

SHIFTING SEASONS: EXPLORING MENTAL HEALTH ACROSS GENERATIONS

ANA NEWS

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Asian
Neuropsychological
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MESSAGE FROM THE PRESIDENT

To Our ANA Community,

As the year winds down and we enter the final stretch of 2024, I hope you're all finding moments to reflect on the progress we've made together. It's been a dynamic few months, filled with meaningful initiatives, collaborative projects, and important conversations that have strengthened our commitment to advancing neuropsychology while fostering a welcoming, inclusive environment.

The recent ANA Town Hall exemplified this spirit of progress and collaboration, revealing a strong desire among our members for even deeper engagement and new avenues for growth. As we move forward, we encourage our future ANA leaders to take these ideas to heart. Consider integrating new platforms like Slack or WhatsApp for real-time consultation, offering a space where members can easily connect, seek advice, and share resources. Building structured mentorship programs focused on research and advocacy will also help nurture the next generation of Asian neuropsychologists. Finally, prioritizing service and leadership pathways for early career members will ensure they have a meaningful role in shaping our organization. Let's keep this momentum going and work together to make these initiatives a reality, building a more interconnected and



inclusive ANA for years to come.

Shifting focus to a significant milestone, it has been over two years since the Minnesota Conference followed by a rigorous debate and revision process for the guidelines. As you know, these Guidelines were developed by a diverse group of professionals, including clinicians, researchers, and educators. The initial guidelines and subsequent revisions are based on scientific principles and are intended to keep neuropsychology relevant as healthcare continues to diversify. Like many of our membership, I have reviewed the most recent draft of the policy document and have been impressed with the substantial changes that further asserts that that cultural competence and the science of brain-

behavior relationships can and should be integrated in training. We look forward to ongoing updates and continued collaboration in refining this important work.

As my term as president comes to a close, I reflect on the progress we've made in fostering diversity, global engagement, and advocacy within our community. A key focus for me was empowering our members, especially those with training and experiences from outside of the United States, by creating opportunities for leadership, professional development, and involvement in ANA initiatives. This included encouraging Asian neuropsychologists to take on editorial roles in prominent journals, nominating our members for prestigious award within neuropsychology and across psychology, and expanding our mentorship and networking channels. I also prioritized increasing engagement and transparency by hosting virtual town hall and inter-committee meetings, creating new committee opportunities, and providing avenues for members to actively shape the direction of the organization. I am proud of how far we've come and excited to see ANA continue to grow and evolve.

Looking ahead, I am filled with confidence and excitement for the future of ANA. The strong foundation we've built will continue to expand and strengthen our community. I'm thrilled to work alongside our incoming ANA President, Dr. Alexander Tan, whose vision and unwavering commitment to diversity, equity, and inclusion (DEI) will propel ANA to even greater heights. Alex is no stranger to leadership—he has taken on over 30 leadership roles and made transformative contributions to cultural neuropsychology, particularly in advancing DEI efforts that have reshaped the field. His

work as an early career professional has earned recognition from the American Psychological Association and American Board of Professional Psychology, and his impact on making neuropsychology more accessible to underrepresented and minoritized (URM) individuals has been profound. As a commissioner for the 2022 Minnesota Update Conference, he championed the integration of URM perspectives into key discussions on training guidelines. As the ANA President-Elect, he developed the Board Certification Pipeline Task Force to reduce barriers for URM professionals, including launching a board certification preparation program specifically for URM candidates. Alex has expanded opportunities for URM individuals while reshaping career development, mentorship, and certification pathways. The ANA will undoubtedly thrive under his leadership!

I am filled with hope and excitement for what lies ahead, confident that each step we take will create a more supportive and interconnected ANA for all. Let's continue to push boundaries, foster growth, and work together to leave a lasting impact on the field and the communities we serve.

With appreciation,

Christopher Minh Nguyen, PhD, ABPP
President, Asian Neuropsychological Association

FEATURED NEUROPSYCHOLOGIST: DR. JULIA CHEN

BY IVY CHO, M.A.

Julia Chen, PhD, is a pediatric neuropsychologist at The Center for Neuropsychological Services (CNS) at Northwell Health in New York. She works with children with complex medical and neurodevelopmental conditions and builds awareness about pediatric neuropsychology services across medical and behavioral health services. She is passionate about clinical supervision and mentorship of our next generation of psychologists and neuropsychologists. She approaches clinical work, supervision, and program development with a goal of demystifying and increasing accessibility of neuropsychological services for patients and communities of all backgrounds. Her work on the Advocacy Committee of the Asian Neuropsychological Association is a part of this work towards healthcare equity for minoritized communities.

In this issue, we explored Dr. Chen's journey to become a neuropsychologist and delve into her role as a pediatric neuropsychologist.

What motivated you to be a neuropsychologist?

I was motivated by the pediatrics part more than the neuropsychology part when I first began thinking about anything remotely close to this career. I always knew I wanted to work with children before I even heard the term "neuropsychology" and that was inspired by my mom. Growing up, my mom was a daycare teacher, and I would hear all her stories working with kids. My mom was extremely nurturing, patient, and a master at behavioural management strategies.



I was inspired by her and sought out experiences aligned with this background throughout my school years, including working at a special needs daycare center and in mentorship programs. In college, I started out as pre-med student until I realized that my brain could not handle physics, so I shifted to Psychology and felt that it was a good way for me to learn about child development. However, I did not truly learn about neuropsychology until a Neuroethics class with Dr. E'mett McCaskill at Columbia University. In this class, we had discussions surrounding patient's rights and guardianship, and philosophical ideas regarding disorders of consciousness – these topics blew my mind. My relationship with Dr. McCaskill grew into a mentoring relationship and she was someone fundamental in walking me through what graduate school looked like, because I had no concept of it going through college.

After college, I was looking for pediatric focused labs and was lucky to get into the University of Connecticut working with Drs. Deborah Fein and Marianne Barton. Their research was focused on the early detection of autism spectrum disorder, and they did a lot of great work with toddlers and preschool aged

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children. The program also had a great neuropsychology track and that was the space that I got to see what neuropsychology was about.

What cultures do you identify with?

I identify as Chinese American and more specifically Cantonese Chinese or Southern Chinese. Another identity I hold is that I am a child of immigrants (my parents are from Guangzhou, China, and they immigrated to the United States in the 1980's). I also identify as a New Yorker, as I was born and raised in Chinatown, New York City, and grew up in a Chinese cultural hub throughout my life.

Growing up as a working-class kid in New York City was a unique experience as it is a city that is vastly diverse in its access to resources and sociodemographic space. It has been fascinating to return to New York City as an adult and working in this field with patients from all different backgrounds. I recognize the impact of the work that I do (e.g., counseling patients about different resources within different school districts) and it is a constant reminder of my upbringing and what I had access to in terms of health literacy. Psychology was rarely talked about in my community and my cultural upbringing constantly shapes my day-to-day work.

Looking back, how has your cross-cultural journey unfolded throughout your life and career?

Wonderful question! I had to think about this question many times to decide how I would interpret it, but I have interpreted it literally in

the sense of my experience "crossing cultures."

I went to middle school far away from my local town and it was a very different demographic. I felt lost in a way and that feeling never really went away even as I went to different spaces like college and graduate school. I never had concepts of higher education modeled for me other than my sibling, but they were also going through the same experience. I think that many minoritized folks from intersecting identities get to become a master in code switching, and I think that is always in the back of my mind as I work with patients. Whenever a family walks into the door and they visibly see that my identity is different from them or they are in a hospital space very different from what they are familiar with, I find myself jumping naturally into that code switching space. I try and get into their perspective of "if I were them what would I be thinking about this doctor right now" or "what are the things that are left unsaid, the things I want to tell this person but may not feel so comfortable telling them." I think this is my stance on cultural humility - to access that code switching ability that I have had to develop and learn more about the people sitting in front of me. However, it is tough because the more I get into neuropsychology, I have to remind myself that we must not assume that other people have the same idea as we do about what we are doing as neuropsychologists - this is really what I am trying to continuously work on.

With all this, I think that one of my missions

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as a neuropsychologist is to debunk what neuropsychology is. I think we as a field still have a lot to do in explaining what we do to the vast majority. I rarely have patients who know exactly what we do, they are always a little bit confused, "I have read about this, but I know there are 10 other people who do similar things that you do" and this is from patients who have access to research or have had doctors who have had conversations with them ahead of time. Contrastingly, there are patients who just had a referral placed for them and now find themselves here at this appointment. With each patient I really try to use words that are accessible to their culture. However, this is something that I am still learning. I have tried to digest the words that my supervisors have taught me, but I still find myself trying to explain it a few times to my patients. The words may not resonate with them culturally and they may not have that concept of psychology, cognition, or academic achievement. These concepts all mean different things for different folks and that is something I am still working towards. How do we create materials to talk about neuropsychology that makes sense for people? To families and stakeholders? It is a work in progress, but I want to make it as accessible as possible.

What were some of your expectations for your career path when you first started this process?

I got to be honest, I do not think I had a lot of expectations about what to expect, and even during graduate school I did not really have a sense of what it would look like after training. I always knew based on what I observed or heard from other graduate students about

what the next step in the program was, but there were not enough resources when I was on internship to share all the nitty gritty details about careers. These conversations only happened during the job searching parts during the latter part of my fellowship. Various questions about possible career paths, billing, the business behind neuropsychology were not concepts that I had in my mind. Job searching was very different from how my parents found jobs. I think it's great that ANA and different mentorship programs are giving trainees access early on in their training to start thinking about these concepts so they know what type of questions to ask. Knowing about these concepts is important because it does change access to opportunities and knowing what to look for when you are job searching.

What has been the biggest change you have seen in relation to cultural neuropsychology (specifically within the field of pediatric neuropsychology)?

I think it has been a positive change. Anecdotally, I am seeing a new generation of parents come in. The new generation of parents have a different level of health literacy because they are growing up with the internet. They have questions about diagnoses that they have looked up, have an openness to talking about mental health, and are thinking differently about parenting styles and behaviour management. I have parents come in and openly address that things at home are not very effective and this is not something that I heard as a trainee. I think this cultural shift has been positive

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because I have been having fruitful conversations with parents and that receptiveness to talk about behaviour management and mental health has been great. There has been a cultural shift with people normalizing mental health and it changes the way we practice in a positive way. However, because we are working with a different level of health literacy, there is also misinformation in the media, and I have had to navigate the flip side as well. I meet people that are self-diagnosing, and I have a lot of teens come in with "I heard my friends talk about this and I think I have it too." This means that I validate their struggles and help them understand that even if it does not mean a clinical diagnosis, there are still things we can do to help you. The access to the internet really does shift everything and how people experience the world and how we work with patients. More specifically to cultural neuropsychology, it also means changes for folks who previously had limited access to resources. Although there may not be as many translated materials, resources will be present to some extent, and it has opened doors to have these similar conversations with folks from all sorts of backgrounds. It has become a good opportunity use the internet/social media to do more outreach about neuropsychological services.

What are some key cross-cultural considerations when conducting neuropsychological assessments for Asian-American children and adolescents?

Being aware about the generational differences between parents and how they may conceptualize concepts of cognition,

intellect, and neuropsychology. This impacts the child's understanding and the conversations they are having with their child. For example, the language they are using to talk with their child about why they are struggling in school might look very different if the parents are new immigrants versus someone who has lived longer in the United States. You must ask, have they had conversations with their child as to why they may be struggling? We also must think about the child's access to the internet. The information that is shared on social media and how they are having conversations about mental health also looks very different. All this influences how we provide feedback to the family as a whole. Understanding family conversations and interactions are crucial, as they impact how feedback is given and discussions about testing are approached. I often find myself using different languages to address the child as to why they are here, asking both the parent and the child about their understanding of mental health. I get a sense of their background before I jump into anything because it influences how I talk about the results and recommendations, knowing that children they are still very much under the influence of their parents, and it is the parents that help them access resources.

Have there been changes/shifts since the COVID-19 pandemic?

It is the lack of access to resources over the past few years, and we are seeing the ramifications of that now. We are seeing families coming in with children that were diagnosed with a certain condition in March

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2020 when the world shut down. They could not gain access to early interventions or school-based services at that time, and you can see the downstream effects a few years later where their child is really struggling to keep up. Children who needed special education services have suffered the most and especially for families from communities with lower health literacy or limited access to resources. I have families come in and say, "I got this evaluation from some provider. I don't know who, and I don't know what they were doing, but they said I needed to get this. I tried to call the early intervention office so many times, but no one reached back to me." These families just struggled with their child's behaviour for three years and then they got here. So, I have seen a lot of cases where they were just trying to keep up and finally got through the wait list. The pandemic really affected key developmental years for children.

What and in which direction do you think that the field needs to continue working on to improve?

I know we are doing really good work in adapting testing materials for different cultural backgrounds, but we can also continue to work towards creating outreach materials for different communities to talk about what it is that we do. The way we go about this should be by talking to patients and families. We should examine how we adapt the way we talk and explain the materials. Perhaps the key is that those conversations need to be adapted.

What are some facts your colleagues and students would be surprised to learn about you?

I want to get back into singing. I used to sing in high school and that was a very communal experience. There is a cool organization in New York City called the Gaia Music Collective, where people get together to learn a song. It really is a unique experience where people from all walks of life come together and put music together. It is a goal of mine to bring music back into my life.

Do you have any tips or words of wisdom for current graduate students and mentors (especially those working towards becoming a pediatric neuropsychologist)?

It is great that we have all these mentorship programs and identity-based organizations that support trainees, and I would say don't be shy and join professional organizations early! I remember feeling intimidated as a trainee and questioning as to whether I belong in these organizations. However, don't be shy and join these mentorship programs because I think that is an avenue to get the insider scoop on questions that are left unasked and really get good information for career planning early on.

As a pediatric provider, another thing I have noticed is that I'm always working with family systems and have had to put on my therapy hat a lot more than I anticipated going into assessment full-time. However, it is something that I love to do, and I am grateful to have strong therapy training because I am constantly navigating complex family systems. Sometimes I have families come in really tense and I must navigate

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those tense sessions while ensuring that I can gather the information that I need. Learning family therapy as a pediatric provider can be helpful because that will very much come into play. The other thing I will bring attention to is to ask supervisors to teach you about school systems and special education laws. It is so different across different states, but it is important as it impacts the way you think about recommendations and knowing what the family has access to in terms of a specific school district.

How can ANA support you?

This is something that I have been thinking about, and I don't know if it has been done within ANA, but a peer consultation group. ANA is such a warm wonderful family, and a peer consultation group within ANA would be cool. Once people hit independent practice it can feel very isolating in the sense that you are talking to colleagues at work and maybe you have a question you want to post it on the AACN listserv, but it can feel a little intimidating sometimes. Perhaps it could be helpful for either clinical work or cross-cultural topics (which is naturally happening in our SIGs), but also talking about tough cases, conflicts, or access to resources.

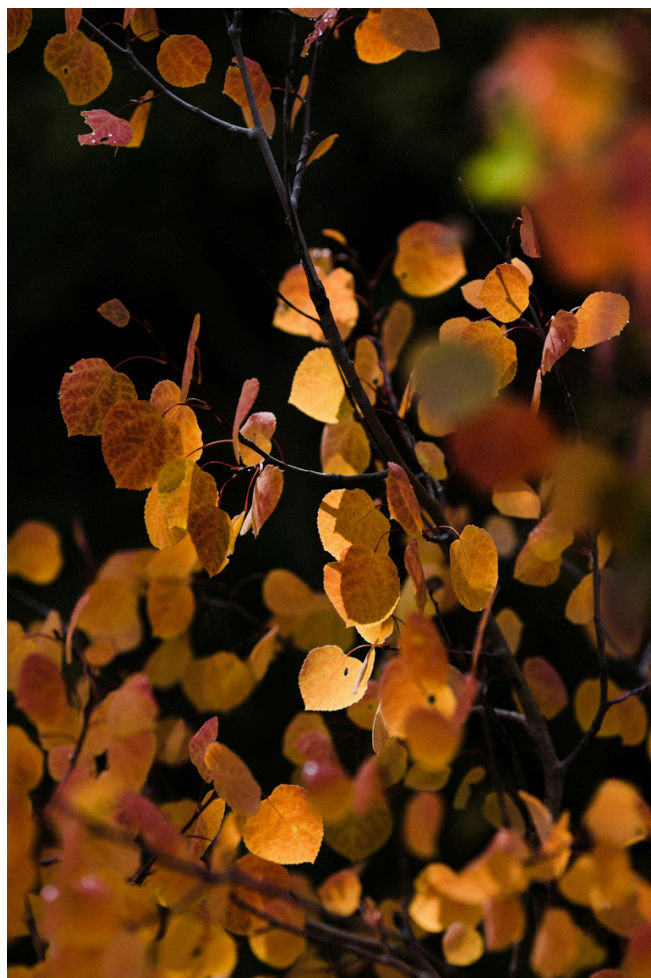


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RESEARCH HIGHLIGHTS

BY JAS CHOK, M.S. & NUMFON VILAY, M.S.

Diaz, A.D., McNeill, A.M., Miceli, E.S., Lagman, J., Bonatakis, J., Pathak, M. (2024). Bio-Pscho-Sociocultural lens highlights racial and ethnic inequities in neuropsychological outcomes following COVID-19. *Journal of Pediatric Neuropsychology*, 10, 30-48.

Numerous disparities arose due to the COVID-19 pandemic, particularly its impact on marginalized children. For instance, children from low socioeconomic (SES) backgrounds faced significant challenges, including limited access to technology for education and disruptions to school-based food programs. Despite the increasing awareness of these inequities, there remains a dearth of research on the neuropsychological outcomes following a COVID-19 infection in pediatric populations. This study aims to identify factors contributing to the inequities and their neuropsychological effects on children using a bio-psycho-sociocultural model.

Analysis of public data from the CDC (Centers for Disease Control and Prevention) and literature reviews revealed significant gaps in reported data for children aged 5-15, specifically regarding race and ethnicity, which were often miscategorized. These gaps in data collection and reporting highlight the existing



PHOTO COURTESY OF YANNIS H

structural inequalities. Neuropsychologically, pediatric populations were found to be at greater risk of contracting COVID-19 and developing severe complications such as multisystem inflammatory syndrome (MIS-C) or long COVID. Data also demonstrated psychological effects on adolescents, particularly increased anxiety and depression, with multiracial individuals experiencing higher rates of depression. Moreover, children from ethnically and racially diverse low SES households were disproportionately affected by the pandemic's health and socioeconomic challenges.

Overall, the impact of COVID-19 on children involves comorbid bio-psycho-sociocultural factors that can exacerbate or reduce neuropsychological and psychological outcomes. Insights into systemic issues (e.g., limited access to healthcare, education, or resources, medical mistrust, and intergenerational trauma) underscore the challenges faced by marginalized children. These findings provide valuable information for improving access to care and support for children across various settings.

Ng, R., Chin, E., Hong, Y., Zhou, X., Tan, A. (2023). Performing pediatric neuropsychological evaluation with Chinese patients: A narrative review of the literature and recommendations for practice, *The Clinical Neuropsychologist*, 37(5), 930-958.

Many current neuropsychological assessments are developed for WEIRD (Western, Educated, Industrialized, Rich, and Democratic) populations, limiting their cross-cultural applicability and developmental accuracy for minority groups. This paper addresses the need for culturally adapted measures tailored

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specifically for Chinese children, who often navigate between Western and Chinese cultural values.

While translated tools exist for Chinese pediatric populations, with areas of executive functioning and attention relatively well-covered, many are direct translations with inaccuracies and minimal cultural adaptations. They lack thorough cross-cultural validation and are limited to assessing conditions such as attention-deficit/hyperactivity disorder and autism spectrum disorder. Indigenous, culturally informed measures are needed, particularly for evaluating culturally nuanced expressions of internalizing and externalizing behaviors in this population. Additionally, performance-based assessments, which provide crucial objective evaluations of cognitive functions, are scarce for Chinese youth, especially in areas like social cognition and language. Psychometric validation studies and normative data for Chinese children are limited, primarily focusing on school-age children, with few tools for younger or adolescent age groups. Existing norms also rarely account for developmental differences, bilingual or multilingual backgrounds, and unique cultural expectations around intelligence and success, which are central for accurate assessment and interpretation.

Overall, the paper emphasizes the critical need for culturally sensitive measures, expanded normative data, and tools that reflect diverse socio-cultural backgrounds, including bicultural identities and dialects among Chinese youth. The authors propose using an integrative framework, ECLECTIC (Education and literacy; Culture and acculturation; Language; Economics; Communication; Testing situation; Intelligence conceptualization; and Immigration context), to inform test selection, interpretation,

and recommendations for this population. Future research should focus on developing ecologically valid, age-stratified norms and diversifying informant sources to include teachers and self-reports for culturally informed care.



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NAN CONFERENCE 2024 “AT THE CORE OF COGNITION”

AUSTIN, TEXAS



**CONGRATULATIONS TO DR. DARYL FUJII ON RECEIVING
THE TONY WONG DIVERSITY AWARD - MENTOR AT NAN
2024!**

FALL RECIPES



**BROWN BUTTER & MAPLE CHEWY
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