



# Vietnamese American Families' Perceptions of Children's Mental Health: How Culture Impacts Parent-Child Interaction Therapy (PCIT) in a Community Mental Health Clinic

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# Objectives

- I. History of Vietnamese immigration and refugee status
- II. Mental health concerns unique to Vietnamese American children, parents, and families
- III. Discussion of past research on PCIT with ethnic minority children and community mental health
- IV. Information on cultural adaptation/tailoring to Vietnamese Americans
- V. Discussion on the outcomes of Vietnamese American families in PCIT- ECBI, PSI, DPICS
- VI. For consideration for sustainability

# Vietnamese Children and Families

- Historical context: Fall of Saigon in 1975 to communist government
- Mass immigration: Mostly as refugees (Leung, Boehnlein, & Kinzie, 1997).
- Boatpeople: Fled country by boat to countries such as Philippines, Laos & Singapore
- Experienced piracy, starvation, thirst, loss of life, sexual assault and cannibalism (Kaplan & Huynh, 2008)
- Sponsored to different host countries: Majority to U.S.
- Subsequent waves: **Orderly Departure Program (ODP)**, **Humanitarian Operation Program (HO)** for political prisoners and their families, and **Amerasian Homecoming** act for children of Vietnamese women and U.S. personnel (Kaplan & Huynh, 2008)
- Considered contemporary immigrants due to recent immigration and generally less education, less affluent background due to primarily refugee status (Pyke, 2000)



# Vietnamese American Parents

Many parents coping with trauma of war, refugee experience, and postwar adjustment (Kaplan & Huynh, 2008)

Research has shown that Vietnamese parental mental health concerns can adversely affect family dynamics including parent-child relationships (Leung, et al., 1997)



# Vietnamese American Parents



- Includes trauma, PTSD, depression and anxiety (Kaplan & Huynh, 2008), suicide (Ida & Yang, 2003)



# Mental Health Needs of Vietnamese American Children



Vietnamese parents viewing discipline and physical punishment as intertwined, alerting of child protective services (Rho & Rho, 2007)

Acculturation and adjustment issues: identity formation, language barriers (Chun & Sue, 1998)

# Mental Health Needs of Vietnamese American Children

Acculturation and adjustment Model  
minority myth (Ida & Yang, 2003),  
pressure to perform lead to  
internalizing disorders such as  
depression and anxiety

Mental health concerns related to  
war and refugee experience  
transmitted through parents/family:  
depression, anxiety, family grief  
over loss of life, attachment  
problems (insecure, ambivalent,  
disorganized) (Wahmanholm &  
Westermeyer, 1996; Wiese, 2010)



# Vietnamese American Children and Parents

(Leung et al., 1997; O'Connor, 2005; Pyke, 2000)

- Vietnamese families have different role definitions, familial expectations, hierarchal relations, caution in emotional expressiveness and collectivistic values than mainstream US culture (Pyke, 2000)
- Important to balance (O'Connor, 2005):
  - Dominant culture
  - Family's culture of origin
  - Acculturation of child





# Vietnamese American Children and Parents

(Leung et al., 1997; O'Connor, 2005; Pyke, 2000)

- Intergenerational gap between parents and children when children try to integrate American values and standards with those from traditional Vietnamese culture (Pyke, 2000).
- Difficulties in communication in parent-child relationship and parental concerns about child social behaviors, school performance, personal behaviors and anti-social behaviors (Leung et al., 1997)



# Counseling: Barriers for Vietnamese Americans'

(Kaplan & Huynh, 2008; Leung, et al., 1997; Thai, 2002)

- Higher prevalence of mental health issues, yet underuse mainstream mental health services
- Barriers to counseling:
  - Language
  - Reluctance to disclose personal history
  - Cultural values
  - Lack of knowledge about mental health services
  - Culturally insensitive practices
  - Differences in how minorities process learning
  - Difficulty distinguishing between mental and physical health
  - Stigmas attached to counseling
  - Conflicts among generations of Vietnamese families

# Literature Review:

## PCIT Effectiveness & Use with Minorities

(Lyon and Budd, 2010)

- The use of PCIT is found to be effective with underserved communities.
- The most influential factor to success is remaining in treatment, but the limitation to success is early drop-out/attrition.
- Additional research is required in order to establish that PCIT as an empirically supported treatment across ethnic minority groups.

(Leung, Tsang, Sin and Choi, 2015)

- The intervention group participants were able to maintain change 3 months after completion of PCIT, providing evidence that PCIT was effective with Chinese parents and children. These findings add to the literature that PCIT is effective across cultures (i.e. Latin Americans and African Americans).
- In Asian cultures extended family members are part of providing child care, therefore it would be beneficial to conduct surveys and gather data from extended family members that are part of providing care for the child.

(Matos, Torres, Santiago, Jurado and Rodriguez, 2006)

- Similar to other studies, this research concluded that using culturally sensitive methods and modifications are effective for PCIT treatment. More specifically, the study compared 3 groups: PCIT Treatment, GANA treatment (PCIT in Spanish) and Treatment as Usual. Researchers found that PCIT treatment was most superior and effective compared to other treatments.

# Cultural Adaptation/Tailoring to Vietnamese Americans

Barriers	Comparison	Outcome
Language	No materials	Translate CDI portion
Praise not norm	Abstract versus Action	Action focused praise
Perceptions of play as non-purposeful	Behavior focused versus action focused	Solution Focused Play Therapy
Use of “ha” with reflections that sounds ?	Cultural norm for “ha”	Work with parents on removal, count as reflection
Perception as lack of generalization towards school	Mental health stigma in VA culture, more accepted if school related	Tie to school based incentives (sitting in chair, use of rules, clean up as parallel to classroom)



# Cultural Adaptation/Tailoring to Vietnamese Americans

Barriers	Comparison	Outcome
Lack of familiarity with positive reinforcement, rewards/incentives	Authoritarian shame based parenting with corporal punishment in Vietnam	Collateral sessions with parents, information on alternatives to physical punishment, psychoeducation on child abuse laws in US/CA
Lack of familiarity with certain pretend play toys	Food kit, plates/utensils, dolls, furniture (mainstream based)	Inclusion of ethnic specific food, utensils (noodles, chopsticks), Asian dolls with extended family members, clothing



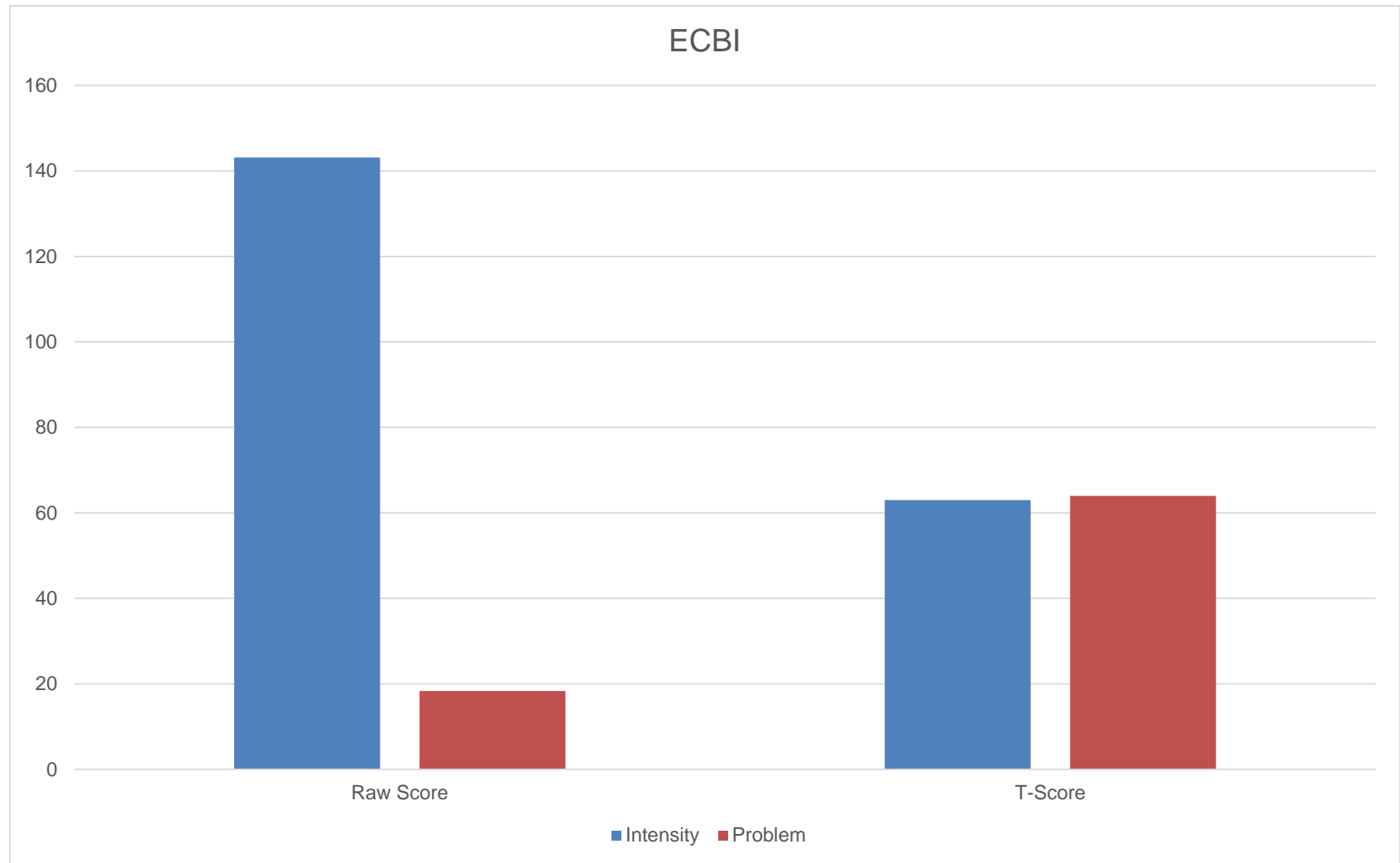
# Culture Specific Toy Examples



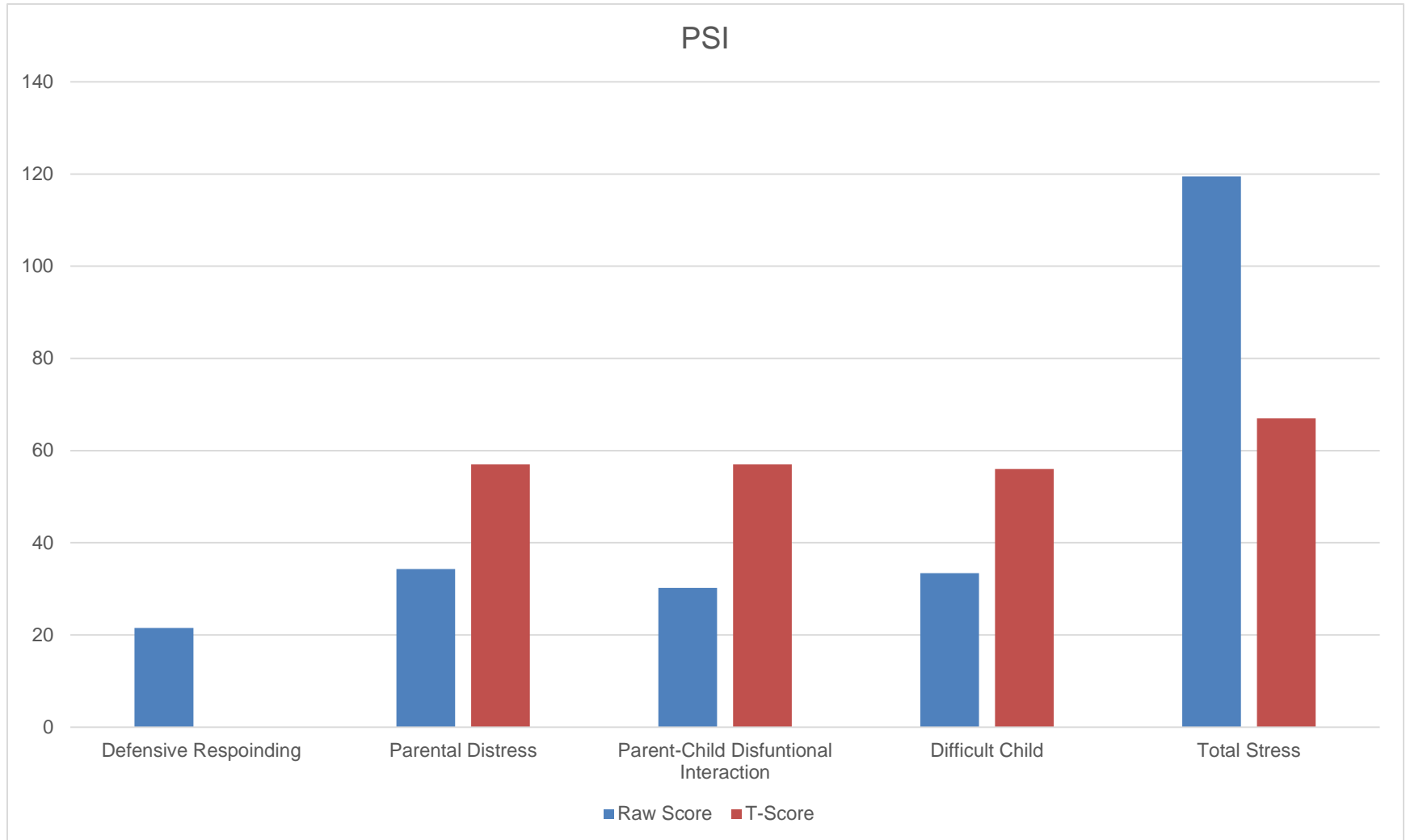
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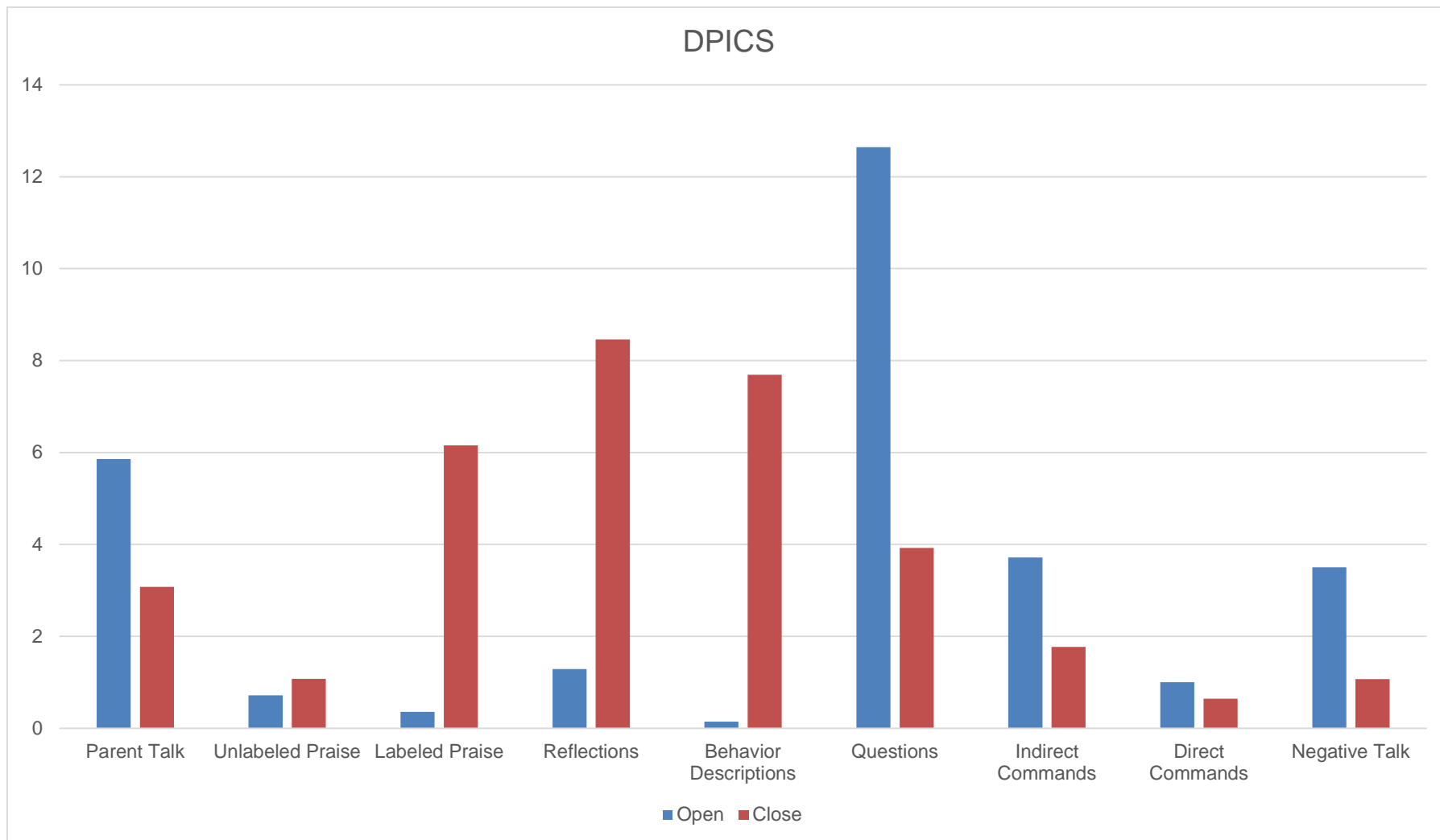
# PCIT Outcome Measure- ECBI



# PCIT Outcome Measures- PSI



# DPICS- Change at Opening and Closing of Treatment



# For Consideration- Sustainability

## Micro

- Group of MSW/MFT trainees, Clinical Staff, Psychology Interns, bachelor's level mental health workers of Vietnamese American background/language capabilities
- Teach key “buzzwords” during training of trainees

## Macro

- Grant and funding for protocol refinement and further studies- Outcome based
- Collaborate and provide training on culturally sensitive services to Vietnamese American population
- Training in overall basics of PCIT- Further more accurate translation of CDI and PDI



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# Discussion: Questions/Comments??



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