Title

Clinician as Bicultural Coach: Integrating Bicultural Identity and Bicultural Competence Into Psychotherapy

Journal

Cognitive and Behavioral Practice, 33(3)

ISSN

10777229

Authors

Liu, Nancy H

Diaz, Marlen

Publication Date

2026-08-01

DOI

10.1016/j.cbpra.2025.12.003

Peer reviewed

Available online at www.sciencedirect.com

ScienceDirect

Cognitive and Behavioral Practice xxx (2026) xxx–xxx

Cognitive and Behavioral Practice

www.elsevier.com/locate/cabp

Clinician as Bicultural Coach: Integrating Bicultural Identity & Bicultural Competence into Psychotherapy

Nancy H. Liu and Marlen Diaz, *University of California, Berkeley*

Clinicians rarely receive training in integrating acculturation into cognitive-behavioral therapy (CBT); however, shifting demographics in the U.S. make this increasingly important. Most evidence-based psychotherapies (EBPs) assume a monocultural, and especially dominant culture, frame of reference which goes against findings from the acculturation literature. Few EBPs integrate sources of acculturative resilience—namely, bicultural identity and bicultural competence. In the clinician as "bicultural coach" approach, we demonstrate how clinicians can incorporate this additional acculturative lens for clients who have experienced acculturation-related stress and build bicultural skills. Through clinical illustrations across a range of CBT assessment, case formulation, and intervention skills that address intrapersonal, interpersonal, and societal domains, we show how this clinician as "bicultural coach" approach adds depth and dimension, thereby enhancing the cultural sensitivity and ultimate relevance of CBT for diverse clients.

"*The test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function*"
– F. Scott Fitzgerald (1936)

Setting the Frame

Global interconnectedness, geographic mobility, and political violence, among others, have contributed towards an increasing number of immigrant families, mixed-race individuals, and multicultural communities worldwide. Asian American and Pacific Islanders (AAPIs) and Latinos are the fastest growing groups in the U.S.; the former grew by 81% between 2000 and 2019 and the latter accounted for nearly 20% of all Americans in 2020 (Pew Research Center, 2021; Pew Research Center 2022). In addition, a quarter of U.S. children have at least one immigrant parent (U.S. Census Bureau, 2022). While AAPIs and Latinos as ethnic / racial groups differ in important ways, the psychological literature has extensively examined an important concept in both—the role of acculturation.

Acculturation as a psychological construct has been studied for decades (e.g., Berry, 1997; Szapnocnik et al., 1984; Schwartz & Zamboanga, 2008; Schwartz et al., 2010). It refers to the process through which an individual from one culture (i.e., heritage culture), such as an immigrant, integrates with another culture (i.e., nonheritage, host, mainstream, or dominant culture; Suinn, 2010). A robust literature documents the detrimental effects of acculturative stress, i.e., the stress reaction in response to life events that are rooted in the experience of the acculturation processes (Berry et al., 2005). These include increased risks for intimate partner violence, anxious and depressive symptoms, and eating disorders (see Caetano et al., 2007; Sirin et al., 2013; Kalantzis et al., 2023). Further, overorientation to the dominant culture and loss of connection to the heritage culture (i.e., known as assimilation) can lead to maladjustment and interpersonal conflicts (e.g., Lui, 2015). Fortunately, several meta-analyses have provided clarity around sources of resilience in acculturation: bicultural identity and bicultural competence (e.g., Nguyen & Benet-Martinez, 2013; Ferguson et al., 2023). Furthermore, our understanding about acculturation over the years has expanded, as a multidimensional construct of practices, values, and identifications (Schwartz et al., 2010), and the bicultural

Keywords: Diversity; Evidence-based psychotherapy; Acculturation

Please cite this article as: Liu and Diaz, Clinician as Bicultural Coach: Integrating Bicultural Identity & Bicultural Competence into Psychotherapy, https://doi.org/10.1016/j.cbpra.2025.12.003

category appears to contain within-group variants (Schwartz & Zamboanga, 2008).

To date, most incorporation of acculturation into evidence-based psychotherapies (EBPs) has focused on immigrant family interventions for children (e.g., Szapnocnik et al., 1984). As they have come of age, these adult children of immigrants face significant stressors related to life transitions, such as increased responsibility, role transitions and conflicts, identity exploration, and psychological distress (e.g., Arnett, 2014). The limited incorporation of acculturation into EBPs can leave clinicians, and their clients, unequipped to navigate and negotiate real-world experiences. In some cases, it may even lead to harm. For example, a well-meaning clinician may unintentionally serve as a source of assimilation: by imposing one set of cultural norms (i.e., values, concepts, and behaviors) over another, they may exacerbate preexisting acculturative stress and intergenerational cultural conflicts (e.g., Lui, 2015) and worsen long-term well-being.

These concerns have entered wider societal discourse. One National Public Radio (NPR) piece describes psychotherapy as "bound by many Western ideas and rooted in whiteness" due to its inability to address bicultural issues (White, 2024). But these criticisms are not new; they have been echoed by diversity experts for decades: mainstream psychotherapy may be "inherently ethnocentric" (Wendt et al., 2015, p. 334) and "a form of social control toward majority norms" (Hall & Malony, 1983, p. 139) by overemphasizing individualism (Chen et al., 2006; Markus & Kitayama, 2010), devaluing ethnic / racial identity (Chou & Feagin, 2015), and overlooking the influence of contextual and societal factors on behavior (Neblett, 2023). Recently, Sue et al. (2024) reiterate these criticisms in a special issue in the *American Psychologist,* naming the "White epistemology" (p. 595) still embedded within psychotherapy theory and practice. As a field, psychology's evidence base has been criticized for drawing from restricted ranges (e.g., Bradford et al, 2024; Henrich et al., 2010; Thalmayer et al., 2021). Its workforce also lacks diversity. As of 2018, 84% of psychologists are White (APA, 2020). This may further explain the persistence of a monocultural—rather than bicultural—framework and the relative omission of acculturation concepts into clinical practice. These gaps potentially grate at the public's confidence in the most effective EBPs, like cognitive-behavioral therapy (CBT), especially for minoritized groups who already underutilize services (e.g. Bessaha et al., 2020; Saechao et al., 2012).

Although cultural adaptations have significantly advanced EBPs (e.g., Munoz & Mendelson, 2005), these typically omit acculturation-related issues and emphasize group-based characteristics. For example, the values of *familismo, machismo, marianismo, respeto,* and *simpatía* in Latinos (Galanti, 2003) or filial piety, conformity, emotional control, and humility in AAPIs (Park & Kim, 2008) are commonly cited as those held by the wider group; however, these values only represent one dimension of the acculturative experience and descriptions often assume uniformity within groups. Dominant cultural adaptation frameworks, such as that by Bernal and colleagues (2009), are inherently nomothetic, adapting treatment to a cultural *context* and aiming to meet the needs of the modal person within that group. As a result, the acculturating individual caught between or in conflict with two or more competing cultural reference points is neglected; moreover, idiographic ways that an individual might creatively synthesize or navigate two or more cultures—as a source of resilience—is overlooked. Similarly, cultural competency trainings focus on clinician knowledge, attitudes, and skills about particular groups (e.g., race, religion, sexual orientation) and usually on single cultural identities with limited emphases on experiences of discrimination and bias (Chu et al., 2022). The neglect of this acculturation literature overlooks the real-world experiences of those caught between two or more cultures and endorsing varying degrees of wider group-based cultural values. At an extreme, it also runs the risk of cultural essentializing: where cultural values are assumed to be fixed rather than fluid and viewed as essential to the character of an individual.

In this paper, we bridge this research-practice gap by presenting an approach of the clinician as a "bicultural coach." This approach integrates the relevant literature on acculturation, acculturative stress, context, and sources of resilience—namely, bicultural identity and bicultural competence (e.g., Ferguson et al., 2023). Although our focus is on biculturalism, given that most of the research has centered on this construct, we recognize that increasingly clients identify as coming from more than two cultural backgrounds and identities. Therefore, biculturalism, as described here, is simply a starting point for understanding an individual within their broader multicultural contexts. Inherent within biculturalism is also recognition that individuals can blend various cultural values, practices, and identities into their own unique syntheses (e.g., Benet-Martinez & Haritatos, 2005) and that there are multiple, creative possibilities within the bicultural category (Schwartz & Zamboanga, 2008). It is our assumption that this leaves room for drawing from more than two cultures that, as yet, has not been well-articulated in CBT practice. We provide practical illustrations and demonstrate how integrating these approaches can strengthen treatment

planning, enhance personalization and cultural sensitivity of CBT, and bring the wider societal and cultural contexts, such as the context of reception, into the therapy room. We guide clinicians towards addressing a fuller range of needs in acculturating individuals and developing resilient, bicultural ways of being.

Clinician as Bicultural Coach: In Practice

In this section, we provide a framework to guide the clinician as bicultural coach (BC). It presumes the BC takes an active role, learning about and integrating acculturation concepts, finding those areas that are relevant for the client, and unlearning a monocultural frame of reference that may underlie some EBPs. Given this work integrates meso-level constructs (e.g., Bronfenbenner, 1994), we integrate cultural sociology concepts, namely cultural repertoires or scripts (Lamont & Thevenot, 2000; Swidler, 1986; for a theoretical rationale, see Liu & Chen, 2025) and experiences of discrimination. Thus, we first define these sociological and acculturation-related constructs (Table 1), highlight sources of bicultural resilience (Table 2), and integrate these constructs into recommendations that build a CBT bicultural case formulation (Table 3). Next, we focus on subsequent intervention skills, which integrate well-documented sources of resilience: bicultural identity and bicultural competence (see Table 4). Finally, we compare and contrast approaches with and without this clinician as BC framework (Tables 5 and 6). Throughout, we demonstrate how EBPs as usual may implicitly (or explicitly) endorse, prioritize, or impose one set of cultural norms while neglecting or overriding another—a monocultural frame of reference—potentially exacerbating acculturative stress.

While we expect that this approach contains principles that can be thoughtfully applied across many groups (including dominant groups), for the purposes of this paper we focus on 1.5- or second-generation AAPI and Latino / a emerging adults in the U.S. whose nonheritage culture or dominant culture refers to Western or North American cultural values, as the acculturation literature has largely focused on these groups. They are also the largest ethnic / racial groups and share many cultural values, including a strong work ethic, value of education, strong family and social bonds, interdependent self-construals (also known as collectivistic values), and high rates of bilingualism, which are known to increase access to and connection with heritage cultures (e.g., Hill & Torres, 2010; Juang & Takagi, 2007; Pew Research Center, 2015). Additionally, the "immigrant paradox" (i.e., greater mental and physical health problems present in US-born individuals compared to their foreign-born counterparts) applies to both groups, and they face similar stressors, including the role of generational status, family conflicts, and discrimination (Alegria et al., 2008; Takeuchi et al., 2007; Alegria et al., 2017). As with any minoritized population, however, these groups are not monoliths; given considerable within-group heterogeneity, this approach assumes the requisite individualized tailoring characteristic of CBT.

Bicultural Case Formulation: Attribute to Acculturation

CBT case formulation uses a hypothesis-testing empirical approach that is guided by assessment, formulation, and intervention (Persons, 2012; Persons & Tompkins, 2022). Information obtained during assessment helps to develop a formulation, i.e., hypotheses about the maintaining causes of the client's presenting problems that is the basis for intervention (Persons & Tompkins, 2022). Therefore, the first step is to apply an acculturation lens by asking whether a client's presenting problems benefit from incorporating acculturation constructs (summarized in Tables 1 and 2). During this process, the BC self-reflects for any monocultural frame of reference, noting any tendencies towards assimilation (i.e., emphasizing dominant cultural norms only, omitting or overlooking heritage culture norms), and whether an additional acculturative lens might be relevant (see Table 3).

Next, the BC gently probes the client's acculturation experiences, helping the client reflect on and understand their own ethnic / racial cultural identity and acculturation processes, and explore their relationship with various cultural scripts. This can occur through careful listening for acculturation themes, even if the client has not named them or remains unaware. Self-report tools, such as the Vancouver Index of Acculturation (Ryder, Alden, & Paulhus, 2000) and Stephenson Multigroup Acculturation Scale (Stephenson, 2000) can be helpful for gathering quantitative ratings of adherence of values, practices, and adherence to different cultures. Additionally, a collaborative review of responses to individual items might help guide qualitative conversations with the client, exploring their own understanding of the various values, practices, and identities they have adopted and how this might have occurred. Often clients present with distress associated with acculturation-related conflicts but may be unfamiliar with these terms. Through giving a name to these experiences, the BC may normalize these common stressors. The BC is simultaneously providing psychoeducation and validation. Through this process, the BC identifies cultural scripts relevant to the client, as well as those within the client's greater context (e.g., cul-

Table 1
Sociological & Acculturation Constructs for the Bicultural Coach

Construct	Definition
Frame	Sociological concept which refers to a lens through which individuals observe, interpret, and analyze social life. Frames are ways of understanding how the world works and understanding the different frames the self and others uses in employing their decision-making process (Goffman, 1974).
Cultural repertoires or scripts	Cultural sociology concept defined as "a set of knowledge, skills, and symbols that provide the materials from which individuals and groups construct strategies of action, compose a 'cultural toolkit' that people mobilize to inform their behaviors. [They] provide individuals with resources to make sense of their lives and coordinate actions . . . People draw on cultural tools to construct their goals and anticipate the outcome of behaviors in working towards those ends. Within repertoire theory, the ability to predict and imagine the future motivates theories of action" (Swidler, 1986; Zilberstein et al., 2023, p.349). Scripts can be embedded within institutions and exert a powerful influence in shaping values, beliefs, ideals, and behaviors and capture the interaction of culture and social structure (Swidler, 1986). They can include, among others, those scripts related to self-construals (e.g, independent and vs. interdependent; Markus & Kitayama, 1991), parenting norms (e.g., training vs. promoting autonomy; Luo & Song, 2013), sociopolitical values (e.g., neoliberalism / capitalism; Adams et al., 2019), gender norms (e.g., traditional norms of masculinity; Bennett et al., 2023), and immigrant vs. non-immigrant tendencies (Boneva & Frieze, 2001). Other cultural scripts that have been identified include those related to the American dream, therapeutic culture, ordinary cosmopolitanism, and the Gen Z cohort narrative (Zilberstein et al., 2023). As a flexible tool, they provide an antidote to cultural essentializing and transcend countries of origin or ethnic / racial categories. Elements of cultural scripts can be uniquely blended by individuals / groups.
Acculturation	Process of change that occurs when two or more cultures interact, particularly when an individual of one culture (i.e., heritage culture) learns and adapts to another, often the dominant culture. It refers to changes that takes place following contact with culturally dissimilar people and social influences (Berry, 2003; Schwartz et al., 2010; Suinn et al., 1992; Suinn, 2010). Acculturation processes can be complicated and dynamic, involving nonlinear, bi-directional, multidomain effects, and reflect an ongoing weaving and editing of a tapestry of cultural scripts (Nguyen & Benet-Martinez, 2013).
Assimilation	A strong orientation to the non-heritage, mainstream, or dominant culture only and often associated with poor mental health and psychological adjustment (e.g., Berry et al., 2005; Gupta et al., 2013).
Acculturative Stress	Stress reaction in response to the challenges of adapting, adjusting and navigating a new culture's practices, values, norms, and identities (i.e., rooted in the experience of acculturation; Berry et al., 2005).
Acculturation Mismatch	Differences in behavioral and cultural values between two individuals or groups, such as within immigrant families, usually between an immigrant parent and their offspring (Lui, 2015). Mismatch between an immigrant youths' preferred acculturation strategy and their peer group can also prompt peer rejection or interpersonal conflict (Ferguson et al., 2023).
Context of Reception	Ways in which the receiving society or surrounding environment constraints and directs the acculturation options available to migrants (Schwartz et al., 2010). The goodness (or poorness) of fit of the heritage culture and the receiving context in which the individual is embedded can be actual or perceived. Receiving societies may have different attitudes towards different ethnic groups, based on socioeconomic class differences, and reasons for migration. One that is unfavorable may result in acculturative stress, discrimination, limited access to resources, and systemic marginalization.
Acculturation Gap-Distress Theory	Theory positing that differences in acculturation, behavioral preferences, cultural values, and self-identities between immigrant parents and their adult children leads to intergenerational cultural conflict, which in turn leads to poorer mental health for the younger generation (Portes & Rumbaut, 1990).

Table 2
Bicultural Constructs for the Bicultural Coach

Construct	Definition
Ethnic / Racial Identity (ERI) & Ethnic / Racial Socialization (ERS)	ERI refers to the personal significance and meaning of race, ethnicity, and related cultural values and cultural repertoires, which significantly influence self-esteem, psychological adjustment, and well-being. It can be understood in terms of private regard (i.e., positive feelings about group membership) and public regard (i.e., perceptions of how favorably others view the group; Neblett et al., 2012; Neblett, 2023).ERS refers to messages (usually from parents) about the significance and meaning of race that helps to foster an individual's racial identity. This can include teachings about racial / ethnic heritage and history, promoting pride, preparation for how to manage bias, and some promotion of mistrust among dominant groups (Neblett, 2023).
Biculturalism	Identification with both heritage and dominant cultures, which is typically associated with positive adjustment outcomes (e.g., Ferguson et al., 2023).
Biculturation	The acculturation process that guides an individual towards bicultural identity and bicultural competence, recognizing the multidimensional demands of the bicultural environment, ultimately resulting in biculturalism. It is understood that there can be variability within the bicultural category, including individual-specific synthesizing of cultures into a unique blend of combined cultures that is dynamic and can change over the course of one's lifetime (Schwartz et al., 2010; Benet-Martinez & Haritatos, 2005).
Bicultural Identity	Degree to which an individual combines and develops their sense of self as it pertains to their two cultural identities in terms of the harmony (versus conflict) and blendedness (versus compartmentalization) they experience between them (Ferguson et al., 2023). There may also be individual differences in *how* one negotiates and combines the two cultures (Nguyen & Benet-Martinez, 2013).
Bicultural Competence	Presence of sociocultural competence in both heritage and dominant cultures, reflecting mastery over cultural values, norms, behaviors and communication skills, leading to successfully responding to the demands associated with both cultures. It is associated with enhanced integrative complexity, intellectual flexibility, and creativity. It usually includes having social support networks from both cultures and the process of negotiating two cultures may translate to greater integrative cognitive strengths (Nguyen & Benet-Martinez, 2013; Safa & Umaña-Taylor, 2021). That said, there is significant variability in how this competence manifests as people manage and experience multiple cultural scripts differently (Benet-Martinez et al., 2002).
Cultural Frame Shifting	Process by which individuals access and apply two cultural scripts in response to bicultural environment and everyday social situations. Due to often incompatible or incongruent cultures, this shifting is associated with greater cognitive complexity, but also a greater cognitive and emotional "tax," leading to the mental health problems including attentional and memory lapses (Benet-Martinez et al., 2006; Lau et al., 2013; Madore et al., 2020).
Code-Switching	Behavioral repertoire used by individuals from marginalized groups to alter how they present or express themselves to gain acceptance from dominant groups. It involves the "temporary 'switching on' or adjustment of behaviors to optimize the comfort of others in exchange for a desired outcome" (McCluney et al., 2021; Crumb et al., 2023).
Code-Shifting	Code-shifting incorporates both **cultural frame shifting's** access and application of cultural scripts and **code-switching's** *temporary* adjustment of behaviors to navigate the bicultural environment and is reflective of an individual's bicultural competence. For this skill, we use the metaphor of building a muscle or cross-training, given the agility that is developed with navigating and negotiating various cultural scripts and learning how to respond appropriately depending on the context and situation, while balancing individual needs and situational demands.

Table 3
Additional Bicultural Coach Domains to Consider for a Case Formulation

Bicultural Coach Domain	Sample Areas of Assessment, Validation, or Psychoeducation	
Clinician acculturation self-reflection	Assessment	• *Do my values and assumptions about psychotherapy reflect a monocultural frame of reference*? This might include: o Individualistic focus o Overlooking role of acculturation in clinical concerns o Omission of larger cultural and interpersonal context o Neglect of the adaptive role of bicultural identity and bicultural competence • *Are there ways I might inadvertently serve as an assimilating force by imposing monocultural values and norms?* This might include: o Discomfort talking about cultural pride, ethnic / racial identity and socialization, religion o Prioritizing the behavioral norms of one cultural script over others (e.g., independent, interdependent, therapeutic self)
	Validation	• *No one ever taught me this. It's going to take time for me to learn.*
	Psychoeducation	• *How can I expand my frame of reference to include drawing from additional cultural scripts*? This might include: o Reviewing scientific literature on cultural differences (e.g., independent / interdependent self-schemas) o Popular media (e.g., movies / films, books / memoirs, podcasts and other accounts of bicultural identity or acculturative tensions)
Intrapersonal acculturation tensions	Assessment	• *What is the client's ethnic / racial identity and their perceptions of that identity?* • *Which values, practices, and identifications from various cultures does the client hold?*[a] • *How might acculturation processes be contributing towards the client's presenting problems?* • *What is the client's relationship with their heritage (e.g., South Asian) and dominant (e.g., American) cultures?* This might include exploring their relationship to and understanding of the various cultural scripts identities from which a client draws their values, practices, and identities: o Language(s) spoken, dominant and preferred language(s) o Social affiliations (friends, romantic partners, media consumed) o Daily living habits o Cultural traditions & practices o Interpersonal communication styles o Cultural identity / pride o Perceived discrimination / prejudice o Family socialization o Cultural knowledge, beliefs, and values • *Does the client exhibit self-attribution biases that could be due to acculturation tensions?* For example: o <u>Over-personalizing:</u> ■ "*What is wrong with me?*" o <u>Labeling</u> ■ "*I am different.*"
	Validation	• Attribute to acculturation o "*You are learning how to navigate the conflicting expectations and norms of two very different cultures.*"

Table 3 (*continued*)

Bicultural Coach Domain	Sample Areas of Assessment, Validation, or Psychoeducation	
		o "*You grew up with strong interdependent values in your family and learned to value humility. It's going to take some time for you to be more assertive and self-promotional at work and figure out how to live out your value in this context. Perhaps you can do this in a way that also supports your colleagues.*"
	Psychoeducation	• Acculturative stress • Acculturation mismatch[b]
Interpersonal acculturation tensions	Assessment	• *What is the client's immigration context?* o Past: Family or individual's voluntary migration (e.g., international students, expatriates) vs. involuntary migration (e.g., refugees seeking asylum) o Current: Neighborhood ethnic composition, discrimination from dominant group members, country's immigration policies, dominant group's attitude towards the ethnic / racial minority group and acculturation • *What was the ethnic density of the client's upbringing? Were they around an ethnic enclave or was there a lack of diversity?* o "*What was it like for you to grow up around mostly people who are White? How did your social circles change over the years? What do you think being South Asian has meant for you? How has it affected the way you see yourself in the world?*"[c] • *What is the acculturation status of the client's primary social support? Family members? Peers? Important close others*? o This might include assessing areas such as interpersonal context, media consumption, foods, languages spoken, religious communities, etc. • *Are there any common acculturation conflicts the client experiences?* o Intergenerational acculturation conflicts may differ significantly from dominant culture intergenerational conflicts. This may include conflicts due to differing race / ethnicity of romantic partner, gender roles, etc.[b] • How can the clinician as bicultural coach help the client become more aware of the differences in norms / values across various contexts? • *Do attribution biases of others exist that could be due to acculturation tensions?* For example: o Labeling: ■ "*My parents are too strict and demanding.*" ■ "*Everyone is just out for themselves.*" o Jumping to conclusions: ■ "*They won't let me live my own life!*" ■ "*I don't fit in at this workplace.*"
	Validation	• Validate the tension o "*On the one hand, you understand that your parents want you to marry someone who is South Asian because they want you to keep the value system and worry about your losing that after your family moved here; but on the other hand, you have found a partner who is not South Asian, feel a special connection with her, and know that she is open and curious about connecting with your heritage.*"

(*continued on next page*)

Table 3 (*continued*)

Bicultural Coach Domain	Sample Areas of Assessment, Validation, or Psychoeducation	
	Psychoeducation	Cultural differences in relationship norms. For example: • Parenting styles and parenting goals related to o Training and instrumental support[d] vs. nurturance and warmth o Fostering interdependence vs. autonomy and self-esteem
Societal acculturation tensions	Assessment	• *In what ways does the client receive messages from a monocultural frame of reference in their larger context?* o This can include differences in cultural norms and values in peer groups, work / educational context, from mass media, and general perceived "norms" and "expectations" that may reflect a monocultural frame of reference. o How do these societal messages conflict with their upbringing and acculturation level? • *What was / is the concept of reception? If a poorness-of-fit, what systematic barriers were present?* o "*What do you think are the public perceptions (in this dominant context) towards your heritage culture?*"
	Validation	• Help the client become more aware of the differences in norms / values across various contexts and integrate the context of reception o "*I wonder if some of this might be due to some of the differences between how you grew up and the messages you hear around you in society, movies, in your social circles...?*" o "*Your friends are all telling you that you should marry whomever you want and you are free to choose; but this is very different compared to what is expected in your family, especially as the oldest son and your parents' arranged marriage. You must feel a lot of pressure and having so few who get that might be quite isolating.*"
	Psychoeducation	Acculturation Gap-Distress TheoryEthnic-Racial Identity and Socialization[e]

[a] consider using acculturation self-report tools from SAMHSA, 2014.
[b] see Lui, 2015.
[c] adapted from Morris & Rawlings, 2022.
[d] Cheah et al., 2015.
[e] see Neblett 2023.

tural scripts in interpersonal, work / school, and societal settings). Although no exhaustive list of cultural scripts exists, it can be helpful to draw examples from existing cultural competency, adaptations, and cultural scripts research (see Table 1).

Next, the BC guides the client in noting how scripts might conflict or create tension and provide validation about the stress related to navigating and negotiating these conflicting scripts. At this stage, the BC is particularly attuned to the client's attributions. Guided questioning and exploration using examples in Table 3 can be useful for assessing, providing psychoeducation about, and validating the following domains of acculturative tensions: (a) intrapersonal (e.g., reflecting on one's identity socialization, values, and desired behaviors when confronted with acculturation conflicts, such as feelings of isolation or identity confusion); (b) interpersonal (e.g., adjusting to various cultural values that are transmitted through family or peer groups, and difficulty navigating and negotiating social situations due to competing cultural scripts); and (c) societal (e.g., individual and interpersonal processes interacting with larger systems, including challenges meeting expectations from cultural scripts in work / school settings, extended family, mass media, societal norms, and contexts of reception). Context of reception is defined as "the ways in which the receiving society constrains and directs the acculturation options," and can be likened to a goodness-of-fit, where an unfavorable context of reception may include systemic barriers, such as

Table 4
Bicultural Coach Case Formulation Summary

Presenting Problem: Anxiety at work; tension within work setting that requires assertiveness, self-promotion, and competition; questions one's own ability and competence after recently getting overlooked for a promotion, frustrated about uncompensated extra work

Intrapersonal Acculturation Tensions	**Interpersonal Acculturation Tensions**	**Societal Acculturation Tensions**
• Latina, Mexican-American • Speaks Spanish but prefers English • Family cultural scripts o Interdependence, hard work, humility • Conflicted about heritage culture o "*I used to be really proud of my culture, but sometimes I'm frustrated with myself.*" • Attributions: o Over-personalizing: ■ "*Why is this so hard for me?*" o Labeling ■ "*Why am I not as confident?*" ■ "*People are so self-centered!*"	• Grew up in predominantly Latino neighborhood • Parents immigrated about 30 years ago • Ethnic / racial identity and socialization: o "*My parent were always telling us to avoid confrontation or drawing attention to ourselves for fear of deportation.*" o "*I wanted to be like the White kids at my school, like more assertive. I was always a scared / nervous kid.*" o "*I was told by others, 'You're the shy, quiet Latina—why aren't you more spicy?'*"	• Societal norms and expectations o "*I learned in college that you have to speak up, exude confidence, toot your own horn, have charisma.*" • Corporate work setting cultural scripts o "*At work I need to be assertive and confident if I want my colleagues' respect. I've seen this rewarded at my company.*" • Family cultural scripts o My family would say, "*Who do you think you are now? This fancy job has changed you!*"

Building of Bicultural Identity and CompetenceValidation & Psychoeducation: "*At work, your colleagues really values confidence, assertiveness and getting ahead, but you grew up hearing that it was better not to flaunt your accomplishments or draw attention to yourself. It makes sense that those tendencies don't come naturally to you and may even feel uncomfortable.*"

My Family Cultural Script	**My Workplace Cultural Script**	**Bicultural Possibilities**
Values: • *I don't take for granted where I am and how far I've come* • *My family is proud of how much I've achieved* • *I like to contribute to others, I care about others a lot*Limitations: • *Sometimes I want to let my family know that I'm confident and proud too* • *Sometimes I apply that hard work ethic on tasks that no one really cares about, maybe I don't need to spend so much time on those* When to use this: • *When I don't feel like I need to get ahead in work, maybe I can use that extra time to get to know my coworkers better* • *Around my family, parents, and cousins*	Values: • *Although I have to be more assertive and promotional about my accomplishments, it helps me get recognized for my hard work through promotions* • *I feel competent, good at what I do, and it helps me feel more motivated to compete and do well at my work*Limitations: • *It feels like I'm performing* • *It feels inauthentic* • *I get anxious doing it sometimes and it sometimes feels like it conflicts with my values of humility*When to use this: • *When I have a presentation at work or need to be compelling, like when the big boss comes in* • *When I want to stand up for something that is unfair / unjust*	• *I didn't grow up with this; it's going to take time for me to learn how to do this at work* • *I am learning how to navigate the expectations and norms of these two very different cultures* • *It really is taxing on me to have to navigate these two things and "code-shift" across places, but I am doing the best I can* • *There is an executive at my company, she is Latina and seems to balance confidence, self-promotion, and humility all in one. Maybe I should ask her to get coffee sometime and to learn more about her and her journey*

Table 5
Marriage Case Example: Comparing Clinician as Bicultural Coach versus Monocultural Psychotherapy

Acculturation Construct	MonoculturalPsychotherapy	Clinician asBicultural Coach
Acculturation	Ethnic-racial identity (ERI) and ethnic-racial socialization (ERS) as one-dimensional and static. • "*For you, what are the most important aspects of your background or identity?*" (Cultural Formulation Interview, American Psychiatric Association)	Assesses acculturation practices, values, and identifications developmentally and currently across the individual and relevant interpersonal contexts, recognizing that these are fluid and dynamic constructs. Guides the client towards exploring the various cultural scripts from which they draw including from their own family, interpersonal, and wider society contexts. This may include active exploration through asking family members, seeking out social groups, self-study related to popular media (e.g., film, memoirs, podcasts).
Assimilation	Implicitly or explicitly imposed through cultural scripts that come from a monocultural framework—this can occur through the omission of acculturation-related constructs and / or holding one dominant cultural script as the frame of reference. • E.g., "*Who cares what other people think? What matters is what YOU want to do.*"	Viewed as problematic; focuses instead on building bicultural identity and bicultural competence as a source of resilience and careful not to impose a monocultural lens in psychotherapy.
Acculturative stress—Intrapersonal tensions	Monocultural frame of reference with implicit or explicit increase of detrimental effects through endorsing of the dominant culture. • E.g., "*You are taking on too much responsibility for others.*"	Assesses intrapersonal tensions attributable to acculturative stress developmentally and currently. Validates these tensions and attributes them towards acculturation rather than self-blame or similar judgments. • Rejects need to decide which cultural script is "more correct." • Guides the client towards self-validation through seeing intrapersonal tensions through conflicting cultural scripts.
Acculturative stress—Interpersonal tensions	Monocultural frame of reference with some labeling or judgment. • E.g., "*You are old enough to decide for yourself and your parents don't get to decide for you.*"	Assesses interpersonal tensions attributable to acculturative stress developmentally and currently. Validates these tensions and attributes them towards acculturation rather than labeling, blaming, criticizing, or similar judgments towards others. • Guides the client towards more empathy for self and others in cultural practices, values, and identifications, especially as each draws from various cultural scripts. • Looks for "intent vs. impact" and the underlying meaning of some behaviors according to various cultural scripts for a deepened empathy.
Acculturative stress—Societal tensions	Overlooks the discrepancy between larger societal culture norms and cultural scripts and how these may conflict with heritage culture norms and cultural scripts. This can include conflicts across different domains (e.g., work / school, peer groups). • E.g., "*Let's focus on assertiveness training.*"	Assesses ethnic-racial identity development and socialization, ethnic density, and other factors that have shaped the relationship an individual has with their heritage culture and dominant culture. • Recognize the various cultural scripts at play across the home / family, among peers, in work / school settings, and larger society / institutions. • Validate the additional load of navigating the different expectations and pressures of each.

Table 5 (*continued*)

Acculturation Construct	MonoculturalPsychotherapy	Clinician asBicultural Coach
Bicultural Identity	Overlooks the role of bicultural identity and bicultural competence in ERI and ERS development.	Fosters pride and public / private regard about both cultures in a balanced way through: 1) Recognizing and validating cultural scripts 2) Identifying values, tensions, and limitations of both scripts 3) Highlighting how both cultures are malleable and dynamic (strengthening both cultures)
Bicultural Competence	Overlooks bicultural competence or code-shifting as an effective strategy for dealing with conflicting cultural scripts. Emphasis may be on a monocultural script of individualistic cultural repertoires and may undervalue other cultural scripts, such as interdependence.	Guides the client in negotiating acculturation-based values and conflicts by: 1) Identifying when code-shifting between contexts, including work, family, friends / peers, romantic relationships might be feasible 2) Practicing code-shifting and how it feels to the client within their specific contexts 3) Clarifying deeper values from both scripts that may guide client to act one way in some situations and another way in others 4) Cultivating empathy and compassion for self and others as one navigates various scripts, understanding it to be a complex task

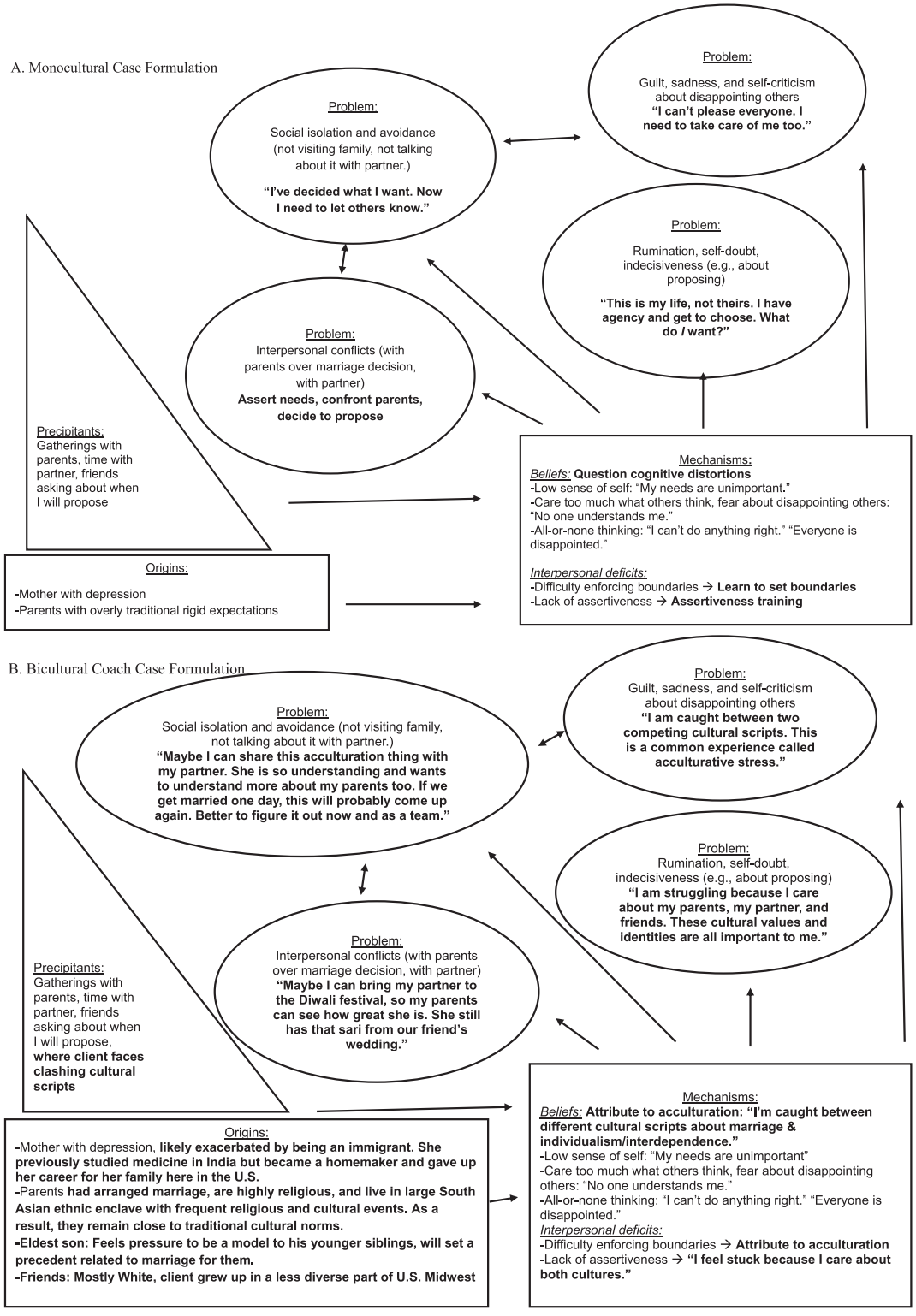
racism, discrimination, and limited access to resources, including jobs and promotions (Schwartz et al., 2010, p. 238).

To address attributional biases, the BC guides the client, through a combination of Socratic questioning and psychoeducation, towards alternative attributions, i.e., rather than blaming or labeling the self or others, the attribution instead is towards something external: acculturation tensions. The additional lens may help the client "attribute to acculturation." The BC provides psychoeducation around how acculturative stress can result from the complex and often dynamic interactions of two or more distinct—or even, clashing—cultural scripts at varying levels of one's social ecology.

Case Example: AAPI and Social Anxiety

In the example of social anxiety, Hong (2018) provides several AAPI case examples and incorporates cross-cultural research to provide guidance on how the BC might understand social anxiety through an acculturative lens. This includes areas of parental socialization of emotional suppression, hyper-attunement to social perceptions, and discrepancies between heritage and dominant cultural scripts. For example, psychoeducation helps the client see how, at a broad level, Asian social norms around emotional expression may appear inconsistent with those of Western norms and importantly, how these culturally normative behaviors can be less impairing for AAPIs (Hong, 2018). Treatment is also ultimately guided towards bicultural identity and bicultural competence, as described below. For example, a CBT protocol for social anxiety might incorporate elements from the above by describing the discrepancy between Asian and dominant culture social norms. As a result, a portion of the social anxiety might be attributable to these divergent social and emotional cultural scripts, even as other traditional CBT mechanisms for social anxiety also apply. In some cases, psychoeducation alone may itself be therapeutically effective. These initial activities parallel other EBP skills, like collaboratively sharing a case formulation: the BC clarifies whether the client's experiences reflect larger acculturation patterns, gives language to acculturation-related experiences, normal-

Table 6
Monocultural Case Formulation vs. Bicultural Coach Case Formulation: Expanded South Asian Marriage Case Example



izes tension and distress, aids the client in feeling less alone, and provides a path forward, towards resilience. In this way, the BC serves as knowledgeable guide, using a bicultural lens to consider problems in terms of their acculturative mismatch and navigating these tensions, through building bicultural identity and bicultural competence, described below.

Interventions: Building Bicultural Identity & Flexing the Code-Shift with Bicultural Competence

Several systematic reviews consistently find that incorporating both heritage and dominant cultural systems into a sense of self (i.e., bicultural identity), while strengthening the ability to successfully respond to the demands associated with each system (i.e., bicultural competence), are central to positive development and psychological and physical well-being (e.g., Ferguson et al., 2023; Safa & Umaña-Taylor, 2021; Nguyen & Benet-Martinez, 2013). Thus, the larger goal of psychotherapy for a BC is to increase biculturation (see Table 2): that is, balancing the adoption of the dominant culture while retaining the heritage culture (Szapocznik et al., 1984) through building both bicultural identity and bicultural competence. Biculturation recognizes the multidimensional demands of the larger bicultural environment and recognizes that there can be many bicultural possibilities.

Building Bicultural Identity

Building bicultural identity focuses on recognizing and validating cultural scripts embedded within the heritage and dominant cultures. Next, the BC helps the client assess the benefits and limitations of each cultural script to strengthen heritage culture maintenance and dominant culture adoption. This provides actionable paths towards resilience-promoting targets, including enhanced relationships and validating, supporting and bolstering heritage culture maintenance (Ferguson et al., 2023). This approach to building bicultural identity is flexible enough to integrate the exploration of contextual realities, such as ethnic / racial identity (ERI) development (Yip et al., 2019; Neblett, 2023) and experiences of discrimination and systemic biases. Building bicultural identity can incorporate ERI work through the building and exploring of identity (e.g., "I have spent time trying to find out about my ethnic group, such as its history, traditions and customs"), as well as understanding concepts like public regard (e.g., "In general, other groups view Blacks in a positive manner") within the client's upbringing and current context (see Table 2). Further, it can be tailored specifically to individuals in ways culturally adapted interventions do not often consider.

Case Example: Latina and Work Setting

For example, an acculturating adult Latina from a Mexican-American heritage culture which values humility, collaboration, and self-effacement may find tension in a work setting that emphasizes competition, confidence, and assertiveness. Monocultural approaches may conceptualize the client as having "low self-esteem" or a similar deficit, with solutions focused on verbal expression and influencing others, such as through assertiveness training, thereby prioritizing one cultural script over another. One negative consequence of this approach may be that this interpersonal style may be effective in one setting (i.e., work) but potentially harmful in others (e.g., family), leading to conflict within bicultural contexts. It can also leave the client with implicit judgments about which cultural scripts are "good / superior" vs. "bad / inferior," unintentionally leading the client towards assimilation.

In contrast, the BC shifts negative attributions about self and others towards wider cultural scripts. The BC provides ongoing validation, for self and others, through guiding the client towards recognizing that this tension "makes sense" if the client grew up in an immigrant family endorsing this cultural script. Therefore, the client comes to understand and validate this tension, asking, "*How could it have been otherwise?*" as used in validation for dialectical behavior therapy (DBT; Linehan, 1993). The tension with the client's work promotion further "makes sense." Such insights may generalize through the exploration of additional socialization processes and messages received across various contexts and themes, including emotional expression, parenting styles, and interpersonal schemas.

Next, the BC guides the client towards understanding (a) aspects about each cultural script that they value and view as strengths, (b) how and when they have learned to use each cultural script, and (c) potential limitations, tensions, or conflicts inherent in each cultural script. The goal here is to understand with more granularity each script, its values and limitations, as well as acknowledge in which contexts each script may be more or less helpful. For example, if a client learned that an interdependent script emphasizing humility and self-effacement was valuable in intimate circles (e.g., family and friends), the generalization of this script in a work setting might be useful, given a desire to build good relationships and camaraderie with coworkers, peers, and managers. On the other hand, cultural scripts related to confidence and self-promotion may be viewed positively, for example, when the client watched someone effectively negotiate for a raise, confidently give a presentation, or appraised someone as competent. In this situation, cul-

tural scripts are not labeled as "good" or "bad," but instead both cultural scripts are valued, and each can be integrated at the appropriate time and setting when viewed with this nuance. This emphasis is similar to DBT concepts of teaching clients to be effective in their environments (Linehan, 1993), as the BC understands the reality of multiple, competing cultural scripts in the client's environment. Similarly, limitations to cultural scripts can be helpful to articulate, such as those that value hard work that may not be as valued in work settings characterized by burnout or uncompensated tasks. A helpful parallel may be the neurodiversity framework: rather than attributing problems to deficits in the self or others, neurodiversity recognizes the strengths and differences inherent in neurodiversity, while also contextualizing this within a larger neurotypically-biased society. The clinician as BC creates a therapeutic "third space," where the client can reflect on themselves and the competing cultural scripts in their environment and consider which values, practices, and identities they will hold onto.

Building bicultural identity also focuses on reducing interpersonal acculturation tensions through similarly attributing others' behaviors through cultural scripts. Consistent with acculturation gap-distress theory, an acculturation mismatch between Latino and AAPI parents and their offspring can increase intergenerational conflicts (Portes & Rumbaut, 1990; Lui, 2015). This means that well-intentioned clinicians who push clients towards dominant (e.g., North American) cultural norms and values might exacerbate problems between adult children and their less acculturated parents. This can occur through labeling self or others (e.g., "They are too strict" or "His ideas are wrong."). Instead, the BC builds insight into the various cultural scripts at play in interpersonal conflicts and seeks to strengthen the client's bicultural identity while finding ways to expand the clients' views of others (e.g., parent). This is especially important in relationships like parent-child relationships, which are deeply culturally-laden, especially around expressions of parental warmth, emotions, and perceived support (Bornstein, 2012).

Case Example: AAPI and Parental Conflict

Hong (2013) provides an illustration of a parent-adult child conflict: a young adult AAPI man is embarrassed and distressed by his immigrant mother's frequent bringing of food or groceries unannounced. He initially views these behaviors as psychologically harmful and "intrusive," and views his mother as "unable to respect personal boundaries" (p. 144, Hong, 2013), especially when compared against his observations of Euro-American friends and their interactions with parents. In this case, the BC guided the client towards viewing his mother's behavior through a cultural script, translating these actions as "I care about you" rather than being infantilized or controlled. The recognition of multiple and—at times competing—cultural scripts within a bicultural client's context can guide the client to see the conflicts that arise, provide the client with a deepened understanding of and compassion for self and others, and guide the client towards an effective course of action.

As described above, this BC approach emphasizes greater frustration tolerance, including "sitting in the tension" and holding different perspectives at one time, rather than over-identifying with one cultural script over another (e.g., "That is not right."). This may parallel couples therapy, where sources of conflict can be attributed to intent versus impact. Similarly, in couples therapy, various cultural scripts are also recognized, given each partner's early childhood experiences, expressions of affection (e.g., warmth and support), norms around emotional closeness, and so on. In these situations, when discrepancies between partners exist, a couples therapist does not label one person as "right" or "wrong" and so side with part of the dyad; instead, they guide both partners towards a deepened understanding themselves and their partner, ultimately becoming "bicultural" in a way that helps each partner tune into two different cultural scripts.

To further build bicultural identity, the BC emphasizes that cultural scripts are not static; they are inherently fluid and malleable, and importantly, can be creatively synthesized in biculturation. A clinician might guide the client in exploring cultural scripts within Asia or Latin America that may overlap with dominant cultural scripts (e.g., K-dramas, modern telenovelas). The emphasis is less on cultural relativism or condoning harmful cultural practices, but emphasizing another attribution (i.e., a normative heritage cultural script) while also building up bicultural identity. This includes the BC guiding the client towards approaching heritage cultural scripts with curiosity and greater exploration and self-study, such as exploring cultural norms with extended family (e.g., an "auntie") or nonfamilial sources. As popular media becomes increasingly diverse, relevant resources may be available to the client, such as through film, streaming media, podcasts, memoirs, documentaries, community organizations, music, art exhibits, among others. In the long term, the BC builds healthy habits of nourishing bicultural identity and deepening sensitivity to the cultural scripts in themselves and others. It may also serve to reduce intrapersonal conflict, promote greater compassion for self and others, and improve work performance and satisfaction.

In summary, the BC approach emphasizes attributing conflicts towards acculturative mismatches while strengthening bicultural identity. Through this enhanced understanding and assessment of the strengths and weaknesses of various cultural scripts, and the realities of the client's wider environment, the BC guides clients towards effective navigation and negotiation of conflicting cultural scripts, which is the focus of our next section: bicultural competence.

Flexing the Code-Shift with Bicultural Competence

Beyond bicultural identity where a client can see oneself, others, and the world through a bicultural lens, the BC also guides the client towards bicultural competence. As noted in Table 2, bicultural competence refers to developing the ability to navigate, negotiate, and respond to the demands associated with each system. Also described in Table 2, cultural frame shifting (CFS; Hong, Morris, Chiu, & Benet-Martinez, 2000) involves shifting between two or more cultural scripts and applying different cultural interpretive frames and meaning systems to respond and react to everyday social situations (Benet-Martinez et al., 2006). It is associated with greater cognitive complexity (Benet-Martinez et al., 2006), but also with a cognitive and emotional "tax," similar to the attentional and memory lapses associated with multitasking (Madore et al., 2020). This "tax" is especially true when two cultures are incompatible or incongruent and may exacerbate mental health problems (e.g., Lau et al., 2013). Such switching can result in a pull from both cultures based on different situational demands and calls for a constant negotiation and building of skills to respond appropriately. There is also significant individual variability, and potentially—creativity—in how bicultural individuals manage, negotiate, and synthesize these competing scripts. Bicultural competence is built through understanding an individual's values and goals in each situation or context.

As defined in Table 2, code-switching is a related term which acknowledges the reality of discrimination. It is defined as a behavioral repertoire that those from historically marginalized groups have developed to alter how they present or express themselves in order to gain acceptance from others in a dominant and often discriminatory groups and can refer to the "temporary 'switching on' or adjustment of behaviors to optimize the comfort of others in exchange for a desired outcome" (McCluney et al., 2021, p. 2; Crumb et al., 2023).

In this BC approach, we use the term "code-shifting" to incorporate both the cultural frame shifting and the code-switching abilities required of the acculturating individual to characterize both the complexity and "tax" of shifting and switching between various scripts that may often include those related to navigating racism and discrimination. As defined here, code-shifting refers to the building up of bicultural competence, an agility in pulling from various cultural scripts, and responding appropriately to the context. We describe it as a muscle, given the need to exert and build up skills associated with bicultural competence and the agility needed to respond in a timely fashion according to situational demands. Code-shifting recognizes that different cultural scripts will be needed at various situations, times, and contexts. As described in the Latina work setting case example above, code-shifting refers to the client's ability to apply various independent and interdependent cultural scripts to flexibly engage appropriately with her work colleagues and bosses while also shifting appropriately for family gatherings and similar interactions. Similarly, code-shifting can incorporate discussions about the Latina client's experiences of discrimination, and seek out resources to help manage the public regard of her ERI within her workplace and their intersection with identities like gender.

Case Example: South Asian American Man and Marriage

The BC utilizes many approaches to strengthen code-shifting skills. Many are common CBT skills, including values clarification from acceptance and commitment therapy (Hayes, 2016), double-sided reflections from motivational interviewing (Rollnick et al., 2023), and validation, dialectics, and behavioral chains from DBT (Linehan, 1993). In Table 6, we provide an example of a South Asian American man who is the eldest son presenting with distress related to his selection of a marriage partner, of whom his parents do not approve. The BC might use values clarification to highlight those he prioritizes (e.g., a partner with whom he feels a strong connection, his close friends, his family, his role as eldest sibling, connection to his heritage), a double-sided reflection to focus on validation, a pros / cons list, or behavioral chaining to explore consequences of decisions as he prioritizes one cultural script over another. Dialectics may be relevant, recognizing that "both things can be true at the same time," such as equally valuing both his parents / family and his partner or the richness of his cultural heritage *and* also North American norms about freedom and equality; and the tension between priorities is recognized as valid.

It is worth noting that many bicultural individuals experience a significant burden from code-shifting and often, solutions are not simple. In the marriage example, while the BC may use various techniques to

further explore a client's values, one reality is that the bicultural individual may have difficulty with finding one's "true" or "authentic" values, given the fluctuating nature of navigating between two cultural scripts. In the example above, final decisions may need to be made and whereas a mainstream approach may pressure the client (e.g., "But what do *you* really want? This is *your* life to live, not theirs."), the BC may more fully explore with the client the various consequences and pros / cons of each potential action (e.g., marrying her against his parents' wishes, not marrying her, keeping the relationship a secret for some time, slowly introducing his partner to his parents, etc.). Such exercises may help to clarify an individual's values, desires, and goals, while also exploring the real consequences of these decisions on the client and various important others in the client's life. The timescale for decisions may also need to be extended, and solutions or clarity may be more gradual, as a client takes one step at a time and continues to gauge different reactions: perhaps the parents become more accepting, perhaps they do not. The ability to sit in the tension of the gradual unfolding of desires, values, goals, as well as impacts on others may be a process that takes time and is not always resolved immediately. In Table 6, this case has been integrated into a familiar CBT case formulation model (Persons, 2012; Persons & Tompkins, 2022) and is compared and contrasted with a monocultural versus BC framework.

Bicultural individuals may at times question their own consistency, when they code-shift across various settings—with their family, friends, coworkers, and significant others. The BC can sit with the client and validate their questions about their sense of self. Psychoeducation about interdependent cultural scripts (e.g., Markus & Kitayama, 1991) may also help with validating the sometimes less clear boundaries between self and others, as well as the desire for interdependent happiness rather than independent happiness alone. There are also clinical scenarios when the BC approach can prove difficult as it relates to more contentious issues such as corporal punishment, gender norms, sexual orientation, religion, caste, or politics; however, we generally recommend that the BC guidance remains the same: to assess, validate, provide psychoeducation, clarify values, sit with the client in the tension, all while continuing to build a bicultural identity and bicultural competence.

In summary, the BC approach builds upon an existing CBT armamentarium of common assessment and intervention skills but utilizes these towards the end of building bicultural identity and bicultural competence. A BC understands common acculturation constructs (Table 1) and through thorough assessment, builds a rich case formulation, tailoring subsequent interventions that can effectively integrate these acculturation constructs and guide the client towards effective engagement, navigation, and negotiation of their bicultural realities. It provides an added lens for understanding the conflicts and contexts of acculturating individuals and provides an alternative to the one-dimensional approach or monocultural frame that may underlie some mainstream EBPs.

Discussion

"*I am an in-between.*"
– Lu Xun
"*Ni de aquí, ni de allá.*"
– Spanish saying

Lu Xun, a famous modern Chinese writer and social critic, described himself as an "in-between," (Cheng and Denton, 2017, p. 2). Similarly in Spanish, there is a common saying "*ni de aquí, ni de allá,*" which roughly translates as "neither from here, nor from there." Both capture the potential conflicts, tensions, and adjustments that can arise in the adult children of immigrants. Based on the empirical literature, this sense of "in-betweenness" may be best addressed in the therapy context through a case formulation framework that integrates this clinician as BC lens that incorporates validation, psychoeducation, and acculturation concepts which aim to strengthen bicultural identity and bicultural competence.

In this paper, we illustrate the clinician as BC approach to integrate this rich body of research and guide clinicians towards helping a client effectively navigate the complex array of acculturation-related tensions and the realities of drawing from two or more cultural reference points. Although we focus on the Asian and Latino diaspora here, we believe this framework may be flexible enough to adapt towards many diverse populations, where multiple cultural scripts are at-play and the need to code-shift is frequent, including but not limited to sexual minorities where rejection sensitivity, internalized heterosexism, and sexual orientation concealment can be common (Cohen et al., 2020); those from religious and spiritual backgrounds in larger contexts of secularism (Wendt et al., 2015; Vieten et al., 2022); other immigrant and nonimmigrant ethnic / racial minorities who experience cultural scripts related to racism and discrimination (Neblett, 2023); and mixed-race individuals who may feel caught between two or more cultures, simultaneously belonging to all and neither groups. Minoritized experiences, by definition, are marked by exclusion from the dominant culture and these acculturation constructs may be relevant for anyone experi-

encing it, as they can help guide clients in developing the ability to nimbly navigate and negotiate various contexts. Developing bicultural identity and bicultural competence may be a similar source of resilience. Although some recent meta-analytic work has found a weaker link between biculturation and adjustment than what has been previously established (Bierwiaczonek & Kunst, 2021), this might be attributable to several reasons: its reliance on uniform notions of biculturalism, whereas more recent research has highlighted heterogeneity within the bicultural category (e.g., Schwartz & Zamboanga, 2008), and the general neglect of contextual factors, like the context of reception, which includes discrimination (Schwartz et al., 2010).

We also believe this approach can protect against cultural essentializing, as well as the cultural misattribution bias, where the role of culture on behavior is overemphasized in ethnic / racial minorities, while viewing Whites (e.g., European Americans) as individuals whose traits and behaviors are shaped by psychological and noncultural processes (Causadias et al., 2018). The clinician as BC approach allows for a more individualized and flexible understanding of culture. Consistent with Causadias and colleagues (2018) assertion that "all human beings are cultural beings" (p. 244), we suggest that the concept of cultural repertoires or scripts can provide guidance on integrating culture in ways that transcend race or ethnicity. Such an approach acknowledges how diverse dimensions of identity (e.g., political affiliation, regional differences, rural vs. urban, socioeconomic class) shape individuals' experiences and guide cultural values, practices, and identities.

This approach also stretches the goals of treatment beyond symptom reduction. By improving functioning, and especially interpersonal relationships, the clinician as BC helps the adult children of immigrants navigate their lived realities and is likely to lead to greater overall adjustment and interpersonal relationships, the latter of which is an important source of acculturative resilience (Ferguson et al., 2023). As a common CBT dictum states, the goal of therapy is to help the client become their own therapist. The clinician as BC does this through fostering within the client a deeper sense of empathy and self-compassion for themselves, and others, through greater attunement to the cultural scripts that guide their and others' behaviors.

The clinician as BC approach is consistent with familiar concepts of cultural humility (Hook et al., 2013) and provides a practical application of an other-oriented stance grounded in "not knowing." A core assumption of this approach is that the clinician has no preconceived notions about how clients combine multiple cultural identities; rather, it is such integration of identities will be unique for each individual client. Similarly, the clinician as BC seeks to unravel the multiple cultural threads in a client's cultural tapestry, which will be individually tailored. This approach may deepen cultural understanding, which is described by Chu and colleagues (2023) as going "beyond traditional constructs like empathy, not-knowing positions, and collaboration" (p. 78) and instead requires that a therapist maintain their own cultural identity and perspectives and to acknowledge cultural gaps between themselves and the client.

This approach encourages clients to understand acculturation-related experiences and, in this way, be slow to judge. By recognizing, assessing, and validating the complex interplay of various and sometimes conflicting cultural scripts, the clinician as BC can communicate a depth of understanding that may be missing from mainstream monocultural psychotherapy. Consideration of additional factors including international students, immigrant population types (e.g., refugees, migrants), and contexts of reception should also be factored into case formulations. Acknowledging the realities and "tax" of code-shifting can assist clinicians with integrating discrimination and structural and systemic biases in ways that most cultural competency training does not (Chu et al., 2022). Consistent with the CBT premise that good therapy aims to help clients become effective in their own environments, this approach seeks to balance and integrate individual acculturation strategies with contextual realities. We recommend that future clinical training programs consider integrating the evidence on acculturation, bicultural identity, and bicultural competence into clinical training, to better prepare the field to meet the needs of an increasingly diverse client population.

References

Adams, G., Estrada-Villalta, S., Sullivan, D., & Markus, H. R. (2019). The psychology of neoliberalism and the neoliberalism of psychology. *Journal of Social Issues, 75*, 189–216. https://doi.org/10.1111/josi.12305.

Alegria, M., Alvarez, K., & DiMarzio, K. (2017). Immigration and mental health. *Current Epidemiological Reports, 4*, 145–155. https://doi.org/10.1007/s40471-017-0111-2.

Alegria, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., Vila, D., Torres, M., Chen, C. N., & Meng, X. L. (2008). Prevalence of mental illness in immigrant and nonimmigrant U.S. Latino groups. *American Journal of Psychiatry, 165*, 359–369. https://doi.org/10.1176/appi.ajp.2007.07040704.

American Psychological Association (2020). Psychology's workforce is becoming more diverse. Last accessed on January 1, 2025 at https://www.apa.org/monitor/2020/11/datapoint-diverse.

Arnett, J. J., Zukauskiene, R., & Sugimura, K. (2014). The new life stage of emerging adulthood at ages 18-29 years: Implications for mental health. *Lancet Psychiatry, 7*, 569–576. https://doi.org/10.1016/S2215-0366(14)00080-7.

Benet-Martinez, V., Lee, F., & Leu, J. (2006). Biculturalism and cognitive complexity: Expertise in cultural representations. *Journal of Cross-Cultural Psychology, 37*, 386–407. https://doi.org/10.1177/0022022106288476.

Benet-Martinez, V., & Haritatos, J. (2005). Bicultural identity integration (BII): Components and psychosocial antecedents. *Journal of Personality, 73*, 1015–1050. https://doi.org/10.1111/j.1467-6494.2005.00337.x.

Benet-Martinez, V., Leu, J., Lee, F., & Morris, M. W. (2002). Negotiating biculturalism: Cultural frame shifting in biculturals with oppositional versus compatible cultural identities. *Journal of Cross-Cultural Psychology, 33*, 492–516. https://doi.org/10.1177/0022022102033005005.

Bennett, S., Robb, K. A., Zortea, T. C., Dickson, A., Richardson, C., & O'Connor, R. C. (2023). Male suicide risk and recovery factors: A systematic review and qualitative metasynthesis of two decades of research. *Psychological Bulletin, 149*, 371–417. https://doi.org/10.1037/bul0000397.

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice, 40*, 361–368. https://doi.org/10.1037/a0016401.

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology, 46*, 5–34. https://doi.org/10.1111/j.1464-0597.1997.tb01087.x.

Berry, J. W. (2003). Conceptual approaches to acculturation. In K. M. Chun, P. Balls Organista, & G. Marin (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17–37). American Psychological Association.

Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations, 29*, 697–712. https://doi.org/10.1016/j.ijintrel.2005.07.013.

Bessaha, M. L., Cornelius, L., & Unick, G. J. (2020). Barriers to behavioral health service utilization among first-generation immigrant emerging adults. *Social Work in Mental Health, 18*, 55–74. https://doi.org/10.1080/15332985.2019.1679323.

Bierwiaczonek, K., & Kunst, J. R. (2021). Revisiting the integration hypothesis: Correlational and longitudinal meta-analyses demonstrate the limited role of acculturation for cross-cultural adaptation. *Psychological Science, 32*, 1476–1493. https://doi.org/10.1177/09567976211006432.

Boneva, B. S., & Frieze, I. H. (2001). Toward a concept of a migrant personality. *Journal of Social Issues, 57*, 477–491. https://doi.org/10.1111/0022-4537.00224.

Bornstein, M. H. (2012). Cultural approaches to parenting. *Parent Science & Practice, 12*, 212–221. https://doi.org/10.1080/15295192.2012.683359.

Bradford, D. E., DeFalco, A., Perkins, E. R., Carbajal, I., Kwasa, J., Goodman, F. R., Jackson, F., Richardson, L. N. S., Woodley, N., Neuberger, L., Sandoval, J. A., Huang, H. J., & Joyner, K. J. (2024). Whose signals are being amplified? Toward a more equitable clinical psychophysiology. *Clinical Psychological Science, 12*, 237–252. https://doi.org/10.1177/21677026221112117.

Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopedia of Education, Volume 3, 2nd Edition*. Oxford: Elsevier.

Caetano, R., Ramisetty-Mikler, S., Vaeth, P. A. C., & Harris, T. R. (2007). Acculturation stress, drinking, and intimate partner violence among Hispanic couples in the U.S. *Journal of Interpersonal Violence, 22*, 1431–1447. https://doi.org/10.1177/0886260507305 5.

Causadias, J. M., Vitriol, J. A., & Atkin, A. L. (2018). Do we overemphasize the role of culture in the behavior of racial/ethnic minorities? Evidence of a cultural (mis)attribution bias in American psychology. *American Psychologist, 73*, 243–255. https://doi.org/10.1037/amp0000099.

Cheah, C. S. L., Li, J., Zhou, N., Yamamoto, Y., & Leung, C. Y. Y. (2015). Understanding Chinese immigrant and European American mothers' expressions of warmth. *Developmental Psychology, 51*, 1802–1811. https://doi.org/10.1037/a0039855.

Cheng, E. J., & Denton, K. A. (Eds.). (2017). *Jottings under lamplight: Lu Xun*. Cambridge, MA: Harvard University Press.

Chen, X. Y., French, D. C., & Schneider, B. H. (2006). Culture and peer relationships. In I. N. X. Chen, D. C. French, & B. H. Schneider (Eds.), *Peer relationships in cultural context* (pp. 3–20). Cambridge University Press.

Chou, R. S., & Feagin, J. R. (2015). *Asian Americans facing racism* (2nd Ed). Routledge: New York.

Chu, W., Chorpita, B. F., & Becker, K. D. (2023). Race, racial matching, and cultural understanding as predictors of treatment engagement in youth mental health services. *Psychotherapy Research, 33*, 669–682. https://doi.org/10.1080/10503307.2022.2150582.

Chu, W., Wippold, G., & Becker, K. D. (2022). A systematic review of cultural competence trainings for mental health providers. *Professional Psychology: Research and Practice, 53*, 362–371. https://doi.org/10.1037/pro0000469.

Cohen, J. M., Norona, J. C., Yadavia, J. E., & Borsari, B. (2020). Affirmative dialectical behavior therapy skills training with sexual minority Veterans. *Cognitive and Behavioral Practice, 28*, 77–91. https://doi.org/10.1016/j.cbpra.2020.05.008.

Crumb, L., Cartwright, A. D., Hammonds, D. S., & Harris, J. A. (2023). Code-switching 101: Black women counselor educators' personal and professional identity development. *Counselor Education and Supervision, 62*, 233–247. https://doi.org/10.1002/ceas.12274.

Ferguson, G. M., Causadias, J. M., & Simenec, T. S. (2023). Acculturation and psychopathology. *Annual Review of Clinical Psychology, 19*, 381–411. https://doi.org/10.1146/annurev-clinpsy-080921-080622.

Fitzgerald, F.S. (1936). "The crack-up." *Esquire*. Last accessed on August 9, 2024 at https://classic.esquire.com/article/share/97a6b0a8-ba1c-4b7b-aa64-0d08dd9fb952.

Galanti, G.-A. (2003). The Hispanic family and male–female relationships: An overview. *Journal of Transcultural Nursing, 14*, 180–185. https://doi.org/10.1177/1043659603014003004.

Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. Harper & Row.

Gupta, A., Leong, F., Valentine, J. C., & Canada, D. D. (2013). The meta-analytic study: The relationship between acculturation and depression among Asian Americans. *American Journal of Orthopsychiatry, 83*, 372–385. https://doi.org/10.1111/ajop.12018.

Hall, G. C. N., & Malony, H. N. (1983). Cultural control in psychotherapy with minority clients. *Psychotherapy: Theory, Research, and Practice, 20*, 131–142. https://doi.org/10.1037/h0088484.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2016). Acceptance and commitment therapy. *The process and practice of mindful change*. New York, NY: Guilford Press.

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and Brain Sciences, 33*(2–3), 61–83. https://doi.org/10.1017/S0140525X0999152X.

Hill, N. E., & Torres, K. (2010). Negotiating the American dream: The paradox of aspirations and achievement among Latino students and engagement between their families and schools. *Journal of Social Issues, 66*, 95–112. https://doi.org/10.1111/j.1540-4560.2009.01635.x.

Hong, J. J. (2013). An idiographic evidence-based approach to addressing cultural factors in treatment: A case example. *Behavior Therapist, September.*.

Hong, J. J. (2018). Cognitive behavioral models, measures, and treatments for anxiety disorders in Asian Americans. In E. C. Chang, C. A. Downey, J. K. Hirsch, & E. A. Yu (Eds.), *Treating depression, anxiety, and stress in ethnic and racial groups: Cognitive behavioral approaches* (pp. 125–148). American Psychological Association.

Hong, Y. Y., Morris, M. W., Chiu, C. Y., & Benet-Martinez, V. (2000). Multicultural minds: A dynamic constructivist approach to culture and cognition. *American Psychologist, 55*, 709–720. https://doi.org/10.1037//0003-066X.55.7.709.

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*, 353–366. https://doi.org/10.1037/a0032595.

Juang, L. P., Syed, M., & Takagi, M. (2007). Intergenerational discrepancies of parental control among Chinese American families: Links to family conflict and adolescent depressive symptoms. *Journal of Adolescence, 30*, 965–975. https://doi.org/10.1016/j.adolescence.2007.01.004.

Kalantzis, M. A., Lim, S. C. X., Dauber, A. K., Studer-Perez, E. I., Silverman, Z. J., & O'Brien, W. H. (2023). Acculturative stress and eating disorder psychopathology: A meta-analysis. *Eating Behaviors, 48*. https://doi.org/10.1016/j.eatbeh.2022.101694.

Lamont, M., & Thevenot, L. (2000). *Rethinking comparative cultural sociology: Repertoires of evaluation in France and the United States*. Cambridge, UK: Cambridge University Press.

Lau, A. S., Tsai, W., Shih, J., Liu, L. L., Hwang, W. C., & Takeuchi, D. R. (2013). The immigrant paradox among Asian American women: Are disparities in the burden of depression and anxiety paradoxical or explicable? *Journal of Consulting and Clinical Psychology, 81*, 901–911. https://doi.org/10.1037/a0032105.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

Liu, N. H., & Chen, S. (2025). in press). Expanding psychotherapeutic intervention frameworks for Asian American & Pacific Islander mental health: Qualitative synthesis of multidisciplinary perspectives. *Clinical Psychological Science*.

Lui, P. (2015). Intergenerational cultural conflict, mental health, and educational outcomes Among Asian and Latino/a Americans: Qualitative and meta-analytic review. *Psychological Bulletin, 141*, 404–446.

Luo, R., Tamis-LeMonda, C. S., & Song, L. (2013). Chinese parents' goals and practices in early childhood. *Early Childhood Research Quarterly, 28*, 843–857. https://doi.org/10.1016/j.ecresq.2013.08.001.

Madore, K. P., Khazenzon, A. M., Backes, C. W., Jiang, J., Uncapher, M. R., Norcia, A. M., & Wagner, A. D. (2020). Memory failure predicted by attention lapsing and media multitasking. *Nature, 587*, 87–91. https://doi.org/10.1038/s41586-020-2870-z.

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

Markus, H. R., & Kitayama, S. (2010). Culture and selves: A cycle of mutual constitution. *Perspectives on Psychological Science, 5*, 420–430. https://doi.org/10.1177/1754569161037555 7.

McCluney, C. L., Durkee, M. I., Smith, R. E., II, Robotham, K. J., & Lee, S. S. L. (2021). To be, or not to be…Black: The effects of racial codeswitching on perceived professionalism in the workplace. *Journal of Experimental Social Psychology, 97*. https://doi.org/10.1016/j.jesp.2021.104199.

Morris, F., & Rawlings, Z. W. (2022). Race in the space: Clinical considerations for addressing race in treatment. *Cognitive and Behavioral Practice*. https://doi.org/10.1016/j.cbpra.2021.12.001.

Munoz, R. F., & Mendelson, T. (2005). Toward evidence-based interventions for diverse populations: The San Francisco General Hospital prevention and treatment manuals. *Journal of Consulting and Clinical Psychology, 73*, 790–799. https://doi.org/10.1037/0022-006X.73.5.790.

Neblett, E. W. Jr., (2023). Racial, ethnic, and cultural resilience factors in African American youth mental health. *Clinical Psychology Review, 19*, 361–379. https://doi.org/10.1146/annurev-clinpsy-072720-015146.

Neblett, E. W., Jr., Rivas-Drake, D., & Umana-Taylor, A. J. (2012). The promise of racial and ethnic protective factors in promoting ethnic monitoring youth development. *Child Development Perspectives, 6*, 295–303. https://doi.org/10.1111/j.1750-8606.2012.00239.x.

Nguyen, A.-M.-T.-D., & Benet-Martinez, V. (2013). Biculturalism and adjustment: A meta-analysis. *Journal of Cross-Cultural Psychology, 44*, 122–159. https://doi.org/10.1177/0022022111435097.

Park, Y. S., & Kim, B. S. K. (2008). Asian and European American cultural values and communication styles among Asian American and European American college students. *Cultural Diversity and Ethnic Minority Psychology, 14*, 47–56. https://doi.org/10.1037/1099-9809.14.1.47.

Persons, J. B. (2012). *The case formulation approach to cognitive-behavior therapy*. NY: Guilford Press.

Persons, J. B., & Tompkins, M. A. (2022). Cognitive-behavioral case formulation. In T. Eells' (Ed.), *Handbook of psychotherapy case formulation* (2nd edition, pp. 252–286). NY.: Guilford Press.

Pew Research Center (2015). A majority of English-speaking Hispanics in the U.S. are bilingual. Last accessed on August 8, 2024 at: https://www.pewresearch.org/short-reads/2015/03/24/a-majority-of-english-speaking-hispanics-in-the-u-s-are-bilingual/.

Pew Research Center (2021). Key facts about Asian Americans, a diverse and growing population. Last accessed on August 8, 2024 at: https://www.pewresearch.org/short-reads/2021/04/29/key-facts-about-asian-americans/.

Pew Research Center (2022). 1.A brief statistical portrait of U.S. Hispanics. Last accessed on August 8, 2024 at: https://www.pewresearch.org/science/2022/06/14/a-brief-statistical-portrait-of-u-s-hispanics/.

Portes, A., & Rumbaut, R. G. (1990). *Immigrant America: A portrait*. Berkeley, CA: University of California Press.

Rollnick, S., Miller, W. R., & Butler, C. C. (2023). *Motivational interviewing in health care: Helping patients change behavior* (2nd ed.). The Guilford Press.

Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personlality, self-identity, and adjustment. *Journal of Personality and Social Psychology, 79*, 49–65. https://doi.org/10.1037/0022-3514.79.1.49.

Saechao, F., Sharrock, S., Reicherter, D., Livingston, J. D., Aylward, A., Whisnant, J., Koopman, C., & Kohli, S. (2012). Stressors and barriers to using mental health services among diverse groups of first-generation immigrants to the United States. *Community Mental Health Journal, 48*, 98–106. https://doi.org/10.1007/s10597-011-9419-4.

Safa, M. D., & Umaña-Taylor, A. J. (2021). Bicultural and adjustment among U.S. Latinos: A review of four decades of empirical findings. *Advances in Child Development and Behavior, 61*, 73–127. https://doi.org/10.1016/bs.acdb.2021.05.002.

Schwartz, S. J., & Zamboanga, B. L. (2008). Testing Berry's model of acculturation: A confirmatory latent class approach. *Cultural Diversity and Ethnic Minority Psychology, 14*, 275–285.

Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation. *American Psychologist, 65*, 237–251. https://doi.org/10.1037/a0019330.

Stephenson, M. (2000). Development and validation of the Stephenson Multigroup Acculturation Scale (SMAS). *Psychological Assessment, 12*, 77–88. https://doi.org/10.1037/1040-3590.12.1.77.

Sue, D. W., Neville, H. A., & Smith, L. (2024). Racism in counseling and psychotherapy: Illuminate and disarm. *American Psychologist, 79*, 593–605. https://doi.org/10.1037/amp0001231.

Sirin, S. R., Ryce, P., Gupta, T., & Rogers-Sirin, L. (2013). The role of acculturative stress on mental health symptoms for immigrant adolescents: A longitudinal investigation. *Developmental Psychology, 49*, 736–748. https://doi.org/10.1037/a0028398.

Suinn, R. (2010). Reviewing acculturation and Asian Americans: How acculturation affects health, adjustment, school achievement, and counseling. *Asian American Journal of Psychology, 1*, 5–17. https://doi.org/10.1037/a0018798.

Suinn, R., Ahuna, C., & Khoo, G. (1992). The Suinn-Lew Asian Self Identity Acculturation Scale: Concurrent and factorial validation. *Educational & Psychological Measurement, 52*, 1041–1046. Last accessed on September 20, 2024 at: https://www.columbia.edu/cu/ssw/projects/pmap/docs/suinn_slasia.pdf.

Swidler, A. (1986). Culture in action: Symbols and strategies. *American Sociological Review, 51*, 273–286. https://doi.org/10.2307/2095521.

Szapocznik, J., Santisteban, D., Kurtines, W. M., Perez-Vidal, A., & Hervis, O. E. (1984). Bicultural effectiveness training: A treatment intervention for enhancing intercultural adjustment. *Hispanic Journal of Behavioral Sciences, 6*, 317–344. https://doi.org/10.1177/073998638400640.

Takeuchi, D. T., Zane, N., Hong, S., Chae, D. H., Gong, F., Gee, G. C., Walton, E., Sue, S., & Alegria, M. (2007). Immigration-related factors and mental disorders among Asian Americans. *American Journal of Public Health, 97*, 84–90. https://doi.org/10.2105/AJPH.2006.088401.

Thalmayer, A. G., Toscanelli, C., & Arnett, J. J. (2021). The neglected 95% revisited: Is American psychology becoming less American? *American Psychologist, 76*, 116–129. https://doi.org/10.1037/amp0000622.

U.S. Census Bureau (2022, February 3). Children living with at least one foreign-born parent more likely to live with two parents than children with native-born parents. Last accessed on August 8, 2024 at https://www.census.gov/library/stories/2022/02/over-quarter-of-children-lived-with-at-least-one-foreign-born-parent.html.

Vieten, C., & Lukoff, D. (2022). Spiritual and religious competencies in psychology. *American Psychologist, 77*, 26–38. https://doi.org/10.1037/amp0000821.

Wendt, D. C., Gone, J. P., & Nagata, D. K. (2015). Potentially harmful therapy and multicultural counseling: Bridging two disciplinary discourses. *Counseling Psychology, 43*, 334–358. https://doi.org/10.1177/0011000014548280.

White, J. (Host). (2024). National Public Radio 1A. Addressing mental health across cultures. Last accessed on August 8, 2024 at https://www.npr.org/2024/05/30/1198911266/1a-05-30-2024.

Yip, T., Wang, Y., Mootoo, C., & Mirpuri, S. (2019). Moderating the association between discrimination and adjustment: A meta-analysis of ethnic/racial identity. *Developmental Psychology, 55*, 1274–1298. https://doi.org/10.1037/dev0000708.

Zilberstein, S., Lamont, M., & Sanchez, M. (2023). Recreating a plausible future: Combining cultural repertoires in unsettled times. *Sociological Science, 10*, 348–373 https://doi.org/10.15195/v10.a11.

The research ideas reported in this manuscript were supported by a Faculty Research Grant of the University of California, Berkeley Asian American Research Center. The authors report no conflicts of interest.

Address correspondence to Nancy H. Liu, 2121 Berkeley Way, MC 1650, University of California, Berkeley, Berkeley, CA 94720, USA.

e-mail addresses:nancy.liu@berkeley.edu marlen.diaz@berkeley.edu.

Received: April 30, 2025
Accepted: December 10, 2025
Available online xxxx