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Practicing Behavioral Strengthening: Effective Problem-Solving (Session 4 of the Treatment Manual)

*No one saves us but ourselves. No one can and no one may. We ourselves must walk the path.—Siddhārtha Gautama
Buddha (Founder of Buddhism)*

Session 4 of the treatment manual focuses on effective decision-making and problem-solving. Because of the goal-oriented nature of Asian heritage populations, the manual's initial emphasis on problem-solving was a purposeful cultural adaptation. Moreover, because many Asian heritage populations delay treatment and are very severe when they first seek help, they often come into treatment looking for the therapist to give them direct advice and help them immediately resolve their problems. By focusing on problem-solving, the therapist can align with client treatment goals, thereby facilitating the development of a more positive working alliance early in therapy. This chapter helps facilitate treatment progress by introducing the principle of "wise action," which is deeply ingrained in Asian culture and stems from traditions such as Confucianism and Buddhism. Session goals include:

- Weekly check-in and review of take-home exercises;
- Understand the principle of "wise action";
- Advantages and disadvantages of "wise action";
- Understand how to balance your rights and responsibilities;
- Practice "climbing the mountain" technique using "wise actions";
- Complete behavioral strengthening ("wise action") exercises before next session.

These session goals fall within the following chapter goals.

- Consolidating gains through the use of weekly take-home exercises and practice
 - Weekly check-in and review of take-home exercises
- Integrating cultural principles, teachings, and philosophies
 - Understand the principle of "wise action"
 - Advantages and disadvantages of "wise action"
- Facilitating self-care in the context of social responsibility
 - Understand how to balance your rights and responsibilities
- In-session behavioral training and the practice of "wise action"
 - Practice "climbing the mountain" technique using "wise actions"
 - Complete behavioral strengthening ("wise action") exercises before next session.

CHAPTER GOAL #1: CONSOLIDATING GAINS THROUGH THE USE OF WEEKLY TAKE-HOME EXERCISES AND PRACTICE

When clients experience an initial symptom reprieve (eg, either emotional, stress wise, or through symptom improvement), they develop a greater buy-in and appreciation for the therapist and psychotherapy. This results in greater likelihood of staying in treatment, engagement in therapeutic activities, and completion of both in-and out-of-session exercises. Completion of weekly take-home exercises and practicing various skills learned in therapy can help facilitate skills acquisition and consolidate therapeutic gains. In Session 3, clients learned the “climbing the mountain” technique, which focused on helping clients strengthen their problem-solving skills and developing flexible, alternative behavioral actions. Clients learned how to weigh advantages and disadvantages of various responses, and understand how the choices and behaviors they engage in can help them reach their goals, or conversely feed into negative cycles and lead to worse outcomes.

It is important to set an early precedent that completing take-home practice exercises is an important aspect of therapy. This is a key cultural adaptation that is even more important to implement with populations that are unfamiliar with mental health services. Therapists can reaffirm this expectation by checking-in with the client at the beginning of every session. If the therapist does not check-in and review take-home exercises, clients may feel that take-home practice is optional. They may quickly learn that there is no accountability for completing their assignments and start developing the mentality that take-home exercises are merely optional or supplemental. It is important to emphasize to the client that developing increased insight and awareness may not be sufficient to produce change and improve a client’s life situation. For example, the therapist can explain that even if someone knows how to exercise, if they don’t do so on a regular basis, they will not see improvement in their physical health, strength, or flexibility. Similarly, clients can understand why they are depressed until they are figuratively “blue in the face,” but their depression is less likely to remit unless they engage and practice various therapeutic techniques that focus on problem-solving, communication skills, and emotional and cognitive strengthening.

Since this is the first weekly check-in of the “climbing the mountain” technique, which is the major take-home practice assignment for the culturally adapted manual, it is important to set the precedence that this exercise is an integral part of their treatment program. At the beginning of the session, therapists should query the client on whether they completed the “climbing the mountain” exercise. If the client completed the technique and found it beneficial, the therapist can capitalize on this positive experience and emphasize how further practice can reify additional life changes. If the client didn’t complete the exercise, then the therapist should troubleshoot why the client didn’t follow-through. Therapists are then better positioned to address emotional, cognitive, and even logistical barriers, such as scheduling issues or deeper psychological motives that may have acted as obstacles.

If the client completed the exercise, but did not find it helpful, then the therapist may want to discuss which parts were not helpful and find out whether the client was completing the exercise in a manner that maximizes therapeutic benefits. Just like a personal trainer, the therapist can review how the client completed the exercise and examine what they emphasized during practice. It is the therapist’s responsibility to help the client troubleshoot and complete the assigned tasks, as well as to provide recommendations that will help improve positive outcomes. Clients who are depressed often have difficulty not reacting to automatic negative thoughts and engaging in unhealthy behaviors that reinforce depression. This further ingrains the problem, and increases the likelihood of less thought through decision-making and reactive communication styles. Therapists may need to help clients think about a wide range of alternative behavioral actions and cognitive responses that can facilitate goal obtainment and improved mood. This is important to model, especially early on in the treatment program because it sets the tempo for the rest of the sessions. Without collaborative review of the practice assignments, clients may experience ineffective attempts at doing the assignments and discontinue completing assigned tasks because they find that they have little value or benefit.

Recommendations for helping the client successfully complete exercises include thinking of alternative positive responses, highlighting and encouraging practice as a way to develop and improve skills acquisition, helping clients develop realistic expectations, highlighting that if they don’t do something their problems are likely to get worse, helping clients develop a practical and feasible schedule for when they work on their exercises, and developing incentives for completing the take-home assignments. For example, if clients forgot to do the exercise, developing a consistent time during the day (eg, right after work, immediately after a stressful event, in the evening before or after dinner, or in the evening prior to bedtime) can help facilitate the “forgetfulness” barrier.

If the client tends to obsess late at night, then utilizing a strategy of completing practice exercises before bed can help them work through their ruminative thoughts that may have caused them sleep difficulties. If the client presents with early morning awakening and depression, the therapists can work with the client to complete practice exercises in the morning to help reduce “depressive gloom” throughout the day.

Therapists should emphasize that an important part of the treatment program is take-home exercises assigned after each session. Explaining that these exercises are meant to help them problem-solve, address life difficulties, facilitate sleep, improve communication skills, or reduce psychiatric symptoms can help the clients understand their concrete benefits. Take-home exercises are one of the key therapeutic ingredients of cognitive-behavioral therapy. Taking the time to review each take-home exercise and highlight their practical benefits is integral to homework compliance. These exercises are meant to consolidate and practice skills learned during their sessions (Dozois, 2010). Research indicates that clients who complete homework exercises evidence a more positive attitude toward take-home assignments and to therapy because they feel better prepared to apply what they have learned during sessions to their daily lives (Fehm & Mrose, 2008). Helping Asian heritage clients understand and feel the benefits of take-home exercises is an important cultural modification that needs to be underscored during treatment.

WEEKLY CHECK-IN AND REVIEW OF TAKE-HOME EXERCISES

In addition to reviewing take-home exercises, the therapist should check in with the client to see how things are going and evaluate whether there are any emergency situations that need to be addressed. Moreover, checking in helps identify stressful situations that may have arisen during the week. This is also a perfect opportunity to practice the skills learned in the previous session. Discussing how the client’s week went also helps facilitate the connection between the client and therapist, helps the client feel heard and that the treatment is tailored to their needs, and provides a great opportunity to practice with real-life situations.

CHAPTER GOAL #2: INTEGRATING CULTURAL PRINCIPLES, TEACHINGS, AND PHILOSOPHIES

An important aspect of increasing the cultural congruence of therapy to a person’s background is the integration of cultural strengths, teachings, and metaphors. This strength-based approach bridges the notions, principles, and skill sets of psychotherapy with extant cultural strengths and values. In addition, the integration of cultural principles and metaphors can be broadly defined to include religious faith and teachings. However, religious adaptations may need to be applied more specifically to individual clients, rather than broadly to an ethnic heritage population, especially since there may be great variability in the religious or nonreligious beliefs of clients within a particular group.

Because of this variability, when developing a culturally adapted treatment manual for a particular ethnic group, I would recommend decreasing discussions about religious institutions and focusing on philosophical and cultural teachings—even though there may be some overlap. Otherwise, therapists may run the risk of introducing religious concepts that may be less relevant to an ethnic cultural belief, or may offend those from that group who do not adhere to or believe in that particular religion. Moreover, some religions have been historically oppressive to some groups, and were used as an excuse to invade and “educate” or “save” the people they were conquering or colonizing. However, if you have a client who is a devout believer in a particular religious institution, in addition to the cultural aspects of a teaching, then the therapist can flexibly individualize and emphasize religious content when working with that particular client.

The culturally adapted treatment manual incorporates many cultural and philosophical values that are integrally tied with a couple of prominent Asian heritage religions (Buddhism and Taoism). However, these teachings are so integrally intertwined with Asian cultural values that they have become mainstream cultural teachings that cut across Asian countries. Framing these cultural-religious teachings broadly and placing a greater emphasis on the principles and teaching itself, rather than the institution of religion, is important when successfully incorporating these values. In order to decenter the emphasis on religion and focus on cultural values and strengths, the therapist may also need to deconstruct the teachings and focus on the therapeutic value of the cultural phrases, terms, and stories. This can be readily accomplished when working with Asian heritage

populations because many therapeutic words and psychological descriptors did not previously exist in Asian languages and were adopted and translated from Western terminology. In this session, we introduced the newly created term and principle of “wise action,” which is deeply rooted in Chinese culture and philosophy, as well as Buddhist religion and teachings. It is important to note that Buddhism is common and has influenced many Asian heritage cultures, including countries such as Bhutan, Cambodia, China, India, Laos, Japan, Macau, Myanmar, South Korea, Sri Lanka, Taiwan, Thailand, and Tibet.

UNDERSTAND THE PRINCIPLE OF “WISE ACTION”

The principle of “wise action” focuses on effective and solution-focused decision-making. It is an important cultural adaptation that integrates cultural-religious teachings with therapeutic action. It involves weighing the advantages and disadvantages of the choices that we make, the manner in which we communicate with others, and the pros and cons of how we frame our internal dialog. “Wise action” is effective action and in some ways is similar, but also different to the Western statement of “doing the right thing.” The principle of “wise action” stems from Buddhist religion and teachings—specifically, the Buddhist “Noble Eightfold Path.” Buddhism teaches that there are eight different paths that an individual must fulfill in order to be completely liberated from suffering and be on the path to enlightenment (Bodhi, 1999). They include right view, intention, speech, action, livelihood, effort, mindfulness, and concentration.

However, the principle of “wise action” is not synonymous with the “Noble Eightfold Path.” A cultural bridge was made between the cultural-religious concept of the “Noble Eightfold Path,” and the therapeutic concept of “wise action.” This helped clients better understand the concept and internalize the teachings of wise action. Specifically, “wise action” helps us have perspective, interpret, and think about issues, events, and people in the wisest way possible. It helps us have the best intentions when trying to communicate, and to do so in responsive ways that help us reach our goals. “Wise action” also helps us focus and concentrate, shift and rebalance the goals in our lives, and become healthier by helping us become more centered and mindfulness. Clients were asked to think about the advantages and disadvantages of different actions, ways of thinking, and methods of communicating.

Given that many Chinese Americans are not religiously Buddhist or may be less familiar with Buddhist teachings, the manual decenters the religious emphasis on Buddhism and highlights the emphasis on the therapeutic benefits of “wise” and “effective” actions. Another way to look at it is that the manual focuses on effective therapeutic cultural adaptations, not necessarily religious adaptation of mental health services, which is a similar, but different endeavor. In coining the term “wise action,” we also underwent various discussions to find the best term. As a result, we veered away from incorporating the traditional, moral, and religious viewpoints of the “Noble Eightfold Path.” Instead, the primary focus was placed on wise and effective actions. This also helped reduce the moral criticalness associated with these concepts, and helped clients focus on problem-solving.

It is important to note that the Western concept of “doing the right thing” and the Buddhist concept of the “Noble Eightfold Path” both place some focus on being right, moral, or doing something correctly. The manual de-emphasized the focus on correct or moral beliefs and actions. Arguments focused on being “right” or “wrong” can potentially increase arguments and exacerbate points of conflict because such definitions are highly subjective. The manual does not emphasize critical value judgment, nor stress what is right versus wrong, which is very subjective and heavily influenced by a person’s goals and objectives. Familial and social conflicts that focus on “right or wrong,” “fair or unfair,” and “winning or losing” are often not very productive and can be quite polarizing. They often lead to divergent views, extremity in emotions, misguided goals, nonproductive arguments, and decreased ability to respond and address the feelings of others as people ping-pong back and forth. Because of collectivistic cultures’ high usage of social criticism in parenting and shaping social behavior, the manual also avoids utilizing critical and judgmental words. Instead, it focuses on effective decision-making, problem-solving, intra- and interpersonal communication styles, and behavioral action.

The manual emphasizes that “wise action” is not always easy and can sometimes feel unfair. Acting and behaving in the most effective way possible is not easy and oftentimes requires us to balance our logic and emotions. For example, although family members may sometimes yell or criticize us and we have the natural urge to yell or criticize back, utilizing “wise action” will lead to better results, less of a back-and-forth reactive style of communication, and reduce fighting. It is important to be responsive to feelings and let clients know that

sometimes it may feel unfair that those we are in conflict with can just let out their emotions in whatever manner they see fit. However, reacting to this will only increase conflict. Helping clients to focus on healthy and effective communication will help increase the likelihood of positive outcomes.

In helping clients focus on “wise action,” it is important to help bridge the therapeutic concept with other cultural-religious philosophical beliefs. For example, helping clients understand the Buddhist concept of “life is suffering” (pronounced *rénshēng shì kǔ* in Mandarin Chinese—人生是苦) is an important one. It helps clients accept and normalize the occurrence of stressful life events, understand that figuring out how to address adversity is one of life’s most important challenges, and that wise and effective action can lead to the path of enlightenment.

In order to find inner peace and happiness, one has to detach from hurtful emotions and “let go” (pronounced *fàngxià* in Mandarin Chinese—放下). By detaching oneself from the intensity of emotions, one is better positioned to be responsive rather than reactive. Emotions are less likely to consume and control arguments, and our reasoning and logic are better able to help balance our perceptions and improve our problem-solving.

For example, our natural reactions are sometimes not the wisest or most effective in improving our life situations and relationships. The treatment manual brings up the topic of alcohol and “wise action.” As previously mentioned, when people drink alcohol when they are upset it can lead to a temporary reprieve, avoidance of bad feelings, and help people cope and reduce their worries. Although initially an antianxiety, alcohol is a depressant and it compounds a person’s depression as well as ability to problem-solve. It provides short-term advantages, but many long-term disadvantages. In addition, drinking too heavily can exacerbate one’s problems, increase one’s impulsiveness, lead to more conflict, is highly associated with legal problems, and may compound one’s life difficulties and worsens one’s depression. The manual helps the client focus on improving their life circumstances by reminding themselves of their goals, and visualizing how they can act and communicate to reach healthier objectives. The manual also focuses on weighing advantages and disadvantages, rather than being reactively caught up in one’s emotions. This is different from saying that intense emotions are problematic or unnatural. Instead, it normalizes these feelings and focuses on acceptance, while at the same time, underscoring that we can make the choice of behaving, thinking, and communicating in healthier and effective ways.

The manual explains that reminding ourselves of our goals and visualizing how best to act and communicate can improve our life circumstances. The cultural adaptation of bridging energy with therapeutic healing was introduced earlier in Session 2 of the treatment manual. In this session, a link was made between the notion of energy and anger. Specifically, the notion of anger in Traditional Chinese Medicine (TCM) is known as fire energy or *huoqi* (pronounced *huǒqì* in Mandarin Chinese—火氣). Holding onto anger and expressing it in destructive ways can be damaging and make our problems worse. It can lead to a buildup of *huoqi*, which can pollute our minds, emotions, and can even damage our organs. In TCM, too much *huoqi* is also related to having a damaged liver. When people are depressed and angry and they drink alcohol, not only do they further damage the liver, they make their emotions worse. Referencing the discussion of the TaiQi diagram in Session 2, anger burns up our *yangqi* (solar or positive energy) and leaves us with too much *yinqi* (lunar or negative energy). From a neuroscience perspective, anger leads us to consume too much serotonin, leaving us in a depressed state which is associated with a deficit of serotonin.

In fact, there is an old Buddhist quote that highlights that, “holding on to anger is like grasping a hot coal with the intent of throwing it at someone else; you are the one who gets burned.” This statement means that emotions like anger can be quite dangerous when we hold onto them for too long. I once attended a talk by the Dalai Lama where he further explicated on this point. He discussed how anger is like a fire that burns inside you. Even though you may let it out and feel like you are projecting it toward others, you are still getting burned on the inside. These statements underscore that if we try to hurt other people with our anger, we also often get hurt in the process. The “wise action” here would be to understand that we are angry, normalize these feelings, and to let it go so that we can focus on productive problem-solving and addressing the issues in an effective manner. By learning how to let go of this strong emotional attachment, we develop inner peace, balance, centeredness, and work toward enlightenment by extinguishing this internal flame. However, when we don’t control the fire, then we burn ourselves and those around us—leading to a never-ending cycle of anger. For example, Mahatma Gandhi noted “An eye for an eye makes the whole world blind,” which highlights the destructive and cyclical nature of anger and revenge.

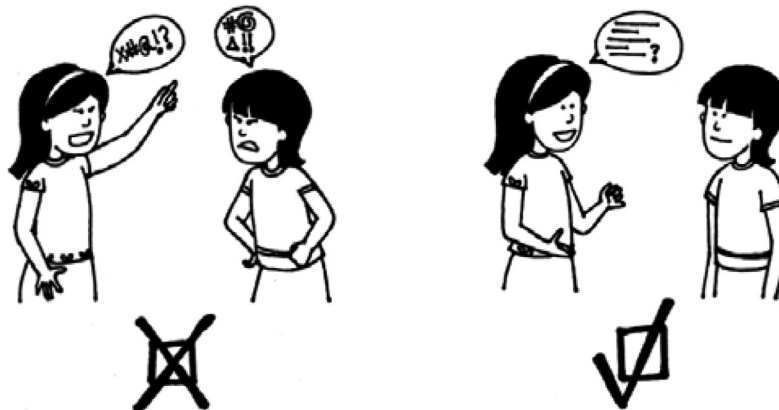
When working with Asian heritage populations, another cultural adaptation is to consider that psychiatric illness can come in the form of culture-bound syndromes. The phenomenon of culture-bound syndromes was first introduced in chapter “Understanding Cultural Influences on Mental Health.” For example, in Korean culture and traditional medicines, there is a similar emphasis on anger and fire energy. The Korean

culture-bound syndrome Hwabyung (화병) is a form of depression associated with anger (Choi & Yeom, 2009; Min, Suh, & Song, 2009; Park, 2002). It specifically afflicts Korean women who are maltreated and abused. Hwabyung in Chinese characters literally means fire illness (pronounced huǒbīng in Mandarin Chinese—火病), and also means an illness caused by anger. Fire is associated with anger in many Traditional Asian Medicines (TAMs). It is important to note that the cycle between anger and depression is mutually reinforcing according to TAMs.

In the DSM-IV, Hwabyung is included as a culture-bound syndrome in Appendix I, which contains a glossary of culture-bound syndromes (American Psychiatric Association, 2000). In the new DSM-5, it is now included in Appendix III (the Glossary of Cultural Concepts of Distress) (American Psychiatric Association, 2013). Estimates of the prevalence of Hwabyung are 4.1% in the general population in Korea, and 11.9% of the Korean American population (Park, 2002). Those with this illness become so angry and upset about being maltreated that they eventually burn through all of their energy in their emotional ups and downs, and become severely depressed. This projection of anger into the body leads to a host of psychiatric (eg, depression, anxiety) and physical difficulties, including pain and pressure in the chest, respiratory issues, dry mouth, heat sensations, insomnia, headaches, and somatic pain.

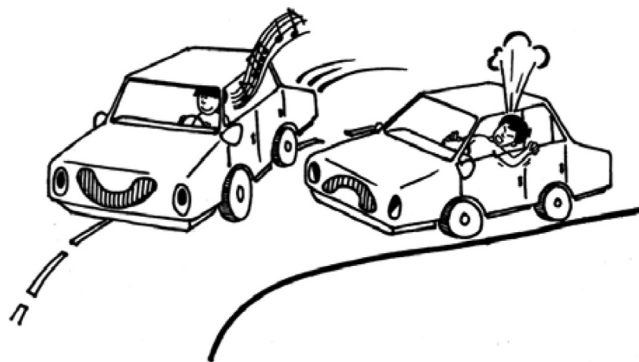
Women who are in abusive or controlling relationships are less able to express their anger outwards, and this emotional suppression leads to internalization of anger, resentment, fear, and depression. Hwabyung typically afflicts middle-aged and elderly women who are isolated and who have a strong commitment to traditional values, lower educational background, and low socioeconomic status. Those women are also less socially mobile and typically have fewer options for divorce or separation—especially given traditional cultural values that stigmatize divorce. In Korea, the traditional treatment for Hwabyung is provided by older women healers who understand the struggles and emotional situations of oppressed women. Later, Western psychiatric (ie, antidepressants and mood stabilizers) and psychological services have been used to treat this problem.

In the treatment manual, we attempted to illustrate the principles of “wise action” by utilizing a number of pictures that are also presented below. One of these illustrates the idea of handling a situation using “unwise action” (eg, yelling and arguing in the heat of the moment) which leads to anger, frustration, confusion, and feelings of not being understood and of not being heard. The “wise action” picture illustrates the same situation, but with the two women discussing the issue in a calm and collected manner. “Wise action” focuses on talking calmly, expressing one’s feelings, not holding things in until one explodes, and communicating assertively, but in a respectful manner. “Unwise action” includes yelling and screaming, making the problem worse, and polarizing others into intense emotions that lead them to be reactive and increase conflict.



The manual gives an additional example of somebody cutting the client off on the freeway. Although we may have a reactive urge to yell and chase after them in our car, this can potentially lead to problematic results that could negatively influence our lives. For example, you could end up getting in a car accident or somebody could pull out a gun. Moreover, the reactive person tends to be emotionally charged and irritated at this point, and unwise actions are more likely to create conflict with others (eg, partner, friends, friends, children, family, coworkers, and employers). Anger and being extremely reactive increases a person’s blood pressure, stress, anxiety, energy, sleep, and can even affect skin complexion and digestion (ie, irritable bowel syndrome).

The principle of “wise action” focuses on letting things go because the person who cuts you off is already gone and can’t hear you yelling and screaming, nor are they likely to address your feelings. Chasing after them or hanging onto anger only increases your problems and damages your help. The principle of wise action aims to empower the client to control their thoughts and emotions, and not to give others so much power over their mood. It also attempts to reduce stress generation—or the empirically supported concept that those who struggle with psychiatric issues, such as depression, increase and generate additional stress because of the way they interpret the world and the strategies they use to solve problems (Hammen, 1991). In addition, if you are already clinically depressed, letting yourself become too angry could catapult you into further depression and make recovery much more difficult.



The principle of “wise action” has been an integral part of Chinese culture, religion, and philosophy for thousands of years. The manual emphasizes dealing with problems in constructive ways and reminding oneself of several issues. Specifically, “wise actions” are effective and helpful actions, socially appropriate, goal-oriented, karma improving, and beneficial to improving your mood. “Unwise actions” ultimately hurt others, increase harm to oneself, and exacerbate problems. Therefore, letting go of overly negative emotions and reducing one’s reactivity is better for you. Learning how to let things go (pronounced fàngxìà in Mandarin Chinese—放下) is a critical and important part of taking care of oneself, having good relationships with others, and effectively handling one’s life situations. “Wise action” involves letting things go and taking things in your stride without being overly attached to negativity or unfairness. Integrating and bridging cultural concepts with therapeutic principles is an important cultural adaptation when working with diverse populations.

ADVANTAGES AND DISADVANTAGES OF “WISE ACTION”

An integral part of consolidating skills development and intervening when clients become reactive or fall into the same problematic cycles is to take a multisensory and active learning approach to skills consolidation. This can enable the client to actively intervene when they become pessimistic, engage in negative thinking, become emotionally charged, and/or become reactive. Prior to making rash decisions or engaging in impulsive behaviors, it is important for clients to consider the advantages and disadvantages. On page 31 of the manual, the purpose of this in-session discussion is to consolidate learning by reading about different concepts, engaging in the dialectic, and applying principles to specific examples in their daily lives.

An emphasis is placed on thinking about the advantages and disadvantages of “wise actions” when applied to problematic situations and conflicts with other people. Therapists engage clients by asking them if there has been a time when somebody said something to them that they did not like, inquire how they dealt with it, and ask the client to look back upon the situation and think about what the wise or most effective action could have been. Although hindsight is 20/20, examining past behaviors and learning how to replay and improve one’s response and handling of the situation is not only important for insight, but also an important part of skills acquisition and application to future events.

In addition, the therapist can help the client further understand what “wise actions” look like in concrete practice. Therapists can highlight that “wise actions” tend to be responsive rather than reactive. Many individuals are not aware of the difference between “responding” versus “reacting.” Reacting is typically immediate and

driven by one's instinctual emotions, regardless of whether those emotions lead one to communicate in problematic ways or engage in maladaptive behaviors. Responding takes more time because one thoughtfully evaluates the situation, thinks about the advantages and disadvantages of various behaviors, and how their actions may affect themselves as well as the people around them. Responding focuses on acknowledging and addressing other people's feelings prior to communicating one's own. This is done with the hope that other people will feel heard and be less reactive.

This is different from giving up one's feelings. Instead, it is focused on empathic listening, understanding, and being supportive. Another way of framing this discussion is to note how we all have an almost immediate initial reaction that we may have little control over. However, we can also actively choose how we respond. Secondary responses are more likely to align with "wise actions" and be more productive and thoughtful. The reason I say more likely is because sometimes our responses can be problematic. Until somebody learns how to effectively problem-solve, reframe one's internal dialog, and develop the communication skills needed to respond, their responses are less likely to be "wise."

It is important to note that neuroscience research has found that reacting is very quick and instinctual. Reacting is a lower-order function and associated with the amygdala and the autonomic nervous system. It is integrally intertwined with the fight-or-flight response. Reacting is immediate and typically takes a fraction of a second. Responding, on the other hand, is a higher-order function and associated with the prefrontal cortex, and utilizes executive functions, critical thinking, and decision-making. Responding is thoughtful, and it takes more than a second and could even extend out to a few seconds or a few minutes. A responsive person is one who thoughtfully engages in critical thinking, frame switching or putting oneself in another person's shoes to understand and communicate empathy. They learn how to formulate an effective response. Ultimately, being responsive can be beneficial for one's health, facilitates letting go of damaging or unhealthy feelings, and helps improve a person's mood. By culturally adapting therapy and integrating "wise actions" with the principles of reacting and responding, clients are better able to take a step back from their emotions and effectively address life stressors. This modification is an important cultural adaptation because it helps bridge cultural concepts with therapeutic principles, and aligns with the solution-focused nature and emphasis on interpersonal importance evident in collectivistic societies and Asian heritage populations.

CHAPTER GOAL #3: FACILITATING SELF-CARE IN THE CONTEXT OF SOCIAL RESPONSIBILITY

When trying to figure out how to best work through life's difficulties and decide on the "wisest action," there is a lot of push and pull between balancing one's own needs and thinking about the needs of others (eg, friends, families, and partners). This is especially relevant for Asian heritage populations because of the collectivistic (vs individualistic) and interdependent (vs independent) cultural orientations, which place a greater emphasis on social context, understanding, and meeting the needs of others. The notion of attending to one's social responsibility to the family versus addressing one's own needs and self-care (eg, self-other differentiation and prioritization) can sometimes be at odds with the value of Western psychotherapy. Specifically, psychotherapy was created from an individualistic value orientation, and places a greater emphasis on an individual's rights, needs, and responsibilities.

For example, a therapist who is less sensitive and knowledgeable about Asian heritage populations may push a teenager or young adult to focus on the client's interests, needs, and priorities (eg, you should be able to study and choose whatever you want, or you should be able to date at this age because this is what people are supposed to do). However, therapists can easily forget that they too can be culture-biased and speak and interpret issues through a Western or individualistic cultural lens. As a result, youth and young adults who come in seeking help for resolving family problems are often pushed in the direction of greater individuality, becoming more acculturated, and focusing on their own needs, with less or no consideration of parental and family cultural values and priorities. Unfortunately, the Asian or collectivistic cultural lens may be devalued or ignored, thus increasing problems for the individual who still needs to negotiate their needs in a collectivistic family context. This can potentially undermine Asian heritage parental authority and concepts of filial piety. Moreover, it could also challenge cultural values that parents are trying to retain, and increase further conflict between children and parents. This is especially important because many family problems and conflicts among immigrant families

are caused by acculturation-gap-related issues such as cultural value differences between parents and youth. Therefore, the best solution needs to have some consideration of both cultural value orientations, and may need to prioritize bicultural perspective and understanding.

For example, if a college student goes home and tells their parents that they can study and do whatever they want, and then proceeds to criticize their parents for not understanding and being controlling, this can create even more problems within the family. The student may even say that “even my therapist thinks you are unreasonable and violating my personal rights,” which can actually increase parent–child conflict, lead to further emotional distancing, and decrease the parents’ perceptions of the benefits of their child being in therapy because they feel undermined. When working with families with varying acculturative levels, understanding and figuring out how to best address the impact of individualistic and collectivistic cultural orientations on family dynamics is of utmost importance. Therapists working with individuals and families from collectivistic cultural backgrounds need to be highly cognizant of the cultural biases and pressures to assimilate to individualistic values and priorities. In order to address this issue, the treatment manual includes a section on understanding how to balance a person’s rights versus familial responsibilities. The notion of pursuing one’s own needs versus addressing social obligations and collectivistic notions of self-sacrifice for the greater good of the family can be at odds and therefore need to be considered when culturally adapting therapy.

UNDERSTAND HOW TO BALANCE YOUR RIGHTS AND RESPONSIBILITIES

In this section, the treatment manual discusses the aforementioned issues with the client and addresses the complexities of balancing one’s own rights and needs versus one’s social and familial obligations and responsibilities. This issue is important to address because self-sacrifice for the good of the family is such a big part of both Asian and immigrant culture (ie, regardless of ethnic or racial background, many immigrants move to the US and make any sacrifices to provide a better life and greater opportunities for their children). Compared to individualistic cultures, collectivistic cultures place a relatively higher focus on the family versus the individual’s needs. The pressures and responsibilities for contributing to the family can be daunting and guilt-inducing, because of parental sacrifices. Although self-sacrifice and prioritizing the family can be culturally normative, it can create a lot of problems and expectations to give up one’s own needs and focus on family needs. Moreover, guilt induction can act as a stressor and exacerbate the risk for depression and anxiety.

One cultural adaptation is to help the individual negotiate their individual needs with family expectations. This can help the client feel better, reduce their stress, and focus on strengthening communication and conflict resolution skills. How to do so within the context of the individualistic-collectivistic cultural discrepancy, as well understanding that these value orientations for the individual and family change over the time as they acculturate, is a delicate and complicated matter. The treatment manual highlights that as a member of a family, we understand that taking care of others and meeting our familial obligations and responsibilities is very important. In addition, the manual underscores that, as individuals, we need to be able to take care of ourselves so that we can be healthy enough to address life’s difficulties and be emotionally available to take care of others. The manual raises the complex issue of how to balance personal rights (eg, the right to have an opinion, feelings, to make choices, to request that others change unhealthy behaviors) versus social responsibilities (eg, the responsibility to be a good child, to be a good parent, spouse, and employee, to be a contributing member to society).

The therapist and client then discuss how to find a healthy balance between these similar, but sometimes opposing, needs and responsibilities. It is important to note that there is not a right or wrong answer, and that this issue is raised to help focus on issues salient to the client, as well as to help reduce therapist biases. These biases are more likely to occur when working with Asian heritage populations because Western psychotherapy tends to lean toward individualism and an independent versus interdependent cultural value orientation. Finding a good balance in self–other focus can be a very difficult task. The treatment manual raises a number of questions for the client and therapist to think about. For example, what do you do if other people don’t fulfill their obligations or responsibilities? Are you still required to sacrifice your own needs in the same way as you would if they did meet those obligations, or do you need to make adjustments and prioritize yourself? How do we balance our rights versus our responsibilities? What is the “wise action”? For example, I have had clients who continually sacrifice their time, money, and personal health because of rigid adherence to filial piety, while the child or parent continues to act inappropriately over and over again—refusing to change or get help.

In discussing how to balance one's rights with one's social responsibilities, the emphasis on one's own needs may seem culturally foreign to many of those who come from collectivistic cultural backgrounds. One illustration that can be helpful for aiding clients to better understand self-care is the airplane oxygen mask example. While flying, if there is an emergency situation, it is important that parents put their oxygen masks on before they help their children. This is essential because if the parent were to put their child's mask on before their own, there is the possibility that they will lose consciousness and be unable to help their child. This is an important example that illustrates sometimes putting one's own needs in front of the needs of others is the wisest or most effective action. This can be used to help the client understand that balancing one's own rights and one's social responsibility is not always about self-sacrifice, but important to understand because, left unaddressed, it can have a significant impact on the individual and the family.

Addressing the issue of balancing one's rights and one's social responsibilities is an important cultural adaptation because most therapy manuals, brochures, pamphlets, and worksheets only focus on the client's individual rights. These "rights" typically focus on the fact that people have a right to an opinion, to have feelings, to make choices, to be involved in decision-making, and to request others to change. Seldom are the needs of individuals from collectivistic backgrounds effectively addressed in these nonadapted materials. This is particularly important to learn how to address in therapy because approximately two-thirds of the world's population is collectivistic. This cultural adaptation helps decrease Western biases and rebalances psychotherapy to consider social and family context and value systems.

CHAPTER GOAL #4: IN-SESSION BEHAVIORAL TRAINING AND THE PRACTICE OF "WISE ACTION"

This session concludes with an in-session activity and take-home exercise focused on behavioral strengthening. It helps clients become more effective in determining and implementing "wise actions." After learning about the behavioral principle of "wise action," it is important to complete the take-home exercises because they help the client process and consolidate what they have learned and cope with life stressors.

PRACTICE "CLIMBING THE MOUNTAIN" TECHNIQUE USING "WISE ACTIONS"

At the end of Session 4, clients are asked to practice the "climbing the mountain" technique, while focusing on the principle of "wise action." An in-session example is provided for the client. This particular example focuses on how to address arguments with a family member, which is written in the situation line of the "climbing the mountain" worksheet. The goal of improving relationships is written at the top of the worksheet, and the worse outcome of fighting all day long and the relationship getting worse is written at the bottom. Examples of "unwise actions" include not listening and trying to talk over the family member, raising your voice and yelling, and reacting emotionally and throwing things. "Wise actions" include listening to what others have to say and letting them know what you think, acknowledging the family member's feelings, and letting them know how you feel, and responding to the family member's feelings, expressing one's own thoughts, and letting the family member know that you care about them. Clients are also asked to assess how different actions influence their mood by utilizing the mood scale located on the right-hand side of the "climbing the mountain" exercise.

Clients learn that wise actions promote responsiveness and help reduce reactivity and conflict. They learn that wise actions help them reach their goals and reduce the likelihood of negative outcomes. The "climbing the mountain" exercise focuses on helping clients come up with alternative actions (ie, problem-solving strategies) that help improve outcomes. Later on, the therapist can also use the principle of wise action to help reinforce "wise thinking" or "wise behaviors" as well. This involves repeating the same skill, but applying it to different situations. Learning too many therapeutic techniques in a short period of time inundates the client and potentially causes confusion. The therapist asks the client to identify a stressful situation affecting their life, and they collaboratively complete the exercise together.

COMPLETE BEHAVIORAL STRENGTHENING (“WISE ACTION”) EXERCISES BEFORE NEXT SESSION

After completing the in-session exercises, the therapist then asks the client to work on at least three “climbing the mountain” exercises at home. It is important to emphasize that completing these take-home activities is essential to consolidating skills development. They help clients problem-solve and lead to faster change. This is especially important when working with Asian heritage populations, who tend to not only be less familiar with therapy, but have high expectations for feeling therapeutic benefits quickly. Clients are asked to think about the range of behaviors and actions that can help improve their life situations. They are also asked to think about unwise actions that might make the situation worse. It is important for therapists to continue reinforcing the expectation that take-home exercises are important. They can do so by discussing this issue, and letting the client know that take-home exercises will be reviewed at the beginning of the next session.

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