

## Reflecting Upon Our Journey and Planning the Road Ahead (Session 12 of the Treatment Manual)

*Happiness is not something readymade. It comes from your own actions.—Dalai Lama XIV (Nobel Peace Prize Winner; 1950–Present)*

This chapter reviews Session 12 of the treatment manual, which focuses on the end of the treatment program, therapeutic closure, and planning for the future. Whether the client continues to see the therapists depends on a number of factors, including where the client is in their treatment process, the resources of the facility where they are seeking services, and the ability of the therapist to continue seeing the client based on their clinical caseload. Therapeutic closure is a critical topic that needs to be handled with great care. This is also an important area where cultural adaptations can take place for people of diverse backgrounds. In addition, this is also an excellent time to highlight important issues, review what clients have learned during the treatment program, discuss their initial goals, and establish future goals. The top right-hand corner of the manual depicts a partial picture of the “climbing the mountain” technique, where the client is focusing on the skills they learned while communicating (eg, strengthening of relationships, emotions, thoughts, activities, communications, and not making excuses). This helps the client feel more equipped to tackle the road ahead and reminds them how they have strengthened themselves through hard work and perseverance. This session has several goals including:

- Weekly check-in and review of take-home exercises;
- Reviewing what you have accomplished in the program;
- Understanding why you should be proud of your achievements;
- Reflecting upon your journey thus far;
- Discussing what to do on the road ahead;
- Saying goodbye.

These session goals fall within the following chapter goals:

- Continue to consolidate gains (weekly take-home exercises and practice)
  - Weekly check-in and review of take-home exercises
- Discussing the therapeutic journey and highlighting accomplishments
  - Review what you have accomplished in the program
  - Understand why you should be proud of your achievements
  - Reflect upon your journey thus far
- Planning for the future
  - Discuss what to do on the road ahead
- Therapeutic closure and the relational experience
  - Saying goodbye.

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## CHAPTER GOAL #1: CONTINUE TO CONSOLIDATE GAINS (WEEKLY TAKE-HOME EXERCISES AND PRACTICE)

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### Weekly Check-In and Review of Take-Home Exercises

Similar to previous sessions, clients are asked to discuss with their therapist how their week went and to review their take-home exercises. They are also asked whether or not they were able to apply the skills that they learned in the previous session to their life, including the various communication and family-strengthening exercises that they practiced, whether or not they were beneficial, and the reasons why. If there were difficulties in communicating with family members, therapists help the client role-play specific skill sets and demonstrate different communication strategies. Because this is the last session of the treatment program, less time is spent on reviewing take-home exercises and practice, and more time is spent on discussing therapeutic closure and planning for the road ahead.

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## CHAPTER GOAL #2: DISCUSSING THE THERAPEUTIC JOURNEY AND HIGHLIGHTING ACCOMPLISHMENTS

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In this section, clients and therapists discuss what the clients learned while in the program. They also review how the program helped them improve their life situations and mood. Focusing on the benefits they received from the program and why they should be proud of their achievements was purposefully emphasized at the beginning of the session. Afterward, a discussion of what goals were not accomplished and what the client still needs to strengthen is provided.

### Review What You Have Accomplished in the Program

A number of specific issues that the client learned about were reviewed in this section. Primary goals of the program included helping clients:

1. Better manage your problems and cope with difficult situations.
2. Act and behave in more productive ways.
3. Communicate in more effective ways.
4. Look at things in more positive ways.
5. Engage in healthy activities and self-care.
6. Strengthen your internal self.
7. Use principles of everyday healthy living to achieve a different outlook on life.
8. Understand and improve your family and social relationships.
9. Live in healthier ways and better plan for the future.

This is an ideal opportunity for the therapist to highlight what the client has learned from the program and capitalize on their achievements. Focusing on the positive and providing emotional support through affirmation is an important part of therapeutic closure. Therapists emphasize that the client really rose up to the challenges and stepped out of their comfort zone. This compliment is a cultural adaptation because it reinforces that clients were open to learning about something that is culturally unfamiliar and stigmatizing. Moreover, clients from Asian heritage backgrounds may benefit from additional encouragement, especially since there can be discomfort in seeking mental health treatment. When working with clients in my clinical practice, I often highlight that it takes a lot of strength and courage to face one's problems and focus on being effective. Clients typically respond very positively to this empowering statement.

Therapists discuss how it takes a lot of strength and courage to face life's many obstacles, break reactive patterns, and focus on being flexible and effective in the here and now. Ghandi once said "The future depends on what you do today." Therapists also discuss with the clients how they strengthened and advanced themselves, learning skills in a number of areas including problem-solving, cognitively, behaviorally, educationally, internally, and communication-wise. In addition, clients are praised for improving their understanding of different approaches to improving family and social relationships, as well as living in healthier ways by engaging in healthy activities and focusing on principles of everyday healthy living.

## Understand Why You Should Be Proud of Your Achievements

Therapists also discuss with the client why they should be proud of their achievements. These reasons are listed in Session 12 of the manual and therapists say to the client that:

1. You worked hard and faced your problems with courage and strength.
2. You successfully learned new skills to solve your problems.
3. You developed a healthier mindset.
4. You learned to address your problems by using the principle of “wise action.”
5. You developed greater internal strength and balance.
6. You prevented your problems from getting worse.
7. You protected your family and improved your social relationships.
8. You improved your physical and mental health.
9. You were able to accomplish a lot in 12 sessions. Imagine what you could achieve if you continue working hard in addressing your problems in productive, effective, and healthy ways.

It is very important to help the client focus on their achievements because attending psychotherapy can be culturally difficult for those who are less familiar with seeking mental health care and where stigma influences people’s perceptions of those with mental illness. Learning new skill sets, developing a healthier mindset, and sticking with a program for 12 sessions is not an easy task, especially while struggling with depression and trying to keep their life together. Clients are asked to imagine what they can accomplish if they continue working hard to address their problems and to face future life difficulties in productive, effective, and healthy ways.

Focusing on consequences is a significant cultural adaptation, and letting the clients know that their problems could have gotten much worse if they hadn’t addressed them can be extremely beneficial. Emphasizing the client’s improvements is one aspect of consolidating therapeutic effects and increasing client engagement. This positive reinforcement and consideration of consequences is necessary for those who are depressed, as well as for Asian heritage populations who generally feel less comfortable in treatment. This is an important cultural adaptation because seldom do therapists and clients discuss what could have happened if they did not get help for their problems. Even if they did not get significantly better, discussing how therapy may have helped prevent their problems from getting worse is an important psychoeducational emphasis. Noting that being in treatment helped prevent their problems from getting worse is an important point. Helping clients understand that they have strengthened old skills and learned novel skills (such as “wise action”) is beneficial, especially when paired with improvements in problem resolution and gains in physical and mental health. In addition, clients learned how to internally strengthen themselves and gain inner peace and balance. They exercised their mind, body, and spirit, and were able to become more skillful in a variety of domains through hard work and practice. They can also be reminded what the 14th Dalai Lama once said regarding comparing oneself with others versus focusing on self-improvement, “The goal is not to be better than the other man, but your previous self.”

## Reflect Upon Your Journey Thus Far

In this in-session discussion, clients take a moment to reflect on their experiences participating in the program. Therapists query clients on how their mood was when they first started the program, and whether they feel any different. In addition, therapists ask clients about their initial treatment goals, and which were achieved, partially achieved, or fully achieved thus far. In addition, clients are asked to recall what they learned while participating in the program. They are also asked what was particularly helpful, and what was not so helpful. Therapists and clients identify and review signs and markers of improvement, and discuss what might help them feel better. Barriers to reaching their goals are discussed, and a plan to continue addressing these barriers is developed.

Clients are also asked to identify their areas of strength, and what factors helped them overcome some of the difficulties they faced. They are also asked to identify which areas they might need to continue working on after the conclusion of the program. Specifically, what skills do they need to continue developing or what areas can they personally work on to improve their effectiveness in dealing with problems encountered? Therapists can also inquire about the clients’ self-confidence levels pre- and postprogram. Finally, clients are also asked what they think might help improve the program, so that the program can be better tailored to the client’s future needs. This is an important point of inquiry because therapists who continue treating the same client gain direct knowledge concerning areas that can be targeted in the future. If they will not be continuing to treat the client, they can also leave notes for future care providers.

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## CHAPTER GOAL #3: PLANNING FOR THE FUTURE

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In the next two sections, therapists work with clients to plan for the future and discuss the road ahead. Those who will be ending treatment with a particular therapist will focus on therapeutic closure and the process of saying goodbye. These and the previous sections are critically important because they identify what the client is still struggling with and establish a plan for future care.

### Discuss What to Do on the Road Ahead

This is a very important in-session discussion because it reviews the client's pretreatment goals and discusses progress on each of them. Clients are asked whether they were able to reach their goals, and to identify the reasons why. Clients are then asked to take a moment to re-evaluate their goals and develop new short-term and long-term goals for the road ahead. Therapists work with clients to make sure that their goals are realistic in regards to short-term or long-term timeframes. These goals can be similar to prior goals, or clients can establish new goals that may have come up during the treatment process. The treatment manual provides three lines where clients can write down their short-term goals and three spots where they can write down long-term goals. Therapists are also encouraged to shape and guide the client's goals and help them identify individualized areas that are most important for future prevention and intervention.

After establishing future goals, clients are asked to evaluate the advantages and disadvantages of staying at the same clinic after the program is over. The treatment manual provides three spots where clients can write down advantages and three spots where they can write down disadvantages. Therapists also discuss with the client whether they will continue working with the same therapists or be assigned to new therapists. Typically, these individual and programmatic decisions are influenced by the clinic's resources and other strictures. Though situations vary from clinic to clinic, many community mental health clinics do not typically have the resources to provide weekly long-term psychotherapy to clients. Therapists have extremely large caseloads, and many clients are only seen once a month or once every 2 weeks. Only the most clinically severe are provided with weekly care. However, this can vary from clinic to clinic, and also depends on the size of the therapist's individual caseload and the severity of clients within that caseload.

Importantly, clients are also encouraged to discuss any emergencies or pressing issues that need to be immediately taken care of before the program ends. This is informative and diagnostic because it helps therapists refer the client to the most appropriate care possible. If the client continues to be severely depressed or suicidal, therapists are better positioned to argue for continued weekly therapy. In addition, therapists must also abide by ethical and legal obligations where they must refer clients to the help they need, especially when emergency situations are involved. For clinical practice less influenced by institutional structure and caseload, I would recommend a minimum continuation of weekly psychotherapy for prevention and intervention purposes, especially since depression is a highly recurring illness.

A great article for understanding the recurrence of depression was written by [Burcusa and Iacono \(2007\)](#). Specifically, left untreated, major depression lasts on average 9 months, with 80–90% of people experiencing remission after 2 years. Moreover, depression is a well-documented and highly recurrent disorder, with more than 50–60% of those who recover from a single episode having additional episodes in their lifetime. Approximately 80% of those with a history of two episodes will also have additional recurrent episodes in the future. Research also suggests that once a person has one episode, they will on average have five to nine separate depressive episodes in their lifetime. Research shows that it is not necessarily the length that one has been experiencing depression that increases the likelihood of relapse, but the severity of depression at the time of seeking help. Because Asian heritage populations tend to delay help-seeking, they evidence very severe depression and are particularly vulnerable to recurrence and relapse. An important cultural adaptation is to focus on not only maintenance, but also prevention of future depression.

As discussed in previous chapters, there is abundant empirical evidence indicating that Asian Americans delay help-seeking, and come in with very severe problems. For example, in the adapting CBT for Chinese Americans clinical trial, the mean baseline or starting Hamilton Depression Rating Scale (HDRS) scores were in the very severe range, 23 and 26 for CBT and CA-CBT, respectively. In contrast, outpatients in the National Institute of Mental Health Treatment of Depression Collaborative Research Program had a mean HDRS pretreatment score of 19.2 ([Elkin, Shea, & Watkins, 1989](#)), and African American women and Latinas in the [Miranda, Azocar, Organista, Dwyer, and Areane \(2003\)](#) study of primary care patients had a baseline adjusted mean HDRS

of 14.2. Chinese Americans in this clinical trial were much more severe at entry into treatment compared with most other ethnic groups. This implies that culturally adapted treatments for Asian heritage populations need to be longer, and also may need to be modified to address treatment-resistant depression and a more chronic and severe course.

An interesting empirical question that community mental health clinics and other service agencies may want to explore is the benefit of therapy frequency. Specifically, if limited resources are available, is it better to provide therapy at every other week intervals, or could it be more beneficial to provide weekly therapy for 12 sessions before reducing the frequency of treatment? An important empirical question is whether this initially higher dosage of therapy helps to not only treat the current depressive episode, but also prevent future relapse and remission. Granted that some agencies may not have the flexibility to provide weekly psychotherapy, an initial boost of weekly treatment (or even twice-a-week treatment) may help prevent future relapses, and end up being a cost-saving method for long-term care and prevention of costly emergency visits and hospitalization. Perhaps initial high-frequency therapy visits can also reduce the number of visits needed in the future (eg, instead of visiting twice a month for years, clients may be able to achieve more significant improvements or stabilize after 16 or 32 tightly packed sessions followed by twice-monthly sessions, and then shifting to once a month visits).

Regarding whether to stay with the same therapist or to transfer to another therapist within the same clinic, there are advantages and disadvantages that the client and the therapist may want to explore. Part of the decision-making process may depend on the therapist–client working alliance, as well as the amount of improvement that the client has made during the treatment program. For example, working with the same therapists can be beneficial because the therapist is already familiar with the client’s issues and can continue to work with the client to consolidate skills and focus on long-term goals. Working with a new therapist can also be beneficial because clients may learn new skill sets and become familiar with other styles of improving mental well-being. The latter strategy may be especially beneficial if the client and therapist relationship is not as strong and/or the client’s mood and goals have not been significantly achieved. However, many clients also have clinical and personality issues that may affect interpersonal relationships (eg, clients with borderline traits or who have changed therapist several times may have clinical issues that need to be addressed and where staying with the same treatment provider can be beneficial). Working through conflict and differences the client may have with the therapist is an important part of the therapeutic process. Regarding the adapting CBT for Chinese Americans project, most of the clients stayed at the clinic and also stayed with the same therapists.

## **CHAPTER GOAL #4: THERAPEUTIC CLOSURE AND THE RELATIONAL EXPERIENCE**

The ending of therapy, transfer to another therapist, and even the shift to reduced frequency of treatment sessions can be a significant change for transitioning clients. Because clinical populations are more vulnerable, discussing these issues and helping clients through these changes is a necessity. Moreover, this process needs to be gradual and needs to be discussed at least a few sessions in advance to help ease the transition and reduce the impact on the client. Clients who have been in treatment for longer periods of time or with undefined lengths will need earlier notification. Spending more time on therapeutic closure is an important cultural adaptation. This is especially important when working with Asian heritage populations because of their collectivistic orientation and emphasis on social relationships, as well as lack of exposure and understanding of therapy process and closure. Some clients may also have misperceptions about what is appropriate after therapy ends. For example, some clients may feel like it is culturally normative to continue having contact with their therapist and visiting them after treatment ends, especially when they have developed a close relationship.

There may also be aspects of gift-giving that need to be addressed because giving gifts to a helpful person is a culturally normative method of showing gratitude. When necessary, therapists will need to discuss the limits of gift-giving, and ethical issues in terms of the amounts or type of gifts that are appropriate. Although it could be culturally normative for Asian heritage clients to give gifts to people that have helped them (eg, teachers, doctors, and friends), culturally competent therapists must evaluate whether these behaviors are culturally consistent or whether they are influenced by clinical issues. For example, when clients become overly insistent, this can also be interpreted as a symptom of codependency or activation of abandonment issues (eg, “I really appreciate you, please don’t leave me,” “You’re the only one there for me, can we still see each other,” “I hope you don’t mind if I continue visiting you after treatment is over”), which need to be discussed and worked

through. In order to help set boundaries, it may be beneficial for therapists to discuss their appreciation for the client's gifts, but also discuss policies and rules of the clinics that they work at. For example, the rules of our agency don't allow us to accept gifts at all or to accept gifts that cost more than \$20.

Some clients continue to insist that a therapist accept the gift and try to reassure the therapist that they won't tell anybody. Taking a gift in the latter situation is inappropriate because of the deception involved, or the communication that the therapist is willing to do special favors and break the rule for the client. This insistence may be culturally related or driven by emotional and clinical issues, which the therapist will need to explore and evaluate. However, because every practice setting is different, therapists will have to use their best judgment in deciding what is ethical and what they personally feel comfortable with. Either way, therapists need to discuss the process with the client and clarify the meaning and impact of such interactions. Understanding cultural differences in social interactions, communication, and saying goodbye are important cultural adaptation skills and part of Domain 5 of the PAMF. Moreover, understanding these issues also helps improve the client–therapist relationship, Domain 4 of the PAMF.

## Saying Goodbye

This is a very important in-session discussion. Clients are asked to talk about what it was like working with the therapist and whether there is anything they would like to communicate or discuss before the program ends. In addition, because many people from Asian heritage backgrounds are more reluctant to ask questions, therapy is culturally adapted by directly asking clients whether they have any questions or concerns. Although therapeutic closure is most likely discussed in most treatments, many nonadapted treatment manuals don't have a specific and structured therapy closure session. This can be extremely beneficial for Asian heritage populations and normalizes and gives structure to the treatment process.

In this manual, therapists also take a moment to give their clients feedback on what it was like working with them. They discuss the clients' areas of strengths and also highlight areas to work on in the future. The treatment manual recommends wishing each other well, and focusing not only on the ending, but a new beginning. Specifically, clients are asked to remember to continue strengthening and exercising their mind, body, emotions, and spirit. In addition, even though some clients may be ending their working relationship with their therapist, they are about to begin a new journey equipped with new knowledge, understanding, and skill sets that will help them achieve their goals. The Chinese have a saying, "Give someone a fish and feed them for a day; teach someone to fish and you feed them for a lifetime" (pronounced *shòu rén yǐ yú, bùrú shòu rén yǐ yú* in Mandarin Chinese—"人魚不如人漁"). This quote illustrates a central focus of the program, which is to help clients become more independent and to develop more effective ways of problem-solving, communication, thinking, and strengthening their internal selves.

Another important part of therapeutic closure is helping the client come up with a plan to address depression recurrence and how to handle future difficulties. Specifically, there may be times where clients struggle with life stresses or begin to relapse into depression. Reminding the client of their accomplishments during the program, as well as helping the client remember what they have learned during times of duress is an important prevention strategy. Moreover, many clients may feel like they can't do it alone, and that they don't have anybody to turn to after therapy is over. Reminding the client to internalize the therapist's voice and imagine what the therapist might say to them when they are struggling is also an important strategy when the therapist is no longer available. Of course, depending on the practice setting, you may also want to remind the client that they can contact you in the future if they need additional help, or see somebody else at the clinic if you are no longer available.

In addition, adapting therapy by integrating cultural metaphors is also seen at the closing statement of the manual. Specifically, the manual concludes with the following Chinese quote that has the abbreviated meaning, "No matter how long the night, the day will come" (pronounced *shān qióng shuǐ jìn yí wú lù, liǔ àn huā míng yòu yì cūn* in Mandarin Chinese—"山窮水盡疑無路，柳暗花明又一村"). The more literal translation refers to being lost in the wilderness, and having difficulties finding the way out. After searching for a while, the person is guided by the moonlight and sees a willow tree that opens up to a hidden path leading to a village. This Chinese saying encourages people not to give up hope when they face adversity, and to try their best because something good can always happen even when things seem bleak. The manual provides a picture of a person backpacking through the mountains and finding their way out past the willow tree. The person finds a path toward a beautiful village with a nice waterfall and a bright sunny sky.

Inside the backpack the person is carrying various scrolls (which are a cultural adaptation since scrolls containing valuable knowledge are an integral part of many Asian cultures). The scrolls highlight the various skills that they have learnt while they were in the treatment program (eg, problem-solving, healthier thinking, healthy activities, assertive communication, relaxation training, and relationship building). This metaphor matches well with the opening Chinese statement at the beginning of the manual, as well as the treatment's focus on strengthening and exercising your mind, body, emotions, and spirit. Reminders of what the client has learned throughout the treatment process are incorporated throughout the manual as an important cultural adaptation. Whether the client is discontinuing therapy or not, the therapist can remind the client that they can take the manual with them and go back to specific sections to reflect upon what they have learned, or continue practicing the various skill-building exercises that were beneficial. During the last session, emphasizing the psychoeducational materials in the manual as an important resource can also help consolidate therapeutic gains. These strategies are important cultural adaptations for Asian heritage populations.

Therapists can also ask the client whether there are any specific sayings, stories, or metaphors that are empowering for them. They can collaborate and focus on not giving up and trying their best. The more the therapist knows about the client's culture, the better equipped they are to provide healing statements for their clients, which are quite common across many different cultures. For example, there is also another Chinese saying by Lao Tzu which means, "a journey of a thousand miles begins with a single step" (pronounced *Qiān lǐ zhī xíng, shǐ yú zú xià* in Mandarin Chinese—"千里之行，始於足下"). Not only does it mean that when you feel stuck, try not to focus on the end goal, but to take things one step at a time, but it also implies that you need to be able to visualize the future and the path ahead in order to achieve your goals—which is one of the many themes of the treatment manual and is essential to solution-focused therapies. Even though many of these metaphorical statements may not have originally been used in psychotherapy, being able to integrate popular and meaningful quotes is an important skill that culturally competent therapists can develop. When culturally adapting therapy, utilizing extant cultural strengths that help bridge the client's belief systems with the therapeutic mechanisms of treatment is an important and essential skill. For example, when helping clients not to give up, they can be reminded of the Japanese proverb "Fall down seven times, get up eight" (pronounced *Nanakorobi yaoki* "七転び八起き"), and that when life knocks you down, keep getting back up. Clients can also be reminded of the Vietnamese Monk Thích Nhất Hạnh's mindful statement "Smile, breathe and go slowly" as they continue on their journey ahead equipped with the skills that they have learnt while being in the treatment program.

## References

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## Further Reading

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