Relational Social Work Practice with Asian American Populations

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Introduction

This chapter describes the essentials of relational social work practice with Asian Americans by establishing the connection between the relational framework and cross-cultural practice. The terms Asian Americans and Asian are used interchangeably, emphasizing that they are a heterogeneous group (Leong and Lau 2001) and have acquired cultural roots from many of the world (Hines et al. 1992). The Asian population, including Asians alone and in combination with another race, represents 5.6 % of the United States total population. The top ten Asian ethnic groups in 2009 were Chinese (3.8 million), Filipinos (3.2 million), Asian Indians (2.8 million), Vietnamese (1.7 million), Koreans (1.6 million), and Japanese (1.3 million) (US Census Bureau 2011). The 2010 census reported that the Asian population grew at a faster rate than any other race (US Census Bureau 2011). Knowledge of relational social work practice with Asian Americans is, therefore, increasingly important (Gamst et al. 2001; Lyons 2006; Wright 2009) for reasons of numbers and also for reasons of relevance to specific cross-cultural needs of this population.

Relational Social Work Principles with Asian Americans

Relational theory's attention to the client's connections with her/his cultural and social context helps to express attunement and mutuality in the helping process, a precondition to experiential learning as a means of identifying issues and enhancing

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client strengths (Tosone 2004). Internal issues, interpersonal relationships, and patterns of connection encountered within the relational co-construction of meaning and inquiry with the clinician are explored as replications, or not, within the larger environment. Using relational theory as a base for work with Asian clients, the social work clinician identifies the cross-cultural factors in their own relationship-building process that may affect the clients' beliefs concerning these environmental connections.

Certainly the similarity in backgrounds between client and clinician plays a role: resistance, through overcompliance (more culturally congruent for most Asians), or outright rejection of the relational practitioner's reflection of understanding becomes the road to more robust collaborative planning as the two parties discuss perceptions and misperceptions. Resistance may stem from transference and countertransference and/or be a reflection of straightforward cultural lack of attunement. In any of these cases, resistance allows authentic not knowing and inquiry by the relational clinician that validates the mutuality of the clinical endeavor.

The relational social work practitioner working with an Asian clients begins with a practice hypothesis that the client may not represent only one cultural, racial, or ethnic background. The amalgamation of internalized models and expectations demonstrates that relational work with any population, and particularly as complex a population as that identified as Asian, requires special attention to distilling the individual client's interpretation of her/his worldviews, context of change, goals, and use of a therapeutic relationship itself. From a cross-cultural perspective, the clinician confirms or disconfirms with the client a hypothesis of the core problem for therapeutic attention. One theme for inquiry is an analysis of the client's cross-cultural interactions with significant individuals and surrounding environments. The aim is to identify knowledge, skills, and values for working with Asian clients and specifically Asian clients who are affected by their multiple roles and diverse cultural experiences and expectations. This relational theoretical framework provides a bridge to connect the clinician with knowledge of the client's personal subjectivity in order to align practice principles for effective work with Asian clients.

When seeking help, most Asian American clients, regardless of their ethnic background, look up to the clinician as an expert (Leung et al. 2012). Recent Chinese immigrants, for example, respect scholars and clinicians with a strong academic background (Cheung 2009). In most contexts, when the clients view the clinician as an expert, their resistance level will be reduced, and their participation in the therapeutic process significantly increased (Sodowsky 1991). Because of this "expert-is-best" view, it is essential for the social work clinician to help clients understand that this expertise can be passed on to them by receiving the most up-to-date information to resolve current difficulties. Even if the clinician is new to working with Asian clients, he/she[1] can increase competence by asking culturally relevant questions to gain the trust of clients, such as asking about the cultural

[1]The pronoun "she" has been used in the chapter to include both genders.

meaning of their ethnic names. Trust also can be built when the clinician does not attempt to display a thorough knowledge about the culture and instead asks questions to understand from the client's unique perspective (Chu 2007).

While relational practice emphasizes the interpersonal exchange as the vital ingredient in engendering a client's capacity to reflect and discover hidden aspects of self that affect presenting problems, the manner of that exchange must be culturally acceptable. Asking about feelings, for instance, can be threatening to Asian American clients who are not inclined to be guided by or share emotional experience. When such a line of inquiry is bracketed by purpose clarification, it is more tolerable. It is fair to say that relational practice that is culturally competent uses the principles of emotional attunement and mutuality to downplay direct emotional exploration with Asian American clients until the collaborative goals and treatment planning are confirmed.

Current research literature addresses ten practice principles that relational social work clinicians can implement in order to build culturally competent expertise. As the case material will demonstrate, the straightforward organization of how these principles are connected to clinical practice is particularly germane to work with Asian Americans, who value clarity and road maps for work (Chu 2007). The acronym "COMPETENCE" is used to represent these ten guiding principles:

1. **C**omposing assessments and treatment plans that draw upon relational thinking and concrete outcomes (Silverstein et al. 2006)

This principle highlights the importance of connectedness between the clinician and the clients, through which the client participates in establishing a concrete plan of action to deal with the presenting issue. Mutual respect when first engaging the client is an important practice component to help connect with Asian American clients. Generally speaking, Asian Americans would prefer to engage in activities that achieve concrete outcomes rather than merely sharing feelings (Gutiérrez 1990). It is essential to show professional readiness through mutual goal setting in which the clinician demonstrates professional confidence. First, the clinician should conduct an assessment to become more knowledgeable about the client's cultural background and language preference. Then, the clinician should ask what outcome the client would like to accomplish. Being humble while at the same time demonstrating expertise through proper assessment procedures can help the clinician project a co-constructivist image throughout the helping process.

Since many Asian American clients are recent immigrants, an important component of this principle is to identify language proficiency (Spencer et al. 2010). If the clinician does not know the client's native language, it does not make her/him less of an expert. The priority is not fluency, but appropriate not knowing and guided inquiry. Asian American clients value the use of nonverbal language to convey messages, rather than directly talking about the content (Ino and Glicken 2002), which is congruent with the relational emphasis on interpersonal process. Specific tools such as drawing, collage building, or storytelling are alternative ways of symbolizing collaborative exploration and empathic attunement.

Many Asian immigrants understand English but cannot express their feelings in English. Encouraging clients to express emotions or issues in their preferred language is an empowering method, and the relational social worker's willingness to struggle with understanding underscores co-construction of meaning both literally and emotionally. Referral or use of a translator may be necessary, but must arise out of mutual agreement and the clarification of the importance that the client is able to feel understood. In most social work settings in the United States, particularly in rural counties, cultural translators are not readily available (de Anda 1984), and their use challenges the relational practitioner to concentrate on body language and eye contact as the primary bond with the clients. In Asian cultures, using a child (regardless of age) or a family member as the interpreter is not culturally sensitive, since it demeans the authority image of the speaker (Ngo-Metzger et al. 2003) and violates the importance of privacy and relational intimacy in the clinical social work exchange (Ino and Glicken 2002).

As a relational outcome, enhancing the client's ability to locate and utilize culturally congruent resources is an extension of the relational clinician's attunement to clients needs. This adaptation of collaborative treatment planning extends the clinician's role as an important interpersonal relational partner, allowing the clients to feel excited that they can speak their native language to express worries or disclose challenges that are difficult to share in a second language. This also allows them to have concrete demonstration of the relational clinician's concern for them and to their families. Generally speaking, Asian Americans prefer to engage in activities that achieve concrete outcomes; they do not naturally tend toward sharing feelings (Gutiérrez 1990). Asking what outcome the client would like to accomplish establishes mutuality by being humble, while at the same time demonstrating expertise projects a secure relational bond.

2. **O**bserving the cultural construction of self and its relationships with one's own definition of relational dynamics (Duffey 2006)

Beyond immigration or citizenship status and age, other factors may influence cultural definitions of self, such as gender, ethnicity, marital status, generation in the United States, household members, and financial position. All of these factors are compounded by past experiences that may have spurred immigration, such as wars or other traumatic events (Leung et al. 2010). Using concrete steps to deal with unresolved problems is an important service expectation for the Asian client (Gutiérrez 1990). Through a relational assessment, the clinician can identify relational outcomes as defined by the client's ability to disclose self-identity or the use of self as affected or altered by both current and previous cultural experiences. This assessment can be evaluated by the concrete use of techniques such as verbally valuing the client's input; using creative arts, homework assignments, or exercises to help the client visualize tangible outcomes; charting progress; praising courage to tap into interpersonal relationships as a source of strength; or identifying family support.

3. **M**aximizing the importance of interconnections between mental health factors and the client's social and cultural context that may affect the choice of coping mechanisms (Danner et al. 2007)

Many Asian American clients believe that seeking help means showing deficiency in their coping abilities (Leung et al. 2010). Furthermore, they may feel ashamed and uncomfortable when people have any concerns about their family member's behavior (Ino and Glicken 2002). As a result, clients may use a coping method that saves "face" and avoid sharing their true emotions to others outside of the family. By withholding these emotions and concerns, the root of the problem cannot be addressed (Ino and Glicken 2002; Tsui et al. 2010). The clinician's assessment which may include normalization or universalization techniques, focuses on the fact that many Asian immigrants or families face similar problems (Ka'opua et al. 2005). If clients understand how others typically react to the same problems, they may feel less intimidated by their situations and start disclosing their own reactions. This normalization process helps clients accept their problems as part of life rather than a source of shame. When clients are able to admit their struggles without indignity, they will be less reluctant to find possible solutions (Ahmad et al. 2004). During the assessment phase, coping is reframed as using resources to change the situation, not as a way to hide the problem or escape from it (Tsui et al. 2010). The clients will then become aware of ways to resolve these issues in order to prevent further damage to the family.

A relational outcome from this principle is a feeling of personal acceptance. It is important to help the Asian client accept who she is and not to lose hope in a positive future (Cook and Hayes 2010). When the client knows the cultural meaning of a relational choice to maintain a positive image with the family and others, she will find meaning to support a future action or plan.

4. **P**rioritizing the interconnection between heritage/tradition and personal perceptions (Oyserman and Sakamoto 1997; Wachtel 2008)

The clients can often find a harmonious connection between traditional beliefs and the societal values relevant to her/his current tradition by sharing about her cultural adjustment. Cook and Hayes (2010) call this "acceptance-based coping styles" (p. 186). In this situation, the client will perceive cultural tradition as a helpful tool for finding solutions or ways to reduce psychological distress. However, in the event that there is disharmony between these two elements, the clinician may need to explore the possible ways that traditional values and beliefs may have negatively affected the client's emotions and help the client analyze how to reverse these negative feelings. By asking a client about the most memorable cultural learning or most daunting cultural barrier, the clinician may learn more about how this upbringing may have caused a tendency for the client to stick to only one perspective that may not be helpful.

A relational outcome from maintaining this principle may include the use of symbolism to represent a personal struggle. Using cultural proverbs and metaphors with meaningful elements tends to instill hope in the client's thinking; then, she/he can clearly identify her present contributions to the future solution-seeking process. Employing familiar cultural symbols to represent their adaptability can bring the clients to a higher level of self-acceptance. This mindfulness outcome is not about hiding or resignation, but about the connectedness between self and others (Cook and Hayes 2010).

5. **E**xploring the power of healing which takes place in the context of mutually empathic growth-fostering relationships (Shibusawa and Chung 2009)

Asian cultural backgrounds usually contain healing traditions and practices. Even when physicians have provided them with referrals, many Asian American clients do not access mental health services when needed (Ino and Glicken 2002). Often, these clients hold strong beliefs that mental troubles are caused by evil spirits or wrongdoings in a previous life. As a result, they may also believe that their problems will be dissolved only by good deeds and being spiritually enriched (Chhean 2007). Many also practice the self-administration of alternative medicine such as herbal supplements (Nguyen et al. 2011).

Sometimes these strong beliefs can increase the psychological motivation to build inner strength to fight against adversities (Tyson and Flaskerud 2009); however, if these treatment alternatives have been incorrectly applied, the client's problems can become worse and result in medical neglect. The social work clinician who respects the importance of different healing methods may help the client analyze the benefits of different treatment methods using available evidence. Instead of strongly opposing the use of an alternative, the relationally informed social work practitioner uses educational information to help the client make the best combination of treatment choices. Most Asian American clients will appreciate a clinician's input so long as evidence is provided to support (or not support) the use of certain healing methods (Simpson and Long 2007).

One example of an alternative healing method is the practice of coining. Traditionally, this method involves using a coin to massage the patient's pressure points in order to chase *bad wind* out of the body for the purpose of healing headaches or body aches. It is not appropriate for the social work clinician to outright reject such a method without knowing much about it. Rather than minimizing or overexerting expertise, the relational clinician can acknowledge the significance of the method a client suggests and advise the client to consult with trusted traditional healers to learn more about this method and possibilities of selecting alternative methods.

A relational outcome that results from this principle is that the client will grow to appreciate the clinician's authentic interest, especially when the clinician can recommend different treatment outcomes as well as be open to the client's viewpoint about traditional methods of treatment. The use of concrete evidence when supporting a treatment decision is the key to achieving this outcome (Cheung et al. 2011). Once a connection has been established between the client's culture and concept of healing, the clinician might want to use questions to evaluate the safety and efficiency of the client's healing methods and gauge her receptivity to clinician input.

6. **T**aking a partnership role with clients by establishing a working alliance (Shonfeld-Ringel 2001)

A healthy partnership relationship requires the establishment of a working alliance for helping clients appreciate the meaning of life (Meyer et al. 2011). It emphasizes that there are many ways to resolve a difficulty, but a willingness to communicate with others is essential for all of them (Atkinson et al. 1995). The

treatment focus is, therefore, to free clients from their perceived *cultural barriers* to allow working alliances with the social work clinician and others to develop. A positive initial contact often determines the success of such interaction (Meyer et al. 2011).

In addition to identifying cross-cultural factors, a second key to relational practice with Asian Americans lies in the social work practitioner's ability to reference her/his own role. This clear introduction can help Asian clients understand the importance of working together with the social worker when connecting their troubles to the surrounding environments. One potential environment is the client's own family. First, the client must acknowledge the fact that she/he is part of this powerful system in which she/he is embedded. Once the immediate environment is connected, the client would perceive the social worker's assistance to be helpful, particularly when therapeutic activities are planned to enable the client to experience the importance of the worker-client linkage. To most Asian clients, establishing a relationship with a mental health professional may mean risking their "model minority" image (Chou 2008). Therefore, it is culturally more acceptable to reframe the helping relationship as one concerned about mutual support and community health (Leung et al. 2011).

The therapeutic relationship can be facilitated when the *wholeness* concept is used, taking into account the client's concept of the body-mind-spirit connections to healing. This healing process is initiated from within the client's own definition of her /his culture. Since the definition is culturally relevant to the client, the client will work toward achieving the goal of connecting her/his concept of holistic health to the promotion of physical and psychological well-being (Chan et al. 2006). For instance, when working with Asian American clients with depressive symptoms, clinicians may want to consider linking their mental health needs to healthcare concerns (Kim and Keefe 2009; Leung et al. 2012).

A relational outcome from this principle is a minimization of the client's resistance to trying methods that otherwise would be interpreted as negative cultural experiences. Many times a reframing method helps place the problem in the background and place the positive intent to improve in the forefront (Roesch et al. 2006). Should a client have difficulty engaging in a working alliance, the clinician may reframe seeking healthcare as a method for emotional healing to help the client overcome cultural or personal barriers and enhance emotional coping.

7. **E**xpanding the meaning of culture, cultural ideologies, and social networks (Comstock et al. 2008)

A "growth-fostering" strategy that focuses on the client's future development is advised in the treatment process (Shibusawa and Chung 2009). This strategy not only utilizes the cultural contexts of the client's past experiences but also addresses the future aspect of the ever-changing environment in which the client functions. For immigrants and visitors, this means that growth may rapidly result in expanding friendships, taking advantage of learning opportunities, assuming leadership roles, and building occupational or professional networks.

One relational outcome from applying this principle to practice is an understanding of the importance of connecting with social networks that are available in the

client's culture and immediate environment. Linking Asian Americans to resources through which they can show pride in their cultural heritage may help clients feel a sense of belonging in a community.

8. **N**avigating through and connecting clients with local, national, and/or global resources that can affect change (Folgheraiter 2004)

Many Asian American clients still have family connections in their country of origin. These relatives may be able to provide additional support or connect clients with other relatives and friends in the local community (Gunnings 1997). It is also important to find out if a client knows how to access local cultural centers that provide social and educational services such as English as a second language, citizenship preparation, job training, and knowledge of cultural events in the client's location. The linguistically competent staff in these cultural centers can assist clients with finding resources, overcoming language difficulties, and identifying ways to deal with cultural adjustment issues (Cheung et al. 2011). One relational outcome the client may gain from this "resource" principle is a sense of gaining community support that results in a renewed appreciation of her cultural heritage (Kim et al. 2006).

9. **C**onducting evaluations to support the effectiveness of practice within the client's environment (Saari 2005)

One initial evaluative option often used in clinical social work practice is to design an exercise for the client to focus on her strengths in dealing with stress or crises. For the Asian American client, it is especially important for the clinician to assess the client's ability to turn a problem situation into a positive learning experience and design a measure for the client to report progress and success.

A cultural identity crisis is common to many Asian American clients. When the client is adjusting to a new or culturally different environment, she/he may feel torn between the two cultural identities and challenged by two sets of cultural values. When an Asian American client cannot express well in English, the clinician can encourage the client to write down a few words in each session and then use these words to start journal writing as a tool to record concerns, needs, and intense feelings. Journaling in a native language may allow clients to think through issues before attempting to dialogue about them. By assisting the client to interpret and discuss the content within the journal, the clinician may discover the client's view of the environment, particularly regarding the new culture and the people surrounding the client. The clinician can then assess the client's ability to deal with adversity. If the clinician identifies areas still in need of growth or change, she/he can use this evaluative data to plan new therapeutic assignments to engage the client.

A possible relational outcome could be a record of successful changes. Although journaling is a technique used in teaching students how to reflect their learning in a concrete measure (Gursansky et al. 2010), it has been found to be applicable to engage nonverbal clients or clients from a different culture to reflect on their unsolved feelings through writing (Taylor and Cheung 2010). When Asian clients are encouraged to use a short 1-min writing (such as word association) in a session using the language of their choice, they will be able to further address their

overwhelming feelings before trying out different methods of cultural adjustment or family communication. These methods may then serve as a bridge for clients to express their feelings.

10. **E**nhancing knowledge and updating psychoeducational information for clients to process a culturally relevant definition of mental health (Mijung 2007)

Most Asian clients consider learning as a lifelong process (Lee 2004). When the client is feeling doubtful about the effectiveness of clinical social work services, it may be an opportunity to draw upon the client's motivation to learn. Reframing therapy as a search for knowledge will help Asian clients feel comfortable with evidence that defies cultural myths about mental health (Cheung et al. 2011).

A relational outcome from the psychoeducational principle is that clients will be better informed about mental health and thus better able to think about how their culture may affect their families' understanding of mental issues. In most Asian cultures, when the clinician is enhancing the client's knowledge about treatment options, the client feels better about the treatment being provided (Nguyen et al. 2011).

Unique Clinical Social Work Skills with Asians: Case Studies

Although the clients come from different Asian populations, the clinician can extrapolate major principles for working with Asian clients from the case studies described below. Clients from any ethnic background can struggle with similar cultural adjustment issues. Diverse client populations can include international émigrés, those who relocate for work, school, or marriage, as well as other versions of dislocation that apply beyond Asian American populations. Nonetheless, a more authoritative tone, posture, and activity of input are congruent applications of relational concepts to clinical work with Asian American clients. These shifts reflect the adaptability of the relational approach, in which the way the client can use the clinical social work process illustrates reciprocity as a key principle. Three short cases are offered to describe typical Asian American scenarios and some specific adaptations; a fourth case is explored to illustrate the specific application of relational social work with an Asian American client.

Case 1: A Korean International Student's Suicidal Thoughts

Seo, a graduate student (age 26) from Korea, was admitted to an inpatient psychiatric unit because of suicidal ideations. Her husband, Min, stated that Seo has been acting differently, and he is afraid she might kill herself. During the psychosocial assessment with Seo, the relational clinician inquired about Seo's family background. As an Asian American, family membership is critical irrespective of years and miles of separation. She is the firstborn, living with her parents and younger sister before she immigrated to the United States. During her childhood, her father

was extremely strict and verbally abusive to her and her sister. Describing this, Seo became depressed and briefly mentioned that her sister was disowned and not allowed to attend Seo's wedding, giving no explanation about why and how her sister was disowned.

Before coming to the United States, Seo was extremely nervous about her parents' expectations that she complete doctoral studies, even though she had always loved school. After 4 months in the United States, Seo began feeling sad because adjusting to school and speaking English were difficult. She felt like a failure because classmates tended to ignore her and not include her in group activities. Before the end of the first semester was over, Seo took sick leave from the university. She called Min constantly, urging him to come to the United States. He came immediately, and they have been married 1 year.

When the relational clinician noticed that Seo could not express herself well particularly when talking about her family, she noted the apparent impact of stress on her language skills. While Seo attributed this to language barriers overall, the clinician determined that talking about feelings and relationships was creating distance rather than attunement in the clinical process. Asking Seo more about her own perceptions of dealing with distress, the clinician learned that Seo believes in "qi" (meaning "air within") breathing exercises. The social worker encouraged Seo to show her how to do "qi," and they did it together. After the third session, Seo stated that suicidal thoughts were no longer a part of her thinking. Although all the meanings of this shift are not known, it is apparent that co-construction of a meaningful approach to the presenting problem and mutuality of its pursuit were sustaining for this client.

Case 2: A New Immigrant's Troubles

Ai is a 38-year-old woman and a new immigrant from Vietnam. She sought help from a social service agency specializing in domestic violence. Ai appeared sad and frustrated as she spoke of her experience in the United States, a place she called the "foreign land." As she described her journey to the United States, she began to sob and said, "I was a successful business woman in Ho Chi Minh City and saved $100,000 to come to join my husband in the United States. After I gave my money to my husband, I became nobody and lost everything." Ai's husband promised her the money would be used for building their future. However, her husband deposited the money in his individual account, saying that Ai did not have any bank credit to open her own account.

Two months ago, Ai discovered that her husband had a mistress. Ai was deeply shocked by the situation. To make the matter worse, the mistress came to look for Ai and physically assaulted her. Ai called the police, but no report was filed because they could not find injuries.

Ai stated that she was not allowed to leave the house without her husband and the only time she interactions with others was when she worked at her husband's grocery store. One day she decided to leave her husband after being yelled at, pushed, and slapped. She asked for help by calling the agency's hotline and then moved to an

emergency shelter. The hotline staff asked a bilingual social worker to accompany Ai when she arrived as she could not understand English. She cried because she had no friends or family in this country. She had family back in Vietnam, but she was afraid to tell them about her troubles. Ai stated that she was well liked in her community and was known to be successful. If people in her hometown discovered what had happened, Ai stated that she would lose her sense of pride and dignity.

The social worker informed Ai that she could stay at the shelter for at least a month. During the stay at the shelter, the social worker helped Ai look for affordable housing and a job so that Ai could become self-sufficient. Furthermore, Ai decided to register for a class to improve her English.

Case 3: Concerns About Being a Refugee

San (age 12) came from Burma 2 years ago with his parents, Pha and Suu. Last year upon arrival to the United States, San entered Grade 4 because he did not perform well in his language and math proficiency tests. His close schoolmates were primarily of Latino descent. San was always mistakenly identified as Latino because of his skin complexion and large eyes. He disliked being called "Asian" because his Asian peers never seemed to welcome him.

San was referred to a school-based social worker after being involved in a group fight at school. He said he did not hit anybody; his friends simply asked him to help when they were verbally assaulted by another group of students. San did not want the social worker to see his parents. When asked about the reason, he said his parents do not speak English and that they always ask San to be their "language helper." San always felt embarrassed by his parents because they look like refugees, and he hated being called a "refugee." When asked about his definition of a refugee, San said the word "refugee" reminds him of killings. He is afraid of seeing these bloody images again.

San preferred to speak like his peers and only wanted to hang out with his Latino friends. At home, he hated to speak Burmese, but he could understand the language. When school started, he always got into trouble because he decided his teachers were biased against him. He failed English and Math in his first 9-week school report (Grade 5), and the teachers wanted him to retake the tests after school this week. He said he could not concentrate well enough to take the tests. His teacher assessed that San lacked writing skills and did not cooperate in class. He said he always felt depressed at home because he could not see any possibilities for his future. He said he felt invisible and ignored as an older student.

Reflections from the Cases: Assessment

Relational assessment focuses on both internal and external evaluations of the connection between self and others. Major assessment components include external realities like the client's socioeconomic and environmental contexts, including

immigration-related issues, but also require psychodynamic attunement through relational recognition, assessment of self-states of client and clinician as they interact, and context management in terms of culturally meaningful methods of intervention (O'Connor 2006; Shonfeld-Ringel 2001; Toasland 2007; Tosone 2005). Using Case 3 (San) as example, these three components will be analyzed to help the client resolve interpersonal issues and identify context-based solutions.

Relational recognition. During the relational recognition component of assessment, the clinician must first make primary appraisals of the client's problem from the perspective of a social worker or clinician. This may be done by inquiring about the client's initially presented concerns. In the case of San, the relational clinician should ask about his problems with his schoolmates, his difficulty identifying himself as a refugee, or any other concerns he would personally identify.

Once the primary appraisal is complete and the client has begun to work toward resolving her concerns, it is important that the clinician complete a secondary appraisal. At this point, the clinician not only identifies the continued presence of ongoing difficulties but also evaluates the effectiveness of treatment, including any barriers the client may be coming against. The clinician must remember to keep the client's background in the forefront when identifying and attempting to remove barriers in a culturally sensitive way. For instance, San's relational clinician would want to know if his relationships with his peers were improving and, if not, what obstacles were getting in his way. Once San has identified his role in the problem, the clinician might also ask San what he has done differently in his relationship with his parents, including both the actions that were helpful and those that were not helpful. The clinician would also want to pay particular attention to San's willingness or unwillingness to identify himself as a Burmese refugee and how that is affecting his ability or inability to improve his relationships.

Finally, the last step of relational recognition is to identify the client's emotional responses to healing plans. During the healing process, clients often encounter upsetting and fearful emotions as well as feelings of hope and accomplishment. For San, this may mean facing the difficulty of the killings he witnessed or accepting his identity as a refugee. The clinician needs to be empathic to the emotional difficulty of these tasks. On the other hand, San may experience an increase in motivation at school or a sense of hope about his future which he once thought was bleak. The social worker may also ask San about these emotions and validate his new feelings of self-efficacy.

Relational assessment of self. During this part of the assessment, the clinician may initially help San understand his personal construction of self, how he sees himself functioning in relation to others, and what risk and protective factors are regarding the client's feelings of safety. The relational clinician includes her own self-assessment: transference and countertransference are identified but may not be pointed to directly; the clinician's direct self-experience with the client and sense or alignment or misalignment with the client's prevailing self-state are methods of seeking more open interpersonal connection.

In San's situation, the clinician should ask him about the events and experiences in his past that he believes most affected him. As the clinician moves San into thinking

about how his construction of self relates to others, she may want to ask about the roles of his parents and friends. For instance, the clinician could ask how his parents reacted to the killings the client witnessed or how others, including peers and teachers, have made him feel about being older and behind in school. Then, the clinician could identify areas that affect San's feelings of personal safety, taking into account his culture and previous traumatic experiences. The clinician could ask how he felt during the fight with his peers or what it means to feel like his teachers are always biased against him. The clinician could also ask San about how he coped with being in danger in the past and identify his priorities for selecting sources of support, including what it is about his Latino friends that make him feel safe and accepted.

Context management. Once the clinician has helped San identify areas of protection and safety, she may guide the client in keeping and expanding these protective factors and locating further environmental support. For instance, San's clinician would want to know which people San most likes talking to because they listen and understand his background. San might be guided with solution-focused questions to evaluate the support he has received or the actions he has taken that have helped him grow or identify ways for him to help others. It could also be helpful for San to think about how his difficult relationships, like with his parents and teachers, may be transformed into supportive ones. In other words, what would San need for this to happen? The clinician may then guide San to imagine a solution by saying "*I think this would happen when I…,*" with San completing the statement in his own way.

Reflections from the Cases: Evaluating Practice

Professional clinical social work requires the practitioner to monitor her own practice in ways that reflect her capacity to develop an interpersonal attunement and relationally devised steps of problem definition and treatment. This evaluation framework includes cultural comparisons, relationship-building successes and failures, and the client's growth toward mutually constructed goals that are evidenced by both practical change and capacity for self-reflection. As a mental health professional, the clinician identifies skills and understanding of the relational framework that are learned through study and practice with real-world case interaction. For diversity practice, the cases must cover areas that are unfamiliar and challenge the clinician to apply the relational theory steps that invite discovery of common alliance within cultural differences. Using holistic methods that embrace the client's context and culture is accomplished by evaluating the client's background, his/her definition of self, and the strengths as well as limitations presented by the client's culture. The relational clinician focuses on the skills necessary to carry out activities that accomplish the client's life objectives in his/her cultural context, setting aside a priori definitions of a singular model of health. Core components of practice are expanded from a problem-solving model to include relationship-building skills

from a dual perspective for self-development. Finally, the clinician integrates *lessons learned* into an overall treatment plan. This involves helping the client turn real-life situations into positive lessons or outcomes. The clinician may ask the client solution-focused questions to suggest ways to incorporate this learning and to measure the client's accomplishments.

Asian American clients, particularly those who face cultural adjustment issues, need time to digest suggestions from the clinician. It would be helpful to bring attention to their strengths so that their thinking will not be connected to a negative self-image or necessarily be about their coping with a past trauma. In order to help Asian clients deal with adversity, clinicians may use questions (or statements) that focus on positivity, strengths, relationship building, solution-focused thinking, and mutual respect. These statements and questions should highlight plans that draw upon relational thinking and concrete outcomes. When Asian clients are informed that the purpose of a program or service is for their future planning, they tend to respond positively (Lee et al. 2011).

The clinician may ask the client to examine her cultural construction of self and her relationship with the client's own definition of successful functioning in relationships with others. Questions should aim at maximizing the importance of the interconnections between mental health factors and the client's social and cultural context that may affect her choice of coping mechanisms. It is also important to emphasize the interconnection between heritage/tradition and personal perceptions. In exploring the power of healing which takes place in the context of mutually empathic growth-fostering relationships, the clinician can also identify the partnership role with the client by establishing a working alliance. Helping the client navigate through and connect with local, national, and/or global resources can effect change as well as expand the meaning of culture, cultural ideologies, and social networks. In this process, the clinician can assist the client to use knowledge and update psychoeducational information to process a culturally relevant definition of mental health. The use of the solution-based questioning technique aims to empower clients to appreciate their strengths and relational connections so that they can move in a positive direction based on their learning through therapy. These questions should be used with the clients' cultural and social contexts in mind.

Conclusion

In this chapter, three major relational components in practice were demonstrated as therapeutic steps as clinical examples with the diverse Asian client populations. In the first step, the social work clinician establishes mutuality and attunement that invites client reflection. Second, the clinician identifies the client's internal and external strengths to create an empowering treatment plan. Third, the clinician encourages the client to collaborate on evaluating outcomes to demonstrate mutual respect as a relational thinking tool in interpersonal relating.

Relational social work connects the client with internal and external resources. Seeking help from a professional is a way to gain emotional support. The client may share difficulties with an expert because she wants to hear an echo of support for her decisions or solutions. Mutually constructing and reflecting on self-empowerment enables the clinician to assist the client in thinking beyond original and often deferential expectations by identifying boundaries, realistic goals, and both intrapsychic and social barriers to be addressed.

When Asian clients positively and constructively look for support, they would like to hear praises from their clinician that confirm that they are making a sound decision in help seeking. Internally, the clinician encourages the clients to commit to continuous learning. Once the clients can find internal peace in their thinking patterns and maintain positive values, they will be able to develop social competencies and connect to their cultural identity in a positive way. When the clients are able to find meaning in their cultural background or heritage, the clinician can help them reframe their strengths and form positive relationships.

To say clinicians must be patient and culturally sensitive is a summary of the complex psychodynamic processes that go into creating any interpersonal connection. When obvious points of disconnection are most visible, such as in the cases that involve cross-ethnic communications, in many ways the process is more evident. Relational social work directs the practitioner to assume a state of not knowing, empathic attunement to establish an intent and invitation to know, exploratory inquiry to test understanding and allow mutual work, and co-constructed meanings of client communications to emerge. Identifying issues so that the client can relate her/his thinking to the clinician's explanation and thereby expand self-awareness must precede the collaborative pursuit of possible solutions. The complexities in clinical practice with culturally diverse clients require the clinician to connect with the client's perspective, parameters of action, and strengths that have constituted coping thus far. The quality of the interpersonal exchange is itself a therapeutic element that engages the client in self-reflection rather than automatic reactivity. Alongside treatment planning for direct changes in behavior, which Asian American clients particularly seek, the culturally sensitive clinician attends to the relational matrix so positivity and hope can be instilled.

Study Questions

1. When considering the steps that are necessary when working with Asian American clients, which cultural factors are the most important as a relational clinician?
2. Describe two ways that "being culturally sensitive" would be demonstrated by a relational clinician who is working cross-culturally with an Asian American client or family. How would those ways differ, or not, for a relational clinician working within her own Asian American population?

3. Describe the stereotypic Asian identity and ways that stereotype affects the client's self-perception. What skills would a relational clinician use to explore self-image?
4. How does a clinician use relational-based strategies to address concerns a client expresses about another family member?
5. Explain how the social work clinician uses self-reflection to help an Asian American client realize both the existence of inner strengths and the importance of an external support system.
6. Choose one case from the chapter and write an additional therapeutic question or statement for each of the ten COMPETENCE areas with a focus on working with Asian American clients. Your questions should demonstrate how to address:
   (a) Mutual empathy in relationship building
   (b) Co-construction of treatment planning
   (c) The balance between being humble and demonstrating professional expertise

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