Intervention Proposal
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In the South Asian community, food plays an important role, and serves as a way in bringing people together. Not partaking in eating food can often be seen as a sign of disrespect. Collectivism is a big part of our culture in the way that we engage and provide support to one another (Edirisingha et al., 2015). However, many in the community have a tendency to ask and speak about various aspects of your life, which can cause distress to oneself. In particular, this can involve things like comments about your weight, appearance, and lifestyle, leading to a decline in mental health. While women seemingly face this pressure in part due to patriarchal norms, men also face related societal pressures (Ricciardelli et al., 2007; Soohinda et al., 2020). For those part of the South Asian diaspora living outside of South Asia, they often face stressors related to acculturation, biculturalism and ethnic identity. It can be challenging to juggle dual identities while living in a society that prioritizes individualism and furthermore, fuels the thin-ideal. Many internalize the thin-ideal, which can lead to challenges with body image (Abbas et al., 2010).

Along with sociocultural factors, executive functioning is an important neurocognitive factor that can play a role in disordered eating. Executive functioning relates to broader skills like working memory, inhibitory control, and processing speed that can affect our daily living and behavioral and emotional regulation. Patients with EDs have been found to perform more poorly on EF measures (Diaz-Marsa et al., 2023). Besides clinical populations, evidence has been found in non-clinical populations of impaired EF in disordered eating, particularly those related to inhibition and ability to control one's emotions (Ciszewski et al., 2020). In investigating childhood factors predicting adolescent eating patterns, a study found that hyperactivity, overeating, cognitive inflexibility and working memory may contribute towards the development of disordered eating/eating disorders in adolescence. Therefore, early recognition and intervention are focal.

However, when it comes to acknowledging the presence of disordered eating, this becomes a challenge for many in the community. There is still a prevalent stigma when it comes to conversations surrounding mental health, with many asking the question, "What will others think?". The stigma can additionally come from oneself, accompanied by feelings of shame and guilt (Maeshima & Parent, 2022). In a collectivistic culture relying heavily on family and community, it can be difficult to have these discussions, especially when considering how older generations may have certain established thoughts about this topic or many family/community members do not have a full understanding of mental health (Goel et al., 2023). Furthermore, it can also make treatment seeking challenging, particularly when our support systems are unwilling to acknowledge our perspective and clinicians often have minimal training in cultural factors (Rastogi et al., 2014; Basri et al., 2022). Mental health can be intertwined with somatic

symptoms for many South Asians. When clinicians are unaware of factors affecting South Asian mental health and treatment-seeking, it can discourage us from seeking or continuing receiving help. Many treatments have not been created with people of color in mind, and current interventions require adaptations to better serve the needs of South Asians, including things like incorporation of family members, traditional and religious principles, and using native languages (Singal & Chopra, 2023). Nonetheless, as we become more aware of mental health and acknowledge the detrimental impact it can have on us, both mentally and physically, it is crucial for us to address it just as we would physical ailments. Also, it is important for clinicians to be trained in cultural factors and to undergo regular training and opportunities to apply these skills.

For my project, I have chosen to propose a brief intervention related to executive functioning and disordered eating in South Asian children, which can be adapted to be either virtual or in person, incorporating elements of Maudsley Family Therapy, Cognitive Behavioral Therapy (CBT), and Dialectical Behavior Therapy (DBT). With a child-focused intervention, providing information to children in a developmentally appropriate manner will be important. Maudsley Family Therapy will be applied into the design of this intervention by incorporating parents/caregivers and other relatives close to the child throughout the treatment process and empowering the child's support system to aid the child in treatment (Jewell et al., 2016). The first session will function as intake/psychoeducation, where the clinician would meet with the help-seeking child and family member(s) and explain how the intervention would function. In addition, the clinician will also conduct an intake interview (with family input) and neuropsychological assessment to get a better sense for the client's presenting issues and neurocognitive functioning and then see how to proceed. In the following sessions, about 5-6 approximately, the clinician will review aspects of disordered eating from a culturally relevant standpoint (i.e., discussing boundaries with family members, eating nutritious food, how disordered eating presents itself, expectation surrounding meals and body image in the South Asian community, etc.). Aspects of Cognitive-Behavioral Therapy (CBT) can be used to encourage the help-seeking child and family members to partake in small actions and address cognitions to benefit the child's relationship with food (Murphy et al., 2010; Linardon et al., 2017; Wilfley et al., 2011). Portions of Dialectical Behavior Therapy (DBT) would be included to assist in equipping the client with different skills, such as those linked to emotion regulation as emotional dysregulation has been shown to be linked to disordered eating (Moonshine & Schaefer, 2019; Vogel et al., 2021). Depending on the level of executive functioning, exercises for inhibitory control, working memory, emotional control and more can be conducted. Lastly, there will be a concluding session, where the clinician will emphasize skills covered throughout the sessions, and receive feedback from the help-seeking child and family members. Booster sessions can be provided at the client's request.

It is important to design culturally relevant interventions that cater to the South Asian community as much of the prior research has focused on White samples and there are unique

factors not accounted for in existing interventions (Halbeisen et al., 2022). As the South Asian community is collectivistic, harnessing the power of communal support will be focal in maintaining intervention progress. Through fostering a more open dialogue via psychoeducation and therapy, we can better aid individuals with their mental and physical health and mitigate the devastating impact disordered eating and/or eating disorders can have in the South Asian community.

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