

7-2014

Using SFBT in Hong Kong: Initiatives from Hong Kong Master of Counselling psychology students and implications for cultural contexts in Australia*

Ann Moir-Bussy
AMoirbussy@usc.edu.au

Follow this and additional works at: <https://digitalscholarship.unlv.edu/journalsfp>

Recommended Citation

Moir-Bussy, Ann (2014) "Using SFBT in Hong Kong: Initiatives from Hong Kong Master of Counselling psychology students and implications for cultural contexts in Australia*," *Journal of Solution Focused Practices*: Vol. 1: Iss. 1, Article 5.

Available at: <https://digitalscholarship.unlv.edu/journalsfp/vol1/iss1/5>

This Article is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Article in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Article has been accepted for inclusion in Journal of Solution Focused Practices by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

Using SFBT in Hong Kong: Initiatives from Hong Kong Master of Counselling psychology students and implications for cultural contexts in Australia*

Ann Moir-Bussy

University of the Sunshine Coast, QLD

Solution-Focused Brief Therapy (SFBT) is a therapeutic approach which was developed primarily based on Western culture, beliefs and ideals. Six Master of Counselling Psychology students in Hong Kong participated in a clinical practicum for one semester during which they had the opportunity to apply the principles of SFBT with Chinese clients. The paper commences with an overview of the development of SFBT and counselling in Hong Kong, followed by the cultural context considerations. Three case examples, in addition to the learnings, cultural challenges and experiences from the student counsellors are provided. The implications for the use of SFBT in the Australian cultural context are briefly discussed.

When introducing Solution-Focused Brief Therapy (SFBT) to a culturally different group to the one in which it was designed, the new context, philosophical values and beliefs all need to be taken into account. A group of Master of Counselling Psychology students in Hong Kong undertook a clinical practicum during which they explored the use of SFBT with a diverse range of clients, including children with special needs and disabilities, adolescents and mental health clients. This paper will commence with an overview of the development of SFBT in Hong Kong, followed by a brief discussion of the Chinese cultural context. Next, three case examples where SFBT has been applied by the Master student counsellors with real life clients will be provided. Each case study uses pseudonyms and permission was obtained from parents to use the drawings in presentations and publications. Then the challenges of using

* The author presented a version of this paper at the FIRST Australian and New Zealand Solution-Focused Conference, Gold Coast, Queensland, in July 2013.

some of the SFBT techniques, specifically, giving compliments and the use of the miracle question will be explored. Finally, brief implications of using SFBT within Australian cultural contexts will be discussed.

The Development of SFBT in Hong Kong

The first SFBT training program was conducted in Singapore and Hong Kong around 1999–2000 under the leadership of Insoo Kim Berg. The original training team included “Brian Cade, Michael Durrant and Therese Steiner” (M. Durrant, personal communication, 2014). In 2004, the Academy for Solution-Focused Therapy Training was established and in 2006, the “Academy... organized the first Asia-Pacific Solution-Focused Conference” (M. Durrant, personal communication, 2014). In 2006, a second academy was formed and was named the Brief Academy (M. Durrant, personal communication, 2014). At this time, SFBT did not have a very big following and some negative experiences in using the miracle question created a poor reputation for its usefulness. Furthermore, most counsellors and psychologists were not aware of and subsequently did not use SFBT. However, today, both organizations have continued their presence and involvement in events held nationally and internationally (Durrant, 2014). There were also some local publications written in Chinese including *Solution-Focused Therapy: Social Work Application* (Ho & Chu, 1999), *Solution-Focused Therapy: Practice and Reflections 1* (Ng & Ho, 2003) and *Solution-Focused Therapy: Practice and Reflections 2* (Ho & Lau, 2003).

Counselling Training in Hong Kong

Counselling in Hong Kong began in the social welfare sector during the 1950s (Lai & Mak, 1996; Leung, T., 1990; Moir-Bussy, 2006; Shek, 1999). This was in response to the unrest and riots that had been triggered by the Cultural Revolution with a consequent increase in social issues, especially child and youth delinquency. Churches and social welfare agencies sought to address these problems. Leung (1999) noted that the first counselling service was The Federation of Youth Groups, which was “an experimental counselling program staffed by counsellors returning from training programs in the United States” (p. 77). In the 1970s, counselling began to be included in Diploma and Master of Education training programs and the Chinese University of Hong Kong formed the Hong Kong Professional Counselling Association. In early 2004, the Asian Professional Counselling Association was founded by Professor Catherine Sun Tien-Lun and Ms Tse Pui Chi, along with a team of enthusiastic

counsellors.

The first formal Diploma Course in Counselling was offered at Hong Kong Shue Yan College in 1976, with the commencement of their Diploma in Social Science (Counselling and Psychology). HK Shue Yan College became a University in 2005 and by then was offering a four year comprehensive degree in the form of a Bachelor of Social Science Honors (Counselling and Psychology). In 2010, the University commenced a Master of Counselling Psychology and it was within this course that SFBT was taught by the author, and students engaged in a clinical practicum using SFBT during their internship. The discussions from class, and the learning from the first six students who undertook this clinical practicum in SFBT form the basis for this paper.

Cultural Context

Chinese people are conservative, authority dependent, (Ho 1996; Ho, Peng & Chan, 2002; Sun, 2008) and are generally hesitant to go to counselling in Hong Kong. They tend to resist changing cognitive thoughts and insist on preserving their traditional knowledge and rituals. Furthermore, because mental illness is seen as a weakness or imperfection, there is a stigma attached to those who attend counselling to seek help for mental problems (Chung & Wong, 2004). Additionally, the Chinese regard the interdependent self as much more important than the individual self, deriving “its self-esteem from the ability to restrain self, and to adjust to and maintain harmony with the social mores” (Sun, 2008, p. 56). Another key facet of interpersonal relations is the notion of Face (mian zi), whereby the Chinese self-in-relation must gain face, give others face and not cause others to lose face (Hu, 1994; Sun, 2008). Hence, acknowledging that a member of the family needs to go to counselling and seek help from an outsider could cause a family to lose face in the sight of others. Help-seeking is passive, or not actively sought, leading to an increased reliance on family and friends. If a decision is made to ask for assistance, families are inclined to seek help from a social worker because the social work profession is better known in comparison to counselling. However, both counselling and the social work professions are viewed as an authority and the expectation is that professionals within these disciplines would provide the answers needed.

In terms of the learnings and cases presented in this paper, the counselling psychology students realized that there was a need to change the clinical alliance from a dependent one to a collaborative one. They also recognized that it would be more appropriate if they could shift the Chinese tendency from relying on fate and collectivism (Leung, 2010), to a more holistic approach where

clients could recognize they had strengths and the ability to solve difficulties within their own families in a positive way.

Language and Translation Challenges

The translation of terms into Chinese can sometimes lead to a misunderstanding. For example, the translation of Solution-Focused Brief Therapy into Chinese is 短期焦點解決治療 which means short-term/focused/solution/therapy and 尋解導向治療 seeking for solution/direction/therapy. In Confucianism, names determine roles and responsibilities. Therefore, “The rectification of names (zheng ming) signifies living up to one’s roles and responsibilities by being proper in one’s language and behaviour, that is observing social propriety” (Sun, 2008, p. 13). Therefore, the Chinese translation of SFBT may create a fallacy that counsellors have the power to solve all problems and that it is their role to do so. Consequently, Chinese clients may have formed the impression that the counsellor would take all the responsibility and initiative to provide solutions and answers in SFBT. The counselling psychology graduates met such challenges in a creative way as they addressed the difficulties that arose because of language, translations and the expectations of their Chinese clients.

The Education System in Hong Kong

The education system in Hong Kong provides 12 years free and universal primary (6 years) and secondary (6 years) schooling. There are approximately 568 primary schools, 542 secondary schools and 61 special schools. Children with Special Educational Needs (SEN) are allocated to schools based on the severity of their need (Miho, 2013). If they are diagnosed with severe SEN and have multiple disabilities they are enrolled in Special Schools, otherwise they go to mainstream schools. Diagnosis and assessment of these children’s needs follows the medical model. The needs of SEN students are often unrecognised, and if the children are in the mainstream school they may experience at times, teasing and lack of support (Miho, 2013). Teachers’ roles include teaching, class administration, guidance, discipline and counselling. If the teacher is unable to deal with the problems of the child with SEN they are often sent to the Guidance and Discipline teacher. Generally teachers and parents work together to remediate the difficulties, to provide compensation for the child’s weakness and to reduce the barriers in learning. In some cases the parents become over protective and highly involved in their children’s care and tend to push the children to achieve at a high level, even though it is

beyond their capability. The case of YL demonstrates one application of SFBT with a special needs child. The counselling psychology student was assigned to work with this child with special needs.

Case 1: SFBT with a Special Needs Primary School Student, YL

YL (pseudonym) was a nine year old girl who lived with her parents and her younger sister. Her mother was the primary caregiver. YL had been diagnosed with expressive language disorder, Chinese dyslexia and attention problems. She was studying in a mainstream school. Her mother presented YL as having poor learning motivation because she delayed doing her homework and then when she did start she was spending long hours doing it, including her revision for dictation and spelling. Her mother also claimed that YL was not compliant at home and sometimes had tantrum behaviours. It was reported that she was teased by her classmates.

In the first five sessions, the student counsellor used a psychodynamic approach with little success or progress. In the sixth session, the counselling psychology student having learned SFBT, began to use SFBT with the child. At the beginning of this session, YL commented that she remembered what they had done in the previous sessions, so the student counsellor complimented her on her good memory thereby identifying one of YL's strengths, and building further rapport. The student counsellor also incorporated techniques of Art Therapy (Nims, 2007) for the scaling questions and for goal setting to help induce hope in the young girl. Another way of helping YL to set her goals was by using syntax rearrangement, for example:

- ◆ 這場比賽很精彩，運動員們很努力 — *This competition is very exciting. Athletes are very hard-working.*
- ◆ 這場比賽越來越精彩，運動員們越來越努力 — *This competition is more and more exciting. Athletes are more and more hard-working.*

This rephrasing gave her the insight that things can gradually become better.

Furthermore, Nims (2007) noted that art was an excellent tool for helping children to make a picture of what is going on in their life right now and to show what they would be doing that would indicate that things were better. So YL was asked to:

- ◆ *Draw a picture of what you would like to talk about;*
- ◆ *Draw a picture of what is going on right now; and*
- ◆ *Draw a picture of something you would like to change.*

The first picture (see Figure 1) that YL drew was of her sitting at her desk. Her



FIG 1: YL sitting at desk, face glum



FIG 2: How YL would like to be

face was glum and there was no smile. She talked about the difficulty she was having at home and at school. The second drawing (see Figure 2) depicted a girl with a smile and showed that the change she wanted to make was to become a happy smiling girl.

YL also loved Sprite drinks so the notion of scaling used in SFBT was drawn up for her to colour in using a Sprite bottle (see Figure 3) – the two shades representing the change after a few sessions. In the fourth picture (Figure



FIG 3: Sprite drink bottle scale



FIG 4: YL happy doing homework

4) shows the goal setting of doing her homework without being pushed and getting much better marks in dictation – all of which she achieved.

In the later sessions, the student counsellor invited her mother to join and showed her how the use of SFBT language and ways of encouragement could assist YL to keep improving. This was not an easy task, as many Chinese mothers want so much for their children to be perfect. The mother attempted to give more praise and, as she did, YL's behaviour and attitude to her homework improved and she became much happier. At the last session the mother proudly announced that YL had obtained 80% in her dictation and was now doing her homework more readily. The student counsellor not only complimented the mother but also complimented YL for knowing what her mother wanted and for being willing to work toward what her mother desired for her.

Case 2: SFBT with a Special Needs Secondary School Student, CN

CN (pseudonym) was a boy aged 13 years and was enrolled in Secondary 1 in a mainstream school. He lived with his parents and younger sister. His mother was the primary caregiver. The guidance teacher in the school referred him to the counsellor, as CN had reported to her that he had insomnia, and it was also noted he had insufficient self-esteem to cope with the change to secondary school.

The student counsellor creatively designed worksheets to help CN express himself and to evaluate how much confidence he had at the commencement of counselling. The first worksheet below (see Figure 5) was designed to set CN's goals and to assess his motivation level to resolve the presenting con-

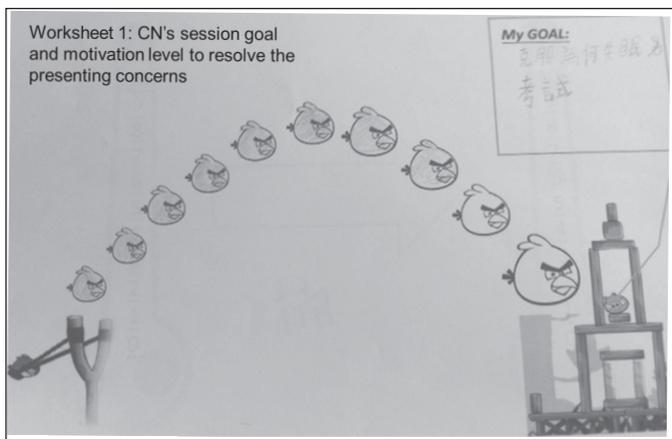


FIG 5: The Angry Bird Scale for CN

cerns.

This picture helped CN to be more concrete about his goals, and to visualize where he wanted to be — free from insomnia and increasing in self-confidence. The student counsellor also wanted to assess CN's stress levels and

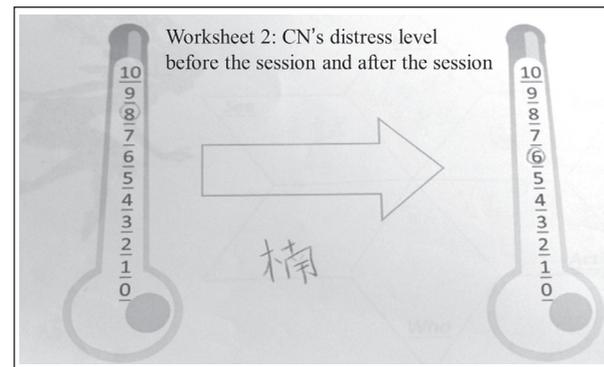


FIG 6: CN's scale for stress

again used a worksheet (see Figure 6) at the beginning and at the end to compare the difference.

A further worksheet (see Figure 7) was used to apply the miracle question and to help CN become aware of how he wanted things to be by focusing on awareness of his sensations, feelings and actions and who else would notice the change. Norum (2000) stated that in order for therapy to be successful, the client's cognitive awareness and sensation awareness about themselves are crucial factors. Therefore, the imagination of the client's ideal stage was

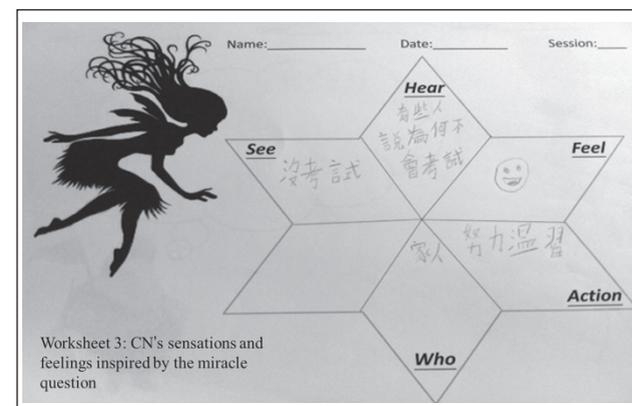


FIG 7: CN's practical goals

formulated with several sensations (hearing, seeing and feelings). These are in the worksheet below and helped CN to have a deeper acknowledgement of what he wanted, and to be more realistic and grounded about his ideal life.

Once his vision of the preferred future was established, the goals became more concrete and levels of stress and confidence to achieve his goal were scaled (see Figure 8 and 9). The creative pictures used by the student counsellor helped CN to express himself in a positive way. In addition to this, CN was encouraged to list his strengths and what qualities would help him achieve his goal.

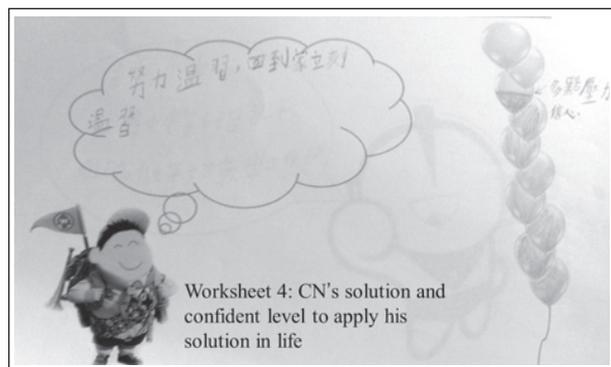


FIG 8: CN's practical worksheet

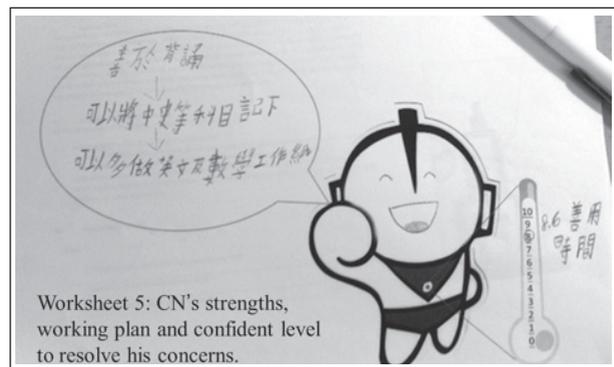


FIG 9: CN's successful story

What had seemed impossible for the student at the beginning was now a success story as he achieved what he wanted and grew in confidence.

Application of SFBT in a Mental Health Setting

One of the students, who was a mental health nurse, was interested in how SFBT could be used with mental health patients. The focus in treating mental health issues in Hong Kong is very much based on the medical model and on the use of medication. According to Bakker, Bannink and Macdonald (2010), SFBT is effective in crisis intervention. While SFBT can be very useful in crisis intervention, it is important that clinicians understand the status of the psychiatric emergency and the needs of the clients. Anguilera (1998) has a model for dealing with psychiatric emergency, whereby the client's current status, behaviours, and the situation conceptualized by the client, are seen as the client being unable to identify a coping mechanism or social support. Therefore, the orientation of the intervention is to assist the client to find better coping mechanisms and to provide social support. SFBT is particularly useful for these cases. Psychiatric emergencies need quick therapeutic outcomes, which is more likely when the interventions are simple and straightforward (Callahan, 2009).

Case 3: SFBT with a Client Experiencing Suicidal Ideation

A client presented to the student counsellor with suicide ideation. The woman was 39 years old and had suffered from postpartum depression for a number of years.

The student counsellor adopted some of the SFBT techniques learned during studies. Part of the transcript from one of the therapy sessions is provided below.

Client (C): I have had suicidal thoughts since 9 years ago, and the ideation is still active. I was thinking I would jump from a height yesterday.

Therapist (T): Can you tell me more?

C: My life is too painful. No one loves me and supports me. Every time, when I am talking about my issues with my husband, he just talks with me for a while, and then shifts the topics to a topic related to our son. He usually feels that I am troublesome, and create problems all the time.

T: Many people, who feel they are being ignored by their significant others, would feel painful (*Normalizing*). On the other hand, you must love your family and husband a lot. Maybe, you are noticing the problem, because you want the couple relationship to have some growth (*Complimenting and noting the importance of relationship with Chinese clients*).

C: Yes ... (*Sobbing*)

T: Tell me about a time that your husband did not ignore you, when you were talking about your personal issues with him? (*Exception question*)

C: ... I don't know ... He always ignores me.

T: So, when was the last time that you felt a little less ignored or had better communication with your husband? (*Exception questions*)

C: Last week. When I was talking about the side effects of my anti-depressants

T: Wah! How did you manage to do that? (*Coping Question*)

C: I talked to my husband sincerely. Unlike other episodes in which I would have a temper tantrum, I did not scold my husband for not noticing my side effect. I just told him that my side effect bothered me a lot. Then, he showed much concern for me, and we discussed it for nearly half an hour.

T: I would like to ask you a strange question ... imagine ... you sleep very well tonight ... a miracle happens while you are sleeping ... the miracle creates for you the way to have perfect communication with your husband ... it happens while you are asleep ... so you are not aware it happened, but when you wake up something is different ... so what changes do you notice after you wake up? (*Miracle Question*)

C: I would be very happy. My life would be more colourful. My husband and I would go traveling with our son, and both of them are very supportive to my depressed mood.

T: On a scale of one to ten, with one referring to the worst situation, while ten is equal to the miracle ... How do you rate your present status? (*Scaling question*)

C: I would say "4"

T: So...what things would you need to do and you are willing to do, so that your situation would be a little bit closer to ten, and higher than 4, and you are more willing to survive? (*Coping Question*)

C: You know ... my bad temper can ruin our communication, but it is not easy to control it, when I am talking to my husband. Instead, however, I would try to develop a better communication method with my husband. For example, I can write my feelings in a diary and show it to my hus-

band. When he understands my situation, then I would feel being loved by him, and I would be more likely to live better (*solution*).

At the end of this conversation the patient's mood was lighter and she felt she could now go home and cope better. She stated she no longer felt suicidal and in the follow-up sessions she showed that she had developed better coping patterns and was no longer having suicidal ideation.

Managing Cultural Challenges with SFBT Techniques

A key principle in SFBT is the use of compliments. Western clients tend to be reasonably comfortable with this but Chinese clients or clients from other Eastern cultures sometimes have difficulty with the notion of being complimented. People of Chinese cultural background consider humility as a virtue and are not used to receiving direct compliments (Yeung, 1999). They often show self-depreciation in response to compliments. One of the student counsellors experienced great difficulty accepting a compliment and explored this with us in class. Additionally, the student found that some clients also responded with embarrassment or seemed uncomfortable and even rejected the compliment. The student began to wonder if it was an effective technique. In the group's discussion they decided it was important to maintain modesty maxims, which meant clients would avoid expressing proud or non-humble feelings. They all agreed that establishing a strong rapport with the client was essential before using compliments. Use of words and phrases needed to be culturally appropriate and they concluded that clients would benefit from:

- ◆ Compliments for efforts instead of achievements;
- ◆ Compliments about their personal qualities (e.g. patience) instead of accomplishments; and
- ◆ Appreciation of their efforts to contribute to those with whom they were working. This places emphasis on the self-in-relationship.

If the client were to repeatedly reject the compliment, they felt they could then address this with them and talk about the reasons for this.

Another common SFBT technique is the use of the miracle question, which also posed difficulties for some Chinese clients. A miracle was something impossible and not pragmatic, or was associated with religion. According to Yeung (1999) there are two Chinese translations of the word miracle — qi ji and shen ji. Because Chinese words are pictographs, one needs to understand the composition of the characters in the pictograph and what they connote. Yeung notes:

The character of qi is an ideograph that is made up of two words, which are da meaning 'big' and ke meaning possible or accept. In Chinese culture qi means, from its written form, 'something big is possible'. Therefore the central idea of qi ji is anything can happen to those who believe in its possibility. (Yeung, 1999, p. 7)

By explaining this to a client and then giving an example of how the client's mother had believed it possible for her son to become a doctor, Yeung was able to help his client engage in the miracle question.

The counselling psychology students felt that many Hong Kong Chinese had a strong sense of a higher power and that they believed in heaven (天), god, faerie (e.g. 黃大仙, 關公), who can protect them. So one example of their miracle question incorporated this belief:

Imagine ... you visit Wong Tai Sin temple today, and you worship at Wong Tai Sin. Your effort impresses the faerie. At night, while you are sleeping, he removes all of your troubles and stressors by his super-power. On the next morning, how is your world different; what does it look like, and what changes do you discover?

Another example the students used with adolescents was to get them to see themselves as the director of their movie and so they put the miracle question like this:

I am going to give you a task. In the task you are the director and the actor in a movie. The name of the movie is "Your future". You are responsible for all of the things about the movie. You are free to edit it and decide everything about how you want to see yourself in your future movie ... You have now finished making the movie and you are watching it. What can you see yourself doing in the movie? What is this world of the movie like?

Conclusion

The foregoing examples of the work achieved in SFBT by a group of counselling psychology Master students in only one semester in Hong Kong, demonstrates how they were conscious of the cultural context and of not just superimposing a Western therapy on Chinese clients. They see the value of SFBT with Hong Kong Chinese, as the people are typically very pragmatic and want to be able to achieve solutions quickly. The same principles they applied of

paying attention to the cultural values of their clients can also be applied in multicultural Australia.

Having worked with Indigenous people over a number of years, much of what the Chinese students achieved can be adapted to this group. Indigenous people are also very much other or family oriented – they too are a self-in-relation culture and family relationships are crucial. We can draw on this value to assist them in finding the solutions and preferred future they want. We can utilise and link their strong relationship to the land so they may create their preferred future. So too with other multicultural groups, attention to their context, their values and their philosophical backgrounds is crucial for the successful use of SFBT in counselling.

References

- Anguilera, D. C. (1998). *Crisis intervention: Theory and methodology* (8th ed.). St. Louis, MO: Mosby.
- Bakker, J.M., Bannink, F.P., & Macdonald, A. (2010). Solution-focused psychiatry. *The Psychiatrist*, 34, 297-300. doi: 10.1192/pb.bp.109.025957
- Callahan, J. (2009). Emergency intervention and crisis intervention. In P. M. Kleespies, (Ed.), *Behavioral emergencies: An evidence-based resource for evaluating and managing risk of suicide, violence, and victimization* (pp. 13-32). Washington, DC, : American Psychological Association
- Chung, K. F., & Wong, M. C. (2004). Experience of stigma among Chinese mental health patients in Hong Kong. *Psychiatric Bulletin*, 28(12), 451-454.
- Ho, W. S., & Chu, C. K. (1999). *Solution-Focused Therapy: Social Work Application*. New York: Global Scientific Press (in Chinese: 何會成、朱志強 (1999)。尋解導向治療：於社會工作的應用。美國：八方文化企業公司。
- Ho, W. S., & Lau, T. L. (2003). *Solution-focused therapy – practice and reflections 2*. Hong Kong: Hong Kong Caritas Family Service. 何會成、劉翠玲 (2003)。尋解導向治療－進階篇。香港：香港明愛家庭服務。
- Ho, D. Y. F., Peng, S. Q., & Chan, S. F. F. (2002). Authority and learning in confucian-heritage education: A relational methodological analysis. In F. Salili, C. Y. Chiu & Y. Y. Hong (Eds.), *Multiple Competencies and Self-Regulated Learning: Implication for Multicultural Education* (pp. 29-47). Greenwich, CT: Information Age Publishing.
- Ho, D.Y.F. (1996). Filial piety and its psychological consequences. In M. H. Bond (Ed.), *The Handbook of Chinese Psychology* (pp.154-165). Hong Kong: Oxford University Press.
- Hu, H. C. (1994), The Chinese concept of face. *American Anthropologist*, 46, 45-65.
- Lai, L., & Mak, P. (1996). Development of counseling in Hong Kong. In W. Evraiff (Ed.), *Counseling in Pacific Rim Countries: Past, Present, Future* (pp. 45-61). San Mateo, CA: Lake Press.

- Leung, K. (2010). Beliefs in Chinese culture. In M.H. Bond (Ed.) *The Oxford Handbook of Chinese Psychology*, (pp. 221-240). New York: Oxford University Press.
- Leung, S. A. (1999). The development of counselling in Hong Kong: Searching for professional identity. *Asian Journal of Counselling*, 6(2), 77-95.
- Leung, T. M. (1988) *History of Counseling Services in Hong Kong*, Doctoral Dissertation, University of North Texas, UMI Dissertation Services.
- Miho, G. (2013) *Special Education in Primary and Secondary Schools in Hong Kong*, Child Research Net. Retrieved 15/1/14 from http://www.childresearch.net/projects/special/2013_01.html
- Moir-Bussy, A. (2006). *Counselling Education in Hong Kong: The Processes of Reconceptualization and Transformation*. (Unpublished PhD thesis). University of New England, Armidale, Australia.
- Ng, K. L., & Ho, W. S. (2003). *Solution-Focused Therapy — Practice and Reflections 1*. Hong Kong: Hong Kong Caritas Family Service.
吳家玲、何會成（2003）。尋解導向治療—初探篇。香港：香港明愛家庭服務。
- Nims, D. R. (2007). Integrating play therapy techniques into Solution-Focused Brief Therapy. *International Journal of Play Therapy*, 16(1), 54-68.
- Norum, D. (2000). Mindful solutions: A journey of awareness. *Journal of Systemic Therapies*, 19(1), 16-19.
- Shek, D. (1999). The developing of counseling in four Asian communities: A critical review of the review papers. *Asian Journal of Counseling*, 6(2), 97-114.
- Sun, C. T. L. (2008). *Themes in Chinese Psychology*. Singapore: Engage Learning.
- Yeung, F.K.S. (1999). The adaptation of Solution-Focused Therapy in Chinese culture: a linguistic perspective. *Transcultural Psychiatry*, 36, 477-487. doi: 10.1177/136346159903600407

Ann is a Level 4 registered counsellor and supervisor with the Australian Counselling Association (ACA) and is also the Vice President of ACA. She has published numerous peer-reviewed articles on counselling education and other topics in counselling. Ann has also presented at many conferences both nationally and internationally. Ann has supervised both Master students of counselling and PhD students.

Email: AMoirbussy@usc.edu.au

About the author

Dr Ann Moir-Bussy is Program Leader and Senior Lecturer in Counselling at the University of Sunshine Coast. She has extensive experience as a Counsellor and Counsellor Educator and was Lecturer and Coordinator of the counselling programs at the University of New England from 2002–mid 2007 and then Senior Lecturer and Assistant Professor at the Shue Yan University in Hong Kong until moving back to Australia in September 2012. Ann also has extensive experience teaching in both primary and secondary schools in varying parts of Australia, including working in remote Indigenous stations in the Northern Territory.