CHAPTER

8

Defining and Visualizing Your Goals (Session 3 of the Treatment Manual)

I once tried standing up on my toes to see far out in the distance, but I found that I could see much farther by climbing to a high place.—***Xun Zi (Confucian Philosopher, 313–238 BC)***

Session 3 of the treatment manual focuses on helping clients define and visualize their goals. As previously mentioned, this cultural adaptation is of critical importance because of the Asian cultural emphasis on problem-solving. Moreover, because of the high stigma toward mental illness and its treatment, Asian heritage clients often delay help-seeking, resulting in their problems getting worse and evidencing greater clinical severity when they finally do come in. As a result, there is a clinical–cultural interaction that leads clients to be very focused on problem-solving and finding immediate resolution to their distress. By aligning with the problem-solving nature evident in Asian heritage culture, the treatment becomes culturally syntonic and matches the initial treatment goals of the client. This can be very different from traditional cognitive-behavioral therapy which places a greater initial and overall focus on cognitions, the identification of irrational thoughts and maladaptive thinking patterns, and cognitive reframing.

When working with Asian heritage clients, this emphasis on cognitions may be culturally incongruent with the client's goals and reasons for seeking help. Many are initially resistant to changing the way they think about the problem, and expect the therapist to support their problem-solving goals. Many clients often come in trying to fix a particular situation or change the behavior of a person that causes stress for them in their lives. If the therapist places too great an emphasis on identifying "irrational" cognitions and cognitive reframing, this may fracture the working alliance and the client may not come back to treatment. For example, many Asian heritage clients have told me "It's not my way of thinking that's the problem" and reemphasize that it's the situation and the other person that is the problem.

By culturally adapting therapy and placing a greater initial focus on problem-solving, the therapist aligns with the client's goals and develops a stronger working relationship. A strong relationship is very critical when working with clients from collectivistic cultures that have a high stigma toward mental illness. Having a strong relationship will help the client open up and talk about personal problems with somebody outside of the family—which is a culturally salient taboo for many Asian Americans. This opens the door and also sets the stage for changing cognitions later in treatment.

The treatment manual's goals for Session 3 include:

- Weekly check-in and review of take-home exercises;
- Discussion of initial reactions to therapy thus far;
- Utilizing the bamboo metaphor to increase flexibility, resilience, and personal strength;
- Using visualization to reach short-term and long-term goals;
- Learning the "climbing the mountain" technique;
- Completing the behavioral (Action) strengthening exercises before next session.

Culturally Adapting Psychotherapy for Asian Heritage Populations.
DOI: http://dx.doi.org/10.1016/B978-0-12-810404-0.00008-8

Each of these session goals has been incorporated into the following chapter goals. The chapter goals include:

- Checking in to make sure your client is fully engaged and understands the collaborative nature of psychotherapy
  - Weekly check-in and review of take-home exercises
  - Discuss initial reactions to therapy thus far
- Understanding how to integrate cultural healing metaphors and symbols
  - Utilizing the bamboo metaphor to increase flexibility, resilience, and personal strength
- Utilizing culturally syntonic methods for problem-solving, visualizing one's goals, and practicing and exercising
  - The importance of problem-solving
  - Using visualization to reach short-term and long-term goals
- Learning the "climbing the mountain" technique
  - De-emphasizing cognitions and focusing on problem-solving, goals, and consequences
- Practicing in-session exercises and providing structure for exercise completion
  - Complete behavioral (Action) strengthening exercises before next session.

CHAPTER GOAL #1: CHECKING IN TO MAKE SURE YOUR CLIENT IS FULLY ENGAGED AND UNDERSTANDS THE COLLABORATIVE NATURE OF PSYCHOTHERAPY

Asian heritage populations are often reluctant to seek mental health treatment and sometimes feel uncomfortable when they seek help. Consequently, it is important to both initially and periodically check-in with the client to make sure that they understand the collaborative nature of psychotherapy and are fully engaged. The culturally adapted treatment manual does so by conducting weekly checks-ins and reviewing take-home exercises. There are several reasons for this.

First, conducting *weekly check-ins* help clients feel more engaged and underscores that their therapist cares about their well-being and life circumstances. Second, it provides the client with an open space that helps them feel more comfortable talking about their problems and feelings with a stranger, and also creates a routine with expectations that discussing private issues is an important part of the therapy process. Third, it reduces the discomfort and awkwardness at the beginning of therapy when many Asian heritage clients may not know what to say or do. Fourth, it makes the clients aware that the therapist will follow-up on take-home exercises and that the practice of skills is essential for getting better and achieving one's goals. This will help reduce the likelihood of take-home exercise noncompliance. Because Asian heritage populations may have more difficulty discussing their problems with nonfamily members and people who they do not know well, therapists showing interest and setting the expectation for client–therapist collaborative efforts is an integral cultural adaptation that sets the tempo for future sessions.

Therapists need to be cognizant that Western psychotherapy may be foreign to Asian immigrants, and that clients may need more time and understanding before they feel comfortable freely expressing themselves in treatment (Hwang, 2006). Asian immigrants may be less culturally inclined to talk about their problems with a person with whom they have not developed a close relationship. However, this does not mean that they are unable to express their emotions; rather, a stronger therapist–client alliance may need to be established before clients are willing to open up. Understanding social and cultural traditions and etiquette may require that therapists take a greater initial investment to effectively join and engage with the client (Lee, 1997). This may influence the topics and tempo of the initial treatment sessions.

Moreover, many Asian cultures place great importance on hierarchical relationships, respect for authority figures, and social structure and harmony (Lin, 2002; Zhang et al., 2002). Because of this, it can be not only beneficial but also necessary for therapists to exhibit authority and leadership skills by setting structure and expectations for therapy. Asian heritage populations see the therapist as an expert or authority figure that provides guidance in solving their problems, often expecting the therapist to tell them what to do. This results in the expectation that the therapist will be more proactive in providing direction, giving advice, and teaching skills and practices that provide immediate symptom relief. Moreover, the natural inclination of many clients

is to assume that it is the responsibility of the therapist to ask them questions, and not the role of the client to ask questions of the therapist. This is why psychoeducation and setting expectations early on is so important for Asian heritage clients.

Some clients may even feel that asking questions of authority figures is equivalent to directly challenging or disrespecting them. As a result, they are also less likely to openly disagree with the therapist. Some Asian heritage clients may also appear passive, quiet, and reserved, because of cultural differences in relation to authority figures. Consequently, therapists who are unfamiliar with the client's cultural background may be more likely to misinterpret culturally influenced communication and expression styles and see Asian heritage clients as being uncooperative, avoidant, uncommunicative, or not taking initiative for self-care. These issues can also interact with clinical symptoms (eg, depression), which may reduce the energy, motivation, and how much clients socially interact. Therapists need to keep these questions in the back of their mind as they make clinical interpretations and formulate treatment plans.

It can also be beneficial if the therapist capitalizes on the client's perception of them as an expert authority figure. This can be a culturally normative method of increasing client engagement and compliance with take-home exercises. Setting treatment expectations early can help clients be more willing to talk about their feelings and problems, ask questions, collaborate, express their needs, and even openly disagree with the therapist. This is especially important since many traditional and indigenous medicines are less collaborative, more authority-driven, and tend to be more top-down than Western psychotherapy.

There are many ways to improve the client–therapist relationship. Changing the conceptual framework of psychotherapy and the vocabulary that one uses to describe and introduce treatment can help clients better relate to therapy and improve the therapeutic alliance. For example, during phase I focus groups, we discussed utilizing a comparative metaphor between physical therapy and psychotherapy as a way to help reduce stigma, understand the importance of treatment, help clients understand therapeutic tasks and homework exercises, and improve the therapeutic working relationship. Clients responded well to this metaphor and culturally adapted terminology as evidenced during phase IV of the Formative Method for Adapting Psychotherapy (FMAP) (treatment testing phase). This helped reduce stigma and helped clients understand the importance of treatment.

Phases I (focus group discussions and initial treatment development phase) and IV (treatment testing phase) of the FMAP also help reinforce that using the words "exercise" and "practice," rather than "homework," can be an effective cultural modification which is more acceptable and aligns with the physical therapy metaphor. For example, one therapist half-jokingly stated Asian heritage populations have such high academic pressure and do too much homework while growing up that they may have an aversive reaction to hearing the word "homework" as an adult. The room became filled with laughter and other therapists reiterated this idea, noting that Asian heritage populations have done enough homework and don't want to do any more as adults. Therefore, in the treatment manual homework was called "*take-home exercises*" or "*take-home practice*." Similarly, utilizing the terms practice and exercise can also be beneficial and effective for children and adolescents, who may already have "too much homework" to complete and may balk at the idea of doing more. It is important to help clients understand that comprehension alone is not sufficient to stimulate change. Practice is necessary to facilitate improvements, skills development, and consolidate gains.

Check-ins also have a direct tie-in to therapeutic improvements. They provide opportunities to identify and troubleshoot barriers for why clients may not be completing their take-home exercises. For example, noncompliance could be related to emotional (eg, I don't feel good), cognitive (eg, nothing will change, there is no point in trying), physical (eg, I'm too tired and don't have the energy), behavioral (eg, drinking too much and having a hangover), organizational skills (eg, not having a structured action plan that will facilitate exercise completion), and clinical (eg, feeling too depressed) difficulties. These barriers may impede clients from practicing their take-home strengthening exercises, and consequently limit the clinical effectiveness of the therapy. Utilizing a check-in provides structure and set the tempo for a collaborative psychoeducational approach, which aligns well with Asian heritage values.

Since this is the first session where there is a "*weekly check-in and review of take-home exercises*," it is also important to "*query clients about their initial reactions to therapy*." When working with Asian heritage populations, this is an especially important cultural modification since they may feel uncomfortable in treatment and may be more likely to drop out. Inquiring about their experiences thus far and asking if there is anything that the therapist can do to better meet their needs helps establish and reify the collaborative relationship. It also helps clients understand that they can ask questions anytime during treatment, and reinforces the problem-solving focus of the culturally adapted treatment.

CHAPTER GOAL #2: UNDERSTAND HOW TO INTEGRATE CULTURAL HEALING METAPHORS AND SYMBOLS

A very important aspect of culturally adapting therapy is the integration of cultural metaphors. It is difficult to pinpoint the exact origin of utilizing metaphors in psychotherapy. Metaphors are a fundamental component of cultural exchange and understanding, and provide historical and philosophical teachings. When utilizing PsychINFO to conduct a literature search for metaphors in psychotherapy, it is quite evident that therapists commonly use metaphors in their clinical practice (Berlin, Olson, Cano, & Engel, 1991). Metaphors (eg, quotes, stories, poems, songs, and historical or important figures) can help people understand and change their viewpoints. When used to bridge cultural beliefs and clinical skills, metaphors can be especially meaningful, help facilitate clinical understanding, and be very therapeutic. Implementing metaphors can also enhance the client perceptions of the therapist's cultural competence, and help foster a strong therapeutic bond. Unfortunately, it seems like metaphors have fallen out of fashion in Western clinical practice, and there have been relatively few recent articles or books published on this topic.

Nevertheless, the idea of integrating cultural metaphors into therapy has, to some extent, been revived and reintegrated into therapeutic processes as scientist-practitioners think of ways to improve treatments for diverse populations. In one of the first frameworks for culturally adapting therapy for Latinos, Bernal, Bonilla, and Bellido (1995) provided eight dimensions in which cultural modifications could take place—with metaphors being one of them. Metaphors have even been emphasized as a primary healing mechanism in culturally adapted treatments for at-risk Latino youth. Specifically, Cuento or metaphor therapy has been used to treat Puerto Rican children, and has been found to be beneficial in reducing anxiety and aggression (Costantino, Malgady, & Rogler, 1986).

Personally, I believe that integrating metaphors into therapy is one of the most effective cultural adaptations that a therapist can implement. At a concrete level, they can help bridge clinical tools and skills with cultural meanings and understandings—thus increasing motivation for change and practice. Moreover, they can be directly therapeutic (eg, a mechanism of clinical change) and serve as a conduit or pathway to guide healing. People identify with stories, symbols, and role models that are personally relevant and meaningful. There is also evidence of the healing power of stories, which we know can help change our brains and has a powerful neuroscience effect on blood flow, neurotransmitter production, and can even prevent the deterioration of brain structures.

UTILIZING THE BAMBOO METAPHOR TO INCREASE FLEXIBILITY, RESILIENCE, AND PERSONAL STRENGTH

In Session 3 of the culturally adapted treatment manual, I created and integrated a powerful cultural metaphor associating bamboo with therapeutic healing. For thousands of years, bamboo has been one of the most widespread staple crops in Asia. Without bamboo, Asia would not have been able to develop and modernize at such a quick pace. Bamboo is one of the fastest-growing and most versatile plants in the world. It can grow with just sunlight, water, and a few nutrients. Historically and today, it has been used to make paper, chopsticks, cookware, textiles, medicine, weapons, decorations, furniture, and artwork. It is part of many culinary dishes, and also plays an important role in Buddhist vegetarianism. Bamboo has also been used in construction, landscaping, and martial arts. Besides its instrumental usage, bamboo also has cultural value and meaning.

Bamboo is considered one of the "Four Gentlemen" in traditional Chinese culture (ie, bamboo, orchid, plum blossom, and chrysanthemum) (Bamboo, n.d.). It is said that the ideal gentlemen is similar to bamboo, not only in physical strength, but also in mental strength, perseverance, and righteousness. Along with the "Four Gentlemen" concept in Asian culture, bamboo has a huge presence in Asian mythology. In fact, some Asian countries even have stories about how humanity emerged from a bamboo stem. In Philippine mythology, for example, the first man and woman on the planet emerged from a half-split bamboo stem after the battle between the Sky and the Ocean. In Malaysian mythology, humanity was created when a man sleeping under a bamboo plant dreamt of a beautiful woman. When he awoke, he broke the bamboo stem and found a woman inside. There are many similar stories to the two mentioned above, describing how humanity emerged from bamboo, making it an ideal metaphor for Asian heritage populations.

The bamboo metaphor resonates with the vast majority of people from Asian heritage backgrounds, but it can also be effectively used with non-Asians. For example, in my clinical practice, I often use the bamboo metaphor to

represent strength, resilience, and flexibility, and have had many positive responses from a diverse group of clients, regardless of their ethnic background. I first created this cultural metaphor when I was a predoctoral intern at Richmond Area Multi-Services, an ethnic-specific clinic that specializes in treating Asian and Russian American immigrants. One day, I was sitting in session and noticed the bamboo used for decoration in the therapy room, as well as throughout the clinic. This kind of decoration is a surface structure cultural adaptation implemented at a clinic or office level. It helps create a culturally inviting, familiar, and meaningful atmosphere. In addition, cultural decorations and objects can be integrated even further to become deep structural adaptations.

Metaphors are a powerful and unique way to bridge culture with therapeutic healing mechanisms. They can act as a bridge to therapeutic concepts, or they can also be therapeutic in and of themselves. Cognitive reframing and flexibility of thoughts can be associated with cultural symbols and concepts. For example, I once helped a client who was very depressed and in a hopeless state find the strength she needed to overcome many of her life difficulties. We talked about the strength and resilience of bamboo—how it only needs a little water and sunlight to grow and flourish. We discussed how that even though she had been through a lot of trauma and faced many life stressors, she also possessed resilience, flexibility, and strength that could help her overcome obstacles. Through hard work and perseverance, even stressors that seem insurmountable can be effectively managed and addressed. She reflected on how she might be able to utilize her extant strengths to deal with her current life issues, and she also learned how to implement new skill sets that she learned in therapy.

We talked about the things that she would need to do to get back on a healthy path and tackle the ups and downs of life. Her life struggles were compared to the different kinds of bamboo, the ones that grow straight versus the ones that have a lot of twists and turns in them, and then eventually grow straight again. Just like bamboo, or many other plants that can be pruned and grafted to grow in different shapes and directions (eg, similar to pruning bonsai trees in Japan), she could grow, shape, and move her life in different directions. This requires strength and courage, as well as optimism, problem-solving, and flexibility in handling difficult situations. Bamboo was also related to strengthening her inner self and not letting life stresses push her off balance and into unhealthy directions. Discussing these issues helped the client internalize the bamboo metaphor, which has deep therapeutic meaning for her to be more flexible, take on different viewpoints, and be less critical toward herself and others.

A powerful advantage of metaphors is that they can be experienced through multiple senses (eg, hearing and visualization). This again helps facilitate an active multisensory approach to learning. For example, when working with athletes, I often use metaphors to help clients not only visualize, but strengthen and be the metaphor they envision (eg, when training clients to run faster sprints, I have athletes visualize themselves as a speeding bullet). This type of metaphorical visualization facilitates mindfulness and helps the client maximize attention, focus their working memory, and improve concentration—while at the same time reducing anxiety and worrying thoughts.

When culturally adapting and modifying psychotherapy for diverse populations, one needs to be able to think about the executing strengths and symbols within the culture and integrate them into the therapy process as either a cultural bridge to clinical concepts, or as healing mechanisms themselves. Other flora or fauna metaphors can also be used, which tend to be more natural and holistic, and can help emphasize different process and developmental issues (eg, strengthening oneself, improving self-esteem, developmental issues, finding one's identity or ethnic identity, overcoming physical injuries, overcoming emotional and physical abuse). Connection with nature is very important for most cultures around the world, whether the connection is with plants or animals. In fact, almost every culture around the world identifies with a national or culture-related and symbolic plant or animal that could also be potentially integrated into therapy. Most of these metaphorical symbols represent a positive attribute (eg, strength, skill, flexibility, versatility, balance) and can be individualized to help address the client's problems or motivationally empower the client to make changes.

CHAPTER GOAL #3: UTILIZE CULTURALLY SYNTONIC METHODS FOR PROBLEM-SOLVING, VISUALIZING ONE'S GOALS, AND FOR PRACTICE AND EXERCISE

In addition to using cultural metaphors and symbols that help make the treatment more culturally relevant, there are a number of things that a therapist can do to make therapy even more culturally syntonic to the clients' cultural values and belief system. This type of cultural adaptation can help clients stay on task and adhere to take-home exercises, which helps reinforce learning and facilitate clinical improvement progress. Below, I discuss

the importance of problem-solving and the temporal ordering of clinical interventions. In addition, I discuss how to effectively establish short-term and long-term goals, as well as use visualization to help achieve goals. Finally, I discuss the "climbing the mountain" technique, a culturally relevant and meaningful exercise that integrates extant cultural strengths to help facilitate learning and practice. In doing so, the importance of integrating existing cultural strengths and concepts is highlighted.

THE IMPORTANCE OF PROBLEM-SOLVING

As previously discussed, problem-solving is highly valued and emphasized in Asian heritage cultures. Traditional cognitive therapies place a greater initial and ongoing focus on identifying irrational thoughts, cognitive errors and biases, and cognitive reframing. Although the changing of thought processes is important to treatment progress, no matter what theoretical orientation, the relative ordering, timing, and weighting of different clinical strategies may need to be culturally modified in order to maximize effectiveness when working with people of different cultural backgrounds.

Because of stigma and delayed help-seeking, Asian heritage clients often come in very clinically severe and want immediate help to solve their problem. They tend to be very goal-focused and want the therapist to take away various aspects of their emotional pain. Without first exhausting different problem-solving strategies and utilizing concrete approaches to address the problems, they may be quite resistant to changing the way they think. If the therapist first helps the client with problem-solving, the client may be more open to cognitive reframing.

Too much initial focus on trying to change the client's cognitions can lead to incongruence between client–therapist therapeutic goals, thus damaging the working alliance. If the goals are not aligned, clients are more likely to drop out of therapy prematurely and to have adverse emotional reactions to mental health treatment. This is especially problematic because of the high stigma evident in Asian heritage populations toward mental health treatment, and could result in clients never seeking help again. This is not to say that Asian heritage populations are unwilling to discuss and change unhealthy thinking patterns that may exacerbate their anxiety, depression, or other clinical issues. Rather, some clients may need to at least attempt or exhaust different problem-solving strategies and try concrete methods to address their problems before they are willing to change the way they think and try other approaches.

This issue is further compounded by the influence of many Asian religions and philosophies that highlight the importance of letting go of stressful thoughts and being absent of thought as a way to find inner peace and help them reach the larger aspiration of enlightenment (Hwang, 2011). This strategy is qualitatively different from avoiding thoughts. Being absent of thought can be quite incongruent with the general goals of Western psychotherapy, which emphasizes talking about one's problems and cognitive reframing. How can these incongruent beliefs be aligned? What if the therapist asks the client to talk about their problems and by doing so they feel emotionally worse and can't stop ruminating? There can be real consequences if the therapist pushes the client to think about their problems more, and the client leaves the session experiencing increased anxiety and worry.

In culturally adapting therapy, it is important for therapists to normalize this process and to educate the client that it is important, natural, and necessary to think about issues more before they can be effectively resolved. In addition, it is important for therapists to help "put the client back together again" before the end of each session so that clients do not walk away with feelings like "the doctor made me feel worse by making me talk about my feelings, but didn't do anything to change my problem." In doing so, the therapist can encourage the client to talk about how they are feeling after each session and to help the client reduce post-session distress. For example, the therapist can help the client by talking about positive things going on in their life, instilling optimism in providing social support, and providing meditation and other stress management skills at the end of session.

USING VISUALIZATION TO REACH SHORT-TERM AND LONG-TERM GOALS

Effective problem-solving involves establishing goals early in treatment. On page 21 of the culturally adapted treatment, there is an in-session activity that utilizes visualization to reach one's goals. Goal setting in Session 3 is

more expansive than goal setting from Session 1, and focuses on establishing short-term and long-term goals. This staged building block approach was a purposeful cultural modification designed to not overwhelm clients who may be less familiar and comfortable with being in treatment.

Cultural adaptation techniques can capitalize or utilize iterative and expansive techniques similar to scaffolding in education. The notion of scaffolding, which refers to starting with simple concepts and adding additional complexity as people learn new information, helps facilitate the building blocks of learning. Scaffolding may be especially important with populations that are unfamiliar with mental health services. Staying within a person's zone of proximal development (the difference between what an individual can do without help and with help) can be considered an educational principle that is a culture-universal etic (Vygotsky, 1978). This gradual introduction and building on of psychological concepts and skill sets helps clients adjust to being in treatment and effectively learn.

Session 3 helps clients visualize goals and imagine how their life might be different if those goals were reached, and their life situations and stressors were resolved. Specifically, how might they think, feel, communicate, and act differently. In order to make changes, it is important that clients can visualize and understand these differences. Just as an athlete needs to be able to visualize their somersault, jump, martial arts kick, or hitting a ball, a client working through mental health difficulties needs to be able to visualize what they want to accomplish and how they might be different if their goals were achieved. These step-by-step mechanics are important for problem-solving and developing motivation and hope that their life can change. Moreover, it helps ensure that these changes are sustainable and can help reduce defensiveness and stress generation. Similarly, clients are also asked how people around them might think, feel, communicate, and treat the client differently if the client were able to accomplish these goals and make these step-by-step of changes.

Establishing both short-term goals and long-term goals is advantageous for a number of reasons. In any treatment, clients need to experience treatment benefits, regardless of whether they are experienced as symptom relief, problem resolution, social improvement, or conflict reduction. By establishing shorter-term or interim goals in addition to long-term aspirational goals, clients can more readily feel the immediate benefits of psychotherapy, thereby developing more confidence in the treatment. This results in not only greater compliance and treatment buy-in, but also reduces the chances of premature dropout.

Establishing short-term goals can also help provide structure and guide therapeutic discussions. This helps reduce stress and feelings of being overwhelmed for both the client and the therapist. By establishing a few specific goals early on, therapy is more structured and tackles problems step-by-step. This is especially important for clients who are more clinically severe, because symptom relief may help increase their confidence in therapy. Many of our project therapists felt that there is a tendency for severely depressed Asian heritage populations to want to "dump" all of their problems on to the therapists, and ask the therapist to fix their problems and their life situation. Because trying to tackle problems globally is much more difficult than addressing specific difficulties one at a time, therapists should set clear expectations and utilize targeted problem-solving strategies. Prioritizing which issues to address and in what order is also an important part of an effective treatment plan. Finally, the focus on problem-solving and identifying goals also helps clients feel like the treatment is aligned with what they want to work on and their best interests, thus facilitating a more positive working alliance (ie, client–therapist agreement in task, bond, and goal) (Horvath & Greenberg, 1989).

An important component of culturally adapting therapy is learning how to relate cultural concepts to clinical skills such as goal setting. For example, the Asian cultural principle of cause-and-effect (pronounced yīnguǒ in Mandarin Chinese—因果) can be used to relate cultural beliefs with clinical skills development. This cultural–clinical bridge helps clients understand antecedents to problem development, as well as the potential consequences of not taking action to address problems. Knowing that their problems can get worse through inaction or succumbing to clinical symptoms that reduce motivation and initiative taking becomes understood. This bridge can ultimately help increase motivation and provide incentives for taking action and trying different approaches to resolve problems (Hwang, 2006).

The principle of cause-and-effect can also later be integrated with cognitive reframing. The ability to be wise and rational, while avoiding emotional decision-making when faced with adversity is emphasized by many different Asian philosophers and religions. In some ways, there is a de-emphasis on heavy emotionality, and a valuing of concrete strategies to approach and deal with life stressors. Creating these cultural and clinical linkages is an essential part of culturally adapting therapy.

Finally, it may also be helpful to assist clients in developing different types of goals (eg, cognitive, emotional, problem-solving). The balance between talking about feelings and jumping to problem-solving strategies is a critical clinical skill, and can be even more important when working with social conflict, such as in couples and family therapy. For example, in doing couples work, oftentimes one partner may need more emotional support,

understanding, and affirmation before they are ready to problem-solve, forgive, or let go of anger. When the other partner jumps into a problem-solving mode without addressing other people's emotions, this can lead to discrepancies in goals and emotional readiness to work together. Pointing these issues out and highlighting how to address different types of goals can be extremely beneficial, and can reduce the compounding of animosity and feelings of not being supported or understood. Understanding timing and addressing process issues can help clients to be in emotionally similar and ready places and can help them move forward in finding solutions together.

CHAPTER GOAL #4: LEARNING THE "CLIMBING THE MOUNTAIN" TECHNIQUE

In order to help clients actualize their goals, I developed a culturally syntonic exercise that they can practice both in and out of session. In designing practice exercises, I wanted to capitalize on education and psychological research, which emphasizes a multisensory approach to learning. Specifically, this enables clients to understand and visualize the exercises, thus facilitating memory consolidation and learning. The problem with only talking about issues with the therapist and practicing skills in one's head is that it becomes too easy to ruminate, lose oneself in one's thoughts, and fall into self-reinforcing negative cycles. A multisensory approach to talking, hearing, visualizing, and taking action can stimulate learning and skills acquisition, while at the same time provide more immediate experiences with benefits of treatment. This helps create incentives and increases the likelihood of utilizing longer-term therapeutic strategies.

To address these issues, I developed the "climbing the mountain" technique. It was specifically designed for Asian heritage populations and possesses a number of culturally adapted therapy attributes (eg, integrating cultural concepts and healing). I conducted a lot of research on Chinese culture, religions, history, and philosophy before coming up with this cultural metaphor. The manual culturally adapts "homework" by calling it "exercise" and "practice." This helped make the "climbing the mountain" technique, culturally relevant and meaningful. I wanted it to resonate with the clients and be syntonic with Chinese culture, as well as capitalize on Extant Healing Strengths and methods that were already part of Chinese healing traditions.

The "climbing the mountain" exercise was in some ways a cultural adaptation of a cognitive-behavioral therapy (CBT) technique called "Chaining" (Miranda et al., 2006), which was used in the standard CBT treatment manual that the culturally adapted treatment was compared against during the randomized controlled trial (Hwang et al., 2015). To learn more about the traditional CBT manual, please see the following website: http://www.hsrcenter.ucla.edu/research/wecare/doc/cbt_manuals/open_student_english.pdf.

Chaining involves writing down the problem or situation that the client is experiencing on the middle of a piece of paper. Above and below the listed problem are four vertical spaces where clients can write down different thoughts or actions that might improve or worsen their mood. Worksheets are completed separately for thoughts, which are addressed in the earlier sessions in the treatment manual, and communication and actions (ie, healthy activities and social relationships) which are addressed later in the manual. This is another example of how in traditional cognitive therapies, cognitions are the primary and initial focus of treatments, and problem-solving is de-emphasized or focused on later in the treatment.

This exercise helps reduce all-or-none thoughts (no longer called black-and-white because of the negative connotations toward African Americans), improve cognitive flexibility, and increase balanced thinking. Clients are asked to utilize the vertical mood bar to assess how they are feeling on a scale ranging from 1 to 9. They are then asked to think about the relationship between their thoughts and feelings, which provides opportunity to emphasize the importance of cognitive reframing and changing one's internal dialog.

Although this is a powerful exercise that can be effective for clients across cultures, I felt that culturally adapting the concept of "*Chaining*" could increase the effectiveness and clinical utility of this exercise for Asian heritage clients. Specifically, cultural adaptations could be implemented by modifying exercises to be more culturally relevant and syntonic, creating cultural bridges to healing concepts, aligning the focus and temporal emphasis of exercises with client goals, implementing a more holistic framework, and reducing confusion by utilizing a staged approach to help clients gain perspective and increase buy-in to treatment.

In doing so, I aligned with the strong emphasis and importance of mountains and nature evident in Asian heritage cultures. For example, if you examine Asian artwork and photography, you will notice an overall differential emphasis on nature, scenery, and mountains. In Western artwork there is a stronger emphasis on portraits, people, and faces. This phenomenon is well-documented in psychological research and is associated

with cultural differences in the focus on nature, as well as with differences in individualism and collectivism (Nisbett & Masuda, 2003).

Mountains have played a significant role in Asian culture, history, philosophy, and religion (Sacred Mountains of China, n.d.). For example, there are Five Great Mountains in Taoism and Four Sacred Mountains in Buddhism. The Five Great Mountains in Taoism include Tài Shān (East Great Mountain associated with sunrise, birth, renewal, and is a center of ceremony), Huà Shān (West Great Mountain known for its steep and dangerous peaks and long history of religious sacrifice), Sōng Shān (Center Great Mountain known as the home to many Taoist and Buddhist temples and monasteries), and two mountains with similar names but emphasizing different directions, Héng Shān (South Great Mountain famous for the Grand Temple of Mount Heng) and Héng Shān (North Great Mountain which has been considered a sacred mountain since the Zhou Dynasty). The Four Sacred Mountains in Buddhism are Wǔtái Shān (the Five-Platform Mountain and home of the Bodhisattva of wisdom), Éméi Shān (the High and Lofty Mountain is the patron Bodhisattva), Jiǔhuá Shān (the Nine-Glories Mountains that have many temples and shrines that are dedicated to the protector of beings in the hell realms), and Pǔtuó Shān (the last Sacred Mountain considered to be the Bodhisattva of compassion).

Mountains are an extremely important part of Asian culture and are seen as a symbol of strength, energy, rising to challenges, and accomplishing one's goals. In many Asian heritage cultures, climbing mountains is believed to be beneficial for a person's mind, body, and spirit. There is also a highly spiritual aspect of climbing mountains, such as developing a sense of accomplishment, connecting with nature, developing inner harmony and peace, gaining perspective and insight, as well as rejuvenating and centering one's Qi or energy. Integrating Mountains into the therapeutic exercises was a purposeful cultural modification.

The culturally adapted exercise was therefore called the "climbing the mountain" technique. Rather than a vertical worksheet, steps going up and down the mountain were added to simulate hiking and a person's journey. The steps up and down the mountain are very similar to what can be seen in many Asian nature paintings, which often depict steep mountainous stairways. Therapeutic skills were emphasized, such as helping people take perspective on life, reaching different vantage points, making good decisions, utilizing different approaches to solving problems, and having flexibility of action, thought, and communication. The "climbing the mountain" technique also emphasizes a step-by-step approach to problem-solving, and helps reduce the overwhelming nature of life problems and stresses experienced by those who are very clinically ill. This alignment with Asian cultural concepts and extant strengths helped clients understand how utilizing the "climbing the mountain" technique could be good for a person's mind, body, and spirit.

Therapists in phase III of the FMAP focus groups believed the "climbing the mountain" exercise would be extremely beneficial to clients. Moreover, during phase 4 of the FMAP, therapists who participated in the clinical trial also felt that the clients related positively to the "climbing the mountain" exercise. In addition, the integration of climbing mountains parallels the more holistic theme of physical exercise and physical therapy that was previously established and mentioned in Session 1, and thus helped clients identify with strengthening and rehabilitating emotional injuries through practice and exercise. Because this particular manual was developed for those who are clinically depressed, helping clients "exercise" and garner energy to effectively address one's problems is an important behavioral activation technique. This is especially important since depression is associated with anhedonia or lack of interest, motivation, fatigue, and low energy—this worksheet can directly target these symptoms and/or other problems.

DE-EMPHASIZING COGNITIONS AND FOCUSING ON PROBLEM-SOLVING, GOALS, AND CONSEQUENCES

In traditional CBT, the primary focus at the beginning of treatment and for homework exercises is on cognitions. Specifically, identifying irrational thoughts, maladaptive coping thoughts, balanced thinking, and, cognitive reframing. This can be readily seen in traditional CBT books, such as Beck's (1976) *Cognitive Therapy and the Emotional Disorders*, as well as the newer Beck and Beck's (2011) *Cognitive Behavior Therapy, Second Edition: Basics and Beyond*. A lesser emphasis is placed on goals and consequences. The traditional CBT emphasis on prioritizing cognitions at the beginning and throughout treatment and in homework exercises is very common place. For example, in the nonadapted CBT manual previously mentioned (Miranda et al., 2006), the early part of treatment focuses on identifying maladaptive thoughts and increasing balanced thinking to improve mood. Goals and consequences are not explicitly emphasized in the worksheet itself.

Another example from traditional CBT is the very popular book *Mind Over Mood: Change How You Feel by Changing the Way You Think* (Greenberger & Padesky, 1995). Therapists utilize thought records to help clients understand their thinking processes and develop more flexibility in cognitions. In the identifying hot thoughts worksheet, clients are asked to identify (1) the situation, (2) their mood, (3) automatic thoughts, and (4) asked to rate the hotness of each thought. Again, the primary emphasis is on identifying and changing thoughts, and the client's goals and consequences are not a primary emphasis, nor visually or systematically emphasized in the worksheet.

I have had clients from a variety of diverse backgrounds complete traditional CBT worksheets from all the aforementioned sources, and many clients have been able to utilize them successfully. Clients benefit from the multisensory approach of seeing, doing, and discussing their situation, mood, and thoughts. However, many clients also look at me with a confused look and have problems adhering to the homework exercises. When asked why, they mention that their goals are not to change their thoughts, but to change the situation or the other person. In addition, they mentioned that they don't see the benefits of doing them. They don't understand how these worksheets will help them, and what the purpose of completing them is. There is no place to write down the client's goal in any of these worksheets. There also isn't a place to write down consequences. A greater primary focus is placed on changing cognitions.

In the culturally adapted treatment manual, cultural modifications included increasing the focus on problem-solving, evaluating advantages and disadvantages of various ways of thinking and action, and establishing client goals and discussing consequences of inaction. All of these are syntonic with cultural values evident among many Asian heritage populations. This also directly ties into the question of "why" the client should complete them, and "what" client strategies might need to change to increase effectiveness. The "climbing the mountain" exercise is culturally syntonic and helps align therapeutic goals with client problem-solving goals, while at the same time helping the client understand the advantages and disadvantages of practicing the exercise (eg, it helps the client understand the potential benefits and consequences).

In culturally adapting CBT, the initial therapeutic focus on changing cognitions was de-emphasized. In addition, a focus on problem-solving was highlighted at the beginning of treatment. Although the "climbing the mountain" technique can be used for skills development for a number of domains (eg, cognitive reframing, behavioral activation, problem-solving, and communication skills training), the temporal order of the skill sets emphasized in the manual was culturally modified to the following order: problem-solving, communication skills training, cognitive reframing, and then behavioral activation. This ordering was purposely done because many Asian heritage clients tend to want to problem-solve, and part of doing so is learning how to communicate with others more effectively. In addition, given the collectivistic orientation of Asian cultures, helping to resolve social and familial conflict is often a priority when clients come in for treatment.

Problem-solving goals that are brought up by clients include "dealing" with the stressor, "fixing" the situation, "changing" the person that they are having conflicts with, "improving" communication skills, and "coping" with health problems. I put the aforementioned goals in quotes because Asian heritage populations often come in wanting to take action. However, even though these action plans may not be the most effective to address the big picture of their problems (ie, the larger problem may be that the client needs to cognitively reframe), client and therapy goals need to be aligned in order to be effective. Thus, flexibly changing the timing, ordering, and emphases of therapeutic treatments may need to be modified before clients will be ready to accept and practice alternative strategies (eg, exhausting one's abilities to solve problems in an active and external manner before being ready to make internal and cognitive changes).

This is especially important because Asian heritage populations tend to be very goal-oriented and solution-focused when they come in for treatment (Hwang, 2006). Therefore, modifying cognitive-behavioral homework exercises and worksheets to visually and explicitly emphasize the goals and consequences can be a very important and effective cultural adaptation. This is why the goal is placed at the top of the "climbing the mountain" exercise, and the worst consequence at the bottom of the worksheet. This emphasis on goal and consequence is culturally syntonic to the Chinese cultural concept of cause-and-effect (pronounced yīnguǒ, "因果," "yin" = cause "guo" = effect) (Hwang, 2006), which is also evident in other Asian heritage cultures. This valuing of goals and consequences is also very common place in Asian parenting strategies, where negative consequences are not traditionally a major emphasis of CBT. However, it can be a powerful therapeutic intervention and provide motivational impetus for clients.

Tailoring the treatment to be culturally syntonic with the client's goals can also improve the working alliance, thereby creating greater cohesion with the therapist and cultivating greater motivation to follow through with therapeutic tasks and exercises. This is another example of how studying culture can improve clinical science and practice. Focusing on the client's goal and adapting therapy culturally to be syntonic with those goals can be

an etic—a culturally universal method for improving client engagement. This emphasis on goals and consequences can also be readily applied with non-Asian heritage populations, which I often do in my own clinical practice. When I do clinical training and give therapists visual examples of the chaining exercise and the mind over mood exercises, I often ask them if they were to culturally adapt exercise for Asian heritage populations, what would they do? They often raise the exact same emphasis on goals and consequences that I highlighted above, and also believe that this would work with non-Asian clients. In addition, the "climbing the mountain" technique places specific emphasis on exercise, strengthening, and practice rather than "homework," which can be beneficial for all populations that don't want to do homework as adults, and would prefer a more positively oriented holistic approach (ie, culture-universal [etic]).

In addition to the emphasis on mountains, goals and consequences, a number of other cultural modifications were implemented. For example, the sun on the left-hand side of the worksheet was purposefully placed there to support one of the themes of the manual. Specifically, what we had discussed earlier about the title of the manual, which included an adapted word for "emotion." This play on words added a double meaning to the word "emotion," which means lifting one's mood and brightening one's day. In addition, the sun is also related to what we discussed in Session 2, not enough solar energy (pronounced yángqì in Mandarin Chinese—陽氣) and too much lunar energy (pronounced yīnqì in Mandarin Chinese—陽氣), which in Traditional Chinese Medicine is associated with depression. The sun was placed in the worksheet to both brighten one's day and cultivate or replenish (pronounced bǔ yī bǔ in Mandarin Chinese—補一補). This replenishing process helps improve deficiencies in one's solar energy and reduces the overabundance of lunar energy. Even if you don't believe in Qi or energy, many heritage populations do and therapists need to understand the vocabulary and belief systems of clients.

Furthermore, this play on "qi" was continued with the small + / − circles included for each step depicted in the "climbing the mountain" exercise. This is also similar to the Tai Chi diagram (pronounced yīn yáng tú in Mandarin Chinese—陽陽圖) that was presented in Session 2. In addition, the exercise bridges CBT concepts of behavioral activation and supports the client to address their issues one step at a time. Specifically, clients are asked to notice the circle next to each step, and to think about the advantages and disadvantages of thinking, acting, and communicating in different ways and along a variety of dimensions including personal, social, familial, emotional, time, money, health, and goal obtainment.

It is important for clients to understand that there are advantages and disadvantages to everything we do and say. Examining the benefits and consequences from both short-term and long-term perspectives can give us a greater vantage point of understanding, which helps us make more effective decisions. For example, a popular coping strategy for anxiety and depression is to drink alcohol. The short-term advantage is that it helps them feel better, but the long-term disadvantage is that alcohol is a depressant and makes people's depression worse in the long run. This is an example that most clients can identify with and readily comprehend.

In the short-term, alcohol can make people feel good by activating the neurotransmitter dopamine in the brain's reward center (eg, ventral striatum) or through increasing norepinephrine (ie, the neurotransmitter responsible for excitement and arousal). In addition, although alcohol acts as a short-term antianxiety by affecting the inhibitory neurotransmitter GABA and helping it bind to receptors (similar to anxiety medications such as benzodiazepines), too much GABA can quickly lead to a depressogenic effect. People like how alcohol makes them feel, which is why so many people cope with their emotional and life problems by drinking. However, in the long-term, people develop a tolerance to alcohol and need more and more of it to get the same dopaminergic pleasure effect and GABA antianxiety effect. However, it is important to remember that alcohol is a depressant and has many depressogenic effects. Therefore, while alcohol may make people who are depressed feel better in the short term, it has severe long-term consequences that worsen a person's depression. I typically recommend to my depressed clients that they cut back on their alcohol usage. This example of evaluating advantages and disadvantages can help improve and model critical thinking, while doing so in a culturally syntonic manner.

Emotional rewards and consequences are depicted in the far right hand side of the worksheet similar to the original chaining worksheet. This additional focus on the advantages and disadvantages is culturally syntonic to the solution focused nature and evaluation of pros and cons evident in many Asian heritage populations. Evaluating the advantages and disadvantages of each thought, action, and speech also parallels Buddhist philosophical teachings and the noble eightfold path (eg, right view, intention, speech, action, livelihood, effort, mindfulness, and concentration, and knowledge/liberation), which I will discuss further in subsequent chapters.

By taking time and critically thinking about these issues, therapists can cultivate their innate ability to culturally adapt and individualize therapy for their clients. Cultural adaptations are one method to facilitate this individualization of treatment. However, in order to culturally modify the treatment, therapists need to be culturally competent and have a sufficient understanding of their clients' cultural backgrounds and values (Domain 3 of the Psychotherapy Adaptation Modification Framework), which can be achieved through devotion and training. Therapists can develop their intrinsic ability to individualize therapy by understanding examples of deep structural adaptations, practicing cultural adaptation exercises, and visualizing where adaptations might take place.

CHAPTER GOAL #5: PRACTICING IN-SESSION EXERCISES AND PROVIDING STRUCTURE FOR EXERCISE COMPLETION

The culturally adapted treatment manual provides clients with examples of how to complete the "climbing the mountain" exercise and other worksheets. With more educated clients and/or clients who are more familiar with psychotherapy, sometimes examples are not needed and you can ask clients to come up with their own examples as a brainstorming or critical thinking exercise. However, because our clinical trial was conducted in the community mental health setting where clients tend to be less educated, we felt that providing concrete examples would be most beneficial. Providing clients with examples before asking them to create their own helps ease them into something that could be experienced as culturally foreign and intimidating for some clients.

On page 23 of the treatment manual, an example is provided that focuses on a situation where the client is feeling very depressed today. Notice that I anchored the example with "today." Oftentimes, clients will say that they are depressed "every day" or "all the time," and feel like there is "nothing that they can do to resolve their problems" and that there is "nothing anybody can do to help them." It is an important clinical skill to anchor clients to a specific time and a specific situation in order to effectively address a problem. When clients speak and think in generalities, this increases their feelings of being overwhelmed. Therapists need to avoid and resist this pull, and help the client anchor their examples to specific issues that can be readily and effectively addressed. This is an especially important modification when working with Asian heritage populations, because when they finally do seek help, they are very severe and likely to think and communicate in absolutes (eg, "things will never get better" or "nothing will ever change").

In the aforementioned example, the goal for the client is to feel less depressed and the worse outcome is feeling even more depressed. Actions that could lead to feeling even more depressed include staying inside all day long, isolating oneself from friends and family, drinking alcohol or engaging in other destructive behaviors (eg, gambling, using drugs, and fighting with others). Therapists can discuss the client's use of these strategies, as well as the advantages and disadvantages of each strategy and why it is tempting to use them. For instance, many clients feel tired and depressed, and therefore stay in because in the short term it makes them feel better. However, it is important to point out that in the long term, staying home all day long, and the resulting social isolation associated with this coping strategy, increases depression. Staying in and sleeping too much makes things worse in the long run because their problems are not being effectively addressed. The therapist can even point out that if a healthy person stays inside all day long and socially isolates themselves, eventually they are also likely to become depressed. Depending on the client, you can relate this to behavioral activation, or even discuss how staying inside stagnates one's energy (pronounced qì in Mandarin Chinese—氣). Lack of sunshine and fresh air reduces one's solar energy (pronounced yángqì in Mandarin Chinese—陽氣) and leads to an overflow of lunar energy (pronounced yīnqì in Mandarin Chinese—陽氣), which is associated with depression in Traditional Chinese Medicine.

Conversely, actions that clients can engage in to help them reach their goal of feeling less depressed include walking, getting fresh air and exercise, calling someone and talking with them about their feelings and problems, and visiting their friends or family members and doing something enjoyable. The therapist will want to go over the advantages and disadvantages of each of different actions. For example, a short-term disadvantage may be that the client feels tired and it is emotionally difficult to go out and get exercise and fresh air. However, there are both short-term and long-term benefits for doing so, including feeling more energized and refreshed, enjoying a change of scenery to get their mind off stressful and worrying thoughts, and the benefits of exercise and the production of endorphins (eg, benefits include reduction of stress, anxiety, depression, natural pain relief, and health benefits, such as reduced blood pressure, reduction of body fat, and strengthening of one's body).

I've found that discussing the science of hormones and neurochemistry can be especially effective for people from all backgrounds (eg, a cultural-universal etic phenomenon), and that Asian heritage populations in particular resonate with science and evidence-based therapeutic strategies. Because Asian heritage populations are less familiar with psychotherapy, it is important to provide rationales and reasons to support the changes that they are being asked to make.

COMPLETE BEHAVIORAL (ACTION) STRENGTHENING EXERCISES BEFORE NEXT SESSION

After going over the examples provided in the treatment manual and having clients come up with their own examples, clients are asked to complete three "climbing the mountain" exercises that focus on behavioral (action) strengthening. Clients are also provided the option of completing the "climbing the mountain" exercise more than three times if they feel up to it. Clients are asked to complete these exercises to help improve their life situations and strengthen the behaviors that will help them better solve their problems. The emphasis is placed on benefits that they will receive from adhering to the treatment and being consistent with practice and exercise. This is analogous to developing an effective exercise plan where one's health only gets better with practice.

Clients are also asked to strengthen their critical thinking and evaluate the advantages and disadvantages of the behaviors that have fueled the vicious cycle of depression. They are also asked to develop actions and strategies that may be more beneficial in the short and long term. This comparison and contrast between short- and long-term advantages and disadvantages is especially important because it highlights the longer-term importance of doing what is most effective, rather than capitalizing on short-term benefits that help them feel better, but inevitably make their problems worse. We have found that Asian heritage populations really resonate with the short-term and long-term, advantages/disadvantages contrast. This is an effective cultural adaptation for Asians because Western psychotherapy typically focuses more on benefits and places less of an emphasis on consequences, which is very important in Asian culture.

The "climbing the mountain" technique is repeated multiple times throughout the treatment manual, with different sessions focusing on different aspects of "climbing the mountain" (eg, sessions focused on problem-solving first, followed by healthy versus unhealthy communication styles, then effective versus ineffective thinking, and then healthy activities). Because many Asian Americans are not used to therapeutic worksheets, the repetition of the same worksheet along various areas of intervention (eg, thoughts, communications, and actions) helps consolidate skill building and reduce confusion. For example, in order to adapt the "climbing the mountain" exercise to address family issues, clients were asked what they could do to help improve their family situations, how they might think about their situation in different ways, and how to communicate with family members more effectively. This is also another example of how studying culture can help improve clinical practice. Specifically, many non-Asian heritage populations may also benefit from a staged solution-focused approach that takes into consideration the temporal ordering of interventions. Those that align with the client's goals and that are culturally congruent are likely to be the most effective.

References

Bamboo (n.d.). In Wikipedia. Retrieved August 10, 2014, from <http://en.wikipedia.org/wiki/Bamboo>.

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. Oxford: International Universities Press.

Beck, J.S., & Beck, A.T. (2011). Cognitive behavior therapy, (2nd ed.). Basics and beyond. Guilford Press.

Berlin, R. M., Olson, M. E., Cano, C. E., & Engel, S. (1991). Metaphor and psychotherapy. *American Journal of Psychotherapy*, *45*(3), 359–367.

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology*, *23*(1), 67–82. Available from http://dx.doi.org/10.1007/BF01447045.

Costantino, G., Malgady, R. G., & Rogler, L. H. (1986). Cuento therapy: A culturally sensitive modality for Puerto Rican children. *Journal of Consulting and Clinical Psychology*, *54*(5), 639–645. Available from http://dx.doi.org/10.1037/0022-006x.54.5.639.

Greenberger, D., & Padesky, C. A. (1995). *Mind over mood: Change how you feel by changing the way you think*. New York, NY: Guilford Press.

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology*, *36*(2), 223–233. Available from http://dx.doi.org/10.1037/0022-0167.36.2.223.

Hwang, W. (2006). The Psychotherapy Adaptation and Modification Framework (PAMF): Application to Asian Americans. *American Psychologist*, *61*(7), 702–715. Available from http://dx.doi.org/10.1037/0003-066X.61.7.702.

Hwang, W. (2011). Cultural adaptations: A complex interplay between clinical and cultural issues. *Clinical Psychology: Science and Practice*, *18*(3), 238–241. Available from http://dx.doi.org/10.1111/j.1468-2850.2011.01255.x.

Hwang, W., Myers, H. F., Chiu, E., Mak, E., Butner, J., Fujimoto, K. A., et al. (2015). Culturally adapted cognitive behavioral therapy for depressed Chinese Americans: A randomized controlled trial. *Psychiatric Services*, *66*(10), 1035–1042.

Lee, E. (1997). Chinese American families. In E. Lee (Ed.), *Working with Asian Americans: A guide for clinicians* (pp. 46–78). New York, NY: Guilford Press.

Lin, Y. N. (2002). The application of cognitive-behavioral therapy to counseling Chinese. *American Journal of Psychotherapy*, *56*(1), 46–58.

Miranda, J., Woo, S., Lagomasino, I., Hepner, K. A., Wiseman, S., & Muñoz, R. (2006). *Group cognitive behavioral therapy for depression – Thoughts, activities, people and your mood*. Retrieved from <http://www.hsrcenter.ucla.edu/research/wecare/doc/cbt_manuals/open_student_english.pdf>.

Nisbett, R. E., & Masuda, T. (2003). Culture and point of view. *The National Academy of Science*, *100*(19), 11163–11170. Available from http://dx.doi.org/10.1073/pnas.1934527100.

Sacred Mountains of China (n.d.). In Wikipedia. Retrieved August 10, 2014, from <http://en.wikipedia.org/wiki/Sacred_Mountains_of_China>.

Vygotsky, L. S. (1978). *Mind in society*. Cambridge, MA: Harvard University Press.

Zhang, Y., Young, D., Lee, S., Li, L., Zhang, H., Xiao, Z., & ... Chang, D. F. (2002). Chinese Taoist cognitive psychotherapy in the treatment of generalized anxiety disorder in contemporary China. *Transcultural Psychiatry*, *39*(1), 115–129. Available from http://dx.doi.org/10.1177/136346150203900105.