
Asian Journal of Family Therapy
Journal homepage: http://www.familytherapy.or.kr/kaft/en_index.phd

Case study

Resolving intergenerational conflicts for a Hong Kong Chinese couple with a wife having high functioning autism (HFA) through structural family therapy*

Joyce L. C. Ma, Ph.D., R. S. W., Clinical Fellow and Approved Supervisor, AAMFT

Professor, Department of Social Work, The Chinese University of Hong Kong

Joanne Chi-yan Wong, Ph.D. Registered Clinical psychologist

Senior Manager (Clinical Service), 'True Colors' Autism Support Service, SAHK

Lily L. L. Xia, Ph.D.,

Research Associate, Department of Social Work, The Chinese University of Hong Kong

Abstract

Literature on the clinical application of family therapy in helping families of an adult with High Functioning Autism (HFA) is thin. To fill this knowledge gap, this clinical paper documents the healing process of a Hong Kong Chinese couple with the wife has delayed diagnosis of HFA and a daughter having Autism Spectrum Disorder (ASD) using structural family therapy (SFT) to deal with the transgenerational conflicts arising from child care. Literature on the developmental challenges of families with HFA is critically examined using a cultural perspective. Treatment strategies of SFT were adapted to meeting the family's idiosyncratic needs. Implications for future research on family therapy and families of HFA are discussed.

Keywords: Intergenerational conflicts; Chinese couple; High Functioning Autism; structural family therapy, Hong Kong

* This project was financially supported by HKSA. Gratitude was sent to the families who had participated in the project.

Corresponding Author: Joyce L. C. Ma, Ph.D., Professor, Department of Social Work, The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong, China.

E-mail: joycelai@cuhk.edu.hk, Phone: 852-39437513

© 2020 Korean Association of Family Therapy

ISSN 2586-1786

Introduction

Viewing family as an agent of change and theoretically grounded on a systemic-developmental framework, family therapy can help families cope with Autism Spectrum Disorder (ASD) (Neely et al., 2012; Johnson, 2012) and its effect on multiple aspects of family life (Solomon & Chung, 2012). However, despite the potential contributions of family therapy to helping this clientele in Hong Kong, literature in this area is scant.

Among the different schools of family therapy, structural family therapy (SFT) (Minuchin & Nichols, 1993; Minuchin, Nichols & Lee, 2007) has been shown to have clinical utility in helping an American family of an adolescent with ASD (Parker & Molteni, 2017), as well as two Hong Kong Chinese families of a husband with High Functioning Autism (HFA) (Ma, Wong & Xia, 2019) and an adult daughter with HFA (Ma, Wong, Xia & Lo, 2020) respectively. However, little is known about how SFT may help a Hong Kong Chinese couple of a wife with HFA to address transgenerational conflicts arising from caring for a child with ASD.

Aiming to fill the knowledge gap, this clinical paper documents the healing journey of a Chinese couple in using SFT to deal with transgenerational conflicts between a wife with HFA and the paternal aunt, a major caregiver of the couple's two-year-old daughter, who had been diagnosed with ASD. The anecdotal evidence provided will enrich Asian family therapists' knowledge in helping this clientele.

Literature Review

Living with ASD: difficulties and challenges of dual-career families

Living with ASD poses great challenges and difficulties for families in general (Johnson, 2012; Neely et al., 2012), in particular when both spouses are working and when one spouse and a child have ASD. Worldwide, one in 160 children is estimated to have ASD (World Health Organization, 2019). About 46% of children with ASD have average/above intelligence, a condition previously called Asperger's syndrome (AS) and now called HFA (Aston, 2003), with the two terms (HFA and ASD) used interchangeably in the literature. Delayed diagnosis, or being unidentified, is common for people with HFA. This is especially so for those who live in solitude or have found ways to cope with the social impairment, which includes communication deficits, interpersonal problems, and difficulty understanding social cues, rules and norms in different contexts (APA, 2013). For women

with HFA, the disorder has detrimental impact on performance of their maternal roles and negatively affects multiple domains of their family life (e.g., child care) (Solomon & Chung, 2012).

Grandparents' timely help and assistance (e.g., respite child care) may relieve the caring burden of dual-career couples of children with developmental disabilities such as ASD (Katz & Kessel, 2002). In Hong Kong, low-income dual-career families depend on the assistance of paternal and/or maternal grandparents in child-rearing due to the shortfall of public child-care services (Hong Kong Council of Social Service, 2013). However, their active participation in child care may give rise to transgenerational relational conflicts because of the generation gap in parenting beliefs and practices. The situation may be complicated if the mother is an HFA with communication deficits and interpersonal problems. In other words, she may be unable to interact and respond spontaneously to the child's needs, as a mother without HFA would do. The grandparents may mistakenly view the mother with HFA as inadequate, which may unfavorably affect the mother's psychological well-being and undermine her role as a mother.

In Chinese societies the relationship between the daughter-in-law and the parents-in-law is governed by the Confucian ethical principle of filial piety (*xiao*, 孝), under which the wife must respect and obey her husband's parents. In this situation, it may be harder for a daughter-in-law with HFA, as she struggles with communication deficits and interpersonal difficulties, to express her anger and frustration to the hierarchically higher and more powerful parents-in-law when they criticize her as a bad mother.

HFA affects people's ability both to read subtle non-verbal language and follow the rules of interpersonal relationships (Aston, 2003). Women with HFA may be barely aware of their spouse's emotional support unless they are told directly. They feel confused about when and how to respond in disagreements. Their emotional responses become stronger when their intelligence and competence are undervalued by family members.

Structural family therapy and adults with HFA

Founded by Salvador Minuchin (1974), SFT conceptualizes the importance of contextualizing the presenting problem within a social context (e.g., family or school) and identifying the here-and-now problematic family dynamics under which the family's growth has been stunted. In the belief that families are richer and more resourceful than they themselves realize, the SFT therapist aims to challenge the family organization after (a) listening to the individually-framed problem of the family; (b) identifying the self-defeating patterns of interaction that may maintain or escalate the problem, and (c) generating

possibilities for the family to relate to one another in treatment (Minuchin & Nichols, 1993).

Minuchin expanded the SFT model into a four-step model of practice by adding another step between (b) and (c): a structurally focused exploration of the past. Minuchin also reiterated the concept of the multi-layered self to enrich our understanding of individual psychology (Minuchin, Nichols & Lee, 2007; p. 8). The model (Minuchin et al., 2007) accounts for the breadth and depth of human suffering and for its links to family dynamics.

In helping resolve transgenerational issues arising from child-rearing in Hong Kong, Lee (2019) fostered the executive functioning of a couple to address boundary and power issues in a culturally respectful way, i.e., without weakening the power of the older generation.

In this clinical report, we explored the clinical utility of SFT in dealing with transgenerational issues. Family therapy was offered for the family through our clinical project for families having an adult with HFA, which was jointly developed by a service team of a community-based rehabilitation social service agency and the clinical team of the university-based family treatment center.

Ethical approval was granted by the University Ethics Committee for our clinical research. In order to protect the family's privacy, important personal data has been altered and pseudonyms have been used.

Family history

The couple, Ken and Yan, was referred by a social worker of the collaborative agency to the university-based family therapy center for family therapy. Ken was a 38-year-old sales representative with a secondary-school education. He was expressive and sociable. His 38-year-old wife, Yan, was a gentle and quiet woman, who worked full-time as an office worker after achieving a post-secondary level of education. They started dating after meeting at their workplace and married after a short while. As the newlyweds could hardly afford to rent their own apartment, they had no choice but to live with the family of Ken's aunt, his father's younger sister, who had taken care of Ken since childhood after his mother's death.

A year after marriage, the couple gave birth to a daughter, Jade, who was diagnosed with ASD at the age of two. Ken suspected that Yan might have the same disorder, since she had similar communication problems and interpersonal difficulties to those of Jade. Upon Ken's urging, Yan sought help from the second author, a registered clinical psychologist, who has an expertise in helping this clientele. At the age of 35, Yan was diagnosed as having HFA according to the DSM-5 (APA, 2013). She demonstrated significant difficulties in social communication and social interaction as manifested in her difficulties in understanding the

perspectives of others even of people she had known for years such as her colleagues and the husband's aunt. She had greater difficulty in using verbal and non-verbal means to spontaneously maintain a conversation than people without HFA did; and therefore, has significant difficulty to develop and maintain social relationships.

The couple came to receive family therapy with different treatment expectations. Ken hoped that, despite the impairment of HFA, his wife could learn to be a better mother to Jade. Yan hoped that the therapists could assist Ken in resolving Yan's conflicts with Ken's aunt, who viewed Yan as an inadequate mother with insufficiently spontaneous interactions with Jade. The couple, however, wanted to have fewer conflicts with their aunt, who had been providing care to Jade on weekdays, while Yan was working. Besides providing care, the aunt trained Jade well in interpersonal skills and personal-care abilities. The young couple reported no relational difficulty with the aunt's husband, who had little involvement in domestic matters.

On weekends, the young couple usually stayed in Yan's parents' home, which was vacant, as her mother had been living with her younger sister's family since their father died. The weekend arrangement enabled the couple to have their own family space and time, and offered the aunt a break. However, Ken liked playing mahjong overnight on Fridays and slept until Saturday afternoon, which forced Yan to 'fly solo' in parenting Jade.

Initial Formulation of the therapists

Figure one is the genogram of Ken's family. The couple experienced tensions and stresses from multiple sources: (a) intergenerational relational difficulties with their aunt, who had more or less assumed the role as Ken's "mother" and Yan's "mother-in-law"; (b) the demands of caring for Jade, who had developmental challenges from ASD; and (c) Yan's communication deficit and relational difficulties arising from HFA, which aggravated the transgenerational and child-rearing challenges.

The extended family with whom the couple was residing was a source of both support and stress. The aunt provided daily care to Jade, lowering the couple's child-care burden. However, the couple's parental beliefs and practices were different from the aunt's, due to their different upbringing. Hence the couple would inescapably struggle with the aunt over the question, "Who is the better parent for Jade?" The struggle was particularly difficult for Yan, partly because of her communication deficit and interpersonal difficulties, but also because of the hierarchal/in-law relationship in a Chinese family, as well as Ken's insufficient support in child care. Feeling angry and powerless, Yan kept silent when relating to the aunt. Thinking that Yan might not be getting her message, the aunt kept repeating herself; hence, a relational dance of "withdrawal and pursuing" emerged in their daily interactions. Nevertheless, the couple were grateful and appreciative of their aunt's

care for Jade. The couple cared for each other too.

On the basis of the family assessment, two treatment goals were delineated: (a) encourage Ken to support Yan in dealing with her communication difficulties and interpersonal problems and better perform her roles as a mother and a daughter-in-law; and (b) foster the couple's executive functioning in child-rearing and in identifying alternative ways of relating to their aunt.

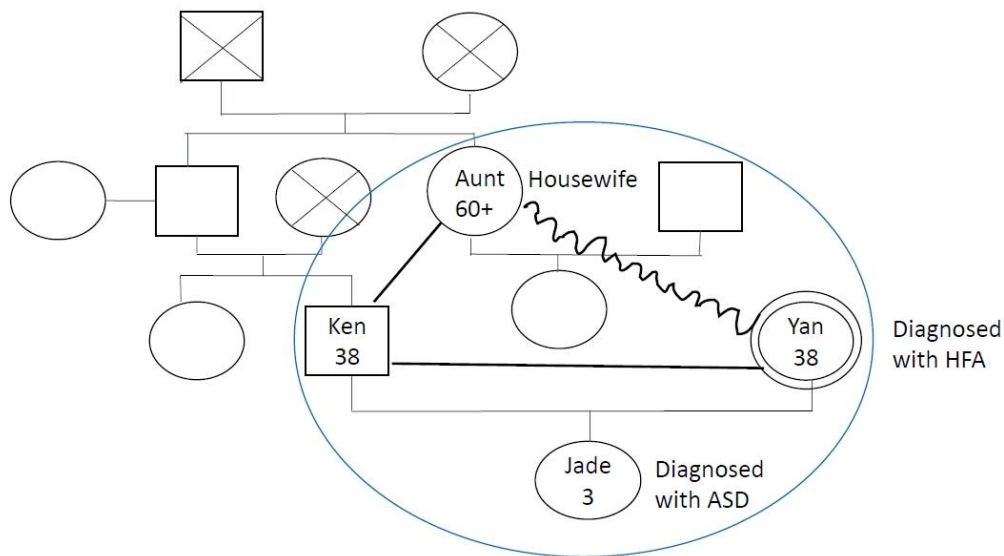


Figure 1. Genogram at the initial stage of treatment

Treatment Process

Family therapy was offered by the first author, a trained SFT, and the second author, a clinical psychologist who had rich experience in working with this clientele. The couple received a total of 8 family therapy sessions over 12 months because the couple often postponed the treatment session at a longer interval due to Jade's sickness. The daughter, Jade, participated in three sessions when the aunt was too busy to look after her. Jade's participation in treatment was useful for assessment: the couple cuddled Jade from time to time, which indicated that they were caring and affectionate toward her. The therapists had invited the aunt to join the treatment, but the couple preferred not to include her because Yan felt inhibited to express her views in the presence of the aunt, who had more power and higher status in the family.

Three intricately connected clinical themes emerged in the treatment process: (a) Yan's communication deficits and interpersonal problems; (b) co-operation of the couple in handling household chores and child care; and (c) the couple's different roles in resolving transgenerational conflicts. Notably, the first theme was most often used as a legitimate reason for their current difficulties, which implied that Yan, the problem bearer, had to change.

Two vignettes (Table One and Table Two) were selected to illustrate how the therapists expanded the impartiality of the couple's view of their difficulties, i.e., from putting the blame on Yan's HFA to examining their patterns of interactions in a social context; in so doing, new possibilities were generated for them to deal with the family situation (Minuchin & Nichols, 1993).

Table One. Assisting the couple to be a better team in household chores and child care

Persons	Treatment process	Therapists' therapeutic action and responses
Therapist and the co-therapist to the couple	We are confused about your discussion, which has shifted from Yan's wish of having time to play with Jade to Yan's need for more physical exercise, and then to the relational difficulties with your aunt. Just wondering which issue would you like to focus on?	Use of focusing to assist the couple in choosing a topic for discussion
Instead of replying to the therapists' question, Ken talked to Yan spontaneously and smilingly	I know you want me to cut down on mahjong playing. I feel relaxed playing mahjong – but I'll cut down the frequency of playing. How about you? You should get more physical exercise – it could help your mood.	The therapist pondered whether to raise the same question again and decided to let the couple lead the flow for a while
Yan to the therapist	It is fine for him to play mahjong. I just don't want him to tell me suddenly that he's going to play mahjong, then turn around and disappear while we are shopping. (A long pause) I prefer to talk more about my personal needs first. He (Ken) is right. I need physical exercise, but I'm not used to doing it and I don't know how to do it.	
Yan to Ken	Can we find some kind of physical exercise that three of us could do together on Sundays?	The therapists moved out from the couple's conversational zone to encourage their enactment
Ken to Yan	Yes, are you willing to change your routine on Sunday? It takes an hour for you to finish your breakfast. Then you insist on taking Jade to the playground, saying that it's good for her physical development; followed by lunch and Jade's afternoon nap.	Therapists encouraged their continued dialogue by remaining laid-back
Yan to Ken	I can't eat fast, and playing on the slides is important for her. Can we do something together without changing the routine?	
Therapist to Ken	This is the second time that Yan pleaded with you. What did you hear?	Therapists decided to punctuate and offer help to Yan

Table One. Assisting the couple to be a better team in household chores and child care (continued)

Persons	Treatment process	Therapists' therapeutic action and responses
Ken to the therapist	She wants me to keep her company, as she has no friends. In the past I took her to meet my friends. She didn't talk with them; nor was she responsive to others. She's always silent and sullen. Her lack of response makes my aunt mistake her as a bad mother.	Ken seemed to feel a bit burdened by Yan's emotional dependence
Ken turned back to Yan	Jogging is best for you. You can do it yourself and your mood would be better after jogging. Then you'll be in a better mood when relating with us (Jade and Ken).	
	Yan kept silent for a long time, seemingly struggling with how to reply	Therapists guessed that she may need our assistance
Co-therapist to Yan	Is it better if he (Ken) takes the lead to arrange jogging with you?	
Yan to the co-therapist	Yeah! The three of us can jog together. (long silence) The three of us could have more family time together.	The therapists nodded to acknowledge her view
Ken to Yan	Since you can't eat fast during breakfast, would it be okay to reschedule the routine to have 15 minutes of jogging before Jade plays on the playground?	Via facial expressions, the therapists validated Ken's proposed change.
Yan to Ken, with hesitation	We could try.	
Ken to Yan	Can you spend less time on household chores on weekends so that you can have more time to play with Jade?	Therapists felt Yan's discomfort about her husband's blaming
Therapist to Yan	Is Ken's question a suggestion or a criticism?	Therapist explored more about the effect of the husband's blaming on Yan's feeling
Yan was in tears and turned to the therapist	Both. I'm a slow doer. That's me!	It was the first time Yan had disclosed her feelings in treatment.
Therapist to Yan	I see. It must be hard for you.	Therapists showed their empathy by nodding.
Therapist to Ken	Do you help with the household chores?	Exploration of couple's gendered division of household chores
Ken replied smilingly	No. I do that only on weekdays, otherwise my aunt scolds me for being lazy. I prefer resting on the weekends to doing household chores.	Therapists felt more for Yan, who had to shoulder the household chores without Ken's assistance, and yet had to deal with his criticism of being a problem-bearer
Therapist to the couple	Suppose that Ken helped Yan do some household chores on weekends – then, she might have more playtime with Jade. Would such a change be possible?	Therapist translated the individually framed problem to a relational frame, hoping to expand the impartial view of the husband on their current difficulty
Therapist to Yan	Have you asked him to help? Can you learn to be a "less considerate" wife?	Therapist deliberately invited Yan to protest against the rigid division of labor

Table Two. Enhancing the couple's ability to identify alternative ways of interacting with their aunt

Persons	Treatment process	Therapists' therapeutic action and responses
Yan to the therapists	When Jade was one year old, she liked having her great-aunt change her diaper. She didn't like me doing it.	Therapists sensed Yan's frustration at not being welcomed by Jade
Therapist to Yan	Did you feel bad about it?	
Yan to the therapists	Yes. Jade didn't like me because my hands are cold.	
Therapist to Yan	Oh, really! Do you mind letting me touch your hands? (Yan extended her hands and let the therapist touch them.)	
Therapist to Yan	Well, they are a bit cold.	
Yan to therapist	Jade lets me take her to the toilet now. It began when our aunt was sick. She taught me how to do it, and I followed suit.	Therapist smiled to validate her learning
Ken to Yan	Our aunt had no intention of taking over your maternal tasks. She wanted you to be more involved, more responsive and more interactive with Jade. Please don't mistake her as bad.	Therapist moved out of the couple's conversation to encourage their spontaneous enactment
Yan to Ken	She scolds me if I don't follow her way.	
Ken to Yan caringly	She scolds everyone at home: me, Uncle and you. She scolds me more. You know how controlling she can be. Everything at home has to be arranged in her way.	Therapists adopted a laid-back position since Ken supported his wife
Yan to Ken	I am confused when to respond and how to express my view in relating to her (the aunt).	
Therapist to the couple	Please let us have an example that both of you can work on. (The couple agreed by nodding)	Therapist helped to make their discussion more down-to-earth
Yan to Ken, after a long silence	Yesterday our aunt urged Jade to leave home early for school. I walked out from my room and unintentionally distracted her (Jade). She (the aunt) shouted, "You better go to work!" What should I do?	
Ken to Yan	Let me act as if I were our aunt – what would you say before leaving home for work?	Via facial expressions, the therapists appreciated Ken's attempt
Yan to Ken ("the aunt"), after a long silence	I just wanted to help	Therapist shook hands with Yan to validate her novel response
Ken to Yan	Good. It is better for you to say that to her than to remain silent. My aunt always tells me that I need to seek help for you. She cares about you and she wants to know more about you.	
Therapist to the couple	Does she know that you are receiving family therapy from us?	
Ken to the therapist	Yeah, she was pleased that we sought help here. She was curious to know about the progress of our treatment.	
Therapist to Yan	Your reply to your "aunt" here was great. Can you do that at home?	
Yan to therapist	No. I'm afraid of her (the aunt). She's just like my mom. My mom's life was miserable because our grandmother treated her badly. We were poor and we had insufficient food. When we misbehaved, she beat me and my sisters.	Therapists became more empathetic with Yan after learning her childhood experience of being abused
Therapist to Yan	It must be hard for you to face your aunt given the past bad experience with your mom.	
Yan to therapist	She (her mom) loved us. She had little power in the family. We never blamed her. She accepted me well as a quiet person.	
Therapist to Yan	Is your husband a good coach to help you better relate to your aunt? Yan nodded with a broad smile.	
Therapists to the couple	Ken, you've done very well to coach your wife via the role play. Please do more. Yan, we appreciate your courage to express yourself in front of your "aunt" here. Try it at home. If it doesn't work, seek help from Ken, your coach.	Therapists validated their novel attempt and appreciated their mutual effort to identify alternative ways of relating to their aunt

Treatment outcome: stronger teamwork by the couple

Figure 2 is the genogram of the family after family treatment. Ken had become more active, helping Yan care for Jade and sharing the household chores on weekends. A home-based assessment of Yan's capability in household chores by the agency team has shown that Yan was not as slow and clumsy as Ken described. Ken felt more comfortable taking up the role as Yan's coach when she felt at a loss in dealing with the in-law relationship. Yan had become less fearful and more expressive in relating to the aunt, who had become more patient in listening to Yan.

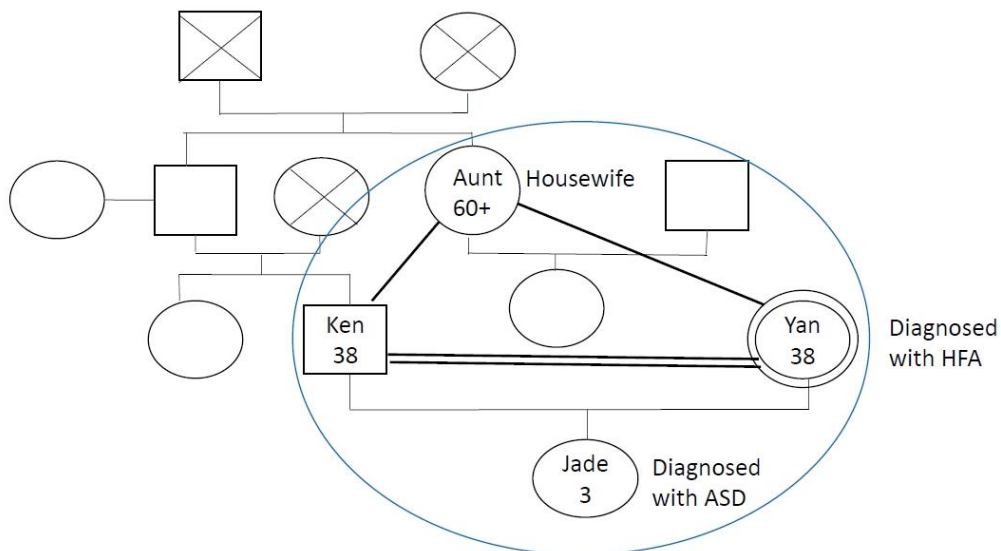


Figure 2. Genogram after treatment

The couple's perspective of family therapy: a space for dialogue, discussion and problem resolution

One year after the treatment, the third author, who had no involvement in the treatment, conducted a face-to-face interview with Yan and a phone interview with Ken to learn about the couple's subjective experience of family therapy.

From Yan's perspective, family therapy provided therapeutic time and space through which the couple could voice concerns while discussing and identifying ways to resolve those concerns. Their tight daily schedule at home had made it impossible for them to find

time to sort out their concerns: (a) Was Yan a bad mother? (b) How could they have better a relationship with their aunt? With the family therapists' facilitation, the discussion during the treatment process was more focused and in-depth than the couple's occasional bedtime talk. Feeling safe and secure, Yan became more comfortable in expressing her views and hearing Ken's. She understood herself better, had alternative views of the same matter and became happier.

Ken said that eliciting the voice of the voiceless was the most useful part of treatment. Through the therapists' facilitation, Yan deeply expressed her feelings and thoughts to him, which enabled him to offer timely help and assistance. Yan related to their aunt more responsively and expressively. The aunt and uncle no longer treated her as invisible. Yan felt better because she no longer had to follow the aunt's way of mothering her child.

Implications for clinical practice

This clinical report shows the eminent need for family therapy of families living with adult ASD and childhood ASD (Parker & Molteni, 2017; Ma et al., 2019), and it illuminates the helping process of SFT for this clientele (Minuchin & Nichols, 1993; Minuchin et al., 2007).

In the initial phase of treatment, the therapists heightened the couple's awareness of how their problem was constructed and maintained by mutuality and complementarity of their pattern of interaction, that is, "Ken being critical and Yan became defensive". In so doing, we succeeded to detoxify Ken's and the aunt's view of Yan as a problem-bearer of the family (Minuchin & Nichols, 1993). Therapists have to be very caring and nurturing towards women with HFA, such as Yan, rather than blaming them for causing the relational difficulties and demanding them to change. The social impairment of the disorder hampers such women from understanding the rules of social interaction (Aston, 2003).

Instead of highlighting the couple's self-defeating pattern of interaction according to the second step of the model (Minuchin et al., 2007), the therapists made use of the not-knowing position to explore how the couple's patterns of interactions had come about. It was revealed that Ken had shared neither household chores nor child care on weekends. The couple's dance was maintained by the gendered division of labor between men and women in Chinese families: the man as the major breadwinner, and the woman obligated to be a virtuous wife and good mother (Xia & Ma, 2019). With a shifted perspective, Ken came to see how he might contribute to changing the rule of the couple interactions by sharing some of the household chores and childcare (vignette one). The couple was

reconnected at a deeper level and their executive functioning as a team was strengthened (Lee, 2019). Feeling cared for and valued, Yan was empowered to deal with her in-law conflict.

The therapists did not need to introduce new possibilities to the couple in treatment (Reiter, 2016) as they had already found their own way of dealing with their intergenerational difficulties. It was amazing to witness Ken spontaneously taking the initiative to play the role of his aunt, even while acting as his wife's coach and encouraging her to express her views to their aunt without offending her (vignette two). As this occurred, the therapists interlinkingly employed a repertoire of skills—focusing, joining, relational questioning, provision of space (both physical and psychological) and enactment—to create a safe haven for the couple to generate possibilities (Minuchin et al., 2007).

Enactment is a skill which encourages the couple to talk to each other (Minuchin & Nichols, 1993). Through enactment, the emotional process of the couple's dance and the subtle power of Ken, a highly expressive person, over Yan, a woman with communication deficit, were unfolded, which in turn deepened the therapists' empathy towards Yan's struggles in the marital relationship. The mapping of the couple's power disparity guided the therapists in the direction of change. As illustrated by vignette one, Ken was suggested to slow down his pacing and provide space and time, both physical and psychological, for Yan to express her mixed emotions as well as her self-doubt about being a mother. The therapeutic process required the therapists to substantially slow down the therapeutic pacing, embrace Yan's long silence, and comfortably face with ambiguity. These professional capacities can be developed when therapists heed the voices of Neely et al., (2012; p. 223): "Families are experts on their experiences". Likewise, Minuchin et al., (2007) reminded that therapists are ignorant and should allow the family to educate us.

Conclusion

Effective family treatment makes a powerful difference on families of people with HFA. However, therapists have to be cautious of the limitations of this clinical report: (a) Without the participation of the aunt in treatment, the therapists' assessment of the intergenerational patterns of interaction might have been biased since it was based only on the couple's narratives; and (b) the treatment evidence provided is anecdotal in nature. Future studies, using a more sophisticated research design (e.g., randomized control trial) and a larger number of families, can better assess the treatment efficacy of SFT in helping this clientele.

References

- American Psychiatric Association (2013). *Diagnostic and statistics manual 5*. Washington, USA: APA.
- Aston, M. C. (2003). *Asperger in love*. London: Jessica Kingsley.
- Centers for Disease Control and Prevention, USA. (2014). *Autism spectrum disorder (ASD): Data and statistics*. Retrieved January 25, 2020, from <https://www.cdc.gov/ncbddd/autism/data.html>.
- Hong Kong Council of Social Services (2013). *Report on child care for low-income families in Hong Kong*. Hong Kong: Hong Kong Council of Social Services. https://www.hkcss.org.hk/uploadfilemgnt/0_2015713144128.pdf.
- Johnson, J. (2012). Treating couples raising children on the autism spectrum: A marriage-friendly approach. *Contemporary Family Therapy, 34*, 555-565. DOI 10.1007/s10591-012-9213-7.
- Katz, S. & Kessel, L. (2002). Grandparents of children with developmental disabilities: perceptions, beliefs, and involvement in their care. *Issues in Comprehensive Pediatric Nursing, 25*(2), 113-128. DOI: 10.1080/01460860290042530.
- Lee, W. Y. (2019). Working transgenerationally: a clinical discussion on family dynamics and treatment. *Journal of Family Therapy, 0*, 1-19, doi:10.1111/1467-6427.12286.
- Ma, J. L. C., Wong, J. C. Y., & Xia, L. L. L. (2019). Helping a depressed Chinese adult with high functioning autism reconnect with his family through structural family therapy. *Journal of Family Therapy, 0*: 1-18. Doi: 10.1111/1467-6427.12281.
- Ma, J. L. C., Wong, J. C. Y., Xia, L. L. L. & Lo, J. W. K. (2020). Repairing the parent-child relationship for a Hong Kong Chinese family of an adult daughter with High Functioning Autism (HFA) through structural family therapy and multiple family therapy. *Contemporary Family Therapy, 42*: 121-130. <https://doi.org/10.1007/s10591-019-09529-2>
- Minuchin, S. (1974). *Families & family therapy*. Cambridge, Mass.: Harvard University Press.
- Minuchin, S., & Nichols, M. P. (1993). *Family healing*. New York: The Free Press.
- Minuchin, S., Nichols, M. P., & Lee, W. Y. (2007). *Assessing families and couples from symptom to system*. Boston: Pearson Education Inc.
- Neely, J., Amatea, E. S., Echevarria-Doan, S., Tannen, T. (2012). Working with families living with autism: potential contributions of marriage and family therapists. *Journal of Marital and Family Therapy, 38*(1), 211-226. Doi:10.1111/j.1752-0606.2011.00265.x.

- Parker, M. L., & Molteni, J. (2017). Structural family therapy and autism spectrum disorder: Bridging the disciplinary divide. *The American Journal of Family Therapy*, 45(3), 135-148. <https://doi.org/10.1080/01926187.2017.1303653>.
- Reiter, M. D. (2016). A quick guide to case conceptualization in structural family therapy. *Journal of Systemic Therapies*, 35(2), 25-37.
- Solomon, A. & Chung, B. (2012). Understanding autism: How family therapists can support parents of children with autism spectrum disorders. *Family Process*, 51(2), 250-264.
- Xia, L.L. & Ma, J. L. C. (2019). Childcare polices and services in Hong Kong after the handover: Beyond a feminist critique. *Asian Social Work and Policy Review*, 13, 295-306. DOI: 10.1111/aswp.12182.
- World Health Organization (2019). *Facts about Autism Spectrum Disorder*. <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>, retrieved on January 27, 2020.

Biography

Dr. Joyce Ma Lai-chong is a Professor of Department of Social Work, The Chinese University of Hong Kong. She is the President of International Family Therapy Association (IFTA) (July 2019-July 2021). Her research interests are on family therapy and multiple family therapy for families of mental health needs, with recent focuses on eating disorders and attention deficit hyperactivity disorder (ADHD).

Dr. Joanne Wong Chi-yan is a registered clinical psychologist and a senior manager (clinical service) of the “True Colors” Autism Support Service, SAHK. She is an expert in helping people with autism spectrum disorder (ASD)

Dr. Lily Xia Li-Li is a research associate, Family and Group Practice Research Centre, Department of Social Work, The Chinese University of Hong Kong (2015-July 2020). From September 2020 onward she will be an Assistant Professor, Department of Sociology, Zhejiang University, China.