



ASIAN AMERICAN PSYCHOLOGIST

Newsletter of the Asian American Psychological Association November 2014

President's Column

Policy and community engagement: Right partners make all the differences

Sumie Okazaki

The theme of 2014 AAPA convention in Washington, DC was “Bringing Asian American psychology to the forefront of policy and community engagement.” From all the current AAPA activities and initiatives that are continuing on the dialogues and discussions at the convention, I declare the convention a big success. Kudos to Anjuli Amin and Monique Shah Kulkarni, our 2014 convention planning committee co-chairs, various subcommittee co-chairs, and the volunteers for making it all happen!

The highlight of the convention was the keynote speaker, Kiran Ahuja, who is the Executive Director of the White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI). Not only was it an honor to have such a high profile federal official present at our convention, but her talk was at once informative, inspiring, and emotionally resonant.

In this column, I highlight the major activities that the AAPA Executive Committee and I have been engaging since the convention.

1) NCAPA

In August soon after we returned from the DC convention, we received the word that AAPA has been approved to join the National Council of Asian Pacific Americans (NCAPA) as an affiliate member. NCAPA is a coalition of 33 APA organizations around the nation that serves to represent the interests of AANHPI community and to provide a national voice on policy issues and priorities. Kevin Nadal and I are on the NCAPA listserve for directors and leaders of the 33 organizations, we are amazed at the volume (and the speed) of various policy-related activities and initiatives. For example, there is at least one – and often multiple requests – each week for the NCAPA member organizations to sign on to various policy and advocacy letters and petitions, with a requested response within 1-5 days. In order to respond to the rapid pace of NCAPA requests, the EC formed a sub-committee (Sumie Okazaki, Kevin Nadal, Helen Hsu, and Devika Srivastava) to evaluate and respond to these policy requests and advocacy initiatives. Just within the past few weeks, we, on behalf of AAPA have signed onto:



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- A letter to President Obama to support the selection of Minoru Yasui and Mistuye Endo as awardees of the Presidential Medal of Freedom, for their heroic stances during the WWII to challenge the Japanese American incarceration
- A letter to the US House Appropriations Committee regarding Census funding process and its effect on the next decentennial Census
- NCAPA statement on the 13th anniversary of 9/11 regarding the importance of addressing bias, hate violence, profiling and surveillance of South Asian, Sikh, Hindu, and Muslim communities

2) Connecting with the WHIAPPI

We are committed to capitalize on the new connection between the AAPA and the WHIAAPI through Kiran Ahuja's keynote at the DC convention. For example, we have arranged for WHIAAPI to receive a complimentary copy of the *Asian American Journal of Psychology* to keep the Initiative informed about the latest findings from Asian American psychological research. Two of the EC board members (Nellie Tran and Brandon Yoo) will be working on developing a list of experts on various Asian American psychology topics who can be called on by AAPA or by external organizations (e.g., non-profits, media, governmental agencies) to provide expertise and resources. Helen Hsu will be working on a new initiative to prepare AA Psychology materials for various "awareness weeks/months" (e.g., suicide prevention week, domestic violence awareness month, national mental health awareness month).

3) Practice Task Force and other practice-related initiatives

AAPA members Winnie Hsieh and Frances Shen are co-leading the newly revived Practice Task Force, which will be working on various new initiatives to better connect the practitioners with researchers within AAPA and to increase the practitioner participation and involvement in AAPA's activities. With our increased connections to partner organizations (e.g., NCAPA, WHIAAPI), the input of practitioners who have a first-hand knowledge and expertise on mental health issues will be more critical than ever. In addition, AAPA member Stephen Cheung is also heading up a group who are interested in addressing campus violence prevention among Asian American university students. Finally, AAPA member Elizabeth Shon is planning a one-day symposium on AAPI college mental health at California Institute of Technology on 11/7/14. AAPA is a proud co-sponsor of this symposium titled "Promoting Emotional Well-Being and Preventing Suicide among Asian/Asian American University Students."

There are many other activities going on in all corners of AAPA. I urge all members to find your corner of AAPA and get involved!

Join the Celebration of the 40th Year of the American Psychological Association Minority Fellowship Program

Jeffery Scott Mio
California State Polytechnic University, Pomona

As many of you know, this year marks the 40th anniversary of the Minority Fellowship Program (MFP). We have had many illustrious psychologists who have been MFP Fellows, including Thomas Parham, Donna Nagata, Steven Lopez, Maria Root, Christine Iijima Hall, Joe Horvat, Fred Leong, and a former APA President, Melba Vasquez. To celebrate 40 years of support for our community, I'd like to call on former MFP recipients to organize symposia at their regional psychological association conventions. I am going to take the lead and organize such a symposium for next year's Western Psychological Association Convention. If you are successful in organizing such a symposium, please notify Dr. Kyra Kissam at the MFP office at kkissam@apa.org.

Introducing the AAPA Practice Task Force

Dear AAPA members,

We would like to introduce the AAPA Practice Task Force to new AAPA members...and reintroduce the Task Force to established members unfamiliar with us. Created in the first decade of the millennium, the AAPA Practice Task Force was initially designed to engage practitioner members with emerging issues relevant to clinical practice and to connect those issues with current research. In recent years, it has come to our attention that the Task Force can provide a platform to facilitate communication between practitioners and researchers working with Asian Pacific Islander (API) communities.

In the practitioner realm, focus is often on assisting clients with coping with mental illness, relationship difficulties, and immediate environmental challenges. Since the macrosystem is constantly changing, part of a clinician's duties is assisting clients with adjustment to the rapidly changing world, and noticing trends and issues concerning clients as change occurs. On the other hand, the focus for researchers is usually on exploring and validating new treatment approaches that can have significant implications for clinical practice. Since there can be many perspectives to new approaches, researchers often have the task of teasing out which approaches are the most culturally appropriate and effective for use with the API community.

When looking at these two realms, it is apparent that the work in each informs the other. Practitioners rely on research data and findings in developing best practices to serve API clients, while researchers rely on practitioners' work in order to inform and validate their research on API clients. Although serving the same population, practitioners and researchers may find themselves speaking different languages. Ironically, what often is missing is a platform for these two worlds to join in their efforts to make the API community healthier and happier.

In order to address the issues mentioned above, the two main goals of the AAPA Practice Task Force are:

- 1. Providing a platform to foster collaborations between researchers and practitioners, both on research that truly informs practice with API clients and on current practice trends that can guide future research on API mental health issues.*
- 1. Encouraging practitioners to become more involved with AAPA by providing a space for specific focus and advocacy on issues of interest to them. .*

As Co-Chairs of the Practice Task Force, we welcome your participation in and contributions to this very exciting endeavor as we work to cultivate deeper collaborations between practitioners and researchers in AAPA.

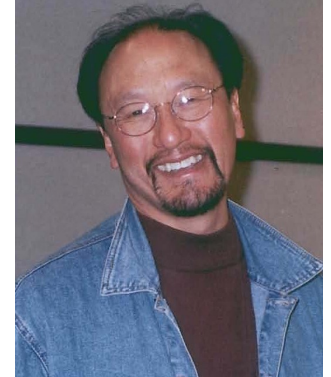
*Chia-wen (Winnie) Hsieh, Psy.D.
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Becoming an Asian American Psychologist: Identifying Members and Influences through our Professional Genogram

Matthew R. Mock, PhD

Have you ever wondered how you got to where you are now as a developing, early, or ongoing Asian American and Pacific Islander (AAPI) psychologist? Have you ever thought about the people who were touchstones in your development, extended family members, of sorts, who came around to support you during all the twists and turns that you had to endure as a graduate student, post-doc, or early professional? For some of us there were very few AAPI role models or mentors. In fact, it is not uncommon for some to have survived, endured, and maybe even thrived despite the relative absence or paucity of individuals there to validate our AAPI experiences.



In my own experience, I had to create my AAPI community and professional “family.” Reflecting upon and laying out my own “professional genogram” has been very beneficial to me in understanding my process. When there were few Asian mentors and positive role models, I recollect pushing back against those who were only comfortable with teaching a monochromatic or singular way of thinking. While I held them with some esteem and respect, like extended family members, I respectfully agreed to disagree with them. Because these individuals certainly had an influence on my development as a psychologist, I have them noted in my genogram. I have many other people, as well as influences, that have contributed significantly to my passion for diversity and social justice, cultural competence and humility, equity, and addressing societal oppressions. My work in the field of psychology has been as a practitioner, community program administrator, and now professor of psychology. It is not just my employment but also my “soul work” as a contributor to my community.

During the Asian American Psychological Association conference held on August 6, 2014, I presented a poster session laying out the process and benefits of doing one’s own “professional genogram.” Titled “The Development of Asian American Psychologists: The Emergences of Our Identities,” this session is described as follows:

From longstanding psychologists, to mid- to early- career psychologists, to psychology graduate students, we each have had influences in our multicultural development, including key individuals who have played primary roles in our thinking, core interests, training, and contributions to the field. As Asian Americans, our identities, culturally and then professionally, have often gone through many phases and stages. Mentors, wise advisors, and sources of inspiration and challenge are “family” in our professional genograms. Our development in the field of multicultural psychology has also been impacted by different social contexts, and the intersections of race, culture, class, sexual orientation, gender, and more. As it is essential for family therapists to do their own genograms (3), psychologists at varying career stages can find value in acknowledging and guiding their personal and professional development through a genogram process (5).

Our multi-generational professional genogram provides a conceptual framework that can clarify and inspire our work in multicultural psychology. The process of doing a professional “cultural genogram” (1) or “ancestry of influences” provides content and process for narratives (4) as avenues for insight, ways of con-

necting with others of diverse backgrounds, and an evolving roadmap for where one has been and future intended “travels” in psychology. Rather than a straight line, our emergence as Asian American psychologists has gone through twists and turns. In this poster presentation, I provided a structure for constructing a professional genogram (2), facilitate discussion around significant influences, contexts, and values, and share narratives enhancing professional development. I described how these influences to our multicultural development have informed and even transformed our professional work in teaching, mentoring, research, and practice, including those that have called us to action as change agents. I shared a dialogue about my professional influences while involving participants in their own growth and discovery through dialogue, cross-generational engagement, sharing experiences, and networking. Participants gained grounding, clarity, vision and inspiration for present and future work honoring, illuminating, and furthering the legacy of multicultural psychology.

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Postdoc Fellowship Opportunity

**Fully Accredited
by the
American Psychological Association
Commission of Accreditation (CoA)**



The VISN 19 MIRECC is located at the Denver VA Medical Center. Our mission is to study suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population. Towards this end, the work of the VISN 19 MIRECC focuses on promising clinical interventions, as well as the cognitive and neurobiological underpinnings of suicidal thoughts and behaviors that may lead to innovative prevention strategies.

Our full time, two-year Postdoctoral fellowship program is based upon the scientist-practitioner model. Fellows spend, at the minimum, approximately 10 – 15 hours weekly in direct clinical service delivery, and 10 – 15 hours devoted to clinical research-related activities.

To learn more about our fellowship, training staff, program requirements and how to apply, please visit our site:

www.mirecc.va.gov/visn19/

Alicia Del Prado

"This past summer, Alicia del Prado, Ph.D., was elected to be the Chair of the Women's Issues Committee (WIC) for the National Council of Schools and Programs of Professional Psychology (NCSPP). In this role, Dr. del Prado oversees its mission 1) to promote the interests of women in the education and training of professional psychologists; and 2) to advocate for issues relevant to women within NCSPP and its member institutions, the profession of psychology, and society. Furthermore, as the Chair of WIC, Dr. del Prado serves as a liaison to the American Psychological Association's Committee on Women in Psychology."

Let It Go

Darcy S. F. Ing

Most parents of small children have already seen “Frozen,” perhaps multiple times. Even if you don’t have kids, it was hard to miss the song “Let It Go” on the Oscars and all the “Frozen” merchandise. The words in “Let It Go” describe Queen Elsa’s lifelong awareness of the fear her magic powers evoke in others. Now away from everyone, she realizes she is free from repressing whom she really is and can claim her own power. At last, she can live the life she has always wanted. At the elementary school where I work, most of the girls knew all the words to “Let It Go.” I think they identified with the sense of freedom, release, and self-affirmation. I think many adults did too. Whether barriers to freedom are external or within ourselves, release from them can be a joyful experience.



Elsa had to let go of being queen to find her freedom. Some world religions describe “renunciation,” letting go by disengaging, either by detaching from the immediate needs of the physical body (asceticism) or from negative thoughts. Renunciation can also involve choosing isolation from the world entirely by persons who decide to live in monasteries. It is leaving behind those things that no longer serve us, for a higher purpose. Letting go can mean determination to be free of the problems caused by our attachments, whether to objects, people, or situations.

In Buddhism, the opposite of attachment is not detachment but rather non-attachment. Detachment is disengagement or indifference, whereas non-attachment means trying to stop the problems caused by overly strong attachments. Non-attachment can mean, “If I get it, that’s great, but if I don’t, it’s not the end of the world.” There’s no great investment in the outcome. It’s not that we don’t care about the outcome. Rather, we are letting go of our expectations, and realizing that only our own actions are within our control. Instead of letting go completely, we are “loosening our grip.”

As an example of the power of loosening our grip, think of trying to hold on to a handful of sand. The more tightly we hold the sand, the more it squeezes out through our clenched fist. However, if we loosen our grip, holding our hand in a relaxed way, we can hold the sand. Not squeezing tightly not only releases the tension in our hands, it also relieves the pressure on the sand, allowing us to hold it. This is also true in relationships. When we hold others loosely, they are more likely to do the things we want by choice, rather than out of resentment.

Buddhism arose in the East, in cultures that value non-attachment. Eastern cultures also place high priority on family and community—the good of the group—rather than detached indifference to others. Healthy non-attachment doesn’t mean letting people do whatever they want. If a murderer wants a weapon, non-attachment does not mean handing the weapon over. Compassionate non-attachment must be coupled with thoughtful reflection. It may be necessary to use forceful actions to prevent harm or correct a dangerous situation, though we should try not to cause great harm to others.

His Holiness the Dalai Lama told a story about a man going to a river that was very difficult and dangerous to cross, with plans to swim across it. Two people are watching him. One looks on and does nothing, deciding that being nonviolent also means non-interference with the man’s choice. The second person argues with the man, trying to convince him not to go into the river. When the swimmer says he is going anyway, the second person hits him and knocks him unconscious. According to the Dalai Lama, the person who stood by and did nothing was the one committing violence. The nonviolent person was the one who stopped the man from killing himself, even though the person used force in the name of compassion.

Therapists are also familiar with this kind of situation —what to do around confidentiality when there is risk to the client of harm to self or others, or obligations around duty to warn. Over-attachment to the client’s desire for confidentiality

and detachment from our legal and ethical responsibilities will both cause significant harm. Non-attachment does not mean letting the client do whatever he or she wants. Therapists have to use thoughtful reflection and swift action in these cases to prevent great harm to others.

People are social beings. Having healthy relationships with others is both wonderful and critical to our well-being. For therapists and clients, the way these healthy relationships develop is crucial. Therapists must enter the world of their clients, but remain non-attached for therapy to be effective. The more relaxed grip does not mean we don't care, or that we are not connected. Having relationship authenticity, positive regard, and empathic attunement—all signs of therapeutic attachment—are crucial for change. Connection must happen for therapy to work, but with enough "looseness" to provide freedom—with limits—for both parties.

At the same time, non-attachment provides perspective for therapists and clients. Non-attachment is holding without clinging or seeking to merge with the other. Non-attached therapists can show caring through exploring and guiding, not over-reacting, fixing or controlling. Sometimes the healthiest and most respectful thing we can do is acknowledge the right of others to make their own choices and live with the consequences. For therapists and perhaps others too, letting go is not about surrender or indifference. Rather, letting go is about recognizing our desires and limitations...and taking a step back, so that we can allow for more possibilities.



AAPA Banquet (left to right): Caroline Luong-Tran, Ariane Ling (incoming DoS treasurer), Ming Tu (outgoing DoS secretary, incoming chair), Fanny Ng, Alicia Ibaraki

AAPA Student Fellows

Three AAPA Division on Students members were selected as fellows for the 2014-2015 cohort of the American Psychological Association's Minority Fellowship Program. The Minority Fellowship Program is a training, mentoring, and career development program committed to increasing the number of ethnic minority professionals in the field and advancing the understanding of the life experiences of ethnic minority communities.

Alicia Ibaraki is a 5th year doctoral student in clinical psychology at the University of Oregon. She studies with Gordon Nagayama Hall and her research interests are in physical and mental health disparities among Asian Americans, including mental health care utilization and treatment outcomes. She is the outgoing Division on Students Treasurer.

Caroline Luong-Tran recently completed her PsyD in clinical psychology at the George Washington University and is beginning her postdoctoral training at the Children's National Health System in Washington, DC. Her main areas of focus are pediatric neuropsychology and improving access to mental health care in Vietnamese-Americans. Caroline is the incoming Expansion Coordinator for the Division on Students.

Fanny Ng is a 6th year doctoral student in clinical psychology at the University of Massachusetts at Boston where she studies with Karen Suyemoto. Fanny's areas of focus are race and culture, racial and ethnic identity development, racism-related stress, racial empowerment, and Asian American women's leadership. Fanny has previously served as Division on Students Treasurer and Chair, and is the incoming student representative on the AAPA executive board.



Challenges and Opportunities in Southern New Mexico: Personal Reflections from Three Asian American Cohorts

Chu Hui Cha, Helen Kim, and Susanna La



I am a third year student in a doctoral program in Counseling Psychology in southern New Mexico. Before moving here to attend the program, I lived mostly in urban areas on the east coast (Philadelphia and northern Virginia), where there are large Korean and other Asian populations. When I moved to Las Cruces, New Mexico, I had no frame of reference for a smaller town (pop 100,000) whose Asian population totaled to about 1.6%, according to the U.S. Census from 2010. I understood that it would be very different for me to live here, but I underestimated how much so. Early in my first year in the program, I attended a teaching seminar after which a white professor from another department looked at me and said, “Xie xie,” assuming that I am Chinese (I am not). That was the first of many microaggressions I experienced in interactions with community members, students in courses I taught, and even in some of my classes. It was a difficult transition, to say the least.

Two years later, I feel the weight of these difficult encounters much less than I did that first year. Feeling racially isolated provided an opportunity to reinvigorate my ethnic identity and learn new ways to cope with difference (e.g., self-compassion). Forming meaningful personal relationships has also helped to buffer me from the hassles of being treated differently. I also have been fortunate to be part of a department that encourages “difficult dialogues” and feel supported in exploring the pain and discomfort of navigating interracial challenges. I believe what hurts us also deepens us and that I have a lot to give to others as a result of the challenges I faced in relocating to New Mexico.



My name is Susanna Wan Yi La and I am second year doctoral student in Counseling Psychology in southern New Mexico. I was born in San Francisco (SF), California and spent most of my life here. SF, Chinatown is the place I call home, a community of Chinese immigrants rich with culture and traditions. There is a sense of connectedness because although we are living in America, we were still able to create together our own distinct community with various holidays, languages, foods, and cultural practices. Growing up with these experiences, my goal was to incorporate my academic and clinical interests in minority mental health and learn interventions to best serve the needs of my community.

A great opportunity was given to me when I started my doctoral program because I was blessed to work with and learn from an advisor in Las Cruces, NM, who shared an interest in discovering more about distinct concerns in Asian American mental health. Living in Chinatown provided me with insight regarding the unique hardships and also cultural strengths of Chinese immigrants. Upon my arrival however, I was surprised to see the limited diversity in this area. The most challenging aspect in my first year were not the demands of doctoral program, but going from a community full of Chinese culture to a city where very few people looked like me or shared similar cultural experiences.

These feelings of isolation encouraged me to reflect on what my ethnic identity meant. I thought to myself, what were the reasons I wanted to speak to someone in my native language (Cantonese), or to celebrate Chinese New Years with? Now in my second year, I feel much less isolated because I realized my ethnic identity does not disappear because I am in a new place. I now understand what I was seeking was not being with people who share the same cultural traditions, but a feeling of belonging. My new friends here may be culturally different, but we are able to learn from each other and connect through our shared experiences as human beings. At the end of the day we are not as different as we think, and what makes a place home is feeling a sense of acceptance and love.

It has been a little over a month since I arrived in New Mexico full of anticipation, excitement, and a small dose of adaptive fear for all that could be ahead for my first year in a counseling psychology doctoral program--my dream of dreams. The drive from California transitioned me well into this dream state, with its celestial southwestern skies, the warmth of desert rains, and the affirming stillness of the horizon interrupted only by billowy clouds and low mountains. I have never lived anywhere like this. This land is rich with unfamiliar layers of culture and history in which I hope to immerse myself and discover meaning in. And, similarly as I am unfamiliar with this land, this land is unfamiliar with me--it is one in which Asian American identity has not historically played a visible part or been actively interwoven. Against this landscape, I wonder about the experiences I will abound on that will impact and play with my cultural identity, my personal identity, and my growing identity as a counselor. In truth, I find I am still vividly learning about all these parts since in recent years starting the hard work of excavating and nurturing my individual identity out from under a particularly traditional, collectivist family culture. Hoping to understand my family and see my self better, I turned the books and theories onto myself, beginning with Alice Miller, Erik Erikson, Erich Fromm, Murray Bowen, and culminating with Carl Rogers and my becoming a person. This exploration has been exciting and has helped me to reconnect with my cultural identity vis-à-vis my individuation. Thinking then about this program, this land, and all the hopeful future exploration, I wonder how I will stay close to my cultural identity, how my cultural identity will play into my counseling and supervision experiences, how it will impact my identity as a congruent counselor, how it will help me to critically absorb the academic content, how I can thoughtfully and meaningfully help to represent the needs of minority groups in this program, and how I can be true to all of my self throughout. For now, every morning and evening here has provided me with the chance to breathe many hopes deeply in, and exhale with gratitude and determination deeply out.



The joys and stresses of having a child: What Asian families need to know

*Dr. Cindy H. Liu, Psychologist
Beth Israel Deaconess Medical Center, Harvard Medical School*



For most, having a baby is one of life's greatest joys. Friends and family members often celebrate with the parents on the birth of their child.

Hand in hand with that excitement, of course, is adjusting to a new member of the household, which may include difficulties with feeding, sleepless nights and juggling a new schedule.

However, some parents experience challenges beyond these concerns, and show signs of depression, anxiety or even psychosis. This distress can occur among both mothers and fathers, although the majority of the research on these experiences concerns mothers. These problems arise due to a combination of psychosocial stress and hormonal changes.

Postpartum disorders — psychiatric conditions that take place during the postpartum period (the first 12 months following the birth of a baby) and that last longer than two weeks — can go undetected by friends, family members and treatment providers. Because having a child is considered a joyous occasion, people do not understand how parents might feel such extreme distress. Furthermore, there is shame and embarrass-

ment associated with having a mental health problem. The stigma of having a postpartum mental disorder may be reasons why many of those who are afflicted do not seek help or support. This is unfortunate, given that these parents' experiences have adverse effects on their children's development, which are detectable even in infancy.

My research on Asian American women from New York City and Massachusetts reveals some startling results. Compared to Caucasian, Latino and African American women, Asian American women who recently gave birth are at least three times more likely to receive a diagnosis of postpartum depression, and are more than two times more likely to lose interest in things they normally enjoyed — a clear symptom of major depression. Even more, Asian Americans who give birth to a baby girl, regardless of whether they were born in the United States or not, are slightly more likely to be depressed compared to those who give birth to a boy.

Among mothers from New York City, 39.8 percent are Asian American women, and are less likely to have a conversation with their treatment provider about their mood during pregnancy, although those that do are nine times more likely to get a diagnosis of postpartum depression. Possible barriers to Asian American women speaking with their providers include not being able to communicate in English with their doctor or the doctors' expectation that Asians do not have mood problems. However, having a conversation with a provider may be worth it. When this conversation occurs, more women are screened positively and treated for postpartum depression.

There are major initiatives in various U.S. states to screen for depression, but community efforts are needed to identify both mothers and fathers who are struggling with these psychiatric conditions. Given the potential for problematic outcomes for the family, it is not something that parents can easily "shake off." Mothers and fathers must recognize these symptoms as a medical condition and should explicitly share their experience of distress with their treatment provider. If you are a parent of a newborn, remember to do this not just for yourself, but also for your child and your family.

Dr. Cindy Liu is a clinical and developmental psychologist at Beth Israel Deaconess Medical Center and the director of multicultural research at the Commonwealth Research Center. Her work focuses on culture and stress on children and families. She may be reached at cliu@bidmc.harvard.edu.



Finance Officer's report for the Asian American Psychological Association

It is my pleasure to provide the following information about AAPA's financial health. As of October, 2014, we have \$6,682.33 in our checking account and \$13,330.16 in our money market account, and \$28,067.51 in our PayPal account for a total of \$34,749.84.

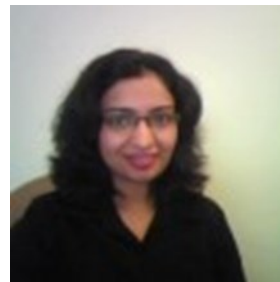
For the AAPA convention, we have received \$21,664.13 in income and spent \$259,57.29. Thank you for the privilege of serving as your Finance Officer.

Respectfully submitted,

Kelly Liao

Voices of International Students in Globalizing the Platform of Psychology

*Lavanya Devdas and Ge Song
Lehigh University*



As I tapped my pen on the table and considered the myriad issues surrounding international students, my co-facilitator, Ge Song nodded and smiled as if in acknowledgment. As we greeted participants walking into the room, I realized that there were students from different academic backgrounds, including international students and mental health professionals, seating themselves around the table and ready to get started. We (co-facilitators) began the discussion by sharing our own experiences as international students, our journey to the U.S., cultural challenges that we experienced ranging from language, style of communication, formal and informal relations to understanding the difference between collectivistic and individualist orientations, being able to talk openly about our accomplishments, and career and employment prospects from an immigration stand point. We had prepared our prompts in case of impasses during our discussion; little did we know that we would barely need them. We provided an overview of the discussion where we would ask participants to identify challenges at multiple levels (academic, social, communal) as well as resources they had utilized to cope with the identified challenges.

We (co-facilitators) shared our challenges at the academic level, namely, understanding the social norms that influence conversations with professors and peers at academic settings. Participants shared additional challenges, such as relationship difficulties with professors related to not being aware of the nuances of communication like being direct and indirect and/or having structured discussions versus spontaneously striking up a conversation while asking academic-related questions. Continuing along the lines of communication, participants also identified language barriers such as being unable to understand the content of conversations that referenced the Western culture in the U.S. and English language. Difficulty forming relations with Western counterparts was also identified as one of the continuing challenges that participants faced in and outside of academic settings.

Transitioning into challenges at the social level, participants identified feeling awkward about intermittently asking questions that pertain to references in the U.S. during group conversations with their peers. They also discussed experiencing a sense of social isolation due to limited exposure to the U.S. Western culture, including interactions in groups and attending social events. Additionally, socializing exclusively with one's own ethnically identified group was also seen as limiting exposure to the Western culture in the U.S. Moreover, participants also identified that having a limited idea about topics that serve as conversation starters impeded initiating social relationships with their Western counterparts.

Moreover, at the communal level, participants identified assumptions made about them, which further compounded the challenges to their adjustment process. Assumptions included stereotypes about excelling in academic performance depending on one's ethnicity and not being able to speak English. Additionally, participants identified the assumption of being perceived as weak for not being able to manage emotions effectively, based on their ethnicity. Participants also identified discrimination in the form of microaggressions as a deterrent to adapting to the U.S. Western culture. Furthermore, at the policy level, participants identified immigration and visa restrictions that added to their stress in the realms of finance and career and employment opportunities.

In sum, participants identified cultural challenges that were academic, social, and communal in nature. At a macro level, stereotypes associated with ethnic identification and international student status, covert discrimination including microaggressions, and immigration policies specific to visa regulations that affect financial and career planning, and employment opportunities, were identified as systemic barriers to cultural adjustment.

Switching gears to coping resources that participants were aware of or used to deal with identified challenges, the co-facilitators shared their experiences of using resources such as the international student office, talking about challenges with peers who identified as allies, and other international students. Participants acknowledged the aforementioned resources and stated the need for more sensitization of cultural challenges among offices that offer potential support (e.g., international office). Participants identified being socially connected to one's cohort of international students as helpful. Perhaps, the need to facilitate groups and discussions surrounding the issues of international students within a culturally embedded context needs to occur more frequently at universities and schools.

Participants also identified additional sources that could serve as potential mechanisms of coping including peer mentoring, other international student groups on campus, and conducting groups that provide psychoeducation about U.S. Western culture and potential ways to maneuver the culture within academic and social settings. Participants also identified that international student groups would attract international students if the groups were student driven and student led. Specific to peer mentoring through international offices, participants identified qualities such as "trust" and "patience" as integral to the mentoring process so as to orient them to the U.S. Western culture. Other potential resources identified by participants included offering their strengths to respective universities, such as sharing their cultural and international perspectives on diverse topics discussed in classes and outside and giving voice to their diverse views through students bodies in universities. Participants also discussed AAPA and other organizations that represent diverse international student bodies as potential sources of support. Lastly, in terms of mental health, participants recommended group level interventions that focus on providing support and guidance in navigating one's indigenous culture and the U.S. Western culture.

Overall, while participants identified cultural challenges at multiple levels, they also identified coping resources at the individual and group level. Individual resources included peer mentoring, connecting with other international students, and participating and offering their international perspectives in various student bodies at universities. Group level resources were identified as international student support groups on campus that were student focused and led by international students, connecting with organizations that represent a diverse student body, and the presence of group and communal level interventions from a mental health perspective. In keeping with the views and suggestions of participants, the co-facilitators and participants collaborated and agreed on starting a face book group for international students, whose objective would be to facilitate conversations on topics of interest and concern, including offering support, suggestions, and resources for international students in the U.S.



Through my doctoral research on a clinical sample of seven undocumented Chinese immigrants in New York City from two years ago, I learned about the socio-economic factors that motivated this group of young men to come to the U.S., their traumatic migratory journey, harsh life experiences in the host country, their development of mental illness, as well as their encounter with the healthcare system in the U.S.



I would like to highlight a couple of important implications from this study and share with members and friends of AAPA. The implications are specifically related to this immigrant group's access to and utilization of healthcare services in the U.S. Despite immigrants' vulnerability to mental health illness, they are often excluded from the existing health and social services in many highly-developed host countries (Carta, Bernal, Hardoy, & Haro-Abad, 2005; Loue, 2009). There were two participants in my study who could not afford private doctors and medications on a regular basis and eventually had to be hospitalized. This speaks to this undocumented immigrant population's limited access to health insurance and affordable healthcare services in this country. Availability of mental health services and insurance/other payment mechanism for mental health services are among the factors that may impact immigrants' mental health during the post-migration phase (Loue, 2009). In situations where regular health care is not accessible, the illness may worsen until it is severe enough to warrant emergency care (Law et al., 2003). Studies found that undocumented immigrants in urban cities often utilize emergency services to address their health needs (Nandi et al., 2008; Law et al., 2003). The federal Emergency Medical Treatment and Active Labor Act (EMTALA) requires that every emergency department treat anyone with an emergency condition, whether or not they are insured, documented, or able to pay (Cosman, 2005). This made me wonder if we could better advocate for this immigrant group on the policy level if there were research done on the estimated costs of emergency care and ambulance services for this population as compared to when they are granted public-funded insurance. Additionally, in facilities where regular health care is available to undocumented immigrants, such as in New York City hospitals, it appears difficult for them to know about such benefits. Thus, the dissemination of such information would be an important public health issue. My recent presentation on this study at the New York Coalition for Asian American Mental Health generated a discussion about the possibility of utilizing local organizations, such as churches in the Chinese communities, as a viable source of information for undocumented Chinese immigrants.

I welcome any reaction, thoughts, and suggestions related this article. I can be reached at vivihua06@gmail.com

Wei-Chun Vivi Hua, [Psy.D.](#) is a NYS licensed psychologist. She currently works at SCO Family of Services, a foster care agency that serves children and their families in the New York City and Long Island area. <http://sco.org/>

Eveline Wu recently completed her Master of Arts in Counseling Psychology-Somatic Emphasis, at the California Institute of Integral Studies, focusing on how somatic psychology perspectives can contribute to Asian American psychology in the areas of trauma, attachment, acculturation, and culturally variable ways of expressing distress through somatic symptoms. As a research associate at the Osher Center for Integrative Medicine at the University of California, San Francisco from 2011-2013, she contributed to developing a somatic "exercise" and relational group program. Her research will be published in *Aging and Mental Health*.

Wu, E., Barnes, D. E., Ackerman, S. L., Lee, J., Chesney, M., & Mehling, W. E. (2014). Preventing Loss of Independence through Exercise (PLIE): qualitative analysis of a clinical trial in older adults with dementia. *Aging & Mental health*, (ahead-of-print), 1-10.

JOB ANNOUNCEMENT

DEPUTY DIRECTOR AND DIRECTOR OF CLINICAL TRAINING:

The Professional Psychology Program at George Washington University invites applications for an associate to full professor position as Deputy Director and Director of Clinical Training beginning July 2015.

We are a university-based APA-accredited clinical Psy.D. program characterized by a high degree of collegiality among students, faculty, and professional staff. Program information is available at <http://psyd.columbian.gwu.edu/>

Basic Qualifications: Applicants must have an earned doctoral degree in Clinical Psychology from an APA-accredited program or an earned doctoral degree in a field of psychology from an accredited program that leads to licensure as a Psychologist. Licensure or immediate license eligibility as a Psychologist in the District of Columbia is required. Applicants are required to have a minimum of seven years of graduate teaching experience (including supervision of clinical work) evidenced by evaluations indicating teaching excellence. Applicants must have experience supervising doctoral level scholarship and have clinical practice experience using psychodynamic and/or psychoanalytic approaches. Applicants must demonstrate a commitment to scholarly research and discovery as evidenced by an ongoing record of peer-reviewed publications. Academic rank will be commensurate with qualifications and experience.

Application procedure: To be considered, apply through the GW employment portal (<http://www.gwu.jobs/postings/24306>). Include a cover letter stating your interest and qualifications, curriculum vitae with citations to your published work and complete contact information for three references. Review of applications will begin on October 24 and continue until the position is filled. Only complete applications will be considered. Employment offers are contingent on the satisfactory outcome of a standard background screening.

The university is an Equal Opportunity/Affirmative Action employer that does not unlawfully discriminate in any of its programs or activities on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity expression, or on any other basis prohibited by applicable law.

Membership Report

Frances Shen

Hello AAPA Members,

The AAPA currently has a total membership of 497 members. Please see the table below for a breakdown of the membership categories.

If you have not yet renewed your AAPA membership, we encourage you to renew your membership on our website so that you can begin to enjoy the many benefits of being a current AAPA member. Your membership will last for an entire year from the date that you renew your membership. We would like to continue to see AAPA grow in its membership this year, so please help us to recruit new members to join our AAPA community!

You can easily join or renew your AAPA membership through our website at www.aapaonline.org.

If you have any questions or concerns regarding AAPA membership, please do not hesitate to contact me at fshen625@gmail.com. Thank you for your continuing support of the AAPA!

Membership Categories	Number
Students	255
Professional	233
Emeritus	9
TOTAL	297



2014 AAPA Membership Application Form

Please check one: ☐ New Member ☐ Renewing ☐ Renewing, but new category (e.g., Student to Early Career)

If you were referred by an AAPA member, please list person: _____

A. All Members -- Please complete the following:

Name: _____ E-mail: _____

Mailing address: _____ City _____

State _____ Zip _____ Phone: _____ Gender: _____

Highest degree earned: _____ Year degree earned: _____

Institution from which this degree was earned: _____

Ethnicity: _____ Languages (other than English): _____

Research/Practice Interests (5-6 words): _____

Areas in psychology in which you received or will receive your degree (e.g., clinical, I/O, social, etc)

I permit AAPA to release my contact information (name, address, email) and/or research interests:

To professional organizations? _____ YES _____ NO

In AAPA member directories (e.g., print or on the website)? _____ YES _____ NO

To prospective employers? _____ YES _____ NO

B. Professional & Retiree/Emeritus Members -- Please complete these items:

Institutional/Organizational affiliation (if employed, current; if retired, previous and year retired): _____

Position Title (current/previous): _____

C. Student Members only -- Please complete these items:

School where you are enrolled: _____

Degree objective (e.g., Ph.D., Psy.D., MA., M.S.W.) : _____

Expected graduation date: _____

Please Note: Membership in AAPA runs January 1 – December 31 yearly, regardless of when membership dues are received. However, dues received after September 30 will be applied to the following year's membership. You can register online (for new or renewed membership) at our website, www.aapaonline.org. If you wish to mail in your membership application form and payment to our central office (see address below), please allow 6-8 weeks for processing. Checks not honored by your financial institution will be subject to a \$25.00 fee.

Please make your check payable to AAPA and send this entire form with your payment to:

Asian American Psychological Association
5025 North Central Avenue PMB #527
Phoenix, AZ 85012

Description of Membership Statuses

Professional Members - Persons with a master's or doctorate degree in psychology, mental health, health, or related fields and/or professionals whose work and interests are consistent with the purposes of the Association.

Early Career members - Professional members who are within 2 years of receiving their terminal degree and who hold positions as post-doctoral interns, post-doctoral fellows, assistant professors, or comparable level positions. Members can remain in this status for a maximum of two years.

Retiree/Emeritus members - Professional members who are retired from their positions. These persons must have been a member of AAPA for at least 5 years before paying dues at this level. Retiree/emergitus members pay dues at one-half the rate as professional members.

Student members - Undergraduate or graduate students in psychology, counseling, mental health, or related fields. *Student members of AAPA also automatically become members of the Division on Students with no additional fee.* Six dollars in dues support the Student Division, while the remaining dues support AAPA.

Associate Organization members - Include, but are not limited to, organizations interested in the purposes and objectives of the Association.

DUES & DONATIONS		AMOUNT	ENCLOSED
A. General Membership (1year)	Professional Member	\$70.00	\$
	New Professional Member (1 st year)	\$50.00	\$
	Retiree/Emeritus Member	\$20.00	\$
	Early Career Professional Member	\$50.00	\$
	Student Member	\$35.00	\$
	Associate Organization Member	\$70.00	\$
B. Division on Women ¹	Professional Member	\$15.00	\$
	Student Member	\$6.00	\$
C. Division on South Asian Americans ¹	Professional Member	\$15.00	\$
	Early Career Professional	\$10.00	\$
	Student Member	\$6.00	\$
D. Division on Filipinos ¹	Professional Member	\$15.00	\$
	Early Career Professional	\$10.00	\$
	Student Member	\$6.00	\$
E. Donations ²	General Fund	\$25 \$35 \$50	\$
	Dissertation Grant	\$25 \$35 \$50	\$
	Best Poster Award	\$25 \$35 \$50	\$
	Student Travel Award	\$25 \$35 \$50	\$
	Division on Women	\$25 \$35 \$50	\$
	Division on South Asian Americans	\$25 \$35 \$50	\$
	Division on Filipinos	\$25 \$35 \$50	\$
TOTAL AMOUNT ENCLOSED			\$

¹Membership in the Division on Women, Division on South Asian Americans, or Division on Filipinos is optional, but you must be a member of AAPA to join DoW, DoSAA, or DoF.

²AAPA is a tax-exempt organization under IRS code section 501c (3) and all donations to AAPA are tax deductible. As a nonprofit, AAPA and its Divisions accept donations to help finance activities. Please consider donating.



Assistant Professor of Clinical Psychology (2 Positions) Begin Fall 2015

POSITION ANNOUNCEMENT

CLINICAL PSYCHOLOGY: The Department of Psychology at the University of Dayton invites applications for two tenure-track, Assistant Professor level faculty positions to begin August 16, 2015. Candidates must have completed all course requirements, with the exception of the dissertation defense and pre-doctoral internship, towards a Ph.D. in Clinical Psychology. Other required qualifications include a demonstrated record of scholarship in the area of Clinical Psychology, the potential for excellence in teaching, and ability to teach courses at the undergraduate and graduate level that meet the needs of the department (e.g., Assessment of Intelligence, Health Psychology). We have a preference for candidates with a focus in Neuropsychology/Clinical Neuroscience and/or in Health Psychology, although all areas of Clinical Psychology will be considered. Candidates with experience teaching and advising students from diverse backgrounds are desired. Responsibilities of the position include contributing to the undergraduate and graduate teaching needs of the department, supervising graduate master's theses, and advising and mentoring undergraduate students. For a complete list of preferred qualifications, see application website. Apply online by submitting: a cover letter, CV, statements of research and teaching philosophy, samples of professional writing (e.g., reprints of publications), a summary of teaching evaluations, unofficial transcripts of graduate work, and the contact information for three people who will submit letters of recommendation at <http://jobs.udayton.edu>. For questions contact: Dr. Lee Dixon, Co-Chair, Clinical Psychology Search Committee, Department of Psychology, University of Dayton. Applications and all related materials are due October 22, 2014. The University of Dayton, founded in 1850 by the Society of Mary, is a top ten Catholic research university. The University seeks outstanding, diverse faculty and staff who value its mission and share its commitment to academic excellence in teaching, research and artistic creativity, the development of the whole person, and leadership and service in the local and global community. The 20-member Department of Psychology offers master's level programs in Clinical (MPAC accredited) and General Psychology. Additional information about the University, the Department of Psychology, and the graduate programs is available at: <http://artssciences.udayton.edu/Psychology>; <http://diversity.udayton.edu>. To attain its Catholic and Marianist mission, the University is committed to the principles of diversity, inclusion and affirmative action and to equal opportunity policies and practices. We act affirmatively to recruit and hire women, traditionally under-represented minority groups, people with disabilities and protected veterans.

The Advocating Against Racism Team at the University of Massachusetts, Boston is currently conducting a study that examines the effects of racism for people of color. The team is under the leadership of Drs. Karen Suyemoto and Tahirah Abdullah. Our study aims to understand experiences of racism, reactions and responses to these experiences, and the effects on psychological well-being. We hope to develop ways to decrease the detrimental effects of racism and foster empowerment for people of color.

Our study is an online survey that will take approximately 30-45 minutes to complete. Participants need to be over 18, understand written English, and identify as a person of color or of a racial minority. Participation is voluntary and participants can stop at any time without risk of negative consequences. As a "thank you" for completing the survey, participants are eligible to be entered into a raffle for one of several \$200 Amazon.com gift cards or can choose to have the researchers make a \$10 donation to an organization advocating for social justice.

We hope you will consider participating and/or assisting us in connecting with participants for our study. We would greatly appreciate your efforts to distribute our study among your friends, families, and networks. Your assistance will help us have broader representation of people of color in our study, which will enable us to generate the most effective community-based intervention strategies people can use to cope with and resist racism.

Announcement!

Participants interested in our study can visit: tinyurl.com/race-study. You can also 'like' and learn more about our study at our Facebook page: <https://www.facebook.com/RacialDiscriminationStudy>. We welcome any thoughts you might have of alternative ways of gathering interested participants.

If you have any questions or concerns, please feel free to contact us at aart@umb.edu.

Thank you,
The Advocating Against Racism Team



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ASIAN AMERICAN PSYCHOLOGIST

Advertising Policy

Asian American Psychologist, the official newsletter of the Asian American Psychological Association (AAPA), is published 3 times yearly (Fall, Spring, Summer) and distributed to over 500 members of AAPA. For information on specific publication dates and advertising submission deadlines for upcoming issues, please contact the advertising editor. AAPA is a federally recognized non-profit organization.

Advertising Rates and Typesetting

Typical display advertising rates are based on column length (see below). Each advertising column is approximately 2 & 1/4 inches wide. There are 3 columns per newsletter page. The advertising rates are:

3-inch column ad = \$60.00
6-inch column ad = \$90.00
9-inch column ad = \$120.00

Requests for alternative typesetting for an ad can most often be accommodated at no extra cost. The rate billed will be based on the page area covered that corresponds to the advertising rates shown above.

Submission of Ads

It is recommended that text-only ads be submitted via email MS Word format to the advertising editor (see below). If special graphics are desired to appear in the ad, submission of camera ready copy which conforms to the ad sizes described above is required. The name and complete mailing address of the person or institution to be billed must accompany the submission of the ad.

Submit ads by email to:
Brian (thk2119@tc.columbia.edu)
or
Jude (jbergkamp@antioch.edu)

Billing

A billing statement will be sent after an ad is successfully submitted. It is the policy of AAPA that in the event there is a delay in the publication of the newsletter such that your application deadline is missed, you will not be charged or we will fully refund your payment. Payment must be a check or money order made payable to "AAPA" (we cannot process credit card payments).