

Commentary on Integrating Cognitive-Behavioral and Cognitive-Interpersonal Case Formulations: A Case Study of a Chinese American Male

Teaching Clinical Competence

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ABSTRACT

This Commentary is written from my experience as a teacher of Emily Liu in a graduate clinical psychology course focusing on the training of psychotherapy skills. Liu took the class simultaneous to seeing the case of TC, and she utilized the class to develop her approach to the case, including conceptualization and formulation; the processing of her emotional, “countertransferential” reactions to the client; the devising of intervention strategies with the client; reflection upon the process; and writing about the case. These processes are reviewed in the context of the course and issues raised by the nature of the case material itself. A synergistic overlap is reviewed among (a) the skills taught in the course, (b) an emerging national consensus on core clinical skills developed at the 2002 Scottsdale “competency conference,” and (c) the competencies required to function in Peterson’s “disciplined inquiry” paradigm, which is the model underlying the structure of the case studies in this PCSP journal. It is this overlap which provided to Liu very targeted and effective preparation in graduate school for the development of her impressive case study in this journal.

Key words: clinical methods training; clinical psychology graduate training; professional competence; psychotherapy training; case formulation; psychotherapy; integration; teaching; self monitoring; Scottsdale competencies conference

INTRODUCTION

Liu (2007) presents the case of TC, conducted when she was a third year graduate student in a doctoral program for clinical psychology in which I taught. In my view as an educator of doctoral clinical psychology graduate students, what is notable about the case of TC is that, in spite of her relatively young vocational age at the time, Liu was able (a) to integrate into this therapy case two distinctively different (although not incompatible) theories -- cognitive-behavioral therapy and cognitive-interpersonal therapy; (b) to explicitly incorporate cultural factors into her case formulation and clinical decision making, a concept strongly recommended by Ridley and Kelly (2007); and (c) to employ self-awareness in incorporating

metacommunication interventions. In this Commentary, I want to focus on the connection between Liu's case and the clinical methods course I taught in which, as one of the students, Liu used the experiential learning opportunities in the course both to promote the effectiveness of her treatment with TC and to develop the type of sophisticated, critical thinking that I see reflected in the case study of her therapy with TC.

THE CONTEXT OF LEARNING TO DO PSYCHOTHERAPY

I met Liu in a year-long course entitled "Advanced Clinical Seminar: Family Systems Orientation" (Lytle, 2001-2002). This particular class included 18 students from either a PsyD or a PhD program in their third year at a professional school and in their second year of clinical practicum experience.

The focus of the seminar was to develop the students' ability to integrate clinical theory and actual practice by learning to effectively conceptualize and formulate a treatment case and implement interventions that were consistent with their designated theoretical orientation. Note that these skills are explicitly represented in Peterson's (1991) "disciplined inquiry" model that occupies a prominent place in the development of professional psychology (Peterson, 1997) and that forms the basic structure for case studies published in this journal (Fishman, 2005).

The skills focused on in the course were later systematically evaluated for each student in a process labeled a Clinical Proficiency Progress Review (CPPR), a program requirement that must be passed before graduation, and designed to facilitate the student's critical thinking, self-reflection, and clinical self-development.

In the course, students were given a variety of assignments designed to move them toward achieving clinical competence. Each week students did an "agency check-in" to use the class for consultation and feedback on difficult situations at their agencies, with supervision, or with clients. In this context, an important way in which Liu employed the class was to address her personal reactions to her client TC. Each student in the class was formally assessed twice during the year in the following areas: assessment, formulation, intervention strategy, relationship, self examination, and professional communication skills. Awareness of cultural factors was measured in an item in each of the sections except professional communication skills. This was in keeping with the professional school's goals of implementing multicultural competency throughout the curriculum (as described by Adams, 2002).

In the spring semester there was an additional related course requirement. A case formulation project was assigned in which each student used his or her fall semester case and reformulated the case using a different theoretical perspective than had been employed in the initial report, and then delineated the treatment plan and interventions which would evolve from this formulation. The main aims of this assignment were to encourage students to gain insight into how the case formulation influenced both the understanding of and treatment of a client; to expand their repertoire of psychotherapeutic theories; and to learn that each theory had something unique to offer in conceptualizing a case.

During Spring semester, Liu took advantage of the opportunity to obtain feedback from the class on the TC case. She used the assignments to develop her oral presentation skills and to create the detailed written case report that formed the basis of “The Case of TC” case study (Liu, 2007). In my judgment, Liu clearly demonstrated clinical skills that met and exceeded the criteria for clinical competency expected at the end of her third year in the program.

In an attempt to improve the ability of students to focus on the therapist-client relationship and be able to articulate their experience of self-examination, I gave one year-long assignment. Each student was required to keep a “Countertransference Journal” describing any reactions, thoughts, feelings, memories, etc. that were stimulated by participating in four client sessions per semester. They could use four sessions with one client or four different clients. I was the only one to read these journals, and I wrote comments stimulated by reading them for the students to use in self-reflection or in supervision with their individual supervisors at their practicum placements. Students were encouraged to continue using a journal for self-reflection in their work with clients. It was this specific assignment that Liu referred to in her case study as a means of monitoring the therapy with TC and using feedback information. She clearly expanded the assignment to use as a tool for increasing her awareness of how her personal reactions might effect the treatment. I agree that with Liu that this practice facilitated exploration of TC’s cognitive-interpersonal cycle in detail.

An assignment like the “countertransference journal” is in keeping with the recommendations of the National Council of Schools of Professional Psychology (McHolland, 1992) for a core curriculum in the education for professional psychology to include “self-awareness” as a part of the attitudes, aptitudes and values expected of students. In an article focusing on how “learning from the inside out” must be a part of the core curriculum in professional psychology, Singer, Peterson and Magidson (1992) recommended that the “examined experience of self-in-role” (p. 137) be included in the education of the self in professional psychology. Examination of self-in-role requires that students learn to use internal experience as a valid source of data, i.e. learning from the inside out. Learning about one’s internal experience is based on a continuous process of asking questions, e.g., “What does this say about me? What was stimulated in me by this situation? How may I best understand the parts of me — the behavioral patterns, the feelings, and the images — evoked by this experience?” (p. 137).

While my own conceptual perspective is family systems, in teaching the course I worked hard not to impose this orientation on the students’ work. Students were allowed to use whatever theory best suited their clients’ needs, and I encouraged them to use a theory that was either being taught at their agency and/or used in their individual supervision.

Based upon my own beliefs about psychotherapeutic orientations, I wanted students to discover that there is no *one-right-way* to formulate a case or provide treatment. Thus, students were exposed to a variety of theories in peer case conceptualizations and in feedback on their own cases. This allowed them to begin to develop an understanding of the strengths and

limitations of more than one theory. In reviewing this case study of TC, it seemed to me that her classroom experience contributed to Liu's comfort and ability to integrate cognitive-behavioral and cognitive-interpersonal theories in formulating TC's case.

ANALYSIS OF THE CASE OF A CHINESE AMERICAN MALE

Assessment

Liu (2007) provides a fairly detailed history enriched by her noting factors specifically related to a cultural framework for this case. For example, she assessed the reasons for immigration (economic and educational opportunities) and the multiple stressors experienced by the family upon reaching the U.S. She notes that one stressor TC experienced was related to the fact that he was the only child not contributing financially to the family, something that would be expected given the context of the cultural value of *filial piety*, i.e., the sense of obligation and duty one has to one's parents as described by Chen and Davenport (2005). In addition, Liu provides pre- and post-treatment psychometric data that demonstrates the success of this treatment. Her rationale for her diagnoses is sound and reflects the integration of an awareness of the potential impact of acculturation issues.

Liu's continual examination and assessment of her interactions with TC throughout the therapy demonstrates a strong ability to use the process of the therapy to inform her work with TC. By her description, it was apparent that her use of journaling to discover her reactions to TC was a key assessment tool in this therapy. Liu's response to and reflections on TC's "off-putting social behaviors" allowed her to form the basis for her interventions from a metacommunication perspective. She also used session-by-session assessment effectively to determine the course of treatment.

There were two areas in Liu's case study in which I would have wanted to see a more detailed assessment presented. First, I believe it was clinically important to explore how gender issues and level of acculturation related to TC's self-image. When I considered TC's most important male role model, I realized that his view of his father may have strongly influenced his views of himself, and I wondered if he was able to articulate this. There was a suggestion of this in Liu's report of his anxiety-producing thought, "What if I will end up being a failure – like my dad?" I wanted to know more about how TC's view of himself as a male and his masculinity — about how he conceptualized gender role expectations and gender role conflicts for himself as a Chinese American man.

Also important in my mind is an assessment of TC's level of acculturation and to understand how his experiences of racism and stereotyping may have influenced his self-concept as a man. (Sue's [2005] chapter on Asian American masculinity and therapy elaborates on these issues.) When thinking of the potential of TC having experienced racism, I wanted to know more about his thoughts such as, "I am not good enough," "No one respects me," and "Others are treating me unfairly"; or his core beliefs such as "Others are better than me and do not accept me," and "The world is a harsh and unfair place."

According to Sue (2005), cognitive therapy could allow an Asian American man to receive support for resolving conflicts of male roles and values between the different cultural standards. In addition, he could explore the role of acculturation conflicts in the problems experienced by his father and thus better understand how his father lost his traditional patriarchal role in the family. Thus, it would seem relevant to this case to have a clear understanding of these two variables.

Formulation and Treatment Plan

Liu eloquently formulated the case of TC using two different psychotherapeutic theories: cognitive-behavioral theory and the cognitive-interpersonal cycle model. Gold (1996) defines the ultimate goal of psychotherapy integration as the development of the most effective forms of psychotherapy possible. I think Liu succeeded in developing a very effective form of psychotherapy for this young man. What is most striking in this case for me as a course instructor was Liu's use of psychotherapy integration given her level of clinical development as a third year student in a graduate program.

According to Gold (2005), "any discussion of the difficulties of learning an integrative perspective on therapy must also acknowledge the cognitive, intellectual, and interpersonal challenge of becoming competent in at least two versions of psychotherapy more or less simultaneously" (p. 375). Gold focuses his discussion on the emotional aspects of learning an integrative perspective on psychotherapy and in particular on how factors such as heroic identification, brand loyalty, and tribal affiliation are impacted in the experiences of early career student therapists. I am especially interested in how Gold describes the effect of "tribal loyalty" in picking one way of thinking about psychotherapy, or how even a manual for a specific therapy reduces anxiety for the new clinician. For Liu to integrate two different theories in understanding TC, she had to manage her anxiety. A new therapist can probably best use psychotherapy integration after she "has been able to learn separately one or two systems of psychotherapy well, well enough to appreciate and to use all of the advantages of those systems while remaining aware of and dissatisfied with the limitations of those models" (Gold, 2005, p. 381). It seemed that from Liu's perspective, cognitive-behavioral therapy by itself was not going to adequately address what was for her as the therapist TC's most disturbing symptom, his negative interpersonal behaviors.

When exploring the "culture-specific challenges" faced in understanding and working with TC, Liu followed the mandate of the American Psychological Association (2003) as delineated in "Guideline 5: Psychologists are encouraged to apply culturally appropriate skills in clinical and other applied psychological practices" (p. 390). This guideline assumes that the worldviews of the therapist and of the client are influenced by ethnic/racial heritage. Liu clearly understood the impact of TC's ethnic culture on his experience.

According to Guideline 5, the context of being culturally appropriate includes other areas relevant to TC besides cultural heritage, such as gender, socioeconomic situation and immigration and acculturation status. I would have liked to have seen some of these areas

addressed in Liu's case formulation more directly, but I recognize that they reflect my more systemic orientation and my attempts to understand TC's experience of being a male child in his family of origin in the contexts of two cultures — his culture of origin and his current cultural experiences — and in the context of a difficult socioeconomic situation.

For example, given the hierarchical and patriarchal nature of the structure of a Chinese American family with traditional values (see for example, Chen & Davenport, 2005; Lee & Mock, 2005; and Sue & Sue, 2003), I wonder about the role of TC's father in the family dynamics and how that might have specifically influenced TC's beliefs about himself as a Chinese American male. Reportedly, his father had begun gambling extensively five years after immigration at the same time as buying a grocery store. Starting a new business is fraught with risks, but TC's father's gambling must have greatly intensified the risks taken by this family. I am curious about the meaning of a father gambling extensively in a Chinese American family.

Papineau's (2005) anthropological analysis of pathological gambling in the Montreal, Canada's Chinese community discusses how the Chinese view gambling and problem gambling, given their traditional cultural beliefs about fate, chance luck, probability, risk and control. Since TC was from China, I am most interested in his view about gambling from that Chinese society in particular. Papineau noted that gambling is wide spread throughout the People's Republic of China (PRC). In U.S. culture, pathological gambling would be classified as an individual mental disorder (category 312.31, "Pathological Gambling," in the Diagnostic Statistical Manual of the American Psychiatric Association [2000]) or as an addiction by groups such as Gamblers Anonymous. However, in the PRC, pathological gambling is not viewed as a medical or mental health problem, but more as criminal or bad behavior and "the product of a sick, dysfunctional, individualistic society" (Papineau, 2005, p. 161). For a young man exposed to both Chinese (in particular the PRC) and U.S. cultures, a father who gambled extensively and reportedly lost a great deal of money would be a poor father figure who is either bad and criminal (PRC society), or mentally ill or addicted (U.S. society). When considering levels of acculturation, TC's father's pathological gambling could be viewed on a continuum of being yet one more stressor that resulted from immigration to an individualized society, on one hand, to carrying the stigma of a mental illness or addiction, on the other.

Considering TC's relationship with his father, I wonder about gender issues related to his self-image as a male. Historically in traditional Chinese families, males, particularly fathers and eldest sons, had dominant roles (Lee & Mock, 2005). The traditions of families in PRC were changed dramatically from the time of the Communist takeover of China to the more recent economic boon in China and subsequent Western influences. Lee and Mock (2005) identified eight shifts in contemporary Chinese American families (p. 306), including three that reflect on TC's role as a male in his family. First, the traditional patriarchal structure of the Chinese family has become transformed with mothers sharing decision making with fathers. In TC's family, TC's father's difficulties with gambling and employment and his parents' divorce further exacerbated this restructuring of the family. It was not clear if TC's mother had shared decision making with his father when the marriage was intact; however, as a single parent, she would have primary responsibility for her household, including TC.

Second, in contemporary families, the favoring of sons has decreased with daughters able to attain comparable education and careers. TC's sisters clearly obtained the educational goals aspired by this family; and in Liu's report, there was no evidence of TC being viewed as more favorable than his sisters. If anything, his perception was that he was the least respected of the sibling subsystem.

Third, another shift exemplified by this family is the importance of measuring successful child rearing by the children's academic and career achievements. This was evident in the precipitant for TC's first episode of Major Depression and his continued difficulties in achieving what he would view as an appropriately successful educational career.

Since TC's first major depressive episode was during his senior year in high school, I became interested in how his experience was similar to other Chinese adolescents, in particular male adolescents. Chan (1997) used a Chinese version of two measures, the Children's Depression Inventory (CDI) and the Self-Perception Profile for Adolescents (SPPA), to explore the relationship between depressive symptoms and perceived competence among a sample of 621 male and female Chinese adolescents in high school in Hong Kong, ages 13 to 17 years. It was interesting that the more common symptoms reported in the CDI by more than 70% of the sample were pessimism, self-depreciation via peer comparison, negative body image, fatigue, and school performance decrement. Boys reported more severe ratings on misbehavior, pessimistic worrying, irritability, school work difficulty, and sleep disturbance. This description of symptoms was strikingly similar to TC's self-described symptoms.

Using the scores of a subset of 319 students from the total sample of 621 noted above, Chan further explored the relationship between perceived competence and depression. The SPPA scores of Scholastic Competence and Social Acceptance were used to classify the sample into four groups of students: academically and socially competent (ASC), academically skilled (AS), socially skilled (SS), and academically and socially incompetent (ASI). The group with the highest percentage of students categorized as depressed on the CDI was the last group, the academically and socially incompetent (47.6% depressed). Again, this would fit TC's perceptions that he was academically lacking using the "proof" that he had achieved average grades (unlike his sisters' much more successful high school careers) and did not get into any of the universities he had chosen. Given Liu's observation of TC's social skills, he clearly met the definition of being socially incompetent. Thus her treatment goal of improving social skills was definitely pertinent to the reduction of TC's depression and anxiety.

Course of Therapy

The course-of-therapy section of Liu's report is the section of her case study that most excited me as an instructor. In my teaching and supervisory experience, Liu's ability to use her own self-awareness to inform the therapy and further the treatment through metacommunication was impressively developed for a third year student and epitomized the concept of learning from the inside out (Singer, Peterson, & Magidson, 1992).

In the literature, self-observation is considered a core process in psychotherapy that is “collaboratively employed by practitioner and client within all psychotherapeutic orientations” (Beitman & Soth, 2006, p. 383). In order to self-observe, one must be able to be self-aware. Self-observation is a process whereby one scans her own cognitions, feelings, behaviors, thoughts, and so forth. Horowitz (2002) stated that self-observation “enhances a person’s capacity for internal contemplation of social relationships and personal choices.” The metacommunication process that Liu employed in this therapy activated TC’s capacity for self- and relational observation. However, in order to activate self-observation in another, the therapist has to be able to “practice what you preach,” i.e. to demonstrate the ability to use self- and relational observation in himself or herself.

Liu demonstrated her ability to self-observe in a number of ways. For example, she reflected on how TC’s negative behaviors of cynical facial expressions and sarcastic remarks made it difficult for her to feel connected with him and in fact alienated her from him with a sense of feeling rejected and disrespected. Liu had an awareness of her own emotional responses to this client (e.g., annoyance and frustration) and described her “mixed feelings” towards him. Using her own thoughts and feelings towards him allowed her to examine how his behaviors would impact his interpersonal relationships outside of therapy. Without this capacity, I think it would have been very difficult for Liu to be able to integrate cognitive-behavior and cognitive-interpersonal theories in the interventions. You have to have the ability to stay in the here-and-now and to reflect on the therapist-client interactions in order to use metacommunication.

CONCLUSION

The case of TC was reviewed from the perspective of a developmental model of clinical competence. The process of preparing for the Clinical Proficiency Progress Review greatly impacted Liu’s development of clinical competencies. A course that emphasized each expected competency in depth combined with individual and group supervision at the practicum site to offer Liu the learning context to focus on each of the skills necessary for providing high quality, ethical, and effective psychotherapy. Liu took advantage of this opportunity and in the process created a rich clinical description of her work with TC as evidenced by this case study of a Chinese American male. This experience created an organized framework for her learning the role of a therapist.

In 2002, a “competencies” conference was held in Scottsdale on “Future Directions in Education and Credentialing in Professional Psychology” (Collins, Kaslow, & Illfelder-Kaye, 2004). Designed to be “a starting point for the eventual identification of core competencies for psychologists in professional practice” (p. 695), the conference brought together a diverse group of individuals “representing both undergraduate and graduate training programs, internship and postdoctoral training programs, credentialing and regulatory bodies, various professional organizations, and private practitioners” (p. 696). The conference’s “Intervention Work Group” (Spruill, Rozensky, Stigall, Vasquez, Bingham, & Olvey, 2004) identified six basic foundational competencies that cut across all psychotherapy intervention models. These include competencies

in the following areas: scientific foundations, relationship skills, communication skills, individual and cultural differences, ethical and legal guidelines, and critical thinking. All of these competencies were in evidence in Liu's case. For example, Liu's use of self- and relational observation in the process of preparing to use the technique of metacommunication interacted with her ability to communicate effectively with TC on many levels. In turn, Liu's recognition that TC needed to be provided feedback gently and her use of Socratic questioning within the context of the here-and-now allowed TC to activate his own self- and relational observation skills and thus to begin to change his social interactions.

In a broader way, it is heartening to see that the national consensus on core clinical competencies as represented by the products of the Scottsdale conference mentioned above overlaps so deeply with the competencies identified by our school's Clinical Proficiency Progress Review and with the competencies required to function in Peterson's (1991) disciplined inquiry paradigm, which is the model underlying the structure of the case studies in this PCSP journal. It is this overlap that appeared to provide to Liu very targeted and effective preparation in graduate school for the development of her impressive case study in this journal. Also, it is this overlap that should encourage professional training programs to consider student writing of systematic therapy case studies as both a rich training resource and as an excellent vehicle for evaluating clinical competency.

REFERENCES

- Adams, D. (2002). A metastructure for multicultural professional psychology education and training: Standards and philosophy. In E. Davis-Russell (Ed.), *The California School of Professional Psychology handbook of multicultural education, research, intervention, and training* (pp.20-36). San Francisco, CA: Jossey-Bass.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- American Psychological Association. (2003). Guidelines for multicultural psychotherapy proficiency for psychologists: Implications for education and training, research and clinical practice. *American Psychologist*, 58, 377-402.
- Beitman, B. D., & Soth, A. M. (2006). Activation of self-observation: A core process among the psychotherapies. *Journal of Psychotherapy Integration*, 16, 383-397.
- Chan, D. W. (1997). Depressive symptoms and perceived competence among Chinese secondary school students in Hong Kong. *Journal of Youth and Adolescence*, 26, 303-319.
- Chen, S. W-H., & Davenport, D. S. (2005). Cognitive-behavioral therapy with Chinese American clients: Cautions and modifications. *Psychotherapy: Theory, Research, Practice, Training*, 42, 101-110.
- Collins, F.L., Kaslow, N.J., & Illfelder-Kaye, J. (2004). Introduction to the Special Issue. *Journal of Clinical Psychology*. 60, 695-697.
- Fishman, D. B. (2005). Editor's introduction to PCSP -- From single case to database: A new method for enhancing psychotherapy practice. *Pragmatic Case Studies in Psychotherapy* [Online], Vol. 1(1), Article 2, . Available: <http://hdl.rutgers.edu/1782.1/pcsp1.1.47>

- Gold, J.R. (1996). *Key concepts in psychotherapy integration*. New York: Plenum Press.
- Gold, J. (2005). Anxiety, conflict, and resistance in learning an integrative perspective on psychotherapy. *Journal of Psychotherapy Integration*, 15, 374-383.
- Horowitz, M. J. (2002). Self- and relational observation. *Journal of Psychotherapy Integration*, 12, 115-127.
- Lee, E. & Mock, M. R. (2005). Chinese families. In M. McGoldrick, J. Giordano, & J. Garcia-Preto (Eds.), *Ethnicity & family therapy* (3rd ed., pp. 302-318). New York: Guilford Press.
- Liu, E.T. (2007). Integrating cognitive-behavioral and cognitive-interpersonal case formulations: A case study of a Chinese American male. *Pragmatic Case Studies in Psychotherapy* [Online], Vol. 3(3), Article 1, pp. 1-33. Available: http://hdl.rutgers.edu/1782.1/pcsp_journal.
- Lytle, P. F. (2001-2002) F701/751. *Advanced clinical seminar: Family systems orientation* [Course syllabus]. Unpublished document. California School of Professional Psychology—Alameda Campus of Alliant International University, Alameda, CA.
- McHolland, J. D. (1992). National Council of Schools of Professional Psychology core curriculum conference resolutions. In R. L. Peterson, J. D. McHolland, R. J. Bent, et al. (Eds.). *The core curriculum in professional psychology* (pp. 133-139). Washington, DC: American Psychological Association.
- Papineau, E. (2005). Pathological gambling in Montreal's Chinese community: An anthropological perspective. *Journal of Gambling Studies*, 21, 157-178.
- Peterson, D. R. (1991). Connection and disconnection of research and practice in the education of professional psychologists. *American Psychologist*, 46, 422-429.
- Peterson, D. R. (1997). *Educating professional psychologists: History and guiding conception*. Washington, DC: APA Books.
- Ridley, C. R., & Kelly, S. M. (2007). Multicultural considerations in case formulation. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation*, (2nd ed., pp. 33-64).
- Singer, D. L., Peterson, R. L., & Magidson, E. (1992). The self, the student, and the core curriculum: Learning from the inside out. In R. L. Peterson, J. D. McHolland, R. J. Bent, et al. (Eds.). *The core curriculum in professional psychology* (pp. 133-139). Washington, DC: American Psychological Association.
- Spruill, J. Rozensky, R. H., Stigall, T. T., Vasquez, M., Bingham, R. P., & Olvey, C. D. (2004). Becoming a competent clinician: Basic competencies in intervention. *Journal of Clinical Psychology*, 60, 741-754.
- Sue, D. (2005). Asian American masculinity and therapy: The concept of masculinity in Asian American males. In G. E. Good & G. R. Brooks (Eds.). *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches* (Rev. & abridged ed., pp. 357-368). San Francisco, CA: Jossey-Bass.
- Sue, D. W. & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: John Wiley & Sons.