

ABSTRACT

Title of Document: EAST ASIAN INTERNATIONAL TRAINEES
EXPERIENCE CONDUCTING THERAPY IN
THE US: A QUALITATIVE INVESTIGATION

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In the present study, the author investigated East-Asian international counseling trainees' experience of conducting therapy in the US, particularly challenges East-Asian trainees are facing, how East-Asian trainees cope with these challenges, how East-Asian trainees' cultural backgrounds affect their clinical work, and East-Asian trainees' experience with clinical training. Ten East-Asian international trainees (from China, Korea, Japan, and Taiwan) were interviewed. For each participant, two 1-2 hours phone interview were conducted, approximately one week apart. In the first interview, participants were asked to discuss their experience with clinical training in the US, to reflect on challenges that they faced that related to doing therapy in the US, and to describe their coping strategies. In the second interview, participants were asked to discuss in details two cases in which their cultural backgrounds facilitated/hindered their clinical work. The Consensual Qualitative Research (Hill et. al, 2005) is used for data analysis. The results indicated that East-Asian trainees deal with challenges such as discrimination/distrust from their

clients, language barrier, a lack of understanding of nuances of American culture, countertransference due to cultural conflict, discomfort working with emotions, and difficulty being direct with clients. East-Asian trainees cope with these challenges by seeking support, addressing cultural issues with clients, improving English skills, using cognitive restructuring, using avoidance, and practicing self-care. Results also indicated that East-Asian international trainees' cultural backgrounds/experience (e.g., their understanding of Asian cultural values and their bicultural experiences) can be an asset to their clinical work. Implications for training and research are discussed.

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EAST ASIAN INTERNATIONAL TRAINEES EXPERIENCE CONDUCTING
THERAPY IN THE US: A QUALITATIVE INVESTIGATION

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Chapter 1: Introduction

A growing number of international graduate students have enrolled in counseling psychology programs in the United States (Heppner et al, 2008). Ng (2006a) surveyed 176 CACREP-accredited counseling programs and found that in the spring of 2004, nearly half of 176 programs had international students enrolled, and international students accounted for 9% of the total enrollment. However, few empirical studies have been conducted to examine the experiences of international trainees in conducting therapy.

The existing literature on international trainees in mental health training programs touched on some challenges that international trainees may face when they working with clients. For instance, it has been found that English proficiency affected international trainees' anxiety levels and clinical skills (Chen, 2004; Mittal & Wieling ,2006; Ng, 2006b). In addition, international trainees typically experienced conflict between their cultures of origin and the mainstream theories of western therapy/counseling (Mittal & Wieling, 2006; Ng, 2006b; Pattison, 2003). Another challenge for international trainees was that they often worried about how their clients perceive them, and sometimes experienced overt or covert discrimination from their clients (Mittal & Wieling, 2006). In terms of the within-group difference among international students, counseling educators perceived that non-western international students struggled more than western international students with both language proficiency and cultural conflicts (Ng, 2006b). Several factors were identified as facilitative to international trainees' growth: constructive relationships with fellow trainees, professors, and supervisors as well as a training environment that is culturally open-minded and responsive to individuals' training needs (Chen, 2004), discussion of cultural differences with clients or learning to

be more at ease with clients refusing their services (Mittal & Wieling, 2006), becoming more assertive and direct with faculty/supervisors about their needs and differences (Mittal & Wieling, 2006).

Although these studies have touched on aspects of international trainees that may affect their experiences of working with clients, they focused on examination of training experiences in general rather than an in-depth investigation of international trainees' experience of doing therapy. For instance, although cultural conflicts have been noted in several studies (Mittal & Wieling, 2006; Pattison, 2003), the impact of cultural conflicts on international trainees' clinical work has not been explored. In addition, none of these studies were conducted on international counseling students who received their training in the United States. Moreover, the samples of these studies included international trainees from various cultural backgrounds and thus it is hard to examine the impact of a particular culture (e.g. collectivistic culture) on international trainees' experience.

In order to broaden our understanding of international trainees and to address some limitations of previous studies, the present study focused in-depth on East-Asian international trainees' experience of conducting counseling in the United States. Specifically, the present study examined 1) what challenges East-Asian international trainees face when working with clients in the US, 2) how East-Asian international trainees cope with these challenges, 3) how East-Asian international trainees' cultural backgrounds affect counseling process, 4) What aspects of clinical training that East Asian international trainees receive in the US are helpful or need to be improved. The present study is qualitative, because qualitative methods enable researchers to capture the complexity and richness of human experience (Polkinghorne, 2005).

Chapter 2: Literature Review

In this chapter, I first review the literature on the development of therapists to provide a context within which the clinical development of international trainees can be understood. Then I review studies on the experiences of international students in mental health training programs, and try to identify challenges that international trainees face in their clinical work. Next, I summarize studies that are related to how collectivistic culture may affect the therapy process, and briefly reviewed articles concerning the development of counseling psychology in East Asia. Lastly, I provide an overview of consensual qualitative research (CQR), which is the qualitative method that I will use in the present study.

The Development of Therapists

In this section, I first review studies on how novice therapists develop over time. I then examine studies that compared novice therapists to experienced therapists. The last part of this section is a review of studies on what factors facilitate the development of therapists.

The Development of Novice Therapists

Hill, Charles, and Reed (1981) conducted a longitudinal study to investigate changes in counseling skills among doctoral level counseling trainees. The authors followed 12 students (7 female, 5 male; 10 Caucasian, 2 Black) through 3 years of training in an APA-approved doctoral program in counseling psychology. Six participants had extensive prior experience of counseling, whereas the other six had minimal experience of doing counseling prior to their entrance into the doctoral program. During the fall semester of each year, each participant was paired up with two volunteer clients (one

female and one male) to conduct 12 brief counseling sessions (six sessions per client), and these sessions were recorded and transcribed. The transcripts of all counseling sessions were coded in terms of the types of counselor responses, the level of counselor activity, counselor anxiety, and the quality of the session. At the end of the third year, all participants were interviewed following a structured interview protocol. Specifically, participants were asked to describe the changes in their behaviors and feelings in working with their clients.

According to Hill et al. (1981), participants increased their use of minimal encouragers and decreased their use of questions over the course of training. In addition, participants maintained acceptable levels of activity, anxiety, and quality. When interviewed at the end of the third year, about half of the participants reported increased confidence in working with clients and a reduced tendency to become overinvested in their clients. In addition, most participants reported being more able to focus on the clients and experiencing less performance anxiety. Some participants also reported that they shifted from using empathic techniques to experiencing a more genuine empathy with their clients. In response to a query about changes in skills, most participants reported that they changed in higher-order counseling abilities, such as timing, appropriateness of intervention, and conceptualization of client dynamics, rather than in basic counselor skills. When queried about the experiences that helped them change their counseling styles, most participants cited supervision and/or client contact.

By using a mixed-method design, Hill, Charles, and Reed (1981) provided rich data on how trainees developed clinically in the first three years of their doctoral training. However, because the majority of participants (10 out of 12) were Caucasian, the results

of their study might not reflect the development of international students. In addition, half of their participants reported having extensive clinical experience before they started their doctoral level training, and thus should be considered as experienced trainees. As a result, the findings of their study might not completely capture the development of inexperienced trainees. In addition, their qualitative analyses were not done systematically using an accepted method.

Williams, Judge, Hill, and Hoffman (1997) used quantitative and qualitative (CQR) methods to investigate novice trainees' personal reactions during counseling sessions and management strategies. The participants of this study were seven pre-practicum trainees (6 female, 1 male; 1 African American, 6 Caucasian). Each trainee had weekly one-hour counseling sessions with volunteer clients, and received one hour weekly individual supervision. After each counseling session, trainees completed the State-Trait Anxiety Inventory (STAI), Counseling Self-estimate Inventory (COSE), and open ended questions about their reactions and management strategies. In addition, both clients and supervisors completed open-ended questions similar to those completed by the trainee.

According to Williams et al. (1997), trainees' anxiety decreased over time, and their overall therapeutic skill and skill in managing countertransference increased. Qualitative data yielded several domains. The first domain was feeling and reactions, such that all trainees reported feeling anxious or uncomfortable; most trainees reported being unengaged or distracted by their personal issues, by their self-awareness of their feelings or of their intervention planning, or by the feeling that there was an agenda to follow. Most of the trainees also reported positive feelings, such as empathy or connection, during their sessions. The second domain was personal concerns. Most trainees reported

being concerned about their therapeutic skills and performance, and struggled with understanding and defining their role as therapists. The third domain was management strategies. Most of the trainees reported focusing on their clients as a strategy to manage their reactions, although two trainees reported using their own self-awareness to manage their reactions, and one trainee reported suppressing his/her feelings as a strategy. The authors provided interesting descriptions of pre-practicum trainees' in-session experiences, but their results might not capture experiences of international trainees.

Howard, Inman, and Altman (2006) explored critical incidents from the perspective of novice counselor trainees during their first year of supervised practicum. The authors defined critical incidents (CIs) as “significant learning moments, turning points, or moments of realization that were identified by the trainees as making a significant contribution to their professional growth” (p. 88). Nine participants (8 White women and 1 White man) who were in their second semester of their first master-level practicum were given the definition of the CIs and asked to keep a weekly journal regarding their experience of CIs. Participants' journal entries were analyzed using a discovery-oriented method. Specifically, two white advanced doctoral students coded the CIs independently first and then reached consensus. A South-Asian American professor served as the auditor.

According to Howard, Inman, and Altman (2006), a total of 157 CIs were identified; several overarching categories emerged. Specifically, a third of all CIs were related to professional identity. These CIs involved role identification (i.e. identifying with a specific theoretical orientation, feeling a sense of belonging within the practicum site community, and discovering unique personal dynamics brought to the counselor role),

trainees' recognition of unfamiliar elements of their new role as a counselor (i.e. scheduling appointments, assessing suicide risk, and setting boundaries), and trainees' feeling of being restricted by their status of being a trainee). A fifth of CIs were experiences that had an impact on trainees' self-efficacy, such as incidents that helped them to see their strengths as a therapist (e.g., being trusted by clients, being able to listen, providing emotional support or specific guidance). Nearly 10% of the CIs were experiences that helped trainees to obtain/change their viewpoint of the counseling process (some trainees described moments when a particular theory resonated with them, and other trainees discussed experiences that helped them to understand the importance of tolerating ambiguity in therapy). By examining the critical incidents, the authors shed light on experiences that led to novice trainees' clinical development. However, all participants of their study were Caucasian, and thus their findings might not capture culture-related critical incidents that minority or international trainees would be more likely to experience.

Hill, Sullivan, Knox, and Schlosser (2007) conducted a qualitative study to examine beginning trainees' development as psychotherapists. The participants of this study were five Caucasian doctoral-level trainees who enrolled in a pre-practicum class, and all five participants had minimal prior clinical experience. During the pre-practicum class, participants read and discussed a variety of therapy theories and practiced helping skills. In addition, participants conducted 10-12 50-min counseling sessions with volunteer clients who were upper-level undergraduate students. All participants received live supervision from advanced doctoral students. For data collection, participants were instructed to write weekly journal entries on any of the following topics: helping skills,

competence as a psychotherapist, countertransference, anxiety, self-efficacy, reactions to supervision, learning about psychotherapy, cultural issues, ethics, the process of becoming a psychotherapist, reactions to class, or anything else that seemed related to their development as psychotherapists. The first two authors of this study read participants' journals and provided them feedback.

From the data analysis using CQR, Hill et al. identified four domains: challenges related to becoming psychotherapists, gains related to becoming psychotherapists, supervision, and experiences other than supervision that fostered awareness. In terms of challenges related to becoming psychotherapists, participants reported being self-critical, feeling under- or over-identified with their clients, feeling disappointed when their clients did not conform to their expectations for ideal client behaviors, experiencing difficulty using certain helping skills (e.g. open questions and insight skills), and experiencing difficulties managing the logistics of sessions. In terms of gains related to becoming psychotherapists, participants reported increased self-efficacy, decreased anxiety, improvement in using exploration and insight skills (particularly in using reflection of feelings, restatement, open question, silence, challenges, and immediacy), and being able to connect with their clients. In terms of supervision, participants preferred a more directive, dialectical style of supervision, and found supervisors' support and specific constructive feedback helpful. Participants used a variety of techniques to manage their anxiety during sessions, such as positive self-talk and focusing on helping skills and the client. The authors provided rich qualitative data on novice trainees' development over a pre-practicum, but the findings of their study might not capture the experiences of international trainees' experiences.

In sum, previous studies on the development of novice trainees show that as novice counseling trainees obtain more clinical experience, their performance anxiety decrease and their confidence increase (Hill et al., 1981; Hill et al., 2007). In addition, counseling trainees primarily improve in terms of helping skills during pre-practicum (Hill et al., 2007; Williams et al., 1997), whereas , post-prepracticum trainees develop more higher-order counseling skills (i.e. appropriateness of intervention, case conceptualization, and maintaining appropriate boundary) and professional identities (i.e. identification with the counselor role or specific theoretical orientation (Hill et al., 1981; Howard et al., 2006). Furthermore, novice counseling trainees' reactions related to their clinical work has been examined in several studies. The results of these studies suggest that novice counseling trainees typically experience some negative feelings, such as feeling anxious, disengaged or distracted, frustrated or disappointed at their clients, and self-critical (Hill et al., 2007; Williams et al., 1997). During their counseling sessions, trainees often manage their negative feelings through self-awareness (Williams et al., 1997), focusing on the clients or positive self-talk (Hill et al., 2007). Between sessions, trainees usually manage their negative feelings through supervision (Hill et al., 2007). A major limitation of the literature on the development of novice counseling trainees is that the majority of participants were Caucasian, and so generalization to ethnic minority or international trainees is questionable.

The Comparison between Novice and Experienced Therapists

Martin, Slemon, Hiebert, and Hallberg (1989) examined differences in conceptualization between experienced and novice counselors. Eleven experienced counselors and 12 novice counselors completed a cognitive mapping task (CMT), such

that they free associated to stimulus sentences for a minute and then arranged their associations into a conceptual map. The stimulus sentences used in this study included one sentence to assess participants' general conceptual ability (i.e. the general CMT) and one sentence to assess participants' conceptualization of specific problems of individual clients (i.e. the specific CMT). The authors found that experienced counselors generated more extensive conceptualizations on the general CMT, whereas novice counselor generated more extensive conceptualizations on the specific CMT. The results suggested that experienced counselors had more extensive abstract knowledge of counseling than did novice counselors.

Etringer, Hillerbrand, and Claiborn (1995) discussed the cognitive competencies that distinguish expert from novice counselors. They hypothesized that expert counselors encode information in abstract, problem-relevant categories that are connected by underlying conceptual principles, whereas novice counselors store information using superficial, problem-irrelevant cues. They also hypothesized that expert counselors compared to novice counselors would be more able to translate declarative knowledge into procedural knowledge. In addition, the authors speculated that expert counselors would be better able to recognize patterns than novice counselors, and would be more able to reframe a problem with ambiguous information to a recognizable problem, and therefore would be more efficient in problem-solving than novice counselors. Although the authors provide insightful observations on the difference between novice and experienced therapists, their hypotheses need to be empirically tested.

Mayfield, Kardash, and Kivlighan (1999) examined the difference in knowledge structure about clients between experienced and novice counselors by using concept

mapping tasks and association tasks. Specifically, four experienced counselors and five novice counselors were asked to read a transcript of an intake session with a client. Then participants were given cards with printed client statements, and asked to sort the cards into similar groups of client statements. After all client statements were sorted into different clusters, participants were asked to construct a cognitive map in which the relationships among the groups of client statements were specified. Results showed that novice counselors as compared with experienced counselors constructed more clusters in their cognitive maps, indicated fewer reciprocal relationships, were more likely to group client statements based on temporal proximity, and spent more time constructing their cognitive maps. The results of this study suggested that in comparison to experienced counselors, novice counselors attended to more superficial details and organized client information based on more superficial cues. The findings also indicated that novice counselors required more time to process information than did experienced counselors.

Orlinsky and Rønnestad (2005) employed a cross-sectional approach to investigate the difference between novice and experienced therapists with regard to their self-reported experience of therapeutic work. This study was one component of a big study that was conducted on a multinational sample of 5000 psychotherapists. Participants of the big study were recruited from the United States, Europe, and Korea. However, only participants from western countries (i.e. the United States, Norway, and Germany) were included for this cross-sectional analysis. The authors categorized participants into six cohorts based on the duration of practice (less than 1.5 years of experience were considered to be novice therapists; participants with between 1.5 to 3 years were considered apprentice therapists; participants with 3.5 to 7 years were considered

graduate therapists; participants with 7 to 15 years were considered established therapists; participants with 15 to 25 years were considered seasoned therapists; participants with more than 25 years were senior therapists).

Orlinsky and Rønnestad (2005) found that therapists with more experience experienced fewer difficulties in practice, particularly expressed less self-doubt about their abilities to work effectively with clients. In the face of difficulties in practice, senior therapists were less likely to seek consultation than were novice and apprentice therapists. Instead, seasoned and senior therapists coped with difficulties by exercising reflective control (i.e., reviewing and examining the difficulty privately) and problem solving with patients (i.e., sharing their experience of the difficulty with patients and trying to collaborate with them to work through the difficulty). In terms of their relationship with their clients, therapists in all cohorts experienced themselves as highly invested in relating to their clients, although there was a slight increase in the level of investment as therapists gained more experience. Therapists in the more experienced cohort were more warmly accepting and less reserved with their clients than were therapists in less experienced cohort. When they were in session with their clients, novice and apprentice therapists experienced more anxiety and less boredom than did established, seasoned, and senior therapists. However, the authors also noted that all therapists experienced more positive feelings (e.g., being stimulated, engrossed and inspired) than negative feelings in session. Orlinsky and Rønnestad's (2005) findings suggest that novice and experienced therapists differed in their coping strategies in the face of difficulties in practice and in their emotional reactions in sessions. However, their findings may reflect only Western novice and experienced therapists.

In sum, the literature suggests that novice and experienced therapists differ in their cognitive competencies (particularly in their capacities to organize clients' information in a conceptually meaningful way), and in their understanding of the general therapy process. Specifically, novice therapists tend to organize clients' information based on superficial cues and struggle with understanding the general process of therapy and how the general process can be applied to specific cases. In contrast, experienced therapists tend to organize clients' information in a conceptually meaningful way and are able to apply their understandings of the general process of therapy to specific cases, and this helps them process clients' information efficiently (Martin et al., 1989; Mayfield et al., 1999). In addition, the comparison between novice and experienced therapists shows that experienced therapists tend to cope with clinical difficulties through self-reflection and collaboration with clients, whereas novice therapists tend to cope through consultation (Orlinsky & Rønnestad, 2005). In terms of reactions during therapy sessions, novice therapists tend to experience more anxiety, more self-doubt, and less boredom than do experienced therapists (Orlinsky & Rønnestad, 2005). Novice therapists also tend to be more reserved and less warmly accepting of their clients than do experienced therapists (Orlinsky & Rønnestad, 2005), perhaps because novice therapists' anxiety and self-doubt prevent them from being fully present with their clients. However, all of these studies have been conducted on western trainees, and therefore the findings may not be applicable to East-Asian international trainees.

Factors that Facilitate the Development of Expertise

Jennings and Skovholt (1999) interviewed 10 peer-nominated Caucasian master therapists and qualitatively examined the cognitive, emotional, and relational

characteristics of master therapists. Of the 10 participants (7 women and 3 men), there were 6 PhD licensed psychologists, 3 licensed master's level social workers and 1 licensed psychiatrist. The age of participants ranged from 50 to 72 years ($M = 59.00$, $SD = 7.89$), while their years of experience ranged from 21 to 41 years ($M = 29.50$, $SD = 6.62$). The theoretical orientations of participants included psychodynamic ($n = 4$), family system ($n = 2$), integrative ($n = 2$), and existential-humanistic ($n = 2$). All participants worked full time in private practice with clients for both short- and long-term therapy. The first author conducted a 90-minute semi-structured in-person interview with each participant. Then both authors and a research assistant analyzed the transcripts using an inductive analysis procedure. Specifically, the authors read each paragraph and wrote one or two words to represent the concept of the paragraph. Then each concept was written on a card and all concepts were sorted into 40 preliminary themes. Then the first author conducted a 60-min follow-up interview with each participant to obtain their input on the preliminary themes. During the follow-up interview, participants evaluated how well the results of the data analysis reflected their individual experiences. The themes were then modified based on participants' feedback. Jennings and Skovholt (1999) reported nine themes that reflected the characteristics of at least 8 of the 10 master therapists. Specifically, master therapists were voracious learners who benefited from accumulated experiences of clinical work. In addition, master therapists valued cognitive complexity and the ambiguity of the human condition. In terms of the emotional characteristics, master therapists were emotionally receptive (i.e. being self-aware, reflective, non-defensive, and open to feedback). Master therapists also were mentally healthy and mature, used to attending to their own emotional well-being, and aware of how their

emotional health affected the quality of their work. In terms of relational characteristics, master therapists had developed strong relationship skills, particularly within their families of origin. In addition, master therapists believed that the foundation of therapeutic change was a strong working alliance and were expert in using their relationship skills in their work with clients. Unfortunately, the findings might not be applicable to the development of therapists in other areas of the United States or in other regions of the world.

Jennings et al. (2008) extended Jennings and Skvoholt's (1999) examination on characteristics of master therapists in Minnesota to a sample of Singaporean master therapists. They interviewed nine peer-nominated Singaporean expert therapists (five men, four women) who ranged in age from 40 to 59 years ($M = 50.56$, $SD = 6.19$). The participants' experiences of practicing therapy ranged from 10 to 34 years ($M = 18.4$, $SD = 7.6$). Three participants had PhDs in clinical or counseling psychology, three had master degrees in social work or counseling, two had bachelor's degrees, and one had extensive applied training and 34 years of experience but no formal degree. The majority of the participants were of Chinese descent. Eight participants received their training in western countries (six in the US, one in Canada, and one in England), and only one participant received training locally. As far as theoretical orientation, approximately half of participants identified themselves as family therapists ($n = 5$), while the rest identified themselves as either psychodynamic ($n = 2$) or existential-humanistic ($n = 2$).

According to Jennings et al. (2008), all participants were interviewed in English by the first author and his Singaporean colleague following a semi-structured interview protocol similar to the one used by Jennings and Skovholt (1999). Data were analyzed by

a team of three researchers, and a Singaporean professor who taught in an American University served as the auditor. The data analyses were mainly guided by grounded theory procedure, but several components of the CQR, such as the decision-making process (i.e. multiple researchers to code transcripts independently and then to reach the conclusion consensually) and cross-analysis, were borrowed.

Jennings et al. (2008) reported that master therapists in Singapore were empathic, nonjudgmental, and respectful to their clients. In terms of individual factors that contributed to the development of expertise, participants reported that clinical experiences, self-awareness, and humility (i.e. recognizing one's limitations and learning from mistakes) were important components of their development of expertise. Interestingly, although all participants were regarded highly by their peers, they periodically experienced self-doubt about their competence, which motivated them to improve their clinical skills. All participants spoke about the importance of ongoing professional growth and that they benefited from teaching/training other therapists. In addition, participants identified several challenges of professional development in Singapore. For instance, they reported that Singaporean trainees struggled more with using basic counseling skills, because these skills were not natural for them.

Jennings et al. (2008) conducted a qualitative meta-analysis to compare themes emerged in this study to themes revealed by Jennings and Skovholt (1999). They found greater similarities than differences between the two samples, and argued for the existence of universal characteristics of master therapists regardless of cultural differences. However, the authors noted that Singaporean master therapists reported self-

doubt as a motivator for their professional development, whereas American master therapists studied did not discuss self-doubt.

Orlinsky and Rønnestad (2005) examined the professional development of 5000 psychotherapists from the United States, Europe, and Korea. The majority of participants identified themselves as either psychologists or psychiatrists, but a few were social workers, counselors, or clinical nurses. Participants' theoretical orientations ranged widely, and nearly half of participants reported being influenced by more than one theoretical orientation. The duration of practice varied widely among participants ($M = 11.2$, $SD = 8.9$ years). All participants completed a survey including a total of 392 items. The authors examined individual characteristics that predicted therapists' cumulative development (defined as "the therapist's overall experience of development from his or her first days of therapeutic work to the present time," p. 106). They found that the employment of a variety of treatment modalities (e.g. providing both individual and couple therapy) and the number of years of clinical experience predicted cumulative development. In addition, participants perceived that direct contact with clients, supervision, and personal therapy were the most influential factors facilitating their development. Unfortunately, the authors did not examine whether there were between-group differences among the different national groups.

In summary, direct contact with clients seem to be facilitative of the development of therapists' expertise (Jennings et al. 2008; Jennings & Skovholt, 1999; Orlinsky & Rønnestad, 2005). Therapists seem to develop their expertise through engaging in activities such as supervision and personal therapy (Orlinsky & Rønnestad, 2005), and teaching/training other therapists (Jennings et al. 2008), and self-awareness helps

therapists grow (Jennings et al. 2008; Jennings & Skovholt, 1999). In terms of the culture-specific factors in the development of expertise, Singapore master therapists reported humility as a facilitating factor for their professional development (Jennings et al. 2008).

International Students in Mental Health Training Programs

Pattison (2003) interviewed 12 international students from Africa, Eastern Asia (i.e. China, Japan, and Taiwan), Europe, and the Middle East who had completed a one-year M. Ed program in Guidance and Counseling at the University of Newcastle about their expectations and their experiences of becoming counselors. Most participants were involved in counseling-related activities either as an educator or a practitioner after graduation. Each participant was interviewed by an independent researcher for one hour using a semi-structured interview protocol. The author, a person-centered counselor and researcher, listened to all tapes and used grounded theory to analyze the data related to three pre-determined themes (perceptions and expectations, training processes, training outcomes). Results showed that participants enrolled in the program with the expectation that the training would increase their theoretical knowledge and enable them to solve problems in practice. In terms of the process of becoming counselors, the majority of participants reported that the mainstream theories of counseling were culturally different from their own experience (e.g., a Chinese participant said that the person-centered concept of counselor congruence went against her/his culture). Participants also reported cultural differences in learning styles and expression of feelings. With regard to the impact of the training, all participants reported increased cultural awareness, which they believed would enhance their clinical work, and increased confidence. Unfortunately, the

author did not examine her own biases with regard to the research questions, which may have been problematic given that the author conducted all the qualitative analyses without external auditing.

Chen (2004) conducted a qualitative study to explore non-Western counseling trainees' life career experiences. The author interviewed 8 participants (5 recent immigrants, 3 international students; 4 males and 4 females) who either enrolled in or completed a counseling-related degree program in British Columbia, Canada. All participants had lived in Canada for at least two years, and half had lived in Canada between 5 and 10 years. Two of the participants were trainees at the guidance diploma level, while the other six were Master level trainees. All participants were interviewed using a semi-structured interview format, and each interview lasted 1.5 to 2.5 hours. Transcripts were analyzed using an ethnographic field work framework. Specifically, the author wrote a "third-person" story/narrative for each participant, sent the story/narrative to the participant for validation, and revised it based on the participant's suggestions and comments. At the end, a general narrative was developed from the major themes that emerged from the eight individual stories. According to the author, these non-Western counseling trainees were individuals who had been well-educated and successful professionals in their own fields prior to their coming to Canada. Many of them reported a strong interest in psychology and human behaviors. Most of them had actively searched for alternative career options. Once they decided to go abroad, they began to take actions in implementing their plan through collecting as much information about the host country as they could and seeking available financial resources.

According to Chen (2004), the acquisition of counseling knowledge and skills went hand-in-hand with the enhancement of language capacity in English. Many participants reported anxiety around personal sharing in the skill-training context. They identified three common sources of the anxiety: culturally oriented perceptions and experiences, self-perceived deficiency in English, and an over-sensitive personality that often led to lowered self-confidence. In terms of environmental factors that facilitated their learning, participants reported that a positive learning environment in which they experienced a constructive relationship with fellow trainees, professors, and/or supervisors facilitated their adjustment. Trainees also reported that a training environment that was culturally open-minded and responsive to trainees' needs was facilitative. In addition, trainees reported that a sense of humor, a sense of humility, an easy-going and open communication manner, and the ability to put things into perspectives had facilitated their adjustment. In terms of their growth in the process of counselor training, all participants reported enhanced self-awareness and increased interpersonal skills as a result of their training. Although very interesting and thorough, these results may not be representative of the training experiences of doctoral-level trainees in the United States, given that Ph.D and master's level training differed in terms of the amount of individual attention given to each trainee and the levels of performance trainees are expected to exhibit.

Morris and Lee (2004) examined clients' experiences of working with MFT trainees who were non-native speakers of English. A seven-item questionnaire was mailed to 50 White clients who received family therapy at a university-based clinic by non-native English-speaking trainees; 15 clients completed the questionnaire and returned it to the researchers. Clients' written responses to open-ended questions were reviewed, and

several thematic categories (i.e. language challenge, cultural distinction, and non-issue) emerged. Specifically, for the category of language challenge, clients discussed their experiences of working with non-native English-speaking therapists. Clients reported having to listen carefully in order to understand their therapists, and noticed that their non-native English-speaking therapists spoke carefully to ensure being understood. Importantly, clients reported that the language challenge was not experienced as a stumbling block in therapy. In terms of the cultural distinction, clients' responses varied widely. Some clients viewed the cultural differences between them and their therapists as a concern, whereas others were intrigued by cultural differences and expressed desire for more cultural discussion. There was one client who perceived no cultural difference, because he/she perceived the therapist as very western in thoughts and interpretations. In terms of the non-issue, several participants indicated that their therapists being non-native speakers of English was relatively unimportant compared to their overall experiences of therapy as a process of working through their problems.

Morris and Lee (2004)'s study on clients' experience of working with non-native English-speaking trainees yielded some interesting findings. First, although clients admitted that it required more effort on their parts to understand their non-native English-speaking therapists, most clients did not consider having a non-native English Speaking therapist as hindering to or even important for their therapy experience. Second, in comparison to the language issue, clients seemed more concerned about working with a therapist from a different cultural background, although there were some clients intrigued by the cultural differences between them and their therapists. However, the results of this study should be interpreted with caution because of the possible effect of selection bias. It

is likely that clients who chose to complete the survey had either particularly positive or negative experiences with their non-native English-speaking therapists, whereas those clients who had negative experiences with their non-native English-speaking therapists simply decided not to participate in this study.

Mittal and Wieling (2006) conducted a qualitative study to examine international students' experiences in Marriage and Family Therapy doctoral programs in the US. Thirteen international individuals (8 students and 5 program graduates) were recruited using a nonrandom, purposive sampling method from seven accredited PhD programs. The countries of origin of the participants were India (4), Mexico (2), Malaysia (2), Germany (1), Canada (1), Japan (1), Iran (1), and South Africa (1). While 15% of participants reported English as the first language, the primary language of nearly half of the participants was not English. About 38% of participants considered themselves as either bi- or trilingual. Five participants came to the US for undergraduate and/or Master's degrees and then moved on to their PhD program, while the other five had been to the US earlier in their lives. Participants were interviewed for 1.5 to 2 hours either in person or via phone (One participant who was living outside of the US was interviewed via email with the same set of questions). Interviews were semi-structured and focused on participants' experience in MFT programs in terms of theory, research, clinical training, supervision and practice.

In Mittal and Wieling (2006), the first author analyzed all data, while the second author served as the auditor. The data analysis followed a modified van Kaam method, in that the first author listed all expressions that were relevant to the experience under investigation, and then reduced and eliminated expressions that were repetitive. Then the

author created themes from the nonrepetitive, nonoverlapping clusters of meaning, and integrated the themes for each participant to create individual textual descriptions. The author then collapsed and reanalyzed individual textual descriptions iteratively until the most salient or essential themes for all participants were developed. The author also summarized and reported perspectives that were essential within the context of individuals' experiences even if these perspectives were only reported by a small number of people. Throughout the research, the first author kept a reflective journal to record the process of the study and her thoughts and feelings.

Mittal and Wieling's (2006) results were organized into several categories: experiences related to perceptions of aspects of one's self, experiences related to relationships with systems external to self, and strategies that helped international students to cope. Under the category of experiences related to perceptions of aspects of one's self, several participants reported struggles with regard to being outsiders to the US, such as the feeling of inferiority to US nationals, and worries about their apparent differences, as well as how clients might react to them. Participants also reported anxiety due to lack of English proficiency. Specifically, six participants struggled with speaking in English, and difficulties in speaking up in class.

Under the category of experiences related to relationships with systems external to self, four participants reported being pushed to learn and practice American values. Two students reported negative feelings toward the pressure, whereas another two discussed positive aspects of the pressure. Several participants reported experiences with covert and overt racist and discriminatory attitudes from clients. One participant reported "being careful" about things she said in conversations with her client initially, and she reported

that a few clients refused her services because of her background as an international trainee.

Under the category of strategies that helped international students to cope, participants identified three main strategies: learning to be more confident about one's difference, learning to stand up for oneself, and having a nonquitting attitude. In terms of learning to be more confident about one's difference, one participant reported that she talked with her clients about her differences in therapy, whereas another participant shared that she was more at ease with clients refusing her services because of her nationality than she had been at the onset. In addition, two participants stated that they had developed their own strategies to deal with their difference during conversations with clients. In terms of learning to stand up for oneself, five participants reported being more direct and explicit with either faculty or supervisors about their needs and differences. In terms of having a nonquitting attitude, two participants reported completing their programs through their strong wills after faculty suggested them to leave the program because of difficulties the faculty felt the students were facing or might face.

Mittal and Wieling (2006)'s thorough investigation of the experience of international MFT trainees shed light on some challenges that international trainees encounter when they conduct therapy in the United States, and how international trainees cope with these challenges. However, the authors did not explore these challenges facing international trainees in depth. For instance, although the authors identified the pressure to practice American values, they did not explore how this pressure and international trainees' reactions to the pressure might play out in international trainees' interactions with their clients.

Ng (2006b) surveyed 37 counseling educators from CACREP-accredited programs on their perceptions of and experiences with international trainees. The results were that counseling educators perceived that non-western international trainees experienced more problems than both western international trainees and American trainees in English proficiency, difficulty in clinical courses, and conflict with Western understanding of and approaches to treating mental illness. However, the three groups (i.e. American trainees, Western international trainees, and non-Western international trainees) did not differ in terms of academic problems, mental/emotional distress, social/relational problems with peers, problems fitting into clinical placements, or mentoring by faculty members. The majority of participants perceived that the impact of international trainees on them and their programs was positive. In addition, the majority of participants agreed that international trainees should be treated as a separate group that is qualitatively different American trainees. Participants could not reach consensus on whether international students needed accommodations to succeed. In terms of the assistance provided to international trainees, nearly 90% of participants reported providing academic accommodations to international students, such as allowing resubmission of written assignments, providing more time to complete assignments, requiring additional reading and writing classes, and providing one-on-one mentoring to deal with academic concerns. Only 11% of participants encouraged international students to choose class assignments or projects relevant to their cultures. The findings of this study suggest that clinical work received less attention from educators than academic work.

In sum, the existing literature on international trainees in mental health training programs focused on examination of training experience in general. Several studies

touched on some unique aspects of international trainees that may affect their experiences of working with clients. For instance, it has been found that English proficiency affects international trainees' anxiety levels and clinical skills (Chen, 2004; Mittal & Wieling, 2006; Ng, 2006). However, clients do not consider having a non-native English Speaking therapist as hindering to or even important for their therapy experience (Morris & Lee, 2004). In addition to struggle with language, international trainees typically experience conflict between their cultures of origin and the mainstream theories of western therapy/counseling (Mittal & Wieling, 2006; Ng, 2006; Pattison, 2003). Another challenge for international trainees is that they often worry about how their clients perceive them, and sometimes experience overt or covert discrimination from their clients (Mittal & Wieling, 2006). In terms of the within-group difference among international students, counseling educators perceive that non-western international students struggle more with both language proficiency and cultural conflicts than do western international trainees.

Several factors have been identified as facilitative to international trainees' learning. Chen (2004) found that constructive relationships with fellow trainees, professors, and supervisors as well as a training environment that was culturally open-minded and responsive to individuals' training needs were helpful for international trainees. In addition, Mittal and Wieling (2006) found that some international trainees coped with clients' discrimination by either discussing cultural differences with clients or learning to be more at ease with clients refusing their services. International trainees also coped by becoming more assertive and direct with faculty/supervisors about their needs and differences.

Although previous studies shed light on international trainees' experience of doing therapy, none of these studies was conducted on international counseling students who received their training in the United States. In addition, the samples of these studies are rather heterogeneous, particularly in terms of the cultural backgrounds of participants. Furthermore, the exploration of international trainees' experiences of doing therapy in these studies lack depth. For instance, although cultural conflicts have been noted in several studies (Mittal & Wieling, 2006; Ng, 2006; Pattison, 2003), the impact of cultural conflicts on international trainees' clinical work has not been explored.

The Impact of Collectivistic Culture on Therapy Process

In this section, I review studies that shed light on cultural conflicts that may be experienced by East-Asian international trainees. Because eastern Asian countries are generally dominated by collectivistic culture (Triandis, 1995), while western counseling theories and practice are rooted in individualistic culture (Pederson, 2003), I focus on how individualism/collectivism may affect therapy process. Specifically, I start with a review of cross-cultural psychology literature that examines how individualism/collectivism affects individuals' self-concept, cognition, and emotion. Then I conceptually discuss how the findings from cross-cultural psychology may inform us on the influence of individualism/collectivism on therapists' experiences of doing therapy.

Markus and Kitayama (1991) proposed that culture (individualism vs. collectivism) affects individuals' self-concept, such that individuals from individualistic cultures tend to develop independent selves, whereas those from collectivistic cultures tend to develop interdependent selves. Individuals with independent selves focus on internal, private

attributes, such as abilities, thoughts, feelings, whereas individuals with interdependent selves focus on external and public features, such as status, roles, obligations, and relationships. The primary tasks for the independent self is to promote autonomy, express oneself, realize one's internal attributes and promote one's goals, whereas the tasks for the interdependent self is to seek connectedness, fulfill one's obligations, engage in appropriate interactions, and promote group's goals. The self-esteem of individuals with independent selves derives from their abilities to express themselves and the validation of their internal attributes; whereas the self-esteem of individuals with interdependent selves come from their abilities to restrain themselves and to maintain harmony in the social context.

Markus and Kitayama (1991) then discussed the effects of the two different self-concepts (i.e. independent and interdependent self) on cognition, emotion, and motivation. In terms of the effect on cognition, the authors hypothesized that those with interdependent selves would be more attentive and sensitive to others than those with independent selves. In addition, for those with interdependent selves, knowledge about persons, either the self or others, would remain specific to the focal context. In terms of the effect on emotion, individuals with interdependent selves might experience and express other-focused emotions (i.e. shame or sympathy) more frequently than individuals with independent selves. In contrast, individuals with independent selves might experience and express ego-focused emotions (i.e. pride, anger, or frustration) more frequently than individuals with interdependent selves. In addition, the authors believed that achievement motivation might be defined differently for people with different self-concepts. Specifically, individuals with independent selves tend to be

motivated to achieve some internalized standards of excellence, whereas individuals with interdependent selves tend to be motivated to fulfill expectations of significant others.

Wu and Keysar (2007) conducted a cross-cultural comparison study to examine the effect of culture on perspective-taking (defined as considering others' beliefs, goals, and intentions to understand their actions). They compared the performance of non-Asian American college students in a perspective-taking exercise to the performance of their Chinese counterparts. The result showed that Chinese participants were more tuned into their partners' perspective than were non-Asian American participants. Specifically, Chinese participants made fewer errors in assessing the intentions of their partners, and were less distracted by their own private perspectives than were non-Asian American participants.

Oyserman and Lee (2008) conducted a meta analysis of cross-cultural studies on the effects of primed individualism/collectivism on self-concepts, relationality, values, well-being, and cognition. Their results provided empirical evidence for some hypotheses proposed by Markus and Kitayama (1991). The authors reviewed a number of studies that were conducted primarily on college students in the United States, Europe, and Asia and found that when collectivism was primed, participants' endorsement of collectivistic values increased and their endorsement of individualistic values decreased. In addition, when collectivism was primed, participants were more likely to embrace the independent self than the interdependent self. Furthermore, the authors found that primed collectivism led to more focus on social obligation, greater social sensitivity, and higher levels of prosocial orientation than did primed individualism.

In sum, studies from cross-cultural psychology suggest that individualism/collectivism affects individuals' self-concepts, such that individuals in individualistic culture often hold independent selves, while individuals from collectivistic culture often have interdependent selves. Individuals with independent/ interdependent self-concept have different values, strive for different goals, and claim their self-esteem from different sources. In addition, individualism/collectivism affects individuals' cognition, in that people from collectivistic cultures tend to be more attentive and sensitive to others' perspectives than do people from individualistic culture (Markus & Kitayama, 1991; Wu & Keysar, 2007).

Because of the differences between individualistic and collectivistic cultures, the goals for therapy may be different for therapists from collectivistic cultures than for those from individualistic cultures. Specifically, therapists from collectivistic cultures may believe that the goal for therapy is to help clients maintain social harmony, whereas therapists from individualistic cultures may view the goal of therapy as promoting autonomy. In addition, individualism/collectivism may affect therapists' conceptualizations of their clients. For instance, therapists from collectivistic cultures may pay more attention to the impacts of clients' social networks on clients' problems than do therapists from individualistic cultures. In other words, therapists from the collectivistic cultures may be more likely to use a systemic framework to conceptualize their clients' issues than do those from individualistic cultures. Furthermore, individualism/collectivism may influence therapists' use of certain therapeutic interventions. For example, it may be more challenging for therapists from collectivistic cultures as compared with independent cultures to use challenge or immediacy with their

clients because the use of these two skills seems to go against the cultural rule of maintaining harmony for therapists from collectivistic cultures.

Counseling Psychology in East Asia

Kasai (2009) briefly introduced culturally shaped concepts of self, and discussed the indigenous and adapted approaches to counseling in Japan. The author identified Buddhism and Shinto (i.e. a native religion in Japan) as the major religious forces that informed Japanese's sense of self. Both religions emphasized on the union of individuals with their environments and the acceptance of one's environment. In addition, the author noted that Confucianism, as the dominant moral-political philosophy of Japan, led Japan to become a collectivistic country in which individuals were thought to be embedded and situated in particular roles and were encouraged to put other people's and the group's interests before their own. Under the influence of collectivistic cultural values, the boundaries between self and others were perceived to be undifferentiated in Japan. Specifically, a willingness and ability to take other's perspectives, and to help others satisfy their wishes and realize their goals were highly valued in Japanese society. Maintaining a close relationship with others, particularly with one's mother, was perceived to be socially desirable. Japanese women were encouraged, sometimes pressured, to put their career on hold to devote all their times and energy to their children. When a Japanese child matured, he/she was encouraged to maintain a close relationship with the mothers by pleasing her. Because of cultural differences, the author believed that the goals of counseling differed between Japan and western cultures. Instead of pursuing personal gratification and forming a clear boundary between the self and others, the goal of counseling in Japan was to dissolve the concept of the self and to unite or merge the

self with one's surroundings. Japanese counselors often helped their clients to achieve this goal by helping them focus away from the self and form a strong emotional connection with the environment. Two Japanese indigenous approaches to psychotherapy, Morita therapy and Naikan therapy, focused on help clients to dissolve the concept of self either by accepting their feelings and problems as they were or by helping clients to understand what others felt and thought. The author believed the transferability of western counseling approaches to Japan depended on the compatibility of these approaches with Japanese cultural values. For instance, person-centered therapy has been widely accepted in Japan because its emphasis on empathy, acceptance, and support was consistent with collectivistic values. In contrast, confrontation was believed to be in conflict with the collectivistic emphasis on interpersonal harmony, and often led to a Japanese client to passively agree with the therapists to save the therapist's face.

C. Kim, D. Kim, Seo, and K. Kim (2009) discussed influential cultural values in South Korea, and how these cultural values affected approaches to counseling. The authors reported that Confucianism has fundamental and pervasive influence on Koreans' values and social behaviors. Specifically, the authors identified several culturally desirable behaviors of Korean, including conformity to familial and social norms, hierarchical family structure, self-control and restraint of emotional expression, respect for authority and elders, and prescribed gender role relationships. The authors believed that the core of social relationships in Korea was the pursuit of we-ness, i.e. Korean people often strive for a tight emotional bond with others and tend to suppress their individual needs for the sake of the tight emotional bond. In addition, the authors stated that sensitivity to others' needs, defined as "an interpersonal ability to read others'

feelings and opinions by observing their nonverbal cues” (p. 178), was an important skill in communication with Koreans, given that Koreans often considered withholding direct emotional expression and self-control as important virtues. As a result, the authors suggested that when working with Koreans, counselors who were able to validate clients’ experiences were perceived as more empathetic than counselors who were able to explore clients’ inner feelings. Moreover, the authors noted that saving face, another cultural concept, led to Korean’s avoidance of confrontation in counseling. Furthermore, the authors reported that Koreans emphasized on interdependence among family members, and prescribed roles of family members. Interestingly, the authors cited empirical evidence to support that counselors taking parent-like roles, particularly a combination of a stern father and an affectionate mother, was one of the therapeutic common factors that led to positive outcomes with Korean clients.

Hwang and Chang (2009) briefly reviewed concepts of self derived from three influential philosophies (i.e., Confucianism, Taoism, and Buddhism) that have pervasive impact on Chinese societies, and highlighted the different goals of self-cultivation according to the three philosophies. The authors, then, discussed the therapeutic functions of self-cultivation within the context of Confucianism, Taoism, and Buddhism.

According to the authors, in a Confucian society, self is viewed as relational in the sense that an individual is perceived as embedded in a particular social network and a sense of self is defined by one’s social roles and obligations to others. Each individual is expected to take into consideration others’ expectations when interacting with others, and to fulfill obligations in relationships, particularly to family members. As a result, the goal of self-

cultivation is to become a morally upright person, and the mean of self-cultivation is to follow the rules of proper conduct and to work hard to strive for socially approved goals.

According to Hwang and Chang (2009), Taoism is viewed as complementary to Confucianism. Taoists believe that “every element in every system of the universe is composed of two opposing components, yin, and yang. These two components are kept in balance by the operation of qi” (p.1012).the ideal of Taoists is to maintain balance between individuals and Nature, among individuals, and within each individual.

Individuals are encouraged to emancipate one’s self from the ethical bounds of the world and to follow the way of Nature. The goal of self-cultivation is to return to authentic self that is a state just like a newborn baby free from all ethical bounds. The Chinese Taoist cognitive therapy is a therapy approach that incorporates Taoist philosophy to cognitive therapy. The Chinese Taoist cognitive therapy consists of five steps. In the first step, the therapist help client to identify and analyze actual stressors based on his/her subjective experiences rather than the number of stressful events. The second step requires the client to distinguish his/her needs from societal expectations, and to prioritize his/her needs. In the third step, the therapist helps the client to evaluate the effectiveness of client’s coping strategies in coping with psychological conflicts. During the fourth step, the therapist educates the client on the complementary roles of Taoism and Confucianism, and discusses with the clients on the meanings and application of a 32-character Taoist philosophical teaching. In addition, the client is encouraged to read Tao-Te Ching, a classic book on Taoism, to achieve deeper understanding of the Taoist philosophical tenets and to change his/her coping strategies based on the Taoist teachings. In the last step, the therapist and the client evaluate the effectiveness of the new coping strategies.

The authors reported empirical evidence to support the long-term (i.e. after 6 month) effect of the Chinese Taoism cognitive therapy in treating the General Anxiety Disorder.

According to Hwang and Chang (2009), the ideal of Buddhism is Buddha. Any human being who is enlightened with the teachings of Buddhism may become a Buddha. Buddhism encourages people to learn to become a Buddha by practicing Buddha's way of kindness and mercy. In terms of happiness and suffering, Buddhists believe that sufferings result from desires and striving for things such as wealth, fame, approval, power, and control, etc. Happiness and lasting contentment can be cultivated through mindfulness, concentration, and detachment from one's desires. The goal of self-cultivation, according to Buddhism, is to achieve nonself which is a state in which one is detached from this world, particularly detachment from holding on to one's self-concept. The authors also discussed two therapeutic techniques rooted in Buddhism: meditation and conceptual therapy. Specifically, Buddhist meditation stressed mindfulness, awareness, vigilance, and observation in everyday life for the purpose of helping people to live in the present and attend to the activity they are engaged in at the moment. Conceptual therapy encouraged therapists to use Buddhist stories to help clients to realize that sufferings resulted from their desires and to help clients to change their way of thinking, feeling, and acting.

Chen (2009) discussed an indigenous model of counseling to address the cultural conflicts that many people in modern Chinese societies might experience. The author recognized that Chinese in modern societies often experience conflicts between traditional Chinese values (particularly Confucians values) and western values due to the rapid modernization and globalization of Chinese societies. It was also proposed that

contemporary Chinese might have a dual self that incorporate characteristics of both an independent self and an interdependent self. The independent self focused on pursuing personal goals, while the interdependent self emphasized on fulfilling the role obligation, developing interpersonal bonds, and maintaining social harmony. “When these two aspects of self were able to coexist harmoniously, the individual is living in a state of psychosocial homeostasis” (p. 998). However, when the two aspects of self were in conflict, emotional and interpersonal disturbances might arise. In addition, the author stated that the salience of the two aspects of self varied depending on the nature of a specific interpersonal relationship. For instance, the interdependent self might be more likely to operate in dealing with family relationships (i.e. parent-child relationship, sibling relationship, or marriage) or family-like relationships (i.e. close friendships, teacher-student relationships); whereas the independent self might be more dominant when dealing with nonfamily relationships (i.e. relationship with strangers). Given the coexistence of the two aspects of the self, the author proposed that the goal for counseling contemporary Chinese was to help clients to develop self-coordination ability to negotiate the conflict arising from pursuit of personal development and social harmony. According to the author, self-coordination was defined as a behavior that an individual constantly and consciously juggles among the tasks of pursuing personal goals, fulfilling role obligations, and meeting significant others’ expectations in various situations in order to maintain harmonious social relationships. It required individuals to become aware of their personal needs, role obligations, and elements of interpersonal interactions (i.e. mutual goals and others’ perspectives). In addition, the author identified four primary tasks of counseling that would help clients to achieve the goal of counseling: increasing self-

awareness and self-understanding of personal goals, coordinating the self with related others (i.e. recognizing one's role obligations and avoiding direct confrontation in interpersonal conflicts), employing multiple conflict resolution strategies (e.g., examining the conflict from the other person's perspectives, openly discussing differences the cause the conflict, finding mutual goals and benefits, preparing oneself to compromise, being assertive about one's personal goals, etc.), and managing unmet personal needs and distress through self-cultivation, acceptance, and endurance.

In summary, counseling psychologists in East Asia believe that counseling/therapy in East Asia stems from cultures that are different from western culture, needs to address issues that western clients might not face, and may involve strategies or techniques that are different from western therapy. They suggest that western approaches of therapy may not be applied to East Asian societies, and need to be modified. Although East Asian counseling psychologists provide insightful observations on the applicability of western therapies to East Asian societies, empirical investigation of this issue is lacking.

Consensual Qualitative Research

Consensual qualitative research (CQR; Hill et al., 2005; Hill, Thompson, & Williams, 1997) is a method for conducting qualitative research. Qualitative research is designed to "describe and clarify experience as it is lived and constituted in awareness" (Polkinghorne, 2005, p. 138). The focus of qualitative research is to study a few individuals in great depth to identify patterns of human behaviors.

In regard to studying human experience, qualitative research methods have several advantages over quantitative research methods. Human experience is multilayered and complex. Using quantitative methods of data gathering , such as Likert scale measures,

researchers can only gather surface information and are unable to capture the richness of human experience (Polkinghorne, 2005). On the other hand, qualitative researchers often rely on in-depth interviews to gather data, and are more likely to capture the depth of human experience. In addition, human experience is not directly observable but rather requires introspection and articulation on the part of the participant. Therefore, the quality of data on human experience depends on participants' abilities to reflect on their experiences. Qualitative researchers often engage in intense interactions with participants during the data-gathering process, and thus are more likely to facilitate participants' reflections than do their quantitative counterparts.

Because the purpose of the present study was to examine participants' experience of conducting therapy, I employed CQR to gather and analyze data. In this section, I first review the philosophical assumptions of CQR, and then describe the three major steps in data analysis in CQR.

The Philosophical Assumptions of Consensual Qualitative Research

Hill et al. (2005) described the philosophical stance of CQR as being “predominantly constructivist and with some postpositivist” elements (p. 197). Ponterotto (2005) discussed the differences between constructivist and postpositivist perspectives. Specifically, constructivists believe that there are multiple realities that are socially constructed. They also recognize the importance of close interaction between researchers and participants in the process of understanding participants' lived experiences. They tend to use naturalistic and qualitative methods, and aim at bracketing (i.e. acknowledging and describing) researchers' expectations. On the other hand, postpositivists believe that an objective, universal truth exists, although they admit that

researchers cannot fully apprehend the absolute truth. They prefer an objective, detached researcher role, and encourage researchers to minimize the influence of their expectation and biases. They often favor quantitative methods over qualitative methods.

CQR is constructivist in terms of ontology (i.e. view of nature of reality) and methodology (i.e. the process and procedures of research). According to Hill et al. (2005), CQR researchers recognize the existence of multiple and equally valid versions of “the truth,” and view reality as being socially constructed. In addition, CQR researchers tend to use interactive data collection methods (e.g. semi-structured interview) to collect data in a naturalistic setting.

In terms of epistemology (i.e. researcher-participant relationship) and axiology (i.e. the role of researchers’ values), CQR lies in between the constructivist and postpositivist approaches. CQR researchers recognize the mutual influence between the researcher and the participant, and thus it is aligned with constructivist thinking. With respect to the role of researchers’ values, CQR researchers accept the inevitability of researcher biases, and often encourage judges to bracket their expectations and biases (constructivist). However, CQR researchers strive to reduce undue influences of researcher biases, and aim at reporting participants’ experience as close as possible rather than interpreting participant statements from the researcher’s perspective. In other words, the goal for CQR researchers is to reduce the influences of researcher biases on data analysis, which is consistent with postpositivist thinking (Hill et al, 2005).

With respect to rhetorical structure (i.e. language used in presentation of procedures and results), CQR is more at the postpositivist end (Hill et al, 2005). Specifically, data in CQR studies are usually presented in third-person. CQR researchers strive for objective

summarization of participants' statements and attempt to identify general themes across participants and generalize these themes to the population.

Four Steps in Consensual Qualitative Research

The CQR includes four central steps (interview, deciding domains, developing core ideas, and cross analysis). I briefly introduce the steps in this section and provide more detail in the method section. When conducting CQR studies, researchers often use semi-structured interviews to collect information. The second step of CQR is to consensually develop domains (i.e. topics used to group data). Specifically, a team of researchers review several interview transcripts and develop a starting list of domains, and then modify the initial list as needed. The third step involves developing core ideas by consensus (i.e. summarizing participants' statements to provide clarity as well as to reduce redundancy and non-relevant information). The fourth step is cross-analysis. Researchers generate categories consensually and place core ideas into the categories by consensus. Researchers then label each category (i.e. general, typical, or variant) based on the frequency of occurrence of the category across all cases. External auditors are involved in all three steps to help make the data as accurate as possible (Hill et al., 2005; Hill, Thompson, & Williams, 1997).

Chapter 3: Statement of Problem

Although international trainees were enrolled in nearly half of CACREP-accredited counseling programs and represented 9% of the total enrollment of graduate trainees in those programs (Ng, 2006a), empirical investigation of this group of trainees is scant. Only three empirical studies have been conducted to explore the training experience of international trainees in mental health programs, and no empirical studies have been conducted to examine international trainees' experience of doing therapy. In addition, although the three existing empirical studies have touched on some aspects of the experiences of international trainees that may affect their work with clients, these studies share several limitations. First, none of these studies were conducted on international counseling students who received their training in the United States. Second, the exploration of international trainees' experiences of doing therapy lacked depth in these studies.

To broaden our understanding of international counseling trainees and to address some limitations of previous studies, I focused on examining East-Asian international counseling trainees' experience of doing therapy in the United States. Specifically, the following research questions were addressed.

Research Question 1: What challenges do East-Asian international trainees face during counseling sessions?

Previous research of international students' training experiences have suggested that international trainees experienced challenges in their clinical work, such as anxiety associated with perceived English deficiency (Chen, 2004; Mittal & Wieling, 2006), cultural conflict (Mittal & Wieling, 2006; Ng, 2006b; Pattison, 2003), and concern about

being discriminated by clients (Mittal & Wieling, 2006). By asking international trainees their perceived challenges, I explored what challenges East-Asian international trainees may face when they work with their clients.

Research Question 2: How do East-Asian international trainees cope with those challenges?

Mittal and Wieling (2006) found that international trainees coped with clients' discrimination by either discussing cultural differences with clients or learning to be more at ease with clients refusing their services. In the present study, I expanded their study and asked participants how they coped with all kinds of clinical challenges during and between sessions. In addition, I asked participants what factors had helped them to better cope with clinical challenges.

Research Question 3: How do East-Asian international trainees' cultural backgrounds affect counseling process?

Several studies indicated that international trainees typically experienced conflict between their cultures of origin and the mainstream theories of western therapy/counseling (Mittal & Wieling, 2006; Ng, 2006; Pattison, 2003). Literature from cross-cultural psychology also suggested that culture (e.g. individualism/collectivism) affected individuals' self-concepts, cognition, emotion, and motivation (Markus & Kitayama, 1991; Oyserman & Lee, 2008; Wu & Keysar, 2007). By asking East-Asian international trainees about specific cases in which their cultural backgrounds facilitated/hindered their work with clients, I explored how international trainees' cultural backgrounds affect their case conceptualizations of and interaction with clients.

Research Question 4: What aspects of clinical training that East Asian international trainees receive in the US are helpful or need to be improved?

As noted earlier, the literature on international trainees' experience is scarce, and the existing research mainly focused on examining international trainees' overall training experience rather than their clinical training (Chen, 2004; Mittal & Wieling, 2006; Ng, 2006b). The current study examined East-Asian international trainees' experience with clinical training by asking them to reflect on and describe what aspects of their clinical training were helpful or need to be improved.

Chapter 4: Method

Design

In this study, semi-structured interviews were used to gain an understanding of East-Asian international trainees' experiences of conducting therapy in the U.S. The data were analyzed using consensual qualitative research (CQR; Hill et al., 1997; 2005). Thus, the design of the current study was a qualitative field study.

Participants

Interviewees. Thirteen potential participants were invited to participate in the current study and 10 of them agreed to participate (the response rate is 77%). Interviewees of the present study were 10 East-Asian international students (9 female, 1 male; 4 Chinese, 2 Korean, 2 Japanese, & 2 Taiwanese) who were enrolled in doctoral programs in counseling psychology in 2011. The age of participants ranged from 25 to 40 (mean = 29.7, SD = 4.4). All participants moved to the United States after the age of 18, and on average have lived in the United States for 5.48 years (ranging from 2.5 to 10 years). The number of years of supervised clinical experience working with adult clients in the United States ranged from 2 to 7.5 (mean = 3.8, SD = 1.93). Half of the participants (5 out of 10) indicated that they had received training in counseling in their home countries.

When asked to rate the degree to which they believe in and adhere to the techniques of various theoretical orientations on a 5-point scale (5 = completely), participants rated humanistic/ experiential/ existential approaches 3.6 (SD = 1.35); psychodynamic/ psychoanalytic/ interpersonal approaches 3.4 (SD = 0.97); behavioral/cognitive-behavioral approaches 2.7 (SD = .67); feminist/ multicultural approaches 4 (SD = .67),

and family/system approaches 2.7 ($SD = 0.95$). Participants rated the statement “I intend to see clients as part of my future career” 4.4 ($SD = 0.84$; 1 = strongly disagree; 5 = strongly agree). In terms of participants’ intention to go back to their home country to practice therapy, participants rated 2.9 ($SD = 1.52$) on a 5-point single-item scale with 5 indicating the strongest intention to go back to home country to practice therapy.

On average, participants scored 3.44 ($SD = 0.81$) on the Collectivism subscale of the Asian American Values Scale-Multidimensional (AAVS-M; Kim, Li, & Ng, 2005), a 7-point scale assessing the extent to which participants adhere to collectivistic values (1 indicating the least adherence to collectivistic values and 7 indicating the most adherence to collectivistic values). The mean score of the Collectivism subscale of the Asian American Value Scale of the current sample (3.44) is lower than the mean score of a sample of Asian American college students (4.23), suggesting that a group of Asian American college students who grew up in the United States adhered more to collectivistic cultural values than did participants of the current study.

Judges. The primary research team included a 30-year old, female East-Asian international advanced doctoral student in counseling psychology and four post-baccalaureate individuals (1 male, 3 female; 1 Caucasian, 1 Hispanic, 1 Asian American, and 1 African American; age ranging from 23 to 25). In addition, two female doctoral students in counseling psychology (one 23-year-old Asian international, one 30-year-old Caucasian) participated in the first half of the coding process as judges. All members of the research team had completed courses in Helping Skills and Introduction to Counseling Psychology or their equivalents. The judges were responsible for transcribing the completed interviews and served as part of the data coding team. As recommended by

Hill et al. (1997), efforts were made to ensure that members of the research team got along, were committed to and involved in the process, negotiated differences effectively, and addressed power issues openly. Specifically, the advanced doctoral judge remained sensitive to group dynamic, ask post-baccalaureate judges' opinions before giving her own opinion, and encourage post-baccalaureate judges to bring up power issues. In addition, all judges were required to read Hill et al. (1997) and Hill et al. (2005) to familiarize themselves with CQR process.

Prior to starting the coding process, all judges were required to write and discuss their biases or expectations about the results of this study in order to "bracket" them. In terms of challenges that international trainees might encounter, all judges expected that East-Asian international trainees would experience language barriers (e.g., difficulty understanding dialects or expressing their thoughts in a clear manner). Two judges mentioned that they expected international trainees would have difficulty understanding American cultures or social norms in the US. Two judges expected East-Asian trainees to struggle with internal conflicts due to the difference between collectivistic and individualistic cultures, and one judge anticipated that participants would experience cultural transference from their clients.

In terms of coping strategies, four judges mentioned that international students would seek support from their international/American peers when encountering challenges. Two judges expected East-Asian international trainees to use self-reflection or self-examination as coping strategies. One judge anticipated East-Asian trainees to avoid thinking about challenges they face, while another judge expected participants to cope with challenges through cognitive reframing.

In terms of how East-Asian international trainees' cultural backgrounds may affected their work with clients, three judges anticipated East-Asian trainees' cultural background would affect how easy to build rapport with their clients, depending on the clients' multicultural experience. Specifically, they all expected that it would be easier for East-Asian trainees to build rapport with clients with more multicultural experience. Two judges expected East-Asian international trainees would have difficulty using certain skills, such as immediacy or challenges. Another two judges anticipated East-Asian trainees to struggle with confronting elders due to the cultural norm of respecting elders. One judge mentioned that he expected that East-Asian international trainees would pay more attention to clients' family backgrounds than their American counterparts.

In terms of the East-Asian international trainees' training experience in the US, all judges anticipated that East-Asian trainees would found training in counseling theories/skills helpful. Two judges expected that East-Asian trainees would want more discussion that is culturally relevant to them in their training experience.

When bracketing their biases, two judges reported being religious and mentioned that they might attribute people's behaviors, values, or beliefs to their religious affiliations rather than their cultural backgrounds. Five judges had prior experience of living abroad, and discussed how these experiences might shape their views on living/studying abroad. Specifically, all five judges perceived studying/living abroad as both challenging and rewarding, and believed that these experiences enriched their life.

Auditors. The external auditor for this study was the chair of the dissertation committee, a 61-year old European-American female faculty member with extensive

experience in CQR and therapist training. The auditor remained separate from the primary research team and reviewed the judges' coding process.

Measures

Demographic questionnaire. Participants were asked to indicate their age, gender, country of origin, type of graduate program (doctoral vs. master), specialty area (clinical vs. counseling), settings in which they have seen clients (university counseling center, university mental health center, community mental health center, hospitals, other), number of years living in the United States, number of years seeing clients in the United States, degree of endorsement (1 = not all; 5 = completely) of humanistic/ experiential / existential, psychodynamic/ psychoanalytic/ interpersonal, behavioral/ cognitive-behavioral, systemic/ family, and feminist/ multicultural theoretical orientations, the degree to which they agree with the statement "I intend to see clients as part of my future career" (1 = strongly disagree, 5 = strongly agree), and the degree to which they agree with the statement "I plan to go back to my home country to practice counseling" (1 = strongly disagree; 5 = strongly agree). In addition, participants were asked to write a brief description of their previous training in counseling/therapy.

The Collectivism subscale of the Asian American Values Scale-

Multidimensional (AAVS-M; Kim, Li, & Ng, 2005). The Collectivism subscale of the AAVS-M consists of seven items measuring the extent to which participants adhere to collectivistic values. For each item, participants gave an endorsement rating on 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). A reversely scored sample item of the Collectivism subscale of the AAVS-M is "one need not sacrifice oneself for the benefit of the group." Kim et al. reported that the Cronbach's alpha of the

Collectivism subscale of the AAVS-M ranged from .80 to .86 and that the convergent validity of the Collectivism subscale was demonstrated through its positive correlation ($r = .38$) with the Interdependent subscale of the Self-Construal Scale (SCS; Singelis, 1994), another self-report measure of adherence to collectivistic culture. In addition, the scores of Collectivism subscale of the AAVS-M is not significantly related to social desirability. In the present study, I chose the Collectivism subscale of the AAVS-M to assess participants' adherence to the collectivistic culture because it is short and more reliable than the Self-Construal Scale. Due to the small sample size and the qualitative nature of this study, the Cronbach's Alpha of the sample in the present study was not calculated.

Semi-structured interview. All participants completed two, 1 to 2 hour audio-taped semi-structured interviews over the phone. All interviews were conducted in English. The first interview started with asking participants to describe their cultural backgrounds. Then each participant was asked to describe his/her approaches to therapy, to reflect on how his/her approach to therapy fit personal and cultural backgrounds, and to discuss the transferability of his/her current approach to therapy to his/her country of origin. Then participants were asked to reflect on challenges that they face that related to doing therapy in the US, and to describe their coping strategies and facilitative factors that helped them to cope with these challenges. The second interview began with any clarification questions that came up based on listening to the tape of first interview. Then participants were asked to give two cases in which their cultural backgrounds facilitated/hindered their clinical work.

The interview protocol was developed in three stages. A set of questions were initially developed to address the research questions. These questions were then presented to two different focus groups of graduate students and faculty members (an advisee meeting group and a dissertation-level research seminar). These focus groups led to changes in the interview protocol that included dropping a series of questions about international trainees' experience with supervision, moving questions about international trainees' previous training on therapy to demographic questionnaire, and adding several questions about the transferability of clinical training received in the US to international trainees' countries of origin. Then, as recommended by Hill and colleague (Hill et al., 1997; 2005), I conducted three pilot interviews with interviewees similar to participants who were recruited for this study (one third-year Canadian male doctoral student who was born and raised in East Asia, one first-year Korean female doctoral student who had roughly two years of clinical experience, and one pre-intern Chinese female doctoral student who had four years of clinical experience). As the result of these pilot interviews, the interview protocol was substantially modified. Specifically, several general questions about international trainees' experience of doing therapy were dropped because the interviewees reported difficulty answering these questions. In addition, several questions about international trainees' experience of using specific counseling skills and about their countertransference were changed from separate interview questions to probes that the interviewer would ask while participants discussing their cases.

Procedures

Participant recruitment. Participants were recruited using a combination of snowballing, informant recommendation, and listserv broadcasting. A list of East-Asian

graduate students and faculty members who might work with international counseling trainees were identified through personal contact, and then I sent an initial email to these people to either invite them to participate in this study or to ask them to provide names of East-Asian counseling trainees who might be eligible to participate. In the initial email, I briefly described the purpose of the study, the benefits and risks associated with this study, criteria for participation, and a copy of the interview protocol. In addition, a message describing the purpose of the study, the benefits and risks associated with this study, and criteria for participation was posted through the listserv of the Asian American Psychological Association and the Taiwanese counseling student and professional network.

Interview. Once eligible participants were identified, I sent them an email with a copy of the interview protocol, demographic questionnaire, and the Collectivism subscale of the AAVS-M attached. Participants were asked to complete the demographic questionnaire and the Collectivism subscale of the AAVS-M and to email them back to me. Participants were informed that the return of completed demographic questionnaire and AAVS-M indicates their consents to participation. After participants agreed to participate, the first interview was scheduled at a mutually convenient time, and I conducted the interview by phone. At the end of the first interview, the second interview was scheduled. After the first interview, I listened to the tape of the first interview to determine if there were issues that needed clarification in the second interview. All interviews were audio-taped. After each interview, I recorded my impressions of the interview and the interviewee, as recommended by Hill et al. (1997).

CQR process. Once interviews were completed, RAs/judges transcribed them verbatim, and I checked transcripts for accuracy. To ensure confidentiality, all identifying information was removed, including names of interviewees, clients, practicum sites, graduate programs, etc. Each interview was assigned a code number.

Training judges. As recommended by Hill et al (2005), judges read Hill et al. (1997) and Hill et al. (2005) to familiarize themselves with the basic concepts and procedure of CQR. In addition, judges were asked to read several studies using CQR.

Bracketing biases/expectations. Before coding began, the research team recorded and discussed their biases/expectations about the data in order to bracket them. Biases are defined as “personal issues that make it difficult for researchers to respond objectively to the data” (Hill, et al, 1997, p. 539). Each team member wrote down their feelings and reactions to the research topic and how their demographic characteristics might lead to a set of biases about the research questions. Expectations are defined as “beliefs that researchers have formed based on reading the literature and thinking about and developing the research questions” (Hill et al., 1997, p. 538-539). Each team member wrote down his/her expectations in regard to each research question. Team members then discussed their biases/expectations in a group meeting. Judges were also asked to set aside (bracket) their biases/expectations during data analysis, and instructed to openly discuss biases that arise during data analysis. The biases and expectations of judges were reported in the previous section.

Addressing power differentials among judges. In addition to bracketing biases/expectations, early meetings of research team focused on creating an atmosphere in which all members of the team were comfortable sharing their perspectives in

discussion. As noted by Hill et al. (1997), reaching consensus among members of the research team through extensive discussion is an essential feature of the CQR, as CQR assumes that multiple perspectives increase our approximation to the “truth.” Thus, creating an atmosphere in which members of research team feel comfortable contributing equally to the consensus process is important.

Developing domains. The first step of CQR involves dividing responses from open-ended interview questions into domains or topic areas. The domains/topic areas were initially derived from the major topic areas that arose after surveying several of the interviews. A start list of domains was created at the first coding meeting. Once each member had independently coded a transcript into domains, the team met to discuss the codings of domains for that transcript and reached consensus. A consensus version of the coding for that transcript was then created. The consensus version included the domain titles and all of the raw data (i.e. excerpts from the interview) for each domain.

Constructing core ideas. The task of the second step of CQR is to construct core ideas (i.e. summaries of the information in each domain for each case). Specifically, each research team member read independently all the raw data for a domain, and summarize the data into core ideas. Then team members came together to discuss their core ideas until consensus was reached. Once the consensus was reached, the core ideas were added to the consensus version of the case. According to Hill et al. (1997), core ideas remained as close to the participants’ words and meaning as possible.

Auditing of domains and core ideas. Once the team reached consensus on the domains and core ideas for a transcript, the consensus version was sent to the auditor. The auditor read through the consensus version to determine whether the raw data were

in the correct domain, that all the important materials in each domain were included in the core ideas, and that the wordings of the core ideas were concise and reflective of the raw data. The auditors then provided suggestions to the research team, and the team consensually decided to accept or reject these suggestions. The team sent their changes back to the auditor and continued the revision process until all were satisfied that the best construction of the data had been reached.

Once the research team had finished domains and core ideas for all cases and the auditors had audited them, a document including all the cases was formulated. This document was then used for the cross-analysis.

Cross-analysis. The purpose of cross-analysis is to determine whether there are similarities among the participants in the sample. Team members individually constructed categories to characterize themes within the core ideas within each domain across cases. They then met as a group to discuss categories until they reached consensus on the wording of the categories (Hill et al., 1997; 2005). Then the judges put core ideas into one or more categories individually, discussed the placement of core ideas into categories in group and reached consensus. Note that a core idea can be put into more than one category if the data are about more than one thing.

Auditing of cross analysis. The auditor reviewed the results of cross-analysis. Specifically, the auditor considered the wording/ representativeness of the categories, and suggested whether the categories should be collapsed or further subdivided. The researcher team then considered and accepted/rejected the auditors' comments. Again, the team sent back the revised cross-analysis to the auditor, noting the changes, and this

process continued until all were satisfied that the product was as elegant as it can possibly be.

Reporting the data. Once the cross-analysis was completed, categories were labeled to indicate the degree to which they represented the sample. Following the recommendations by Hill et al. (2005), the term general was used to label categories that included all or all but one of the cases (9 or 10), typical was used to label categories that included more than half of the cases up to the cutoff for general (6-8), variant was used to label categories that included at least two cases up to the cut-off for typical (2-5). Categories that emerge from single cases were placed into a miscellaneous category.

Chapter 5: Results

The following five domains emerged through the analyses: (1) culture-related challenges in conducting therapy in the US; (2) coping with culture-related challenges; (3) the impact of participants' cultural backgrounds on therapy in the positive case; (4) the impact of participants' cultural backgrounds in the challenging case; and (5) training experience in the US. The frequencies and illustrative quotations for categories and subcategories of all five domains can be found in Table 1 (located in Appendix E). Each of these domains is described in further detail below.

Culture-Related Challenges in Conducting Therapy

Perceived distrust/discrimination from clients. Participants generally perceived that some of their clients distrusted them or discriminated against them because of their cultural backgrounds, and viewed this distrust/discrimination as a challenge that they experienced when working with clients in the US. Specifically, participants typically reported experiences in which their clients rejected their services because of their status as international trainees. An illustrative quote is,

One of my clients, when I was in my very beginning doing the practicum in my Master's program, and my client just said very rude, about me. And, she said 'because you have accent and I don't like a counselor with accent. So, can I change counselor?'.. I feel very shocked about that. Even though we can communicate well. And my supervisor just watch my sessions with this client, and my supervisor just advocate for me and just say 'she can understand your English, so that shouldn't be problem'. So, so, even though in the end, we just assign her another counselor, but I feel very hurt in that experience.

In addition, participants variantly reported experiencing covert discrimination from their clients (e.g., the client made stereotypically negative comments that targeted at the cultural group to which the participant belongs). For example, a participant said,

I would say more covert [discrimination]. Sometimes clients see me as a Chinese woman and they would.. I even have a 65 year old female client who said something like ‘oh, the Chinese woman are blah blah blah’ I felt like that was directed at me because I am a Chinese woman. Or sometimes they will refer to someone else actually Like ‘oh that Chinese the other day did some [bad] stuff’.. I felt like that was some kind of discrimination. That’s not directly targeted at me, but I feel like that’s relevant. Those are more, not like overtly saying you’re Chinese, blah blah, but indirectly making some comments that are very stereotypical or negative about Chinese.

Lastly, participants variantly reported experiences in which their clients openly questioned their abilities to help them. For example, one participant said,

Sometimes when the client is very aware of, of the cultural differences, and they question my ability to understand them, I try my best but sometimes I feel like it’s, it’s really difficult to work with those kinds of clients. I mean they’re continuously questioning whether I can understand them, whether I can shed some light on their problems or, so I thought that was a challenge.

Language barrier. Language barrier was another challenge that participants generally experienced. Language barrier manifested itself in several ways. First, participants variantly reported that they have difficulty understanding their clients because of language barrier “I think the first thing is the language barrier. Even though I

sometimes sound like a native, like an American, like I grew up here all my life. That's not true. So, there are times when I don't understand what the client says and I know that."

Second, participants variantly found their clients responded negatively to their accents. As an example, one participant said,

The biggest one would be language barrier, and accent is the obvious one, and sometimes clients question my ability to help them or question about my authority because English is not my first language and I do have an accent and some people worry if I can understand what they are saying, and then.... or there are other people who just simply don't trust anybody with accents, so that's, that's been a challenge for me.

Third, participants variantly reported being a non-native speaker of English negatively affected their confidence as a therapist, even though they were able to communicate with clients well. For example, one participant said,

Only thing I feel much challenging here is the like, language. I mean in Korea I feel more confident to convey what I'm thinking or sharing my feedback to clients. But here I feel less, much less confident of doing that. So, so I mean, I, so I, here, I mean what, what is the difference between working in Korea and working here, I mean, I try to listen more here than in Korea.

Lastly, participants variantly felt restricted in their abilities to express themselves in English. For example, one participant said ,

We know that it's very important to ask about client's feelings. 'how do you feel' right? But I feel like, not growing up in this country, my way of expressing

certain things are more limited. Like I know how to ask how do you feel, but maybe for an American they might have multiple ways to get at the same thing. They might say ‘what’s that like for you to feel that way’ or ‘when that happens, what was going on’ but then for me, these are all the things I have to learn. Like just like I was learning English. This doesn’t come natural for me. So that’s what I’m saying language is not just about whether I pronounce correctly, but also the expression.

A Lack of understanding of nuances of American culture. In addition, East Asian international trainees variantly reported that they found it challenging to work with American clients because they lacked understanding of the nuances of American culture (e.g., cultural reference, social norms, values and cultural practice of a specific cultural group, etc.). For example, one participant said, “I’m not familiar with some American cultures like, their high school life, or like their, their childhood or like some like, like for example like, some TV show or some movies. I don’t know well about like American TV show or like American movies or American”.

Countertransference due to cultural conflicts. Another challenge that participants variantly experienced was countertransference due to cultural conflicts (e.g., negative reaction to the client due to the clash between American cultural value and participant’s cultural value). For example, one participant shared her culture-based countertransference by saying,

Maybe in East-Asian countries we value the feeling of parents, we need to respect our, parents and, elder family members. But in the United States, they don’t even have those concepts in their mind. So sometimes when, when I hear their behavior

is very rude to their parents, or they just take their parents effort for granted, I, I just feel very angry about that. So, that, that's the cultural thing, so, that could make me feel very angry.... sometimes I just struggle whether I should stand on parent's side or on my client's side.

Discomfort working with clients' emotions. Participants also variantly reported feeling uncomfortable working with clients' emotions. An illustrative example is,

One of the first challenges was for me to focus on emotions. ...In Korea, or in most Asian countries, what I understand is that, we don't usually focus on emotions. We talk about our minds, our behaviors, and how to fix the problem, and how to work it out. Those kind of things . So, it was really hard for me to focus on the emotions because it was really uncomfortable. I felt like, if I go in there, the client might not like it, even though it's our job.

Inability to meet clients' expectations. Participants' inability to meet clients' expectations (e.g., the client wanting advice while the participating not providing that) was another challenge variantly reported by participants. One participant gave an example of not being able to meet his client's expectation,

One Asian client was from Canada, was an immigrant to the states. And during the session, he always expects me to understand where he came from and how he thinks and the way he interpret things. Like, there were a lot of assumptions, like 'You are Chinese and you are Asian so you should understand what I mean'. And I am very uncomfortable about it. I feel like 'we should be more open and articulate and expressive of what's really going on in your mind'.

Difficulty being direct with clients. Some participants variantly endorsed struggling with being direct with clients as a challenge. For example, one participant said, “I am trying to challenge my client, but what I do is I paraphrase his sentence, by emphasizing on some word and hoping he can identify this word, and you know. I thought I was challenging him, but he’s American people, he didn’t recognize it as a challenge, but as a reflection.”

Coping with Culture-Related Challenges: Coping Strategies

Seeking support. Participants generally identified strategies that helped them cope with culture-related challenges. First, they generally reported seeking support and feedback from their clinical supervisors in order to cope with culture-related challenges. For example, one participant reported,

I try to, like, get support, seek support from supervisor and colleagues.... I had two supervisors last year, and they are also international trainees. So they, yeah, they, they know, like those issues very well, so they tried to like normalize it, and they share their own experience. And, so they, yeah, they tried to like normalize it and give me, much support. And my, and my like other supervisors who is like from here, who are from here, they always try to, they are always like, try to listen my perspective as an international trainee. So, yeah and also they try to, like, yeah they try to value my own like perspective. So yeah they are very supportive.

Participants generally sought help from colleagues, peers, and/or classmates. In fact, a few participants explicitly stated that they sought support exclusively from peers, colleagues, or classmates for certain issues. For instance, one participant said that she had

never discussed with her supervisor about feeling discriminated by her client, because she did not feel she could trust her supervisor,

Interestingly, for the working alliance part and for the look, the discrimination part, I actually never discuss with my supervisors. I always discuss with my international friends, international peers. I guess the reason why I never discuss with my supervisors, that I never trust them they would ever understand my experience. But I trust that all my international students can understand what I mean and can relate to me. So when I have those challenges, those discriminations, or the hard to establish working alliance with my clients, I always debrief with my international friends, my cohort and my partner. I feel like they can understand me better, they can support me, deal with these kind of challenges.

In addition to supervisors and peers, participants variantly sought support and/feedback from advisors or other faculty members in their program. For example, one participant shared her experience seeking support from the instructor of her practicum class by saying ,

I'm currently getting my practicum in counseling center, and our practicum instructor, she is really amazing. She's an experienced counselor, so I think she is really into feminist theory, so she really respect, respectful and try to, uh, she's really respect. Respect other people's feelings, thoughts and ideas. I feel pretty comfortable asking for help and we kind of discuss the language thing.

Addressing cultural issues with clients. In addition to seeking support and feedback, participants generally worked with their clients to address cultural issues. They had several ways of doing this.

Specifically, participants typically disclosed to their clients about their international status. For example, one participant said,

Every time when I talk to my client, the first time, after we talk about confidentiality, I always told them that I am an international student, my language, English is my second language, so probably there are some language difficulties, if they felt like there are some difficulty understanding me just ask me to repeat or if I have some problem with understanding them I will ask them questions, so I guess now I felt pretty comfortable doing things like these, I do it with every client that I have, and then I felt they are more comfortable with it, and I am more comfortable with it, and it hasn't been an issue, at least with the current clients I have.

They also variantly invited their clients to voice discomfort that clients might have. One participant said "I would usually add something like, even though we were raised in different countries and different times but there must be something in common, so I hope if the way I approach you seems offended or not appropriate, please talk about it. Please talk to me about it. I would say that."

When participants experienced internal cultural conflicts, they variantly shared with their clients about the internal conflicts. An illustrative example is,

[when experiencing internal cultural conflict, if I have really strong feelings about it I will be honest with my clients about like how this impact me, I would tell them that personally I really value education and be honest with them, and normally when I tell them how I feel, it actually feels better for me...I will also try to ensure them that I respect their decisions and will help them to make a

decision for themselves, and I'm sure a lot of people in their life already telling them what their should do and I would hope to not be that person.

When a client questioned a participant's ability to help him/her, participants variantly offered the client the option of referring him/her to another counselor (e.g., "I tell them, well, we could try working out, and, if you feel like we're not really connecting, and we're having difficulties, please let me know, so that I could find another counselor that you might be happy to work with.")

Participants variantly asked clients to explain or elaborate on words that they did not understand. For example, one participant said,

Recently, [when I hear a word that I don't understand] I feel more open about asking, 'Oh, I hear this interesting term, and I'm not quite understand what you're talking about. Can you explain it to me? Can you help me to understand it more?' ... At the beginning I feel like oh that's my fault that's my sin for not understanding this word. But right now, I feel more comfortable and I feel like asking my client explain a specific thing for me can actually be beneficial for them, because it gives them an opportunity to reflect on what they really mean. And even explore the cultural meaning behind a specific word or a specific phenomenon. It gives them a second chance to think it through to think more critically.

Another variant coping strategy was being more attentive to clients. For example, one participant spoke about being attentive by saying,

I still speak not so good English. But I guess the attitude, the comfortness, the working alliance, my expression, my facial expression, and my attitude that

demonstrates my client, I care about them. And I am fully present in the counseling room with them for the hour. I'm totally stay with them. I think that is the most important thing. And I guess because of that, I get a sense that my clients also want to work with me at that time.

Improving English skills. Participants typically reported that they coped with language barriers by improving their English through living with Americans or practicing English with a native-speaker language partner regularly. For example, one participant said,

I think that I have really pushed myself to improve [English] was maybe the main way that I deal with it.... For the next two years I mainly live with Americans, families or roommates. Those times were extremely helpful. I would say it's not about how I could say or how fluently I could speak English, but more self-efficacy. I think just the ease of being able to... I mean, I continue to make mistakes, and I think that I would never ever stop making mistakes about speaking English. But it's just more the comfort level. I think that comfort level helped with my therapy work to stand, I became less self-conscious about what I was saying, so I could really get the energy; I have more energy that go to listening to my clients. I felt that I was more able to be present with my clients because I don't struggle, I mean, I struggle less internally.

Using cognitive restructuring. When participants experienced distrust or discrimination from clients, they typically tried to use cognitive restructuring to normalize or accept these experiences and not take them personally. One participant said,

This is kind of a reminder for me I should try not to blame my English skills too much, because I am a learning counselor, and I don't have a perfect counseling skills, so maybe that was the reasons that clients don't trust me or don't come back so um, for that's one part, if something is not going well I try not to blame my English skills too much. and the other part is I'm also doing um phone counseling, um, crisis hotline, and then there I have a lot of opportunity to observe other counselors, they are not professionally trained counselors, but they went through trainings, and most of them are native speakers, and even for them sometimes I saw they were hung up. so it happened to me I tend to think oh is it because of my accent or what, but knowing this happens to everybody kind of gives me a reminder that this happens all the time and sometimes the reason is not me.

Using avoidance. Variantly, participants mentioned using avoidance as a coping strategy (e.g., a participant who was afraid of being discriminated by clients because of her accent avoided calling clients and contacted them via email). Specifically, a participant said,

My colleague is also Asian counselor, her client called and requested a different counselor because of her accent, and that scares me too and makes me even more self-conscious next time when I call a client. So for a long time I switched to email [clients] because clients are not going to know like they are going to get, they are still going to see my name and probably know I am a foreigner, but it just made me feel more comfortable communicating through email.

Practicing self-care. Participants also variantly indicated that in order to cope with culture-related challenges, they engaged in a variety of self-care activities, including exercise, seeking personal therapy, and spending time with family/friends. For instance, one participant said, “. . . exercise, take care of myself, and have fun with my friends and talk about it talk with my family is very helpful for me, even though they don’t really totally understand and I won’t tell them what exactly happened, it’s soothing and comforting to talk to them”.

Coping with Culture-Related Challenges: Facilitative Personal Attributes

Participants typically perceived adventurous nature and openness to new opportunities/challenges as personal attributes that helped them to cope with culture-related challenges. For example, one participant said,

I think, I, personally I like challenges, because I think it gives me like a chance that I, can make development, and then I can be growing, so that’s why I like challenges. And also, I like, I like to learn, learn like, I like to have new experiences. So, whenever I have like some issues or problems I try to think that oh it will be a like good chance for me to learn something from that experience. So then, those kinds of attitudes, they’re helpful for me to cope with the issues.

Participants variantly endorsed perseverance as a facilitating personal attribute. For example one participant said “I think perseverance is helpful for me. My father instilled in me that you don’t give up and no matter how hard it is, and you start a goal and you know it’s what you want, you stick with it. A quote that I like is, ”You do what you have to do to do what you want to do, and that’s what keeps me motivated and keep me going.”

Participants also variantly endorsed optimism as a personal attribute that helped them cope with challenges. For example, one participant said,

I guess one thing will be that, I try to stay positive. Even though at one of those worst moments that I, I cry, and those kinds of stuff, like, sometime later I joke about it. And it really becomes laughable because, I realize even though it was hard at that time, sometimes it's just, kind of, ridiculous to see me, making a scene of something that isn't really, really, what is it...a tragic thing. I guess that, that could be one of my strengths.

In addition, participants variantly perceived good interpersonal skills as an facilitative personal attribute. For example, one participant spoke about the importance of good interpersonal skills by saying,

I mean at different settings I care about the people I work with and I took time and took the energy to work to get to know them. Not just remember their names passing by. I would sometimes get to know them as person, their personal life, their kids, their families. Sometimes I share stuff like food or offering help and all those I feel like, allow me to have some good relationship with people, I think that helped when I encounter difficulties I go to them, I think they are very willing to help me out.

Finally, participants variantly reported spirituality as a personal attribute that facilitated their coping with challenges. For example, one participant said "Spirituality. I mean, I have religion, I believe in God. So, when I have problem, I pray, so that is helpful."

The Impact of Participants' Cultural Backgrounds on Therapy in the Positive Case

Cultural background/experiences facilitated therapy. Several interesting results related to the impact of other aspects of East-Asian counseling trainees' cultural backgrounds emerged from the data analysis. Specifically, participants' discussion of how their cultural backgrounds/experiences facilitated their work with clients in the positive case fell into three major subcategories. First, participants typically indicated that similarities between participants' and their clients' cultural backgrounds/experience enhanced the therapeutic relationship. For example, one participant shared that her client felt more comfortable working with her because they came from the same cultural background and spoke the same native language,

I was brought in [to work with a Chinese international student who is suicidal] because of my language skill, my native language is Chinese. We speak Chinese through the whole session, and the client responds real . She feel comfortable talking with me, she feel more comfortable talking [in] Chinese, and then I guess that's helpful, she feel that I could understand her and when she said something I could respond to her and show that I could understand because I am also an international student.

Second, participants typically reported that their understandings of Asian cultural norms helped therapy. For example, one participant spoke about her understanding of Asian norm of respecting elders helped her to interpret her client asking her personal questions as the client's attempt to build connection with her and to respond to the client in a culturally appropriate way. Specifically, the participant said,

For the parts when [the client] ask about my age and my marital status, I feel comfortable disclose to them. Because I just reframe it as a way that they try to

know more about me – and I think that is helpful to build working alliance. I don't get a sense, I don't feel like I need to analyze further 'why'. I just think that's a general why they try to know more and be more connected with me, to find ways to connect with me. So I feel comfortable about sharing those information to them.....if a male Caucasian client who ask me how old I am and my marriage status, of course I would say, 'Hmm, interesting. Why you asking me this question,' and how that related to what we are talking about." But the thing is, they are Asian and the elders, I feel comfortable to self disclose.

Third, participants variantly indicated that their acculturation/ bicultural experience were helpful. For instance, one participant shared an experience in which her own experience of navigating between American and her own cultures helped her to understand her client's struggle from the perspective of acculturation/enculturation and allowed her to assist the client to navigate,

This client is bi-culture too, because she spent some time in the states when she was younger. so am I. I adopted some of the American culture. ... she has a desire to hold on to her home culture, but she has some beliefs that does not follow her home culture norms. And she was upset about that. So like the internal conflict that she experience, but when I say 'that's ok, you know, you can embrace both [cultures]' that was such a permission for her, and she was like 'oh wow'. that really kind of reduces some of the burden that she felt, because I think at the level she felt she could only be one way. If she's a little bit different from her home culture, that's a betrayal. So she actually does not like part of herself who behave or thought differently from those people in her home culture. So for me to relate

to that [struggle with navigating two cultures] and normalize that it's okay to embrace both cultures, it encourage her to own that part of herself. It seems to be a very encouraging message for the client. Definitely seems like she was really struck by the feeling that she can do that, she can have both.

Self-disclosure of P's cultural background in the positive case. Participants typically indicated that they disclosed cultural background/experience to their clients in the positive case, and their self-disclosure served a variety of purposes. First, participants typically disclosed their cultural background/experience to build connection with the client. For example, one participant disclosed her experience with discrimination to build the rapport with a client who struggled because he was the only Asian American in a predominantly white community. Specifically, the participant said,

Well I also lived in the Midwest, when I was a kid I lived in, Illinois, and, there were a lot of international students there, but it was still the Midwest, and there were a lot of white kids there, and sometimes it did feel like I was discriminated there too. Even though I was pretty young. So, I shared that with her [the client]. I wanted her to know that I could understand, maybe not all, but some of the experience that she went through when she was a kid.

Second, participants variantly disclosed their cultural background/experience in response to clients' inquiries. For example, a client who struggled with reconciling between her view on environment protection and the dominant view on environment protection among her community asked the participant about how people in the participant's home country view environment protection. The participant answered the client's question and disclosed the cultural view in her home culture, "I think the main

thing I disclosed was the attitude towards nature and environment in Japan... the client knew I am Japanese. Later on the client brought up the culture difference about nature and ask me about how nature is viewed in Japanese culture.”

Finally , participants variantly disclosed their cultural background/experience in order to normalize the client’s experience. For example, one participant said “And so I feel like I share, actually I share my culture background, my experiences, and I think she was, sounds pretty uh, comforting, for her to know that she wasn’t alone in experiencing, you know what happened in her daily life.”

Discussion of cultural similarities and/or differences. In addition to disclosing their cultural backgrounds/experiences, participants typically discussed with their clients about how their cultures were different/similar to one another. For example, one participant said,

I would say I ask a lot of questions. I also would ask straightforward questions, I would say ‘what does that say about your culture? You’re telling me all this’ and then she would very directly articulate what that means to her. And I would talk about my culture too. I say ‘ Yeah, you know, I come from this culture’ and I say to her ‘sometimes in my culture we do these things too, do you feel that they are similar?’ she would say ‘yeah’ so actually towards she knows where I come from and she actually asks about it. Later when she say that ‘you probably know this, being a Chinese and blah blah blah’ like that and I would say ‘yeah’ or I would disagree so we do engage in a lot of discussions that would relate to our backgrounds.

Comfort in discussing culture. In terms of the comfort level of engaging in cultural discussion, participants variantly endorsed that they felt comfortable discussing cultural issues with the identified client in the positive case, mainly because they believed the discussion of cultural issues would be beneficial to the client. For instance, one participant said,

I felt that I felt very comfortable [discussing cultural issues with C] because I think that it, that those kinds of conversations she, like she needed those kinds of conversations and I think, yeah having those kinds of conversations would be helpful for her, so, so I felt very comfortable”. In addition, participants tended to feel more comfortable initiating discussion of cultural issues as they further explored their own cultural background. For example, one participant said “And also, when I gain more insight into my own cultural heritage, I feel more comfortable about initiating discussion of culture.

Cultural discussions were helpful. In terms of the perceived effect of the cultural discussion, participants variantly reported that discussion of cultural issues in the positive case were helpful, particularly in terms of building connections with their clients and/or providing clients with a different perspective. For instance, one participant said,

I think I sharing my experience of studying abroad and talking about my culture background, and also, talking about C’s culture background and like, any differences C might face in the future. Those kinds of conversations I think let her, let C have more confidence about studying abroad because she like already have those kinds of conversations so she can make her prepared better. So, yeah so I think it’s helpful for her.

The Impact of Participants' Cultural Backgrounds on Therapy in the Challenging Case

Negative effects of culture. Participants indicated two ways in which culture had a negative effect on a specific case. First, they generally indicated that their cultural values/experience negatively influenced their conceptualization or intervention with the identified client in the challenging case. For example, for a client whose name resembled a famous musician in the 60s, the participant did not recognize the meaning behind the name. Specifically, the participant said,

Client's name actually resembles one of the very well-known musicians in 60s, but I didn't know that. When I told my supervisor and other peers in practicum class (what the client's name was), they were like 'oh, that's his name?' I was like 'oh, why you all look so surprised?' People felt like the client used the same name (as the famous rock star) spoke something about this person's personality. But I didn't know cause I didn't have the context. So yeah, I think that um, kind of restricted.

In addition, participants variantly perceived the identified client in the challenging case distrust them or felt uncomfortable working with them because of their international status. For example, one participant said, "A male Caucasian client, he questioned whether I could help him because I came from a different cultural background. I was feeling kind of uncomfortable working with him because of that".

Attempts to address the negative impact of P's culture. Participants reported three different ways that they attempted to address the potential or actual negative effect of their cultural value/experience. First, participants variantly disclosed their cultural

background (e.g., being an international trainee) to the identified client and processed the client's reactions. For example, one participant said, "So in the first session, I told her I am an international student and non-native speaker of English and asked how is it for her to understand me and how does she feel about communicating with me. And, yeah. . . . She said It's more challenging but she could understand me."

Second, participants variantly emphasized on the universality of human experience and reassured the client of participants' ability to understand the client. For example, one participant explained to the client that she could relate to the client on experiences that were common and universal across cultures,

[When the client asked me whether I could understand him], I explained to him that there are some common experience across cultures and I could relate to him on these aspects. And he was, he was curious. He, he looked more curious about how I could understand him in a way than being like ' I can't trust you because of difference in our the cultural background'.. And, after I explained to him, he seemed to understand and accept it.

Lack of cultural discussion in the challenging Case. Interestingly, participants typically reported that cultural issues were not discussed in the challenging case, mainly because they believed the discussion of cultural issues were not clinically relevant. For example, one participant said, "Cultural issues were not discussed at all, I'd say. The first reason is we didn't have much time. We know that we have limited amount of session because I am leaving the site. Second of all, her concern doesn't really benefit hearing my culture background that much".

East Asian Trainees' Training Experience in the US

Helpful components of clinical training in the US. In discussing the helpful components of their training in the US, each participant endorsed at least one helpful component of clinical training. Participants variantly indicated that training in counseling/psychotherapy theories and skills was helpful. For example, a participant stated, “I think I feel confident with psychotherapy theories, I feel more theoretically confident. Yeah I read a lot. I’ve been reading a lot about theoretical approach and so I receive a lot of training about different approach, especially in the XX area there are tons of professional schools and organizations I can learn from.”

Variantly, participants mentioned the opportunity to provide therapy/counseling to real clients) as a helpful component of their training in the US. For example, one participant spoke about the value of practicing counseling with real client,

I think just having this real counseling experience with real clients is the most important aspect of training a therapist. You can read counseling books or articles, but it’s not really—a completely different thing to kind of, practice it with real people. So I feel really kind of confident and solid about my clinical skills because of I have gone through from one setting to another and different levels of practicum training...[Practice is] the only way you learn how to, sort of like implement different counseling skills, whether it’s micro skills like listening, reflecting, providing empathy or something advance like the empty chair or guided imagery. ...You are trigger by any clients that you will get to work with. You are triggered by different things in different ways or about different things. I think those really provide very rich opportunities for you to examine your blind spots. You get to see your strengths, but most importantly you get to see your

weaknesses and areas that you should improve on in order to become a more effective therapist.

Another variant category of helpful components was supervision. For example, one participant shared how her supervisor had helped her in building her self-efficacy as a therapist,

I have really benefited from very very good supervisors, and I just cannot imagine without them, how different my experience would have been. They have really impacted my confidence about just being a therapist in general (and) my confidence about speaking English, doing therapy in English. And it has really helped me to understand the dynamic between me and someone who is different from me, in a clinical setting.

Participants also variantly endorsed multicultural training/ opportunities to work with diverse clients as a helpful aspect of their training. Specifically, they discussed how multicultural training has helped them to deepen their awareness of diversity. An illustrative quote is:

I remember before I came to the US, I thought everybody is the same... But then when I come to the US, I recognize, Wow, there is so much more to learn about multicultural. And then I recognize that there are diversity in my home country.So now I am more and more interested in the cultural diversity in my home country and will do some more research about that.

Finally, participants variantly perceived that the support and encouragement from their practicum sites/academic programs was helpful. One of them said,

People in my program yeah they are very patient and very understanding about having international trainees there. so, yeah, they are very open to having any kind of discussion and often times invited me to have discussion about any difficulty referring to culture difference or culture gap or whatever, including my acculturation levels, so I really appreciate that.

Areas in need of improvement in clinical training. In terms of areas of improvement in their training in the US, participants typically reported experiencing a lack of cultural sensitivity in supervision or in their academic programs. Some participants expressed a wish to have more multiculturally-sensitive supervisors/faculty members. As an example, one participant said,

I would appreciate the professors or the program can really take international training seriously and at least they have some experience working abroad or teaching abroad. So they would be more aware of international students' needs, instead of letting students struggle and advocate for themselves. Especially if they just came to the states and they don't know anything about this mental health field. Actually I am the only one in the program that is international.

East-Asian international trainees also typically indicated that there was not enough multicultural training in their academic programs. For example, one participant said, "If I could see more clients from the same country as me, .. or study a certain specific topic related to a specific cultural group in my home country, of course that would definitely be more helpful. Or have a seminar specific, study topic related to my culture of origin; that would definitely be more helpful for me."

Variantly, participants wished that they had had more opportunities to work with diverse clients. For example, one participant said “Maybe, it’ll be, like, it’ll be better for me to have more chance to see like diverse clients, including people from, like, same country as me. Yeah.”

Chapter 6: Discussion

The purpose of this study was to broaden our understanding of East-Asian international counseling trainees' experience of conducting therapy in the US. The author interviewed 10 East-Asian international trainees who were enrolled in APA-accredited doctoral programs in counseling psychology across the United States, and who had at least 2 years of supervised clinical experience providing therapy to adult clients. The research team analyzed the transcripts of these interviews using consensual qualitative research (CQR). Five domains emerged from the data: (1) culture-related challenges in conducting therapy in the US, (2) how trainees coped with culture-related challenges, (3) the impact of trainees' cultural backgrounds on therapy with their clients in a positive case, (4) the impact of trainees' cultural backgrounds on therapy with their clients in a challenging case, and (5) training experiences in the US.

Given that the domains are roughly equivalent to the research questions posed in Chapter 3 (What challenges do East-Asian international trainees face when working with American clients? How do East-Asian international trainees cope with those challenges? How do East-Asian international trainees' cultural backgrounds affect counseling process? What aspects of clinical training that East Asian international trainees receive in the US are helpful or need to be improved), but the domains are more descriptive of the data that emerged, I discuss the results using the domains generated in the data analyses. Then I discuss limitations of the present study. This chapter is concluded by a discussion of the implications of the findings for training as well as for future research.

Culture-Related Challenges in Conducting Therapy in the US

Some of challenges reported by East-Asian international trainees in the study are consistent with challenges endorsed by international trainees in previous studies. For instance, participants in this study generally perceived distrust or discrimination from their clients. Some participants stated that their clients rejected their services because of their international status. Other participants stated that their clients openly questioned their abilities to help the clients. There were also participants who discussed their experiences with covert discrimination (e.g., a client making stereotypically negative comments targeted at the cultural group to which a participant belongs). This result is consistent with Mittal and Wieling's (2006) finding that international trainees who enrolled in marriage and family therapy doctoral programs in the US reported experiencing covert and overt racist and discriminatory attitudes from their clients.

In addition, East-Asian international trainees in this study generally identified a language barrier as a challenge that they encountered when working with American clients. Some participants had difficulty understanding their clients or expressing themselves in English. However, the impact of language barrier reported by participants in the current study went beyond difficulty communicating with clients in English. In fact, several participants in this study reported that being a non-native speaker of English decreased their self-confidence as a therapist, even though they were able to communicate with clients. This result is consistent with the finding of previous literature that English proficiency affected international trainees' anxiety levels and clinical skills (Chen, 2004; Mittal & Wieling, 2006; Ng, 2006b). Other participants indicated that their accents negatively affected trust-building with their clients. This finding is consistent with Lee's (2013) finding that a speaker's non-native accent often prompted stereotyping

and discrimination on the listener's part and led the listener to downgrade the speaker's competence, social status, social attractiveness, personality, and similarity with the listener.

Participants in this study variably reported that they found it challenging to work with American clients because they did not have enough understanding of the nuances of American culture. They struggled with understanding cultural references, social norms, and values and cultural practices of specific cultural groups. For example, one participant shared that a client's name resembled a famous rock star in the 60s and her lack of knowledge of American pop culture prevented her from recognizing the symbolic meaning of the client's name. Similarly, one of the major concerns raised by clients who worked with non-native English speaking therapists was that these therapists would not understand them because of cultural differences (Morris & Lee, 2004).

Another challenge that participants variably experienced was countertransference due to cultural conflicts. Some participants had negative reactions to clients because of the clash between the two cultures. Especially when clients' presenting concerns related to family conflicts, East-Asian international trainees sometimes found themselves aligning with the clients' parents rather than the client due to their cultural value of respecting and obeying elders. Although international trainees in previous studies did not explicitly discuss countertransference due to cultural conflicts, they reported experiencing conflict between their cultures of origin and the mainstream western cultures (Mittal & Wieling, 2006; Ng, 2006b; Pattison, 2003).

It is interesting to note that the East-Asian international trainees in this study reported several challenges that have not been reported in previous studies of the general

population of international counseling trainees. First, East-Asian trainees felt discomfort working with clients' emotions. Several researchers (Kasai, 2009; C. Kim, D. Kim, Seo, and K. Kim, 2009; Chen, 2009) have noted that self-control and restraint of emotional expression are characteristic of East Asian cultures. It is understandable that East Asian counseling trainees in this study experienced discomfort working with clients' emotions given that in their cultures of origin, restraint of emotional expression is valued and facilitation of emotional expression is likely to be perceived as culturally inappropriate.

In addition, participants struggled with being direct with clients, which may be a result of East Asian trainees having been socialized to communicate in an indirect style in high-context cultures. Hall (1976, 2000) found that cultures can be categorized into either low-context or high context culture. Specifically, communication occurs predominantly through explicit statements or speeches in low context cultures such as American culture; whereas messages are often communicated through non-verbal cues such as body languages and the use of silence in high-context cultures (e.g., East Asian cultures). As a result, individuals in low context cultures tend to prefer more direct communication, whereas individuals in high context cultures prefer indirect communication.

In sum, several challenges (i.e., distrust/discrimination from clients, language barrier, a lack of understanding of cultural nuances, and countertransference due to cultural conflicts) endorsed by East-Asian counseling trainees in the current study are consistent with findings of previous studies of international trainees from diverse cultural backgrounds. It seems that these challenges are common across international trainees from various cultural backgrounds and result from their status of being a foreigner. In addition, East-Asian counseling trainees in the present study reported some challenges

that may be unique to their East-Asian cultural backgrounds, such as discomfort working with clients' emotions and difficulty being direct with their clients.

Coping with Culture-Related Challenges

Coping strategies. East Asian international trainees in the present study generally reported that they sought support and feedback from their clinical supervisors, from colleagues/peers/classmates, and from advisors or other faculty members in order to cope with culture-related challenges. This finding is consistent with the findings of previous research that constructive relationships with fellow trainees, professors, and supervisors were helpful for international trainees (Chen, 2004).

In addition to seeking support and feedback, East-Asian counseling trainees in this study generally worked with their clients to address cultural issues, which is similar to Mittal and Wieling (2006)'s finding that some international trainees coped with discrimination by discussing cultural differences with clients. Specifically, participants in this study disclosed to their clients about their international status/cultural background, shared their own internal cultural conflict with their clients to resolve these conflicts, and asked clients to explain or elaborate on words that they did not understand when coping with language barrier.

In addition, East Asian international trainees in the current study typically coped with language barriers by improving their English through living with Americans or practicing English with a native-speaker language partner regularly. East Asian international trainees in the present study perceived improving English skills as helpful, which is consistent with the finding that problem-focused coping tends to be associated

with positive outcomes such as positive affect and lowered level of stress (Ben-Zur, 2009; Lazarus, 1999).

East Asian international trainees in the current study also typically used cognitive restructuring to cope with distrust or discrimination from clients. Participants often reminded themselves that even counselors who are native speakers of English have been rejected by their clients, which helped them normalize their experiences and not take these experiences personally. This result is consistent with Mittal and Wieling (2006)'s finding that international marriage and family therapy trainees coped with discrimination/rejection by learning not to take it personally.

Interestingly, East-Asian international trainees in this study admitted that they variantly engaged in avoidance behaviors to cope with challenges. Some participants avoided calling clients so that clients would not hear their accents and recognize their international status. Participants did not seem to be aware of the effects of avoidance coping, but previous studies on international students' coping have found that the use of avoidance was associated with psychological distress (Smith & Khawaja, 2011).

Lastly, East Asian international trainees in the study variantly engaged in self-care activities (e.g., pursuing personal therapy, exercise, spending time with family and friends) to cope with challenges. This finding suggested that these students were aware that they needed to take care of themselves, which may be a result of the emphasis on self-care in the field of professional psychology (Barnett, Baker, Elman, & Schoener, 2007).

Facilitative personal attributes. In addition to coping strategies, a number of adaptive personal attributes (i.e., openness to new experience, perseverance, optimism,

spirituality, and good interpersonal skills) helped East Asian international trainees cope with challenges. Some of these attributes are aligned with protective factors identified in the literature on resilience (i.e., hardiness that involves belief in one's ability to control surroundings and to learn from both positive and negative life experiences, optimism, and spirituality; Fletcher & Sarkar, 2013). Hence, even though these East-Asian international counseling trainees faced a number of challenges when working with clients in the US, they were resilient and resourceful in dealing with these challenges.

The Impact of P's Cultural Backgrounds on Therapy in the Positive Case

Interestingly, when asked to reflect on and discuss a case in which their cultural background facilitated their clinical work, all participants chose to talk about a case with a client who was either an international student (4 of the 10) or an ethnic minority (6 of the 10 were Asian American or African American).

In addition, although I initially intended to investigate how collectivistic culture affected East-Asian counseling trainees' work with their clients, participants of this study did not discuss much about the impact of collectivistic values on their clinical work. Perhaps this is because participants in the current study had adopted individualistic values and thus collectivistic cultural values had become less salient to them. In fact, as noted in chapter 4, the mean score of the Collectivism subscale of the Asian American Value Scale of the current sample (3.44) is lower than the mean score of a sample of Asian American college students (4.23), suggesting that a group of Asian American college students who grew up in the United States adhered more to collectivistic cultural values than did participants of the current study.

East-Asian trainees' cultural backgrounds facilitated therapy. Several interesting results emerged from the analysis about the positive case. First, trainees typically reported that the similarities between them and their clients in terms of cultural backgrounds/experience enhanced the therapeutic relationship . Participants indicated that these clients felt more comfortable opening up because of the participant's background as an international trainee or a member of minority group. One explanation for this result comes from social identity theory (e.g., Taifel & Turner, 1986) and self-categorization theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987), suggesting that individuals categorize self and others into in-groups and out-groups. In addition, individuals tend to identify with their in-groups (i.e., others who belong to the same social group) and engage in competition and discrimination with out-groups (i.e., others who do not belong to the same social group) to maintain a distinct and positive social identity. Indeed, research has found that individuals respond more favorably (e.g., showing higher level of trust and acceptance) to in-group members and endorse more biases toward out-group members (Hornsey, Oppes, & Svensson, 2002; Yuki, Maddux, Brewer, and Takemura, 2005). In the present study, the finding that participants shared similar cultural backgrounds or experiences with their clients in the positive cases suggested that participants and clients perceived each other as in-group members and thus the therapeutic relationships with these clients were enhanced.

Second, East-Asian international trainees in the present study typically reported that their understanding of Asian cultural norms enhanced their clinical work with clients. Participants suggested that their knowledge of Asian cultural values helped them to understand their clients' behaviors (e.g., an inquiry about personal information) within

the context of Asian cultures and to respond to their clients in a culturally sensitive way. This finding offered preliminary evidence to support the proposition that a therapist's multicultural knowledge (i.e., the understanding of clients' cultural experience and worldview) facilitates therapy. Thus, these trainees were multiculturally competent with these positive cases, given that they responded sensitively to them. Although the concept of multicultural competence proposed by Sue and colleagues (Sue et al., 1982; Sue et al., 1992) has been widely used and has stimulated a great deal of empirical research, counseling psychologists cannot reach consensus on whether multicultural competence is linked to positive counseling outcome (Owen, Leach, Wampold & Rodolfa, 2011; Worthington & Dillon, 2001). The result of the current study suggested that multicultural competence was an important factor in the success of the cases at least in the eyes of East-Asian international counseling trainees.

Lastly, East-Asian international counseling trainees variably indicated that their acculturation/bicultural experience helped their work with their clients in the positive cases. Participants noted that their experiences navigating between American and East Asian cultures helped them recognize how acculturation had contributed to clients' problems and thus were able to provide the clients with a different perspective about their acculturative stress. This finding is aligned with a growing number of studies on the positive effect of biculturalism. In Nguyen and Benet-Martinez's (2013) meta-analysis of 83 empirical studies, they found a significant, strong, and positive association between biculturalism and psychological adjustment, which they attributed to the possibility that having bicultural experience enhances cognitive and social flexibility. In addition, Maddux and Galinsky (2009) found that bicultural experience (i.e., living abroad)

increased creativity. Although the impact of counselors' bicultural experiences has not been studied, the result of the current study suggests that bicultural experiences can be an asset to clinical work.

Self-disclosure and cultural discussion in the positive case. Participants typically disclosed their cultural backgrounds and discussed cultural issues openly with clients to build connection with clients, respond to clients' inquiries, and normalize clients' experiences. Participants probably felt more comfortable with these clients, which helped them disclose, which in turn enhanced the outcome. This result is consistent with Hill and Knox's (2002) findings that therapists were likely to disclose to increase perceived similarity between themselves and their clients, model appropriate behavior for clients, foster the therapeutic alliance, normalize client experiences, offer alternative ways of thinking and acting, and satisfy clients who wanted therapist disclosure. In addition, the authors concluded that clients often rated their therapists' self-disclosures as helpful and reassuring, and that disclosure had a positive impact on therapeutic relationships.

The Impact of P's Cultural Backgrounds on Therapy in the Challenging Case

When asked to discuss a case in which participants' cultural background hindered their clinical work, all the participants discussed cases with clients who were very different from them (7 out of 10 clients were White, 3 of 10 from different SES backgrounds).

East Asian trainees' cultural backgrounds negatively impacted therapy.

Participants generally indicated that their lack of understanding of American cultural nuances negatively influenced their conceptualization and /or intervention with these clients. Not understanding American pop culture prevented them from understanding

clients' self-perceptions and behaviors when these cultural references were used to describe clients' experience. Similar to what has been discussed in domain 4, this result suggested that multicultural knowledge or a lack of cultural knowledge did sometimes affect a therapist's clinical work, at least from the therapist's perspective.

East Asian counseling trainees in the present study variably reported experiencing distrust from their challenging clients because of their international status. Some clients openly questioned participants' ability to understand and help them, which led to participants feeling uncomfortable. This result makes sense given the findings of research on in-group, out-group distinctions mentioned above. As noted earlier, individuals respond more favorably (e.g., show higher levels of trust and acceptance) to in-group members and endorse more biases toward out-group members (Hornsey, Oppes, & Svensson, 2002; Yuki, Maddux, Brewer, and Takemura, 2005).

Attempts to address negative impact of culture. The first strategy participants used was disclosing about their cultural background (e.g., their international status) in the hope of alleviating the negative impact of culture. However, if they were perceived as out-group members as discussed above, these disclosures may not have been effective in building trust. Tropp, Stout, Boatswain, Wright, and Pettigrew (2006), in their examination of the relationship between trust/acceptance and references to group membership among Caucasian, Asian American, Latino, and African American participants, found that when out-group members referred to their own group membership during an interpersonal interaction, people with whom they interacted experienced lower level of trust and acceptance of them. Within the context of the present study, East-Asian international trainees' self-disclosure of their international status in

session might have highlighted their out-group status, which may have made it harder for their clients to trust and accept them.

Trainees in the current study also attempted to cope by emphasizing human experiences that were common and universal across cultures. This strategy may be effective given that Gaertner and Dovidio (2000), in their common in-group identity model (CIIM), suggested that bias toward out-group members can be reduced by recategorizing out-group members and in-group members into a superordinate group (e.g., using human being as the superordinate group that include both American and non-Americans).

The lack of cultural discussion. About half of participants, however, did not disclose their cultural backgrounds to their clients or discuss cultural issues with them. These participants attributed the lack of cultural discussion to the fact that culture issues were not relevant in the challenging case. In addition, participants often did not have the chance to bring up cultural discussions due to pre-mature termination or weak therapeutic alliance.

East Asian International Trainees' Training Experience in the US

Helpful components of clinical training. East-Asian international trainees in the current study variably endorsed training in counseling/psychotherapy theories and skills as helpful. Participant felt that exposure to a variety of counseling theories through reading and other training opportunities helped them feel more confident about their understanding of counseling. This result is not surprising given that international counseling trainees in previous studies identified learning about counseling theories and

skills as one of the reasons why they went abroad to pursue a graduate degree in counseling (Pattison, 2003)

Participants in the current study also variably reported opportunities to provide counseling to clients as a helpful component of their training in the US. Providing counseling increased participants' self-confidence, improved their clinical skills, and helped them examine their blind spots. This result is consistent with findings in the literature that direct contact with clients is facilitative of the development of a therapist. For example, Hill et al. (2007), with a sample of predominantly white counseling trainees, found that trainees had less performance anxiety and increased confidence after a semester of training. In addition, a number of studies (Jennings et al. 2008, Jennings & Skovholt, 1999; Orlinsky & Ronnestad, 2005) demonstrated that direct contact with clients facilitated the development of expertise of therapists from the United States, Europe, and Asia.

Not surprisingly, supervision was another helpful component endorsed by East Asian international trainees. Participant noted that supervision played a critical role in helping them understand the relationship dynamics and built self-confidence as clinicians. This result is consistent with findings in the therapist development literature. For example, in Orlinsky and Ronnestad's (2005) survey of 500 therapists with various levels of experience, they found that receiving supervision and/or peer consultation helped these therapists to develop their expertise.

In addition, multicultural training and opportunities to work with culturally diverse clients helped the trainees in the current study enhance their cultural sensitivity. Participant indicated that being exposed to a variety of clients helped them understand the

multiple dimensions of diversity and view multicultural issues in their home countries in a different light. This result suggests that experiential learning (e.g., cultural immersion and/or exposure to cultural differences) may facilitate trainees to develop cultural sensitivity. The facilitative effect of experiential learning on cultural sensitivity has been documented by McDowell, Goessling, and Melendez (2012) in their examination of marriage and family therapy master students' experience of participating in an international course that involved spending time in a foreign country. Participants in their study reported that immersion in a foreign culture provided them with opportunities to learn from cultural differences and subsequently increased their cultural sensitivity.

Encouragement and support from academic programs and practicum sites were also suggested as a helpful aspect of training in the present study. Participant found it helpful when faculty/trainers in their programs were understanding of their experience as international students and invited them to talk about difficulties they experienced as a result of cultural differences. This result is consistent with Chen's (2004) findings that a positive learning environment in which trainees experienced a constructive relationship with fellow trainees, professors, and/or supervisors facilitated non-western counseling trainees' adjustment/learning.

Areas in need of improvement in clinical training. Although there were many helpful aspects of training in the US, there were also some negative aspects. East Asian international trainees generally reported a lack of cultural sensitivity either in supervision or in their academic programs. Participants wished that professors were more aware of the needs of international trainees, so that international trainees would not have to struggle alone and advocate for themselves. This result is not surprising given Ng's

(2006) results from a survey of 36 counseling educators about their perceptions of international counseling trainees. Even though counseling educators agreed that international trainees should be treated as a separate group that is qualitatively different from American trainees, they did not seem to understand the unique needs of international students and paid little attention to helping international trainees succeed in their clinical placements.

In addition, East Asian international trainees in the current study typically indicated that there was not enough multicultural training in their programs. Participant would have liked to have more training related to their culture of origin. This result is consistent with findings of Ng (2006b) that only 11% of counseling educators encouraged international students in their programs to choose class assignments or projects relevant to international students' cultures.

Lastly, East Asian international trainees variantly reported wanting to have more opportunities to work with diverse clients, including clients from their own cultures. This result was is surprising given that all participants studied in counseling psychology doctoral programs located in the Mid-west area, and may not have much opportunity to work with diverse clients due to a lack of cultural diversity among the general population in that area.

Limitations

As is common to all qualitative research (Polkinghorne, 2005), the self-report, retrospective nature of the data may have had an impact on the findings. Participants were asked to recall and describe two clinical cases. Some of them chose to discuss cases that they had two or three years ago, and thus the accuracy of their recollections may be

questionable. In addition, these cases were described from participants' perspective and the therapy process and outcome may have been different from the clients' perspective.

Participants may also have been motivated to respond to questions in a socially desirable manner. For instance, coping strategies endorsed in the present study generally fell in the category of healthy coping. It is possible that some participants engaged in unhealthy coping but chose not to report it to maintain a positive image, especially given that they were East Asians talking with an East Asian interviewer.

Third, the small sample size somewhat limits the generalizability of the findings, although the relatively homogenous sample (i.e., female East-Asian international participants studying in counseling psychology doctoral programs located in the Midwest area of the US) makes it clearer to whom the findings should generalize. For example, one weakness mentioned about the clinical training was the lack of opportunities to work with diverse clients. This finding may be partially due to the limited diversity of the population in the Midwest US area, and may not be generalizable to East-Asian international trainees who study in an area with a more diverse population. In addition, the findings of this study are based on experiences of East-Asian international trainees and may not be generalizable to international counseling trainees from other cultural backgrounds. Furthermore, participants of this study are all beginning therapists. As a result, the findings of this study may not be generalizable to experienced East-Asian therapists.

Finally, although steps were taken to minimize judges' bias (e.g., writing about and discussing expectations and biases at the beginning of the coding process and checking in throughout the coding process), judges' expectations and biases undoubtedly

influenced findings. For instance, all judges expected that participants would encounter language barriers, which may have led us to interpret participants' responses as related to language barriers when these responses were ambiguous. Hence, results must be considered within the context of the particular research team of judges. However, the diverse cultural backgrounds of the research team (i.e., two East-Asian international, one Asian American, one African American, one Hispanic, and two Caucasian Americans) ensured that data were examined from multiple angles and individual judge's expectations and biases were checked and balanced out to some extent.

Implications and Future Directions

Implications. Despite the fact that the number of international trainees enrolled in American counseling psychology doctoral program is fast growing, little attention has been paid to how to provide culturally sensitive clinical training to this population. Ng (2006b) surveyed 36 counseling educators who worked with international trainees and found that these educators did not seem to understand the unique needs of international students and paid little attention to helping international trainees succeed in their clinical placements. From the trainees' perspective, culturally sensitive training is much needed (Lee, 2013). Similarly, East-Asian international trainees in the current study experienced a lack of cultural sensitivity in their clinical training and wished to have more culturally sensitive training. The findings of the current study offered some insight into what may constitute culturally sensitive clinical training for East-Asian international trainees.

First, counseling educators need to examine how they approach international trainees and perhaps shift their approach to a more culturally sensitive and strength-based approach. Park-Saltzman, Wada, and Mogami (2012) discussed two different approaches

(i.e., the cultural-deficit approach and the culture-proficiency approach) from which counseling educators may understand and examine international trainees' experience. The cultural-deficit approach emphasizes international trainees' weakness (e.g., language barriers, a lack of understanding of American cultural nuances, discomfort working with emotions). Counseling educators who embrace the cultural-deficit approach often perceive international trainees' culture-related struggles as deficits and subsequently view international trainees as inferior to American trainees. In contrast, the cultural-proficiency approach emphasizes the unique strengths that international trainees bring to their clinical work (e.g., bilingualism and bicultural perspectives). International trainees' struggles are conceptualized as a result of mismatch between international trainees' preexisting knowledge/skills and the knowledge/skills required in the American culture.

In my opinion, the cultural proficiency approach is a more culturally sensitive approach than the cultural deficit approach for two reasons. First, the cultural proficiency approach helps counseling educators recognize both strengths and weakness of international trainees, and subsequently allows counseling educators to form a more balanced evaluation of international trainees' abilities and performance. Second, the cultural proficiency approach encourages counseling educators to understand international trainees' weakness/struggles within the context of their cultures of origin.

Second, culturally sensitive training involves counseling educators recognizing East-Asian international trainees' culture-related strengths and helping them to build on these strengths. As noted earlier, the findings of this study suggest that East-Asian international trainees' cultural backgrounds can be facilitative to their clinical work. It would be empowering for East-Asian international trainees if counseling educators help

them to reflect on the facilitating effects of their cultural backgrounds and discuss with them how to use these backgrounds in a therapeutic way. In addition, although East-Asian international face a number of challenges, they have developed coping strategies and are resilient and resourceful. Discussion with East-Asian international trainees about their coping strategies and adaptive personal attributes can be empowering as well.

Third, culturally sensitive training requires counseling educators to understand East-Asian international trainees' struggles within the context of their cultural backgrounds, and to make culturally sensitive evaluations of East-Asian international trainees' performance. For example, the findings of this study suggest that some of East-Asian international trainees' struggles, such as discomfort working with emotions and struggle with being direct with clients, are a result of East-Asian cultural values and practices. It would be helpful if counseling educators recognize the impact of East-Asian cultures on international trainees' struggles in these areas and correctly attribute their struggles to cultural factors rather than skill deficiency.

Lastly, culturally sensitive training involves helping East-Asian international trainees develop skills required to cope with clinical challenges. For instance, given that trainees generally encounter distrust or discrimination from their clients, it would be helpful for the instructors of practicum classes to initiate discussion about how to deal with discrimination in session and role-play with trainees about how to cope with discrimination/distrust.

In addition to culturally sensitive clinical training, East Asian international counseling trainees may benefit from curriculum that includes coursework, academic assignments, or readings that are culturally relevant to them. The incorporation of

readings from other countries or cultures into curriculum would not only meet international counseling trainees' needs, but could also help American counseling trainees enhance their multicultural awareness and competence (Leong and Ponterotto , 2003; Heppner, 2006).

Even though this study was not designed to understand East-Asian international trainees' experience with supervision, several important issues related to supervision emerged from the data. East-Asian international trainees generally reported that they sought support and feedback from their supervisors when they encountered challenges, which suggested that clinical supervisors served as a main support for this population. However, trainees typically reported experiencing a lack of cultural sensitivity and even discrimination in supervision. It is likely that East-Asian international trainees who attempt to seek support from their clinical supervisors receive support from some supervisors and do not get support from other supervisors due to the lack of cultural sensitivity in supervision. These findings highlighted the importance of culturally-sensitive supervision.

Participants' recounting of the frustrating aspects of their supervision offered some insight into what trainees may be looking for from a culturally sensitive supervisor. For instance, one participant said "I usually bring up discussion of my cultural identity in supervision, and I don't think a lot of times it draw attention of the supervisor," which suggests that one element of culturally sensitive supervision is talking about cultural issues. This suggestion is consistent with the finding of existing supervision literature that discussion of cultural issues in supervision is positively associated with international clinical trainees' satisfaction with supervision (Mori, Inman, & Caskie, 2009). Another

possible element of culturally sensitive supervision involves supervisors understanding East-Asian international trainees' unique experience of conducting therapy in the US and helping East-Asian international trainees to better cope with challenges as well as to make the best use of their strengths.

The findings of the current study also shed light on strategies that East-Asian international trainees may employ to help them succeed in their clinical placements. For instance, it is important for East-Asian international trainees to recognize both strengths and challenges that associate with their international status. It would also be helpful for international trainees to help their clients understand that their experience as an international trainee (e.g., bicultural experience) may facilitate the therapy and/or to discuss with their clients about some of the challenges associated with being an international (e.g., accent) in an honest but non-apologetic way.

Future research. It would be interesting to follow up on the findings about self-disclosure related to trainees' international status. As noted earlier, according to social identity theory and self-categorization theory (Tropp, Stout, Boatswain, Wright, & Pettigrew, 2006), the effect of self-disclosure may vary depending on whether a client perceives an international trainee as an in-group or out-group member. When an international trainee discloses to clients about his/her international status, the self-disclosure might exacerbate the in-group or out-group designation. Specifically, when clients perceive the international trainee as an in-group member because of their similar cultural backgrounds or experience, the international trainee's self-disclosure is likely to make the client respond more favorably in counseling (e.g., the client may have increased trust in the international trainee). In contrast, if a client perceives an international trainee

as an out-group member, the international trainee's self-disclosure of his/her international status is likely to elicit more out-group bias from the client and subsequently hinder the therapeutic relationship. It would be interesting to conduct a study to further examine how clients respond to East-Asian international trainees' self-disclosure of their international status and determine whether clients' responses are moderated by clients perceiving international trainees as in-group or out-group members.

A final implication for research relates to the findings about supervision. The present study highlighted the importance of culturally-sensitive supervision, but it was not clear what constitutes culturally sensitive supervision. Research on supervision involving international supervisees is very limited and existing literature mostly focused on examining how international supervisees' characteristics (e.g., training level, acculturation level, course self-efficacy) related to critical events (e.g., discussion of cultural issues in supervision) or satisfaction with supervision (Mori, Inman, & Caskie, 2009; Nilsson, 2007; Nilsson & Anderson, 2004; Ng & Smith, 2012). It would be worthwhile to conduct a qualitative or survey study to investigate the elements of culturally-sensitive supervision.

Appendix A

Recruitment Emails

Snowball Sampling Email

Subject: Dissertation Recruitment Help!

Dear _____,

I am writing to ask a huge favor of you regarding recruiting participants for my dissertation. You can help me immensely in two different ways: with your own participation in my study and/or by referring me (sending me names and email addresses) of individuals whom you think would be eligible and interested in participating in this study.

What is my study about? My dissertation study is a qualitative investigation of East-Asian international trainees' experiences of conducting therapy/counseling in the U.S. In order to investigate this topic, I will be conducting two, 1 to 1.5 hr telephone interviews, arranged at times of mutual convenience, approximately one week apart. I will use the attached protocol as well as probe about things that come up in the interview; I will also be taping the interviews and transcribing them for analysis, and we will treat the data according to ethical guidelines. In anything written, all identities will be concealed to maintain confidentiality. If you decide to take part in this study, you have the right to refuse to answer any question(s) during the interview and/or withdraw from participation at any time.

Who is eligible for my study? I am looking for participants who are East-Asian international students in doctoral programs in counseling/ clinical psychology. In addition, eligible participants need to have at least two years of supervised clinical experience working with adult clients in the U.S. I define East-Asian international trainees as trainees originally from China, Hong Kong, Korea, Japan, or Taiwan.

If you feel comfortable participating in this study (despite the fact that we know each other), I would love have you participate. Unfortunately, I cannot offer any monetary compensation, but I hope that the interviews will provide you with a good opportunity to reflect on yourself as a therapist/counselor, and your experience of doing counseling/therapy in the U. S as an international trainee. There is a slight risk to participating in that sharing your experience as a trainee may be uncomfortable, but I assure you that my purpose is to understand and not to judge. If you do not feel comfortable or are unable to participate, I will understand.

If you decide to take part in the study, you have the right to withdraw from participation at any time. If you have questions about your rights as a research subject or wish to report a research-related injury, please contact : Institutional Review Board Office, University of Maryland, College Park, Maryland, 10742; (email) irb@deans, umd.edu; (telephone) 301-405-0678.

Regardless of whether or not you personally choose to participate, I am hoping that you can help out with recruitment by providing me with the names and email addresses of your fellow East-Asian trainees who might be interested in participating. Although I would also greatly appreciated it if you could encourage them to participate, please do

not simply forward my email to them yourself, as I would like to contact all potential participants directly in order to be able to calculate a return rate.

Thank you very much for your help! If you have any questions or concerns, please feel free to contact me. I can be reached at jliu@psyc.umd.edu or (301)461-6724. I look forward to hearing from you.

Sincerely,
Jingqing Liu

Initial Recruitment Email

Subject: Study on East-Asian international trainees' experience of doing therapy in the US

Dear _____,

Have you ever wondered how much you learned in the US can be applied to your home country? How have your East-Asian culture background played out in your work with your clients in the U.S? What kind of challenges you have experienced when working with clients in the US? How have you coped with these challenges? Would you be willing to tell me your thoughts about these questions?

My name is Jingqing Liu, and I am a 4th-year doctoral student in the counseling psychology program at the University of Maryland-College Park. Dr. Clara Hill is my academic advisor. I cordinally invite you to participate in a qualitative study on East-Asian international trainees' experiences of doing therapy in the US. This is my dissertation project, and I would be extremely grateful if you would consider participating. You can find more information about this study through the following link:

<http://www.surveymonkey.com/s/7FFRG8L>

Please reply back and let me know whether or not you are interested in participating.

Sincerely,	
Jingqing Liu, M.A., M.S	Clara E. Hill, Ph.D.
Doctoral Candidate	Professor
301-461-6724	301-405-5791
jliu@psyc.umd.edu	hill@psyc.umd.edu

Follow-Up Recruitment Email: No Reply

Subject: Participation in International Trainees Experiences of Doing Therapy in the US

Dear _____,

Approximately one week ago, I contacted you about participating in my doctoral dissertation, a qualitative study on East-Asian international trainees' experiences of doing therapy/counseling in the U.S. As I have not yet heard back from you about your interest in participating, I would like to again invite you to participate.

Recall that the study would involve two, 1 to 1.5 hr telephone interviews arranged at times of mutual convenience, approximately one week apart. I will use the attached protocols as well as probe about things that come up in the interviews; I will also be taping the interviews and transcribing them for analysis. Your name and any other identifying information will be removed from the transcript, and we will treat the data according to ethical guidelines. Only members of the research team will have access to the interview tapes, which will be stored in a locked, secure location and will be destroyed upon completion of the study. In anything written, all identities will be concealed and camouflaged as needed to maintain confidentiality. If you decide to take part in the study, you have the right to refuse to answer any question(s) asked of you and/or withdraw from participation at any time. I hope that the interviews will provide you with a good opportunity to reflect on yourself as a therapist/counselor and your experience of doing therapy/counseling in the U.S. There is a slight risk to participating in that reflecting on your struggles as an international trainee could be uncomfortable, but I assure you that as an international trainee myself, I've been through some struggles, and my purpose is to understand and not to judge. Note that scheduling the interview will imply informed consent on your part.

Please write me back at your earliest convenience in order to let me know whether or not you are interested in participating.

Thank you very much for your consideration! If you have any questions or concerns, I can be reached at jliu@psyc.umd.edu or (301) 461-6724. I look forward to hearing from you.

Sincerely,
Jingqing Liu

Appendix B

Demographics Questionnaire

Please complete this questionnaire and return it to me via email (jliu@psyc.umd.edu) prior to our scheduled interview.

Gender (Circle one): Female Male Age: _____

Country of Origin: _____

Type of Graduate Program (circle one): Master Psy. D Ph.D

Specialty area (Circle one): clinical / counseling

The number of years living in the US: _____

The number of years seeing clients in the US: _____

Settings in which you have seen clients (indicate approximate # of hrs in all that apply):

University Counseling Center (# of hrs _____)

University Mental Health Center (# of hrs _____)

Community mental health center (# of hrs _____)

Psychiatric hospitals (# of hrs _____)

Other: _____ (# of hrs _____)

Please note how much you believe in and adhere to the techniques of the following theoretical orientations, where 1 = not at all and 5 = completely:

Humanistic/Experiential/Existential _____

Psychodynamic/Psychoanalytic/Interpersonal _____

Behavioral/Cognitive-Behavioral _____

Feminist/Multicultural _____

System/family _____

Please rate your agreement to the following statement where 1 = strongly disagree, 5 = strongly agree:

I intend to see clients as part of my future career _____

I plan to go back to my home country to practice counseling _____

Have you received training on counseling/therapy in your home country? Yes / NO

If yes, please describe what kind of training is it:

Appendix C

Interview Protocol

Introduction: Thank you for agreeing to participate in my qualitative study examining

East-Asian international trainees experiences of doing therapy in the U.S. Just a reminder that I am taping this interview, the interview will be transcribed for the data analysis, and your name any other identifying information will be removed from transcripts. Only members of the research team will have access to the tapes of this interview, which will be stored in a locked, secure location and will be destroyed upon completion of the study. Your participation in this study is completely voluntary; as you have the right to refuse to answer any question(s) asked of you and/or withdraw from this study completely at any time. I will maintain strict guidelines related to the safeguarding of research material as defined by the American Psychological Association. Do you have any questions?

I am going to ask you a number of questions about your experience of doing therapy/counseling in the U. S. Because social desirability can be of concern in an interview study such as this one, I want to assure you that my purpose is to understand and not to judge. Please say whatever comes to your mind in response to the questions. Please note in this interview, I use therapy and counseling interchangeably.

1. How would you describe your cultural background?

Probes:

- a) Inquire definition of the specific culture with which the interviewee identifies him/herself
 - b) Ask personal experiences related to culture
 - c) How much do you adhere to your culture?
- 2. Could you tell me about your approach to therapy?
 - 3. How does your approach to therapy fit your cultural and personal background?
 - 4. How would you feel about trying to use this approach in your home country?
 - 5. If you go back to your home country to practice therapy, what aspects of your clinical training in the US would be most helpful?

Probes:

- a) What would you like to add in your clinical training to make it more relevant to your home country?
- 6. What are challenges that you experience as an international trainee in terms of working w/ clients in the US?

Probes:

- a) Have you experienced language barrier in your work with clients in the US?
 - b) Have you experienced any cultural conflicts (or difficulty) in your work with clients in the US that is related to your cultural background? And how the difficulty was handled?
 - c) Have you experienced any discrimination in your work with clients in the US that is related to you being an international trainee? Ask details about the case in which interviewees experience discrimination (i.e. how did the case go? How the discrimination was handled? How were you feeling about the way in which the discrimination was handled?)
7. How do you deal with these challenges?

Probes:

- a) What kind of support you got that help you to better cope with these challenges?
 - b) What personal (or internal) factors (i.e. personality, attitudes, values, past experiences, etc) help you to better cope with these challenges?
8. Tell me about one case in which your cultural backgrounds facilitated your work w/ your client?

Probes:

- a) Tell me more about your relationship with this client?
 - b) How did your cultural background affect your work with this client?
 - c) Did you talk about cultural issues in this case? How did you feel about discussing cultural issues with this client? How do you think the discussion of cultural issues impact your work with this client?
 - d) Are there your personal reactions that influence your ability to deliver therapy? what I am asking is countertransference.
 - e) How do you feel about self-disclosing to this client?
 - f) How do you feel about using immediacy w/ this client? Immediacy is defined as discussing your relationship with clients in here-and-now.
 - g) Are there any negative aspects of this case?
 - h) What support did you receive for dealing with cultural issues in this case?
9. Tell me about a different case in which your cultural backgrounds hindered your work

- w/ your client?
- a) Tell me more about your relationship with this client?
 - b) How did your cultural background affect your work with this client?
 - c) Did you discuss culture in this case? how the process of discussing culture is like? How did you feel about discussing cultural issues with your client? How do you think the discussion of cultural issues impact your work with this client?
 - d) Tell me about some of your personal reactions that influence your ability to deliver therapy? What I am asking is countertransference.
 - e) How do you feel about self-disclosing to this client?
 - f) How do you feel about using immediacy w/ this client? Immediacy is defined as discussing your relationship with clients in here-and-now.
 - g) What support did you get for dealing with cultural issues in this case?
10. In terms of doing therapy in the US, what's the wisdom that you want to give fellow international students before they come to the US?

Appendix D

Collectivism subscale of the Asian American Values Scale –Multidimensional

Please circle how much you agree/disagree with the following statements based on your personal values.

1. The welfare of the group should be put before that of the individual.
 Strongly disagree neither agree strongly agree
 nor disagree
 1 2 3 4 5 6 7
2. One's efforts should be directed toward maintaining the well-being of the group first and the individual second.
 Strongly disagree neither agree strongly agree
 nor disagree
 1 2 3 4 5 6 7
3. One's personal needs should be second to the needs of the group
 Strongly disagree neither agree strongly agree
 nor disagree
 1 2 3 4 5 6 7
4. The needs of the community should supercede those of the individual
 Strongly disagree neither agree strongly agree
 nor disagree
 1 2 3 4 5 6 7
5. One need not always consider the needs of the group first *
 Strongly disagree neither agree strongly agree
 nor disagree
 1 2 3 4 5 6 7
6. The group should be less important than the individual *
 Strongly disagree neither agree strongly agree
 nor disagree
 1 2 3 4 5 6 7
7. One need not sacrifice oneself for the benefit of the group *
 Strongly disagree neither agree strongly agree
 nor disagree
 1 2 3 4 5 6 7

Note: * indicates reversely scored items.

Appendix E

Table 1. List of Domains, Categories, Sub-Categories, Frequencies, and Illustrative

Quotations for All Data

Domain, categories & Sub-categories	Frequency	Illustrative quotation
<i>Culture-related challenges in conducting therapy in the US</i>		
A. Perceived distrust or discrimination from clients	General (10)	
1. Clients reject participants' service	Typical (6)	“One of my clients, when I was in my very beginning doing the practicum in my Master’s program, and my client just said very rude, about me. And, she said ‘because you have accent and I don’t like a counselor with accent. So, can I change counselor?’.. I <u>feel</u> very shocked about that. Even though we can communicate well. And my supervisor just watch my sessions with this client, and my supervisor just advocate for me and just say ‘she can understand your English, so that shouldn’t be problem’. So, so, even though in the end, we just assign her another counselor, but I feel very hurt in that experience” (case PT)
2. Participants experience covert discrimination from their clients	Variant (5)	“I would say more covert [discrimination]. Sometimes clients see me as a Chinese woman and they would.. I even have a 65 year old female client who said something like ‘oh, the Chinese woman are blah blah blah’ I felt like that was directed at me because I am a Chinese woman. Or sometimes they will refer to someone else actually Like ‘oh that Chinese the other day did some [bad] stuff’.. I felt like that was some kind of discrimination. That’s not directly targeted at me, but I feel like that’s relevant. Those are more, not like overtly saying you’re Chinese, blah blah, but indirectly making some comments that are very stereotypical or negative about

		Chinese.” (case YH)
		<p>“I led an international student support group last year, and what I’ve noticed is that [group members] were more interested in having Caucasian counselors. they weren’t really listening to the training I was giving or what I was suggesting sometimes because my background is an international in America... it was kind of ironic, because, I thought I would get that kind of feeling when I’m working with American students, not international students, but it was totally the opposite.” (case MS)</p>
3 Clients question participants’ abilities to help them	Variant (4)	<p>“Sometimes when the client is very aware of, of the cultural differences, and they question my ability to understand them, I try my best but sometimes I feel like it’s, it’s really difficult to work with those kinds of clients. I mean they’re continuously questioning whether I can understand them, whether I can shed some light on their problems or, so I thought that was a challenge” (case MS)</p>
B. Language Barrier	General (9)	
1. Participants have difficulty understanding their clients	Variant (4)	<p>“I think the first thing is the language barrier. Even though I sometimes sound like a native, like an American, like I grew up here all my life. That’s not true. So, there are times when I don’t understand what the client says and I know that.” (case MS)</p> <p>“There are times when the internal conflicts that the clients may say something that I didn’t get it, but they were speaking so fast that I have to say ‘do I want to ask the client to clarify that for me, or should I let it go?’ so you have to make a decision in your mind about how to address that piece of missing information. That kind of relate to ‘if I ask, will I look incompetent to the client or that would actually be helpful?’ If you have a client who keep saying ‘huh? What do you say?’ ... and then they don’t come back. You wonder if it’s because of you they don’t want</p>

		to come back. ...The client may just drop out anybody. But I think that being international makes that sometimes you take things more personal especially when it relates to, questions, your language ability.” (case YH)
2. Clients respond negatively to Participants’ accent	Variant (4)	“The biggest one would be language barrier, and accent is the obvious one, and sometimes clients question my ability to help them or question about my authority because English is not my first language and I do have an accent and some people worry if I can understand what they are saying, and then.... or there are other people who just simply don’t trust anybody with accents, so that’s, that’s been a challenge for me” (case RK)
3. Being a non-native speaker negatively affects participants’ self-confidence	Variant (3)	“Only thing I feel much challenging here is the like, language. I mean in Korea I feel more confident to convey what I’m thinking or sharing my feedback to clients. But here I feel less, much less confident of doing that. So, so I mean, I, so I, here, I mean what, what is the difference between working in Korea and working here, I mean, I try to listen more here than in Korea.” (case JJ)
4. Participants feel restricted in their abilities to express themselves in English	Variant (2)	“We know that it’s very important to ask about client’s feelings. ‘how do you feel’ right? But I feel like, not growing up in this country, my way of expressing certain things are more limited. Like I know how to ask how do you feel, but maybe for an American they might have multiple ways to get at the same thing. They might say ‘what’s that like for you to feel that way’ or ‘when that happens, what was going on’ but then for me, these are all the things I have to learn. Like just like I was learning English. This doesn’t come natural for me. So that’s what I’m saying language is not just about whether I pronounce correctly, but also the expression.” (case YH)
C. A lack of understanding of nuances of American culture	Variant (5)	“One big thing would be, sometimes the lack of reference, lack of knowledge of my client’s cultural background. And that make me less sensitive and less knowledge as a

<p>(e.g., cultural reference, social norms/cues, values and practice of a particular culture, etc.)</p>	<p>counselor. For example, this year I work at a shelter with residential clients and outpatient clients who are survivors of domestic violence and sexual assault. At the first semester of my practicum there, I found a lot of difficulties working with my African American clients, African American female clients, because of my lack of knowledge of their cultural background, their cultural values and norms and the lack of reference of their interpersonal styles.... So I found myself spending a lot of time, little by little, learning those from my clients. And of course that hinder my capacity as a counselor to help them” (case HC)</p> <p>“I’m not familiar with some American cultures like, their high school life, or like their, their childhood or like some like, like for example like, some TV show or some movies. I don’t know well about like American TV show or like American movies or American.” (case JJ)</p> <p>“Another thing is culture difference. Especially oppression and discrimination, stuff like that. Personally I don’t have the experience with how people’s racial identity affects their relationship. So I feel like I was stuck in between. Like I identify with some white culture but the people of color see me as immigrant and they expect me to be on their side. ... I don’t have personal experience like living in the state... I am not aware of very subtle issues [related to oppression and discrimination]. Say, some people of color, they might interpret the behavior of whites in a different way. But I didn’t see that way so I’m blind to that, to that perspective.” (case WX)</p>
<p>D. Countertransference due to cultural conflicts</p>	<p>Variant (4) “<u>Maybe</u> in East-Asian countries we value the feeling of parents, we need to respect our, parents and, elder family members. But in the United States, they don’t even have those concepts in their mind. So sometimes when, when I hear their behavior is very rude to</p>

		their parents, or they just take their parents effort for granted, I, I just feel very angry about that. So, that, that's the cultural thing, so, that could make me feel very angry.... sometimes I just struggle whether I should stand on parent's side or on my client's side" (case PT)
E. Discomfort working with clients' emotions	Variant (3)	"One of the first challenges was for me to focus on emotions. ...In Korea, or in most Asian countries, what I understand is that, we don't usually focus on emotions. We talk about our minds, our behaviors, and how to fix the problem, and how to work it out. Those kind of things . So, it was really hard for me to focus on the emotions because it was really uncomfortable. I felt like, if I go in there, the client might not like it, even though it's our job." (case MS)
F. Inability to meet clients' expectations	Variant (3)	"I can give you an example yea. I don't remember when... One Asian client was from Canada, was an immigrant to the states. And during the session, he always expect me to understand where he came from and how he thinks and the way he interpret things. Like, there were a lot of assumptions, like 'You are Chinese and you are Asian so you should understand what I mean'. And I am very uncomfortable about it. I feel like we should be more open and articulate and expressive of what's really going on in your mind." (case WX)
G. Difficulty being direct with clients	Variant (3)	"I am trying to challenge my client, but what I do is I paraphrase his sentence, by emphasizing on some word and hoping he can identify this word, and you know. I thought I was challenging him, but he's American people, he didn't recognize it as a challenge, but as a reflection" (case LT)
Coping with culture-related challenges		
A. Coping Strategies		
1. Seeking support & feedback	General (10)	
a. From supervisor	General (9)	"I, I try to, like, get support, seek support from supervisor and colleagues.... I had two supervisors last year, and they are also

		international trainees. So they, yeah, they, they know, like those issues very well, so they tried to like normalize it, and they share their own experience. And, so they, yeah, they tried to like normalize it and give me, much support. And my, and my like other supervisors who is like from here, who are from here, they always try to, they are always like, try to listen my perspective as an international trainee. So, yeah and also they try to, like, yeah they try to value my own like perspective. So yeah they are very supportive” (case JJ)
b. From colleague/peers/classmates	General (10)	“Interestingly, for the working alliance part and for the look, the discrimination part, I actually never discuss with my supervisors. I always discuss with my international friends, international peers. I guess the reason why I never discuss with my supervisors, that I never trust them they would ever understand my experience. But I trust that all my international students can understand what I mean and can relate to me. So when I have those challenges, those discriminations, or the hard to establish working alliance with my clients, I always debrief with my international friends, my cohort and my partner. I feel like they can understand me better, they can support me, deal with these kind of challenges.” (case HC)
c. From Advisor/other faculty member	Variant (3)	“I’m currently getting my practicum in counseling center, and our practicum instructor, she is really amazing. She’s and experienced counselor, so I think she is really into feminist theory, so she really respect, respectful and try to, uh, she’s really respect. Respect other people’s feelings, thoughts and ideas. I feel pretty comfortable asking for help and we kind of discuss the language thing.” (case LT)
2. Addressing cultural issues with clients	General (9)	
a. Participants disclose to clients about participants’	Typical (6)	“every time when I talk to my client, the first time, after we talk about confidentiality, I always told them that I am an international

international status		<p>student, my language, English is my second language, so probably there are some language difficulties, if they felt like there are some difficulty understanding me just ask me to repeat or if I have some problem with understanding them I will ask them questions, so I guess now I felt pretty comfortable doing things like these, I do it with every client that I have, and then I felt they are more comfortable with it, and I am more comfortable with it, and it hasn't been an issue, at least with the current clients I have" (case LT)</p> <p>"I think [whether I disclose my background as an international] depends. I think for me first I would gather the client's comfortableness with me.... a lot of my clients are pretty comfortable so I don't feel the need to always bring that up. To say 'I wanted to let you know, I'm speaking English with some accent, should any point that you don't understand me, you have to let me know.' Or just like 'we come from very different cultural backgrounds, at times I may not understand you' I don't do that... Some therapists may have that as their opening with any client. That's not me. Have I tried? I did, but I don't somehow, my experience didn't see how much that impacted my work with my clients. It's really kind of case by case situation" (case YH)</p>
b. Participants invite clients to voice discomfort they may have	Variant (4)	<p>"I would usually add something like, even though we were raised in different countries and different times but there must be something in common, so I hope if the way I approach you seems offended or not appropriate, please talk about it. Please talk to me about it. I would say that." (case WX)</p>
c. Participants share with clients about their internal cultural conflicts	Variant (3)	<p>"[when experiencing internal cultural conflict, if I have really strong feelings about it I will be honest with my clients about like how this impact me, I would tell them that personally I really value education and be honest with them, and normally when I tell them how I feel, it actually feels better for</p>

		me...I will also try to ensure them that I respect their decisions and will help them to make a decision for themselves, and I'm sure a lot of people in their life already telling them what their should do and I would hope to not be that person" (case QZ)
d.	Participants offer clients the option of referring them to another counselor	Variant (2) "I tell them, well, we could try working out, and, if you feel like we're not really connecting, and we're having difficulties, please let me know, so that I could find another counselor that you might be happy to work with." (case MS)
e.	Participants ask clients to explain/elaborate on words that participants did not understand	Variant (2) "Recently, [when I hear a word that I don't understand] I feel more open about asking, "Oh, I hear this interesting term, and I'm not quite understand what you're talking about. Can you explain it to me? Can you help me to understand it more?" ... At the beginning I feel like oh that's my fault that's my sin for not understanding this word. But right now, I feel more comfortable and I feel like asking my client explain a specific thing for me can actually be beneficial for them, because it gives them an opportunity to reflect on what they really mean. And even explore the cultural meaning behind a specific word or a specific phenomenon. It gives them a second chance to think it through to think more critically." (case HC)
f.	Participants are more attentive to clients	Variant (2) "I still speak not so good English. But I guess the attitude, the comfortness, the working alliance, my expression, my facial expression, and my attitude that demonstrates my client, I care about them. And I am fully present in the counseling room with them for the hour. I'm totally stay with them. I think that is the most important thing. And I guess because of that, I get a sense that my clients also want to work with me at that time." (case HC)
3.	Improving English skills	Typical (7) "in case of English, I found an undergraduate student here in our school, who does like, exchange languages. We meet together once a week and talk about, discuss about topics

		<p>and talk about our lives. So, I could, keep, you know improving my English. And I try to read a lot of books. It might not necessarily help, but it definitely increases my vocabulary. When compared to just memorizing vocabularies. Reading makes it easier so I try to read books. You know, maybe learn different words, or, emotion words that I could use.” (case MS)</p> <p>“I think that I have really pushed myself to improve [English] was maybe the main way that I deal with it.... For the next two years I mainly live with Americans, families or roommates. Those times were extremely helpful. I would say it’s not about how I could say or how fluently I could speak English, but more self-efficacy. I think just the ease of being able to... I mean, I continue to make mistakes, and I think that I would never ever stop making mistakes about speaking English. But it’s just more the comfort level. I think that comfort level helped with my therapy work to stand, I became less self conscious about what I was saying, so I could really get the energy, I have more engery that go to listening to my clients. I felt that I was more able to be present with my clients because I don’t struggle, I mean, I struggle less internally.” (case HC)</p>
4. Using cognitive restructuring	Typical (6)	<p>“this is kind of a reminder for me I should try not to blame my English skills too much, because I am a learning counselor, and I don’t have a perfect counseling skills, so maybe that was the reasons that clients don’t trust me or don’t come back so um, for that’s one part, if something is not going well I try not to blame my English skills too much. and the other part is I’m also doing um phone counseling, um, crisis hotline, and then there I have a lot of opportunity to observe other counselors, they are not professionally trained counselors, but they went through trainings, and most of them are native speakers, and even for them sometimes I</p>

		saw they were hung up. so it happened to me I tend to think oh is it because of my accent or what, but knowing this happens to everybody kind of gives me a reminder that this happens all the time and sometimes the reason is not me” (case RK)
5. Using avoidance	Variant (5)	“my colleague is also Asian counselor, her client called and request a different counselor because of her accent, and that scares me too and makes me even more self conscious next time when I call a client. So for a long time I switched to email [clients] because clients are not going to know like they are going to get, they are still going to see my name and probably know I am a foreigner, but it just made me feel more comfortable communicating through email” (case QZ)
6. Practicing self-care	Variant (4)	<p>“I’m very like, I really like self-care, so I try to like, to make the good relationship outside of like my work” (case JJ)</p> <p>“exercise, take care of myself, and have fun with my friends and talk about it talk with my family is very helpful for me, even though they don’t really totally understand and I won’t tell them what exactly happened, its soothing and comforting to talk to them” (case QZ)</p> <p>“I always have my therapists... I think having a place to talk about what happening in my life and to hear someone hear it and understand it has been really helpful. Not just about helping me managing my stress, but also helping me to examine myself at a level that other people may not be able to do, because then I could be completely vulnerable and honest without worrying about whether I’m meeting other people’s expectations” (case YH)</p>
B. Facilitative personal attributes		
1. Adventurous nature/openness to new opportunities or challenges	Variant (5)	“I think, I, personally I like challenges, because I think it gives me like a chance that I, can make development, and then I can be growing, so that’s why I like challenges. And

		also, I like, I like to learn, learn like, I like to have new experiences. So, whenever I have like some issues or problems I try to think that oh it will be a like good chance for me to learn something from that experience. So then, those kinds of attitudes, they're helpful for me to cope with the issues" (case JJ)
2. Perseverance	Variant (4)	"I think perseverance is helpful for me. My father instilled in me that you don't give up and no matter how hard it is, and you start a goal and you know it's what you want, you stick with it. A quote that I like is 'you do what you have to do to do what you want to do', and that's what keeps me motivated and keep me going" (case QZ)
3. Optimism	Variant (3)	"I guess one thing will be that, I try to stay positive. Even though at one of those worst moments that I, I cry, and those kinds of stuff, like, sometime later I joke about it. And it really becomes laughable because, I realize even though it was hard at that time, sometimes it's just, kind of, ridiculous to see me, making a scene of something that isn't really, really, what is it...a tragic thing. I guess that, that could be one of my strengths" (case MS)
4. Good interpersonal skills	Variant (2)	"I mean at different settings I care about the people I work with and I took time and took the energy to work to get to know them. Not just remember their names passing by. I would sometimes get to know them as person, their personal life, their kids, their families. Sometimes I share stuff like food or offering help and all those I feel like, allow me to have some good relationship with people, I think that benefit, that helped when I encounter difficulties I go to them, I think they are very willing to help me out" (case YH)
5. Spirituality	Variant (2)	"Spirituality. I mean, I have religion, I believe in God. So, when I have problem, I pray, so that is helpful" (case JJ)
<i>The Impact of participant's cultural backgrounds on therapy in the positive case</i>		

A. Cultural background/experiences facilitate therapy	General (10)	
1. Similarities between the participant's and client's status/cultural experiences/cultural backgrounds enhanced the therapeutic relationship	Typical (7)	<p>"I was brought in [to work with a Chinese international student who is suicidal] because of my language skill, my native language is Chinese. we speak Chinese through the whole session, and the client responds real . She feel comfortable talking with me, she feel more comfortable talking [in] Chinese, and then I guess that's helpful, she feel that I could understand her and when she said something I could respond to her and show that I could understand because I am also an international student" .(QZ)</p> <p>"There was one client who was African American male, and then he was struggling, I was in kind of a smaller town, predominantly white, and he was having a hard time adjusting to be in this white dominant society, and he was originally from more south state, and he said he, he said he, he expressed he was relieved because I am Asian and I am obviously foreigner, and so he thought 'ok, she might know how I feel and she might be able to help me to really reduce like the stress and frustration about being in this society and being different in color skin'. Then I think my background like actually helped because as a Korean Japanese, I also experienced a kind of discrimination in my own country, so that helped me to connect with him or be more empathetic with his situation." (RK)</p>
2. Participant's understanding of Asian cultural norms helped therapy	Variant (5)	<p>"For the parts when [C] ask about my age and my marital status, I feel comfortable disclose to them. Because I just reframe it as a way that they try to know more about me – and I think that is helpful to build working alliance. I don't get a sense, I don't feel like I need to analyze further 'why'. I just think that's a general why they try to know more</p>

		<p>and be more connected with me, to find ways to connect with me. So I feel comfortable about sharing those information to them.....if a male Caucasian client who ask me how old I am and my marriage status, of course I would say, 'Hmm, interesting. Why you asking me this question,' and how that related to what we are talking about." But the thing is, they are Asian and the elders, I feel comfortable to self disclose" (HC)</p> <p>"I remember I work with a Chinese-American in a hospital before. ..I feel like I, he want me to guess. Like he won't initiate conversation directly talking about his issues... If I was American, or was born in America, I would interpret this case as very resistant or is not opening up to, like, talk about his issue. But if we looked at this case from Chinese culture background, we would see, OK maybe C is nervous and he is relying on the expert to know what is going on with him." (WX)</p>
3.	Participant's acculturation experience/bicultural experience were helpful	<p>Variant (3)</p> <p>"This client is bi-culture too, because she spent some time in the states when she was younger. so am I. I adopted some of the American culture. ... she has a desire to hold on to her home culture, but she has some beliefs that does not follow her home culture norms. And she was upset about that. So like the internal conflict that she experience, but when I say 'that's ok, you know, you can embrace both [cultures]' that was such a permission for her, and she was like 'oh wow'. that really kind of reduces some of the burden that she felt, because I think at the level she felt she could only be one way. If she's a little bit different from her home culture, that's a betrayal. So she actually does not like part of herself who behave or thought differently from those people in her home culture. So for me to relate to that [struggle with navigating two cultures] and normalize that it's okay to embrace both cultures, it encourage her to own that part of herself. It seems to be a very encouraging</p>

		message for the client. Definitely seems like she was really struck by the feeling that she can do that, she can have both” (YH)
B. Self-disclosure of participant’s cultural background/experience in the positive case	Typical (6)	
1. Participants self-disclosed in order to build connection with the client	Typical (6)	<p>“When C mention about his immigrant background and how hard it is for him to get promoted and stuff like that, Somehow I can relate to it. Yeah, I did mention about my own my own cultural background and experience of coming from a different country. Blah, blah, blah. So yeah. But not like in details. Not whole story. I mention a little bit. It helped him to feel that I understand him” (WX)</p> <p>“well I also lived in the Midwest, when I was a kid I lived in, Illinois, and, there were a lot of international students there, but it was still the Midwest, and there were a lot of white kids there, <u>and</u> sometimes it did feel like I was discriminated there <u>too</u>. <u>Even though</u> I was pretty young. So, I shared that with her [the client]. I wanted her to know that I could understand, maybe not all, but some of the experience that she went through when she was a kid” (MS)</p>
2. Participants self-disclosed in response to the client’s inquires	Variant (3)	<p>“I think the main thing I disclosed was the attitude towards nature and environment in Japan... the client knew I am Japanese. later on the client brought up the culture difference about nature and ask me about how nature is viewed in Japanese culture” (YK)</p>
3. Participants self-disclosed in order to normalize the client’s experience	Variant (2)	<p>“And so I feel like I share, actually I share my culture background, my experiences, and I think she was, sounds pretty uh, comforting, for her to know that she wasn’t alone in experiencing, you know what happened in her daily life” (YH)</p>
C. Discussion of cultural similarities or differences	Variant (5)	<p>“I would say I ask a lot of questions. I also would ask straightforward questions, I would say ‘what does that say about your culture?</p>

You're telling me all this' and then she would very directly articulate what that means to her. And I would talk about my culture too. I say ' Yeah, you know, I come from this culture' and I say to her 'sometimes in my culture we do these things too, do you feel that they are similar?' she would say 'yeah' so actually towards she knows where I come from and she actually asks about it. Later when she say that 'you probably know this, being a Chinese and blah blah blah' like that and I would say 'yeah' or I would disagree so we do engage in a lot of discussions that would relate to our backgrounds." (YH)

D. Comfort in discussing culture Variant (4)

"I felt that I felt very comfortable [discussing cultural issues with C] because I think that it, that those kinds of conversations she, like she needed those kinds of conversations and I think, yeah having those kinds of conversations would be helpful for her, so, so I felt very comfortable" (JJ)

"And also, when I gain more insight into my own cultural heritage, I feel more comfortable about initiating discussion of culture". (WX)

"I:L how did you feel about talking about your culture with her?
P: comfortable, um, excited I think because I have done the exploration myself and I think that I am continue doing that, it's not like it's done. So when my clients, in particular this client, became curious about my background and I have that excitement of sharing it, but a part of me want to be cautious of not turn the session become me. Sort of not turning the space for me to talk about my experiences, and try to be careful, I try to think from the perspective of 'why the client ask me this and what can I share to be helpful to her' so there a piece, part of me feel a little bit cautious about questions like that because you can get so 'let me tell you!'" (YH)

E. Cultural discussions were helpful	Variant (3)	“I think I sharing my experience of studying abroad and talking about my culture background, and also, talking about C’s culture background and like, any differences C might face in the future. Those kinds of conversations I think let her, let C have more confidence about studying abroad because she like already have those kinds of conversations so she can make her prepared better. So, yeah so I think it’s helpful for her” (JJ).
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The Impact of the participant’s cultural backgrounds on therapy in the challenging case

A. Negative effects of culture	General (10)	
1. Participant’s cultural values/experience negatively influenced his/her intervention/conceptualization of the identified client	General (9)	<p>“Client’s name actually resembles one of the very well-known musicians in 60s, but I didn’t know that. When I told my supervisor and other peers in practicum class (what the client’s name was), they were like ‘oh, that’s his name?’ I was like ‘oh, why you all look so surprised?’ People felt like the client used the same name (as the famous rock star) spoke something about this person’s personality. But I didn’t know cause I didn’t have the context. So yeah, I think that um, kind of restricted” (YH)</p> <p>“Yeah, yeah, okay. So, in my culture, interdependence is valued. So, I wasn’t taught to be independent. I went to a different town to attend college, but I still feel my parents’ place is my home. So, so I don’t have the idea that I need to move out from my family or I should be <u>an</u> independent person when I turn eighteen. I didn’t have that kind of idea, and I think even after I go to work I graduate from college, I would continue to live with my family, and I think everyone do that in my culture. But that’s really different from the U.S. culture. Many of my (American) clients think when they turn eighteen, they move out, their family.</p>

		<p>And they should be financial independent. And they should support themselves, and, but, yeah that's very different from my values. I found it hard to relate to them.” (PT)</p> <p>“I'm thinking if C is not Asian American. If he is African American, if he is Caucasian American, if he is Native American, I probably would have more freedom, feel more comfortable to do other interventions, to deepen the affect or have less counter-transference. Maybe it's because the similar experience that we have culturally. Well, I feel like I didn't even ask him enough about his culture, his values, his background. But just simply being biased by the similar outlook, the similar color skin, then I assume that, I automatically assumed that he is like other Asian Americans. I guess that is the biggest mistake I made at the time” (HC)</p> <p>“I should've made a process comment but I didn't. I think a process comment is not technique used in daily social conversation in any culture, clearly But in my culture I think it's really taboo thing to do. So, I feel like that kind of process comment is very pure umm, counseling technique. So I don't feel comfortable using it with this client” (YK)</p>
2. Participant perceived the identified client distrusting him/her or feeling uncomfortable working with the participant because of participant's international status	Variant (3)	<p>“A male Caucasian client, he questioned whether I could help him because I came from a different cultural background. I was feeling kind of uncomfortable working with him because of that”. (MS)</p>
B. Attempts to address the negative impact of participant's culture	Typical (6)	
1. Participant disclosed his/her	Variant (5)	<p>“so in the first session, I told her I am an international student and non-native speaker</p>

cultural background to the client and process the client's reactions		of English and asked how is it for her to understand me and how does she feel about communicating with me. And, yea.... She said It's more challenging but she could understand me" (YK)
2. Participant emphasized on universality of human experience and reassured the client of the participant's ability to understand the client	Variant (2)	"I: when C questioned your ability to understand him because of culture difference, how did it go? P: Well I explained to him that there are some common experience across cultures and I could relate to him on these aspects. And he was, he was curious. He, he looked more curious about how I could understand him in a way than being like ' I can't trust you because of difference in our the cultural background'.. And, after I explained to him, he seemed to understand and accept it." (MS)
C. Lack of cultural discussion in the challenging case	Typical (6)	"I: how much did you talk about culture issues in this case? P: um not at all I'd say. The first reason is we didn't have much time. We know that we have limited amount of session because I am leaving the site. Second of all, her concern doesn't really benefit hearing my culture background that much" (RK)
<i>East-Asian trainees' training experience in the US</i>		
A. Helpful components of clinical training in the US		
1. Training in counseling theories and/or skills	Variant (5)	"I think I feel confident with psychotherapy theories, I feel more theoretically confident. Yeah I read a lot. I've been reading a lot about theoretical approach and so I receive a lot of training about different approach, especially in the XX area there are tons of professional schools and organizations I can learn from" (case WX).
2. The opportunity to provide therapy/counseling to real clients	Variant (4)	"I think just having this real counseling experience with real clients is the most important aspect of training a therapist. You can read counseling books or articles, but it's not really—a completely different thing to

		<p>kind of, practice it with real people. So I feel really kind of confident and solid about my clinical skills because of I have gone through from one setting to another and different levels of practicum training...[Practice is] the only way you learn how to, sort of like implement different counseling skills, whether it's micro skills like listening, reflecting, providing empathy or something advance like the empty chair or guided imagery. ... You are trigger by any clients that you will get to work with. You are triggered by different things in different ways or about different things. I think those really provide very rich opportunities for you to examine your blind spots. You get to see your strengths, but most importantly you get to see your weaknesses and areas that you should improve on in order to become a more effective therapist" (case YH)</p>
3. Supervision	Variant (4)	<p>"I have really benefited from very very good supervisors, and I just cannot imagine without them, how different my experience would have been. They have really impacted my confidence about just being a therapist in general (and) my confidence about speaking English, doing therapy in English. And it has really helped me to understand the dynamic between me and someone who is different from me, in a clinical setting" (case YH)</p>
4. Multicultural training/opportunities to work with diverse clients	Variant (3)	<p>"I think the multicultural training I received in the US will be the most helpful to my practice back to my home country....being trained in such a culturally diverse society helped me sharpen my awareness sensitivity for different aspects of cultural diversity. And seeing the cultural context of international student makes me be critical of my hypothesis, my assumptions about a lot of things.I think I can be a more culturally sensitive therapist when I go back to my home country.</p> <p>I remember before I came to the US, I thought everybody is the same... But then when I come to the US, I recognize, Wow,</p>

		there is so much more to learn about multicultural. And then I recognize that there are diversity in my home country.So now I am more and more interested in the cultural diversity in my home country and will do some more research about that” (case HC)
5. Support/encouragement from practicum sites/academic program	Variant (2)	“People in my program yeah they are very patient and very understanding about having international trainees there. so, yeah, they are very open to having any kind of discussion and often times invited me to have discussion about any difficulty referring to culture difference or culture gap or whatever, including my acculturation levels, so I really appreciate that” (case RK)
B. Areas in need of improvement in clinical training		
1. A lack of cultural sensitivity in supervision and/or academic programs	General (8)	<p>“last year actually I am doing a practicum in another agency and early on the supervisor didn’t give me any clients.. later on she told me what happened.. She told me at first she at first she was really concerned you know about my language skills, my client will be very tough on me she’s trying to protect me so you know that kind of stuff, so at first I don’t have any clients, for the first few weeks because she’s concerned about it” (case LT)</p> <p>“I usually bring up discussion of my cultural identity in supervision and I don’t think a lot of the times it draw attention of the supervisor” (case QZ)</p> <p>“I would appreciate the professors or the program can really take international training seriously and at least they have some experience working abroad or teaching abroad. So they would be more aware of international students’ needs, instead of letting students struggle and advocate for themselves. Especially if they just came to the states and they don’t know anything about this mental health field. Actually I am the only one in the program that is</p>

		international.” (case WX)
2. Not enough multicultural training in academic programs	Typical (6)	“if I could see more clients from the same country as me, .. or study a certain specific topic related to a specific cultural group in my home country, of course that would definitely be more helpful. Or have a seminar specific, study topic related to my culture of origin; that would definitely be more helpful for me.” (case HC)
3. Need more opportunities to work with diverse client	Variant (3)	“Maybe, it’ll be, like, it’ll be better for me to have more chance to see like diverse clients, including people from, like, same country as me. Yeah” (case JJ)

Note. N = 10. “General” indicates that this category occurred for 9 or 10 participants; “Typical” indicates that this category occurred for 6 – 8 participants; “Variant” indicates that this category occurred for 2 – 5 participants.

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