



# Project Horizon

where east meets west

An explorative look at schema therapy, formulation and Asian culture


Some stats	Culture and formulation
<ul style="list-style-type: none"> <li>35 interviews conducted (25 zoom, 10 questionnaires) with clinicians from Australia, New Zealand, United Kingdom, India, Vietnam and Japan               <ul style="list-style-type: none"> <li>28 clinicians of Asian heritage &amp; 7 clinicians of Non-Asian heritage</li> </ul> </li> <li>25 clinicians had completed both level 1 and 2 schema training</li> <li>Therapy was predominantly conducted in English</li> <li>On average 46.7% of private practice caseloads were Asian adult clients (range of &lt;10-100 %)</li> </ul>	<ul style="list-style-type: none"> <li>94% of clinicians reported that they <i>informally</i> factored culture into their formulation. There was a consensus that it was very important to ask each client about their own unique experiences of culture and not to make any assumptions as this could negatively impact or invalidate the client.</li> <li>3 clinicians (8.6%) reported that knowledge of culturally responsive and anti-oppressive therapy models was helpful in guiding their work with Asian clients.</li> </ul>


## Top 3 challenges in working with Asian clients

1) **Filial Piety** - Asian clients were reported to often be hesitant to discuss their family due to strong values around honour and fear of shame if they spoke negatively of their parents. This was also impacted by the clients' gender, and position in the family (e.g, firstborn son) which impacted the expectations from their families. Non-Asian clinicians noted that Asian clients would sometimes use phrases like "Oh you wouldn't understand as you're not Asian" as a potential avoidance coping strategy in order to not delve deeper into their upbringing.

2) **Language barriers** - Clinicians reported difficulties in conducting therapy with Asian clients who did not speak much English due to challenges with providing psychoeducation and translating key therapy terminology. Clinicians who did provide therapy in the client's native tongue reported challenges with limited resources in languages other than English.

3) **Challenges in the expression of affect** - Clinicians reported that many Asian clients struggled to identify their emotional states and were often more comfortable discussing physical symptoms. This was also impacted by cultural norms around gender and appropriateness of emotional expression e.g. anger being more acceptable for men to express and sadness being more acceptable for women to express.

	Problematic schemas and modes
	<ul style="list-style-type: none"> <li>Most common problematic schemas: Self-sacrificing, subjugation, unrelenting standards, enmeshment, emotion deprivation and emotional inhibition</li> <li>Most common problematic modes: Guilt-inducing, demanding and punitive parent/critic modes, compliant surrenderer, avoidant and detached protector modes.               <ul style="list-style-type: none"> <li>Clinicians reported Asian clients also commonly experienced difficulties in connecting with the vulnerable child, happy child and healthy adult modes.</li> </ul> </li> </ul>

Further training needs	
<p>There was consistent recognition of the need for more culturally responsive training that incorporates both theory and practical strategies for informing clinical practice. Many Asian clinicians also indicated they would like more opportunities to connect with other Asian clinicians in order to discuss their own personal experiences as being therapists where they are from a minority culture.</p>	