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   Applying Solution-Focused Brief Therapy in Taiwan: A Study of Helpful Significant Events and Cultural Implications (FULL TEXT)

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A Study of Helpful Significant Events and Cultural Implications

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Abstract

The main purpose of this study was to explore and identify the helpful significant events in conducting Solution-focused brief therapy (SFBT) with clients in Taiwan. More specifically, this qualitative study highlights the link between SFBT and the cultural characteristics of Taiwanese clients. One female counselor worked with one female and two male clients as the participants in the study. Within 24 hours following each counseling session, the counselor was interviewed for 3-4 hours using the Interpersonal Process Recall (IPR) method. A total of nine counseling sessions and 24 IPR interviews were transcribed and analyzed based on the discovery-oriented method.

Nine categories of helpful significant events emerged from the SFBT sessions including: exploration of clients’ subjective explanation of their problems, formulation of desired counseling goals, projection of hopeful and preferred future prospect, transformation of coping difficulties into positive strengths, exploration and utilization of exceptions, acknowledgment and reinforcement of counseling progresses, establishment of small, concrete, and attainable counseling goals, provision of positive feedback to clients and integration and application of counseling gains to subsequent life situations.

The results of the study offered preliminary support for the applicability of SFBT in counseling Taiwanese clients. It was hypothesized that such compatibility might be attributable to the fact that SFBT's postmodern philosophy and strategies are quite consistent with the values and behavioral patterns of Taiwanese individuals. For instance, the reframing skill of SFBT, focusing on the positive side of clients’ life stories, serves well in reducing the shameful feelings experienced by Taiwanese clients. Also, taking an action-oriented stand and working toward clients’ desired goals also fit with the pragmatic expectation of many Chinese clients in counseling. Based on the results, the broad implications for culturally-responsive application of SFBT in the Taiwanese context are discussed.
A ’significant’ event’ in counseling has been defined as an episode consisting of a particular problem state experienced by a client, the counselor’s intervention, and the immediate in-session outcome (Greenberg, 1986). The study of significant events has also been seen as a promising avenue through which a researcher can investigate how therapeutic changes are produced and maintained in the counseling process (Elliot, 1984) and facilitate counselors’ development of more effective counseling interventions (Strupp, 1986). Many research have investigated some themes of significant events, including the relationships among significant events, clients’ change process and their subjective experiences of counseling (Martin & Stelmaczzonek, 1988), the issues of attachment emerged from significant events (Hardy, Aldridgem, Davidson, Rowe, Reilly, & Shapiro, 1999), and the application in career counseling (Anderson & Niles, 2000).

Therefore, the helpfulness of significant events is important for researchers to understand the counseling process and clients’ progress and change (Marher, Nadler, Stalikes, Schachter, & Sterner, 1988). In addition to helpfulness of significant events, Heppner, Rosenberg and Hedgespeth (1992) argued that the development of well-established categorizing system of significant events is another significant movement in the study of significant events. Maher (1988) organized and refined (defined?) 12 categories of helpful significant events (i.e., good moments) on the basis of a series of studies, including: (a) provision of significant material about self and/or interpersonal relationships; (b) description-exploration of personal nature and meaning of feeling; (c) emergence of previously warder-off material; (d) expression of insight/understanding; (e) expressive communication; (f) expression of a good working relationship with the therapist; (g) expression of strong feelings toward the therapist; (h) expression of strong feelings in personal life situation; (i) manifest presence of substantively new personality state; (j) undertaking new ways of being
and behaving in the imminent extra-therapy life situation; (k) expression or report of change in target behaviors; and (l) expression of a welcomed general state of well being.

Furthermore, Mahrer, Boulet and Stalikes (1987) found 12 categories of helpful significant events in counseling sessions generally, while only 3 categories of helpful significant events were found in the rational-emotive therapy more specifically. Marher, Nadler, Sterner and White (1989) attempted to confirm the helpful significant events (good moments) in the client-center, the rational-emotive and the experiential therapies. They characterized each of these approaches with distinctive and stable strings and clusters of significant events. Marher, Lawson and Stalikeas (1990) further found significant relationships among the level of the strength of feeling, the approach of therapy, and the occurrence of specific categories of helpful significant events. Hence, different counseling approaches are expected to possess their unique characteristics of helpful significant events. In this regard, it is important and worthwhile to explore the representative categories of helpful significant events for various counseling approaches.

Solution-focused brief therapy (SFBT) is uniformly consistent with the processes and outcomes of empowerment-based practice, as Berg (1994), one of the initiators of SFBT, announced. Conceived and developed by de Shazer, Berg, and their colleagues in the early 1980s at the Brief Family Therapy Center in Milwaukee, Wisconsin (Berg & Dolan, 2001; Lewis & Osborn, 2004), SFBT is a transformation of the traditional psychotherapy focusing on problems’ formations and resolutions underlying most psychotherapy approaches since Freud. SFBT emerged as a form of
brief or short-term psychotherapy about 20 or 30 years ago (Trepper, Dolan, McCollum, & Nelson, 2006), and its roots can be traced back from the work of the hypnotherapist, Milton Erickson, and theories of family systems, to recent poststructural / postmodern constructivist ideology (Osborn & Johnson, 2001). In less than two decades, SFBT has grown from a little-known and unconventional therapeutic approach to one that is now widely used in the United States and many other regions of the world including Taiwan (Hsu, 2006; Hsu, Cheng, & Chen, 2007; Lin, 2004). It is also increasingly applied in family services, mental-health settings, social services, child welfare, prisons, and residential treatment centers, schools, and hospitals (Castro & Guterman, 2008; Franklin, Moore, & Hopson, 2008; Gingerich & Eisengart, 2000; Hsu, 2006; Hsu, Cheng, & Chen, 2007; Kim, 2006a).

SFBT, resting on the premise that clients can identify their best personal goals and can effectively plan a course to fulfill their expectation effectively, focuses on clients’ goals, strengths, and resilience, examines previous solutions and exceptions to the problems, and encourages clients to repeat useful behavior frequently so that they can establish their own goal-realization solutions (Trepper et al., 2006). Underlying the process of solution-building, SFBT draws up a list of values and practice principles, such as respecting human dignity, individualizing service, building on strengths, encouraging clients’ participation, maximizing self-determination, fostering
transferability, protecting confidentiality, promoting normalization, monitoring changes, and amplifying clients’ empowerment (De Jong & Berg, 2007). Obviously, the assumptions and the therapeutic intentions of SFBT have consistency with the empowerment theories.

The SFBT procedure usually consists of the following stages (De Jong & Berg, 2007; Kim, 2006a): (a) describing the problem briefly, (b) developing well-formed goals and preferences for a less problematic future, (c) exploring for exceptions to problematic events, (d) giving end-of-session feedback including compliments and in a between-session task based on clients’ goals and exceptions, and (e) evaluating clients’ progress and exploring any positive change. During the counseling process, it is important for the therapist to establish cooperative relationships by accommodating the client’s language, beliefs, and preferences and to use change-focused questions and language. The primary means by which SFBT facilitates clients’ changes are various and specific questions (De Jong & Berg, 2007; Greene, Lee, Mentzer, Pinnell, & Niles, 1998; Kerr, 2001, Kim, 2006a):

(a) The “outcome questions” are therapists’ opening questions, such as “How can I help you?” and “What is most important for you to work out first?” These put the demystified client in charge of the process in advance. It is the clients who determine when the process is completed.
(b) “Miracle questions” are the primary methods used to capture clients’ preferred future. They encourage clients to imagine a period of time in the future when the current difficulties do not exist.

(c) “Exception questions” inquire into times when the problem is absent, less intense, or more endurable and explore how clients might have helped those exceptions to occur. In addition, the therapist acknowledges the clients’ strengths by responding with either direct or indirect compliments, positive reframing, and normalizing.

(d) “Coping questions” are crucial because clients gain strength based on reality as soon as they realize that they are personally equipped for and are already on the journey toward actualizing their goals.

(e) “Scaling questions” are means of client self-evaluation that help clients monitor specifically their motivation, confidence, coping, and progress on a numbered scale. Those numbers will point out whether the exceptions and possible solutions are realistic and achievable to create small changes continuously.

(f) “Relationship questions” address interpersonal transactions in family relations and in the community, which are an integral part of the preferred future, yet which also constitute “outside resources” applicable to clients’ goal-realization.

In the research area, Trepper, Dolan, McColluma and Nelson (2006) analyzed
quasi-experimental and clinically based studies of SFBT and claimed that SFBT: (a) was more effective than no treatment and was nearly as effective as current psycho-social treatments; and (b) might be more effective than problem-focused treatment and might, in some cases, yield at least similar outcomes but with fewer sessions. The meta-analysis by Kim (2006b) examined 22 studies and found SFBT demonstrated small but positive treatment effects in favor of SFBT and greatest effectiveness for personal; behavior change. This placed SFBT as being as good as “treatment as usual”, that is, equivalent to other therapies. Hence, Macdonald (2007) concluded that SFBT can claim to be equal to other psychotherapies, while also taking less time and resources for treatment, reducing the strain placed on therapist, providing help for a number of groups and clients who have previously found it hard to obtain useful help from psychological therapies, and satisfying “the clients’ need for autonomy” more than other treatments.

In sum, the helpful significant event is a representative research unit in investigating counseling process and outcome, and the development of the category system of helpful significant events is an important progress in the study of these events. Given that SFBT differs from the long-term and problem-focused therapy approaches, SFBT should possess its own unique sets of helpful significant events. Even though research on SFBT has significantly increased in the last twenty years and
its therapeutic efficacy has received increasing support, investigations on the helpful significant events for SFBT are still rare and lacking). In addition, SFBT has been a popular counseling approach in Taiwan because of Taiwanese clients’ distinctive cultural backgrounds. As such, the application and the research of SFBT in Taiwan have significant implications. Hence, the main purposes of this current study were to: (a) identify the helpful significant events in conducting SFBT with clients in Taiwan based on the Interpersonal Process Recall (IPR) method; and (b) explore the application of SFBT in Taiwan from a critical cultural perspective.

METHOD

Participants

Description of clients. Two married females and one male with ages ranging from 25 to 43 participated in this study. All of these clients were publicly recruited through two community welfare organizations in the same rural town. One female client had had a senior-high educational level, another female client had a college education level, and the male client was the student of master degree program.

Before her actual participation got underway, each client received her own half-hour orientation conducted by the researcher assistant regarding the purposes and the procedure of the study. In the orientation, the researcher assistant again explained
the background of the therapist and the definition of counseling. All of these clients understood that they were free to accept 2-4 counseling sessions and could terminate whenever they wanted. Finally, the researcher assistant inquired into each client’s participation-related expectations and again confirmed each client’s willingness to participate. After each client’s schedule was reviewed, the counseling work began within one week. In the counseling room, the two female clients complained about and were, indeed, highly wrought over their parental and marital issues, and the male client cared about his own career and interpersonal issues.

*The therapist.* The researcher of this study served as the therapist. She had a doctoral degree in counseling and more than ten years of Taiwan-based SFBT experience in both clinical therapy and supervision.

*The co-researcher.* The co-researchers were two students in a counseling doctoral program. One of them also served as the research assistant and administered the research orientation and IPR interview. Both of them facilitated identification of helpful significant events in relation to verbatim transcriptions of SFBT sessions and IPR interviews. They also helped promote variety in the main researcher’s thoughts, and analyze and organize the research data.

**Instruments**

*SFBT sessions and experts’ evaluation.* Immediately after each counseling
session, the purpose of this study was explained to each client, the treatment of SFBT began. The treatment followed the SFBT model, and a total of 9 SFBT sessions was conducted. Each counseling session was audio-taped and then transcribed verbatim as soon as possible.

Two SFBT experts in Taiwan were asked to evaluate two (video taped?) counseling sessions. These sessions received an average score of 5 out of a 6-point scale on the degree of adherence with SFBT.

*Verbatim transcripts of SFBT sessions and IPR interviews.* Right after each session, the co-therapist interviewed the therapist through the IPR method that lasted for about 3-4 hours. Nine counseling sessions and 32-hours of IPR interviews were taped and transcribed verbatim as the main research data for the present study. The reflection notes written by the co-therapist right after each IPR interview served as the auxiliary data.

The outlines of the IPR interview included: (a) the overall perspective of this session, and (b) the detailed descriptions and the contexts of each of the helpful significant event identified by the therapist.

*Data Analysis*

The analyses of the nine counseling sessions and the 32-hours of IPR interviews
on the helpful significant events of SFBT followed the open coding procedure as recommended by ……. The steps included:

(a) Based on the therapist’s reported helpful significant event identified in the counseling session and the IPR interviews, the co-researchers categorized the data in terms of paragraphs in the verbatim transcripts of the counseling session and the IPR interviews.

(b) The co-researchers then summarized the content of these paragraphs and the range of the transcripts with code number for the significant events, the preliminary name and description of the significant event, the range of verbatim transcripts, the brief description of its context, the therapist’s intervention, the client’s responses, and the helpfulness of this significant event (see Table 1).

(c) Subsequently, the co-researchers sorted and clustered these contents described above based on their characteristics and similarity.

(d) The researchers named and described the helpfulness of the nine significant events of SFBT according to the clusters of research data (see Table 2).

(e) Finally, the co-researchers counted the frequency of each category of helpful significant event (see Table 3).
### Table 1

#### Examples of the Data-analysis Process of Coding One Helpful Significant Event in One Session and its IPR Interview

<table>
<thead>
<tr>
<th>The Code Number of the Helpful Significant: S-B-1/2-01/12</th>
<th>(Event---Client Code---This Session/The Number of All Session---This Paragraph Code / The Number of All Helpful Significant Events in Each Session)</th>
</tr>
</thead>
</table>

**Preliminary Name:** goal

**The Range of Verbatim Transcripts in This Counseling Session:**

Th-B-1-001 ~ B-B-1-024 (Therapist or Client Speaking---Client Code---The Number of This Session---Speaking Turn)

**The Short Description of Its Context:** The client described her problem and then expressed her goals for change.

<table>
<thead>
<tr>
<th>Therapist's Intervention</th>
<th>Client’s Responses</th>
<th>Helpfulness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Th-B-1-001 Positive opening: What do you hope to change?</td>
<td>B-B-1-002 I don’t want to feel upset.</td>
<td>Transforming the complain into goal (IPR-B-1-050)</td>
</tr>
<tr>
<td>Th-B-1-003 What you will be instead of not feeling upset?</td>
<td>B-B-1-004 I will have more vigor to do more things. (The client then complained another thing)</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2

**Examples of the Data-analysis Process of Forming One Helpful Significant Event Cross All Sessions and IPR Interviews**

<table>
<thead>
<tr>
<th>The Name of this Helpful Significant Event (HSE): Projection of hopeful and preferred future prospect</th>
<th>The Code and Range of This HSE</th>
<th>The Helpfulness of This HSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S-A-3/3-10/15</td>
<td>1. The client had enhanced her confidence for her future (A-A-3-159 &amp; IPR- A-3-574)</td>
</tr>
<tr>
<td>(Th-A-3-158~A-A-3-171)</td>
<td>2. The client believed the possibility of her preferred future (A-A-3-165)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. The client became exciting and felt hopeful (A-A-3-170)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>S-C-1/4-05/16</td>
<td>1. The client actively proposed her own goal, and her focus changed from the past to the future (S-C-1-5-IPR).</td>
</tr>
<tr>
<td>(C-C-1-042~C-C-1-046)</td>
<td>2. The client had positive and strong feeling (S-C-1-5-IPR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. The client became powerful when she described her goal in positive terms (IPR - C-1-120).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. The client’s anger had changed into her determination of actions (IPR– C-1-121)</td>
<td></td>
</tr>
</tbody>
</table>
Table 3

*Examples of the Frequency Count of One Helpful Significant Event Cross All Sessions*

<table>
<thead>
<tr>
<th>Categories of Helpful Significant Events in SFBT</th>
<th>The Code of Each Client-Session</th>
<th>The Number of Helpful Significant Events in Each Session</th>
<th>The Paragraph Code of Helpful Significant Events in Each Session</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B-2</td>
<td>1</td>
<td>S-B-2/2-03/09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C-1</td>
<td>2</td>
<td>S-C-1/4-01/16, S-C-1/4-03/16</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C-2</td>
<td>1</td>
<td>S-C-2/4-02/09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C-4</td>
<td>1</td>
<td>S-C-4/4-01/09</td>
<td></td>
</tr>
</tbody>
</table>

**RESULTS AND DISCUSSION**

*Nine categories of helpful significant events.*

Nine categories of helpful significant events emerged from the SFBT sessions were including: exploration of clients’ subjective explanation of their problems, formulation of desired counseling goals, projection of hopeful and preferred future prospect, transformation of coping difficulties into positive strengths, exploration and utilization of exceptions, establishment of small, concrete, and attainable counseling...
goals, acknowledgment and reinforcement of counseling progresses, integration and application of counseling gains to subsequent life situations, and provision of positive feedback to clients. The frequencies of each category of helpful significant events were shown as Table 4.

**Table 4**

<table>
<thead>
<tr>
<th>Categories of Helpful Significant Events in SFBT</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploration of clients’ subjective explanation of their problems</td>
<td>8</td>
</tr>
<tr>
<td>Formulation of desired counseling goals</td>
<td>13</td>
</tr>
<tr>
<td>Projection of hopeful and preferred future prospect</td>
<td>10</td>
</tr>
<tr>
<td>Transformation of coping difficulties into positive strengths,</td>
<td>25</td>
</tr>
<tr>
<td>Exploration and utilization of exceptions,</td>
<td>8</td>
</tr>
<tr>
<td>Establishment of small, concrete, and attainable counseling goals,</td>
<td>5</td>
</tr>
<tr>
<td>Acknowledgment and reinforcement of counseling progresses</td>
<td>14</td>
</tr>
<tr>
<td>Integration and application of counseling gains to subsequent life situations</td>
<td>10</td>
</tr>
<tr>
<td>Provision of positive feedback to clients</td>
<td>9</td>
</tr>
</tbody>
</table>

*Exploration of clients’ subjective explanation of their problems.* The therapist listened to clients’ meaningful stories, accepted their expressions, understood their contexts and frames of reference and helped clients to clarify the interactions between them and their problems. After that, the clients could face their difficulties more boldly and confirmed that the changes they wished for or they cared about. In preparation for making changes, the clients created some positive thoughts about the difficulties they faced. If this effect surfaced in the early stages of counseling, the clients would automatically reveal their different degrees of negative emotions during
the process.

**Formulation of desired counseling goals.** Pacing clients’ descriptions with future-oriented leading questions, the therapist facilitated clients to confirm and to focus on their goals in the session or imagine their preferred future. The clients were helped to understand their real desire and what they were willing to do to engage in the necessary changes. Then, the clients gradually confided more personal and important information to the therapist. They also began to transform their complaints into more positive, practical and concrete goals, to develop their goals or solutions based on their strengths, and to generate new ideas and hopes for their situations. This event emerged in the earlier stage of the counseling session.

**Projection of hopeful and preferred future prospect.** When the clients could think more positively or form an initial goal, the therapist could then help them to utilize their strengths and exceptions to build a image of preferred future. Discussing the future possibilities in details brought forth positive emotions and new interpretation for their difficulties and preferred future for the clients. The clients became more determined for changes and could better grasp what they could do at this time, instead of feeling stuck in their past or present problems.

**Transformation of coping difficulties into positive strengths.** Thoroughly exploring how the clients coped with their difficulties allows facilitated them to affirm and appreciate their own strengths (i.e. power, tenacity, efforts, accomplishments and resources), their goals (i.e. needs and wishes) and therapy progresses. This process helped the clients to accept the reality, impact, and constrain of their present difficulties, to create new meanings for their difficulties, to transform their negative
emotions, and to produce a more sympathetic attitude toward themselves and their problems. Further, the clients also increased their positive emotions, expanded self-acceptance, enhanced self-determination, and conceptualized self-help. That helped the clients to remove themselves from the role of a victim and reduced the negative impact of the difficulties on them. The clients learned to master ways to more accurately assess their reality and possibilities, the relationship between themselves and their difficulties, their strengths and progresses, their growing sense of control, and their approaches to problems step by step.

**Exploration and utilization of exceptions.** Based on the clients’ goals, the therapist actively facilitated them to recall their exceptions or recollections of their past successful experiences, to explore with the clients the detail and the process associated with their successful exceptions, and to view their goals from a different point of view. The clients became aware of their strengths and solutions to their problems. Their confidence in making progress was enhanced and their self-blaming or excessive worries were lessened. They became more willing to reflect upon the reality they face and being cognizant of their own boundaries and limitations.

Exploring exceptions raised the clients’ sense of self responsibility and control, facilitated the clients’ knowledge of ways to engage in more productive behaviors, prevented the clients’ situation from worsening, and reinforced them to make changes or re-formulating their goals.

**Acknowledgment and reinforcement of counseling progresses.** The therapist
actively explored and acknowledge the clients’ every subtle but accumulative progresses made between the previous and the present sessions either spontaneously or intentionally. Through highlighting all aspects of therapy progresses, the clients came to realize ways to consolidate these changes and integrate them into their development. The clients were also made aware of the gap between their goals and their present situations, and were encouraged to keep pursuing their re-negotiated goals. Furthermore, the clients kept on experiencing their progresses in counseling, which in turns, reinforced their self confidence, positive thinking, hope, autonomy, and self determination.

_Establishment of small, concrete, and attainable counseling goals._ On the basis of the clients’ preferred future, goals, strengths, exceptions and progresses, the therapist helped the clients to establish small sub-goals. Subsequently, the therapist evaluate with the clients whether these sub-goals had been achieved. The therapist helped the clients to clearly envision the first step that the clients regarded to be important and were willing to take immediately. This strategy increased the clients’ motivations, successes in executing the plans, and sense of control, which helped reduced their anxiety. This significant event often emerged in the later stages of counseling sessions.

_Provision of positive feedback to clients._ Before the end of each session and
after a short break, the therapist provided the clients with positive feedbacks, which served to reinforce the clients’ gains in the session. The process also helped the clients to realize and utilize their existing resources and power, and encouraged them to experiment with what they learned from the therapy. Occasionally, the clients generated new positive thinking or showed their appreciation and trust toward the therapist.

Integration and application of counseling gains to subsequent life situation. The therapist integrated the clients’ changes, progresses, and impacts experienced from the counseling process. The therapist discussed with the clients about how to apply these gains and their own strengths into their personal lives after the counseling was over. Also the ways to make use of the strategies learned in therapy and to generate their own exceptions and progresses to help themselves in facing future were also discussed. This significant event usually surfaced in the final session. Occasionally, the clients revealed a very strong positive feeling regarding their counseling experience or towards the therapist.

SFBT’s Application to Taiwanese ---From a Critical Cultural Perspective

SFBT respects Taiwanese Clients’ own-world conceptualization and lifestyle decision---especially on social relationship. One core kind of Chinese value is interdependence (Lin, 2004). Confucianism also values collectivism. Chinese culture
places less emphasis on self-reliance and independence than on developing a sense of responsibility and obligation to the groups individuals belong to. The interests of a group are more important than that of an individual, and members of the group are expected to maintain interpersonal harmony within the group (Lin, 2002). Besides, it has been suggested that traditional Western therapy may be inappropriate for working with Asian populations, inasmuch as such therapy represents individualistic approach (Lin, 2002, Chen & Davenport, 2005).

However, SFBT is a systematic approach that helps Taiwanese clients to think their problems with considering others’ perceptions by answering relationship questions. All the helpful significant events of this study also reflect that SFBT help the clients’ increasing acknowledgement of their dependence on others and the reciprocal responsibility for others. These clients also possessed more courage and confidence, and this newfound strength helped the participants face and handle complicated relationships with family members or working places in the context of Taiwanese culture through the SFBT sessions. In addition, the post-SFBT clients came to believe that they had done their best in this regard and that other people should now shoulder their own responsibilities. The willingness and the ability to part with the sacrosanct standards of Chinese cultural values are very meaningful for these Taiwanese clients.
Moreover, three categories of helpful significant events, “the exploration of clients’ subjective explanation of their problems”, “formulation of desired counseling goals”, and “projection of hopeful and preferred future prospect”, remarkably helped these clients (a) to increase their awareness and their validation of their feelings, values, and aspirations, (b) to become more firmly insistent on what they wanted for themselves or for their families, and (c) knowledgeably strive to realize their goals. Often, these two Taiwanese mothers and wives as clients in this study, like most traditional Chinese women (Yip, 2005), who have made great demands of themselves in their roles as mother and wife, have sacrificed their own needs, have suppressed their own expressions, have met other people’s expectations, and have avoided interpersonal conflict. So these changes are a great treasure for these two Taiwanese mothers and wives.

As Kerr (2001) stated, SFBT can help clients empower themselves by motivating them—as agents of change—to take positive action leading toward the realization of desired change in their lives as well as by obviating clients’ dependence upon authority figures. Berg (1994) also pointed out that the SFBT therapist should respect the clients’ values and related personal, familial, and cultural boundaries rather than subvert the belief system of the clients. Hence, a “not knowing” posture is a very important principle in pacing such Taiwanese clients. The “not knowing” posture also
creates a “cognitive match” between the therapist and the client, which Williams, Foo, and Haarhoff (2006) argued is significantly related to both clients’ positive attitudes toward the therapy sessions and an improvement in psychosocial functioning when therapists work with Chinese. In other words, SFBT therapist creates a context requiring the clients to conceptualize their own world and to make decisions about how to live in it, as De Jong and Miller (1995) noted, which also supports SFBT can claim to be satisfying “the clients’ need for autonomy” more than other treatments in a fewer sessions, as Macdonald (2007) believed.

**SFBT transforms clients’ coping abilities into the self-directed honoring of positive strengths.** Chinese individuals are socialized to remain calm and to restrain from expressing their emotions (Lin, 2002). From the helpful significant events of “transformation of coping difficulties into positive strengths and exploration and utilization of exceptions,” SFBT have much to do with the clients’ ability to transform their coping skills into positive strengths, instead of exploring clients’ negative emotion directly.

Coping questions, exception questions, relationship questions, and miracle questions really instill great power within clients in these counseling sessions, and help the clients take note of their success survival, uncover long-held strengths, gain new strengths to actively solve their problems, have faith in their ability to support
themselves, and finally transform previously self-defeating self-perceptions into self-honoring self-perceptions.

Particularly, the reframing skill focusing on the positive side of these clients’ stories or complaints validates the clients’ worry and anger, and reflects their demonstration of love, consideration, and effort when struggling to solve personal problems. The reframing skill effectively reduces shame and self-blame often experienced by Taiwanese clients, and successfully inspires and helps them discover existing powers in their own roles.

Furthermore, because most Taiwanese do not favor seeing a psychotherapist and are afraid of being labeled (Lin, 2004) and “Saving face” and humility are great concerns among Chinese people (Chen & Davenport, 2005), therapists who seek counseling relationships with Taiwanese clients should focus on their motivation for change and their devotion to family or work rather than on deficits and pathology by using a positive reframing frame.

*SFBT procedures address Taiwanese clients’ practical expectations of psychotherapy.* It is frequently noted that Chinese people expect psychotherapy sessions to be beneficial, effective, and short term, lasting no more than five to six sessions (Lin, 2004; Williams et al., 2006), and Asian individuals tend to have lower tolerance for ambiguity, and tend to prefer structured situations and practical
immediate solutions to problems (Chen & Davenport, 2005). Hence, from the
categories of helpful significant events as “establishment of small, concrete, and
attainable counseling goals”, “acknowledgment and reinforcement of counseling
progresses”, “integration and application of counseling gains to subsequent life
situations”, and “provision of positive feedback to clients”, SBFT takes an
action-oriented stand and works toward Taiwanese clients’ desired goals.

That is, outcome questions, miracle questions, hypothetical questions,
relationship questions, and scaling questions—as well as the experimental terms of
the end-session tasks—greatly help these Taiwanese clients (a) establish small,
concrete, and attainable counseling goals according to the clients’ preferred future
vision; (b) connect or reconnect satisfyingly with realistic perceptions; and (c)
perceive themselves as being on the right track toward solution-building.

Hence, the therapists of SFBT not only demonstrate their respect for these
clients but also satisfy the clients’ pragmatic expectations. These interventions of
SFBT effectively address the phenomenon of Chinese people’s expectations of
structural and directive styles and short term of psychotherapy (Lin, 2004; Williams et
al., 2006), a finding that is particularly significant regarding counselors’ work with
Taiwanese women.

On the other hand, it has been suggested that traditional Western
future-oriented approach may be inappropriate for working with Asian populations, (Lin, 2002, Chen & Davenport, 2005). However, even though SFBT is also a future-oriented approach, its action-oriented stand and focusing on reality debuts this suggestion.

In sum, it was hypothesized that such compatibility might be attributable to the fact that SFBT’s postmodern philosophy and strategies are quite consistent with the values and behavioral patterns of Taiwanese individuals.

**LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH**

Regarding the limitations of the study, the numbers and backgrounds of therapists and clients, and the numbers of counseling sessions were insufficient. Besides, only the counseling process and IPR interview of each session was the main research data in this study, and only helpful significant event and therapist’s point of view were put into design. Hence, in order to expand the exploration of SFBT significant events, future research can increase the numbers and diverse backgrounds of therapists and clients, and the numbers of counseling sessions. Helpful and non-helpful significant events from therapists’, clients’ and observers’ perceptions could be considered at the same time. Future researchers can also use relevant questionnaire measurements or interviewing designs to broaden the structure of
REFERENCES


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INDIVIDUAL PRESENTATION PROPOSAL 2009 APA Annual Convention
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Indigenous Crisis and Grief Counseling with Bereaved Family in Taiwan

Increasing clinical and empirical evidence has pointed to unequivocal cultural divergences in healing and help seeking approaches in response to extreme distress, crisis, and trauma across cultures (Aldwin, 2007; Marsella, Johnson, Watson, & Gryczynski, 2008). In the country of Taiwan, incidences involving tragic deaths of family members are considered one of the most severe traumatic life events, due to a strong familism and collectivism in that culture. Native Taiwanese researchers have found that within such a patriarchal cultural context, the consequences of grief and distress are particularly traumatic and impactful for family members who suffer from the loss of the male head of the family (Hsu, Kahn, & Hsu, 2003; Hsu, Kahn, & Huang, 2002); they include widows who lost their husbands and children who lost their fathers. There are significant social stigma and shame associated with being a widow (e.g., viewing her as a bad luck) and surviving family member under these circumstances. For mental health practitioners working with Taiwanese, this scenario begs the question: “What culturally-specific knowledge and skills are necessary to effectively engage and facilitate crisis and grief counseling with such bereaved Taiwanese families and individuals?”

To answer this question, an appreciation of the beliefs and practices in Taiwan related to death and traumatic grief, along with a critical discernment of the interplay between these cultural characteristics and the helping process from a native Taiwanese perspective are vital. Hence, the purpose of the present study is to explore the indigenous grief responses and the culturally-appropriate counseling strategies associated with conducting grief and crisis interventions in Taiwan. To this end, the present study adopted a qualitative method by interviewing an expert crisis counselor in Taiwan, Dr. N. a 50-years-old female therapist in Taiwan, focusing on her therapy work with a bereaved Taiwanese family stricken by an abrupt suicidal death of the husband/father, the Chen family. Grounded in the therapist's narrative account, from a cultural insider's perspective, the study identified key indigenous concepts and therapeutic themes that help define culturally-responsive grief and crisis therapy interventions in Taiwan. More specifically, the study aimed to: a) extract key cultural themes (i.e., values, beliefs, norms) emerged from the interview transcripts; b) decipher and interpret the themes based on the existing multicultural and cross-cultural psychological literature on Chinese and Asians; and c) offer tangible, culturally-informed recommendations for counselors who might be working with Taiwanese families dealing with similar grief and crisis. Method Two rounds of 2-hours-long, semi-structured interview sessions were conducted and audio recorded by the researchers with Dr. N. The interviews were conducted one week
apart from each other. The interview protocol included structured as well as unstructured questions (i.e., follow-up probes) focusing on Dr. N.’s recall of the therapy experience and process with the Chen family. The content of the interviews were then transcribed into Mandarin Chinese by an independent, professional transcriber. Two researchers independently judged and categorized the major cultural themes emerged from the data based on the ‘open coding’ method suggested by Strauss and Corbin (1998).

**Results**

Based on the analyses of the interview transcripts, five salient cultural themes were identified. Primacy of rapport building: Rapport building merged as one defining element of Dr. N.’s therapeutic interaction with the Chen family. ‘Relationship,’ ‘kwuen sei’ in Chinese, literally translated as connection in English and is the foundation of all interpersonal interactions within a Chinese society. Dr. N. reported that the basis of her engagement with the Chen family centered closely around a strong relationship and alliance between her and the client. This was particularly prominent given the collective nature of Taiwanese society.

Significance of Therapist Authority and Expertness: Under this theme, Dr. N. reported an effective use of both her ‘ascribed status’ (i.e., education, training, professional status, etc.) and the ‘achieved status’ (i.e., demonstrated clinical experiences and skills) in earning the trust of the bereaved family. A clear sense of professionalism and benevolent authority on the part of the therapist was intentionally conveyed to the clients in order to establish her credibility and trustworthiness.

Consistency with Collective Familism: This theme dictated a collective and team-approach to problem solving in crisis situations for Taiwanese families and individuals. A system approach was applied to the therapy process grounded in the indigenous belief of ‘filial piety’ — a powerful force in governing Chinese family relationships. As an example, it was noteworthy that the assistance of the mother and the three daughters were solicited to jointly care and protect their younger brother to ensure family harmony and well-being, even though the therapy focus was on the family as a whole.

Embodiment of Indigenous Grief Response and Process: An astute working knowledge of culture-specific grief responses and rituals within the Taiwanese culture also held a key to effective counseling with the family. The expected timing and duration of grief, behavioral over emotional responses to grief, and beliefs and taboos associated with the death and the bereaved were identified as critical aspects of the grieving process culturally-responsive therapists must be familiar
Adherence to Culture-specific Communication and Interpersonal Patterns: Three additional, communication and relational patterns were noted by Dr. N. to have direct relevance to effective crisis and grief interventions. They include: the indirect speech and communication patterns, the need to ‘depathologize’ grief reactions and help-seeking through ‘reframing’ and ‘normalizing’, and the therapist’s self disclosure.

Conclusions

In terms of practice, the identified cultural themes have direct implications for advancing a more multiculturally sound and competent counseling model in working with Taiwanese family and individuals dealing with traumatic grief. In terms of research, the present study demonstrated the potential benefits of conducting qualitative study based on the first-hand clinical and cultural experience of native therapists in cross-cultural counseling research. In this sense, the present study offered support not only for researchers who advocate for more qualitative studies in multicultural counseling research (e.g., Ponterotto, 2002) but also for those who champion increased clinician-oriented researchers based on case study (Dattilio, 2006).

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Dear Colleague:

Thank you for your high quality submission to Division 52 for the upcoming 2009 APA Convention. I am pleased to inform you that your submission has been accepted! Your presentation will be listed in the official APA Program with the title, name of the author(s) and institutional affiliation. First authors, discussants and chairs will receive schedule cards sometime in April from APA.

Sincerely,

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