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Submitted via email minorityhealth@hhs.gov

To: The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH)

From: American Psychological Association (APA)

Re: Response to Best Practices for Advancing Cultural Competency, Language Access and Sensitivity toward Asian Americans and Pacific Islanders Request for Information (RFI)

The American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, with more than 122,000 researchers, educators, clinicians, consultants and students as its members, submits these comments in response to the RFI Best Practices for Advancing Cultural Competency, Language Access and Sensitivity toward Asian Americans and Pacific Islanders. Our suggestions come from a broad representation of psychologists from across the discipline and profession of psychology and APA subject matter experts.

Our comments are organized as follows:

1. Area 1: Advancing cultural competency for AA/PIs
2. Area 2: Considerations for implementation and dissemination
3. Area 3: Psychology based resources

[General Comments](#)

Comments in this section apply the RFIs two major areas. APA Recommends:

- **Create best practices that take into account the full range of social and cultural experiences for AA/PIs.** AA/PIs come from diverse backgrounds and national origins. AA/PIs are also diverse in terms of immigration and refugee status. Best practices should account for AA/PI experiences with both overt and covert discrimination due to these differences. AA/PIs also speak a variety of languages and have different needs in terms of language access. Service delivery and best practices should be developed in order to attend to these differences.
- **Understand the potential for trauma and offer trauma-informed care services.** Many AA/PIs migrating to the US have had a deep experience with war and conflict. Many will have long histories of poly-trauma. Like other refugees from other war-torn countries, AA/PIs, even before leaving their country, were internal-refugees and experienced numerous hardships. Trauma-informed services provide a useful mechanism in accounting for and responding to trauma histories.
- **Utilize care services that are specifically culturally adapted for AA/PI communities.** Culturally adapted care models - such as the Psychotherapy Adaptation and Modification Framework (PAMF) and Formative Method for Adapting Psychotherapy (FMAP) - should be

considered in the development of best practices for AA/PIs. Hwang (2006a; 2009) has developed an integrative, theory driven top-down and bottom-up community-participatory approach that can be a useful guide for the cultural adaptation of evidence-based interventions.

- **Conduct community outreach and community engagement to effectively communicate and disseminate information with AA/PIs.** Community based approaches that incorporate community outreach and community engagement have shown considerable effectiveness with AA/PIs. These practices can help overcome cultural resistance within the AA/PI community. Successful community engagement incorporates mutual respect, involves stakeholders in program planning, development, and evaluation. Community engagement strategies should also incorporate an understanding of cultural dimensions and diversity within AA/PI communities.

Advancing Cultural Competency

Regarding strategies to improve cultural competency and mitigate racial discrimination:

Asian Americans (AA)/Pacific Islander (PI) communities are very diverse. AA/PIs consist of multiple heterogeneous groups which also makes the prevalence of the model-minority myth highly problematic (Leong & Lau, 2001). The model-minority myth is the notion that all Asian Americans are wealthy, educationally successful, quiet, do not experience racism, and have no mental health problems. AA/PIs are diverse by generation. Japanese, Chinese, Korean, and South Asians have been in the US and have been migrating to the US for well over 100 years. Immigration exclusions (denying immigration from specific countries) make it appear that Asian Americans are new migrants. South East Asians, like Vietnamese and Cambodians, have mostly migrated post-Vietnam era conflict. AA/PIs are diverse by ethnicities. One of the complex factors with the AA/PI community is that their subscription to the broader AA/PI identity is variable. Their ethnic identities often are a prime source of support. Some AA/PIs who are more acculturated and more aware of themselves and their experiences with racism are much more likely to identify with the pan-Asian American identity. However, not all AA/PIs will identify similarly (William Ming Liu, PhD, personal communication, August 5, 2021).

AA/PIs experience both overt and covert racial discrimination in the United States. Historically, racism has been experienced by historically marginalized racial groups, including AA/PIs, throughout the history of the United States (Smedley & Smedley, 2005; Iwamoto & Liu, 2010). In 2021, both the American Psychological Association (APA) as well as the Asian American Psychological Association (AAPA) responded to the recent onslaught of anti-Asian violence in the United States (APA, 2021; AAPA, 2021). Many AA/PIs also experience racial microaggressions that impact daily well-being (Ong, Burrow, Fuller-Rowell, et al., 2013; Sue, Capodilupo, Bucceri, et al., 2007). Specifically, racial microaggressions can be disarmed through the utilization of concrete microintervention action steps – including (a) making the invisible visible, (b) disarming the microaggression, (c) educating the perpetrator, and (d) seeking external reinforcement and support. (Sue, Alsaidi, Awad, et al., 2019).

In order to advance cultural competency for AA/PIs, interventions may benefit from being culturally adapted to be more culturally congruent, engage clients more effectively, and improve treatment outcomes. Hwang (2006a; 2009) developed an integrative theory driven top-down and bottom-up community-participatory approach to guide the cultural adaptation of evidence-based interventions. The Psychotherapy Adaptation and Modification Framework (PAMF) and Formative Method for Adapting Psychotherapy (FMAP). The PAMF denotes six core domains where cultural adaptations can take place, including (a) dynamic issues and cultural complexities, (b) orienting clients to psychotherapy and increasing mental health awareness, (c) understanding cultural beliefs about mental

illness, its causes, and what constitutes appropriate treatment, (d) improving the client–therapist relationship, (e) understanding cultural differences in the expression and communication of distress, and (f) addressing cultural issues specific to the population (Hwang, 2006a). Therapeutic principles with more specificity within each domain and corresponding rationales are used to justify adaptations. The PAMF utilizes a community-participatory formative approach to stage intervention development into 5 phases: (a) generating knowledge and collaborating with stakeholders, (b) integrating generated information with theory and empirical and clinical knowledge, (c) reviewing the initial culturally adapted clinical intervention with stakeholders and revising the culturally adapted intervention, (d) testing the culturally adapted intervention, and (e) finalizing the adapted intervention (Hwang, 2009).

This integrative framework has been used to culturally adapt CBT for depressed Chinese Americans (CA-CBT), and surface structure adaptations (i.e., linguistic and ethnic matching) as well as deep structure adaptations (modifications used to address cultural beliefs, values, and norms). Both evidenced significant outcomes, with deep structure adaptations conferring greater improvements and reducing treatment dropout (Hwang, 2016; Hwang et al., 2015).

Cultural adaptations can be integrated throughout an intervention, or they can be used to highlight and address culture-specific issues that have been shown to impact mental health and well-being, including race-based stressors and traumas (Hwang & Chan, 2019; Hwang & Goto, 2009), internalized racism and oppression (Hwang, In Press), immigration and acculturative stress (Hwang & Ting, 2008), and acculturative-family distancing (i.e., parent-child distancing that is affected by growing up in different cultural environments and exacerbated by communication problems and differences in cultural values (Hwang, 2006b; Hwang & Wood, 2009; Hwang, Wood, & Fujimoto, 2010). In culturally adapting therapy, scientists and practitioners are also encouraged to consider and understand the complex processes of how culture affects various domains of mental illness. The Cultural Influences on Mental Health (CIMH) model identifies several interactive domains including (a) the prevalence of mental illness, (b) etiology of disease, (c) phenomenology of distress, (d) diagnostic and assessment issues, (e) coping styles and help-seeking pathways, and (f) treatment and intervention issues (Hwang, Myers, Abe-Kim & Ting, 2008).

Recognize immigration status and the potential for psychological trauma. Many AA/PIs migrating to the US have had a deep experience with war and conflict. Both mental health and developmental outcomes are impacted by exposure to armed conflict and other traumas. (APA, 2009). Much of this translates to higher ethnic identification as a result and some inter-ethnic conflicts (e.g., Koreans may not like Japanese; Chinese may not like Japanese). This also means that many have long histories of poly-trauma. Like other refugees from other war-torn countries, many people, even before leaving their country, were internal-refugees and experienced hardships, hunger, displacement, dispossession, assault, abuse, and rape. These issues signify the potential for a history of trauma among many AA/PI immigrants (William Ming Liu, PhD, personal communication, August 5, 2021). In addition to trauma, AA/PI immigrant and refugee families may experience stressors such as adjusting to a new culture, dealing with mental health status of family members, and loss of status (APA, 2009; APA, 2013). Trauma-informed services provide a useful mechanism in accounting for and responding to trauma histories (Butler, Critelli, & Rinfrette, 2011; Gold, 2017; Miller, Brown, Shramko, & Svetaz, 2019).

Attend to linguistic issues and language access for AA/PIs. In most of the educational literature about language education, having available literature in different languages does not dissuade people from learning English. It can facilitate multilingualism without impeding English language learning (Kroll & Dussias, 2017). Offering materials in multiple languages may encourage AA/PIs to access services and opportunities. Seeking advice and opinions from experts in multiple disciplines, such as literacy experts,

could be helpful. Health care providers should be encouraged to learn multiple languages. (William Ming Liu, PhD, personal communication, August 5, 2021). Studies indicate that language-concordant services for AA/PIs improves patient satisfaction, the utilization of translation services can be useful if both the role of the interpreter and structure of service delivery is clearly identified (Chang, et al., 2021).

Programs such as the [APA Minority Fellowship Program](#) serve to bolster the mental and behavioral health workforce by increasing the representation of underrepresented cultural groups. The creation of pipeline programs of practitioners who are themselves from diverse backgrounds can go a long way toward reducing cultural and linguistic barriers. Pipeline programs can serve as a means to increase the number of professionals from underrepresented AA/PI groups in the field.

Considerations for Implementation and Dissemination

Regarding communication strategies, implementation and dissemination:

Use community outreach and community engagement support implementation of best practices for AA/PIs. Programs that incorporate community outreach and education can successfully respond to cultural resistance within the AA/PI community (Fang & Chen, 2004). Engaging communities in service planning and delivery can help make programs more effective (Kim, Cheney, Black, et al., 2020). Successful community engagement approaches help to build trust within the community and maintain involvement from multiple stakeholders. Additionally, engaging communities also incorporates mutual respect, involves stakeholders in program planning, development, and evaluation, and is an effective method to redress power differences in the provision of services. These engagement strategies should also incorporate an understanding of cultural dimensions and diversity in order to be most effective (Graham, Kim, Clinton-Sherrod, et al., 2016).

Informational and communication strategies should target misinformation and disinformation. The utilization of short, informational videos shared via online social networks such as TikTok and Youtube (e.g. Division 45, [Use Your WITS](#) videos) can be an effective dissemination strategy. Information that is brief, direct, and offered in multiple languages may also lead to a successful communication and dissemination strategy. Specifically, online social networks are an important source of information. However, false, deceptive, and misleading information is often promulgated on social media, and strategies targeting misinformation become necessary. Individuals are more likely to accept misinformation when it supports their prior held beliefs and opinions (Kumar & Geethakumari, 2014). Guiding individuals to focus on the accuracy of information (versus other factors such as popularity or number of ‘likes’) can help discourage sharing misinformation via social media platforms (Pennycook, Epstein, Mosleh, Arechar, et al., 2021).

Collect More and Better Data

In addition, we also recommend conducting more data collection for the AA/PI community. Having accurate, detailed and standardized surveillance data is critical to determine this community’s needs and provide solutions. The variance in how data are reported, as well as the high percentage of missing or incomplete data, is well documented and strong efforts are needed to address this problem. Data is essential for identifying where resources are needed the most.

APA Resources

- Bias, Discrimination, and Equity Resources. Information, resources, and support for behavioral and social scientists, advocates, activists, and community serving practitioners addressing health

and race disparities during and post-COVID-19. <https://www.apa.org/topics/covid-19/equity-resources>

- American Psychological Association. (2012). Crossroads: The psychology of immigration in the new century. Report of the Presidential Task Force on Immigration. <https://www.apa.org/topics/immigration/executive-summary.pdf>
- APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, 2017. These guidelines provide psychologists with a framework from which to consider evolving parameters for the provision of multiculturally competent services. <https://www.apa.org/about/policy/multicultural-guidelines.pdf>
- APA Race and Ethnicity Guidelines. (August 2020). These APA guidelines aim to address the persistent inequalities among people of different races, ethnicities, and cultural backgrounds in the United States. <https://www.apa.org/about/policy/guidelines-race-ethnicity.pdf>
- APA Resolution on Harnessing Psychology to Combat Racism: Adopting a Uniform Definition and Understanding. (February 2021). This official statement of APA policy presents the psychological science-based research imperative to end racism. <https://www.apa.org/about/policy/resolution-combat-racism.pdf>
- American Psychological Association. (2012). Crossroads: The psychology of immigration in the new century. Report of the Presidential Task Force on Immigration. Retrieved from <https://www.apa.org/topics/immigration/executive-summary.pdf>
- APA Division 45. (2020). Use your WITS: How Asian Americans can respond to COVID-19 discrimination. Brief videos created to inform Asian Americans how to navigate anti-Asian discrimination amid the COVID pandemic. https://www.youtube.com/channel/UCqk_kNf1-1F4Yh-I2IB_50Q

Asian American Psychological Association (AAPA) Resources

- Asian American Psychological Association. The Asian American Psychological Association (AAPA) was founded in December 1972. Since its inception, the Association advocated on behalf of Asian Americans as well as advancing Asian American psychology. <https://aapaonline.org/about/history/>
- Asian American Journal of Psychology. The *Asian American Journal of Psychology* is the official publication of the Asian American Psychological Association and is dedicated to research, practice, advocacy, education, and policy within Asian American psychology. <https://www.apa.org/pubs/journals/aap/>
- AAPA Fact Sheets. The Asian American Psychological Association has published a number of fact sheets relevant to specific mental health concerns relevant to Asian American communities. <https://aapaonline.org/publications/fact-sheets/>
- AAPA Statement Condemning Violence Against Asian and Asian Americans. Official statement of AAPA condemning anti-Asian violence amid the COVID pandemic. <http://createsend.com/t/t-A883D104F3921ACF2540EF23F30FEDED>

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