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Practicing Behavioral Strengthening: Improving Your Communication Skills

(Session 5 of the Treatment Manual)

I am determined to practice deep listening. I am determined to practice loving speech.—*Thich Nhat Hanh (Vietnamese Buddhist Monk and Peace Activist; 1926–Present)*

This chapter focuses on improving communication skills, which is an important aspect of behavioral strengthening. Communication skills training is another area in which cultural adaptations can be effectively implemented. In fact, understanding how diverse cultures express and communicate their distress in different ways, as well as understanding how communication styles, patterns, norms (eg, differences in direct vs indirect, and verbal vs nonverbal) can vary across cultures is an important aspect of becoming a culturally competent and effective therapist. This cultural adaptation is included under the fifth domain of the Psychotherapy Adaptation and Modification Framework (ie, understanding cultural differences in the expression of distress and communication). Improving communication skills is an essential part of problem-solving and healthy relationships. This session provides psychoeducation and opportunities to practice and acquire skills. It also gives the therapists the opportunity to model good communication skills. Moreover, clients learn about “wise” and effective communication, and how to weigh the advantages and disadvantages of utilizing various communication strategies.

If family conflict is the primary reason the client is seeking help, then Session 11 (Strengthening Family Relationships) can be reviewed directly after finishing Session 5, and all subsequent sessions are pushed back one meeting. In addition to focusing on strengthening family relationships, Session 11 (flexible family-focused parent–child module) continues the practice of communication skills training, but also focuses on understanding how clinical and cultural dynamics impact healthy relationships. Session 5 provides the foundation for understanding different aspects of communication that are essential to problem-solving and reducing interpersonal conflict. There are a number of session goals including:

- Weekly check-in and review of take-home exercises;
- Understand different types of communication;
- Understand different styles of communication;
- Understand that healthy communication is effective communication;
- Understand your communication style;
- Practice nonverbal communication with supportive actions;
- Practice active listening and reflective empathy;
- Use the “climbing the mountain” technique to strengthen your communication;
- Complete behavioral strengthening (communication) exercises before next session.

These session goals fall within the following chapter goals:

- Continue to consolidate gains through the use of weekly take-home exercises and practice
 - Weekly check-in and review of take-home exercises
- Understanding cultural differences in communication
 - Understand different types of communication
 - Understand different styles of communication
- Understanding that healthy communication is effective communication
 - Understand your communication style
- Practicing communication skills
 - Practice nonverbal communication with supportive actions
 - Practice active listening and reflective empathy
- Use the “climbing the mountain” technique to strengthen your communication
 - Complete behavioral strengthening (communication) exercises before next session.

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

Weekly Check-In and Review of Take-Home Exercises

Inquiring about your clients’ week and continuing to check in on your clients’ take-home exercises are important for helping clients feel like you care about their lives and emphasizes your continued expectation that doing take-home exercises is important and beneficial. This is especially important since this is only the third time that clients are asked to complete the “climbing the mountain” exercise, which is repeatedly used throughout the treatment program. However, in this session, the emphasis for the “climbing the mountain” exercise is developing and strengthening effective communication skills or “wise communication,” rather than “wise action.”

Trying to encourage clients who are reluctant to complete take-home exercises can be frustrating for therapists if the client continually shows up to session empty-handed. Struggles with completing take-home exercises affected both the culturally adapted cognitive-behavioral therapy (CBT) and nonadapted CBT treatment conditions of the clinical trial. Therapists in the nonadapted CBT condition talked about difficulties getting the client to do “homework” and discussed how Chinese Americans clients didn’t want to complete the homework and only wanted to come in to session and complain about their problems. Therapists in the culturally adapted condition also had difficulty getting clients to complete take-home assignments, but had less difficulty because they were not framed as homework, but rather as practice and exercise.

At first glance, getting clients to complete homework exercises may seem like a nonculture-related compliance issue that may also be associated with a number of factors including severity of clinical issues. Nevertheless, there are a number of cultural issues that may influence homework compliance. These include the cultural beliefs of fatalism in many Asian heritage populations, as well as the notion of ethnocultural transference and countertransference. In Asian culture, fatalism is associated with beliefs imbued by different religions and historical practices. Fatalism is related to concepts of karma, reincarnation, and other spiritual beliefs. Although the belief itself may not be problematic, when those who are suffering with mental illness rigidly internalize such beliefs, it often reinforces a cycle of learned helplessness and inaction, which in turn reinforces the symptoms of various psychiatric disorders such as motivation in depression and avoidance in posttraumatic stress disorder.

Clients may fall into despair, feeling as if nothing could be done to change their life circumstances and that nothing they do can take away their pain. This experience is fairly common among low-income Asian heritage populations who have very few cognitive, social, emotional, financial, and housing resources. Clients who become attached to fatalism may even distort religious teachings that are meant to help normalize life difficulties and help clients with acceptance. For example, the quote “life is suffering” is one of the hallmark teachings of Buddhism. It helps people develop perspective and emotional distance when faced with and while interpreting stressful life experiences. Although Buddha did say “life is suffering,” he never followed up with “there’s nothing you can do about it, so don’t even bother trying.” Therapists need to be aware of these cultural-religious beliefs, so they can culturally adapt and address these issues in treatment.

Understanding this issue can also help therapists become less frustrated and be aware of ethnocultural transference and countertransference issues in treatment (ie, cultural influences on the traditional notions of transference and countertransference) (Comas-Diaz & Jacobsen, 1991). Although at face value some of these processes may not seem obviously “cultural,” they are a salient part of working with diverse populations that culturally competent therapists need to be aware of. Moreover, addressing ethnocultural transference and countertransference is extremely important because they can significantly influence the client–therapist working alliance, which in turn affects treatment outcomes. Examples of more obvious ethnocultural transference and countertransference were provided in chapter “Understanding Cultural Influences on Mental Health.”

A more subtle example is homework noncompliance. Although clients from all cultures can struggle with homework noncompliance and develop learned helplessness when it comes to motivation to take action, these issues are more likely to affect individuals from cultures that place a heavier emphasis on fatalism and superstitious beliefs. Consequently, many clients from Asian heritage backgrounds may feel hopeless and believe that no matter what they do, nothing will help. Compliance with take-home exercises becomes collateral damage, and instead, clients may come into treatment in a “complaining” mode. This ethnocultural transference issue is then experienced by the therapist, who needs to be aware of their own ethnocultural countertransference (eg, “I wish my client would stop complaining” and “there is no point in trying to get Asian heritage clients to do their homework because they simply won’t do it”).

If this situation arises in supervision, it is important for the supervisor to address and understand both the culture-universal (etic) and culture-specific (emic) processes occurring. Specifically, homework noncompliance can affect people from all cultural backgrounds. However, when working with Asian heritage populations, culture-specific issues of fatalism, problematic interpretations of cultural-religious beliefs, and the tendency to complain to others (which is more heavily emphasized in collectivistic cultures when seeking support) need to be addressed. Otherwise, the therapist may also fall into a parallel process of learned helplessness, and despair takes over. Therapists may feel that no matter what they do, they cannot get their clients to take responsibility for their own lives and mental health. They can even become critical of their clients for not taking action and only wanting to “dump” their problems on the therapist. This process can become insidious and may even affect the supervisor, where the parallel process continues and they feel like there is nothing they can do to get their Asian heritage therapist to get their clients to do their homework. Supervisors can highlight these parallel processes, and help therapists take a step back and reframe the issues with cultural understanding (eg, highlighting fatalism, cultural-religious beliefs, and ethnocultural transference and countertransference).

In addition, supervisors can highlight culture-universal processes that may also be affecting homework compliance. Specifically, a major symptom of depression is lack of motivation. Therefore, as a function of having this disorder, it is normative for clients to have difficulties completing their take-home assignments. Addressing and highlighting clinical issues that affect motivation in the client and therapist is an important first step to addressing the problem. Underscoring the therapist’s role and responsibility of engaging the client and troubleshooting noncompliance, despite clinical and cultural barriers, can help normalize the problem and provide hope that they can be effectively overcome. Since this problem is culturally common, it is also important not to blame the clients or the therapist for becoming frustrated, hopeless, or noncooperative. Rather, a culturally adapted and responsive approach to understanding how culture permeates and qualitatively affects therapy processes and impacts problem resolution is needed. This helps the therapist develop more emotional empathy, resilience, and perspective when addressing client problems. Moreover, it also helps the therapists to continue setting the precedence and expectation that take-home practice exercises are a critical part of the treatment process.

CHAPTER GOAL #2: UNDERSTANDING CULTURAL DIFFERENCES IN COMMUNICATION

Culture has a significant impact on the way we communicate. There are many cultural differences in communication styles, expressions of distress, and even methods of handling conflict. These differences have a significant impact on interpersonal relations, and can also affect client–therapist relations. Mainstream communication skills training programs contained in manualized treatments often present information from

primarily Western perspectives and do not address cultural differences in communication. This session highlights communication issues that affect Asian heritage populations and focuses on understanding different types of communication (ie, direct vs indirect, and verbal vs nonverbal), and, in doing so, the advantages and disadvantages of various communication styles (ie, passive-aggressive, passive, aggressive, and healthy) are reviewed. Clients learn what type of communication styles they tend to utilize, and explore the effectiveness of different methods of communication. This session also focuses on helping clients engage in healthier, productive, and effective ways of communication.

Understanding Different Types of Communication

In this session, two different types or dimensions of communication that are impacted by culture are discussed. They include the amount and proportion of verbal (vs nonverbal) communication and how direct (vs indirect) a person communicates. Direct communication is more straightforward and tends to be more verbal; whereas, indirect communication is more implied and tends to be more nonverbal. Nonverbal communication relies on facial expressions and body language to indicate and convey what one thinks and feels. Somebody can be direct and indirect in both verbal and nonverbal ways. In addition, different communication styles are also characterized by differences in tone and volume, which ultimately affect how people react or respond to the individual communicating. Understanding and working on cultural differences in communication when treating Asian heritage populations is very important because communication styles in Asian cultures may be distinctly different from that of Western cultures.

The manual provides an illustration of how verbal and nonverbal aspects of communication intersect with the direct and indirect. The example provided focuses on trying to get your partner to help with the dishes. Direct and verbal communication in this case would be asking if your partner can help with the dishes. An example of direct nonverbal communication would be looking at the dishes with disgust, sighing, or looking at the person with disapproval. Indirect verbal communication would be saying that you are tired and not doing the dishes. Indirect nonverbal communication involves not saying anything and going to your room to lie down because you don't feel good.

What is effective and noneffective communication is subjective and dependent on cultural norms and contextual factors. Since most mental health practitioners are trained in Western models of psychotherapy, there may be a bias toward helping clients communicate in Western ways, which tend to be more verbal and direct. However, this could potentially create problems if the family context communicates in non-Western ways. Imposing a culturally incongruent type of communication on the family may not be effective. For example, when trying to help work out parent–child relations, therapists may purposefully or inadvertently encourage the client to utilize more verbal and direct methods of communication, which can at times undermine the heritage culture of the parents. Parents may be shocked by how directly (or what they perceive as defiant and aggressive) their children are communicating, and experience it as disrespectful, un-filial, and challenging their authority. Great care needs to be taken to not impose the therapist's value systems upon the culture of immigrant families, and to help clients communicate in the most effective way possible.

For example, compared to individualistic cultures, those from collectivistic cultural backgrounds tend to utilize more nonverbal as well as indirect communication—also known as high-context communication (Sue, 1990). However, this type of communication is only effective when people understand the cultural meanings of such communication. In Western culture, people tend to be more verbal and direct—also known as low-context communication (Sue, 1990). As a result, Westerners often communicate caring by saying they love somebody and express physical affection through hugs. In Eastern culture, parental love is communicated through indirect methods such as asking you if you've eaten yet, making a nice meal, or telling somebody not to forget their jacket because it's cold outside (eg, doing vs saying). Nonverbal communication of caring can also be expressed by making a healthy nutritional soup for somebody and having it ready for them when they first get home.

This understanding is important because therapists can inadvertently undermine parental authority and fracture the working alliance when they impose value judgments on cultural beliefs and practices, or by trying to assimilate families into Western cultural norms while ignoring the culture of origin of the family. If therapists feel like they need to improve direct and verbal communication, they can do so by discussing the aforementioned issues so that clients understand that the therapist is culturally knowledgeable and not culturally biased. In

addition, setting up a framework and context for why the therapist is emphasizing verbal and direct communication can be very important. For example, saying that “it seems that your family has similar goals of improving family relationships, but there is a breakdown in communication and understanding of each other’s views and perspectives. Because parents and children often grow up in different family environments, communication styles and strategies may vary. One way to help facilitate better relationships and reduce conflict is to understand each other’s communication styles, and learn communication strategies that may help achieve your goals, reduce misunderstanding, and foster emotional closeness.”

In addition, structural and strategic family therapists may appreciate understanding that communication dynamics in collectivistic cultures may extend beyond the nuclear family and include extended family members. For example, there are many checks and balances in Asian heritage cultures provided by extended family members (eg, aunts and uncles, grandparents, and even close friends) that help facilitate communication and curb inappropriate behaviors. If a mother or father is acting too critically, extended family members may indirectly talk to the mother and help them think about how to best relate to their children and decrease criticism. Similarly, if a teenage child is acting out and creating a lot of stress for their parents, extended family members may intervene by talking to the children directly to help reduce conflict and asking them to behave more responsibly. Therefore, therapists really need to have a good grasp of communication style differences across cultures, but also understand how to interrelate and connect nuclear family issues with extended family support. This can even come in the form of encouraging clients to tap into extended family resources to help confront or communicate with the person that the client is having difficulties with. This is an important cultural adaptation because typical Western-oriented communication training does not address these types of issues, but needs to do so in order to be effective with diverse populations.

Cultural differences in communication can also be exemplified by how people interact with authority figures. For example, Asian heritage populations may ask fewer questions because asking questions may be seen as challenging the authority and intelligence of the doctor or psychologist. If you think about educational and teaching styles in Asia versus in the US, there are also considerable differences. In many Asian heritage countries, education is more unidirectional, top-down, and less collaborative. However, in the US, education is seen as a collaborative process, and students are asked to speak, engage, and ask questions. These cultural differences in how people interact with authority figures, or how they collaborate in the treatment process, can significantly impact the client–therapist relationship. Therapists need to set the stage and discuss these issues with the client so that expectations and understanding of the treatment process are clear.

As mental health professionals, we need to understand and take into account that there may be cultural differences in comfort when asking questions, being assertive, and interacting with authority figures. In many Asian heritage countries, doctors take an authoritative role in educating clients and providing advice about how to best deal with their health problems. Clients may be unaccustomed to asking questions, as opposed to receiving information. They may also feel uncomfortable asking the therapist questions because it may be perceived as challenging the doctor’s authority. It is important to make it clear to clients that asking questions is an important part of the treatment process. Understanding these differences is important because it impacts on how therapists interpret client behaviors. For example, if the Asian heritage client tends to avoid eye contact and is less collaborative, therapists need to determine whether or not this may be a cultural issue before assuming that it is a clinical one. Therefore, understanding and skillfully addressing cultural differences in communication is an important aspect of culturally adapting therapy.

Understand Different Styles of Communication

The culturally adapted therapy manual discusses four main communication styles, including passive-aggressive, passive, aggressive, and healthy. In addressing the aforementioned issues, the manual highlights that each style has verbal and nonverbal components, as well as different degrees of directness and indirectness. To address the goal-oriented nature of Asian heritage populations, the cultural adaptation of understanding the differences in effectiveness of each style is emphasized. In addition, psychoeducation about how conversational volume and tone can differ between styles is discussed. Because of the collectivistic nature of Asian heritage populations, an emphasis is also placed on understanding social and interpersonal reactions when utilizing different styles of communication. In addition, an important cultural adaptation was to avoid labeling clients to reduce defensive reactions, and helping clients to instead self-endorse with and

take responsibility for the type of communication style they typically use. At the bottom of each communication style explanation is a checklist where clients can take an active learning approach to assessing which communication styles they use.

Passive-Aggressive Communication

Much mainstream communication training only discusses passive, aggressive, and healthy forms of communication, such as was the case with the nonadapted CBT manual used in the clinical trial (Miranda et al., 2006). This is another example where using a community-participatory approach can be beneficial and inform clinical practice. For example, many of our therapists in the phase 1 focus groups of the Formative Method for Adapting Psychotherapy (FMAP) felt that passive-aggressiveness was missing from the nonculturally adapted manual. This is not to say that Asian Americans or those from Asian heritage populations are more likely to be passive-aggressive (and indeed, there may be differences between groups that need to be empirically tested); rather that with informed clinical-cultural discussions, we can advance our comprehension of the needs of various ethnic communities and develop a more comprehensive and nuanced communication training program.

It may be that cultures that use more indirect and nonverbal communication have a greater possibility of utilizing passive-aggressiveness because communication is less explicit, which increases the chances of this communication in cross-cultural contexts, such as within immigrant families where members are growing up in different cultures and have differential language fluencies, or in other cross-cultural contexts, such as when Asians interact with non-Asians and differences in communication styles become amplified. Or, it may be that people from collectivistic cultures are more in tune with less direct and nonverbal communication and are more skilled at picking up nonverbal and indirect use. This may mitigate the development of passive-aggressiveness if people are better able to understand indirect and nonverbal communication. These are empirical questions that still need to be tested.

Many of the therapists in the study felt that Asian heritage populations tend to be less direct, and are more likely to hold in their problems until they become intolerably worse—resulting in a passive-aggressive explosive style. The manual characterizes passive-aggressive communication as repressing or holding in upset emotions until one reaches a breaking point. Once the emotions can no longer be repressed, people eventually have an emotional outburst. In order to not confuse clients with too many different examples, we continued with the same example on page 40 to illustrate different types of communication (eg, “not saying anything about the dishes, getting upset and then yelling at and criticizing the other person”).

In addition, the manual highlights the verbal characteristics of passive-aggressiveness (ie, not directly saying what one wants, and then switching to being too emotional, aggressive, or critical once one gets upset). Nonverbal communication that is passive-aggressive is described as facial and body expressions that are inconsistent with the way that you feel (eg, being upset, but pretending that you are okay), rapidly change, and are polarized (eg, smiling and then turning red and becoming extremely angry), and that often confuses the people around you. Effectiveness for this type of communication is described as poor, and the volume fluctuates between high and low when a passive-aggressive critical tone is utilized. In adapting treatments, it is important to note the disadvantages of this style under the people’s reactions section. Specifically, passive-aggressive communication increases the likelihood that people will be confused, can be counterproductive, and can be detrimental to relationships.

In order to improve understanding, the treatment manual provides culturally responsive Asian heritage illustrations that help illustrate various communication issues in a visual and psychoeducational format. Utilizing culturally sensitive pictures that resemble Asian heritage populations can help clients identify with the treatment. These illustrations can be a quick method to helping people understand the verbal and nonverbal aspects of communication. Using pictures to illustrate meanings can also be extremely helpful for less educated populations, where too much text can also be overwhelming. Moreover, with populations who are less familiar with therapy, having less text and/or illustrations to depict concepts and reiterate principles can help with clarity, consolidating learning, and improving acquisition and development of skills. The passive-aggressive communication style checklist asks three questions:

- Do you have difficulties expressing your emotions and needs?
- Do you bottle in your feelings until you can’t take it anymore and then explode?
- When you explode, do things get very dramatic or get physically or verbally aggressive?



Passive Communication

Page 42 of the treatment manual provides psychoeducation on passive communication, which is described as holding your feelings and not expressing your needs when you are unhappy or dissatisfied. The dishwashing example was continued, with a person saying “I don’t feel well today and am going to lie down,” but not directly communicating that they want and expect the other person to help them with the dishes. Another example is smiling and doing the dishes, even though one is very angry and upset that the partner doesn’t help. The verbal characteristic of passive communication is not directly saying what one wants or needs, and the nonverbal characteristic is smiling and pretending nothing is wrong when you are indeed unhappy. The effectiveness of passive communication is described as poor, with a low volume, and a tone that is timid, passive, and concealing. When discussing people’s reactions, an emphasis is placed on people not understanding your needs or demands. By not speaking up, we reinforce negative cycles such as people treating you badly, or being trapped in a cycle where people cannot address or do not know your needs.

- Do you hold your feelings in when you are upset?
- Do you have difficulties expressing your emotions and needs?
- Do your facial and physical expressions effectively communicate how you feel?



Aggressive Communication

Aggressive communication is described as expressing your feelings and opinions strongly and as they occur. Clients were taught the verbal characteristics of aggressive communication (eg, shouting, yelling, demanding, commanding, blaming, being critical, or being verbally abusive). In addition, the nonverbal characteristics were also emphasized (eg, pushing, hitting, slapping, throwing things, or being physically abusive). The example from early in the chapter regarding the dishes included a person yelling “why don’t you ever do the dishes?”—but could also be extended to physical behavior such as breaking the dishes or hitting oneself or other people. Aggressive communication was characterized as being poor in effectiveness, loud in volume, and aggressive in tone. Clients were taught about people’s reactions when faced with a person who communicates aggressively. Specifically, people may act defensively and not listen to what you are saying, and even if they do initially listen or concede to what you want them to do, they may resent you later and explode. In addition, people may be afraid of you and may not tell you how they truly feel. They could also respond

aggressively, and intense verbal and physical fighting could occur. The aggressive communication style diagnostic checklist included the questions:

- Do you raise your voice when you are upset?
- Do you criticize other people when you are upset?
- Do you get physical when you are upset?



Healthy Communication

Healthy communication is described as being the most effective and productive. People who communicate in healthy ways do not hold in their emotions until they can no longer take it anymore. They are less likely to explode or internalize their dissatisfaction, which often results in psychological distress, depression, anxiety, bodily pain, and damaged relationships. Healthy communication focuses on being effective without being critical. Continuing with the theme of Session 4 (Practicing behavioral strengthening: Effective problem-solving) in the treatment manual, healthy communication focuses on responding rather than reacting. The verbal component of healthy communication is typically calm, honest, rational, and respectful. The nonverbal characteristic of healthy communication emphasizes having facial and bodily expressions that are consistent with the way that you are feeling and what you are saying. Effectiveness is high, and volume and tone are normal and calm. People's reactions include being more willing to listen to what you have to say, not becoming defensive or reactive, and displaying more empathic responses. The healthy communication style diagnostic checklist includes the questions:

- Are you able to understand and reflect upon the situation before responding?
- Are you able to empathize with others and understand how they feel?
- Are you able to respectfully communicate your emotions and needs to others?
- Are your physical and facial expressions consistent with what you say or don't say?



Overall, the psychoeducational focus of this communication awareness and skills building session was very effective, and aligned well with the educational focus in Asian heritage culture. By breaking down the various components (eg, verbal, nonverbal, effectiveness, volume, tone, people's reactions, and diagnostic characteristics) that characterize each type of communication style, clients are able to quickly see the advantages and disadvantages. An emphasis is placed on helping clients evaluate the relative effectiveness of each communication style, rather than being critical, and trying to determine who is "right or wrong" or what is "fair or unfair." In addition, the following section focuses on helping the client understand which style has been problematic for them in the past, and which style might be most effective for solving their problems in the present and in the future.

CHAPTER GOAL #3: UNDERSTAND THAT HEALTHY COMMUNICATION IS EFFECTIVE COMMUNICATION

Healthy communication plays a significant role in promoting supportive relationships. The ability to communicate in an effective manner can have a huge impact on our emotional well-being because it helps us feel emotionally closer and plays a major role in reducing family and social conflict. Although the effectiveness of a particular type of communication can be determined by the context and social cultural background of those involved, passive, aggressive, and passive-aggressive communication styles are generally associated with greater externalization (eg, anger, frustration, irritability, and conflict) and internalization of feelings (eg, depression, anxiety, and physical health problems). In contrast, healthy communication generates more emotional stability and promotes well-being. The goal of this session is to help clients review the advantages and disadvantages of the various communication styles that they have learned about. In addition, a central focus is placed on the understanding that if unhealthy and ineffective communication styles are learned, they can also be unlearned through increased insight, awareness, and practice.

Understanding Your Communication Style (In-Session Discussion)

The purpose of this in-session discussion is to transition between psychoeducation to skills consolidation. The manual individualizes session content to the lives of each client. It helps clients feel more engaged, and also provides an opportunity to apply what they have learnt to their goals and particular circumstances. It also provides an opportunity to reflect on what they have learned in the session, and to begin to critically evaluate how the various patterns of communication have led to differential outcomes during their lives. The therapist leads the client in a discussion about the different types of communication that the clients have used throughout their life. The client and therapist review the advantages, disadvantages, and results of each communication strategy in relation to the client's goals.

In addition, because Asian heritage populations tend to utilize both direct and verbal communication (as well as indirect and nonverbal communication), a cultural adaptation was made to the practice component of the session. Specifically, we wanted to be aware of our tendency to push clients toward communicating in more Western ways, so that we facilitate both the "*active listening and reflective empathy*" component of Western communication and the "*nonverbal and supportive actions*" component of Asian heritage cultures. "*Active listening and reflective empathy*" focuses on being more verbally direct and speaking in ways that are understanding and supportive. "*Nonverbal communication with supportive actions*" focuses on nonverbal and behavioral ways of communication and support. No matter the cultural orientation of the communication style, it is important for us to develop ways of communicating that enable us to communicate effectively.

Concerted effort should be made not to get caught up in other people's unhealthy ways of thinking or to spiral downwards into vicious cycles of communication that are nonproductive, antagonistic, and make intra- and interpersonal problems worse. The ways in which we communicate have emotional consequences for ourselves and the people around us. Because of the interactive nature of communication, we should try to be consistent in what we say and do, and stick to healthy and effective ways of communication. It is also important to note that even though the client may change their style of communication to be more effective, people in the client's lives may continue to communicate in unhealthy ways that promote conflict and hard feelings. Normalizing this issue and helping clients understand that changing a family communication style takes time is an important emphasis that helps reduce frustration and giving up. Consistency is the key to developing healthier ways of communicating and changing the communication styles of those around us.

CHAPTER GOAL #4: PRACTICING COMMUNICATION SKILLS

Practice Nonverbal Communication With Supportive Actions

A conscientious decision to practice “nonverbal communication with supportive actions” before practicing “active listening and reflective empathy” was made to help address communication styles that are evident in Asian heritage populations. This session emphasizes that addressing other people’s feelings is important because when other people feel supported they are more likely to feel heard and in turn reciprocate caring about your needs. In order to reduce confusion, the examples given for nonverbal communication with supportive actions and practicing active listening and reflective empathy both illustrate the same scenario. In addition, an example of how not listening and not acting empathically can lead to additional conflict in fighting was given at the beginning of each in-session practice (see pages 46–47 of the treatment manual). In this particular scenario of a traditional Asian family, the wife asks her husband to help wash the dishes. The husband responds by saying that he is really exhausted today. The wife reacts by asking how come you never help wash the dishes without acknowledging the husband’s fatigue. The husband gets aggravated and tells the wife “Didn’t you hear me? Didn’t I just say that I was tired?”—and decides to watch TV and ignore the wife, resulting in additional fighting.

In nonverbal communication with supportive action examples, emphasis is placed on noticing nonverbal expressions of fatigue and demonstrating supportive actions by asking the husband whether he has eaten yet, while preparing some tea and dinner. In addition, there is a focus on acknowledging the husband’s feelings by stating that the husband looks tired today and inquiring on what happened, which helps the husband become more open to talking about the stresses at work. Nonverbal communication with supportive actions can also involve giving people space or using physical affection as a means to help people feel cared about—which helps them become less defensive and more emotionally available. Moreover, this strategy encourages the husband to reciprocate the wife’s care by asking how her day was. This gives the wife an opportunity to talk about the hectic day that she had running errands, picking up the kids, and working, which is why the dishes weren’t done yet. In the example, the husband reciprocates with nonverbal communication and supportive actions by giving the wife a shoulder massage and helping to clean up the kitchen. Even if this does not happen (and many clients laugh and left saying their husbands would never do that), it is important to use the humor produced and to help clients change their behaviors and be proud of how they behave. Moreover, highlighting that if they don’t make any changes, the negative cycles are not likely to change, and by doing something different there is at least a greater chance for change to be very important.

Practice Active Listening and Reflective Empathy

In this section, the importance of active listening and reflective empathy was used to help strengthen relationships, improve communication, help people feel understood, reduce criticism and reactivity, and de-escalate conflictual situations. Part of active listening and reflective empathy is to repeat back what other people say in your own words. In addition, the importance of being able to put yourself in other people’s shoes (also known as frame-switching) is underscored. By helping people feel understood and supported, we increase their ability to be understanding and responsive to our needs. The importance of active listening is also important in Asian cultures. For instance, there is an old Chinese proverb that states “To listen well, is as powerful a means of influence as to talk well, and is as essential to all true conversation.” Utilizing the same example from the previous section, the manual repeats the same scenario, but this time while utilizing active listening and reflective empathy. The wife nods and acknowledges the husband’s feelings when he says that he’s really exhausted. Moreover, she actively listens and inquires about what happened, giving him an opportunity to share his experiences. The wife empathizes by saying that’s horrible and asks if there’s anything that she can do to help. In addition, after she responds to his feelings, she also talks about how she can relate to his fatigue because of all the things that she had to do today. She practices directly asking for his help and because she was able to effectively listen and demonstrate reflective empathy, he was more capable of reciprocating (eg, actively listening to her feelings, empathizing with her struggles, and then offering to help).

An emphasis was made on communicating in different ways, which leads to different emotional consequences. Moreover, emphasizing that the most productive strategy is to attempt to change our own communication style, not to try to change others, was made. Changing the way we communicate naturally leads to changes in the way other people communicate with us. Trying to change others often leads to defensiveness

and feelings of blame, unless they are open and willing to collaborate on this effort. This is a very important point because many of our Asian heritage clients come in to treatment asking for help in changing other people, and sometimes try to avoid making changes themselves. Pointing out the importance of this dynamic is an important cultural adaptation.

During the development of the treatment manual, it was difficult to come up with role-playing scenarios that would make linguistic sense in Chinese (which also likely applies to other Asian languages). Although the examples and responses provided above may seem idealistic, clients in the clinical trial were able to relate to and practice the skill sets discussed. In addition, therapists were able to use humor while going over these scenarios to help engage the client (eg, laughing about how people in their family don't communicate in that way or how funny and ideal things would be if it were only that simple). It was important to practice both types of communication styles because nonverbal communication is more common in a high-context culture. In addition, we did not want to necessarily assimilate clients into Western ways of communicating, which they may find difficult to practice and culturally incongruent. We wanted to respect and emphasize that all types of communication styles can be improved. The manual also highlights the need to practice in order to be less reactive and more responsive to other people's needs. Nevertheless, practicing active listening and being more direct can help reduce confusion. This style of communication has merit and is an important component of communication that cuts across different cultures and to varying degrees. When working on parent–child relations, the therapist also helps convey to clients that they may need to make adjustments to the ways they communicate in order to address their children's needs, especially since their children grew up in a different cultural environment. Not making any adjustments and understanding the impact of growing up in a different culture can be a costly mistake.

Session 11 of the treatment manual discusses linguistic issues in communication training, and how to address acculturation-gap-related issues when trying to improve relationships between immigrant parents and youth. Because of the cross-cultural interactions inherent in immigrant populations (eg, differences in parent–child communication styles due to growing up in different cultural environments, or differences in communication styles, which is affected by exposure to mainstream American culture), this issue is even more important to address in a culturally adapted treatment. Cross-cultural discrepancies can often highlight, or even exacerbate, differences in communication styles. For example, when confronted with a highly assertive person, the communication style of a passive person can become even more passive. Conversely, when talking with somebody who is more passive, an assertive person may become more assertive, or vice versa. Differences in communication speed, comfort with silence, directness, and personality characteristics such as introversion and extroversion can also contribute to interpersonal difficulties.

Finally, it is also important to note that this session is quite long and hard to cover in less than 1 h. FMAP is to take an iterative approach to treatment development and to further revise the manual (phase 5). After completing the clinical trial, we learned that it may be beneficial to break this session into two or three meetings. Completing it in one session felt too rushed and did not provide enough time for continued practice and skills consolidation. Because communication skills are so important for improving relations, especially in collectivistic and socially interdependent cultures, spending more time mastering communication skills is an important endeavor. This is even more important for Asian heritage populations because of the need to cover various aspects of different types of communication (eg, the greater proportional weighting of indirect and nonverbal communication) that are normally not covered in a traditional communication session. Moreover, they also need to learn about how growing up here versus abroad culturally influences how people communicate.

CHAPTER GOAL #5: USE THE “CLIMBING THE MOUNTAIN” TECHNIQUE TO STRENGTHEN YOUR COMMUNICATION

At the end of the session, clients are provided another opportunity to practice communication skills training and to individualize and apply what they have learned. In the “climbing the mountain” exercise example, a scenario is provided to the clients where the parents want their child to come home by a certain time. Therapists lead the client in identifying their goal, which in this case is to get their child to come home by 10 pm. In addition, therapists help the client highlight the worst outcome, which in this particular case is the child not listening, not coming home on time, and becoming defiant...resulting in an even worse parent–child relationship. Clients are led through the advantages and disadvantages of communicating in different ways, and emotional consequences are highlighted.

Statements that clients could say to their child that may potentially make things worse include commanding them to be home by 10 pm in a harsh tone, and trying to induce guilt by asking them to come home early because the parents will be waiting and worrying. An unhealthy way of communicating in this scenario would be to ask the child what's wrong with them (critical), ask why they always have to go out (all-or-none communication and undermining needs), telling them to be home by a certain time (commanding), and asking them why they can't be like somebody else like their cousin who doesn't make their parents worry (comparative guilt induction, labeling the child as the problem, and damaging self-esteem). This type of communication tends to be problematic in many ways. However, aspects of this communication style can also be culturally normative because Asian heritage populations tend to use guilt induction approaches to shape children's behaviors. Nevertheless, because of the cross-cultural context in the parent–child relationship, this type of communication can lead to defensiveness, angry reactions, and further damage parent–child relations. Some of the Asian heritage ways of communicating may no longer be effective given that the children may not be used to this style of communication because they grew up in a different cultural environment. In many ways, a cross-cultural context can exacerbate and increase the cultural incongruence of different communication styles.

Healthier ways of communicating include asking the child to please be home by 10 pm, emotionally engaging with the child and telling them to have fun and to be home by a certain time, and asking them to be home by a certain time and emphasizing that the parents care about them and their ability to function at school tomorrow. The advantages and disadvantages of communicating with their children in a more effective manner are underscored. In addition, clients are asked to come up with their own life examples and how they might be able to change their communication to better reach their goals.

In addition, different cultural metaphors can also be integrated to help clients reduce conflict and work together to solve problems. For example, I often give my clients in couples or family therapy the metaphor about being on a boat together and trying to work together to arrive at the desired destination. When people are communicating in unhealthy ways, then they are not working together to coordinate and paddle toward their destination. If people begin arguing and utilizing unhealthy communication styles, then it makes it much more difficult to achieve their goals (eg, people get upset and metaphorically knock each other off the boat, stop paddling in unison, and waste emotional and physical energy). This holistic and natural metaphor can be effective for people of many different cultural backgrounds, but also can be especially relevant where those who come or live in areas that are next to water or where boating is commonplace. This metaphor can be especially beneficial and relevant for refugees who came here for the purposes of finding a better life for their family, but because of various etic and emic stressors (eg, acculturative stress and posttraumatic after-effects of the refugee experience) are encountering problems adjusting.

Finding metaphors that are personally relevant can be especially beneficial when bridging extant cultural and therapeutic strengths to psychotherapy. Therapists can also make references to contemporary role models and their guiding philosophies. For example, it is important to help clients understand that therapy and making our lives better is not about changing the other person, but also about changing oneself. This is reflected in the quote by the Buddhist monk Thich Nhat Hanh, who stated, "In true dialog, both sides are willing to change." Moreover, helping clients understand that the most effective communication styles for improving relationships are not always direct or aggressive. Another cultural metaphor is relating communication to different Asian martial arts. For example, I often let my clients know that sometimes a softer way of communicating may be more beneficial. If somebody attacks you, you don't want to necessarily attack them back because that just feeds the fire. Communicate as if you are an aikido or judo master. Both of these martial arts focus on protecting oneself by redirecting the other person's energy, rather than directly striking back at them and going blow for blow. Sometimes when you yield or give some ground, you increase your chances of winning. Focus on wise and effective strategies.

Complete Behavioral Strengthening (Communication) Exercises Before Next Session

Because practice is so important for skills consolidation, clients are again asked to practice the "climbing the mountain" exercise at home and complete three worksheets. Clients were asked to think about advantages and disadvantages of communicating in different ways. They were asked to think about how different types of communication can affect one's mood and lead to differential outcomes. In addition, they were asked to practice active listening and reflective empathy, as well as nonverbal communication with supportive actions.

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