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The perceived helpfulness of structural family therapy in caring for Hong Kong Chinese families of an adolescent with intellectual disabilities: A qualitative inquiry

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Abstract

Background: Previous literature pinpointed the limitations of behavioural treatment in helping families of people with intellectual disabilities to transit lifecycle adjustment and suggested the contributions of systemic intervention made to this population.

Methods: This study aimed to explore the applicability of structural family therapy to helping Hong Kong Chinese families of adolescents with intellectual disabilities from the perspective of family members. Nine members from four families of adolescents with intellectual disabilities were recruited. Family or individual interviews were conducted. A thematic analysis was adopted for data analysis.

Findings: The families experienced two major changes after the therapy, that is, sharing the care responsibilities among family members and using more open communication styles in the family. Structural family therapy was found to be helpful in mediating family problems and promoting the active involvement of adolescents with intellectual disabilities in family interactions. However, the family participants expected clear guidance for the future development of adolescents with intellectual disabilities in a family treatment process.

Conclusions: Structural family therapy can be a promising approach to working with Chinese families of adolescents with intellectual disabilities.

KEYWORDS

adolescents, Chinese families, intellectual disabilities, perceived helpfulness, structural family therapy

Accessible summary

- This study is the first attempt in Chinese contexts to explore the helpfulness of structural family therapy. The study looked at changes after the therapy from the perspective of Chinese families of adolescents with intellectual disabilities in Hong Kong.
- This study found that structural family therapy was helpful in promoting sharing the care responsibilities among family members. It was also useful in instilling

open communication among members of Chinese families of adolescents with intellectual disabilities.
- The family participants expected guidance for the future development of adolescents with intellectual disabilities in a family treatment process.

1 | INTRODUCTION

For parents, caring for an adolescent who is transitioning to adulthood can be distressing. In particular, parents may grieve the loss associated with having to abandon aspirations that their child would achieve developmental milestones typical of adolescence (Marshall & Ferris, 2012).

In the past two decades, mounting evidence from the West, especially from the UK (Anslow, 2013; Pote et al., 2011), suggests that systemic interventions can help the families of people with intellectual disabilities to navigate the challenges inherent in transitioning to adulthood. Among the various systemic approaches available, structural family therapy (SFT) has been recommended for families with adolescents with intellectual disabilities given its focus on parents, boundaries, and the realignment of subsystems (Becerra & Michael-Makri, 2012; Velere, 1993). SFT may also be particularly compatible with Chinese culture, in which individuals respect the power hierarchies within their families (Epstein et al., 2012). However, SFT's applicability for families of adolescents with intellectual disabilities in Chinese contexts, including that of Hong Kong, has remained unclear.

In view of the knowledge gap, the clinical research team of a university in Hong Kong along with a local self-help organisation for parents of children with intellectual disabilities launched a research project in 2019 aimed at developing a family-based intervention programme for Hong Kong families of adolescents with intellectual disabilities. The resulting programme has since provided SFT and multiple-family groups (MFGs) for families in Hong Kong with adolescents with intellectual disabilities. Because the experience with employing an MFG to help such clientele has been described elsewhere (Lo et al., 2022), this paper focuses on using SFT to work with families of adolescents with intellectual disabilities.

1.1 | Families with adolescents with intellectual disabilities in Hong Kong

Comparable to the approximately 1% prevalence of intellectual disabilities worldwide (Maulik et al., 2011), a 2015 survey in Hong Kong revealed that approximately 7 out of every 1000 young people 15–24 years old had been diagnosed with intellectual disabilities (Commission on Youth, 2016).

Adolescence can be a challenging period for both individuals with intellectual disabilities and their families (Leonard et al., 2016). Among other challenges, adolescents with intellectual disabilities are required to increase their (semi-)independence in society (Wehman, 2006). Nevertheless, parents tend to resist reducing their protection of adolescents with intellectual disabilities despite understanding that they could safely encourage their child's increased independence at such a transitional stage (Pote et al., 2011). As a consequence, tensions and stress may arise in the relationships between adolescents with intellectual disabilities and their parents or other caregivers.

In Chinese contexts, although the parents of children with intellectual disabilities have been reported to be supportive and responsible in their caregiving (Li-Tsang et al., 2001), they also tend to encourage less child autonomy than parents of typically developing children (Su et al., 2017). Young people with intellectual disabilities living in Chinese contexts normally receive regular support from schools throughout childhood and adolescence. Yet, the typical one-size-fits-all approach to career guidance in many schools may fail to address the learning needs of individuals with intellectual disabilities (Yau & Yuen, 2020), which may result in lower employability among people with intellectual disabilities than their typically developing peers. In addition, studies in Chinese contexts have shown that 63%–70% of adolescents with intellectual disabilities have experienced peer bullying (Chiu et al., 2017; Lung et al., 2019). Out of concern for the limited employability of and social bias towards adolescents with intellectual disabilities in Chinese contexts, parents of such children in Chinese contexts may have less confidence in their children's ability to cope with challenging social contexts outside school, even during adolescence, and may balk at allowing their children to work outside the home (Xu et al., 2014). Adolescents with intellectual disabilities in Chinese contexts may thus receive fewer opportunities to explore the world and thereby achieve personal growth. Being deprived of the opportunities to attain the usual developmental milestones may associate with behavioural problems in the adolescents with intellectual disabilities, which may influence parental practices and their family relationships (Durà-Vilà et al., 2010).

1.2 | The care responsibilities of families in Chinese contexts with children with intellectual disabilities

In Chinese culture, the gendered division of labour between mothers and fathers in caring for children with intellectual disabilities is relatively traditional. Mothers have been found to spend more time than fathers caring for children with intellectual disabilities, and working mothers are no exception (Chou et al., 2016). However, growing evidence suggests that the responsibility for caring for children with intellectual disabilities can affect maternal well-being and family relationships (McConkey et al., 2008). In Chinese contexts, mothers of children with intellectual disabilities tend to be less

satisfied with their marital relationships when they perceive more social stigma and greater caregiver strain (Kwok et al., 2014), as well as when they perceive that the fathers are not involved in the caregiving (Chou et al., 2016). Chang and McConkey (2008) have suggested that the 'silent communication style' traditionally adopted by couples in Chinese contexts, such that they seldom share their stress with each other for the sake of preserving family harmony, may contribute to the high caring strain experienced by mothers of children with intellectual disabilities. A recent study additionally revealed that fathers of children with intellectual disabilities in a Chinese context were more likely than mothers to be irritated by their children (Hu, 2020), which may discourage them from taking active roles in caring for their children. As a result, the mothers' feeling of being unsupported by the fathers and the lack of open communication between them could result in high maternal caring strain and adversely affect their marital relationships.

A previous study has also revealed a possible link between the caring strain of mothers of children with intellectual disabilities in Chinese contexts and the social expectation that the children's typically developing siblings should participate in caregiving (Chang & McConkey, 2008). Although such siblings may feel empathetic and loving towards their sisters and/or brothers with intellectual disabilities, they may also harbour mixed negative feelings, including anger, frustration, and guilt (Li & Ping, 2006). Siblings often play a crucial role in supporting their parents in old age and their brothers and/or sisters with intellectual disabilities; however, if they cannot genuinely accept their siblings with intellectual disabilities, then they may be unwilling to assume the role of carer (Chang & McConkey, 2008). Indeed, a recent study in China showed that whether siblings assume such care responsibilities was greatly determined by their relational motivations and experience with stigma (Liang, 2021). Such uncertain support from the siblings of adolescents with intellectual disabilities could induce stress among mothers given its implications for future care arrangements.

In view of the findings in the literature, the caregiver strain experienced by families in Chinese contexts with children with intellectual disabilities was found to affect not only the well-being of caregivers but also the family as a whole. Conflictual family relationships were identified by such caregivers to be one of the major barriers to accessing support (Su et al., 2018), which suggests the need to adopt a family-centred approach to identify and meet the needs of caregivers of adolescents with intellectual disabilities.

1.3 | SFT for families in Chinese contexts with adolescents with intellectual disabilities

SFT is suitable for the families of individuals with intellectual disabilities when such families face the challenging behaviour of such individuals during their life-cycle transitions (Baum, 2007). SFT's four-step model comprises (a) decentralising the presenting problem and the symptom bearer, (b) exploring family patterns that maintain the problem, (c) exploring what family members bring from the past that influence the present and (d) refining the problem and exploring possible solutions (Minuchin et al., 2007). The ultimate goal of SFT is to challenge the family's certainty of their problem-saturated reality and invite them to identify novelty in relating to each other (Minuchin et al., 2014). By participating in SFT, families with adolescents with intellectual disabilities may learn to balance gains resulting from encouraging such adolescents to engage in risk-taking behaviour against their wishes to protect them from possible harm (Baum, 2007). They can also learn how to handle the diffuse boundaries between adolescents and their caregivers (Fidell, 2000) and to identify the repetitive self-defeating patterns of family interaction that may perpetuate or escalate their challenging behaviour (Rhodes, 2003).

Studies conducted in Western countries have demonstrated the positive outcomes of SFT for families with individuals with intellectual disabilities (e.g., Harris, 1984; Velere, 1993). Previous reviews on systemic therapies have revealed some common factors of in-therapy processes that contribute to the positive changes experienced by participating family members, including the discovery of new ways to communicate with family members (Tseliou et al., 2021), family alliance and the therapist's balanced treatment of all family members in the therapeutic process (Chenail et al., 2012). Nevertheless, studies exploring the therapeutic processes of systemic therapies used to work with families in Chinese contexts have been few and far between (e.g., Liu et al., 2013), and, to the best of our knowledge, few studies have examined the therapeutic processes of systemic psychotherapeutic treatments such as SFT experienced by families with individuals with intellectual disabilities in Chinese contexts. In view of that gap in knowledge, in our study we aimed to answer two research questions:

1. From the perspective of participating family members, what kinds of change in the family interactions had been experienced after receiving SFT?
2. From the perspective of participating family members, which aspects of SFT are helpful, and which aspects of additional support in family therapy are expected?

2 | METHODS

2.1 | Participants

All participating families were referred by a local self-help organisation for the parents of children with intellectual disabilities. There were three criteria for selection: (1) The family has one adolescent child diagnosed with mild to moderate intellectual disabilities, (2) the family understands and speaks Cantonese (the local dialect) or Putonghua (the official language of mainland China) and (3) the participants are able to provide voluntary informed consent to participate in the SFT. Nine members from four families, including two adolescents with intellectual disabilities, two fathers, four mothers and a sibling, voluntarily participated in this study 6 months after the completion of the family treatment (Table 1). The average age of the adolescents with intellectual disabilities and the parents in this study were 16.5 and 55.8 years, respectively.

TABLE 1 Demographic information of the families of adolescents with ID who received the SFT

Principal client with ID			Father		Mother		Sibling				
Pseudonym	Gender (age)	ID level and comorbidity	Age	Education level	Age	Education level	Gender (age)	Education level	Household income (HK$)	Number of SFT sessions	Presenting problems in brief
Yue	M (19)	Moderate ID, psychosis, ASD	60	–	55	Junior Secondary	F (24)	College	24,000 (£2307.76)	10 (August 2019 to October 2020)	Disturbing behaviours of the principal client brought about restrictions and difficulties for the family members. Conflictual father–son relationship after father's retirement. High caring stress of the mother.
Hong	M (18)	Mild ID, ASD	58	Senior Secondary	52	Junior Secondary	–	–	35,000 (£3365.48)	6 (August 2020 to August 2021)	Emotional and behavioural problems of the principal client at home (i.e., son-to-mother aggression). Parenting inconsistency and parental conflicts.
Yin	F (15)	Mild ID, cleft lip, and cleft palate	60	Senior Secondary	56	Senior Secondary	–	–	16,000 (£1538.5)	10 (August 2019 to August 2020)	Conflictual and distant mother–daughter relationship. Marital problems due to the in-law issues with the wife's parents. Chronic health problem and high caring stress of the father.
Sum	F (20)	Moderate ID, epilepsy	54	College	54	College	–	–	40,000 (£3846.26)	4 (March–October 2019)	School nonattendance, and emotional, behavioural and social problems of the principal client across different settings (e.g., at home and school).

Abbreviations: ASD, autism spectrum disorder; F, female; M, male; SFT, structural family therapy.

2.2 | SFT in this study

Among the four families, the families with children with pseudonyms of Yue, Hong and Sum received SFT from the second author of this present study. The second author was trained in the school of SFT and has been employing this approach to helping families with different mental health needs over the past 20 years (Ma, 2000, 2021). Yin's family (the fourth family) received SFT from the first author of this study and another systemically trained therapist who was a postdoctoral fellow and also a member of the clinical research team of this study. Both therapists were trained by the second author, and are qualified family therapists in Hong Kong.

In total, 30 SFT sessions were held for the four families during the period from March 2019 to August 2021. Most of the SFT sessions were conducted in person on a university campus in Hong Kong (number of face-to-face sessions = 24). However, during the period July–October 2020, the implementation of social distancing measures in Hong Kong due to a severe outbreak of COVID-19 made it impossible to meet with the families in person. Hence, with the agreement of the participating families, a few SFT sessions were conducted using a cloud-based video conferencing platform (i.e., Zoom) (number of zoom sessions = 6).

2.3 | Ethical considerations

This study was given ethical approval by the Committee of Survey and Behavioural Research Ethics of The Chinese University of Hong Kong (Ref. No.: SBRE-19-002). All participants in the present study took part on a voluntary basis, were informed of the ethical issues regarding the study, and gave their written consent to participate in the study and be recorded before they joined the SFT. The participating families were free to withdraw from the study at any time without any penalty.

To preserve the confidentiality of the family participants, the therapists took responsibility not to disclose any personal information pertaining to the families or the treatment process to any uninvolved parties. To ensure the confidentiality of the online sessions, private online meeting with password protection were set up for each therapy session. Family members were requested to stay at home for the online sessions, while the therapist(s) conducted the online session from a private room. All those attending the online sessions, including the therapist(s), were requested to turn on their webcam throughout the whole session for identity authentication.

2.4 | Interviews with family participants

Interviews with members of participating families were conducted from June 2021 to September 2021, either in family interviews conducted via Zoom ($n = 2$) or in individual telephone interviews ($n = 3$) depending on the scheduling availability of the families. Although social distancing measures in Hong Kong implemented in response to the COVID-19 pandemic had relaxed slightly when we collected data for our study, Hong Kong residents nevertheless remained highly conscious of the significant risk of viral transmission present during face-to-face meetings. Thus, participants preferred forms of data collection that precluded human contact.

Two family interviews, namely with Hong's family and Yin's family, were conducted via Zoom. Whereas the interview with Hong's family was conducted by the first author, because Yin's family had participated in therapy sessions with the first author and to avoid social desirability bias during data collection, the interview with Yin's family was conducted by the research assistant, a master's student of social work who had not been involved in the family's therapy sessions. Each family interview lasted 30–45 min, and each of the three individual telephone interviews—with Yue's mother and older sister and Sum's mother—lasted approximately 20 min.

Because the consistency of data generated during interviews may be affected by differences in the perspectives and the subjectivity of the interviewers, a set of semistructured interview guidelines was developed by both authors. The first author held a briefing session with the research assistant before the interviews to explain the interview guidelines in detail and to help the assistant to understand the study's purpose. After the interviews, the first author also provided a debriefing session to discuss the research assistant's personal experience with the interviewees. During all interviews, the interviewers asked the participants about their subjective experiences with the treatment process guided by SFT, including questions regarding the most impressive moment in the treatment process and which areas of the treatment could be improved. To deepen the exploration of the treatment process, the participants were invited to share the family problems that they had encountered before receiving SFT, how the therapists had helped them to navigate the problems together, and the changes that they had experienced after SFT.

2.5 | Data analysis

All interviews were recorded and transcribed verbatim, during which time pseudonyms were created to ensure the participants' confidentiality. The data were analysed following the step-by-step guidelines for thematic analysis proposed by Braun and Clarke (2006). Researcher triangulation was adopted throughout the thematic analysis to enhance the trustworthiness and credibility of the findings. To that end, each author first reviewed the data individually until achieving familiarity with the entire data set. At that stage, each author documented their initial thoughts about potential codes and themes in the data. Second, the first author developed a preliminary coding scheme containing 34 initial codes, after which both authors discussed the classification of the initial codes into emergent themes and subthemes with reference to the thematic findings in the literature on processes within family therapy. As authors, we were aware of the potential for researcher bias in interpreting the data due to our dual roles as both therapists and researchers in the study. A search for negative findings in the data set was thus performed to check against our expectations of the emergent findings as researchers. Third, we reviewed and discussed the potential themes, all of which were

checked against the raw data set and the coded extracts. Last, an analysis was conducted to refine the names of the derived themes until clear definitions were developed for all themes and consensus on the themes was reached.

3 | FINDINGS

In response to the first research question, two themes regarding observed changes in the families' situations after receiving SFT were identified from the participating family members' interviews: sharing care responsibilities among family members and using a more open communication style in the family. In response to the second research question, two themes regarding the helpfulness of SFT were identified—mediating family problems and actively involving the adolescent with intellectual disabilities in family interactions—along with another theme regarding the families' additional expectations of SFT—that is, providing guidance for the future development of individuals with intellectual disabilities and their families (Table 2).

3.1 | Sharing care responsibilities among family members

A more balanced division of labour among family members in caring for adolescents with intellectual disabilities had emerged in some families since SFT. In Yue's family, the mother has been the primary family caregiver as well as the family's chief decision-maker, whereas the older sister and father had been under-involved in Yue's care before family therapy. Under high caring strain and need to meet a tight care schedule, the mother used to give strict, repetitive instructions to her family members, and when the mother pushed too hard, the father would respond by throwing a temper tantrum. From the perspective of the father and both children, the mother was controlling and intrusive. The mother, however, felt angry that they did not appreciate her efforts in caring for Yue as well as the entire family. The family had thus become stunted by the self-defeating pattern of interaction, which had continued to permit Yue's challenging behaviour towards his parents. After receiving family therapy, however, Yue's mother felt relieved because her husband and daughter without intellectual disabilities had become more actively involved in caring for Yue and the family.

> In the past, my mother was very anxious and quick-tempered and tended to shoulder all of the family tasks. .... She has become more willing [since engaging in family therapy] to ask us for help to discuss and resolve family problems together. .... I used to return home after dinner to avoid conflicts with her about care issues, but now I understand more about Yue and my parents and find it easier to help my mother with taking care of my brother (Yue's older sister).

Before family therapy, a skewed division of labour concerning care tasks was also observed in Yin's family, in which the father had

TABLE 2 Data analysis

Themes		Subthemes
Changes in the family situation after the family therapy	**1.** Sharing care responsibilities among family members	**1.1** Increased participation of the under-involved family members in the family discussion
	2. Using more open communication styles in the family	**2.1** The family atmosphere became less tense
Perceived helpfulness of family therapy	**1.** Mediating family problems	**1.1** Therapist's nonblaming stance
		1.2 Family members communicate more openly in the session
		1.3 Providing guidance for the families on the ways to support members with intellectual disabilities
	2. Actively involving adolescents with intellectual disabilities in family interactions	**2.1** The member with intellectual disabilities can feel the family dynamics in the process
		2.2 The member with intellectual disabilities can experience different ways of relating to others
Further expectations from the family participants	**1.** Guiding the future development of individuals with intellectual disabilities and their families	**1.1** A need for concrete support for the person with intellectual disabilities for their life development
		1.2 A need for parents to be given clear directions regarding how to support their children with intellectual disabilities most effectively

assumed responsibility for all care tasks, whilst the mother tended to be disengaged in care tasks relating to facilitating Yin's development as a young woman. The mother's disengagement in modelling her adolescent child can be understood in the context of social stigmatisation attached to intellectual disabilities and the grief of not having a typically developing child. Wishing to compensate for a typically developing child, Yin's mother used to be restrictive with her daughter and demanded that she spends all of her leisure time studying. Sometimes when the mother pushed too hard, Yin would fight back. As a result, the mother had come to view herself as lacking the competence to care for Yin and, in turn, delegated care responsibilities to Yin's father. However, the skewed division of care responsibilities had intensified the father's caring strain, and he had found himself increasingly less capable of caring for Yin due to father–daughter gender differences and his deteriorating physical health. The father thus needed the mother's support in nurturing the growth of their adolescent daughter:

> The relationship between my wife and our daughter improved [after family therapy]. My wife has become more active in communicating with the school and has even joined extracurricular activities with Yin. Yin is happy to have her mother's companionship. I can now rest more in order to take care of myself (Yin's father)

3.2 | Using more open communication styles in the family

Some of the adolescents with intellectual disabilities were able to express themselves in the family treatment sessions with the therapist's aid. For example, Yue articulated his wish for his family to have 'no fights [between family members]' and 'harmony', while Sum reminded her parents of the 'need to love each other more':

> She [Sum] couldn't express herself directly, but she had listened to what we had talked about. She had understood [what had happened in the session] … When we returned home, she said, "We need love" … "We need to love one another" (Sum's mother)

Since SFT, the expressions of adolescents with intellectual disabilities have pointed their families in a new direction towards healing. According to Yue's older sister, she had felt annoyed by her mother's repetitive instructions on caring for Yue in the past. During family therapy, however, she shared that she was beginning to understand her mother's worries and concerns about Yue. Such open communication in the family had helped her to reframe her understanding of her mother's temper from being a personal attribute to being an expression of high caring strain. According to the older sister, her family could now constructively discuss care-related topics after having received family therapy. With the constructive support of the family, Yue's older sister observed that her mother had become less quick-tempered about Yue, and, as a result, the family atmosphere had improved, and Yue had become less anxious at home. The older sister stated that Yue was now actively sharing his daily experiences with her and their parents, and such significant changes in Yue had resulted in a positive spill-over effect on the mother's emotions:

> He [Yue] has become more willing to share his daily experiences in the sheltered workshop with us, including about people he has met and things that have happened there. …. [Interviewer: How have the changes in your brother influenced your mother?] She's become happier and less anxious since Yue's significant improvement (Yue's older sister)

3.3 | Mediating family problems

As narrated by the participating family members, observing the families from a nonblaming stance allowed the therapists to boost the participating family members' confidence in sharing their thoughts and worries in depth during treatment. It was also important to develop a trustworthy, engaging platform that enabled them to be more open in discussing their difficult situations, which consequently increased their mutual understanding:

> The presence of a third person [the therapist] helped to mediate differences in pacing and opinions between us [the parents]. …. We can now more deeply understand each other's thoughts (Hong's mother)

> When [the therapist] was here with us [the family], we could talk and analyse the situations that we're facing together. In that process, we came to recognize each other's role and position in the family …, and we now know what each of us needs to improve, which helps to enhance family harmony and reduce family conflicts (Yue's mother)

Guided by the therapist's facilitation in the family treatment sessions, the primary caregivers of the adolescents with intellectual disabilities from three families (i.e., Yin's father, Sum's mother and Hong's mother) shared that they could hear the voices of their spouses and their typically developing children, which they perceived to be helpful in reducing their anxiety about their family members:

> I've felt relieved [since SFT] because my wife has been able to express her feeling of being stigmatised by our good friends due to having a child with special learning

needs. She was unhappy, but I couldn't help her because she avoided talking with me at home (Yin's father)

I'm happy to hear my oldest son's voice and learn that he doesn't feel that he's being neglected because we've been spending a lot of time looking after Sum. (Sum's mother)

We [my husband and I] didn't communicate at home because he was often too exhausted to talk. .... My husband expressed more [in therapy], probably because of [the therapist's] encouragement. I now understand his point of view better, which makes me feel less lonely in taking care of Hong (Hong's mother)

3.4 | Actively involving adolescents with intellectual disabilities in family interactions

In the eyes of the participating family members, SFT offered a secure space in which adolescents with intellectual disabilities felt safe to express themselves at their own pace. They also observed that the adolescents listened and actively contributed to the family's treatment, which cultivated an alternative interactional experience for the families that promoted their understanding of the adolescents' strengths and developmental needs. Yue's older sister pinpointed that the novel interactional experience in the family treatment process had helped to promote a favourable family environment in which individuals with intellectual disabilities could apply the life skills learned at schools and sheltered workshops.

Behavioural treatments offered to my brother are helpful in training him in essential skills and techniques. .... In the family treatment sessions, we [my family] can listen to my brother's thoughts directly, which helps us to understand that he's [mentally] older than we had assumed. Family therapy is helpful because it teaches us how to get along with my brother (Yue's older sister)

Another family participant, Hong's father, highlighted that involving the entire family in the treatment had established a social context in which adolescents with intellectual disabilities could experience multiple interpersonal interactions and acquire social skills that they could apply in their daily lives:

When he [Hong] was with us [the parents], he learned something totally different from what he had learned when he was with a therapist. .... Interaction with us is about life and daily routine. .... That kind of interaction can benefit him in his communication with others [e.g. neighbours and friends] in daily life (Hong's father)

3.5 | Guiding the future development of individuals with intellectual disabilities and their families

Despite appreciating SFT's ability to improve their family relationships, the participating family members expressed that it could not replace life skills training for adolescents with intellectual disabilities, which the participants considered to be essential to support such adolescents' future development:

Family therapy can help promote family harmony, but it can't provide something essential for the future development of my son. .... [Interviewer: What's essential to supporting the future development of your son?] A career path and life skills (Yue's mother)

Hong's father stated that some of his family's struggles and sufferings can be attributed to fragmented social services. Even though he indicated appreciating the help from SFT in promoting family discussion, he still wanted clearer guidance regarding his son's future development:

Regarding my son's future development, I can't demonstrate to him what to do and how to do it—cooking, for example. .... I simply don't have the experience of being a person with ID, and therefore I can't give him guidance on that issue with reference to my own life experience. .... I feel slightly lost, and I need a clear direction as to where we're heading (Hong's father)

4 | DISCUSSION

The first of its kind conducted in Hong Kong, our study investigated the processes of change induced by SFT as experienced by families in a Chinese context with adolescents with intellectual disabilities.

Our findings suggest that the therapist's nonblaming stance in mediating family problems and the active involvement of adolescents with intellectual disabilities in the therapeutic process were helpful in inducing two changes in the families: an open communication style and a more balanced division of labour in care responsibilities between family members. The processes of change revealed by our study corroborate current knowledge of common therapeutic factors (e.g., the balanced inclusion of the entire family and the nonjudgemental stance of the therapist) and common positive outcomes (e.g., a new way of communicating and a new sense of accountability) of such processes in systemic family therapy, as shown in past systematic qualitative metasynthesis reviews (e.g., Chenail et al., 2012; Tseliou et al., 2021). In that light, our findings furnish preliminary evidence supporting the idea that the process of change facilitated by systemic family therapy transcends cultural context, the specific population in the treatment and the model of therapy. Even so, the family's preference regarding the

therapist's directivity proved to be an exception. Unlike the general population, which has mostly preferred a balance between directivity and nondirectivity in systemic therapy (e.g. Chenail et al., 2012; Tseliou et al., 2021), the family members in our study expected direct guidance from their therapists. That finding aligns with Liu et al.'s (2013) experience and may be explained by the fact that people in China prefer authority and expect helping professionals to be experts who guide them (Ma, 2000).

Reflecting what Rhodes (2003) also found, our study demonstrated one of SFT's most important roles in helping the families of individuals with intellectual disabilities: that offers a secure platform where family members can review their family situations (e.g., the family's life-cycle transitions and sources of family stress) and join hands in addressing their specific issues, including the sharing of care responsibilities and ways of coping with disappointment and loss. Our findings suggest that the fact that SFT fosters a safe haven helps to promote family members' understanding of their loved ones with intellectual disabilities, which in turn supports the development of a supportive family environment.

As suggested by Baum (2007), therapists should be aware of the disparity of power between adolescents with intellectual disabilities and their caregivers, which may distort the meaning of communication in the treatment process and further disempower the adolescents. In our experience, by slowing down the pace of therapy and encouraging family members to be patient, respectful listeners, therapists can carve out ample space in the treatment process for adolescents with intellectual disabilities to express themselves. Consistent with Baum and Lynggard's (2006) findings, the adolescents with intellectual disabilities in our study were capable of actively participating in therapy, and their self-disclosure in that process provided their families with a new direction toward healing.

The four families in our study have all faced the emotional and behavioural problems typical of adolescent children with intellectual disabilities. Broadly put, such problems can be conceptualised as a power struggle between a growing adolescent and their caregivers. Whereas adolescents with intellectual disabilities, similar to all adolescents, desire greater autonomy, the parents fail to respond to their changing developmental needs. In line with Baum's (2007) observation, that power disparity is partly caused by the parents' wish to protect their child against the risks that impaired intellectual ability and socially maladaptive behaviour pose. In the Chinese context, in particular, it is also partly due to filial piety, a cultural belief rooted in Confucianism. Under the influence of filial piety, children are expected to display absolute obedience and respect for their parents (Kwan, 2000). In that context, parent–child conflicts intensify amid high carer stress, the social stigma attached to intellectual disabilities, and limited support both from spouses with long working hours and from rehabilitation services. By way of SFT, therapists can assist such families with reframing their presenting problems, whether it is blaming the adolescent with intellectual disabilities or viewing the family as being stunted. In so doing, therapists can cast new light on adolescents with intellectual disabilities such that they are no longer viewed as problem-bearers (Minuchin et al., 2007) and reveal ways in which the families can resolve their relational difficulties.

4.1 | Limitations and recommendations

Our results need to be interpreted in light of our study's limitations. For one, due to the brief duration of the interviews with the participating family members and the short interview guide adopted in the interviews, the data collected may not be rich enough to draw a sophisticated understanding of the family members' experiences in the therapy process. Such insufficient data also risks weak data saturation, which can reduce the quality of findings. Beyond that, the objectivity of our data analysis may have been affected by our dual roles as researchers and therapists. As a consequence, potential investigator bias may call the trustworthiness of the findings into question.

5 | CONCLUSION

Our study revealed that among families with adolescents with intellectual disabilities in Hong Kong, SFT was perceived to be helpful in mediating family problems and facilitating the active participation of adolescents with intellectual disabilities in family interactions. At the same time, the families expected concrete guidance from the therapists regarding the adolescents' future development.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Research data are not shared. Due to privacy and ethical concerns, neither the data nor the source of the data can be made available.

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