Analysis of a Cross - Cultural Counseling Video

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Abstract

The need for professional counseling assistance in American universities is often greater among foreign students (Dillard & Chisolm, 1983). This is particularly true for students from oriental cultures (Alexander, Workneh, Klein, & Miller, 1976). For culturally effective counseling, counselors should possess an understanding of their own basic tendencies, the way in which they comprehend other cultures and the limits that places on their comprehension. According to Root (1985), brief therapy is a positive model for Asian-Americans in terms of their expectations of counseling. As a strategic system process, brief counseling is a concise, action-oriented method that incorporates a solution-focused approach within a limited period (Bruce, 1995).This study is an analysis of a brief counseling video with a Taiwanese student and an American counselor at a university in USA. The intent of this study is to look at use of a four-step brief counseling model and the utilization of specific strategies, as well as cross-cultural awareness, in assisting the client to resolve her problem.

Key words: brief counseling, cross-culture awareness

Introduction

The international student population in the United States has experienced phenomenal growth over the past decades. In addition to the educational and vocational decisions that all students must make, international students must acquire linguistic and daily living skills, integrate new values, and adapt socially. Hence, the international students constitute a population with its own special requirements for counseling services. The need for professional counseling assistance in American universities is often greater among foreign students (Dillard & Chisolm, 1983). This is particularly true for students from oriental culture (Alexander, Workneh, Klein, & Miller, 1976). The Asian values of reserve, restraint of strong feelings, and subtleness in approaching problems may come into conflict with Western therapists and counselors who expect their clients to exhibit openness, psychological mindedness, and assertiveness. For culturally effective counseling, counselors should possess an understanding of their own basic tendencies, the way in which they comprehend other cultures and the limits that places on their comprehension. According to Root (1985), brief therapy is a positive model for Asian-Americans in terms of their expectations of counseling.

The basic purpose of interventions in brief counseling is to help clients "do something differently." As a strategic system process, brief counseling is a concise, action-oriented method that incorporates a solution-focused approach within a limited period (Bruce, 1995). Brief counseling models have required that counselors employ an appropriate theoretical orientation and specialized techniques to help the client deal with his/her psychological problems within a time limit ranging from one to twenty sessions (Griswold, 1986).

According to de Shazer (1985, 1988) there are several underlying themes in brief therapy. He believes that a counselor must understand the worldview and values of the client then help the client delineate the problem and set a specific goal. He suggested that "how" questions are better than "why" questions when working with what the client presents. Instead of emphasizing the problem, the counselor and client simply focus on breaking the problem cycle and discover acceptable solutions (Trepper, Dolan, & Nelson, 2006). One special technique is to employ the client's own strengths

and resources. In addition, this method stressed the emphasis on genuineness, positive regard, and empathy in the relationship.

The model of brief counseling with its four-step are as follows:
(1) To help the client define a problem in concrete terms;
(2) To investigate the client's attempted solutions;
(3) To help the client set a specific, realistic goal;
(4) To give compliments and assigning an intervention task or homework assignment to assist the client in reaching the goal (Watzlwick, Weakland, &Fisch, 1974; Fisch, Weakland, & Segal, 1982; de Shazer, 1985, 1988).

Essentially brief therapy is distinguishable from other dynamically oriented therapeutic modalities in its use of five dimensions: (1) setting a time limit; (2) rapid assessment; (3) developing a central focus; (4) monitoring the transference; (5) flexibility in interventions (Hersh&Taub-Bynum, 1985). One major difference between brief therapy and other models lies in the brief therapist's idea that no matter how awful and how complex the situation, a small change in one person involved (de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1986).

Review of Literature

History of Brief Counseling

Historically, there are approximately three generations in the development of brief counseling. Among these forerunners, the most influential were Milton Erickson, the Mental Research Institute's Brief Therapy Clinic (MRI), and the Brief Family Therapy Center (BFTC). Gregory Bateson and Milton Erickson were the pioneers in the field. Then the Mental Research Institute started a brief therapy project.   Paul Watzlawick, John Weakland, Richard Fisch, and Lynn Segal are representatives of this second generation. They presented a straightforward approach to problem solving (Littrell& Peterson, 2001). Then came William O'Hanlon, Steve de Shazer, and Michele Weiner-Davis who worked at the Brief Family Therapy Center in Milwaukee. They and Moshe Talmon were the representatives of the third generation.

The history of brief therapy could trace back to Milton Erickson's 1954 paper: "Special Techniques of Brief Hypnotherapy". He proposed that "utilizing what clients bring with them to help them meet their needs in such a way that they can make satisfactory lives for themselves" (de Shazer et al., 1986, p.208). This idea was as a key to brief therapy.

In Milton Erickson's work with individuals, he looked upon clients as having within them or within their social systems, the resources to make the changes they need to make. The therapist's job is to access these resources and help clients put them to use in the appropriate areas of their lives (O'Hanlon & Weiner-Davis, 1989).   To Erickson, he indicated that therapy "was predicated upon the assumption that there is a strong normal tendency for the personality to adjust if given an opportunity" (Rossi, 1980, p.505). Erickson emphasized the role of positive expectation in affecting a change when he stated, "We ought to expect to find solutions rather than passively accepting a decree of 'incurable'. Such an attitude of expectancy is far more conductive to our task of exploration, discovery and healing (Rossi, 1980, p.202). Erickson's use of indirect communication, including the use of metaphor and presupposition, and the technique of pattern intervention all are significant concepts, which influenced later theorists of brief counseling (O'Hanlon & Weiner-Davis. 1989).

In 1956, Bateson, Jackson, Haley, and Weakland introduced a new way of seeing clinical problem in counseling sessions. In their classical article, "Toward a theory of Schizophrenia," they thought of psychiatric problems as communicative behavior, rather than disease entities that reside inside a person (Bateson, Jackson, Haley, &Weakland, 1956). Their concepts of therapy or counseling affected the development of several therapeutic techniques such as reframing, strategic directives, and paradoxical messages which still retain their effectiveness in counseling session today (Searight& Openlander,1984). Later Don Jackson explored how the new interactional insights from the Bateson group could apply in psychiatric treatment.

The Brief Therapy Center established in 1968 at the Mental Research Institute in Palo Alto, California. The therapists of the Mental Research Institute, John Weakland, Paul Watzlawick, Richard Fisch and others worked on a brief therapy project within a deliberate time limit of 10 sessions. They believed that trying to resolve the presenting problem rather than attempting to reorganize families or develop client insight. In 1974, the report of their project, "Brief Therapy: Focused Problem Resolution" was published. In the same year, Watzlawick, Weakland, and Fisch published the book: Change: Principles of Problem Formation and Problem Resolution in which a brief counseling model then introduced formally.

Their four-step procedure of brief counseling is: (1) A clear definition of the problem in concrete terms, (2) An investigation of the solutions attempted so far, (3) A clear definition of the concrete change to be achieved, and (4) The formulation and implementation of a plan to produce this change.

Three principles stressed as follow: (1) the target of change is the attempted solution; (2) the tactic chosen has to translate into the person's own "language"; and (3) paradox plays as important a role in problem resolution as it plays in problem formation (Watzlawick, Weakland&Fisch, 1974). During this stage in the evolution of brief counseling, the focus was on dealing with problems, understanding how they are maintained, and experimenting with how to solve them.

Following this track, Fisch, Weakland and Segal (1982) published the book: The Tactics of Change: Doing Therapy Briefly. In addition to the same focus on seeing problem formation and problem resolution as the book: Change, they also presented some techniques regarding how to enhance counselor maneuverability, reframing positioning, case planning, and intervening. Their work was viewed as a companion work to Change. Both of these works were outgrowths of more than fifteen years of clinical research at the Brief Therapy Center of the MRI (O'Hanlon & Weiner-Davis, 1989). Both books have greatly influenced the field of brief counseling.

At the Brief Family Therapy Center (BFTC) in Milwaukee, which established in 1978, there was a shift from the problem-solving, problem-focused approach to an emphasis on solution-focused. The term at BFTC moved from a focus on identifying the patterns of interaction around the complain in order to interrupt the problem sequences, as in the MRI tradition, to a focus on identifying what has been working in order to identify and amplify those solution sequences (de Shazer, 1982, 1985). The main principles of their work include: (1) Most of the problems maintained in the context of human interaction. Solutions lie in altering interactions of the unique situation. (2) The task is to help clients do something different "by changing their interactive behavior and/or their interpretation of behavior and situations so that a solution (a resolution of their complaint) can be achieved" (de Shazer et al., 1986, p.208). (3) "Resistance" is the client's way of letting counselor know how to help them. (4) New and beneficial meanings can find from the client's compliant. (5) Only a small change is necessary. (6) Change in one part of a system leads to changes in the system-as-a-whole. (7) Even if the therapist cannot accurately describe the situation the client is complaining about, the therapy still doable (de Shazer et al., 1986.). Steve de Shazer (1985) used the analogy of a skeleton key to characterize his team's work. He contended that the therapist does not need to know a lot about the problems brought to therapy. More important is the nature of solutions (O'Hanlon & Weiner-Davis, 1989).

An interesting invention in this stage in the evolution of brief counseling was the team developed and noted the surprising effectiveness of invariant assignments, which they call "formula tasks". After developing a set of skeleton key interventions, they started using the "miracle question" and the "exception question" as two elements of their new approach (O'Hanlon & Weiner-Davis, 1989). The miracle question is: "Suppose that one night, while you were asleep, there was a miracle and this problem was solved. How would you know？ What would be different？" de Shazer has said in his book: Keys to Solution in Brief Therapy (1985) that he adapted this technique from Erickson's "pseudo-orientation in time" and crystal ball technique. The exception question is "So, what is different about the times when things are working?" The question was to be an effective way to develop solutions in many cases.

Lately, a counseling model based on a single session has proposed. (Bloom, 1981, 1984; Littrell, Malia, Nichols, Olson, Nesselhuf, &Crandell, 1992; O'Hanlon &Wilk, 1987; O'Hanlon & Weiner-Davis, 1989). It is believed that in single-session counseling people really can achieve solutions rapidly. Talmon (1990) provided empirical support for the effectiveness of single-session. Some other research projects also have demonstrated that single-session brief counseling is effective in different situation, such as college settings with Hispanic-Americans students (Cruz & Littrell,1998), with students seeking tutoring services, and with students concerned about procrastination (Young, 1991).

Theory of Brief Counseling

Assumptions of Brief Counseling

O'Hanlon and Weiner-Davis (1989) presented ten assumptions with respect to brief counseling that focus on strengths and possibilities:
1. Clients have resources and strengths to resolve complaints.
2. Change is constant.
3. The counselor's job is to identify and amplify change.
4. It is usually unnecessary to know a great deal about the complaint in order to resolve it.
5. It is not necessary to know the cause or function of a complaint to resolve it.

6. A small change is all that is necessary; a change in one part of the system can affect change in another part of the system.
7. Clients define the goal.
8. Rapid change or resolution of problems is possible.
9. There is no one "right" way to view things; different views may be just as valid and may fit the facts just as well.
10. Focus on what is possible and changeable, rather than what is impossible and intractable.

There are also three key assumptions about how people experiencing problems can make significant changes within short period. These assumptions are shared by writers such as de Shazer (1985), Fisch et al. (1982), Koss & Butcher (1986), and O'Hanlon and Weiner-Davis (1989). These three assumptions can view as guides for counselors using brief counseling (Littrell, Malia&Vanderwood, 1995). First, when clients come to a counseling session, the problems they present are the problems to be explored (Littrell, Malia&Vanderwood, 1995). Counselors do not need to explore for the hidden (O'Hanlon & Weiner-Davis, 1989); all that they need to do is focus on the topics that the clients most want to discuss. Secondly, it is believed that clients have the necessary resources to resolve their problems, but they just are not aware of them (Haley, 1973). Counselors need to remind clients or help them utilize their internal and external resources to solve their own problems (Littrell, Malia&Vanderwood, 1995). The third assumption is that a small change can make profound changes in breaking client's repeating patterns of thoughts, feeling, and behaviors. Fisch et al. (1982) contended that to achieve a small change, counselors and clients could focus on small goals instead of global, unrealistic ones.

View of Problems

In brief counseling, counselors see problems formation in a different way compared to traditional counseling. In a traditional view of problems there are many kinds of problems and many kinds of solutions; there is a trend toward complexity. On the other hand, counselors using the newer view of problems contend that there are many kinds of problems and a handful of solutions; the trend is toward simplicity (Littrell, 1991).

Clinical problems are view as variations of everyday human interactional problems; they are not defined as special problems separate from "normal" human difficulties (Fisch et al., 1982). Criteria for new views about problems in brief counseling include several explanations. According to Fisch et al. (1982), his group saw a problem that involves the following features: (1) a concern by a client about some behavior of himself or of another person with whom he is significantly involved; (2) as significantly deviant from some explicit or implicit norm; (3) as immediately or potentially disturbing or harmful to the behavior or to others, and because; (4) efforts have been made to alter this behavior, but they have been unsuccessful; (5) therefore client is seeking professional help (Fisch et al., 1982).

In addition, brief counselors focus on seeing problems as consisting of repeatedly undesired behavior that performed in the present, attach little importance to presumed underlying factors in the past or in the depths client's mind, and view problems as essentially behavioral (Fisch et al., 1982). Most people solve a problem by contributing most to the problem maintenance, and people get caught in repetitive problem-maintaining behavior, even when they know what they are doing is not working. It is not that people are illogical to persist in problem-maintenance behavior, but that they logically purse that are derived from inapplicable premises, many such premises appear quite logical or are heavily supported by conventional wisdom (Fisch et al., 1982).

Weakland et al. (1974) viewed problems that clients bring to counseling session as situational difficulties between people-problems of interaction. They regarded such problems as primarily an outcome of everyday difficulties. When ordinary life difficulties are handled badly, unresolved problems tend to involve other life activities and relationships in impasses or crises, and then the symptom will emerge. They assumed long-standing problems or systems not as "chronicity" in the individual, but as the persistence of a repetitively poorly handled difficulty. Hence, they viewed the resolution of problem as primarily requiring a substitution of behavior patterns so as to interrupt the vicious, positive feedback circles (Weakland et al., 1974).

Numbers of Sessions

In contrast to traditional long-term methods which may involve years of therapy, the brief counseling sessions vary from a minimum of one(Bloom, 1981; O'Hanlon & Weiner-Davis, 1989; O'Hanlon &Wilk, 1987) to a maximum of twenty (Malan, 1963). Counselors at the Mental Research Institute in Palo Alto set ten sessions as the contact time (Fisch et al., 1982). At the Brief Family Therapy Center in Milwaukee, five to seven sessions are the average for brief counseling (de Shazer, 1982, 1985).

Recently, a single-session approach was proposed by Bloom (1981, 1984), O'Hanlon and Weiner-Davis (1989), and O'Hanlon and Wilk, (1987). Several research projects are demonstrating that one-session counseling can be effective and efficient (Littrell, Malia&Vanderwood, 1995; Talmon, 1990).

Steps of the Model for Brief Counseling

Watzlawick, Weakland, and Fisch (1974) presented a four-step procedure for conducting brief, problem-focused counseling. This model stressed early clarification of client problems and prompt negotiation of therapy objectives. The four steps are as follow :

Step1. Describe the problem in concrete terms.
Step2. Investigate previous client attempts at problem resolution.
Step3. Obtain a clear definition of the change to be achieved.
Step4. Formulate and implement a plan to produce the change.
This model also requires the counselor to adopt a planned, directive role and to structure interventions that allow for the quick gathering and organizing of client data that relevant to problem resolution (Lopez, 1985).

Littrell (1991) modified the model by Watzlawick et al. (1974) and Fisch et al. (1982) in proposing a model of problem-focused, single-session brief counseling. The new four steps are:
Step1. Describing the problem specifically.
Step2. Examining attempted solution and exceptions.
Step3. Setting a specific goal.
Step4. Giving compliments and assigning an intervention task.

Effective Goal-setting

The primary purpose of selecting goals is to convey to the client the responsibility and participation she or he has in contributing to the results of counseling (Cormier & Cormier, 1991). In the view of Fisch et al. (1982), the general goal of a counseling session is the resolution of the client's complaint. Goal setting may be the most difficult and crucial step. Goal setting is a dynamic and flexible process. Krumboltz (1966) suggested two basic guidelines for the goal-setting process. First, the goal should be started for each client individually. Second, the goal should be stated in terms of visible outcomes.

The counselor can facilitate the development of counseling goals by using leads (Cormier & Cormier, 1991). It is important for the counselor to continue to pursue these leads until the client can define the overt and covert behaviors associated with the goal. Several methods were suggested by Cormier and Cormier (1991) in selecting goals: by assigning homework ("Make a list of what you can do now and what you want to do one year from now?"), by using imagery ("Imagine being someone you admire. Who would you be? What would you be doing? How would you be different？"), by additional questioning ("If you could wave a magic wand and have three wishes, what would they be?"), or by self-report questionnaires or inventories such as the Behavioral Self-Rating Checklist (Cormier & Cormier, 1991).
For effective goal setting, there are several points to be considered:
1. Goals should be clear, reachable, and meaningful to the client (Lopez, 1985).
2. Goals should be stated in the positive way (Neil, 1975).
3. Goals should be time-limited (Egan, 1986).
4. Goals should be concrete (O'Hanlon & Weiner-Davis, 1989).
5. Goals should be feasible and within the client's control and capabilities to achieve (Cormier & Cormier, 1991).
6. Goals selected by clients should lead to benefits rather than losses (Cormier & Cormier, 1991).
7. Goals may change or be redefined substantially as counseling progresses (Thompson & Wise, 1976).

Intervention Strategies

Four useful interventions have been proposed at the Brief Family Therapy Center (BFTC) in Milwaukee. These interventions techniques seem to be effective in resolving different kinds of presenting problems. The team at BFTC calls these interventions "formula tasks" which are based on the assumptions of (1) change is not only possible, but it is inevitable; (2) only minimal changes are needed to initiate problem resolution and this in turn results in further change; and (3) a change in one element of a system will influence all other parts of system (de Shazer& Molnar, 1984). The four interventions are as followed:

Intervention I

"Between now and next time we meet, we (I) want you to observe, so that you can tell us (me) next time, what happens in your (life, marriage, family, or relationship) that you want to continue to have happen."

The purpose of this method is to let clients know that the counselor expects change to happen and the counselor has confidence in the clients about their situations.

Intervention II

"Do something different."

The intention of this approach is to explore the client's range of alternative behaviors that fit for them. This task also reaffirms so clients that they can change and resolve their problems.

Intervention III

"Pay attention to what you do when you overcome the temptation or urge to… (perform the symptom or some behavior associated with the complaint)."

This intervention is designed to help clients pay attention to what they do and gives them some confidence when dealing with the problem.

Intervention IX

"A lot of people in your situation would have…"

This task is the redefining of stability as change so that it lets the counselor point out to the clients that changing is one way to maintain stability.

Compliments and Homework Assignment

Compliments are based on what the client is already doing that is useful or successful in some way; they are not necessarily linked to the complaint. de Shazer et al. (1986) have said that, "compliments are designed to help the client' see through' their frame of the situation in such a way that a more flexible view of the situation is possible; thus the development of a solution is begun" (p.216). This method is a continuing development of what Erickson called a "yes set", which was using during the interview but now is employed in a more intense and focused manner. With this approach, the therapist and the client can establish agreement about how they view things, and then the client is in a proper frame of mind to accept clues about solutions, which are something new, and different (de Shazer et al., 1986). Thus, when the counselor hears something a client is doing that is positive or solution promoting, the counselor gives a compliment to facilitate the counseling session.

The purpose of homework is to help the client construct his/her experience differently and thus transform the client's depictions of his/her situation (de Shazer, 1988). Martin and Worthington (1982) indicated that homework can increase the client's self-awareness about the problem and can improve the acquisition of new behavior or the elimination of old responses (Martin & Worthington, 1982). Besides, a homework assignment also provides access to private behaviors, allows treatment to continue after therapy session, increases the efficiency of treatment and client's perception of self-control, and facilitates transfer of learning (Shelton & Levy, 1981).

Hence, the homework or task as an intervention used broadly in brief counseling.

Client Selection

Proper client selection is essential in a brief counseling session (Griswold, 1986). An array of selection criteria for brief therapy had developed over the years. Some varied opinions regarding client selection are:

1. The client must have a focal conflict and be motivated to change (Marmor, 1979).
2. The client's involvement is a crucial factor for the therapeutic success (Gomes-Schwartz, 1978).
3. The client's motivation to change is an important characteristic of the client for a short-term treatment (Janis, 1983).
4. The client's ability to present a primary complaint; his/her faculty for social interaction and flexibility; to possess of above average reasoning and intelligence; his/her motivation to change (Sifneos, 1981).
5. The client needs to have a capacity for rapid emotional involvement and rapid separation (Mann, 1973; Mann & Goldman, 1982).

For the client in single-session counseling, client "appropriateness" is a more important factor than other concerns. Talmon (1990) listed guides in terms of client appropriateness for single-session counseling. Clients who will benefit from single-session counseling include (Talmon, 1990):
1. Clients who come with a specific problem.
2. Clients want to check to see if they are "normal".
3. Clients seen with others from their social network who can serve as "co-therapist".
4. Clients who can identify possible solutions, attempted solutions, and exceptions to the problem.
5. Clients who have a "stuck" felling in relating to the problem and are tired of feeling this way.
6. Clients who come for evaluation and referral to other services.
7. Clients with truly "unsolvable" problems when the best treatment is acceptance or letting go of futile attempts at a "cure".
8. Clients who would be better off with no treatment.
On the other side, client who probably is not suitable for single-session counseling would include:
1. Clients requiring inpatient psychiatric care.
2. Clients who are suffering from conditions of strong genetic, biological, or chemical components.
3. Clients with neurological or brain disorders such as anorexia nervosa, bulimia nervosa, or attention deficit disorder.

Multiculral Awarness in Brief Counseling

In the past several years, the ethnic variable in counseling and psychotherapy has received increased attention. An awareness of the differences and similarities between Eastern and Western psychological paradigms is an important first step toward more therapeutically effective outcomes in counseling Eastern clients. Counselors should be willing to attain more information on appropriate therapeutic techniques, depending on the acculturation levels of individual client, in order to enhance the effectiveness of counseling session when meeting Eastern clients.

During the past decades, cross-cultural studies of attitudes toward psychological help have given considerable attention to contrasts among the varying cultural groups. For example, Asian cultural values such as bringing honor to the family name, avoiding the shame and disgrace of admitting to mental health problem, and restraining potentially disruptive or strong feelings. Thus, there is a lower rate of utilizing counseling or psychiatric services by Asian or Asian-American students in campus (Sue & Krik, 1975). Suzuki (1960) provided a description of East-West differences. The Western mind is analytical, discriminate, differential, inductive, individualistic, intellectual, objective, scientific, generalizing, conceptual, schematic, impersonal, legalistic, organizing, power wielding, self-assertive, disposed to impose its will upon others, etc. Against these Western traits, those of the East can be characterized as follows: synthetic, totalizing, integrative, nondiscriminative, deductive, nonsystematic, dogmatic, and intuitive (rather, affective), nondiscursive, subjective, spiritually individualistic, socially group-minded, etc. These characteristics influenced counselors' attitudes toward counseling Eastern and Western people. Reports support the belief that ethnic barriers, such as differing language, value, and relation to authority, render cross-cultural counseling especially difficulty (Dadfar & Friedlandes, 1982).

To help the counselor gain more cultural awareness when beginning a counseling session, several researchers have identified the personalities of the Asian-American or Chinese-American. Asian-Americans have a lower tolerance of ambiguity and tend to prefer structured situation and practical, immediate solutions to problems (Sue & Kirk, 1972). This particular attribute among Asian-Americans may be responsible for the greater preference of Chinese clients for problem-solving therapy over insight-oriented psychotherapy (Brown, Stein, Huang, &Haris, 1973).

Asian-Americans view the treatment process and the counselor or therapist with great respect as is typical of Asian-Americans reverence for authority and tradition (Sue & Morishima, 1982). Asian-American clients tend to exhibit lower levels of verbal and emotional expressiveness, and language may serve as a barrier to effective counseling (Sue & Morishima, 1982). One study (Yuen & Tinsley, 1981) revealed that Chinese students expect more directive, empathy, and nurturance from counselors. They also expect more expertise form the counselor and believe that clients should process lower levels of responsibility, openness, and motivation. Moreover, the family plays a central role in the life of Chinese. The family emphasis on conformity, respect for authority, and submergence of individuality, makes the individual less autonomous. The awareness of the cross-cultural differences such as Asian-Americans or Chinese-Americans' personalities would benefit the client in the counseling session if the counselors could utilize this awareness when they meet various clients. In general, the Asian-Americans or Asian students tend to view counseling as a directive, paternalistic, and authoritarian process. Consequently, they were more likely to expect the counselor to provide advice and recommend a specific course of action (Arkoff, Thaver & Elkind, 1966).

Because of differences in cultural patterns, traditional assumptions upon which mainstream American therapy is predicated will be challenged. Furthermore, the standard goals of therapy may be incongruent with cultural values. It is important that clients feel that they are understood, that their views of the problems are respected, and that their difficulties in seeking treatment are understood. Root's (1985) guidelines for facilitation the initial therapeutic contact when counseling with Asian-Americans or Asian clients are as followed:

1. Find out what clients' beliefs are about mental and emotional problems. This provides information on the implicit rules of the clients and their level of acculturation.
2. Providing an overview of the therapeutic plan, types of changes that may need to occur and who need to be involved may increase the clients' trust in the therapy, and their view of their own competence.
3. A brief therapy model is recommended in the counseling with Asian-American. Because many clients hope to be able to leave with an answer and look so some concrete methods of approaching problem solving.

Analysis of the Counseling Session

Counseling Session

Within this initial session, sixteen points will be addressed.
1. Explaining the four steps of brief counseling.

The counselor beings the session with a statement explaining the four steps of brief counseling. This explanation is intended to help the client understand the process of counseling.

2. Using paraphrase.

Cl : I feel that everyday my husband gets smarter and smarter. He is full-time Ph.D. student. After graduated two years ago, right how I only take one course. So, it seems like that he knows everything and he gets professional in his field. When I am cooking, he is always watching the news. Therefore, he knows what going on along the world…

Co : It seems that since that time, which the gap, the distance between the two of you has increased. He is more educated, more and more knowledgeable.
The use of paraphrase is to facilitate the client's exploration and clarify issues (Ivey, 1988). Paraphrasing includes translating the client's key ideas into counselor's own words, especially the cognitive part of the message. An effective paraphrase is more than just "parroting" the words of client. The paraphrase should be worded to lead to further discussion or increased understanding on the part of the client (Cormier & Cormier, 1991). Here, the client, in reaction to the paraphrase, agreed enthusiastically and revealed more of her concerns. Thus, she kept exploring her problem more deeply and thoroughly.

3. Using reflection of feelings.

Cl : The thing that bothers me is that…

Co : It seems that for you is troublesome.
Cl : Yeah, and you know...
The use of reflection feeling conveys empathy to the client and builds a good counseling relationship between the counselor and client. It also includes observing client emotions and feeding key feelings back to the client (Ivey, 1988). The tense of the reflection is also important. Reflections in present tense tend to be more useful than those in the past (Ivey, 1988).

4. Using clarification.

Co : He saying that, but I am not clear, are you also thinking that about yourself, or are you hearing that message only from him？
A clarification is appropriate for any situation when the counselor is not sure whether he/she understands the client's message and need more elaboration. Beside, the counselor can check out what he/she heard of the client's sage (Cormier & Cormier, 1991). In this case, the counselor used this technique to clear up a vague, confusing message and help the client think about herself.

5. Using humor.

Cl : Usually he (her husband) said: 'Not bad! ', but 'not bad' is not what I want to hear. The answer I want to hear is fantastic, magnificent.…

Co：So 'Not bad' is not good.

Humor is one of the popular techniques in counseling. The counselor can employ humor to counterattack the client's over serious way of viewing problems and help the client to see things more optimistically. In response to this intervention, the client laughed and explored her concerns more.

6. Using positive reframing.

Cl：If I have different opinion, he thinks my mind is off the track, my mind is not functional again.

Co：It seems that your background is such that you value different types of things in the arts and humanities, but that is not valued in this family.

To reframe means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and place it in another frame which fits the "facts" of the same concrete situation equally well or even better, and thereby changes its entire meaning (Watzlawick et al.,1974). Through reframing, new meanings can be associated with facts that previously had been associated with other meanings. Once things are seen differently, behavioral change follows. In most brief strategic intervention, reframing is used to redefine the nature of the tasks prescribed to the person demonstrating the problem (Amatea, 1989).In this case, the positive reframing made the client feel that she was understand and then she expressed more thoughts without any defensiveness.

7. Asking for a specific example.

Cl：Because I used to be good.

Co：When was that？

The counselor could get a more detail picture of client's background and her past strengths by asking for an example. This method is often one of the best ways to get specific behavioral information. Not only does it provide a more detailed picture of how the speaker sees the problem, it may also reveal who else is part of the problem, as well as make more apparent who else is concerned about the problem behavior.

8. Using summarization to provide a view of multiple elements of a client's messages.

Cl：I also have an inferior feeling about myself. Someday when he graduates, he may think I am not good for him. Maybe he will meet another woman to talk about science, sports, world news…

Co：So, the gap is getting bigger. The gap could be so big when he graduates that he finds somebody else rather than you.

In a summarization period, the counselor can selectively attends to key concepts and dimensions, restating them for the client as accurately as possible. In this case, the counselor's goal is to help the client get a clear picture of her concerns in terms of her relationship with her husband.

9. Using client's strengths.

Co：What do you have abilities to do？

Erickson stressed the importance of respecting the abilities of the client. He indicated that the counselor should rely on the capacity of the client to furnish the cues and the information by which to organize the psychotherapy, because the client can if the counselor gives him/her an opportunity (Erickson, 1966). Frequently clients, overwhelmed by their perceived difficulties, lose sight of their problem-solving strengths. Here, counselor reminded her of the resources with which the client can feel more confident and enhance her self-esteem.

10. Asking probing questions.

Co：What is spiritual for you？

Asking questions can be used to obtain information from clients and motivate them to communicate. Most effective questions are worded in an open-ended style, beginning with words such as what, how, when, where, or who (Cormier & Cormier, 1991). There are some guidelines in the use of probe such as: (1) develop questions that center on the concerns of the client; (2) after a question, use a pause to give the client sufficient time to respond; (3) ask only one question at a time; (4) avoid accusatory or antagonistic questions; and (5) avoid relying on questions as a primary response mode during an interview (Cormier & Cormier, 1991).

11. Defining a goal.

Co：As we have been talking, as you thought about your situation, what is it that you would like, in terms of a goal, or something you want to be able to do…

Establishing a concrete goal provides a way to measure the usefulness of the therapy for the client, and the goal helps to build the expectation that change is going to happen (de Shazer et al., 1986). In this case, because the client cannot state a specific goal, the counselor asked about her goal in a different way.

Co：If you were to begin to pick something to move toward a goal, what would be some possibilities？

Cl：I don't know.

The client still had some difficulty in defining a goal. So here, it seems to be not working. Thus, the counselor used another technique in the following point.

12. Using the "If you did know…" technique.

Cl：I don't know.

Co：If you did know, what would be some possible answers?

Cl：Um, I really don't know. Everything seems so far from me…

Co：I guess the one thing you put talked about—your art, that is one thing that seems sort of exciting. On the other hand, you put yourself down by saying, 'I am not good enough.' As I am listening, I hear there are some spiritual qualities in that first part.

By using this method, the counselor is trying to help the client think deeply regarding her goal. However, it seems this technique was not working for her either, so the counselor tried to assist the client by telling her some of the points he had learned from her prior to the goal setting.

13. Asking more concrete and understandable question.

Co：If we were to meet next week, and you were to pick a small goal, something that begins to move you to be more open, more in touch with your spiritual part and so on. One small step that would tell you, what would you do next?
This time the client set a goal of watching sports.

14. Checking meaningfulness of the goal.

Co：I've found that usually people sit in that chair and you pick something that's interest and you get involved, that something you want to do, better than something like sports.

Behavioral instruction is more effective when carefully framed and made indirect and implicit. To add the client's self-understanding as a basis for client's action by using indirect method was a practical approach adopted by the counselor in this case. The client picked a goal of watching sport that did not seem meaningful to her. After hearing the counselor said what he did, she quickly changed her goal to losing several pounds.

15. Assigning an observation task to clarify vague goals.

Cl：So, you know its difficulty for me to find a goal.

Co：In that case, why don't I assign a task for you for next week. The task is as followed: I don't want you to make any change of your own, all I want you to do is to observe, to look around the situation and to observe what it is that you want to make sure that you can keep.
This can be in terms of small thing you do. So, no change on this week.
Because in this case the client had difficulty in defining a goal, the counselor used this task to help the client not feel pressured to have a goal.

16. Explaining a task.

Co：Now, occasionally people can sit in that chair, and they find that even though they don't have a plan to do it, they start to make changes in their life. It just happens. Therefore, if that happens, that's ok, but don't plan any changes. So the pressure is off. All you have to do is observe.

Follow-up Session
During this analysis of the follow-up session, eight points will be addressed.
1. Checking out how the client did the task.
Co：Tell me first, what (task) worked? It doesn't have to be 100% successful, but even telling about a small step…. What type of change occur？

2. Asking an example to get detail information.

Cl：I want to keep everything.

Co：What's an example of what you want to keep?

3. Use of normalizing.

Co：I know from my experience in the field of counseling that confusion or uncertainty is very typical and normal in this sort of situation. It's kind of like, " I may not know right now, but I am more dissatisfied than I want; I want more, but I can't pin down what that is."

By using this approach, the counselor can help clients feel relieved (O'Hanlon & Weiner-Davis, 1989). Clients may begin to think the problems they bring to the therapy are not as bad as they had thought.

4. Acknowledging of cultural difference.

Co：In the first session, I was trying to see if you could set a goal, and you wanted me to set a goal. I think maybe there are some cultural differences there. My own approach is not set a goal for you, but to help you in the process of setting a goal.

Cl：Because the way we were educated, we were told what to do and to follow. They (my parents) arranged every step in my life. I am used to following that. Then after I got married, it seems that there is no goal set there for me to follow, so I am somewhat lost.
Co：So right now, there is kind of a struggle. On the one hand, in the past you always had a goal set for you. Now, perhaps maybe you want to do more of that for yourself. But yet you are kind of struggle with it. Maybe almost sometime it's easier if somebody else sets that goal so you don't have to …
Cl：Think about it.
Co：I am thinking about cultural differences. Because I think in the United States, I know our son sets his own goals, and if we were setting his goals, we would feel something is wrong. On the other hand, you are saying if you start setting your own goals in your culture, something is wrong.
Taiwanese students tend to expect the counselor to be an authority figure who gives defined and clear-cut solutions to their problems and makes decision for them while they assume a more passive and dependent role. Besides, they come from a culture in which both family and the group are considered more important than the individual in decision-making. Traditionally, Chinese have stressed the obligation of children to parents. Elders generally make decisions; consequently, younger members may not have had much experience in independent decision-making. This characteristic was obviously expressed in this case. Sometimes the Western counseling strategies that emphasize the individual as central in all decision making may conflict with cultural values held by Chinese. Hence, an awareness of the Chinese student's counseling expectation, and the adoption of an appropriate theoretical approach, may dismantle this cultural barrier as the counselor did in this case.

5. Use of example and seeding of ideas to help the client narrow down her goal.

Cl：So, what do you think my goal should be?
Co：I am trying to think of a way to help you clarify what is it you want or kind of direction you might go. I have one idea. It would be of thinking in terms of some talents you have, somehow building on or strengthening some of those-- you've talked about being an architect, you've talked about cooking. Perhaps taking something you already have, and kind of expanding that, building on that so that there is a sense of pride and accomplishment.
After hearing the counselor's statement, the client figured out what she really wanted to do right now by saying:
Cl：I think I can try to complete an art course, and maybe I can find a job in a museum in the future. That's one option I can try, maybe I should, look at that as a goal.

6. Providing information.

Cl：I'd like to know what do people usually do to increase their self-esteem.

Co：Well, my own personal belief from reading the literature about helping people make changes, is that they get involved in life. They get involved and they do things. They don't sit around and feel sorry for themselves. They get involved, whether it's volunteering in the community, whether it's taking classes, whether it's somehow giving yourself to others in different ways, interacting. The people I often see that are unhappy are the people who almost take some extra time to think about how bad they feel, and that's sort of a little bit paradoxical. They feel unhappy and then don't do anything, and then they feel worse.

Giving information is a way to help the client identify possible alternatives. Cormier and Cormier (1991) defined information giving as the verbal communication of data or facts about experience, events, alternative, or people. To use information giving appropriately, a counselor should consider several guidelines. The information should be timed. The counselor also needs to present the information sequentially in order to make the most sense to the client. Besides, the counselor needs to be careful not to impose his or her values on the client (Egan, 1990). Moreover, a counselor should avoid jargon in offering explanation. If possible, let the client use paper and pencil to highlight key ideas or facts. Remember to ask clients to verify their impression of the information (Cormier and Cormier, 1991).

7. Using metaphor.

Cl : Do you think it's normal that sometimes people feel depressed, sometimes feel unhappy?

Co : One of my favorite story is about a woman who was sixty or seventy years old. She lived alone all by herself in a big house. She went to therapist and she was a very depressed person… (Counselor proceeds to tell a Milton Erickson tale in which a client got involved in doing things for others).

Cl : I think I got some ideas.

A metaphor is a useful way to tell a story that relates to a specific problem the client will recognize as his or her own without raising the client's anxiety level to the point where the client cannot assimilate the idea (Cormier and Cormier, 1991). Thus, to be most effective, the counselor delivers metaphor as "stories" and offer them casually at times when telling a story seems appropriate such as in this case. Cormier and Cormier (1991) suggested that since metaphors are more effective if they are told with conviction and congruence, telling your own personal experiences and conveying true stories will gain more benefits. If the counselor knows about the client's work or hobbies that would be extremely useful in developing metaphors to which they can relate easily (O'Hanlon & Weiner-Davis, 1989).

8. Using self-disclosure.

Cl : How can I make myself belief that physical appearance is not very important so I am not getting hurt anymore when people criticizes my appearance. Deep in my heart I know that physical appearance doesn't last forever, what's important is who you are, but still, it is very difficult to conquer that feeling?

Co : Often initially, people look at other people from an external point of view, the idea of beauty and so on, but most relationship last for a longer period of time, and that's when the issue is of who the person is. If a person has a sense of inner peace, joy, excitement about life and so on that can make a person beautiful. For instance, I've worn thick glasses much of my life. I don't think that make me as beautiful or handsome as other people, but on the other hand, I know I am who I am. In addition, that's what I say about developing talents; interest other people, that to me is the things people care about in the long run. I think the sense of beauty comes from not just who one is but the inside part, too.

Self-disclosure can encourage client talk, create additional trust between counselor and client, and establish an equal relationship in the intervention (Ivey, 1988). Counselor' self-disclosure may also help clients develop new perspectives needed for goal setting and action (Egan, 1990).

There are three ground rules that may help a counselor decide what, when, and how much to disclose (Cormier and Cormier, 1991). The "breadth" of self-disclosure is the first rule. Most evidences indicate that a moderate amount of disclosure has more positive effects than a high or low level (Banikiotes, Kubinski, & Pursell, 1981). The second rule concerns the duration of self-disclosure; shorter is better. A third rule is regarding the depth, or intimacy, of the information revealed; depth should be related to the client's ability to process the information.

In response to this self-disclosure, the client revealed her understanding by saying:

Cl: So if I can really develop something that uses my talents or my sources…

Co: Then I think that's a way of being beautiful; that's how I see it.

Conclusion

Advantages of Brief Counseling

There is evidence that brief counseling is an effective alternative for international students such as Chinese students. First, the model of brief counseling is a straightforward, solution-focused procedure that corresponds with the counseling expectations of Chinese clients, such as attempting to leave the session with some concrete suggestions or practical solutions. In addition, this approach is less cultural-bound, which may not actually catch the client's attention because they may fit his/her accustomed perspectives or reasoning. (Searight & Openlander, 1984).

Second, time-limited counseling offers an efficient method to both counselors and clients. Counselors cannot only provide understanding of the clients' problems, but they can also focus on the specific issues that clients bring in at the very beginning. Clients are encourage presenting their most salient concerns to the counselors and are encourage to avoid the vague, unclear complains. The time limit serves to exert a certain pressure or expectation for improvement upon both counselors and clients. Thus, within the limited time of counseling, clients can acquire maximum effect from the minimal contact.

Thirdly, the brief counseling model segments the counseling session into several discrete unites each of which has a specific focus. This step-by-step approach can provide counselors with a systematic procedure for structuring their counseling sessions. In addition, it also reduces the counselor's anxiety about how to conduct the tempo of the counseling process.

Limitations of Brief Counseling

Just as coins have two sides, brief counseling has its own limitations too. First, working in a brief counseling model, counselors only have limited time to gather information, evaluate the situation, and then formulate their hypotheses on available data. Sometime, there is a risk of working with limited information (Breit, Im, & Wilner, 1983). One risk is that counselors may prematurely focus on one concern instead of the real potentially problematic issues that need more time to reveal.

Second, brief counseling is but one tool in counselors' repertoires (Littrell et al., 1992). Brief counseling is not suitable for clients who are potentially suicidal, clients who are suffering from child abuse, and clients with eating disorders (Talmon, 1990). Thus, brief counseling is not appropriate for every client who comes to counseling. Counselors should be aware of this limitation and use this approach appropriately.

Finally, when conducting a brief counseling session, it does not mean that this approach is necessarily easy because of the straightforward orientation (Littrell et al., 1992). Counselors need to possess the basic counseling skills and special sensitivity for their unique clients. In addition, counselors need to be conscious of their own strengths and weaknesses and be sensitive to their clients' background in order to help clients reach their goals.

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