APS Australian Psychological Society

East meets West:

An introduction to integrating culture in to schema therapy practice with Asian heritage populations

APS Clinical Psychology Conference 2025 • Introductory workshop

Daniela Ho Tan
Clinical Psychologist
ISST Advanced Accredited Individual Schema Therapist & Supervisor
PSA Supervisor
PhD Candidate

THE UNIVERSITY OF SYDNEY

Today's workshop

SESSION 1 | 10:30 am – 12:00 pm
Culture, self-positionality & the schema lens

SESSION 2 | 1:00 pm – 2:30 pm
Assessment and formulation

SESSION 3 | 3:00 pm – 4:00 pm
Imagery rescripting demonstration

About Me

Daniela (Dani) Ho Tan
B.Psych (Hons), Mpsych (Clin)

- Clinical Psychologist
- ISST Advanced Accredited Schema Therapist (Individual) & Supervisor
- Board Approved Supervisor
- PhD Candidate

Email: contact@projecthorizen.com or daniela.hotan@sydney.edu.au

Website: www.projecthorizen.com
www.mindwealthpsychology.com.au

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About You

Learning objectives

1. Understand why culture is integral to assessment, formulation and therapeutic engagement.
2. Recognise common cultural and relational tensions that may arise with Asian heritage clients without over-generalising.
3. Apply a culturally responsive lens to schema formulation and distinguish cultural values from clinically problematic patterns.
4. Identify ways to adapt experiential techniques (imagery rescripting)

Self-Positionality

Wheel of Power & Priviledge

Adapted by Sylvia Duckworth (2020) from Canadian Council for Refugees anti-oppression resources

Reflecting on self-positionality

As clinicians, it is important for us to reflect on our self-positionality and ask questions like:

- What preconceptions/assumptions do I have about the client's culture, race, and religion/spirituality?
- Am I assuming something about the client?
- How much or how little do I know about a given culture or religion? Do I know where to go to access accurate information?

Bias can hinder us from taking the first step in therapy, which is building the therapeutic alliance.

What is culture?

UNESCO Universal Declaration on Cultural Diversity defines culture as *"the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs"* (UNESCO, 2002).

- Culture is not limited to race, religion or nationality
- Our social worlds have changed with migration, technology, networks etc and this has definitely impacted culture...

Useful terminology

- **Acculturation** – the process of adopting elements of another culture when different cultures come into contact.
- **Enculturation** – acquisition of one's own culture's norms and values through upbringing and societal influences.
- **Assimilation** – complete integration into a dominant culture, often leading to loss of the original cultural identity.
- **Integration** – harmonious coexistence and blending of diverse cultural elements within a larger community/society.
- **CALD** – culturally and linguistically diverse
- **CARM** – culturally and racially marginalised

Defining Asian heritage

What the literature tells us...

- **Lower engagement with mental health care**: Asian clients are less likely to seek treatment, may present with greater severity when they do, and have higher rates of therapy dropout.
- **Cultural mismatch is a key barrier**: Stigma, language, access, financial barriers and a perception that therapists do not understand or respect cultural values can reduce engagement.
- **Western therapies may not always align with clients' values**: Research has identified tensions between cognitive therapy principles and cultural, family and religious values in Asian contexts.
- **Cultural adaptation improves outcomes:** Reviews suggest culturally adapted psychological interventions can produce moderate to large benefits, with CBT being the most commonly studied approach.

Bui & Takeuchi, 1992; Sue & Sue, 1987; Lisa, 1994; Scorzelli & Reinke-Scorzelli, 1994; Rathod & Kingdon, 2014; Rathod et al., 2018

Why culture matters clinically

- **Culture is dynamic, not fixed** - Migration, technology, global networks and changing social contexts continually shape how culture is understood and expressed.
- **Culture influences the therapy process** - Help-seeking, engagement, expectations of therapy, emotional expression and family/community relationships are all shaped by cultural context.
- **Context *changes* meaning** - Behaviours that appear avoidant, dependent, submissive or emotionally inhibited through one lens may be understandable —or even adaptive—within another cultural and relational context.
- **Misreading culture can lead to pathologising difference** - Clients may disengage when therapy feels culturally incongruent or when culturally normative behaviours are interpreted as dysfunction.
- **Cultural responsiveness can improve fit and outcomes** - We can adapt how therapy is delivered while retaining its core therapeutic principles.

Individualism and collectivism

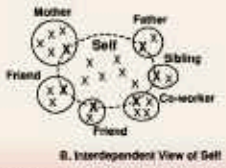
Groups exist to promote an individual's well-being.

Independence implies self-sufficiency and autonomy.

A. Independent View of Self

The group is the core unit of society. Individuals adjust to the group to maintain societal harmony.

Interdependence involves cooperation and reliance on others to achieve shared objectives.



B. Interdependent View of Self

Figure 1. Conceptual representations of the self. (A. Independent construal. B. Interdependent construal.)

(Markus & Kitayama, 1991)

Family obligation, filial responsibility & relational selfhood

- Across many Asian contexts, identity and decision-making may be strongly relational rather than primarily individual.
- Values can include respect for elders, family obligation, reciprocity, preserving harmony and protecting family reputation
- These values are not inherently maladaptive — difficulties arise when they become rigid, coercive, unsafe or incompatible with the client's own goals.
- Ask what the value means in this family and for this client rather than applying a cultural label.

Acculturative family distancing (AFD)

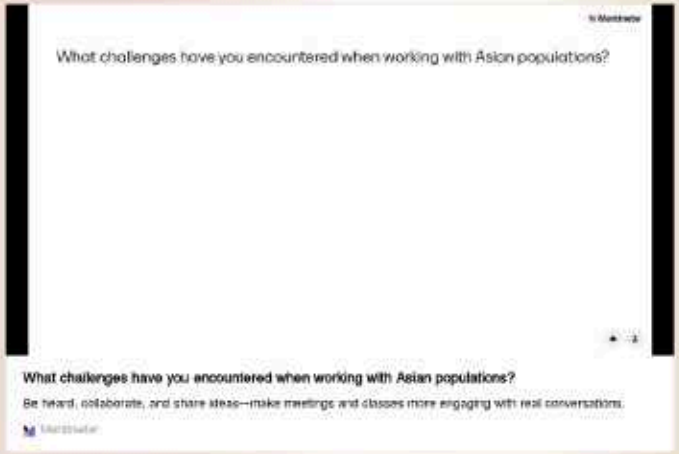
AFD refers to the distancing that occurs between immigrant parents and their children as a result of immigration, cultural differences and differing rates of acculturation. AFD occurs along two dimensions:

1) Communication problems – breakdowns in communication between parents and children due to differences in primary and secondary language fluency. This can lead to problems in understanding, patience, sharing and emotional bonding.
2) Cultural value differences – parents grow up in a different cultural environment than their children. As a result, both sides develop differences in values and beliefs which can lead to discomfort and family conflict. E.g. differing ideas of what to study.

AFD can place families at risk for mental illness and family dysfunction

(Hwang, 2006)

Menti reflection



Common cultural tensions that may enter the therapy room

Autonomy	↔	Family obligation
Direct emotional expression	↔	Restraint / indirectness
Open disclosure	↔	Privacy, "face" & reputation
Collaboration	↔	Authority / hierarchy

***These are not binaries. Our role as clinicians is to determine where this client sits — and what is workable for them.

A schema therapy lens – with culture inside it

- Needs, schemas, modes and coping do not develop outside a cultural and relational context.
- Patterns such as self-sacrifice, emotional inhibition, subjugation or enmeshment can have very different meanings across clients and families.
- The question is not simply "Is this schema present?" but "What function does this pattern serve, how flexible is it, and what does the client want to change?"
- Treatment can increase choice and flexibility without asking the client to abandon valued relationships or cultural identity.

Schema, culture or both?

- Is the pattern causing distress or impairment for the client, or mainly conflicting with my own idea of what is "healthy"?
- What function does it serve within the family, community or cultural context?
- Is it flexible and context-sensitive, or rigid and costly across situations?
- Does the client experience choice? What would change — and what would they want to preserve?
- Would I formulate this differently if the client were in a different cultural context?

A reframing of "needs"

Reframing core emotional needs through a culturally responsive lens

From Young's Schema Model

1. Safety and attachment
2. Predictability and love
3. Autonomy, competence, identity development
4. Freedom to express your own feelings and needs
5. Freedom to play and be creative
6. Realistic limits and self-control

Cultural adaptation

1. Safety, dignity and belonging
2. Predictability, continuity and care
3. Autonomy within interdependence
4. Culturally congruent expression and attunement
5. Joy, play and (shared) creativity
6. Fair limits, role clarity and mutual obligation
7. Meaning, spirituality and connection to land/ancestors

Session Two

Current cultural assessment tools

- DSM-5-TR Cultural Formulation Interview (CFI)
- Cultural Awareness Tool (CAT)
- Transcultural Assessment Checklist
- Transcultural Assessment Module
- Transcultural Mental Health Practice Kit
- FECCA: Cultural Competence in Australia Guide
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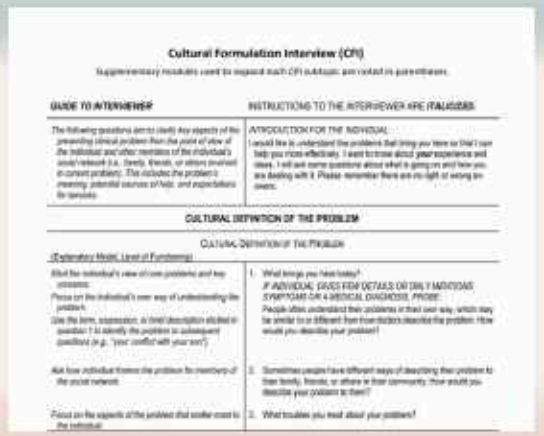
At which stage do you consider the 'assessment' taking place?



Cultural Formulation Interview (CFI)

Supplementary modules used to expand each CFI subtopic are noted in parentheses.

GUIDE TO INTERVIEWER	INSTRUCTIONS TO THE INTERVIEWER ARE ITALICIZED.
The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the individual and other members of the individual's social network (i.e., family, friends, or others involved in current problem). This includes the problem's meaning, potential sources of help, and expectations for services.	INTRODUCTION FOR THE INDIVIDUAL I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about your experience and views. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.
CULTURAL DEFINITION OF THE PROBLEM	
CULTURAL DEFINITION OF THE PROBLEM (Explanatory Model; Level of Functioning)	
Elicit the individual's view of core problems and key concerns. Focus on the individual's own way of understanding the problem. Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").	1. What brings you here today? *IF INDIVIDUAL GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:* People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?
Ask how individual frames the problem for members of the social network.	2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
Focus on the aspects of the problem that matter most to the individual.	3. What troubles you most about your problem?

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Facility:

MENTAL HEALTH
TRANSCULTURAL ASSESSMENT

TRANSCULTURAL ASSESSMENT CHECKLIST (TAC)
A practical guide for cultural assessment

CULTURAL IDENTITY

- ☐ Country / place of birth
- ☐ Preferred language
- ☐ Ethnic, cultural and/or religious affiliations of client and family (reflect in a genogram)
- ☐ Involvement with cultural group(s) (friends, social activities, reborn visits)
- ☐ Importance of culture / religion in client's daily life
- ☐ Culturally determined roles and expectations

MIGRATION HISTORY

- ☐ When they left country of origin
- ☐ Reason for leaving
- ☐ Family members left behind. Plans of reunification
- ☐ Time spent in refugee camp or detention centre
- ☐ Current residency status
- ☐ What they were seeking in Australia
- ☐ Time of arrival in Australia
- ☐ Current involvement with Australian culture
- ☐ Consider domains associated with any differences in cultural morals or values
- ☐ Changes in activities, diet, socialisation with other cultures, use of English
- ☐ Use of traditional health practices and providers

CULTURAL PERCEPTION OF MENTAL ILLNESS

MENTAL HEALTH TRANSCU

Cultural Awareness Tool

Cultural Competence in Australia
A Guide

FECCA

UNDERSTANDING CULTURAL DIVERSITY IN MENTAL HEALTH

USING THE CULTURAL AWARENESS TOOL

The Cultural Awareness Tool (CAT) has been designed to enhance your understanding of the patient's perception of their problem from an assessment acknowledges the complexity of the interaction between cultural and idiosyncratic factors, and between dispositional and environmental factors, and will necessarily involve considerable subjectivity on your part. The tool is based on a series of questions developed by Hickinbotham, Stoneking and Good (1976).

The Cultural Assessment Tool involves asking the patient the following questions:

1. What do you think caused your problem (use patient's words 1)?
2. Why do you think it started when it did?
3. What do you think your [*] does to you? What are the chief problems it has caused for you?
4. How severe is your [*]? What do you think could about it?
5. What kind of treatment(s) help do you think you should receive?
6. Within your own culture, how would your [*] be treated?
7. How is your community helping you with your [*]?
8. What have you been doing so far for your [*]?
9. What are the most important results you hope to get from treatment?

Questions I like to ask

1. Do you feel comfortable doing this assessment with me in English?
2. Would you like a translator?
3. Are there some words you are not sure how to express in English that you would like me to note down so I can learn?
4. Sometimes, we have different ways of describing our problems to family, friends or others in the community. How might you describe your problem within your community/culture?
5. What are important aspects of your background or culture? Has this impacted your symptoms?
6. Who would you like me to consider as part of your treatment planning?

What is the cost of not including culture in your assessment?

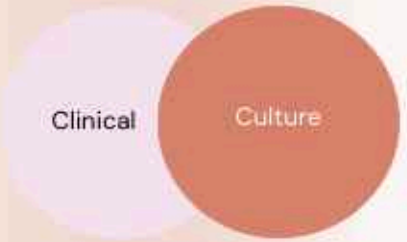
- Misdiagnosis or overpathologising
- Cultural norms vs pathology
- Ineffective treatment plans due to missing a key part of the formulation
- Ethical risks
- Reinforcing systemic biases and inequities
- Client harm and worsening of mental health
- Missed opportunities for identifying protective factors

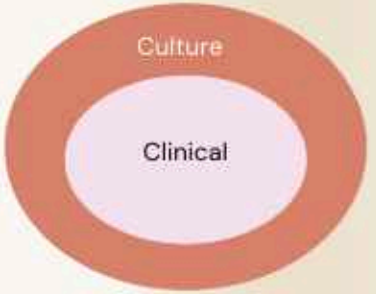
Factors to consider during your assessment

- Displaying expertise and authority if appropriate e.g. consider client's age or if there is a hierarchical cultural format
- Maintaining formalism and conversational distance
- Experience vs evidence – relating to past clients with similar experiences can be reassuring
- Establish if client has had therapy previously, if not then it is helpful to address what to expect and answer questions
- Attend to non-verbal cues
  - Be mindful of cultural differences e.g. not making eye contact can be a sign of respect
- Reinforce confidentiality

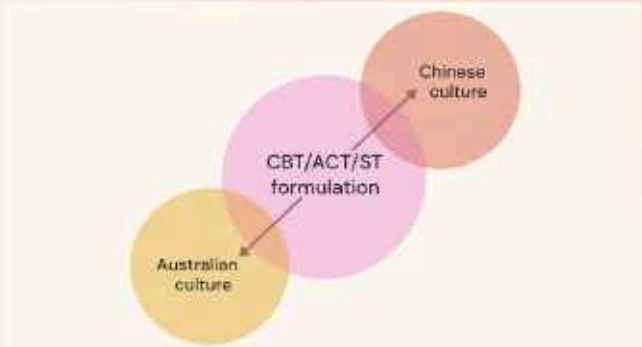
How does culture fit into clinical?

There is a tendency to often artificially separate the clinical from the cultural for ethnic populations.



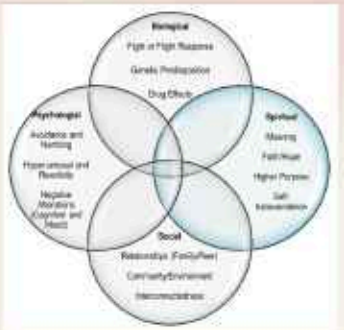


Culture into formulation



What models exist for conceptualisation?

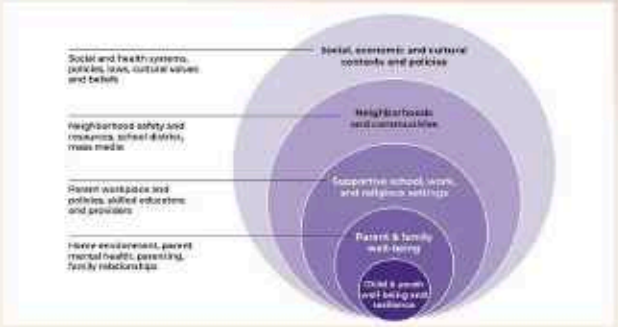
Biopsychosocial (-spiritual) models



(Engel, 1977; Naeem et al 2016)

What models exist for conceptualisation?

Bioecological model



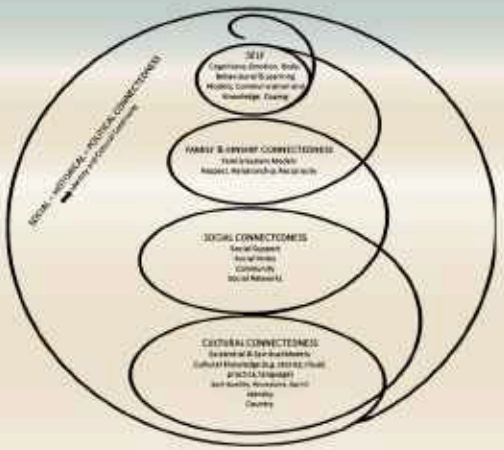
(Bronfenbrennar & Ceci, 1994)

Social and emotional wellbeing model (SEWB Model)

SEWB Diagram adapted from Gee et al., (2014)

(Gee et al., 2014)

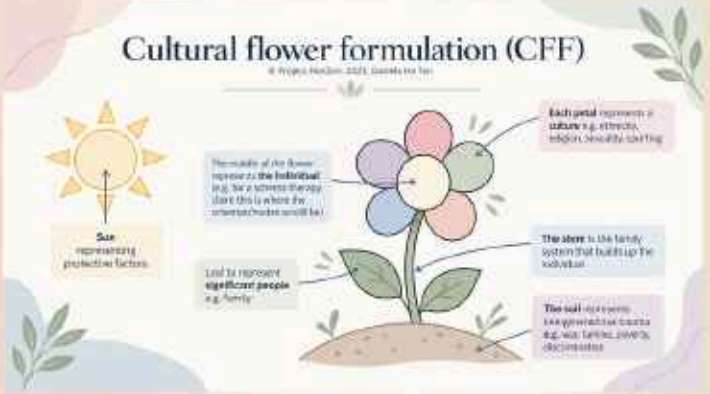
Culturally informed case conceptualization



(Kirculien & Day, 2018)

Cultural flower formulation (CFF)

Currently registered on Open Science Framework (DOI: https://doi.org/10.17605/OSF.IO/63M2T)



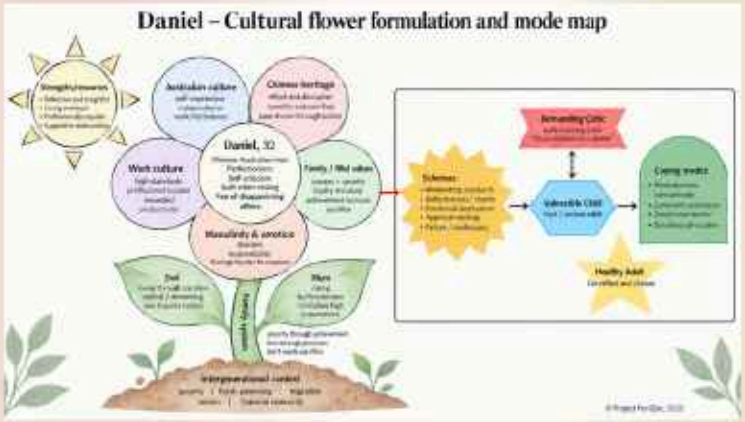
Case vignette – Daniel*

Daniel, 32, Chinese-Australian man, born in Australia to immigrant parents.

Daniel presents with perfectionism, difficulty feeling proud of himself, strong self-criticism and anxiety about disappointing others. He works hard, is successful professionally, but says that whenever he makes a mistake he immediately hears his father's voice in his head: "You could have done better." He finds it difficult to rest and feels guilty when he is not being productive.

He describes his father as loving through actions rather than words. His father worked long hours, rarely spent money on himself and made major sacrifices for the family. At the same time, Daniel remembers feeling that nothing he achieved was ever quite enough. His father grew up in considerable poverty. His own father was harsh and sometimes violent. He left school young, later migrated to Australia, spoke limited English and experienced racism and financial insecurity. He became convinced that education and professional success were the only reliable ways his children could have a secure life.

Daniel's Cultural Flower Formulation



Session 3

Imagery rescripting

1. Access the recent distressing situation and related negative emotions via imagery
2. Float back/affect bridge to access the distressing childhood image (what are the unmet needs?)
3. Introduce self/helpful figure into image to care for the child's needs (e.g. soothe, provide safety, confront person who has hurt the child) and help them feel safe
4. Check in – have all the needs been adequately met now?
5. Finish – provide positive image or use safe place imagery
6. Debrief

While you watch the demo...

- Where does the therapist explicitly check cultural meaning rather than assume it?
- How are parents/elders addressed, and what happens to tone and authority?
- How are the client's needs balanced with relational values and respect for family?
- Where does the therapist slow down, negotiate or modify the standard rescripting process?

Imagery rescripting demonstration

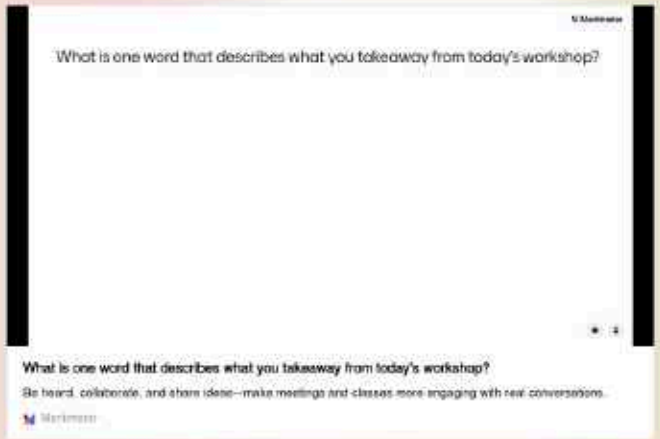
Reflections

1. How did Part 1 vs Part 2 differ?
2. What Asian cultural values can impact the rescripting process?
3. How might style and tone of communication differ when working with younger/older Asian clients? Or clients who are more/less acculturated?

Culturally responsive imagery rescripting

- **Language and naming**: use the client's own terms for child parts, family roles and modes.
- **Respect and hierarchy**: check how the client wants parents/elders addressed and how direct the therapist can be.
- **Who enters the image**: if the therapist feels like an "outsider", invite a trusted healthy adult, ancestor, mentor or other figure and work through them.
- **Intensity and tone**: titrate emotional directness to the client's preferences, acculturation and sense of safety.
- **Preserve valued relationships**: challenge harmful behaviour without requiring wholesale rejection of the parent, family or culture.

Key Takeaways



Upcoming Events

East Meets West in Singapore

Saturday 31st October 2026
8:30am–4:00pm
Village Hotel Katong, Singapore

East Meets West in Melbourne

Thursday 19th November 2026
9:00am–5:00pm
Holiday Inn Express Little Collins, Melbourne

20% OFF
Code: APS20
1 week only!

Schema Skills Lab in Melbourne

Thursday 4th March 2027
9:00am–5pm
Melbourne CBD

$20 off
Code: HOBART
1 week only!

SEEKING AUSTRALIAN MENTAL HEALTH PRACTITIONERS

PREVIOUSLY (WITHIN PAST 2 YEARS) OR CURRENTLY USING SCHEMA THERAPY WITH CLIENTS OF ASIAN HERITAGE

TOPIC

We are exploring experiences of mental health practitioners using schema therapy with clients of Asian heritage. We want to understand what factors contribute to the delivery of culturally responsive practice.

WHAT WOULD I DO?

- Brief Online Survey: About 5 minutes
- Interview: About 30-45 minutes either via zoom or in person at the University of Sydney

HOW DO I START?

Scan the QR code or visit the link: https://sydney.au1.qualtrics.com/jfe/form/SV_0NnVE3Xh0x7Wr

This study has been approved by the Human Research Ethics Committee (HREC) of The University of Sydney (2025/HE02227)

If you would like further information about this study, please contact: Daniela Ho Tan, PhD Candidate, School of Psychology, University of Sydney at daniela.hotan@sydney.edu.au or (02) 9351 3400

Project HoriZon x Duality Psychology

What We Carry, What We Share

An honest conversation about Asian identity, culture and mental health

Free community webinar for Mental Health Week

with

Daniela (Dani) Ho Tan & Dr Sherwynna Lee

Tuesday 13 October 2026 | 7:00 – 8:00 pm AEDT | Online event

Belonging, identity, family expectations, intergenerational differences, stigma, and mental health

Register now →

events.humanitix.com/what-we-carry-what-we-share

Thank you!

Questions, reflections or feedback are very welcome.

Daniela Ho Tan
Clinical Psychologist, Advanced Accredited Individual & Schema Therapist and Supervisor

@danihotan.clinpsych
@project_horizen

www.projecthorizen.com
www.mindwealthpsychology.com.au

References

Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: A bioecological model. Psychological Review, 101(4), 568–586. https://doi.org/10.1037/0033-295X.101.4.568

Bui, K. V. T., & Takeuchi, D. T. (1992). Ethnic minority adolescents and the use of community mental health care services. American Journal of Community Psychology, 20(4), 403–417. https://doi.org/10.1007/BF00937752

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 196(4286), 129–136. https://doi.org/10.1126/science.847460

FECCA. (2019). Cultural Competence in Australia: A Guide. Federation of Ethnic Communities' Councils of Australia. https://fecca.org.au/wp-content/uploads/2019/05/Cultural-Competence-in-Australia-A-Guide.pdf Harris-Morrison, D. (2012). Maternal Enmeshment: The Chosen Child. SAGE Open, 2(4). https://doi.org/10.1177/2158244012470115

Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice (2nd ed., pp. 55–68). Australian Government Department of the Prime Minister and Cabinet.

Ho Tan, D. (2023). Cultural flower formulation (CFF) [Unpublished clinical formulation framework]. Project HonZen.

Hwang, W.C. (2016). Culturally adapting psychotherapy for Asian heritage populations: An evidence-based approach. Elsevier Academic Press.

Kiculen, M., & Day, A. (2018). Culturally informed case conceptualisation: Developing a clinical psychology approach to treatment planning for non-Indigenous psychologists working with Aboriginal and Torres Strait Islander clients. Clinical Psychologist, 22(3), 280–289. https://doi.org/10.1111/cp.12141

References

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. Psychological Review, 98(2), 224–253. https://doi.org/10.1037/0033-295X.98.2.224

Naeem, F., Phiri, P., Munshi, T., Rathod, S., Ayub, M., Gobbi, M., & Kingdon, D. (2015). Using cognitive behaviour therapy with South Asian Muslims: Findings from the culturally sensitive CBT project. International Review of Psychiatry, 27(3), 233–246. https://doi.org/10.3109/09540261.2015.1067598

Rathod, S., Gega, L., Degnan, A., Pikard, J., Khan, T., Husain, N., Munshi, T., & Naeem, F. (2018). The current status of culturally adapted mental health interventions: A practice-focused review of meta-analyses. Neuropsychiatric Disease and Treatment, 14, 165–178. https://doi.org/10.2147/NDT.S138430

Rathod, S., & Kingdon, D. (2014). Case for cultural adaptation of psychological interventions for mental healthcare in low and middle income countries. BMJ, 349, g7836. https://doi.org/10.1136/bmj.g7836

Scorzelli, J. F., & Reinke-Scorzelli, M. (1994). Cultural sensitivity and cognitive therapy in India. The Counseling Psychologist, 22(4), 603–610. https://doi.org/10.1177/0011000094224006

Sue, D., & Sue, S. (1987). Cultural factors in the clinical assessment of Asian Americans. Journal of Consulting and Clinical Psychology, 55(4), 479–487. https://doi.org/10.1037/0022-006X.55.4.479

The Centre for Addiction and Mental Health. (2023). CaCBT for South Asian Ch. 1: Awareness and Preparation Module 1: Reflecting on Self-Positionality. Retrieved from https://www.youtube.com/watch?v=uu3MYkup_mg&list=PL575uOclSFCuFDoPta3BePeoJbGt7uAWh&index=5

Uba, L. (1994). Asian Americans: Personality patterns, identity, and mental health. Guilford Press.

UNESCO. (2002) Records of the General Conference, 31st Session, Paris, 15 October to 3 November 2001: (Vol 1) Resolutions. United Nations Educational, Scientific and Cultural Organisation.