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# Guidelines for Treating Asian American Patients with Brain Injury (BI)

## WHAT ARE SOME TREATMENT APPROACHES TO CONSIDER?

- Patients who uphold more traditional Asian values may prefer family members' involvement with their treatment.
  - Treatment goals should be established with consideration of their roles within their families and how their family members can benefit from these goals.
- Provide psychoeducation during the initial phase of treatment.
  - Have discussions with patients regarding their perception and understanding of their BIs, etiologies, and treatments. Clarify any misconceptions.
  - Explain the implications of their BI and provide specific functional examples to patients and their family members regarding how treatment can be beneficial and allow them to improve their functioning. Use a problem-focused approach to guide the discussion.
- Evaluate patients' cultural protective factors.
  - Factors such as family involvement, engagement in their community and activities, and their religious affiliation should be taken into consideration for treatment planning.
- Clinicians may have to play multiple roles as educators, advocates, and facilitators for patients and the treatment team.
- For further information, read: [Diaz, 2013](#); [Simpson, Mohr, & Redman, 2000](#)

## SOME ASIAN AMERICANS MAY FEEL UNCOMFORTABLE WHEN THEIR EMOTIONAL REACTIONS TO THEIR BIS ARE BROUGHT UP. HOW SHOULD I ADDRESS THIS ISSUE?

- Research has limited information on how to address this particular issue with Asian American patients with BI. Thus, integrating evidenced-based culturally sensitive behavioral health interventions may be appropriate (e.g., [Chinese Taoist Cognitive Psychotherapy](#)).
- Understand that emotional issues maybe expressed in somatic form (e.g., headaches).
- Here is a list of interventions that may be more culturally applicable:
  - Explain the benefits of emotion management on physical health (e.g., improves the flow of air within the body).
  - Provide education to family members about the organic nature of depression and anxiety post-BI.
  - For more information, read: [http://www.sagepub.com/upm-data/4968\\_Paniagua\\_I\\_Proof\\_3\\_Chapter\\_5.pdf](http://www.sagepub.com/upm-data/4968_Paniagua_I_Proof_3_Chapter_5.pdf); Kim, Bean, & Harper, 2004
  - Provide integrative treatment (i.e., cognitive rehabilitation embedded with psychotherapy) and work on cognitive issues first and discuss any emotions when they arise during the sessions.
  - Discuss patients' emotional reactions based on a vignette or from a third party perspective (this is a good exercise for improving self-awareness and acceptance).

*Any questions? Please contact Dr. Y.S. Christine Lee at [yuenshan.lee@nyumc.org](mailto:yuenshan.lee@nyumc.org).*

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*Sample clinical vignettes incorporating targeted culturally sensitive approaches for treating Asian American patients:*

**CASE EXAMPLE 1**

An elderly, Vietnamese, stroke patient, who viewed herself as a caretaker at home, was more willing to adopt the use of a memory notebook once she understood that keeping track of and organizing her daily schedule could help her contribute to her family (e.g., cooking, running errands, and picking up her grandchildren from school).

**CASE EXAMPLE 2**

A 43-year-old, Mandarin-speaking, male patient had experienced depression and was more socially isolated following his mild TBI. Identifying his beliefs in Buddhism as a protective factor, the clinician utilized some Buddhist principles to view his injury in a more adaptive way and encouraged him to continue volunteering at a temple to increase his social engagement.

**CASE EXAMPLE 3**

The parents of a Chinese American, female patient were very upset that patient had become more impulsive and gotten into arguments with family members more frequently. Patient's emotions were poorly modulated and she experienced a personality change following her TBI.

Psychoeducation was provided to help them understand the nature of frontal-lobe dysfunction and how this may impact her daily function and social communication skills. Family involvement allowed the therapist to train family members on how to coach patient at home to control her irritability and fatigue.

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