



# International Psychology Bulletin

Newsletter: Division 52 of the American Psychological Association  
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Editor: Stephen DiDonato  
Associate Editor: Joyce Yip Green

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## Summary

### Message from the President

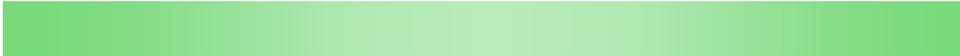
**Nancy M. Sidun, PsyD, ABPP, ATR**



It was terrific seeing Division 52 folks this past August at the APA convention in Chicago. There was exceptional international programming within the suite and the general program, and the social hour was outstanding with the grand views of Lake Michigan and the city lights and, most importantly, all the great conversations and time to meet new and old colleagues. I want to thank Johanna Nilsson and Yvette Flores for their tireless work to make convention special for our division. I know Dr. Khoury's program chairs, Julie Hakim-Larson and Dinah Ayna are working hard to make sure next year's programming reflects the fantastic work of our members. The deadline for APA proposals recently passed, and I am eager to see the work of our Division 52 members in next year's convention.

Additionally, we are gearing up for our mid-winter meeting, February 25th and 26th In Seattle; this will occur right before the Society of Cross Cultural Research Conference, February 26-29th, with whom we are partnering with again. Please consider attending the mid-winter meeting and conference; the SCCR conference is an extremely stimulating and excellent conference that strongly complements the interests and work of Division 52 members.

Division 52's new structure continues to roll out and is on a beautiful path of strengthening the work of our division. As this is the last newsletter of 2019, I wanted to acknowledge our outgoing and incoming extended board members. As you may recall, two of our Vice Presidents, elected as members at large, graciously assumed their new roles as VPs when our new structure began. I wanted to acknowledge the stellar work of Stef Aegisdottir, our first Vice President of Communication. She handsomely assisted the division in obtaining our new newsletter editor and co-editor, Teresa Sgaramella, and Stephen DiDonato. She helped again when Teresa had to step down as our newsletter editor. Thankfully Stephen DiDonato graciously has agreed to be our new newsletter editor, and Joyce Yip Green is our new associate editor. Ani Kalayjian, our first VP of Initiatives, courteously assumed the new VP of Initiatives duties. I thank you all for your investment in Div52 and look forward to your continued involvement with the division. I also want to acknowledge and thank Lynette Bikos, VP



of Engagement, for her outstanding leadership and for her incredibly thoughtful and creative ideas to foster engagement of our members. We are fortunate that Lynette will be our VP of Engagement for two more years. We welcome our new VPs, Linda Garcia Shelton, VP of Initiatives, and Debbie Best, VP of Publications. Luckily, our Student Chair, Adetutu Ajibose, and ECP Chair, Kate Poelker, will continue to serve with our new structure as Past Student Chair and Past ECP Chair. Ankita Nikalja will become our new Student Chair, and Cristina Cruza-Guet will assume the Chair of the ECP Committees. I want to welcome our new Student Chair-Elect, Daniel Balva, and ECP Chair-Elect, Juan Valdivia, who will begin their roles on January 1, 2020.

I would additionally like to officially welcome Michele Ribeiro, who has been our interim Secretary, into her new three-year term as Secretary – we are very grateful and lucky to have her. I also want publically state my indebtedness to Merry Bullock as she rotates off as Past President; Merry has been a rock for the division offering invaluable wisdom, sage advice, and countless hours of her time to strengthen the division. Luckily, Merry has agreed to stay actively involved and is currently working with myself to create a handbook for the division, a manual that hopefully will benefit the division for years. As our work is unfinished, Merry will continue the job until it's completion. I'm looking forward to Brigitte Khoury's leadership as she rotates into Presidential position and welcome Larry Gerstein as President-Elect. I need to acknowledge Martha Zlokovich, our treasurer, for her amazing ability to sort through our finances and to make sense of our funds and her forward-thinking to establish financial guidelines for the division. I would additionally like to thank Renee Staton, who rotates off as our Membership Chair; her tireless commitment and creativity allowed for two different membership initiatives to be launched. We are excited to welcome Breedha McGrath and Viviane Pecanha, who will Co-Chair the Membership Committee. Lastly, I genuinely appreciate and value all the Committee Chairs and Committee Members, and all the other essential positions, such as Parliamentarian, Federal Advocacy Coordinator, Council Representative, Journal Editor, etc. – without you, the division would not be where we are now. As I write this, I am keenly aware how many quality folks are involved to make Div52 the outstanding division it is. I am incredibly grateful to all of you. Thank you.

I do want to let members know there are opportunities for others to be involved. A Call for Nominations for various openings will be posted on the listserv soon. I sincerely hope folks will nominate themselves and get involved – this is a fantastic division! In summary, it's been my privilege to serve in the role of President of Division 52, and I thank everyone for the opportunity.

I wish everyone a wonderful holiday season.

Warmly,  
Nancy



## *A message from the Editors*



Dear Readers,

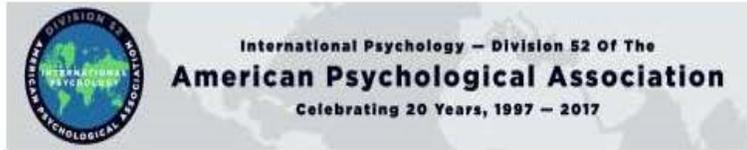
We are coming to the end of an exciting 2019 and we wanted to take this opportunity to wish everyone and their families a **happy and safe holiday season!!** This is the final issue of 2019 and IPB in its current format. **We are excited to launch the International Psychology Bulletin into a new decade with a new refreshed vision and appearance.** With the support of the Board of Directors, the editorial team is working to streamline the IPB to be a resource for readers motivated to enhancing the field of international psychology. We are looking members voices on the future direction of the IPB. We will produce an IPB on a more regular basis beginning in 2020 that aims to be a brief newsletter that is a creative way to enhance communication among members. Some potential 'corners' of the new IPB may be *Division 52 News and Updates, Member Profiles, Upcoming Events, Student and ECP Highlights, and International Projects.* These sections are not finalized and the **editorial team would appreciate the voice of members**, please reach out to Stephen DiDonato: [stephen.didonato@jefferson.edu](mailto:stephen.didonato@jefferson.edu) and Joyce Yip Green: [jgreen2@thechicagoschool.edu](mailto:jgreen2@thechicagoschool.edu).

We are honored to be the editors and curators of all of the exciting activities ongoing in international psychology and look forward to working with members in the New Year!

Best wishes,  
Steve and Joyce

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\*\*\*SPECIAL OFFER\*\*\*

For all APA International Affiliates

You can belong to APA's International Division (Division 52) for enhanced networking, mentoring, and professional connections with the American Psychological Association:

The first 100 psychologists with American Psychological Association (APA) *International Affiliate Status* who join Division 52 will receive **complimentary membership** and print and online access to *International Perspectives in Psychology*, the Division journal (a \$46 value), for 2020.

To join, please forward the following information to  
[d52membership@gmail.com](mailto:d52membership@gmail.com)

Full Name:  
APA International Affiliate Number:  
APA Member Designation:  
Email Address:  
Home Address (including City, State, Zip, Country/Province):  
Work Phone:  
Home Phone (optional):





## Four Corners Conversations: Perspectives on Psychology from Around the World

Imagine a series of conversations with psychology colleagues in different countries around the world. These conversations are about the purview, structure and issues in psychology in these colleagues' country or region.

**Four-Corners Conversations**, the inter-divisional webinar series, will include 21 conversations, each on a specific sub-area in psychology. Each participating division will contribute speakers and content for a single webinar with the generic title "Four-Corners Conversations: X Around the World" where "x" is the focus of the division.

The outcome of the project is to provide exposure to information and perspectives from outside the U.S. to inform and expand US views of psychology.

For more information: <https://www.div52.net/index.php/activities/inter-divisional-webinar-project>



## Division 52 Award Nominations

Do you know someone who is an outstanding International Psychologist? Mentor? Researcher? ECP? *or* Student?

Nominate them for Division 52 Awards - see <https://div52.net/index.php/awards>





## Division 52 – INTERNATIONAL PSYCHOLOGY

### WEBINAR

Co-Chairs: Karen Brown and Falu Rami

#### 2019 Highlights:

- **May**—The Mendes Brothers (Grammy nominated musicians from Cape Verde), *Connection between music and psychology and how music can serve to create harmony and bring peace in the war-torn areas of West Africa*
- **May**—Dr. Chris Stout, *Technologies, Organizations and Tools for Global Psychologists in Humanitarian Intervention*
- **June**—Dr. Fathali Moghaddam, *Threat to Democracy: The Appeal of Authoritarianism in an Age of Uncertainty*
- **July**—Dr. DeAnza Spaulding (ECP), *Latina Immigrants of Domestic Violence: A Phenomenological Study*
- **August**—Dr. Ramacharan Tripathi, *From othering towards un-othering: Identity contestations in multicultural societies*
- **October**—Dr. Janel Gauthier, *Universal Declaration of Ethical Principles for Psychologists*
- **November**—Dr. Albert Mensah, *Biochemical Imbalances - what every psychologist needs to know, identified what biochemical imbalances*
- **December**—Dr. Brigitte Houry, *Arab LGBT Clients: The Do's and Don't in Psychotherapy* and Ilir Havolli, *Challenges and the Future of Psychology in Kosovo*

#### Coming in 2020...

Next year we are preparing to host a number of webinars that feature psychologists who are well-known as well as Early Career Psychologists from the US and abroad. To start off in **January 29th 3pm EST (30th 9am New Zealand)** we will be hosting Dr. Stuart Carr, Professor of Psychology, Industrial and Organizational (I/O) Psychology Program, Massey University, New Zealand. His webinar is entitled, **International Perspectives on Work and Livelihood** (<https://www.div52.net/index.php>), where he will define international work psychology, define the global concept of Sustainable Livelihood, link sustainable livelihood to other branches of applied psychology, e.g., health, education and well-being, and connect with other international psychologists working on sustainable forms of livelihood, and in project networks around the world. Be sure to register for this webinar early as we are expecting a large number of participants. Our February webinar will be a special one as we are planning to host directly from the 2020 Annual Society for Cross-Cultural Research (SCCR), where we hope to engage with presenters from around the world. Future webinar guests will include Dr. Joyce Green, Dr. Kristijan Civljak, Dr. Falu Rami, and many others. **Stay tuned, the next webinar guest may just feature you.**

**Fall / Winter 2019 Member Spotlight: Judith Gibbons***Spotlight written by: Katelyn Poelker*

Those of you who have had the pleasure of meeting Judy Gibbons know that she is passionate about international research and publishing, Latin America, and horses. As a developmental psychologist, Judy has been conducting research in Guatemala for more than 30 years. Although technically retired since 2014 after 35 years as Professor of Psychology at Saint Louis University, Judy is still very active in the international research and publishing communities. She served as the inaugural editor of the Division 52 journal, *International Perspectives in Psychology: Practice, Research, Consultation* (IPP) and is currently an Associate Editor of the *Journal of Cross-Cultural Psychology* (JCCP). Her love of international psychology is exemplified by the more than 30 years of research in Guatemala working with adolescents and in rural communities. The research has been diverse in scope ranging from adolescents' views on gender roles to intercountry adoption to a non-violence horse training intervention with adults and youth.

Looking ahead to 2020, Judy has some exciting projects on the horizon. One is a follow-up study to a photovoice project that she conducted with teens in an indigenous Guatemalan community 20 years ago. From 2000 to 2002, she asked many of the community's teens to photograph their present lives and their hopes for their future lives. Later this year, Judy will return to that same village to interview a subset of the original sample to learn more about how the reality of their lives compares to the teenage version of what they had imagined for themselves. Judy also continues to work with schools and non-governmental organizations in Guatemala to help design and execute empirical evaluations of various programs and initiatives to improve the well-being of the country's youth. Guatemala, like many Latin American countries, has numerous programs designed to better the lives of young people, but the effectiveness of those programs oftentimes remains unevaluated. Given Judy's passion for adolescents and for research, these projects have given her an outlet to positively impact a country she loves by calling upon her extensive international research experience. A final goal that Judy has for 2020 is to continue providing junior scholars with opportunities to gain research experience and to publish their work. She is able to provide some of that mentorship in her work as an Associate Editor at JCCP and also by collaborating with students on various projects. Currently, Judy is working with three junior scholars from the Universidad del Valle in Guatemala City to complete the analyses for a program evaluation for an NGO dedicated to redefining gender roles in Guatemala.

In her free time, Judy and her husband, Raymond, enjoy entertaining at their home in Antigua, Guatemala. Judy can also be found nearly every morning riding her horses Tinny Slew, a great granddaughter of the Triple Crown winner Seattle Slew, and Falca. Sometimes, she takes her Greater Swiss Mountain Dog, Violet, along to join in the fun of riding through the Guatemalan coffee farm where the horses live. I could not have imagined a more fantastic graduate school mentor; working with Judy has been a great privilege of my life. There is so much more to share about Judy's commitment to international psychology, so if you have not yet had the chance to meet her, be sure to introduce yourself at the next international or cultural psychology conference. She is looking forward to meeting you.

## The Myriad of Problems Encountered When Conducting Psychological Research with Refugee and Asylum-Seeking Youth

Deborah A. Stiles, Ana M. Pavon Marin, and Toby Macklin

Paper presented during the APA Division 52 International Psychology, Hospitality Suite Discussion, Convention of the American Psychological Association, Chicago, IL, August 8, 2019

### Abstract

This brief paper describes the multitude of problems that may arise when psychologists study the effectiveness of psychosocial interventions for refugee, asylum-seeking, and immigrant youth. The paper also describes how the 2019 social-political situation appears to have created a new level of mistrust and fear among immigrant and refugee children and adolescents attending a summer camp in Canada. To protect the peace of mind and safety of all the campers, details about the affiliation of the second and third authors and the location of the summer camp are omitted.

There is no doubt that studying and working with the world's most vulnerable children presents a multitude of challenges. Some international psychologists seek to understand the psychosocial needs and mental health challenges of children and adolescents who are refugees and asylum-seekers. They may study how to reduce mental health difficulties or study how to foster hope, resilience, and connectedness in these "at-risk" youth. Researching the effectiveness of psychosocial interventions for refugee children and adolescents is especially difficult for three main reasons. In this brief paper, the three reasons are described and some real-life examples of the myriad of problems are provided.

First, children and adolescents who are refugees, asylum-seekers, and unaccompanied minors may have experienced continuous and cumulative traumatic stress. Refugee youth have distinct patterns of trauma exposure and mental health needs. For instance, Panter-Brick and her colleagues (2018) demonstrated that Syrian refugee youth living in Jordan experienced much higher levels of traumatic life events than their culturally similar Jordanian peers. Betancourt and her colleagues (2017) found that refugee youth had higher exposure to violence and more traumatic grief compared with U.S.-origin youth. Because young refugees may have experienced "direct physical contact with danger, witnessing violence, physical threat, deaths, harm to loved ones, material loss, displacement, threat to loved ones, separations, extreme deprivation and hardship, and involvement in hostilities" (Kia-Keating & Ellis, 2007, p. 33), international psychologists must be gentle, do no harm, and be very careful not to re-traumatize participants during counseling or research. An additional consideration is that the researchers may experience secondary traumatic stress and will need to practice self-care while studying refugee youth (Kerig, 2018; O'Malley, Robinson, Hydon, Caringi, & Hu, 2017; Stiles, 2019).

Second, children and youth who are refugees, asylum-seekers, and unaccompanied minors have often fled from countries that are culturally and linguistically different from the countries where they settle. Refugee youth usually come from "non-Western" collectivist cultures and they need culturally relevant therapies and research methodologies. Refugee youth often do not know the language of their host countries and they may not respond well to "talking" therapies. Coming from collectivist countries, refugees may prefer group counseling over individual counseling. In many cultures, there is a stigma against participating in counseling or therapy. Art or storytelling may be more appropriate approaches for refugee youth than traditional "talking" therapies.

Some researchers might assume that evidence-based interventions such as cognitive behavioral therapy (CBT) or trauma-focused cognitive behavioral therapy (TF-CBT) can be used in any cultural context and that any questionnaire

with good reliability and validity only needs to be translated properly. This is not true. All research methods and psychosocial interventions for refugee youth must be culturally-grounded in order to be meaningful for refugee youth. Furthermore, the education of many refugee youth has been interrupted and they may be completely bewildered by written questionnaires and Likert scales as was found in a study of an art therapy program for Burmese refugee youth (Kowitt, Emmerling, Gavarkavitch, Mershon, Linton, Rubesin, Agnew-Brune, & Eng, 2016). Some of the refugee youth from Burma arbitrarily marked their answers because they were unfamiliar with questionnaire formats. This exploratory study by Kowitt and colleagues of art therapy was very limited due to a small sample size and questionnaire items that were upsetting and confusing for the participants. One solution is to involve refugee youth in the modification of existing questionnaires and the creation of new ones (Stiles, 2019).

Third, gaining approval from Institutional Review Boards and conducting ethical and meaningful research with children and youth who are refugees, asylum-seekers, and unaccompanied minors is very hard to do. For instance, how does one get informed consent from an unaccompanied minor? Refugees under 18 years are in a “twice” vulnerable population because they are under 18 and they are refugees. Due to stigma and risk, most refugee youth do not want to identify themselves as refugees, undocumented, or unaccompanied minors. Researchers need to make the research experience a psychologically safe one and let the young people self-identify on the questionnaires. It is also quite difficult to recruit refugee and war-affected youth for research studies. They may be unwilling to take part because they do not want to be reminded of what has happened to them. War-affected youth who participate in intervention research may also have high dropout rates (Peltonen & Kangaslampi, 2019) or “lost to follow up” rates (Panter-Brick, Dajani, Eggerman, Hermosilla, Sancilio, Alastair, & Ager, 2017). It is important to make participation in research an experience that the youth perceive to be worthwhile. Involving refugee youth in the design of the study and interpretation of the results is very helpful.

### **Examples of Challenges in Studying Psychosocial Interventions for Refugee Youth**

The three authors recently participated in an art and storytelling psychosocial intervention for young adolescents attending a summer camp in Canada. This psychosocial intervention was exploratory and a “pilot.” The campers were immigrant and refugee youth whose ages ranged from nine to fourteen; the campers came from Syria, China, the Philippines, Namibia, Lebanon, Saudi Arabia, India and Canada. Although we made every effort to be culturally sensitive, we did not always succeed and many of the issues we encountered were unexpected. For instance, a 9-year-old boy from Syria startled us when he introduced himself in this manner: “I’m from Syria; I come from a destroyed country.” A 12-year-old girl of Chinese ancestry was offended by a question about the country where she used to live. She explained that she was born in Canada and she is not an immigrant. An 11-year-old boy from Saudi Arabia insisted that the art and storytelling activities were too boring and he wanted to do something else. A 10-year-old boy from Syria admitted that he has trouble speaking and understanding English. Perhaps because of his difficulty with English, he seemed less engaged in camp activities compared with the other campers.

The first author comes from the United States; the second author is from Spain; the third author is from England. All three authors are mental health professionals with experience counseling immigrant and refugee youth. This was their first time working with the Canadian summer camp for immigrant and refugee young adolescents.

In her introduction to the campers, the first author mentioned that she was from the United States. Much to her surprise, she received the following message from the camp director the next day: “Many kids are worried that you may be passing on their information to Donald Trump. [They worry that] they may be targeted for deportation.”

The first author was saddened and dismayed that the President of the United States had created so much fear and anxiety among the immigrant and refugee campers, that they did not trust the adult from the United States and feared that she would intentionally endanger them. This incident created a secondary traumatic stress reaction for her and she was grateful that she had attended Kerig’s Continuing Education Workshop at the 2018 APA convention, “Resilience for trauma-informed professionals (R-TIP): Protecting ourselves from secondary traumatic stress.” The first author intentionally engaged in self-care practices such as meditation and spending time in nature. She made a decision to speak from her heart when reassuring the campers.

The second author was concerned that the social-political situation in the United States was affecting the psychological well-being of young adolescents in Canada. She felt sad and distressed, but also perceived this incident to present an opportunity to discuss with the campers how generalizations can create prejudices. The incident was a reminder that many of the campers are especially fearful due to personal experiences with danger, displacement, and hardship. The incident was helpful because it provided an opportunity to reassure the campers that we (the authors) cared about them, their happiness, and their safety.

The third author commented on the need for researchers and facilitators to respond effectively to the kind of safety concerns described above and also to work flexibly, creatively and decisively within the constraints of sometimes less-than-ideal physical circumstances. The sessions described here took place in a large gymnasium in which noise was amplified and echoed, such that it was often hard for campers to hear the facilitators and one another. The high noise level was especially frustrating for the campers because their first language is not English. The “noise pollution” contributed to a lack of grounding and focus in the first part of the intervention. The authors took measures to mitigate this problem – for example, drawing campers into a tighter circle and offering personal examples – which seemed to promote greater group cohesion and an increased sense of safety as the intervention progressed.

The discussion of the incident with the campers was very valuable and provided an educational opportunity to remind the young adolescents of their rights as described in the *Convention on the Rights of the Child* (United

Nations, 1989). An 11-year-old girl mentioned children's right to be cared for and loved. An 11-year-old boy from India mentioned children's right to participate and express their views. We (the authors) reminded them of our responsibility to respect their views.

In summary, studying and working with refugee, immigrant and asylum-seeking young adolescents presents a number of expected and unexpected problems. Most unanticipated was the campers' anxiety and fear about an adult from the United States giving their personal information to President Trump. This unfortunate incident eventually led to reassurance from adults and important group discussions. In order to understand effective psychosocial interventions for refugee, immigrant, and asylum-seeking youth more work is needed. There are many gaps in the professional literature, and many current studies of psychosocial interventions are only exploratory (eg. the 2019 study by Peltonen & Kangaslampi; the 2017 study by Betancourt et al.; the 2016 study by Kowitz et al.). Although the art and storytelling psychosocial intervention described in this brief article did not achieve all of its goals, it was a valuable learning experience for the adults and the youth. Although there were many challenges, the intervention appeared to promote social support, psychological safety, and international friendship among the participating young adolescents.

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#### Notes

To protect the peace of mind and safety of all the participants, many details about the summer camp are omitted.

The authors declare they have no personal conflicts of interest.

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## A Status Report on the Development of Psychology in Thailand: Progress, Challenges and a Role for ASEAN

Dr. Bruce Svare

Department of Psychology University at Albany

**Abstract** The development of psychology in Thailand is reviewed in light of recent economic, political, cultural and historical influences. While there have been pockets of clear improvement in curriculum, pedagogical practices, the growth of psychology courses in high schools, the growth of international psychology programs at the college level, and the professionalization of faculty, significant challenges remain before this country can make the claim that they are educating their students in more contemporary approaches to the study of behavior. This has important implications for Thai mental healthcare, as well as mental healthcare in other countries that make up the Association of Southeast Asian Nations (ASEAN), since professionally trained psychologists are critically needed to diagnose and treat a largely underserved citizenry. ASEAN can play a key leadership role in researching and prioritizing important changes in higher education that will promote the development of psychology and, as a result, provide a better trained mental healthcare workforce for the entire region.

Keywords: Psychology in Thailand, ASEAN, Mental Health Care, Teaching Research

### Background

The discipline of psychology, the professionalization of psychologists, and the development of mental health care services are still emerging in the nation of Thailand. Though the country is poised for additional growth if the political and economic situation stabilizes and eventually improves, there are significant challenges ahead. We assessed the development of psychology in 2011 (Svare, 2011) and noted areas of concern for future growth. The present review re-examines the status of psychology in Thailand today as it continues to evolve with special reference to recent progress as well as formidable obstacles that still stand in the path of more significant improvement.

**The World Wide Growth of Psychology.** Psychology in the United States continues to grow in popularity. Recent data shows that about 1.5 million college students register for introductory psychology annually and about 100,000 students earn their undergraduate degree in the discipline each year (Gurung, Hakathorn, Enns, Frantz, Cacioppo, Loop & Freeman, 2016; Norcross, Hailstorks, Aiken, Pfund, Stamm & Christides, 2016). Also, psychology courses are taught in many American high schools with approximately 1,000,000 US high school students annually finishing a survey course in the study of behavior (APA, 2013). In addition, over 293,000 high school students took the advanced placement exam in psychology in 2016 (College Board, 2016). This supports the conclusion that the discipline of psychology continues its growth and popularity among US youths.

Psychology has been growing dramatically throughout the rest of the world as well (Takooshian, Gielen, Plous, Rich, & Velayo, 2016). While US psychologists accounted for an estimated 80% of the total worldwide in the 1980s (Rosenzweig, 1984), that percentage is now only about 24% (Zoma & Gielen, 2015). There is an estimated 1,000,000 practicing psychologists in the world today (Zoma & Gielen, 2015) though licensing standards vary greatly from one country to another (some countries require only an undergraduate degree while others require a master's or a Ph.D.) (Takooshian *et al.*, 2016).

**Psychology and international engagement.** The forces of internationalization and globalization have also exerted strong influences on the degree to which psychologists around the world interact with one another. There are many psychologists from the United States now engaged in teaching, research, practice and consulting in many different parts of the world, especially where the study of behavior is just beginning to emerge. This phenomena is bidirectional since there are also psychologists from foreign countries who routinely come to the US to continue their studies, collaborative research and teaching. A recent consequence of this international engagement is a best practice guide developed for US psychologists who routinely are involved in foreign countries for their professional work (Morgan-Consoli, Inman, Bullock and Nolan, 2018).

**Psychology in Southeast Asia.** The worldwide growth of psychology has touched just about every region of the world (Takooshian *et al*, 2016). Efforts to establish universal methods, best practices and norms for the teaching of the discipline in various countries has been chronicled by McCarthy and colleagues (*Teaching of Psychology Around the World*, McCarthy *et al*, 2007, 2009, 2012).

While the discipline of psychology continues to grow in both Western and non-Western countries, there are regions of the world where the scientific study of behavior is either absent or in a state of infancy. Such is the case in a number of the countries in the Association of Southeast Asian Nations (ASEAN) which comprises 10 nations including Vietnam, Laos, Cambodia, Myanmar (Burma), Thailand, Philippines, Indonesia, Malaysia, Singapore, and Brunei. While psychology is growing in ASEAN countries like Indonesia, Malaysia, Singapore, the Philippines and Brunei and emerging in Thailand and Vietnam (Svare, 2011), the discipline is in the very early stages of development in Laos, Cambodia, and Myanmar. The last three countries represent significant opportunities for those looking to assist in spreading our discipline to areas where the profession of psychology could play a major role in the health and well-being of its citizens.

**Psychology in Thailand.** In a previous report, the author evaluated the status of psychology in Thailand (Svare, 2011). A brief review and update of this assessment is important since it can provide a departure point for evaluating the growth of opportunities in Thailand and other Southeast Asian countries where our discipline is just beginning to emerge. Furthermore, any evaluation must also include the larger context of social, economic and educational reforms in this country. This is accomplished, in part, based upon my own observations from many years of involvement in Thai higher education issues.

According to the most recent World Bank Report (2018), Thailand's social and economic development has moved it from being categorized as low income to upper income. Thailand has vaulted into the category of an industrialized nation and, other than Indonesia, has the second largest economy in Southeast Asia. This change has occurred in less than a generation and has positioned this country to focus more strongly on the quality of living of its 68 million people. However, investments in education and healthcare typically have lagged behind more well developed countries in the region such as Singapore, Malaysia and Indonesia. This is due in part to its unstable government, a constitutional monarchy in which the King is head of state but has very little power, and a military that has exerted power through a series of many coups in the last 85 years. This has produced 17 different constitutions in that period and has frustrated those involved in reform at all levels of the Thai educational system. Lack of political will and funding have left Thailand's higher educational system in a perpetual state of mediocrity. As a result, attempts to deliver better psychology infrastructure in higher education, one that will deliver more professionally trained practitioners to the field, has been chronically impacted.

Thailand is the only Southeast Asian nation that has never been colonized by another country. This has had both positive and negative influences upon the higher education system in this country. Thais are rightfully proud of their history and beautiful language but have been slow to realize the benefits of English language instruction which can improve opportunity and advance globalization. While Thailand

wants to become a hub for higher education in the region, the aforementioned cultural impediments have slowed a more contemporary approach to educational policies.

Modern psychology did not become established in Thailand until about 70 years ago when the Western educational system was adopted and schools of education for the training of teachers began to emerge. These schools included a basic psychology curriculum with a concentration in child development. There are approximately 200 institutions of higher learning in Thailand today with half private and half public. Only a few of the leading institutions in this country offer undergraduate degrees in psychology and even fewer offer graduate degrees. Psychology in Thailand is beginning to emerge as a stronger discipline today and over the next twenty to thirty years could equal or even surpass some of its ASEAN neighbors like Indonesia and Malaysia. However, there are still many barriers that prevent Thailand from achieving this status.

Presently, there are still only a few elite Thai institutions that have stand alone psychology departments with significant undergraduate and graduate course offerings that reflect both an Eastern (e.g., concentration on exploring the function and operation of the mind as well as methods to free the individual from suffering) and Western curriculum (e.g, observation, categorization, and alteration of observable behavior). Eastern (Buddhist) psychological approaches are not unimportant in the field of psychology. Mindfulness and meditation practices have a role as legitimate therapeutic approaches for some aspects of behavior disorder and the integration of the two will probably continue to evolve in both the East and the West. At present, however, Eastern (Buddhist) therapeutic practices do not have the same status as Western psychological practices because of the general absence of evidence-based research. Finally, most psychology course offerings in Thai colleges and universities are still housed in education or social science departments where the full array of courses in a typical contemporary Western curriculum are not offered.

The modern study of behavior is characterized by what many in the West have described as “psychological science”. Simply put, psychology is an experimental discipline that uses the scientific method to create, test and improve hypotheses concerning behavior and the factors and processes underlying behavior. Thus, the discipline of psychology relies upon an empirical, scientific approach for both basic and applied research. Owing to a heavy emphasis upon Eastern (Buddhist) psychology as noted above, curriculum in most Thai psychology departments historically has not reflected the psychological science approach. Eastern (Buddhist) psychology is primarily about self-knowledge, finding out more about who you are, and understanding your decisions, actions, thoughts, and feelings. It is more concerned with the alleviation of individual human suffering, distress, and dissatisfaction through mindfulness training and meditation. There are some threads of Western humanistic practices, cognitive behavioral therapy, and the positive psychology movement. However, Eastern Psychology is not as evidence based as the therapeutic techniques used in the West. Consequently, many Thai psychology courses are infused with the traditions of Buddhist and Eastern psychology.

There are pockets of change regarding a more contemporary curriculum in Thai undergraduate psychology departments. One example of this is the faculty of psychology at Chulalongkorn University where the author has spent considerable time as a Fulbright scholar and visiting professor over the last 12 years (Svare, 2018b). Considered one of Thailand’s best universities, Chulalongkorn has been at the forefront of change in its undergraduate psychology curriculum. It is important to note that Eastern (Buddhist) psychology curriculum has not been downgraded in this department but rather more contemporary course work in psychological science has been added in areas like behavioral neuroscience, drugs and behavior, sensation and perception, cognitive psychology, cognitive neuroscience, experimental psychology and research design

and analysis. As older faculty members have retired, a new breed of younger Western trained Thai professors are shaping the above curriculum changes to represent more of a contemporary, psychological science approach. Younger Western-trained faculty also bring with them the latest in contemporary textbooks as well as pedagogical practices that are student centered. There continues to be a healthy co-existence between traditional Eastern (Buddhist) psychology and Western contemporary psychological science. However, as Western approaches to the study of behavior evolve in Thailand, there could be a fundamental rethinking of how to integrate the two (Western and Eastern) into a more cohesive disciplinary focus. Other leading universities like Thammasat University, Mahidol University, Kohn Kaen University, Burapha University, Chiang Mai University, and Prince of Songkla University have emulated to some degree Chulalongkorn University by also adding some more contemporary psychology courses (e.g., psychological science), but these reforms have been slow to come for reasons enumerated in other parts of this status report.

The Chulalongkorn psychology department attracts a number of good students every year for their graduate counseling psychology program. Masters and doctoral degree tracks at this institution are heavily based in Buddhist and Eastern psychology theory and practice (Tuicommepee, Romano, and Pokaao, 2012). The full array of contemporary psychological thought and practice are not represented. The graduate program in counseling psychology was designed to serve as an adjunct to psychiatry in fulfilling mental health services in Thailand. As such, it should not be mistaken for a traditional Western program in clinical psychology. Those who graduate from this program have found employment in school and university settings, hospitals, human resource departments and wellness centers. There presently is no formal licensing or credentialing for being a counseling psychologist in Thailand. While graduate counseling programs are evident in other institutions in Thailand as well (e.g., Assumption University), there are presently no doctoral programs in clinical psychology. Such a program, as seen in the West, would be shaped by the requirements of the American Psychological Association (APA) and would include very specific guidelines for education, research, supervised training, and internship requirements. Only two faculty members at Chulalongkorn have actually been trained in Western clinical psychology while the remainder of faculty earned their degrees in counseling psychology. Also, there are very few opportunities in Thailand for supervised training in clinics by trained psychiatrists and clinical psychologists. And most of all, the professional standards for becoming a licensed psychologist in Thailand presently requires only a bachelor's degree. As a result, the establishment of a true APA-like clinical program at Chulalongkorn University seems to be unrealistic at the present time. This is unfortunate since this is what is critically needed in this country to help close the manpower shortage that presently exists in their mental healthcare workforce. The practitioner-researcher standard in clinical psychology would seem to be the long-term goal with coursework, supervised training, research, and clinical internships modeled after APA standards. Discussions in the psychology department at Chulalongkorn have moved to initiatives centered around collaborative efforts with other universities in the West. Although this approach is one that is more realistic for the immediate future, the long-term goal should continue to be the establishment of their own doctoral program in clinical psychology.

Faculty who teach psychology in Thailand are very dedicated with many having received their graduate training in the West. Older faculty are still heavily invested in rote learning strategies but younger faculty are emphasizing more cooperative, active learning approaches. Interpersonal cultural strategies, heavily imbedded in Buddhist beliefs and practices, emphasize respect for seniority and the suppression of boastful/leadership behaviors are significant impediments to more effective classroom teaching and student learning.

Over the last 10 years, there has emerged a new emphasis upon English taught coursework in psychology. This trend is evident in almost all of Thailand's higher education system but especially in their elite universities. This represents their desire to become more oriented toward globalization

and to play a larger role as a regional hub for higher education.

The availability of the latest technology for teaching rivals that of many Western countries. Computer stations for students and faculty, wireless service in designated areas, and online software (e.g, Blackboard, Web CT, E-res and other software for web-based learning and library access) are very good in top Thai universities in urban areas. However, the presence of this technology is still developing in regional universities located in more rural areas.

An examination of psychology departments ranked in the top 1000 in the world as reported by the *Times Higher Education (THE) World Ranking System (2019)*, reveals that only two Thai universities, Chulalongkorn University and Chiang Mai University, were ranked (between 801 and 1000, a further breakdown is not given). For comparison purposes, other ASEAN countries with representation in the top 1000 included Malaysia (5 institutions in the top 1000), the Philippines (2) and Indonesia (1). Vietnam, Laos, Cambodia, Myanmar and Brunei have no psychology departments in the top 1000. These rankings are not unimportant as a measure of where Thailand stands in the development of psychology. However, to fully interpret their meaning, more information about the ranking system itself should be considered. The largest component of the *THE* ranking system (close to 70%) is based upon the quantity and quality (impact) of research publications and how much they are cited. There are many problems with this ranking system not the least of which is that it is heavily biased toward English speaking journals and favors institutions that are heavily invested in graduate education and research. Thus, it is often biased against institutions in developing countries like those in the ASEAN community where graduate programs in some countries are not fully developed and funding for research is inadequate. Not surprisingly, incentivizing faculty publishing in high impact English speaking journals with cash bonuses has slowly crept into the Thai higher education system as a tactic for moving up in the rankings.

An encouraging recent development is the growth of basic psychology instruction in the high schools of Thailand. While this tends to occur mostly in private international schools in urban areas like Bangkok and Chiang Mai, there is some movement to begin such instruction in public schools as well. As noted earlier, inclusion of a basic psychology class has been a part of US high school education since the 70s with some 1,000,000 students annually enrolled (APA, 2013). It has brought a number of positive benefits to the public including a higher level of psychology understanding, a greater appreciation for the fact that the study of behavior is a scientific discipline like other life sciences, a reduction in the stigmas typically associated with mental illness, and an overall higher level of mental health literacy. It can do the same in Thailand if it is allowed to grow in both private and public school settings.

Another encouraging recent development is the emergence of international programs in psychology. As a consequence of my involvement with Chulalongkorn University, I helped to develop their international program and now regularly teach concentrated short courses in it during the summer months. Thai students who have been taught in English from an early age are attracted to the program because they know that continued instruction in English will give them an advantage in the job market upon graduation with greater opportunity for employment. The International Program in Psychology, and others like it in other disciplines at Chulalongkorn and other Thai universities, are growing dramatically to a point where students electing instruction in English outpaces that of those choosing to be taught in Thai. Importantly, the International Program in the Psychology Department at Chulalongkorn University is a dual degree program. It includes a University of Queensland (UQ) (Australia) component where Thai students spend 1 and ½ years in UQ's Psychology Department in addition to 2 ½ years in residence at Chulalongkorn. The coursework is demanding and includes mostly Western (contemporary) and some Eastern psychology coursework. It is heavily focused on the experimental nature of the discipline (eg., psychological science). In the senior year, students execute a thesis that could substitute for a master's degree in many Western colleges and universities. Many of the students

go on to the US, Europe and Australia for graduate work in psychology and related disciplines after receiving their dual degrees from both Queensland and Chulalongkorn.

**Professionalization of Thai psychology faculty.** Since our last review (Svare, 2011), the professionalization of Thai psychology faculty has changed in four important ways. First, as noted above, Thai psychology faculty (like those in many disciplines but especially science, technology and engineering) are being encouraged to become more active in scholarly publishing, especially in English speaking journals with high impact factors. As noted above, there are significant monetary inducements now for publishing work in these journals (high impact, English speaking) that can exceed a faculty member's salary for the year in some cases. Presently, there are only three psychology journals in Thailand and they are published in Thai: *The Journal of Clinical Psychology*, *Psychology Journal*, and the *Guidance Journal*. Because these journals are not cited very much outside of Thailand, there is increasing pressure on Thai psychology faculty to publish their work in journals that are included in the various world university ranking systems like the *Times Higher Education (THE) System*.

Second, Thai faculty are being encouraged to become more active in developing their own professional societies and associated conferences for professional development, credentialing and presentation of scholarly research. Presently there are four professional societies for psychologists in Thailand: *The Thai Clinical Psychologists Association*, *The Thai Psychological Association*, *The Thai Guidance Counselor Association*, and *The Thai Mental Health Association*. As noted in my previous review (Svare, 2011), there continues to be a need for these organizations to combine and form as one umbrella organization for both academicians and practitioners with various divisions like that of the American Psychological Association (APA). If this occurs, the discipline of psychology would grow more rapidly because it could lobby the Thai government more effectively for needed changes and resources. Ultimately, the capacity to educate and train more students in the discipline would accelerate and eventually impact the servicing of people whose mental health care needs are not being met.

Third, Thai psychology faculty are being encouraged to become more actively involved in faculty development issues surrounding pedagogical theory and practice. As noted above, the cultural tradition in Thai higher education for many years was that of professors using lecturing as the main format for instruction with students rarely arguing or criticizing in class. In contrast, active, student-centered learning styles of teaching are now being heavily promoted and increasingly are finding their way into the modern Thai university classroom.

Lastly, reform measures, though largely stalled and not fully implemented as described earlier, are impacting faculty hiring and advancement practices at public Thai universities and colleges. Though modestly compensated by Western standards, academic faculty are now being given options which can significantly impact their salaries and probability for advancement. Faculty now have the option of being hired on a government line which provides more salary but greater expectations for research and scholarly output in order to advance, or university lines which demand more teaching but few requirements for scholarship. Of course, these changes are not unlike what is happening in Western higher education.

**The Thai mental health care system.** The Thai mental health care system continues to be dominated by psychiatrists who still adhere to a medical model of mental illness. Thai psychologists are poorly trained by Western standards with most possessing only an undergraduate degree. They are considered to be "paramedical professionals" by the psychiatric community. However, in spite of their deficient training and education, they are being asked to serve on the frontlines of the diagnosis and treatment of mental illness. They help with group and individual therapy, community mental health promotion, and counseling of drug addicts and HIV positive patients. Much of this is done in the absence of any significant supervision from experienced psychiatrists and credentialed psychologists. Moreover, pay in these positions is low and the opportunities for advancement are limited. Importantly, increasing num-

bers of Thais are seeking help from professionals and because there are so few psychiatrists (only about 300 with 80% practicing in urban areas), their role, as noted above, continues to expand into areas of treatment, promotion of mental health and research (Tapanya, 2010). The most recent *WHO Mental Health Atlas Report on Thailand Mental Health Care (2017)* states that the country has 12.06 mental health providers (e.g., psychiatrists, psychologists, nurses, social workers, and occupational and speech therapists) for every 100,000 people. This is a jump from previous years but is still a very low figure especially when one considers that many of the providers included in the analysis lack any significant training in psychology.

Psychology as a profession in Thailand's mental health care system continues to stagnate. It has not grown substantially since our last review. There are a number of reasons for this but one of the most important factors is the continued dominance of psychiatry and its adherence to the medical model. Additionally, there are limited educational and training opportunities for clinical psychology at either the undergraduate or graduate levels, licensing standards are not rigorous with only an undergraduate degree required, and Buddhist monks continue to be promoted as *defacto* counselors. Over 80% of Thai psychologists have only an undergraduate degree, about 15% have earned a master's degree, and about 5% have a doctoral degree (all from overseas and few with internships or significant postdoctoral training (Tapanya, 2001, 2010)).

Licensing and credentialing of psychologists in Thailand is evolving and changing but only very slowly. There is movement in the Thai Department of Health to elevate credentialing to require a master's degree and then, at some point, to elevate this even further to require a doctoral degree. But this seems bogged down in the bureaucracy and political turmoil that have characterized this nation for so long (see below). The majority of the 1000 or so Thai "clinical psychologists" are trained at the undergraduate level in Thailand. A few get advanced training at the Masters' level. The licensure process now requires a supervised internship both in 1) the academic training program and 2) a six month internship before sitting for the licensing exam. After licensing, the majority work in government hospitals. Those with the clinical license are eligible to open their own private practice but few do. Thai clinical psychologists are primarily focused on conducting assessments while psychiatrists provide diagnoses (Tuicomepee, Romano, and Pokaeo, 2012, K. Pisitsungkagarn, personal communication, January 2019).

The continued emphasis on the medical model approach to mental illness in Thailand has devalued the behavioral sciences and has contributed to their underrepresentation (Tapanya, 2010; Svaré 2011). There are still no departments of psychology or behavioral science in medical schools. The six year medical education for Thais begins right after high school, leaving little opportunity for psychology and sociology coursework. As a result Thai medical students who specialize in psychiatry do not have a contemporary perspective on mental health and illness that their Western counterparts usually have from a broad based, undergraduate, liberal arts experience. Because Western medicine has largely shed the biomedical model for the biopsychosocial model, significant medical problems in Thailand that have a strong behavioral component, like heart disease, drug addictions and sexually transmitted diseases are not treated from the modern perspective of the field of health psychology and prevention. These deficiencies further make the case for the growth of clinical psychology and an improved psychology curriculum in Thai colleges, universities and medical schools.

The lack of universal insurance also hampers the development of the Thai mental health care system. While government officials and their families and employees of private companies have extensive health care coverage that is considered to be very good, laborers and low income citizens have free coverage in government hospitals that is generally viewed as substandard by the public. Likewise, psychological assessments and therapy are not reimbursable and mental health care services generally are limited to those with acute psychotic conditions where immediate hospitalization is needed. These problems continue to be acute in the rural areas of Thailand where access to trained

professionals is very limited. As psychology continues to develop in this country, many additional practitioners will be needed to alleviate some of these problems.

Importantly, cultural factors continue to play a significant role in the extent to which Thais seek out mental health care. Like many ASEAN countries, Thailand is heavily Buddhist and Thais prefer to live in extended families and build houses in groups where they are in close proximity to relatives. Relatives with mental disorders are often taken care of by family members rather than risk the stigma of seeking a psychologist or psychiatrist. As a result, Buddhist temples and Buddhist monks continue to be important sources of mental health care assessment and treatment. Buddhist monks are highly respected in Thai culture and are routinely sought out for assistance with psychological problems. Although the stigma associated with seeing a mental health care professional in Thailand is significant, the question remains as to how effective a Buddhist monk with little or no training in psychology can be in diagnosing and treating behavior disorders. Although efforts to train Buddhist monks in basic psychological assessment would seem to be worth pursuing as an adjunct to traditional assessment and treatment from trained professionals, such programs have neither been fully implemented or supported in Thailand (P Buck, Personal communication, July 2016).

In spite of significant cultural and economic impediments, psychology is growing slowly in Thailand and may eventually become a greater force in academe and the clinical mental health community. As noted in our previous review, and emphasized once again here, the adoption of Western educational curriculum at both the undergraduate and graduate level, the development of more stand alone psychology departments and the continued implementation of basic psychology exposure in high schools are critically needed. These infrastructure changes will ultimately lead to a higher level of training for students as well as future academic faculty and trained practitioners for employment in the mental health care system.

It is important to note that there is some recognition by Thai government officials, as well as faculty in higher education and the medical establishment, that the mental health needs of Thai citizens are not being met. For example, the Thai Department of Mental Health called for the training of many more mental health care workers to bring Thailand up to world standards (Konsomboon, 2012). It was noted in this announcement that the Thai Health Department records showed that 260,000 mental patients yearly have access to treatments but 500,000 other patients neither receive treatment or have proper access to therapy. In particular, major depressive disorders, addiction disorders, and childhood behavior disorders are especially under treated.

An opportunity to grow professionalized mental health care services could come from a number of different sources. A long term goal for Thai higher education is to grow their own clinical psychology training programs that adopt Western models (e.g., the scientist/practitioner model) like that advanced by the American Psychological Association (APA). The hallmark features of this model include rigorous academic coursework and research training that culminates in a successfully defended thesis. As noted earlier, doctoral training in clinical psychology also includes supervised practical experience and extensive internship experience beyond formal clinical training. While efforts to produce joint clinical psychology programs with the West have been discussed at a number of leading Thai universities, there seems to be little impetus to further promote such ventures. But a recent announcement (Sharma, 2017) by Thailand's education ministry to allow foreign universities to operate in special economic zones might be just the kind of opening that would allow foreign sponsored, professionalized clinical training programs, to get off the ground. The decree would permit foreign universities to be set up with exemption from the normal rules thus allowing universities to make long-term plans. Importantly, foreign universities would have to provide something different from what Thai education can already do. It would have to be something that is critically needed and not already present. Certainly, mental health care professional training is one such area that fits this mandate. This might be the perfect opportunity for some US universities with respected clinical training programs to set up collaborative clinical psychology training programs (with Thai universities) in these newly established economic zones. Their creation would certainly

help to fill the void that currently exists for clinical training in this country as well as many other ASEAN countries. Indeed, if executed correctly, a place like Thailand could eventually become an ASEAN hub for professional training in the field of clinical psychology.

***The growth of psychology in the context of larger issues impacting the Thai higher education system and mental healthcare.*** The Thai higher education community is confronting several major challenges at this time (Mala, 2019). First, there is a dramatic change occurring in demographics as the population is ageing rapidly and the birthrate is dropping. According to the United Nations, Thailand is the third most rapidly ageing country in the world. The percentage of the Thai population that is 65 or older has more than doubled over the last two decades, from 5% in 1985 to 11% in 2018. In the early 1960s, the birth rate was 6.2 per woman and in 2018 it is only 1.5. As a result, the number of college age students is dropping dramatically. In 2018, there were 300,000 available seats and only 230,000 students applied. The number of students at open universities fell by 50% while the number at some private universities dropped by 70%. Second, the Thai Education Ministry recently has advocated for a number of changes in educational priorities including greater emphasis upon on-line learning, life-long learning (e.g., continuing education), and a shift away from education in the social sciences (currently 70% of students) toward science and technology (currently 30% of students). Third, the growing costs of higher education in Thailand has made it inaccessible to lower classes and therefore has denied many, especially from rural areas, the opportunity for higher paying jobs. This trend, coupled with a rising inequality in wealth distribution, has resulted in disproportionate benefits to only a wealthy few (Lindsay, 2019). Lastly, social services spending, which clearly impacts resources for mental health care, continues to be low (7.8% of its GDP) while most developing nations spend much more (an average of 20%). All of these factors could potentially have negative consequences for the further development of psychology in Thailand as well as progress toward a professionalized mental healthcare workforce.

***The role of ASEAN in the development of psychology and a professionalized mental healthcare workforce.*** The Association for Southeast Asian Nations (ASEAN) was founded in 1967 principally to promote stability and cooperation in the region (ASEAN Annual Report, 2017-2018). More recently, ASEAN has been the primary driver of economic growth as well as the promotion of political and educational collaboration. In particular, the organization promotes peace and stability in the region and members have signed treaties pledging not to develop nuclear weapons and to work against terrorism including the sharing of intelligence. ASEAN represents the 7<sup>th</sup> largest economy in the world and is home to 650 million people. It is the third largest labor force in the world behind only China and India. However, there are significant economic and political inequalities among the 10 ASEAN countries that dramatically influence educational development and, for the purposes of this paper, the growth of psychology as a discipline and the development of mental health services for citizens.

ASEAN countries with the greatest needs for the development of psychology infrastructure are Myanmar, Laos, and Cambodia. This conclusion is derived from an examination of a number of different sources including reports from the World Bank, World Health Organization (WHO), ASEAN data (ASEAN Foundation Annual Report, 2016; ASEAN Annual Report, 2017-2018; ASEAN Mental Health Systems, 2017) the *Times Higher Education (THE) World Ranking* (2019), as well as my own personal observations and input from colleagues in various ASEAN countries. Due to many different historical and political reasons, these countries lag behind in economic development in comparison to other ASEAN countries. While there are signs that these countries are making strides to improve the quality of living of their citizens, they have a long way to go before they reach the socioeconomic status of more developed ASEAN countries like Indonesia, Singapore, Thailand and Malaysia.

The growth of the discipline of psychology and its potential role in improving mental health in Thailand must also be considered in the context of the entire ASEAN community. The ASEAN Declaration (1967) states, in part, that the aims and purposes of the Association are “to accelerate the eco-

conomic growth, social progress and cultural development in the region through joint endeavors in the spirit of equality and partnership in order to strengthen the foundation for a prosperous and peaceful community of Southeast Asian nations”. An important guiding ASEAN document (*ASEAN Post-2015 Health Development Agenda 2016-2020* (2018)) that sets the agenda for the future, states that the “promotion of mental health” is a major priority. This is an important goal since most ASEAN member nations lag behind accepted World Health Organization (WHO) standards for mental health care (WHO, 2016). For example, when examining an important statistic for gauging mental health development, the number of mental health workers per 100,000 people (which includes psychiatrists, psychologists, nurses, social workers, occupational therapists and other paid mental health workers), most ASEAN countries score very low: Bunei (29.46); Singapore (14.90); Thailand (12.06); Malaysia (9.96); Cambodia (7.76); Vietnam (4.36); Indonesia (2.83); Philippines (2.02); Myanmar (1.18); and Laos (.44).

Importantly, the above figures can be deceptive. It should be noted that a very high proportion of the mental health care workforce in ASEAN consists primarily of non-professional, largely untrained individuals who do not possess undergraduate or advanced degrees in psychology or psychiatry (*ASEAN Mental Health Systems, 2017*). This is in stark contrast to what is seen in more developed countries where there are many more professional mental health care workers with masters and doctoral degrees that also include supervised internship/practicum experiences and rigorous credentialing and licensing standards. It is also important to note that the term “psychologist” itself has many different meanings depending upon the region/country of the world. In the West it refers to a person with a doctoral degree (Ph.D. or PsyD) and government licensing while often in the East it refers to a person with just an undergraduate degree and minimal or no licensing. Thus, WHO and ASEAN reports provide important comparative information, but when training, credentialing and licensing differences are taken into consideration, it is clear that many ASEAN countries are far behind in both the quantity and quality of mental health care workforce training and services.

The median for number of mental health workers per 100,000 people in ASEAN countries is 8.86, a figure that is on a par with China (8.75), considerably lower than other Asian countries like Japan (146.19) and South Korea (40.11), but higher than India (.93). By comparison, the US (269.29) and England (195.74) are very high in this measure of mental health workforce. Interestingly, the median worldwide number is 9/100,000 but extreme variation is the norm with 1 (or less) per 100,000 in low income countries to over 50 in high income countries. In developed countries, it is also important to note that clinical psychologists who typically receive their training in psychology departments, far outnumber psychiatrists who typically receive their training in medical schools. While psychiatry in underdeveloped countries should certainly be encouraged to grow, a better investment would be the growth of clinical psychology and health psychology. This follows from the fact that the biopsychosocial model, with its emphasis upon interactions between health and behavior, has been adopted by the clinical psychology community worldwide and is the dominant theme in mental healthcare treatment and prevention today. It has supplanted the biomedical disease model, once advocated by psychiatry and the medical profession, but now outdated because of our knowledge that non-biological factors (eg., behavioral, social and environmental) and not disease are the primary causal factors in the etiology of illness and many types of disordered behavior. Thus, psychiatry in underdeveloped and emerging countries, with its primary focus on narrow biological determinants of disorder, is only equipped to handle a small percentage of patients that have severe organic-based problems (eg., psychotic based disorders). On the other hand, clinical and health psychologists, by virtue of their more broad based training in the social and behavioral sciences, are better equipped to diagnose and treat many more types of behavioral problems such as depression, mood disorders, addiction based disorders, and childhood disorders. The East has been slow to adopt standards of mental health care diagnoses and treatment advocated in important documents like the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (2013) and *WHO's International Classification of Diseases (ICD)* (2018).

These standards have, in part, driven advocacy of the biopsychosocial model for mental healthcare and a general downplaying of the once dominant biomedical model. They have also contributed heavily to the prevention, public health model of mental healthcare in the West. Clearly, an investment in the development of the discipline of psychology and the training of clinical and health psychologists ultimately could pay great dividends in countries like Thailand and the ASEAN community in general. The changes advocated here would be proactive, contemporary and would recognize the biopsychosocial model as one that is focused on prevention and treatment using the latest evidence based methods that are effectively being used in many parts of the world today.

There can be no mental health care progress in any ASEAN country without dramatic increases in professionally trained manpower, especially mental health care workers who are on the frontlines of diagnosis and treatment. Importantly, a major priority should be the training of psychologists to become co-equals with psychiatrists and not merely adjuncts. Historically in the West, professionalized training for psychologists and other mental healthcare workers typically takes place in psychology departments. As a start, ASEAN countries must prioritize the development of undergraduate and graduate curriculums in psychology that are contemporary, professionalized, and guided by evidenced-based, practices advocated by long-standing international organizations like the American Psychological Association (APA) and the World Health Organization (WHO). These guidelines should also include clearly drawn standards for teaching, research and rigorous credentialing and licensing of psychologists. Furthermore, those who teach in the discipline of psychology in higher education and are involved in the mentoring and training of future psychologists and mental healthcare workers, must have professionalized training in a number of different areas. This includes 1) the latest curriculum used in contemporary psychology; 2) the latest active learning, student-centered pedagogical strategies; 3) an understanding of the entire contemporary scholarly publishing process including how to write using proper English grammar, statistically analyze data using accepted methods, and how to submit quality research articles so as to maximize acceptance in reputable, high impact journals; and 4) an understanding of the most current professionalized practices for providing internship experiences for masters and doctoral students who are in training. Therefore, ASEAN could play a major role in the development of psychology and mental health care in this region if it consistently advocates for resources to research and then implement some of the important changes noted above. Lastly, ASEAN must have a sense of urgency about executing these changes. What hangs in the balance is the citizenry of Thailand and other ASEAN countries who continue to have substandard mental healthcare services.

### **Conclusions**

Though still in its infancy, the discipline of psychology will continue to grow in Thailand. This is inevitable given the rate at which psychology has spread to other parts of the world. Pockets of improvement in Thailand are slowly occurring in curriculum reform that places greater emphasis on psychological science, pedagogical practices that are more student centered, the growth of basic psychology course offerings in high schools, the growth of international (dual degree) psychology programs at the undergraduate level, and the professionalization of psychology faculty. Impediments to the future development of psychology in Thailand and ASEAN countries in general are significant. They include economic, cultural, historical and political influences which have imposed significant roadblocks to reform.

Owing to the dominance of psychiatry and the continued adherence to the medical model, the profession of psychiatry and the nascent field of clinical psychology in Thailand are overwhelmed and can not properly service the many citizens who need mental healthcare assistance. Prioritizing the development of the modern discipline of psychology in Thailand's higher education system and the training of masters and doctoral level clinical and health psychologists would seem to be a pru-

dent direction for the future. Such a system, if implemented according to Western and international standards, then could provide many more professionalized mental health care workers capable of diagnosing and treating a range of disorders recognized by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (2013) and *WHO's International Classification of Diseases (ICD)* (2018). It should be the goal of Thailand and the entire ASEAN community to expand the mental healthcare workforce by encouraging the development of the discipline of psychology in higher education. To date, it is a fair conclusion that mental healthcare has not been a top priority of the ASEAN community. For this reason, ASEAN leadership plays a key role in encouraging future infrastructure changes that will lead to greater mental healthcare services for its citizenry. This is a first step in a long term plan that will call for many more professionally trained clinical and health psychologists to serve in a variety of capacities including diagnosis and treatment of patients as well as research and the teaching of students who desire to become mental healthcare workers. The next generation of mental healthcare workers in Thailand and ASEAN, like the rest of the world, will come from the discipline of psychology. Preparing for and enabling this inevitable development should be the first order of business for the entire ASEAN community.

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