Greenberger and Chen (1996) used a 16-item abbreviation of the Center for Epidemiological Studies Depression Scale (CES-D) to assess for depressive symptoms such as sadness, loss of interest, appetite, and sleep, concentration, guilt, fatigue, movement, and suicidal ideation. This study revealed positive associations of CES-D with measures of family conflict. Studying perceived family relationships and depressed mood, Greenberger and Chen (1996) completed a microanalysis of depressive symptoms, which showed Asian Americans endorsed item content with greater global magnitude, such as "my life has been a failure" and "everything was an effort," more frequently than European American counterparts. Weaver and Kim (2008)

indicated that in generationally dissonant families, parents might use unsupportive parenting techniques due to a lack of cultural understanding and communication barriers between them and their children, leading, in turn, to poorer mental health outcomes for their children. Other studies have also supported the notion that the more significant the difference between child and parent in acculturation, the greater the psychological dysfunction of the children (Choi et al., 2020; Pawliuk et al., 1996). One article found that the risk of suicidal thoughts was highest among Korean American adolescents who described family conflict, specifically between parent and child (Cho & Haslam, 2010).

Significant literature on Asian American immigrant families has also addressed the association between family conflict and substance use (Koneru et al., 2007). Mercado (2000) indicated that increased alcohol and drug use could be culturally based due to parental expectations placed on Asian American children. Due to academic, financial, and family expectations, Asian American adolescents may use alcohol and other drugs to alleviate stress (Koneru et al., 2007; Pham & Lui, 2020). Numerous adverse emotional and psychological effects result from stress related to intergenerational cultural conflict experienced by second-generation Asian Americans.

Physical Effects

One study used the Hopkins Symptom Checklist-21 (SDS) Somatic distress scale to measure the positive and negative effects of IFC (Lee et al., 2005). The ranking assessed for physical symptoms generally related to stress. These dimensions included: somatization, anxiety, depression, interpersonal sensitivity, and obsessive-compulsive disorder (HSCL-21; Green et al., 1988). Somatic symptoms in the scale addressed physiological complaints regarding cardiovascular, gastrointestinal, and respiratory functioning. Lee et al. (2005) discovered that

family conflict was significantly correlated with somatic symptoms of distress. Besides the somatic expression of depressive symptoms, very little literature exists on the physical or health outcomes of intergenerational conflict in Asian American immigrant families.

A study showed that foreign-born immigrant parents and their American-born children might struggle with conflict and misunderstandings due to acculturation differences that may contribute to parental use of physical violence to discipline and educate children (Chang et al., 2006). Harsher parenting and increased conflict may occur when parents experience a loss of control over their children. In contrast, these same children simultaneously experience frustration over their parents' lack of understanding and acceptance of their American identities and values (Lim et al., 2008).

Asian Americans and Therapy

As Asian Americans navigate acculturation-based challenges, their cultural values may incorporate principles or beliefs from the dominant culture and the country their parents immigrated from. Their unique blend of cultural values and beliefs can impact the likelihood that they will pursue mental health services and stay in treatment. Generally, any client's belief regarding the effectiveness of therapy and expectations can affect the creation of a therapeutic alliance (Gibbons, 2003; Hwang et al. 2006).

Adherence to Asian cultural values can affect an Asian American's likelihood of pursuing and staying in therapy. Kim et al. (2001) discovered that individuals with stronger adherence to Asian cultural values perceived mental health professionals as authority figures with valued expertise. In many Asian cultures, individuals value deference to professionals and authority figures, whose positions connote knowledge and power in the social hierarchy (Pan et al., 2017; Sue & Sue, 2016). However, stronger adherence to Asian values can also coincide with

Asian Americans who value self-control and restraint, which make it difficult to express or process emotions in psychotherapy. In some cases, acknowledging complicated feelings can be perceived as weakness, which, in turn, can lead to shame. Asian Americans with stronger Western values had easier experiences discussing mental health (Miville & Constantine, 2007). Research has found that stronger adherence to native Asian values is associated with fewer positive attitudes toward seeking mental health help and a willingness to access resources (Kim & Omizo, 2003). A study of Asian American clients and counseling outcomes found that Asian American clients preferred a logical, directive, and culturally sensitive style over affective, reflective, and less culturally attentive styles (Atkinson et al., 1998; Kim et al., 2009). Additionally, this preference was even more emphasized when the clinician was described as Asian American. Thus, to increase awareness regarding family members' culturally determined viewpoints, it is critical for a therapist working with Asian immigrant families to understand the intersection between values and family relations.

Another finding suggested that Asian Americans show a preference for therapists who act more as a consultant when there is an external etiology (e.g., racism) in the participant's presenting problem while working as a facilitator for problems that have an internal etiology (e.g., depression; Atkinson et al., 1998). Overall, a strong factor for Asian Americans having a positive experience in therapy was the perception that the clinician shared the same view as the client about the cause of the presenting problem (Kim et al., 2005). When looking at why Asian Americans remain among the most underserved populations receiving therapy, it is critical to look through a cultural lens at different factors contributing to low therapy attendance and engagement with psychological treatment. Overall, the primary barriers to many Asian Americans seeking and staying in therapy include mental health stigma, "saving face" or shame,

language limitations, the suppression of emotion, and cultural differences that prefer concrete solutions and directive, problem-solving approaches (Kim-Goh et al., 2015).

Psychotherapy Treatments with Asian Americans

In a brief overview of culturally adapted therapies for Asian Americans, we can see that many of them attempt to address some of these noted barriers. Although literature indicates that general Cognitive Behavioral Therapy (CBT) has been effective for Asian Americans in treating mood disorders (Ng & Wong, 2018; Tang et al., 2016; Unlu Ince et al., 2014), other literature points to culturally adaptive psychological treatments increasing effectiveness as compared to non-adaptive treatments (Nagayama-Hall et al. 2016). Examples of culturally modified CBT and exposure treatment with Asian American populations has seen increased rates of attendance and decreases in symptoms (Carter et al., 2012; Huey & Pan, 2006). These studies found that cultural adaptations, including increasing the therapist's directiveness in communication, emphasizing control of emotions as a motivator, the utilization of culturally appropriate metaphors, and an emphasis on somatic symptoms when discussing psychoeducation, have had a positive impact on client engagement and treatment outcome. Overall, the clinician's knowledge and awareness of culturally relevant topics like acculturation, family structure, and collectivistic perspective have helped with culturally attuned treatment (Ching, 2021).

Literature has been published on the effectiveness of therapy for Asian Americans struggling with depression, anxiety, disordered eating, substance use, and various other mental health diagnoses (Huey Jr. & Tilley, 2018; Ratzliff et al., 2013; Yu et al., 2019). It becomes increasingly difficult, however, to find literature on therapy or psychological interventions specifically for addressing family conflict in Asian American populations, although some culturally adapted treatments that include adjustments such as acknowledging family structure,

navigating individual vs. family needs, and other values that contribute to family conflict (Ching, 2021). Effective interventions in therapy for addressing conflicts within a culturally congruent conceptualization include exploring conceptions of self or a conception of self that includes others, such as family or community (Hall et al., 2011; Shea & Leong, 2013). Another cultural consideration when discussing ways to decrease familial stress for this population is indirect coping and indirect communication to preserve group or family harmony (Hall et al., 2019; Leong et al., 2018).

Currently, no modality specifically targets family conflict in the Asian American population. However, this population has been studied in family and structural therapy (He, 2017; Kim & Omizo, 2003). The structural family approach addresses and validates parents' fears as they see their children rejecting their parents' traditional values and, instead, adopting American values. This approach entails a structural family therapist joining with an Asian American family by respecting and understanding its hierarchy and traditional values. In the stage of reframing, the family therapist addresses perceptions of adopting the mainstream culture and gaining peer approval as integral for survival and acceptance in the child's social world. The lack of research on family therapy and adaptations to existing therapies used to address family conflict for Asian Americans is concerning since family conflict is one of the primary reasons this population seeks therapy. Moreover, Asian Americans are the most underserved and least likely to stay in mental health treatment compared to other ethnic minorities and their White peers.

Table 1

Definitions

Term	Definition
Acculturation	Acculturation includes (a) "developing an awareness of one's own cultural/familial expectations and mainstream values, and (b) establishing a personalized strategy during intercultural encounters (Brown & Hewstone, 2005)."
Acculturative Family Distancing	Acculturative family distancing (AFD) is a more complex and nuanced expression of the acculturation gap. AFD points to the breakdown in communication and cultural values due to the discrepancy in acculturation (Fujimoto & Hwang, 2014).
Collectivism	Collectivism refers to a perception of self that is embedded within social roles and social relationships; separate selves are de-emphasized with an orientation toward others and the welfare of the group or community (Le & Stockdale, 2005)
Intergenerational Family Conflict	When an immigrant parent acculturates to a new mainstream culture slower than his or her offspring, creating an acculturation mismatch within families that produces conflict and discord (Portes & Rumbaut, 2001).
Model Minority	A stereotype that indicates that all or most Asian Americans are successful, high achieving, and elevated as an example for other minorities (Kim & Lee, 2014)
Perpetual Foreigner	A stereotype about Asian Americans who inhabit America but are not "true" Americans even if they are native born citizens due to prejudice and discrimination (Xu & Lee, 2013)
Somatization	Somatization: the experience of psychological distress manifesting itself as physiological complaints such as headaches, gastrointestinal issues, dizziness, back aches. (Dieu, 2016)

Chapter II: Review and Analysis Methods

This dissertation explored IFC, specifically its dynamics, effects, and therapeutic interventions used to address it in Asian American families. The dynamic, effects, and therapeutic interventions used to address IFC in Asian American families. It aimed to increase understanding and insight into the cultural nuances of family conflict within first-generation Asian American households. Although IFC occurs in many immigrant families, the nuance and context of IFC in Asian American families will be explored The purpose of this study is so that clinicians can better understand why IFC is so persistent and divisive in Asian American families and how to better address it in psychotherapy. This chapter presents the research methods utilized in this dissertation's critical literature analysis and the study's research design rationale.

Purpose and Scope of the Review and Analysis

This dissertation will provide a comprehensive, interdisciplinary review of literature related to IFC, specifically the impact that differences in acculturation have on these conflicts. Additionally, the study will explore and review the effects of IFC in Asian American families, specifically emotional and physiological consequences. For the purposes of this study, it will focus on the parent-child relationship when exploring IFC. Lastly, the dissertation will examine various existing therapeutic interventions, micro-counseling skills, and other interventions and strategies used to address family differences concerning acculturation. The objective of the critical analysis is to integrate these three bodies of knowledge to inform clinical practices to increase access and participation in mental health services by the Asian American community.

Specific Aims and Objectives

This dissertation aims to enhance the understanding of family acculturation-related stress and conflict in Asian immigrant families by examining promising practices and pitfalls with

respect to this concern in psychotherapy. A comprehensive critical review analysis of existing literature is undertaken, utilizing academic literature from psychology, medicine, history, and other social sciences and psychological theory from the sub-fields of developmental, community, ecological, multicultural, and indigenous psychology.

Specifically, the objectives of this study are as follows:

1. To conduct a comprehensive, interdisciplinary review of literature on the concept of "Intergenerational Family Conflict," specifically related to differences in acculturation after immigration for Asian American families.

2. To conduct a comprehensive, interdisciplinary review of literature related to the effects of family conflict on Asian Americans' emotional and psychological well-being and their physiological health.

3. To review existing therapeutic supports, micro-counseling skills, and strategies around family conflict for Asian Americans.

4. To improve clinical practice with Asian American clients experiencing intergenerational conflict.

5. To develop recommendations for future research directions.

Note on Terminology

It is critical to recognize the heterogeneity within the Asian American population. Within-group differences among Asian Americans can significantly affect acculturation levels, gender roles, socioeconomic class, education, family traditions, and values. The U.S. federal government defines "Asian Americans" to include individuals having origins from peoples of the Far East, Southeast Asia, and the Indian subcontinent.

Inclusion/Exclusion Criteria for Literature Review

Topic Areas. The general topic areas of this comprehensive literature review include IFC, effects of family conflict, emotional and psychological well-being, physiological health, and existing therapeutic supports and strategies for Asian Americans struggling with family conflict due to acculturation differences.

Databases and Keywords. The literature will be utilized from psychology, sociology, medicine, psychiatry, public health, and history. For this dissertation, the literature review will not exclude any documents based solely on the date of publication. However, emphasis will be placed on papers published within the last 20 years as representative of current research, a time frame that coincides with increased research on Asian American mental health. The literature review includes but is not limited to the following databases: PsychINFO, JSTOR, WorldCat, Google Scholar, EBSCOhost, Scopus, Academic Search Elite, ResearchGate, and Medline. Keywords that will be utilized in the literature search include separate combinations of the words Asian American with the words: mental health, intergenerational family conflict, family conflict, psychotherapy, counseling, trauma, discrimination, acculturation, immigration, family structure, and culturally congruent. Additional keyword searches include historical trauma, collectivism, model minority, racism, depression, anxiety, somatic, adaptation, multicultural training, assimilation, cultural differences, and prevalence statistics (e.g., Asian Americans).

Date of Publication, Types of Documents, and Methodological Criteria. Documents include theoretical and empirical scholarly work with an emphasis on publication in peer-reviewed journals. Dissertations, conference presentations, intervention manuals, white papers, and organization reports are also included for comprehensiveness regarding writings that inform a greater understanding of Asian American family conflict and mental health. Interdisciplinary

sources provide foundational material on Asian American culture and norms in the context of Asian American mental health and assimilation's impact on intergenerational conflict. Materials and literature will be critically examined for historical and social context as well as the authors' potential perspectives and backgrounds.

No materials will be excluded based solely on their publication date, format, or methodology due to the potential relevance of historical and current events that inform the topic. The following academic sources will be utilized: academic books, journals, qualitative and quantitative studies, and theoretical literature from sociology, medicine, psychology, psychiatry, and public health.

Plan for Critical Analysis

The critical analysis begins with a critique of the body of research on the effects of IFC on Asian American mental health, including conceptual and methodological limitations. This critique will be followed by a critical analysis of literature on Asian American IFC, focusing on the differences in acculturation amongst family members. Additionally, the study explores the literature on the physical and mental health consequences of family conflict on Asian adult children of immigrants. Lastly, it addresses existing therapeutic strategies and interventions currently used in psychotherapy for family conflict with this population. Conclusions from the literature review of psychological practice inform recommendations, with emerging hypotheses regarding more effective clinically congruent interventions for addressing IFC offered and directions for future research discussed.

Limitations and Potential Contributions

The comprehensive review and critique in this dissertation are subject to various limitations. While efforts were made to utilize a wide range of keywords to research the effects

of IFC on Asian American immigrant families, it is possible that relevant articles may have unintentionally been omitted from the review. The term *intergenerational family conflict* is only one of many ways this specific concept is cataloged in the literature. Other similar terms include acculturation gap, acculturative family distancing, acculturation gap-distress theory, intergenerational cultural conflict, and intergenerational cultural dissonance. Furthermore, as the studies in this review are written in English, data and research written in other languages were excluded. Efforts have been made, nonetheless, to analyze different ways IFC affects Asian Americans in terms of emotional, psychological, and physiological well-being; however, researchers vary in their definitions and subgroups within the Asian American population, a categorical elasticity that potentially raises issues with internal validity among research results.

This dissertation may contribute to the field of psychological interventions by presenting how therapists have effectively or detrimentally used various adaptations to help culturally attune therapeutic practices for this population. The study aims to be used as a reference to promote successful, helpful treatment practices for a population that has historically had difficulties seeking and staying in therapy. This dissertation may contribute to the deficit in on Asian American mental health and its relationship to acculturation and family conflict. Furthermore, the dissertation may illuminate gaps in the literature, thereby providing direction for potential future research.

Chapter III: Review of the Literature

This chapter presents a comprehensive review of the available literature on the concept of IFC among Asian American immigrant families in the U.S. Specifically, the study focuses on the impact of differences in acculturation on the conflicts experienced and counseling approaches for addressing Asian American individuals in therapy who are struggling with family conflict. The review includes a comprehensive discussion of the literature on various therapeutic interventions, micro-counseling skills, and other interventions and strategies used with Asian Americans.

The Concept of Intergenerational Family Conflict

Studies have suggested that Asian immigrant families experience more significant family dysfunction than other ethnic minority groups who have been studied on this topic (Chae & Nagata, 2008). Although the studies have various hypotheses about the reasons why they generally found that Asian Americans report the greatest likelihood of IFC when compared to White and Hispanic peers. (Lee & Liu, 2001; Lui, 2015). IFC speaks to the strain within Asian American families resulting from a discrepancy in values, beliefs, and behaviors that occur when immigrant parents and their children acculturate to the dominant American culture at different rates (Lee & Liu, 2001; Ying & Han, 2007). The terminology surrounding this concept has evolved in the literature. Berry et al. (1997) first coined the term *dissonant acculturation*, which pointed to how the first and second generations of immigrants learn how to navigate American society at different speeds. Laursen and Collins (1994) examined how IFC occurs during adolescence over autonomy challenges. Portes (1997) focused on exploring the changes in dissonance as children grow older and assimilate quicker than their parents. Lee and Liu (2001) further studied IFC specifically amongst Asian American families and their unique cultural challenges.

The Role of Acculturation

The research on acculturation includes its effects, experiences, stressors, perceptions, and adaptation processes related to IFC. Acculturation cannot be viewed in isolation from immigration (Wu et al., 2017), especially with foreign-born residents accounting for 13.7% of the U.S. population. Adapting to a new environment with diverse cultural, educational, and occupational backgrounds brings its own set of challenges (Tang & Merrilees, 2021). Acculturation differences can become a source of family conflict when immigrant parents adapt to American culture much more slowly than their American-raised children (Wu et al., 2017).

Researchers have conceptualized acculturation as a strategy for interacting with and navigating another culture, which is often accompanied by a preference for maintaining their own heritage over participating in the dominant culture (Tang & Merrilees, 2021). In understanding the acculturation process of immigrants, Tang and Merrilees (2021) assessed the differences in the acculturation process between immigrants and U.S.-born ethnic minorities. Using a questionnaire, data was obtained from 134 first-generation Chinese immigrants attending two Chinese language schools in two Midwest cities. (Tang & Merrilees, 2021). The result of the study showed the multifaceted nature of acculturation when explored through the lens of language use, knowledge, behavior, and affect pertaining to both U.S. and Chinese domains. Not only was the age at which one enters the country a strong indicator of acculturation, but also years of living in the U.S. was described as a significant factor in the acculturation process (Tang & Merrilees, 2021).

Gaps in the acculturation process of Asian American families may make them vulnerable to intergenerational conflict, communication breakdown, and incongruent cultural values (Hwang et al., 2006). Researchers investigated the effects of intergenerational acculturation on

the conflict over time to demonstrate how discrepancies or gaps in the acculturative process of parents and children can escalate into family conflict (Ying & Han, 2007). Using a response-driven sample of 406 adolescents, the authors interviewed participants in their early and late adolescence over three years. Intergenerational conflict was one of the outcome measures (Ying & Han, 2007). The findings demonstrated that a perceived child-parent discrepancy in the preference for American culture during early adolescence was a significant determinant of intergenerational conflict during late adolescence. This study also acknowledged that the items used to assess acculturation and intergenerational/intercultural conflict might not be fully capturing these multidimensional constructs.

Nguyen (2010) studied variations in the occurrence of intergenerational conflict. The author investigated the acculturation gap, generational status, birth order, gender, and language proficiency as determinants of intergenerational conflict in 350 Asian American families, specifically among young adults living with their parents. Using the Asian American Family Conflicts Scale (Lee et al., 2000) and the Intergenerational Conflict Inventory (Chung, 2001), the author assessed levels of intergenerational conflict. The Asian American Multidimensional Acculturation Scale (Gim Chung et al., 2004) was employed to assess acculturation. Intergenerational conflict in Asian families was most strongly associated with acculturation gaps relative to White mainstream culture between emerging adults and their parents. These findings also assessed the severity of conflict from acculturation by ethnicity. The results indicated that adults of Vietnamese heritage still living with their parents had more serious conflicts than their peers of Chinese or Korean heritage (Nguyen, 2010). Due to differing cultural expectations, women were found to have more conflict than men. This was evidenced by studies that found parents use different parenting approaches for daughters and sons, typically enforcing a more

protective or restrictive style with women (Leu et al., 2011). A limitation of this study included the bidirectional nature between conflict and parent/child variables, indicating that the acculturation gap may not only occur because of conflict but could also generate it.

Overall, the findings demonstrated that intergenerational conflict could be highly variable in Asian American families due to discrepancies in acculturation levels between emerging adults and their parents. To provide a comprehensive review of the role of acculturation on intergenerational conflict, this section of the study will be presented in three sections, including acculturation stressors, acculturative family distancing, and effects of intergenerational conflict.

Acculturative Stressors

Stress associated with acculturation is a direct result of difficulties faced during cultural adaptation (Castillo et al., 2012; Lee & Liu, 2001; Park et al., 2010). Several stressors have been presented in the literature as impacting foreign-born and US-born Asian Americans. Sue et al. (1998) view acculturation in a linear way, implying that the cultural change continues unidirectionally toward the dominant culture. The term assimilation is a product of this linear model of acculturation. Assimilation is the "desired" outcome where individuals forego their own native culture to become members of the majority culture in many early studies on acculturation (Tang & Merrilees, 2021). More recently, researchers have conceptualized acculturation as multidimensional and multifaceted (Berry, 2006; Sun et al., 2016).

Hou and Kim (2018) conducted a comprehensive review to determine the relationship between acculturative stressors and individual adaptation among Asian Americans. The literature review included examples of each theoretical/methodological approach assessing discrimination as an acculturative stressor while considering other general stressors. These studies focused on the effects of acculturative stressors on mental health, such as depressive symptoms, delinquent

behaviors, academic outcomes, and family processes as links to adjustment and acculturation stressors (Hou & Kim, 2018). Discrimination, intergenerational acculturation gap, persistent foreigner stereotypes, the complexity of bicultural identity, and economic stress were identified as stressors that influence conflict within Asian American families. The review concluded that the effect of the stressors may be positive or negative and may be within-person as well as between-person in a family (Hou & Kim, 2018). This study acknowledged the limitations in its research because of the lack of longitudinal studies available that would have allowed it to investigate acculturative stressors over time with individual adjustment.

In a review of relevant literature, Dow (2011) addressed the acculturation process of immigrants, precisely the nature of acculturative stress in which groups of immigrants are mostly affected. The findings from the review discovered factors such as the age at which migration occurs, gender, level of education, socioeconomic status, and language acquisition ability which can significantly impact an individual's acculturation experience. The author identified the strategies for handling acculturative stress, including integration, marginalization, assimilation, and separation (Choi et al., 2016; Dow, 2011). Unique stressors associated with immigration have been described collectively using the term acculturative stress since acculturation can often be a stressful experience (Iorga et al., 2020). Those stressors are discussed in the following sections.

Loss of Support Systems

Psychological adaptation, including acculturation stress, is frequently associated with social support (Zhang & Goodson, 2011). Social support may serve as a psychological buffer against the negative consequences of acculturative stress for foreigners (Ladum & Burkholder, 2019). Often, depending on when the immigration occurred, the family unit is rebuilding

protected social resources such as extended family relations, cultural traditions, and social networks (Hwang & Myers, 2007). To further understand the effect of social support, Yang et al. (2013) investigated the association between intergenerational cultural conflict and parental social support, using a sample of 78 Asian American female college students. The study sought to answer whether parental social support inhibited the relationship between intergenerational cultural conflict and subjective well-being (Yang et al., 2013). The researchers found a negative association between intergenerational cultural conflict and parental social support, suggesting that an increase in parental social support results in decreased intergenerational cultural conflict. Lack of social support was found to intensify intergenerational conflict. This study was limited by its selection measures when it focused on participants seeking emotional support. These individuals may have different perceived autonomy support and satisfaction levels than others.

Adjusting to Cultural Norms

Cultural adjustment is especially challenging for young immigrants, who must simultaneously adjust to a new language and assimilate to a new culture while dealing with developmental issues, including forming an ethnic identity, relating to peers, and learning new roles in the community (Tsai-Chae & Nagata, 2008; Yeh, 2003). Since Asian American adolescents are likely to encounter difficulty relating to peers or adjusting to new social roles, issues such as isolation, detachment, apathy, anxiety, low self-esteem, and intergenerational issues (Yeh, 2003). To determine the challenges of adapting to American culture for adolescents in the U.S., Stodolska (2008) investigated issues surrounding the adjustment of teens after they immigrated. The in-depth, semi-structured interviews focused on teenagers and young adults residing in the Midwest U.S. from three ethnic minority groups, including Korean Americans

(Stodolska, 2008). A significant limitation of this study was its small sample size and the heterogeneity within the three different ethnic groups that were investigated.

Challenges relating to experiences in school, family relations after immigration, and peer relationships were the main areas identified. Lack of English fluency, negative interactions with teachers, and limitations of bilingual education were identified as school-related challenges. The primary problems related to the family were the fear of intermarriage and educational expectations. Discrimination by the mainstream youth and within ethnic groups based on differing levels of acculturation were challenges faced by peers (Stodolska, 2008).

Several factors impact cultural maladjustments among Asian families in the process of acculturation. In the study by Wilton and Constantine (2003), the goal was to determine whether the length of stay in the U.S. and psychological distress are related to cultural adjustment difficulties. In another study, Asian American students attending a predominantly White university in the northeastern U.S. were recruited to complete a Cultural Adjustment Difficulties Checklist (CADC; Sodowsky & Lai, 1997) measuring Acculturative Distress and Intercultural Competence Concerns. This survey was a general psychological distress checklist and a brief demographic questionnaire (Wilton & Constantine, 2003). Higher Acculturative Distress and higher Intercultural Competence Concerns scores were associated with higher levels of psychological distress. The limitations of this study include the generalizability of results since the Asian college students were attending a predominantly White university, indicating that the collegiate environment was less diverse.

The Role of Acculturative Family Distancing

According to Hwang and Wood (2009), acculturative family distancing (AFD) is a more complex and nuanced expression of the acculturation gap, caused by different acclimation rates

of parents and children to a dominant culture. As a result of the acculturative gap between immigrant children and parents, there is a greater risk of misunderstandings (Hwang et al., 2006). AFD specifically points to the breakdown in communication and cultural values due to the discrepancy in acculturation (Hwang et al., 2010). In the original conceptualization of AFD, Hwang et al. (2006) had two dimensions. The first dimension, communication difficulties included verbal (e.g., language barriers, sharing of feelings) and non-verbal communication (e.g., body language). The second dimension, cultural value incongruence, involved the differences in family expectations, saving face, and academic success (Hwang et al., 2006). Hwang et al. (2006) iterated that the insufficient research base may limit his study to estimate the prevalence of parent and child acculturative problems.

In the context of AFD, it is essential to name a standard power shift that occurs when children or adolescents of immigrants act as language or cultural brokers on behalf of their parents (Smokowski et al., 2009). As parents are navigating adjusting to a new environment that may contradict current world views or undermine their parenting style, they may experience feelings of incompetence or helplessness when parenting skills appear to be ineffective (Juang et al., 2007). Kiang et al. (2017) studied acculturation and perceived parenting conflict in 58 Asian American families. They found that when Asian parents attribute differences and conflict with children, they report lower parenting competence which is associated with higher counts of IFC. Although the researchers acknowledge that it is possible that any form of family conflict can diminish a parent's perception of their parenting competence, they still emphasized the importance of considering the effects of acculturative conflict on the parenting dynamics in Asian immigrant families.

Another study explored the theory of AFD from the mental health perspective. Hwang and Wood (2009) investigated whether AFD influences the mental health status of Asian American and Latino college students. After analyzing measures of AFD, psychological maladjustment, and family conflict from surveys of 107 Asian American students, researchers found that AFD is associated with family conflict. Specifically, poor communication (defined as low scores on AFD communication) and cultural value differences between youth and parents (low scores on AFD Cultural Values) were associated with family conflict (Hwang & Wood, 2009). A limitation in this study included the lack of longitudinal analyses, which would help the study better assess temporal relations.

The Role of Collectivism

It is critical to acknowledge the role of collectivism, a central tenet in many cultural expectations and norms in Asian cultures, and how it differs from Western, individualistic values (Hall et al., 2011; Hynes, 2019). Individualism is the concept of the self as independent of and distinct from others, emphasizing uniqueness and internal characteristics (Le & Stockdale, 2005). In many Asian cultures, the self is conceived as interdependent with a community, emphasizing interpersonal harmony and responsibility (Wirtz & Chiu, 2008). Choi et al. (2020), who explored IFC and depressive symptoms, discussed how conflict can emerge from parental expectation for children to adopt aspects of collectivistic culture. Many Asian parents may expect children to prioritize family responsibilities or have different conceptualizations of privacy or boundaries regarding social or academic choices (Choi et al., 2020; Tsai-Chae & Nagata, 2008). Although there is a lack of empirical literature studying the role of collectivism in IFC, collectivism or Confucian values and how they clash with American, individualistic culture are mentioned in most theoretical articles discussing IFC (Lee & Yoshida, 2005; Lim et al., 2008).

The Role of Race-Based Stress and Trauma

Cheng et al. (2015) identified that higher levels of perceived racial discrimination were associated with greater occurrences of IFC. Findings suggest the importance of recognizing racism as a contributing factor to IFC with Asian American families (Cheng et al., 2015; Lui, 2015) An acculturative stressor, race-based stress and trauma, is one of the most common stressors among Asian American young adults (Juang & Alvarez, 2010; Park et al., 2010). Race-based stress and trauma are defined as the result of racism-related chronic stress and retraumatization (Williams et al., 2018); it is well documented that racism is a chronic stressor linked to adverse health outcomes (WHO, 2008). Sue et al. (2021) published a study challenging the assumptions that Asian Americans do not struggle with prejudice and discrimination. The misperception is harmful as it contributes to a lack of research and theory in medical and mental health for this population (Kim et al., 2021; Sue et al., 2021). Researchers found that the "Model Minority" stereotype that Asian Americans are successful, high achieving, and elevated as an example for other minorities contributed to experiences of racism and prejudice (Kim & Lee, 2014; Sue et al., 2021). As a result, racial triangulation coined by Kim (1999) positions Asian Americans in opposition to all other racial/ethnic minorities, yet not on the same grounds as White Americans. The term indicates explicitly two types of simultaneous processes:

> (1) processes of relative valorization whereby dominant group A (White Americans) valorizes subordinate group B (Asian Americans) relative to subordinate group C (Black Americans)…to dominate both groups and (2) processes of civic ostracism whereby dominant group A (White Americans) construct subordinate group B (Asian Americans) as immutably foreign and unassimilable with White Americans on cultural and racial grounds. (Kim, 1999)

This theory, along with many other theories of racial stratification, have traditionally used a black-white orientation that excluded many different ethnic and racial minority groups and has implicated a racial hierarchy (Xu & Lee, 2013). Consequently, Asian Americans are viewed as "outsiders" and held to a higher standard of functioning, which has invalidated their acculturative challenges and racial-based trauma.

To understand the current sociopolitical climate that Asian Americans are navigating, it is necessary to address anti-Asian rhetoric, racism, and stigma that has heightened due to the COVID-19 Pandemic (Yang et al., 2021; Zhou, 2020). Since COVID-19 originated from a viral infection in Wuhan, China, in 2020, Asian Americans have faced race-based violence and harassment (Lee, 2020). In a qualitative study that explored race-based trauma related to the phenomenon of COVID-19, themes of pathologizing cultural practices, invalidation of interethnic differences, and ascription of diseased status (Yang et al., 2021). Regarding pathologizing cultural practices, it was observed that Asian cultural practices, specifically culinary choices, have been discussed with repulsion and criticism (Beaubien, 2020). Asian practices were described as un-American, and it was inferred that American was typically synonymous with being White. The theme of invalidating interethnic differences has been longstanding before the Pandemic in 2020. Although the viral infection beginning in China, individuals who appear to be of Asian descent are being physically and verbally attacked in the name of ascribing blame for the COVID-19 crisis (Yang et al., 2021). This phenomenon contributes to the existing perception that "all Asians look alike" (Sue et al., 2007). Lastly, the ascription of diseased status has associated Asian individuals with the virus to the extent that anecdotes of people automatically moving away from a person of Asian descent on public transportation in fear of COVID-19 (Yang et al., 2021). In the empirical exploration of COVID-

19 and anti-Asian racism and race-based stress, researchers found elevated feelings of hypervigilance, changes in safety cognitions, depression, social anxiety, and other negative psychological distress (Yang et al., 2021). Limitations of this study include a lack of data beyond six months into the COVID-19 pandemic.

Multiple studies have associated perceived racial discrimination with parent-child conflicts among minorities (Rumbaut, 1994; Smokowski et al., 2009). Regardless of ethnicity, perceived racial discrimination was linked to more instances of family conflict between mothers and fathers (Cheng et al., 2015). Using data from a study of 65 minority students between 18 and 28 years, Davis (2016) studied how perceived discrimination and acculturative stress can result in low self-esteem and anxiety. Racial discrimination was identified as an acculturative stressor leading to adverse mental health outcomes.

Similarly, in a study by Gee et al. (2007), data from the US National Latino and Asian American Study were used to determine if self-reported discrimination and other acculturative stressors (such as language proficiency, poverty, family cohesion, and social desirability) were associated with an increased risk of mental disorders among Asian Americans (Beiser & Hou, 2016; Gee et al., 2007; Ong et al., 2017). Self-reported discrimination was associated with a higher frequency of reported psychological symptoms among Asian Americans (Gee et al., 2007). One study determined that the link between depressive symptoms and perceived racial discrimination was comparable between Asian Americans who were foreign-born and U.S.-born (Cheng et al., 2015). This study's limitations included including Pacific Islander participants in the sample. These participants may differ culturally from East Asian participants.

Effects of Intergenerational Family Conflict

Intergenerational or family conflict may significantly affect the family member's physical health, psychological health, academic performance, and even the perceptions of a family bond (Juang & Alvarez, 2010; Tsai-Chae & Nagata, 2008). Immigrants are at a greater risk of having severe and adverse effects of intergenerational conflict due to having to adapt to a new culture which brings on numerous stressors (Chang et al., 2013).

To explore the effects of intergenerational conflict, Chung et al. (2009) examined the frequencies of interparental, mother–adolescent, and father–adolescent conflicts; the extent to which the frequency of each type of conflict varied concerning grade level, gender, ethnicity, and parental composition; and whether the frequency of each type of conflict has a relationship with adolescents' emotional distress. The researchers utilized a daily checklist questionnaire to elicit daily conflict and emotional distress information from ninth and twelfth-grade students in the Los Angeles metropolitan area over two weeks (Chung et al., 2009). Overall, there were low levels of family conflict during the two weeks, but girls reported more instances of interparental conflict, mother–adolescent conflict, and father–adolescent conflict (Chung et al., 2009). Adolescents living with two parents reported more frequent episodes of father-adolescent conflict than those who resided in a single-parent household (this may be due to most single-parent households having only mothers). Adolescents had significantly more conflict with mothers than fathers (Chung et al., 2009). While family conflict during high school was not a universal factor across various ethnicities, it contributed to emotional distress among all races and genders. Parent-adolescent conflict significantly mediated the relationship between emotional distress and interparental conflict (Chung et al., 2009). A notable limitation in this study was that the .63 Cronbach alpha for the acculturative scale was lower than the preferred standard of .70 for measures.

Depression

Across the literature studying IFC, one of the psychological symptoms that emerged was depression (Lee & Liu, 2001; Shin et al., 2016; Tummala-Narra, 2015). Depression is a mood disorder related to feelings of worthlessness and diminished interest or pleasure markedly different from typical functioning. It is also associated with pervasive feelings of hopelessness, guilt, lethargy, physical aches, and pains (Dieu, 2016; Gee, 2007). Among adolescents, depression may cause difficulty with focusing and task completion, which may compromise academic performance. In addition, academic challenges can also contribute to an increase in IFC as differences in academic expectations lead to disagreements (Ko & Wei, 2018; Ma & Lan, 2022). In more severe cases, depression may lead to abuse of psychoactive substances and recurrent thoughts of death or suicide (Mejia et al., 2022). It is critical to discuss cultural differences in the manifestation of depression in Asian Americans. Specifically, Asian Americans are more likely to experience somatization (i.e., headaches, dizziness, stomach issues) when internalizing distress while appearing high functioning, according to westernized assessment measures for depression (Chen, et al., 2010; Dieu, 2016).

Major depression is a significant mental health problem among Asian American youth, who have the highest risk among ethnic minority groups in the U.S. for suicide (Tummala-Narra, 2001). Immigrants sometimes discover a disconnect between their expectations and reality regarding their lives upon relocation to the U.S. Lack of satisfaction with the new status vis-à-vis what they had hoped for may result in feelings of disappointment and aggravated experiences of culture shock. These factors may increase immigrants' risk of anxiety, depression, and suicide (Zhang et al., 2013).

The link between acculturation gap, family conflict, family obligation, poverty, limited educational opportunities, discrimination, exposure to violence pre-and post-migration, language challenges, cultural adjustment challenges, and depression have been examined (Hwang et al., 2010). According to the study by Hwang et al. (2010) on the influence of AFD on depression, there were more frequent reports of AFD with increasing depression symptomatology and risk of clinical depression. The study included 105 Chinese Americans and their mothers. The study also examined maternal depression and found that mothers reporting AFD were at an increased risk of depression. This study's limitation included reducing a 46-item questionnaire to 29 items. This change may have impacted the results had a different version of the measure been used as the original version demonstrated good internal consistency (α's = .90 and .94) and concurrent validity.

In a retrospective study to identify depression disparities among Asian Americans and how immigration-related factors affected the outcomes among foreign-born Chinese immigrants and U.S.-born Chinese Americans (Zhang et al., 2013). The study analyzed data from the National Latino and Asian American Study (NLAAS) that estimated the prevalence of mental illness among 600 Chinese Americans. Although women had higher rates of depressive disorder than men and married immigrants had a lower rate of depressive disorder, the lifetime prevalence of depressive disorder was much higher among U.S.-born Chinese Americans compared with China-born immigrants. Results also indicated that those who immigrated to the U.S. before adulthood had a much higher prevalence. The study concluded that U.S.-born Chinese Americans were at higher risk of developing depression when compared to their China-born counterparts as they had a higher incidence of cultural conflicts and stressors. The study found that U.S.-born Chinese Americans encountered conflicting cultural values and social norms that

were internalized from a younger age, leading to frustration and psychological distress. In general, the researchers stated that acculturation and social factors play a significant role in the emotional well-being of Chinese immigrants. One of the limitations of this study was how multiple variables were collapsed into two categories. Therefore, there is a chance that much information was lost in the process.

Researchers investigated the association between discrepancies in adolescents' and parents' endorsement of parental control and adolescent depressive symptoms in California, an area known to have a high concentration of Asian Americans (Juang et al., 2007). Results indicated that the higher the parent-adolescent discrepancies regarding parental control, the greater the rates of depressive symptoms in the adolescents (Juang et al., 2007). Another notable result was the variation in parent-adolescent discrepancies, specifically how they did not significantly differ based on the adolescent's age and gender. Some parents were less traditional in terms of parental control than their adolescents, while some adolescents were more traditional than their parents. Hence, the rates of acculturation between parents and children might differ by family, which may also cause disparities in depressive symptoms. A limitation of this study was the lack of fathers in the data; therefore, the findings cannot be generalized to both parents despite the study focusing on family.

In a study by Kalibatseva et al. (2017), the inhibiting effect of loss of face and IFC between race/ethnicity against depression was evaluated using a survey conducted among 209 Asian Americans and 279 European Americans. Asian Americans had higher scores on depression, loss of face, and IFC than European Americans. Further analysis revealed that the differences in levels of depression between Asian-American and European-American college students might be due to differences in culturally relevant constructs, such as loss of face and

IFC (Kalibatseva et al., 2017). The study noted that their findings could have been strengthened by including other psychological variables such as emotional suppression, which may be a factor in the maintenance of depression amongst Asian Americans.

Anxiety

Recent studies with Asian American emerging adults indicate that acculturation based IFC is associated with increased anxiety (Cheng et al., 2015; Kalibatseva et al., 2017). There is a high prevalence of anxiety among Asian American youth (Park et al., 2021). Although anxiety can exist by itself, it is often comorbid or present in other diagnoses, including but not limited to panic disorder, posttraumatic stress disorder, agoraphobia, and social anxiety. The parent-adolescent conflict has been closely linked to higher anxiety levels (Park et al., 2021).

To understand the extent to which anxiety is a by-product of acculturation, Koh (2018), in a survey of 602 Asian Americans (Korean ethnicity) of all age groups, investigated the prevalence of anxiety and explored its predictive factors. Participants who reported higher levels of acculturative stress were at greater risk for anxiety (Koh, 2018). The author found significant associations between age and marital status, and anxiety levels, such that younger Asian Americans and singles reported higher levels of anxiety. Perceived social support was another significant predictor of anxiety levels (Koh, 2018). A limitation of this study focused on one specific ethnic group, Korean Americans, rather than investigating differences amongst multiple Asian ethnic groups in their mental health. The study also found that although support from family was a predictor of anxiety, the support from friends had a more significant effect on anxiety (Koh, 2018).

Disparities in anxiety levels were investigated among Chinese American Immigrants (Zhang et al., 2013). The study examined differences in the level of anxiety of Chinese American

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immigrants and which factors are associated with stress. The study measured 12-month and lifetime diagnosis of anxiety, nativity status, English language proficiency, and age at the time of immigration, using data derived from the NLAAS (Zhang et al., 2013). The study findings indicated that Chinese who were born in the US and those who immigrated to the U.S. before or at the age of 18 years had a higher risk of anxiety disorders during their lifetime when compared with Chinese who had been born in China and immigrated to the US after the age of 18 years. For Chinese Americans, nativity status, English language proficiency, and age at the time of immigration were associated with anxiety disorders (Zhang et al., 2013). The study's relatively small sample size may have resulted in false-negative results.

Most of the health-related acculturation literature focuses on understanding the relationship between the level of acculturation and the risk of adverse health outcomes (Hwang & Ting, 2008). Only relatively few studies focus on emotional distress as a psychological outcome of acculturation or intergenerational conflict. On this account, a study conducted by Hwang & Ting (2008) examined the impact of the level of acculturation and acculturative stress on the mental health of Asian American college students. The study utilized a quantitative survey of 107 Asian Americans of Chinese, Vietnamese, Japanese, Taiwanese, and Korean ethnicities. Psychological distress, clinical depression, financial stress, perceived stress, level of acculturation, and acculturative stress were measures investigated in the study to explore the effect of intergenerational conflict on mental health. The authors found an association between lower degree of identification with mainstream U.S. culture and a higher degree of psychological distress.

Similarly, regardless of the level of acculturation, the stress of adapting to the new culture was significantly correlated with psychological distress. The study concluded that understanding

acculturation levels might facilitate the identification of those at risk of distress. Still, the stress of acculturation was a more closely related factor that heightened the risk for psychological maladjustment (Hwang & Ting, 2008). The data for this research study exclusively came from students from the Rocky Mountain region in the U.S. Therefore, it is uncertain how generalizable the findings are to Asian Americans living in other areas.

To explore emotional distress as an outcome of acculturation and intergenerational conflict, Wong and Lu (2017) examined the association between acculturative stress and psychological distress in 137 first- and second-generation Asian immigrants from two Texas universities. They also discussed how social constraints influence that association. The researchers defined social constraint as "individuals' perception that their social networks are unsupportive or unreceptive to stressor-related discussions" (Lepore & Greenberg, 2002, p. 549). According to Lepore and Greenberg (2002), the social cognitive processing model, social constraints may prevent individuals from processing distressing events or feelings by discouraging expression of agitation. The study found a significant association between acculturative stress and higher levels of psychological distress among Asians with higher levels of social constraints but not in Asians with lower levels of social constraints. The study could not differentiate the causal relationships between acculturative stress, social constraints, and psychological distress (Wong & Lu, 2017). It also relied on self-report for all the variables assessed in this study.

Substance Use Disorders

To further explore and understand how acculturation affects the health of Asian Americans, Koneru et al. (2007) examined the relationship between acculturation and mental health, utilizing a systematic review of the literature focusing on current findings and

recommendations. The review considered mental health issues, including stress and distress outcomes, alcohol/substance disorders, eating disorders, depression, and child/adolescent psychiatric disorders (Koneru et al., 2007). The findings from the review regarding substance disorders highlighted the association of higher acculturation with more substance use among Asian Americans. Specifically, exposure to a new culture was linked with increased stress, amplifying alcohol consumption (Koneru et al., 2007). The findings also demonstrated a link between acculturation and drug use or drug dependence. Greater acculturation was associated with increased odds of substance use, drug dependence, and lower engagement in substance abuse treatment among Asian Americans (Koneru et al., 2007). The study acknowledged the complexity of the relationship between acculturation and mental health. However, findings regarding the relationship between acculturation and alcohol and drug use show consistency, whereas other areas demonstrated significant heterogeneity (Koneru et al., 2007). The research identified limitations in measuring acculturation in their study due to the vastly different measures used in literature when assessing acculturation.

Pham and Lui (2020) also conducted a study to understand better whether acculturation levels are associated with alcohol use outcomes. The study focused on Asian American graduates and undergraduate students 18 years and older in the southwestern region of the U.S. The study included 587 individuals from diverse ethnic backgrounds, including Chinese and Koreans. Results from the study suggested that higher adaptation levels to the mainstream culture (acculturation) resulted in increased alcohol consumption for undergraduate students. Contrary to this result, graduate students had higher alcohol dependence associated with lower acculturation levels, which reflects alcohol consumption as more of a coping mechanism. Findings suggested that men who had more exposure to both mainstream U.S. society and Asian heritage society

tended to have fewer personal drinking consequences when compared to other undergraduates in the sample. However, individuals who were more immersed in their Asian heritage may be more afraid of losing face and bringing shame to their family should they engage in behaviors considered inappropriate by Asian culture.

The quality of mental health care and access to these services differ based on cultural differences. Given the experiences of Asian Americans concerning value conflicts that they have been confronted with between their own ethnic culture and that of mainstream Americans, it is critical to examine treatment options available specifically geared to help Asian Americans with mental health issues that may not obtain positive outcomes from generally available psychotherapy methods. These options are discussed in the subsections that follow.

Self-Esteem

Self-esteem and self-efficacy are two components of self-concept. Self-esteem conveys one's sense of self-worth and value by others, and self-efficacy describes a sense of control, positive coping responses, and the belief that challenges can be overcome (Park et al., 2021). Park and colleagues (2021) examined the complex associations between family conflicts, coping skills, self-esteem, depressive symptoms, and gender in Korean American adolescents. Using a cross-sectional survey design and a convenience sampling method, the study investigated the relationship between the measures among 339 adolescents (Park et al., 2021). The findings from the survey suggested that parent-adolescent conflict was negatively associated with adolescent self-esteem. A limitation of this study included the convenience sampling method, which inserts self-selection bias into the participants.

In another study by Kim and Omizo (2006), the authors aimed to assess Asian American college students' behavioral acculturation to US cultural norms, their behavioral enculturation to

Asian cultural norms, and how these relate to cognitive flexibility, general self-efficacy, collective self-esteem, acculturative stress, and their attitudes toward seeking professional psychological help. The researchers discovered that the more frequently Asian Americans engage in Asian, American, and European cultural behaviors, the more they evaluate themselves as good and worthy of being part of the Asian American group (Kim & Omizo, 2006). This suggests that a person's perception of their Asian American identity is tied to how often they engage in Euro-American or Asian cultural norms. Additionally, the collective self-esteem of Asian American young adults was closely related to how much they acculturated themselves in both Asian and European American cultures. The deeper the acculturative process, the higher their self-worth as a member of the Asian American group (Kim & Omizo, 2006). The participants in this study were college students in an Asian American studies course which may significantly bias the cultural norms and perceptions examined by this study.

Another concept connected to the issues of self-esteem and self-worth in Asian Americans is family expectations. Mejia et al. (2022) sought to understand whether perceptions around meeting family expectations across different ethnic/racial groups were associated with self-esteem. The study hypothesized that failing to meet family expectations would be positively associated with negative self-image to a stronger degree for Asian emerging adults than for White emerging adults (Mejia et al., 2022). Using a sample of 1,223 emerging adults from a psychology subject pool, the authors highlighted the association of meeting familial expectations or obligations with the risk of Asian emerging adults developing poor self-esteem and self-image relative to their White counterparts (Mejia et al., 2022). Since the participants for this study were mostly college students living with their parents, their living arrangements may amplify the

urgency or significance of family expectations which influence the conclusions found by this study.

Educational Outcomes

Asian American adolescents are more likely to be stereotyped as "model" students with higher academic achievements and fewer risk-taking behaviors than other ethnic groups (Park et al., 2021). The Model Minority myth may create this perception that Asian American students are less likely to struggle academically. However, Lui (2015) conducted a meta-analysis of 61 studies demonstrating that higher levels of intergenerational cultural conflict were correlated with poorer educational outcomes.

Another study included the concept of school-based racial discrimination in examining the effect of intergenerational conflict on academic achievement. Utilizing the data of 663 Filipino American adolescents who participated in the Children of Immigrants Longitudinal Study (CILS), Ying and Han (2007) evaluated the effect of intergenerational family and racial discrimination at school on their mental health academic achievements. Although school-based discrimination significantly reduced academic achievement, the intergenerational conflict also significantly predicted academic performance in early adolescence and from early to late adolescence (Ying & Han, 2007). The study concluded that academic performance among Asian American adolescents might be enhanced by better intergenerational relationships and intercultural ties. This study may be limited by its accuracy in assessing parental acculturation through adolescents' self-report, which may be biased. Also, the researchers conducted the study in English, which can influence the responses among the adolescents based on their individual language preferences.

Focusing on first-year Asian American undergraduates, researchers conducted a study to examine and understand the relationship between family conflict and academic performance (Bahrassa et al., 2011). The study investigated whether family conflict before college affects academic performance during the first year of college among 140 self-identified Asian Americans of Hmong, Vietnamese, and Chinese ethnicities (Bahrassa et al., 2011). Their findings suggested that although students identified as refugees or first-generation immigrants had higher first-semester performance than students who identified as second-generation, family conflict influenced and predicted academic performance much more than other traditional predictors (Bahrassa et al., 2011). This study was limited by only having measures of the independent and dependent variables at one point. It could have benefitted from examining longer-term academic implications beyond the first semester.

Effects of Acculturative Stress

The concept of acculturation is an integral part of intergenerational conflict-related stress, so it is critical to acknowledge trauma and stress related to acculturation in Asian Americans. Hwang and Ting (2008) investigated the impact of acculturation levels and the stress of adaptation on the mental health of Asian Americans. The study considered five measures of mental health and adaptation stress: psychological distress, clinical depression, financial stress, perceived stress, and acculturative stress. The sample consisted of 107 Asian American college students from a university in the Rocky Mountain region of the US. Of these, 71 were Asian American women, and 36 were Asian American men, including Chinese, Vietnamese, Japanese, Taiwanese, and Korean Americans (Hwang & Ting, 2008). The authors found a higher risk of psychological distress and depression among participants who identified less with mainstream American culture.

On the other hand, there was no association between mental health outcomes and whether one retained or discarded identification with their cultural heritage. While understanding acculturation levels may facilitate the identification of those at risk of mental illness, the findings also suggested that acculturative stress has a more direct association and increases the risk for mental health problems independently of stress perception (Hwang & Ting, 2008). The research study provided implications for national programs that include psychoeducation to help facilitate healthy immigrant adaptation and target acculturative stress.

Dow (2011) sought to gain more insight into the effects of acculturation by addressing the acculturation process of immigrants in a review of literature, specifically the nature of acculturative stress, which groups of immigrants are mostly affected by it, and the psychological disorders that may be caused because of going through the adaptation process. The age at which migration occurs, gender, level of education, socioeconomic status, and language acquisition ability are the factors that affect or impact individuals' experiences of acculturation. Dow (2011) also identified strategies for handling acculturative stress, including integration, marginalization, assimilation, and separation with contact, participation, and cultural maintenance as determinants of the type of acculturation attitude. Furthermore, the review was able to help determine the psychological disorders associated with the strategy of acculturation. The findings associated integration with better psychological health; marginalization and separation were associated with negative aspects of acculturation (Dow, 2011).

Kim (2012) researched the acculturation experiences of immigrant spouses, their perception of their acculturation process, coping strategies, and challenges associated with adaptation. The study utilized criterion-based sampling and in-depth interviews of spouses of Korean international students. This qualitative study explored participants' knowledge, feelings,

and experiences concerning immigration, their coping strategies, and their perceptions of acculturation-related changes that may be attributable to immigration. Participants reported experiencing language barriers, cultural differences, and limited social networks. Mental health care services were underutilized despite experiences of emotional distress. Coping strategies derived from their acculturative experiences were based on establishing new family structures, recognizing personal strength, and engaging in meaningful activities (Kim, 2012). Implications provided for mental health professionals and clinical practice include cultural competence as a tool for integrating knowledge about the client's culture and cultural differences into the acculturation process. Another implication was the need to develop various meaningful activities, such as volunteering for Asian American women (Kim, 2012).

Therapeutic Frameworks for Asian Americans

The focus of this section of the chapter is a comprehensive review of the available literature on the current therapeutic frameworks that are being utilized to address the psychological needs of Asian American families, as there is very limited research on therapeutic interventions specifically created to address IFC in Asian Americans.

Modified Cognitive Behavioral Therapy

One of the most widely used and extensively researched forms of psychotherapy is CBT. CBT encompasses a series of interventions premised on the fact that people's thoughts and behaviors are affected by their cognition (Ng & Wong, 2018). A review conducted by Fordham et al. (2021) sought to provide evidence of the effect of CBT on psychological disorders. Many reviews on health-related quality of life reported on the management of clinical outcomes through high-intensity CBT delivered in outpatient settings and with short-term follow-up. The use of CBT for health-related quality of life produced consistent, positive effects, even across ten

different conditions (Fordham et al., 2021). Most of the studies on depression also reported on the management of clinical outcomes through high-intensity CBT delivered in outpatient settings and with short-term follow-up.

Some Asian American scholars have theorized that CBT is a more compatible therapy option for Asian culture and their belief systems than other therapy (Hwang et al., 2006). Hong & Ham (2001) found that CBT may be preferred over psychodynamic modality by Chinese Americans because of its more directive and symptom-focused approach. Ng and Wong (2018) examined the overall effectiveness of CBT due to its application to a wide range of disorders and problems. The review focused on CBT for individuals of Chinese heritage and included 55 studies with 6,763 participants (Ng & Wong, 2018). Findings showed a medium-sized effect for primary outcomes where CBT has used long-term and a small-sized effect for primary outcomes where CBT was used short-term. The short-term use and small effect were for psychotic symptoms, coping, and addictive behaviors, while the long-term use and medium effect were for caregiving stress (Ng & Wong, 2018). Furthermore, the researchers admitted that they could not perform reliable moderator analyses of the long-term results of CBT because they could not find more literature on specific subgroups of disorders they studied.

CBT is commonly used among Asian populations of Chinese ethnicity. The preference for CBT by therapists might be explained by the similarity between the characteristics of CBT and Chinese culture (Lin, 2002). Given the popularity and efficacy of the therapy, it is imperative to adapt CBT to meet the needs of clients of Chinese ethnicity and others of Asian descent. The study of Hwang et al. (2006) on the research, theory, and practice of CBT provided several recommendations, including guidelines and a case study on how to better meet Asian American

clients' therapeutic needs. The study outlined 18 therapeutic principles for treatment which include:

> (i) Initial introduction of clients to psychotherapy can help them understand, become familiar with, and be more satisfied with the treatment, reduce the likelihood of premature treatment termination, and improve their treatment outcomes; (ii) By learning about the culture of the client, the therapist can improve the outcome of the treatment (iii) Creating clear treatment goals and the ability to identify markers of progress early on in therapy will reduce confusion, improve client-therapist relationships, and facilitate treatment outcomes (vii) By carefully describing and addressing the roles and expectations of clients and therapists, treatment can be clearly understood by clients and made more acceptable to them (viii) Understanding cultural differences in communication and expression toward authority figures will help reduce misinterpretations of the client's intents and behaviors; (ix) Understanding ethnic differences in the expression of distress can improve diagnostic accuracy and treatment planning. (Hwang et al., 2006, p.708)

In one study, the authors examined case studies to highlight how to adopt cultural modifications of CBT that can lead to effective psychotherapy outcomes based on the above guidelines (Hwang et al., 2006). The case presented was a 12-year-old male Chinese American. He had been referred by his pediatrician and child neurologist to a university mental health clinic because of medically unexplained retrograde amnesia, drop attacks, and apparent loss of consciousness for several minutes, followed by an hour-long episode of confusion and agitation (Hwang et al., 2006). The case ultimately illustrated the importance of adopting the principles in the successful treatment of Chinese Americans. The client responded well to treatment after the

mental health practitioner made use of more than seven principles of adapting CBT to the needs of the client, including learning about migration histories and family backgrounds; learning about the client's cultural background; providing psychoeducation on their condition to normalize the experience and decrease the stigma associated with being "mentally ill"; and establishing a goal for treatment that the family valued (Hwang et al., 2006). When Hwang et al. (2006) reviewed existing literature, the researchers discovered that when the provider shares the identity of the Asian American client seeking treatment, there is a higher likelihood that the individual will stay in treatment. Additionally, the literature review found another factor that decreased dropout rates was when Asian Americans were treated in an ethnic-specific mental health service center.

Culturally Congruent Family Therapy

The need to develop culturally sensitive psychological approaches is not unique to the Asian American population. When looking at the breadth of literature, it is easy to see that the participants of most psychological studies are White. In the field of psychology, multicultural research and practice are becoming crucial issues (Guo & Hanley, 2015). According to Cross et al. (1989), culture and linguistic competency refer to a set of congruent policies, practices, attitudes, and behaviors within an organization, agency, or among professionals, enabling effective cross-cultural work. The study conducted by Park et al. (2011) aimed to determine how culturally sensitive mental healthcare providers have adapted their practices to address the needs of Asian Americans. The study considered providers as licensed psychiatric mental health practitioners providing care to clients directly. Most clients were people who had immigrated from China, Korea, the Philippines, and Vietnam (Park et al., 2011). Qualitative data were collected from 20 San Francisco Bay Area mental healthcare providers who treated Asian

American clients during the prior five years (Park et al., 2011). Based on the interviews with the practitioners, the researchers found cultural brokering, supporting families in transition, and using cultural knowledge to enhance competent care as the three common characteristics of culturally appropriate care for Asian Americans. Furthermore, the providers stressed the importance of working with and engaging the clients' families in the treatment process (Park et al., 2011).

Kim et al. (2004) also reviewed culturally competent therapy for Asian Americans with a focus on expert recommendations of family therapy for Asian Americans and their applications. The study highlighted 11 guidelines from the literature for treating Asian American families, specifically Korean American families. The guidelines generated for therapists included:

> assessing support systems available to the family such as extended family, friends, church etc.; assessing past history of immigrants; establishing professional credibility in the first meeting to ensure return; providing role induction by explaining the therapy thoroughly during the initial session; facilitating saving face by avoiding embarrassment of client by either the therapist or family member; accepting somatic complaints such as complaints of physical maladies intermingled with or masking psychosocial problems; being problem-focused/present-focused is culturally relevant as Asian Americans tend to safeguard personal information to avoid the discussion of sensitive topics; being directive by encouraging an active therapeutic stance; respecting family hierarchical structure to allow the therapist to function as an advocate for both sides; facilitating non-confrontational interactions; and providing positive reframes as a way of drawing attention to the positive aspects of the family. (Kim et al., 2004, p. 361)

The study, however, advised that the guidelines be viewed as essential indicators of culturally competent therapy, so supervisors should feel confident in using them in the training and evaluation of beginning therapists.

Frisby et al. (2018) described the cultural competence issues that mental health providers may encounter when providing counseling and therapy to Asian Americans. The chapter outlined challenges and important principles when providing culturally competent treatment. The first challenge was the usage of the term "mental illness," which tends to carry a negative cultural connotation in some Asian cultures. The second challenge was myths and misunderstandings about mental illness, which make Asian Americans less likely to seek mental health care. Other challenges include cultural and language barriers, including the lack of perceived access combined with public stigma, shame, and the need to save face. Lastly, the heterogeneity of the Asian culture necessitates a tailored and modified culturally competent therapy for different ethnicities. The review concluded that mental health providers need to recognize the diversity of the Asian American populations and have multicultural competence when developing culturally sensitive therapy.

Multicultural counseling emphasizes approaches in therapeutic modalities that are responsive to clients' cultural values and life experiences, acknowledging clients' individual, group, and universal identity in various modalities such as therapy, assessment, diagnosis, and treatment processes. It aims to balance the individual and the collective (Sue & Torino, 2005). Similarly, a family systems approach addresses many aspects of the family, such as marital counseling, couple therapy, parent-child counseling, and multigenerational therapy, with the primary purpose of modifying family relationships to achieve harmony. Family systems therapy assumes that treating all persons within a system of relationships (typically in a nuclear family)

is logical and economically sensible; the client's problems are merely symptoms, and the family itself is the client; all dysfunctional behaviors of family members serve a purpose; family members' behaviors are interdependent and reciprocally relate to one another rather than linearly; and the goal of therapy is to modify relationships and improve communication among family members (Sue & Torino, 2005).

In the review by Sue and Sue (2016) regarding the multicultural family systems approach to counseling and therapy, the researchers identified two essential characteristics that include the communications approach and the structural approach. The communication approach assumes communication difficulties as the core of the family problems, while the structural course emphasizes the interconnecting roles of the family members. Findings from the review also outlined several factors that culturally sensitive family therapists should consider in working with ethnic minorities, such as racism and poverty, divergent value systems, biculturalism, differential treatment of minorities by race, diverse cultural linguistics, and social class differences by ethnicity.

Navarre (1998) also discussed the structural approach to multicultural family systems therapy among Asian and Hispanic families using Salvador Minuchin's family therapy model. The approach considers the families as systems and subsystems with well-organized boundaries such that a marital subsystem considers partners' privacy as a closed boundary, clear boundaries in the parental subsystems between parents and children to allow for good parenting, and the hierarchical organization of a sibling subsystem (Navarre, 1998). In the structural approach, the practitioner focuses on redirecting communication to ensure family members interact instead of the therapist and the family. To achieve this goal, the therapist restructures the family system through actual directives and suggestions to finally join, enact, restructure, and reframe the

families' perceptions (Navarre, 1998). The direct techniques employed for the therapy can include breaking down communication barriers, disrupting family myths, and helping the family develop new communication styles. The indirect approach may consist of presenting metaphors or challenging the family's belief system (Navarre, 1998).

The review also specifically illustrated the application of the structural approach of multicultural family systems therapy to Chinese and Vietnamese American families. The findings suggested that being cognizant of the fact that Chinese immigrants come from different parts of China and being sensitive to the existing cultural differences, addressing the acculturation issues of adapting from Chinese to American society, making rigid boundaries between parents and children more flexible, and including authority figures such as paternal in-laws when encouraging behavioral changes, were essential considerations (Navarre, 1998). The author highlighted the importance of accommodating strategies such as relaying messages through authority figures. Additionally, focusing on the family's strengths rather than the negative characteristics can encourage family members to work on rebalancing their relationships (Navarre, 1998).

Conceptual Framework for Psychotherapy Modification

Different frameworks have been developed for adapting cultural competency to therapy. The goal of Hwang et al. (2006) was to create a conceptual framework that would enable psychotherapy to be culturally adapted and modified for minorities (see Table 1). The study used a critical review of literature, discussion with expert therapists, and treatment experiences regarding cultural adaptation and competency to develop the Psychotherapy Adaptation and Modification Framework (PAMF). The researcher designed the PAMF to help mental health

professionals in their journey to becoming culturally competent by increasing understanding and providing recommendations for addressing issues that are significant to minorities.

The PAMF synthesized two models of cultural influences on mental health and principles for understanding and treating Chinese Americans to develop a three-tiered framework that builds on cultural competency by providing specific guidelines for applying cultural adaptations to therapy and evidenced-based practices. The framework considered domains that include emotional issues and cultural complexities, orientation, cultural beliefs, client-therapist relationships, cultural differences in expression and communication, and salient cultural issues. The PAMF had 25 therapeutic principles guiding the adaptation of any culturally competent therapy for Asian Americans. For instance, principle 1, which is being aware of dynamic sizing (i.e., knowing when to generalize or individualize treatment), applies to treating Asian Americans, which involves reducing stereotypical approaches and increasing therapist flexibility. The 4th principle of establishing goals and structure for therapy early in the treatment is congruent with the result-driven aspects of Asian culture and the reduction of ambiguity. Also, the 10th principle, which is understanding how cultural beliefs have influenced help-seeking patterns for the client, is rooted in the stigma against mental illness in Asian culture and the client's level of discomfort in seeking care. The 12th principle, therapists presenting themselves as professional and authority figures, is consistent with the hierarchical traditions in Asian culture.

Table 2

Hwang et al. (2006) Psychotherapy Adaptation and Modification Framework

Domain	Therapeutic Principle
Dynamic Issues and Cultural Complexities	1. Be aware of dynamic sizing 2. Be aware of and address clients' multiple identities and group memberships
Orientation	3. Orient clients to therapy 4. Establish goals and structure for therapy early in treatment 5. Orient clients to a biopsychosocial or holistic approach model of disease development 6. Focus on psychoeducational aspects of treatment
Cultural Beliefs	7. Use cultural bridging to relate cognitive-behavioral therapy concepts to Asian beliefs and traditions 8. Find ways to integrate extant cultural strengths and healing practices into the client's treatment 9. Align with traditional/indigenous forms of healing
Client-Therapist Relationship	10. Understand how cultural beliefs have influenced help-seeking patterns for your client 11. Teach therapists about the cultural backgrounds of their clients 12. Therapists should be professional and present themselves as expert authority figures 13. Client-therapist roles and expectations for therapy should be clearly addressed 14. Join and engage the client by assessing family 15. Therapist cultural self-awareness and self-identity should be thoroughly explored 16. Interactional and relational models of therapeutic relations should be understood
Cultural Differences in Expression and Communication	17. Understand that the notion of psychotherapy and talking about one's problems as a method of treatment is culturally foreign to Asian clients 18. Understand cultural difference in communication styles 19. Understand cultural differences in expression of distress (e.g., somatization vs. worry) 20. Address cognitive and affective symptoms of Asian clients
Cultural Issues of Salience	21. Be aware of shame and stigma issues that may influence the treatment process 22. Address and be aware of push-pull feelings and culture-related role inconsistencies that may exist between the client's culture of origin and the culture of therapy 23. Collaborating with family and or spending more time understanding family relationships may be necessary 24. Be aware of and understand life experiences that may act as additional stressors or place clients at additional risk for mental illness (e.g., acculturative stress, racism, linguistic difficulties, social mobility problems, feelings of nostalgia, loss of interpersonal networks, intergenerational family conflict)

The review highlights the framework as one to be used as a roadmap to provide mental health professionals with an overview of processes they should think about when becoming culturally competent and developing culturally effective treatments. In conclusion, the PAMF is a roadmap to help think through how a minority client can be treated to ensure an effective outcome.

As indicated in the review conducted by Hwang et al. (2006), there are five domains recommended by Rogler et al. (1989) in improving cultural understanding which are "(a) cultural factors in the emergence of a problem, (b) help-seeking and service utilization, (c) factors that may affect accurate diagnosis, (d) therapeutic and treatment issues, and (e) post-treatment adjustment" (Hwang et al., 2006, p. 703). The cultural genogram developed by Hardy and Laszloffy (1995) to help clinicians become more aware of clients' cultural identities was also discussed. The genogram consists of domains around

> (a) understanding the influence that culture can have on the family system, (b) helping therapists identify the groups that contribute to the formation of their cultural identity, (c) identifying and challenging culturally based assumptions and stereotypes, (d) helping therapists uncover their culturally based triggers or conflicts, and (e) encouraging therapists to explore how their cultural identities influence their therapeutic style and effectiveness. (Hwang et al., 2006, p. 704)

The review also highlighted the development of cultural competence training programs focusing on interactions.

Individual Coping Strategies

As a result, of the lack of studies that discuss therapeutic modalities specifically addressing intergenerational conflict, this section will focus on literature that explores coping strategies and Asian American mental health which may inform the therapeutic process. Coping is interconnected with perceived stress and emotional adjustment, so understanding how coping strategies are associated with psychological health outcomes can help develop effective interventions, as different coping strategies have other physiological and psychological effects (Park et al., 2021). Yeh and Wang (2000) assessed the coping skills and practices of Asian

American graduate students of Chinese, Korean, Filipino, and Indian ethnicities. The study included 470 Asian American students recruited from nine universities and colleges from the East and West Coasts of the US (Yeh & Wang, 2000). The result of the examination showed that students reported negative attitudes toward professional counseling in ways such as not sharing their issues with the counselor, being uncomfortable in their presence, and believing that the counselor could not help them (Yeh & Wang, 2000). The findings also show coping practices, including keeping problems to themselves by seeking help from family and friends and engaging in exercise and hobbies. They found that Korean Americans reported coping strategies, including talking to their religious leader or engaging in religious activities (praying and going to church). The study highlighted independence in coping strategies and using social and family relationships as support (Yeh & Wang, 2000).

Individuals experience social support when they feel valued and cared for, are loved, and part of a network of communication and mutual responsibility. Social support contributes to mental and physical well-being, reducing stress and improving health outcomes. (Chu et al., 2010). Asking for support from close friends and family is one of the most effective methods of dealing with stressful events in daily life. Even though receiving social support can improve physical and mental health, many factors influence individuals' decisions to seek social support (Zheng et al., 2021).

In most Asian cultures, people are viewed as relational entities interdependent with each other. In these cultural settings, individual needs are secondary to social relations, roles, norms, and group solidarity (Taylor et al., 2004). The researchers conducted a study to identify whether Asian Americans seek more social support in dealing with stress than European Americans. The results indicated that Asian immigrants accessed social support less than U.S-born Asians. A

further deep dive was conducted to determine the cultural differences in the utilization of social support (Taylor et al., 2004). Asian Americans reported that group harmony would be disrupted if they sought social support, their problems would be made worse if they were shared, they were responsible for solving their problems, others may not understand what one is experiencing, and expressing concerns would result in criticism and loss of face (Taylor et al., 2004). One of the limitations of this study is that the respondents in the studies came heavily from Korea, China, and Taiwan. Additionally, the studies assessed participants' self-reports of how they coped rather than observing coping behaviors.

Nicdao et al. (2008) conducted a study to examine the relationship between social support and the utilization of mental health services in Asian Americans using the data from the NLAAS. The findings from the study indicated that family support and friend harmony increased the odds of Asian Americans seeking mental health services. However, family harmony reduced the odds. Specifically, the instrumental aid provided by friend circles highly influences the use of mental health services. The propensity to feel less distress, demands, and expectations from friends compared to the family may have been an influencing factor for seeking mental health services (Nicdao et al., 2008).

Barriers to Treatment

Research indicates that Asian Americans are less likely to seek treatment than other ethnic groups. Asian Americans tend to suffer from more severe mental disorders, are more likely to be dissatisfied with treatment, and have worse outcomes than European Americans when they do seek treatment (Hwang et al., 2006). Abe-Kim et al. (2007) investigated how immigrants and US-born Asian Americans use mental health services (either general or specialty). The data were from a NLAAS survey. Results from the data indicated that only 8.6%

(2,095) sought any mental health service (Abe-Kim et al., 2007). The US-born Asian Americans used mental health services more than foreign-born immigrants, especially for specialty-based treatments. Individuals who were third or later-generation Asian Americans also used general and specialty mental health services more than first or second-generation Asian Americans (Abe-Kim et al., 2007). Also noted from the study is the lower proportion of foreign-born immigrants who reported that the treatment received helped a lot compared to US-born Asian Americans (Abe-Kim et al., 2007). The researchers identified that their findings were vulnerable to recall and reporting biases because they utilized retrospective measures.

Several factors can complicate the treatment of Asian immigrants, including past immigration histories (the basis for moving), immigration strain (linguistic difficulties, a lack of social mobility, living in impoverished neighborhoods, health care inaccessibility), disconnection from family and friends, shifting family dynamics (intergenerational conflict, shifts in roles and power structures), navigating cultural aspects of identity, and coping with unmet expectations (Hwang et al., 2006). However, a cultural match between therapist and client has been demonstrated to benefit Asian Americans receiving treatment for mental health problems. Specifically, an ethnic match was significantly related to clients staying in treatment longer, with a lower probability of premature dropouts among Asian American clients (Hwang et al., 2006).

Kim and Keefe (2010) also reviewed barriers to healthcare utilization among Asian Americans. The review considered the diversity among Asian American ethnicities and cultures to determine language/culture, health literacy, health insurance, and immigrant status. The lack of language proficiency prevented many Asian Americans from seeking help in the cases of contacting health professionals, finding a facility, scheduling an appointment, and learning about illnesses (Kim & Keefe, 2010). The limited health literacy found in Asian Americans often led to

having incorrect beliefs about specific diseases, thus preventing them from seeking healthcare, resulting in poorer outcomes for their health (Kim & Keefe, 2010). Lack of health insurance often leads Asian Americans to resort to less costly alternative medicine or no treatment for mental health symptoms. The basis for which Asian Americans migrate also affects health care utilization (Kim & Keefe, 2010).

It has been well documented that Asian Americans underuse mental health services (Cho & Velez-Ortiz, 2014; Lee & Waters, 2021). Service providers must address the barriers to Asian Americans seeking mental health-related help, such as stigma, shame related to seeking help, procrastination about seeking help or recognizing the symptoms, suppression of emotions, and lack of bilingual/bicultural providers (Kim-Goh et al., 2015).

Cultural Attitudes Toward Psychotherapy

Some many cultural attitudes or values may impact an Asian American's perception of psychotherapy and experience as a client. Culturally, it may be said that Chinese people are under tremendous pressure to have a positive image to protect their family or community reputations. The demand is further reinforced by the collective emphasis on promoting the collective over the individual. Consequently, Chinese people are less likely than people of other cultures to seek professional help when facing mental health issues. Additionally, Chinese clients may be less likely to seek psychological therapy because of their culture's importance of privacy and confidentiality (Guo & Hanley, 2015). The researchers acknowledged that although their participants were primarily Chinese, there are very diverse subgroups within it. Therefore, their findings may not be as generalizable.

Ting and Hwang (2009) also weighed in on Asian American attitudes towards psychotherapy by examining the cultural influences on health-seeking attitudes in Asian

Americans. The findings indicated that relinquishing one's heritage and adopting mainstream culture were unrelated to help-seeking behavior. However, stigma tolerance had a more direct negative effect on Asian Americans seeking psychotherapy. This can be explained culturally as the individual not wanting their behaviors to reflect upon the entire family.

Liu et al. (2020) further researched how Asian Americans who sought mental health services perceived psychotherapy. The study utilized an interpretative phenomenological approach to determine the influence of culture on their decision to seek counseling and their overall counseling experience (Liu et al., 2020). The study participants included nine East Asian students recruited from midwestern universities in the U.S. who sought counseling services from their university counseling center (Liu et al., 2020). Results of the study suggested an expression of cautious optimism about psychotherapy despite mixed attitudes about the counseling services they received. They reacted favorably to the American counseling services and their therapists' credentials and training; the therapists were also applauded for their empathy, listening skills, and collaborative attitude. In contrast, several factors adversely impacted their counseling experiences, such as perceived stigma, misaligned expectations, and the lack of cultural awareness displayed by therapists (Liu et al., 2020).

The qualitative themes of the study were the perceived influence of social networks on the decision to seek counseling (recognition of mental health concerns by class instructors, including the provision of resources to make appointments), perceived stigma, expectations of a medical model of counseling (needing a physical check-up or science-based approach in understanding their problems and treatment), perceived cultural incompetence of counselors, positive experience of counseling (trust in the services based on media factors or education

received in psychology class), and expectations of the counselor's background (preference of counselors with similar cultural backgrounds or life experiences; Liu et al., 2020).

Barriers for Providers

There are many ways to address the psychological treatment disparity in the Asian American community. This study has analyzed culturally congruent treatments and frameworks for adapting existing interventions; however, it is critical to highlight the provider's role. In a study that explored therapist multicultural competence with Asian American participants, researchers found participants rated culturally responsive counselors higher than culturally neutral counselors in expertise, and trustworthiness (Wang & Kim, 2010). The article noted that ideally, Asian American clients would be able to be matched with a provider that is linguistically or culturally similar. However, most mental health providers are European American (American Psychological Association, 2020). According to the American Psychological Association, European Americans comprise 83% of the psychology population, while 4% of providers identify as Asian American. Therefore, the study explored another approach to addressing the underutilization of therapy services by examining how non-Asian American mental health providers can provide more culturally relevant services (Wang & Kim, 2010). In the study, counselors would inquire about the behavioral or cultural differences between the U.S. and the client's country of origin, and reflecting the client's language were part of multicultural competency. A limitation of the study included lacking of adequate statistical power, given the multiple regression analysis failed to replicate the findings from the t-test and correlational analyses (Wang & Kim, 2010).

Mental health providers receiving multicultural competency training may still have significant limitations in providing effective culturally competent care if they are unaware of

their cultural identity and how it impacts their therapeutic style or dynamic with a client (Hwang et al., 2006). Multicultural awareness asks professionals to be aware of their assumptions and biases so that they may have the tools to value and respect cultural differences (Lee & Khawaja, 2013). In a study exploring the relationship between training factors and cultural competence, the researchers found that clinical experience with culturally diverse clients was more closely related to students' perceived levels of cultural competence. In contrast, education or course work were not related (Lee & Khawaja, 2013). Suppose a mental health clinician is unable to gain experience with Asian Americans or is unaware of his or her own internal biases. In that case, they may potentially harm the therapeutic alliance unintentionally. Kuo et al. (2021), studying the impact of microaggressions occurring in therapy with Asian and Asian American clients, found that therapist microaggressions were associated with a lower rating of the therapeutic alliance (Kuo et al., 2021; Owen et al., 2014). The findings indicated that microaggressions with a reference to group members such as saying "people like you," is experienced as more offensive and disrespectful than other microaggressions. Kuo et al. (2021) noted the importance of providers exploring ways to address and acknowledge microaggressions. A lack of exposure to specific populations and a lack of understanding of one's cultural identity can result in premature treatment dropout or adverse treatment outcomes (Hwang et al., 2006). It is critical to incorporate cultural competencies in training for therapists to deliver culturally effective clinical services.

Chapter IV: Analysis of the Literature

This chapter analyzes the IFC and culturally congruent therapeutic considerations and frameworks that have been used to address the psychological needs of Asian American families. While not exhaustive, this chapter identifies common challenges related to IFC onflict and themes in many culturally congruent therapy practices used with Asian Americans. Themes and potential conclusions developed from the extensive literature review will be addressed.

Intergenerational Family Conflict

The literature on IFC point to a combination of acculturative stressors and the discrepancy in acculturation (which may influence responses to racial stress and trauma) between parents and children in Asian American families. The acculturative process has a significant role in IFC (Hwang et al., 2006; Tang & Merrilees, 2021; Wu et al., 2017). Although IFC has been defined in different ways in the literature, most definitions indicate that it is conflict related to varying rates of acculturation which result in divergent cultural values and beliefs (Choi et al., 2020; Tummala-Narra et al., 2021).

Acculturative Stressors

Acculturative stressors have a significant role in IFC. Relevant acculturative stressors in the Asian American community include finding social support, language acquisition, racial/ethnic discrimination, and adjusting to new social roles and norms (Ladum & Burkholder, 2019; Stodolska, 2008; Yeh, 2003). Level of education, socioeconomic status, language acquisition ability, and gender can all affect an individual's experience of acculturation (Choi et al., 2016; Dow, 2011). It is important to note that the research used to conceptualize acculturation in a linear, unidirectional path from the native culture to the dominant culture (Sue

et al., 2009); however, newer measures are defining it as multidimensional and multifaceted (Berry, 2006; Sun et al., 2016)

Acculturation Gap

The different levels of acculturation or cultural dissonance can significantly impact the family relationship structure. Specifically, it is evident in the parent-child relationships (Cheung & Jahn, 2017; Lee & Mjelde-Mossey, 2004). AFD points to the breakdown in communication and cultural values in Asian immigrant families (Hwang & Fujimoto, 2014; Hwang & Wood, 2009). The cultural discrepancy can include but is not limited to expectations around career, dating, family cohesion, communication, and emotional expression (Ko & Wei, 2018; Ma & Lan, 2022). As the acculturation gap widens, the frequency of IFC increases (Choi et al., 2020; Kim & Park, 2011). Generally, researchers have found more family conflict between mothers compared to fathers and daughters compared to sons (Chung et al., 2009; Tsai-Chae & Nagata, 2008). The research pointed to conflicts being higher with mothers as they were typically more involved in parenting in most Asian families. The conflict was higher with daughters due to gender-related expectations that were more restrictive compared to sons. The gap between acculturation within the family unit is related to higher levels of psychological maladjustment and alienation (Hwang & Wood, 2009; Kiang et al., 2017; Smokowski et al., 2009).

The Effect of Intergenerational Conflict on the Wellbeing of Asian Americans

The literature review revealed that Asian American families are more likely to experience family conflict compared to other European Americans and ethnic minority groups (Lee & Liu, 2001; Tsai-Chae & Nagata, 2008). Asian Americans struggling with IFC are associated with higher rates of depression, anxiety, and somatic symptoms (Choi et al., 2020; Kalibatseva et al., 2017; Lee et al., 2005). Specifically, studies have shown that with chronic IFC, there is a higher

likelihood that Asian Americans report an increase in psychosomatic symptoms (Choi et al., 2020; Lee & Liu, 2001; Lee et al., 2005). The exhibited psychosomatic symptoms include but are not limited to headaches, dizziness, and gastrointestinal problems (Dieu, 2016; Maffini & Wong, 2014). There also was a strong connection between substance use and family conflict and acculturation for Asian Americans (Koneru et al., 2007; Pham & Liu, 2019).

Social Factors Related to Asian American Mental Health

In exploring Asian Americans and IFC, it is critical to acknowledge and be informed of the impact of the sociopolitical climate in the U.S. Historically, racism against Asian Americans can be traced back to the mid-19th century when Chinese immigrants arrived to work on transcontinental railroads (Chen et al., 2021). They are often perceived as the model minority, a group of immigrants that have successfully overcome hardship, oppression, and discrimination in America (Kim & Lee, 2014; Sue et al., 2021). Simultaneously, many Americans perceive Asian Americans as perpetual foreigners who inhabit America but are not "true" Americans (Hwang, 2021; Xu & Lee, 2013). This is a structural form of racism that directly impacts social policies and funding that result in overlooking Asian American mental health treatment and care (Park et al., 2019). In addition to being under-researched and under-served in mental health, Asian Americans are now navigating a pandemic and unprecedented increase in anti-Asian racism and violence (Lee, 2020; Yang et al., 2021).

Counseling: Promising Practices and Pitfalls

The development of more culturally congruent treatments for Asian Americans is essential because of the psychological treatment disparities that persist between people of color and European Americans (Nagayama-Hall et al., 2016; Snowden & Yamada, 2005). Asian Americans continue to be an underserved and under-researched population in psychotherapy

compared to White and other minority groups in the U.S. (Lee, 2020). Disparities in utilizing mental health services can be reduced when relevant cultural considerations are integrated into treatment (Sue et al., 2009). Before addressing different cultural concerns and adaptations providers can incorporate in treatment, it is critical to acknowledge the heterogeneity of ethnic groups within the Asian American umbrella and the individual differences in acculturation and adherence to Asian culture. Thus, it is important not to overly emphasize or rely on a single cultural frame or orientation as it may not be optimally effective for all persons of Asian cultural origins (Hwang et al., 2006).

Defining Therapist Role & Therapeutic Approach

To be able to discuss significant family challenges and personal matters in psychotherapy, Asian Americans value respecting the professional expertise and credibility of the provider. Across different research studies examining culturally congruent practices for Asian Americans, the theme of therapists presenting themselves as authority figures to establish trust and confidence within a hierarchical culture is critical (Hwang et al., 2006; Kim et al., 2004). Depending on individual adherence to Asian culture, Asian Americans may strongly believe in deference for authority and may have more respect for providers that are directive and take an expert role (Hynes, 2019; Pan et al., 2017; Sue & Sue, 2016). A directive therapy style is described as providing education, asking for information, and prescribing behavior, while a non-directive therapy style would be reflecting or validating feelings and thoughts (Li & Kim, 2004). The literature suggests that Asian American clients prefer a concrete, problem-solving approach to mental health treatment (Hwang et al., 2006; Kim-Goh et al., 2015). It may be helpful for the provider to moderate the therapeutic process and style depending on the client's adherence to Asian values and level of acculturation.

Being Mindful of Collectivistic Values

A central tenet that was present across various culturally congruent practices for Asian Americans was the importance of collectivism (Hwang et al., 2006; Hynes, 2019; Kim et al., 2004). In Western European countries, the self is conceived as independent of and unique from others, while in many Asian cultures, the self is conceptualized as interdependent within a community (Hall et al., 2016; Oyserman et al., 2002). The goals of psychotherapy may be focused on achieving or maintaining interpersonal harmony. In the collectivistic perspective, the needs of the individual are secondary, and respect for one's elders serves as the foundation for the family (Tummala-Narra et al., 2021). In family therapy, studies encouraged the clinician to address the head of the family structure and have individual sessions to assess better the unequal power structure (Cheung & Jahn, 2017; Kim et al., 2004). It is critical to note that collectivistic values influence communication (e.g., expressing disagreement and language (e.g., honorifics). Therapy modalities that encourage low context, assertive and direct communication may be incongruent with collectivistic values (Hynes, 2019; Park & Kim, 2008). In individual therapy, studies have indicated that it may not be helpful for clients to assert personal boundaries with family members verbally; instead, there are indirect ways to shift interpersonal interactions once the client can identify which behaviors are contributing to their symptoms (Hall et al., 2019). Providers must be cautious in mislabeling the collectivistic values of family relationships as "enmeshed" or misinterpreting a client's reluctance to express emotions with family members (Chung & Epstein, 2014; Hynes, 2019). To promote healing and trust in therapeutic spaces for Asian Americans, providers need to be mindful of pathologizing culturally normative behavior.

Addressing Shame and Mental Health Stigma

Due to the collectivistic nature of many Asian cultures lends itself to a socio-centric focus with a strong emphasis on the perceived value within the community (Kim-Goh et al., 2015; Kung, 2004). Individual mental health challenges may be interpreted as a reflection of the family in many Asian cultures; therefore, an individual's psychological distress could lead to "losing face" and status for the family in the community (Han & Pong, 2015). Difficulties with mental health have been highly stigmatized, often conceptualized as a lack of willpower or personal weakness (Kim & Keefe, 2010; Kung, 2004; Lee et al., 2009). Many research studies have implicated shame as a barrier to therapeutic alliance and treatment progress (Black et al., 2013). Understanding the client's cultural beliefs about mental illness, its causes, and how they conceptualize recovery is critical in providing culturally congruent therapy for this population (Hwang et al., 2006). Some studies found positive outcomes for providers that focused on the solution- and future-focused conversations when a client has difficulty talking about trauma or difficulties due to shame (Cheung & Jahn, 2017; Lee & Mjelde-Mossey, 2004).

Pathologizing Emotional Expression

A reoccurring theme in the literature review related to pitfalls in psychotherapy with Asian Americans included cultural differences in emotional expression and communication (Choi et al., 2020; Hwang & Wood, 2009; Hynes, 2019). Due to the literature being primarily written by Westernized researchers, it's important to note the negative connotation associated with emotional suppression/repression, typically used in the studies. The term "suppression" implies that something is being prevented from being actualized (Sue et al., 2009). Most Western therapeutic modalities presume that acknowledging and verbalizing internal experiences reduces distress and promotes healing (Hofmann & Asmundsen, 2008; Kim-Goh et al., 2015). It is critical not to pathologize or misinterpret culturally normative behavior, such as having reserved

emotional expression or reluctance to verbalize emotional distress (Leong et al., 2018). In Buddhism, emotional restraint and endurance are highly esteemed (Butler et al., 2007; Hall et al., 2011). The literature analysis recommends challenging culturally based assumptions the provider holds and assessing if the client's coping style and therapeutic modality are a cultural match (Hwang et al., 2006; Li & Kim, 2004). It would be considered a pitfall to assume that all "suppression" of feelings and thoughts is maladaptive from this cultural viewpoint.

Assessment of Somatic Symptoms

The observation that many individuals of Asian descent have exhibited somatization repeatedly emerged through the literature analyzed (Dieu, 2016; Maffini & Wong, 2014). There is a strong belief in mind-body integration in Asian history and medicine (Dieu, 2016; Hwang et al., 2006). Therefore, a client may appear high functioning if the assessment for physiological complaints is neglected in the intake process. Some studies have encouraged integrating physiological and psychological functioning in mental health treatment (Hwang et al., 2006; Leong & Lau, 2001). Hwang et al. (2006) further reiterates the importance of using caution to avoid underdiagnosing by understanding expressions of distress to improve diagnostic accuracy and treatment planning.

Family Therapy

Many practitioners implementing family therapy with Asian Americans have highlighted guidelines such as facilitating saving face, respecting the family hierarchy, being directive, and facilitating nonconfrontational interactions (Cheung & Jahn, 2017; Kim et al., 2004; Navarre, 1998). Family therapists must be prepared to attend to differing cultural values and beliefs in the family. Ideally, a multicultural family therapist will focus on promoting the cultural resources and strengths of the individuals in treatment (Corcoran, 2000). It is critical to orient the family to

the goals of family therapy which typically is to modify relationships and improve communication (Sue & Sue, 2016). To effectively work within this cultural framework, family therapy providers must be mindful of potentially pathologizing individuals with more traditional values and aligning themselves against the hierarchical structure (Hwang et al., 2006; Kim et al., 2004). Lastly, the family therapist should be aware of and gauge the strength of the therapeutic relationship before mediating family conflict or potential confrontations (Kim et al., 2004).

Chapter V: Discussion

There are important emerging hypotheses drawn from this critical literature analysis. Utilizing the emerging hypotheses, this discussion will explore potential clinical use indications. It will also discuss the potential limitations of this critical analysis, steps taken to reduce their impact, and the possible implications the limitations may have on the conclusions of this dissertation. Questions raised by this exploration and directions for future research are also explored.

Racial and ethnic disparities in mental health care are becoming a national priority in the U.S. (Primm, 2010). Although Asian Americans have been under-researched and underserved in the area of mental health for many years, the impact of the anti-Asian Racism during the COVID-19 pandemic has further pronounced pre-existing inequalities caused by stigmatization and structural violence. (Saw et al., 2022; Singer et al., 2017). The longstanding perception of Asian Americans as the model minority or perpetual foreigners is a form of structural racism that not only diminishes their experiences as a community of color, but it affects social policies and research and funding, resulting in deprivation of equitable access to healthcare and resources (Park et al., 2019; Sue et al., 2021). In turn, inadequate data on Asian Americans directly contributes to a significant lack of culturally appropriate healthcare (Jang et al., 2019). Most current psychotherapy modalities and treatment paradigms in the U.S. reflect a Western worldview (Hall et al., 2011). The time has come to advance efforts to overcome societal issues that have harmed the mental health of Asian American communities for generations, specifically improving the visibility of Asian Americans in community discourse. Healthcare professionals, specifically mental health providers, play a crucial role and are responsible for ensuring that mental health institutions care for all minority communities (Li & Galea, 2020; Wu et al., 2021).

Indications for Use

This study encourages and emphasizes the utilization of culturally congruent psychological practices for Asian Americans in general, specifically treating those challenged with stress and trauma related to IFC. There are some cultural adaptations of psychotherapy modalities currently existing for this population. However, it should fall under APA Ethical Principles under 2.01 Boundaries of Competence to explore, research, and consult to see available culturally congruent treatments or interventions. Centering treatment around the client's values and worldview will improve therapeutic alliance and increase engagement in therapeutic services.

Implications for Increased Utilization of Culturally Congruent Considerations

As more culturally congruent treatments are created or adapted, the goal is to improve the ability of clinicians in the community to address psychological and physiological distress in Asian American individuals and communities, offering alternative forms of conceptualization and epistemology. Incorporating culturally congruent theory will help reduce misinterpreting culturally normative behavior as pathological (Kim-Goh et al., 2015; Hwang et al., 2006). In doing so, mental health providers can avoid underdiagnosing psychiatric symptoms or making assumptions when treating Asian Americans (Hynes, 2019; Leong & Lau, 2001). With a framework for adapting Western therapies and maintaining cultural sensitivity and humility, clinicians can potentially significantly decrease premature treatment dropout.

Improvement of Overall Psychological Well-Being for Asian Americans

This research can be used to directly address the reduction in trauma and stress-related symptoms of IFC, strengthening an individual's ability to navigate meaningful family relationships despite differences in culture and tradition. This research highlights the need for intervention development to move beyond Western, Eurocentric therapy modalities as the primary source of treatment. Although there is a benefit in adapting existing therapies to address Asian American needs better, it may be more effective to create therapies that do not have Western origins and are constructed with Asian Americans in mind as the primary recipients. This is especially relevant during the current sociopolitical climate as Asian Americans are forced to navigate a worldwide pandemic, racial tensions, and systemic barriers in healthcare and politics that have excluded them from social dialogue (Wu et al., 2021; Yang et al., 2021).

Psychological Service Delivery

Cultural considerations in the diagnosis and treatment approach with Asian Americans are highly pertinent to delivering psychological service. This research aims to advance the knowledge base of mental health providers in the broader healthcare environment, challenging clinicians to increase cultural competence and appropriately individualize psychological care. As a result, clinicians can broaden their realm of interventions and learn how to generalize and when to individualize treatments based on the client's intersecting identities and specific challenges. The goal is to increase positive client outcomes amongst Asian Americans, hopefully leading to more significant mental health service utilization by the community. With culturally competent care, mental health providers must expand their cultural self-awareness and understanding of the client (Hwang et al., 2006). Self-awareness includes identifying and challenging explicit and implicit, culturally based assumptions and stereotypes about Asian Americans (Soto et al., 2018).

Culturally competent providers equipped with humility, clinical skills, and self-awareness can improve therapeutic alliance and promote belief in the efficacy of therapy in Asian Americans facing IFC.

Limitations

This analysis has significant limitations that may have impacted the author's choice of literature, the quality and depth of investigation, synthesis of information, and conclusions. These limitations may also affect the utility of this analysis for health professionals, communities, and individuals. This section will discuss the potential limitations of this critical analysis and the steps taken to minimize and offset their impact.

The critical analysis makes generalized statements about a population of around 43 ethnic groups; all included under the "pan-ethnic label of Asian American" (Hwang et al., 2006, p. 293). It is critical to acknowledge the diversity amongst the Asian American ethnic groups and how they vary in experiences, migration patterns, history, values, languages, religion, traditions, and beliefs. The conclusions drawn may not apply to all members of the Asian American community. This analysis provided an overview of IFC-related stress and trauma in Asian American families.

The absence of original data limited the format of this critical analysis. There was a deficit in treatment modalities addressing IFC among Asian Americans and limited research on Asian Americans in therapy. The study and emerging hypotheses are a guide for exploring therapeutic considerations for the Asian American community generally and specifically regarding the IFC. Qualitative data from medical, scientific, social services, and government agencies supported past and current epidemiology reports. Resources in formal and observational qualitative and quantitative formats informed the conclusions in this dissertation. However, the

findings of the critical analysis have not been directly tested by rigorous scientific studies or comprehensive feedback from experts in this field. The validation for this analysis comprises the materials cited in the dissertation and the support of the dissertation committee. The critical analysis could benefit from assessing and exploring approaches and treatment adaptations.

The author aimed to be mindful of possible bias attributed to her Asian American heritage. Although it is impossible to remain a blank slate free of cultural bias and preferences, critical self-reflection and consultation with experts can potentially reduce the adverse effects of unconscious cultural bias. Simultaneously, the author's Asian American heritage combined with her career in psychology benefitted the study as her background contributed to a unique perspective when reviewing the articles, indicating that the author possessed foundational knowledge in both topic areas. The author endeavored to promote a respectful, curious stance regarding the experiences, beliefs, and observations discussed in the literature. Furthermore, the author acknowledges that she is monolingual and wrote the dissertation in English while referencing English-language sources.

Directions for Future Research

The lack of literature on the dissertation topic is due to several factors. Generally, people of color are less likely to seek psychological services than European Americans, and Asian Americans utilize even less than their Black or Latino counterparts at 9% utilization of mental health services in a year compared to 18% of the general population (Abe-Kim et al., 2007; Nagayama-Hall et al., 2016). In addition to a lack of mental health utilization, the marginalization and invisibility of Asian Americans also contribute to the lack of research and theory on this population (Hwang et al., 2021; Sue et al., 2021). The perpetual foreigner and model minority stereotype is pervasive in generating assumptions about social, academic,

medical, and psychological functioning, tending to discourage attention and aid to legitimate concerns. (Kim et al., 2021, Sue et al., 2021). Because of the success stereotypes, the public may believe that Asian Americans are less subjected to discrimination or prejudice. However, due to current events, many individuals have associated the pandemic with China, which has increased violence, threats, and microaggressions against Asian Americans (Cheng et al., 2021). Mental health providers must be educated on relevant psychosocial stressors and contextual and cultural values that impact many Asian Americans. Regarding the sociopolitical climate, Asian Americans as a minority may be even more vulnerable than before as the U.S. is still struggling with a virus associated with people of Asian descent. Future research can explore the coping and impact of increased racial discrimination and prejudice while navigating pandemic-related changes.

Many studies with Asian Americans centered around college students aged 18-22. It could be beneficial for future research to focus on different age groups. Future studies can further investigate how Asian Americans navigate the mental health system and preferences amongst types of treatment and how those preferences could differ depending on the Asian American subculture they are part of. Additionally, future researchers can focus on how variables specific to Asian culture (i.e., saving face, collectivism) could impact preference for providers and treatment approaches. Identifying strengths and variables associated with Asian Americans who stay and complete treatment could also be beneficial. Overall, it is critical to learn more about Asian Americans' first-hand experiences in therapy to better inform a culturally congruent approach for mental health providers.

Conclusion

This critical analysis aimed to increase and expand understanding of IFC within Asian American families and examine the promising practices and pitfalls in counseling. The dissertation examined how cultural adaptations and counseling considerations may better address the psychological needs of Asian Americans facing IGC. The implications for promising counseling practices involve a more comprehensive understanding of the mental and physical effects of IFC so that clinicians can better address it effectively. It is critical to note the lack of engagement in psychological services and the dropout rate even after attending a few sessions within the Asian American community. There is a demand for culturally congruent therapy for this population that is often misunderstood as high functioning. The literature indicates that therapeutic considerations for Asian Americans include: acknowledging cultural differences in communication and expression, clearly defining the therapist and client role, paying attention to somatic complaints and other terms of distress, taking a more active and directive therapeutic stance, having a symptom-focused and present focused approach, defining concrete treatment goals, respecting hierarchical family structure, and addressing the potential stigma around mental illness or saving face.

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APPENDIX A

IRB APPROVAL NOTICE

**PEPPERDINE IRB NON-HUMAN SUBJECTS NOTIFICATION FORM FOR
RESEARCH THAT DOES NOT INVOLVE HUMAN SUBJECTS**

Investigator Name:_____

Status (Check One): ☐ Faculty ☐ Graduate Student ☐ Undergraduate Student

Faculty Chair (if applicable):_____

Proposal Research Title:_____

Per Pepperdine University Institutional Review Board (IRB) guidelines all proposed research that does not involve direct contact with human subjects requires this notification form (with signatures) and an abstract or draft of the research project to be submitted for review.

Research that requires IRB review must meet the definition of human subject's research. The code of federal regulations provides the following definitions:

- **For the purposes of the IRB, research is defined as a systematic investigation designed to develop or contribute to generalizable knowledge.**

- **Human subject means a living individual about whom an investigator (whether professional or graduate student) conducting research obtains**

  (1) Data through intervention or interaction with the individual, or
  (2) Identifiable private information.

If your research does not involve the participation of human subjects **and** you are not using/collecting any data that has been obtained from individual participants, your research is not subject to IRB review and approval but does require the submission and filing of this non-human subjects notification form in the IRB office.

Please submit 1) this completed notification form along with 2) either a one page abstract (outlining the study's research design and methodology) or a draft of your research project (does not need to be finalized) by email to andrea.quintero@pepperdine.edu and copy gpsirb@pepperdine.edu.

We may reach out with clarification questions as needed; otherwise, the IRB office will issue a confirmation of non-human subjects verification back to your email within a few days.

I verify that this proposed research does not involve the use of human subjects, either directly or indirectly.

_____   _____

Principal Investigator(s)/Student Signature   Date

_Thema Bryant-Davis_____   _8/9/22_____

Faculty Chairperson Signature   Date

Revised 09/03/2020