

*In this research article, an established, widely researched family therapy approach that was developed in the United States is replicated within a society that has preserved its traditional Chinese culture while assimilating many western values. In my opinion, too often western models of therapy are transplanted to other cultures without careful consideration of the core ideas in the approaches. Assumptions are too quickly made about how the approach will be experienced by clients, therapists, and professionals. The results of this pilot study suggest a rethinking of the assumptions that have been made about encouraging communication and autonomy in Hong Kong families when treating adolescent drug abuse with a structural family therapy model.*

—Editor, Cheryl Storm, PhD

## **FAMILIAR YET STRANGE: INVOLVING FAMILY MEMBERS IN ADOLESCENT DRUG REHABILITATION IN A CHINESE CONTEXT**

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*The efficacy of family therapy treatment in adolescent drug abuse is widely attested. Though the family is recognized as the most fundamental unit in a modern Chinese society like Hong Kong, the role of the family has not been adequately explored and systematically integrated into adolescent drug treatment. This paper explores the role of family therapy in adolescent drug treatment in Hong Kong based on the reports of a group of adolescent drug abusers and their social workers. Preliminary results show that family therapy is useful for changing family communication and interactional patterns in adolescent drug rehabilitation. Some recommendations are made in view of cultural considerations.*

Despite going through major political, economic, and social changes during its 150 year history as an English colony and since its return to Chinese sovereignty in 1997, Hong Kong has successfully preserved its traditional Chinese culture that

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gives credence to the place of the family while assimilating western values (Chiu & Kosinski, 1995; Chung & Chou, 1999). The family is treated as an integral part of society, thus family members are encouraged to engage in social participation and are expected to look after their own welfare in this vibrant society (Leung, 1998). Unlike some societies, it is normal for adolescents and young adults who are unmarried to live with their parents, even though homes in Hong Kong are notoriously small (Li, 1991). Individual autonomy, particularly that of unmarried persons, is not given the same emphasis that it is in western societies (Feldman & Rosenthal, 1994; Leung, 1998). Yet strangely, little has been done to involve the family when working with adolescents in Hong Kong, especially in the context of the complicated phenomenon of adolescent drug abuse, despite ample evidence that family treatments are efficacious in treating adolescent drug abuse (Narcotics Division, 2002; Winters, Stinchfield, Opland, Weller, & Latimer, 2000; Waldron, 1997).

Interest in applying family therapy in Hong Kong has surged since the 1980s, not least because of the systematic import of expertise, particularly from the United States. In applying family therapy when working with adolescents in Hong Kong, practitioners have reported the effectiveness of engaging the family to help adolescents who run away (Wong, 1994), attempt suicide (Yip, 1994), and who are anorexic (Ma, Chow, Lee, & Lai, 2002). No study so far has used systems theory to understand and treat drug abuse, though family therapy has become popular in Hong Kong over the past two decades (Li, 1999). This paper explores the role of family therapy in adolescent drug treatment using data generated from individual interviews with adolescents and focus group discussions with social workers who have worked with the adolescents and their family members.

### **RATIONALE FOR A STRUCTURAL APPROACH FOR THE PROJECT**

The prevalence of family structural problems in adolescent drug abuse is one key reason for applying structural family therapy (Joanning, 1992) in this study of adolescent drug rehabilitation. Stanton and Todd's (1982) landmark study of heroin-addicted adults and adolescents showcased the effectiveness of treatment modalities that incorporate structural family therapy. Several models, rooted in integrative structural family therapy traditions, have also proven their efficacy in treating adolescent drug abusers (Liddle, Dakof, Parker, Diamond, & Barrett, 2001; Joanning, 1992; Lewis, Piercy, Sprenkle, & Trepper, 1991; Reilly, 1992; Schmidt, Liddle, & Dakof, 1996). Jung (1984) proposed that structural family therapy is uniquely suitable for Chinese individuals seeking therapy because it is a family approach by definition with broad applicability to various socioeconomic groups and presenting problems. Hsu (1995) argued that "among the various models of family therapy, structural family therapy is probably one of the most suitable for

Chinese due to the conscious focus and explicit emphasis on correction of family structure and function” (p. 305). This is especially true given that most Chinese see their problems as social and relational (Leung & Lee, 1996). According to Ho, Rashee, and Rasheed (2004), Minuchin’s (1974) differential application of joining techniques is particularly helpful during the beginning phase of treatment with an Asian family. Joining draws on the therapist’s ability to listen, the expression of empathy, interest in clients’ problems, and sensitivity to feedback, so that the family knows that the therapist understands and is working with and for them in a common search for alternative means of dealing with their problems. In working with adolescent drug abusers specifically, involving both the parents and the adolescent early in the therapy by empathizing with the parents’ pain and with the adolescent’s annoyance at being brought into therapy has been found to be crucial (Rowe & Liddle, 2003; Szapocznik & Kurtines, 1989).

### **THE PROJECT: INVOLVING FAMILIES IN MALE ADOLESCENT DRUG REHABILITATION**

#### **Participants**

This study is part of a local project that involved 34 families with a total of 91 participants, including 34 adolescents, 32 mothers, and 25 fathers. All the adolescents were drawn from cases referred, or self-referred, to a residential drug rehabilitation center (the Center) that works with drug-addicted young males aged between 13 and 25 years old. The duration of the rehabilitation is for one month but can be extended to a maximum period of three months. Nine cases were recruited for the project for family therapy interventions in addition to the Center’s programs from February 2001 to December 2002. During this period, two adolescents declined the offer to participate in the family therapy sessions as they did not feel comfortable sitting down to talk with their parents present.

Only male adolescents aged 21 years old and below who abused drugs and were living with their families at intake were included. The types of drugs abused by the male adolescents included heroin and a range of psychotropic drugs such as ketamine, codeine phosphate (cough mixture), and amphetamines. No distinction between drug type was made since adolescents who abuse drugs, unlike addicted adult individuals, usually do not meet the clinical diagnosis of dependence and usually do not have medical complications or other chronic symptoms (Wagner & Kassel, 1995). Moreover, this study adopts a systemic formulation of drug abuse that de-emphasizes the need to examine its cause and effect. In particular, it does not focus on the psychopharmacological properties of drugs, unlike the psychoanalytic approach.

The nine social workers in charge of the cases that received family therapy were invited to take part in a group discussion. The social workers had an average of five years’ experience (3 to 10 years) in the drug rehabilitation field. They adopted

an individual approach, without adhering to a specific model, in working with the adolescents. Because of their lack of training and experience, they had rarely conducted conjoint sessions for the adolescents and their parents, though they were aware of the benefits of systematically involving the families.

### **The Application of Structural Family Therapy in a Chinese Context**

Using the structural family therapy approach, the overall objective of the interventions was to restructure the adolescents' family structural and interaction patterns to support their drug rehabilitation. The general goals included (a) the resolution of family conflicts, (b) the renegotiation of family roles and rules, and (c) the deliberation of living arrangements for adolescents upon discharge from the Center, such as their schooling, work, time, and money. The therapist had been systematically trained and supervised in family therapy, and had also received supervision in structural family therapy over a period of one year. He was also responsible for collecting data at preadmission and posttreatment.

The therapy sessions typically began with an assessment of the impact of drug abuse on the family systems and how the family systems responded and maintained the drug abuse. Specific techniques for interventions included joining, reframing, enactment, detriangulating, and challenging the family belief systems (Minuchin, 1974; Minuchin, Lee, & Simon, 1996; Nichols & Schwartz, 2004). New interaction patterns elicited in the sessions were strengthened by assigning tasks where appropriate. The case example that follows demonstrates the application of structural family therapy principles and techniques that was used with the nine families in this study.

King, aged 21, was self-referred for treatment due to his parents' recent discovery of his abuse of cough mixture, which had already been going on for six years. At the beginning of treatment, King was very worried about stopping his drug abuse since it had helped him cope effectively with stresses related to work, studies, and his home life during the past few years. King's father had been working in mainland China for more than 10 years, leaving his wife to care for the family very much like a single mother. King's mother disliked this arrangement as she felt insecure without a man in the house, but she had learned to compromise. At the age of 13, King witnessed his father making love with a family friend at his father's workplace in mainland China. But, because he was afraid that his mother would break down and his father would abandon the family, he kept this secret to himself for many years until he revealed it to his sister, who was 23, when she left home to live with her fiancée. They made a pact to keep the incident from their mother, who they felt was weak and vulnerable. The treatment of King entailed: exploring the effects of King's fear and anxiety in regard to his parents' marriage, renegotiating his relationship with his mother and father, and expanding his coping strategies for dealing with different stresses related to his studies and his family relationships. Specifically, through individual and family sessions, the direction

of therapy involved relieving King of the burden of saving his parents marriage, strengthening the parental relationship, and improving the father–son relationship through negotiation and communication, so that King, could feel secure and supported to pursue his aspirations. A total of nine family sessions and seven individual sessions with King were conducted. The reinforcement of hierarchy and family parental roles was a major strategy employed throughout the individual, couple, and family sessions. King had managed to abstain from abusing cough mixture for over two years when the therapist last contacted him. The following section reports further on the experience of the families and social workers when family therapy was introduced for the nine families.

### **THE EXPERIENCE OF THE FAMILIES AND THE SOCIAL WORKERS**

When the family therapy had been concluded for all nine families, individual interviews with the adolescents were conducted three months after they had been discharged from the Centre. The parents were not interviewed individually due to time constraints. However, the larger project involved the parents in other forms of data collection, including the use of the family grid method based on personal construct theory and standardized questionnaires, which are reported elsewhere (e.g., Sim, 2004). Two focus groups were organized to obtain feedback from the social workers who had worked with the adolescents and their family members alongside the family therapist. All the individual interviews and group discussions were audiotaped, with the participants' consent, and transcribed. Content analysis was used as the main form of analysis. In analyzing the content of the individual interviews and group discussions, meaning is central in these analyses, and the aim is to understand the content and complexity of the meanings rather than to take some measure of frequency (Smith, 1995). This form of analysis involves a close interaction between the researcher and the text, without any anticipation of the meaning the participants give to drug abuse and family relationships. But caution should be exercised when the words and sentences of the adolescents and social workers are regarded as holding the same meaning for all participants.

The qualitative analysis package NVivo (Biyman, 2001; Gibbs, 2002) was used to perform the content analysis. To check for reliability, the transcriptions of the individual interviews with the adolescents were given to a clinical psychologist for independent coding, and the set of focus group data was interratered by another clinical psychologist. The agreement rate reached 98% for the individual interviews with the adolescents, and the interrater agreement rate for the focus group data ranged from 84% to 96% for each theme, giving an average agreement of 89%. Given the continual discussion and dialogue between the therapist/researcher with the social workers, the adolescents and the families throughout the rehabili-

tation process, the trust that is built is believed to enhance the validity of the reports of the participants. Moreover, the extensive training of the researcher as a clinician is believed to have promoted validity of the interviews (Winters, 2001). Nevertheless, this does not mean that the issue of reactivity did not exist and needs to be duly considered when interpreting the findings, especially since the therapist is also the researcher.

### **Changes in the Adolescents and Their Family Members**

Three major themes emerged from the individual interviews with the adolescents and the group discussions with the social workers regarding the changes in the adolescents and their family members: (1) improvements in communication and transactional patterns among family members, (2) the increasing insight of the adolescents and their family members, and (3) not being ready to share or change.

#### *Improvements in Communication and Transactional Patterns Among Family Members*

Of the nine adolescents who underwent family therapy, including one who relapsed, two-thirds reported that family therapy helped to increase understanding and communication among family members. For example, one of the adolescents, Kei,<sup>1</sup> stated that it was a new experience for him to sit down to discuss difficult issues with his parents:

I had never tried sitting down to talk with them [his parents] till then. It was uncomfortable initially. It is a new experience for me to sit and talk in such a calm manner, and for so long a session. (Kei)

This report was corroborated by the social workers who collaborated with the therapist in working with the adolescents. They reported that they observed positive changes in the families' communication patterns. For instance, one of the social workers reported that family members were able to tackle sensitive issues more productively in therapy:

I observed that they usually end up quarreling when they begin to talk about drugs within the family! Or the communication would be one sided, or the mother would be nagging and the son would be silent. However, if there is a person who knows how to facilitate their communication, they can discuss this sensitive issue [drugs] calmly and begin to understand each other more. When family members discuss this issue, they do not really understand each other and fail to listen to what the other person is saying. That is, they don't know how to communicate with each other! In a nutshell, if there is a therapist, he or she can deal with the dynamics of family

<sup>1</sup>All the names used in this article are made up in order to protect the identity of the participants.

members so that each family member can be heard. That's how the communication will become effective. (Social Worker C)

More than two-fifths of the adolescents who received family therapy also felt that it helped to reduce tension and conflicts within their families. One of them, Yew, had this to say:

Honestly, I feel when we sit around to talk, we are there to resolve their [his parents] problems more than my problems. But when their problems are solved, it has an impact on me too, right? This means that the main purpose is to deal with their problems. Otherwise, I will be adversely affected. (Yew)

More specifically, the social workers felt that the family therapy was able to help alter some of the interaction patterns of some of the families, particularly in a way that helped the adolescent to become more independent and the parents to deal with the adolescent more firmly:

Right! Everything seems to be well synchronized. When his mother tried to hang on to him [the adolescent] or to cling on to him, he had other timings to do. He [the adolescent] would contact his colleagues. When he got his salary, he started having his own thoughts and plans. [Social Worker B]

In view of the improved communication and transactional patterns in the family interviews, the social workers further elaborated that involving family members in treating adolescent drug abuse can help to resolve problems and effect change in the adolescents and their family members:

If you involve the family members in the treatment, it usually helps you deal with the problem more effectively. Moreover, once the family members have a better understanding of his drug taking problem, they can help the client to change. (Social Worker A)

#### *The Increasing Insight of the Adolescents and Their Family Members*

A dominant theme evolved out of the two focus group discussions with the social workers was that family therapy helped the adolescents and their family members to gain more insight. It helped them to understand each other more, and it increased their awareness of a possible connection between adolescent drug use and rehabilitation, and family relationships.

Initially, he [the father] said that he was worried his son might run away; he was also worried about what would become of him after the rehabilitation. Toward the end, I realized that family therapy had changed the father. He knew that he had to learn to trust his son. He did not seem to know initially, but after the family therapy sessions, he knew what he had to do. (Social Worker E).

As many as seven out of the nine adolescents reported that they felt more mature cognitively. They also felt a change in their lifestyle and had a better sense of well being. Examples of the adolescents' reports of cognitive maturity include the following:

I think this has to do with the change in my personal values. (Yew)

How have I changed? Paying more attention to thinking, I guess. The difference is that I used to be concerned with having fun first. I now think before I act! (Leong)

It has a lot to do with my attitude to life! I am now clearer about my values in life. (Ming)

#### *Not Being Ready to Share or Change*

Ka was the only adolescent who felt that the family therapy sessions were difficult. The source of the difficulty for him was the tense relationship between his parents, who were separated:

My father and mother were particular about sitting down to discuss, since they do not want the other person to know more about what is happening in their life. (Ka)

Though the social workers reported that family therapy had generally helped the adolescents and their family members to change, one social worker reported the opposite. He felt that family therapy was not effective in changing the drug use patterns of the adolescent or the interaction patterns of his family members:

After the son returned home, his parents continued using the previous methods, which seemed to be so deeply rooted. The effect of the therapy was small. It might have been a problem of timing. (Social Worker G)

#### **Social Workers' Experiences in Family Interventions**

The social workers were invited to comment on their experience of working with the therapist, who employed a systemic framework, as well as give their overall evaluation of family therapy as an intervention approach. The social workers reported that family therapy provided a useful framework for understanding the adolescents and their family members in the context of drug abuse, especially in its provision of a clear framework for assessing or carrying out interventions:

I think the most important difference is that the objectives of the sessions are very clear when working with you [the therapist]. It is clearer. But if I do it by myself I might have something on my mind but might not be able to achieve it in the session. I would talk about this and that, then I would pounce on something mentioned by the client. But when working with you, you were very clear about what message

should be introduced in that session. Although we seem to talk with the families, you are much clearer. (Social Worker H)

In regard to the difference between using family therapy and their usual mode of operation, the social workers reported that the family therapy approach as practiced by the researcher involved more concerned parties, including family members, probation officers, and so on, while the social workers were more used to seeing clients on an individual basis rather than the whole family together.

Now we will involve the parents. We would include them in many different ways. I feel more related because when the parents are present, you end up involving them in order to deal with many different issues. It is more relaxed. (Social Worker E)

However, the social workers also reported certain potential difficulties in applying family therapy, particularly considering the readiness of the adolescents and their family members to express their views and emotions openly:

He is not used to talking with his parents, let alone expressing his cares and concerns to his parents in front of a stranger. He is not used to this form of expression. When his parents openly expressed their concern for him, for example, by crying, he did not know how to respond. (Social Worker G)

The other social workers found that the involvement of different parties, such as probation officers, other social workers, and the family therapist needed to be sorted out:

Because initially, I was not quite clear why there were so many workers working on the same case. (Social Worker A)

### Posttreatment Drug Use Status

Table 1 shows the drug use status of the adolescents at six months posttreatment: (a) the adolescents who abstained and then relapsed without family therapy, and (b) the adolescents who abstained and then relapsed with family therapy. The drug use statuses were reported by the adolescents and corroborated by the social workers from the Center, who conducted urinalysis regularly for at least six months after discharge.

**Table 1. Drug Use of Adolescents at 6-Month Posttreatment**

6-Month Posttreatment	Abstained	Relapsed	Total
Without Family Therapy	16 (64%)	9 (36%)	25
With Family Therapy	8 (89%)	1 (11%)	9
Total	24 (67%)	10 (30.56%)	34

From the above table, it can be seen that more than two-thirds of the adolescents who underwent treatment in the Centre managed to maintain abstinence, but a greater proportion of the adolescents who received family therapy managed to maintain abstinence than those who did not receive family therapy.

## DISCUSSION OF RESULTS

Within a Chinese context, such as the dynamic community of Hong Kong, the family is a familiar and highly regarded institution. According to the feedback of the adolescents and social workers in this study, the integration of family therapy and adolescent drug treatment can lead to changes in family interaction patterns and the enhancement of personal and interpersonal growth. Initial follow-up results also indicated that it can help to change adolescent drug use behavior in a Chinese context. While this preliminary result is not surprising, given that its effectiveness has already been established in the West, it is particularly noteworthy that family members in this study were keen to verbalize their views and concerns to other members within this Chinese context. This seems inconsistent with the common belief that communication does not take place easily within Chinese families (Hsu, 1995), and that family members tend to be inexpressive and reluctant to discuss openly their perceptions and criticisms of each other (Gau & Chen, 1998). One plausible explanation for this inconsistency is that in the modernized context of Hong Kong, adolescents and their parents are more ready to speak up. Another plausible explanation is that as Chinese families usually accord therapists high regard and respect, an invitation from a therapist to interact and exchange would not be as difficult when appropriately and respectfully facilitated. This preliminary finding suggests that family therapy is a viable approach for working with Chinese adolescents with drug problems.

## CULTURALLY RESPONSIVE PROMOTION OF COMMUNICATION AND AUTONOMY

What actually transpires when Chinese families attempt to communicate? Hsu (1995) argues that love and affection are expressed through the fulfillment of mutual obligations and through action. Chao (1994) states that parental control and restriction, including physical punishment for behaviors that are viewed as unacceptable by parents, may connote care, involvement, and discipline, and thus be considered positive and beneficial to the child (Chao, 1994). Stewart, Bond, Kennard, Ho, and Zaman (2002) found empirical support for the idea that the parental control and disciplining dimension correlates positively with parental warmth and love, and is associated positively with desirable psychosocial outcomes in Hong Kong. Chinese families emphasize that parents are responsible for appropriately and justly governing, teach-

ing, and disciplining children, since relationships are hierarchically structured and maintained by the requirement of the role relationships to maintain social order and harmony (Chao, 2000), even in the case of a highly modernized city like Hong Kong (Ma, Lau, & Chan, 2002). That is, the Chinese parent-child relationship is based on the principle of responsibility. Family members are expected to exercise unconditional responsibility and to give each other protection, even where there is no expectation of reciprocation (Yang, 1993). The role of parental discipline has a very positive connotation because it means supporting, caring, and even loving, as well as governing (Tobin, Wu, & Davidson, 1989). In reconceptualizing parental warmth and support in Chinese families, Chao (2000) argues that instead of expressing their support for the child through physical and emotional demonstrations, as in the case of families in western cultures, support is expressed through involvement and investment, which reflect the fulfillment of the role responsibilities of parents. Chen (1998) observes that rituals involving food and eating, for instance, are a uniquely Chinese manifestation of nurturance and support. Hence, the involvement of family members, particularly parents, is invaluable considering the need for parental monitoring and support during adolescent drug rehabilitation, as well as the credence given to parents in Chinese families. Since parent-adolescent communication plays an essential role in family functioning throughout adolescence (Xia et al., 2004), promoting communication among family members is considered a useful step in the process of therapy. When family members successfully communicate, tension can be relieved, problems solved, and individuals can gain increasing insight.

Hong Kong adolescents tend to accept their parents' control very easily (Chen, 1994), though they would like to have more independence than their parents grant them (Shek, 1998). This could be due to the respect ascribed to the parents' child-rearing method by the adolescents, as well as their recognition of their parents' ability to solve life's problems (Chen, 1994). Moreover, the notions of adolescents' autonomy and independence from parents have been found to be different in a Chinese context. Given the emphasis on the family in Chinese culture, autonomy is commonly conceived as an abandonment of the family, rather than as a healthy separation as it is seen in the West (McBride-Change & Chang, 1998; Smetana, 1995). This raises the therapeutic dilemma of advocating autonomy while accommodating the family system, particularly for Chinese families with adolescents. In fact, conflict between Western and Chinese cultural values in this area has been a source of distress for many Chinese-Americans (Leung & Lee, 1996). Therapeutic considerations involving issues such as the autonomy of adolescents versus compliance with authority would almost always need to revolve around the cultural disposition of the adolescents and their family members in relation to the changing world outside. Hence, when working with Chinese adolescents and their families, it is essential for family members to negotiate what is acceptable between them, and between the family and the therapist.

This study is limited by the small group of participants drawn conveniently from one site, and it does not attempt to make any definitive claims about what is found.

Moreover, this study could be improved by including the views of the parents who have undergone family therapy. Nevertheless, the current study fills a gap in the existing literature by applying family therapy to adolescent drug rehabilitation in a Chinese context, and suggests that promoting communication between family members is a useful way forward to deal with the problem of adolescent drug abuse in a Chinese context.

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