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ORIGINAL PAPER

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

Joyce L. C. Ma[1] · Chi-yan Wong[2] · Lily L. L. Xia[1] · Julia W. K. Lo[1]

Abstract
Compared to typically developing people, adults with high functioning autism (HFA) are more likely to have been abused during childhood, which would inescapably affect the present relationship with their parent(s). This paper narrates the healing journey of a Hong Kong Chinese family of an adult daughter with HFA, depression and suicidality through two family-focused interventions, structural family therapy (SFT) and multiple family therapy (MFT). Identifying the history of child maltreatment sheds light on direction for treatment. Treatment principles of SFT and MFT adapted to meeting the needs of this clientele are highlighted. Issues of integrating these two approaches are discussed.

Keywords Chinese adults · High functioning autism (HFA) · Parent–child relationship · Structural family therapy · Multiple family therapy

Introduction

Adulthood autism spectrum disorder (ASD) is a continuation of childhood ASD, a neurodevelopment disorder, which affects about 1 in 59 children in the USA (Centers for Disease Control & Prevention 2014) and 1 in 160 children worldwide (World Health Organization 2019). Individuals diagnosed with ASD have "persistent deficits in social communication and social interactions across multiple contexts" (APA 2013, p. 50). They experience difficulties in mind-reading and understanding of the norms and rules of different social contexts, and they lack imagination (Aston 2003). It is estimated that about 46% of adults with ASD have average to above average intelligence quotients, which in the past was named Asperger's syndrome (AS) or high functioning autism (HFA). The terms ASD and HFA are often used interchangeably in the literature. Because of the intact intellectual capacity of people with HFA, delayed diagnosis of their impairment is not uncommon (Lewis 2017).

Adults with HFA have been found to have faced more adverse childhood experiences (ACEs) (e.g., child maltreatment, bullying) than have typically developing individuals (Brenner et al. 2018). In a sample of hospitalized psychiatric patients with ASD (N = 350), about 28% were reported to have experienced caregiver maltreatment (Brenner et al. 2018). However, the symptoms of HFA may be a cause as well as a consequence of child maltreatment (Brenner et al. 2018). Chan and Lam's study (2016) of 464 Hong Kong Chinese parents of children with ASD has shown that child symptom severity and parenting stress are significantly linked to physical assault, whilst parents' experiencing discrimination from society is related to psychological aggression. Child maltreatment, together with other ACEs, has detrimental effects (such as depression, perhaps leading to suicidality) on individuals' well-being (Hoover and Kaufman 2018). However, good parent–child and peer relationship were found to foster the mental health of adolescents with ASD in Taiwan (Chiu et al. 2016).

Westernization and modernization have transformed Hong Kong from a small fishing port 150 years ago to an economically prosperous and highly urbanized city today. Despite these influences, Hong Kong is still greatly influenced by traditional Chinese cultural values and norms.

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Chinese parents highly value their children's education, and parents are expected to educate and train *guan* (管) their children (Wu 1996). The Hong Kong education system is highly competitive and academically oriented, and children's academic achievement at school may be viewed as the parents' report card. The popular cultural saying "spare the rod, spoil the child" (棒下出孝兒), which provides a cultural justification for Chinese parents to adopt harsh parenting styles (e.g., physical punishment and beating). The communication deficits and interpersonal difficulties of children with ASD may hinder them from reporting this abuse to significant others, such as teachers and mental health professionals (Brenner et al. 2018). Mental health professionals, including family therapists may fail to identify child maltreatment among this clientele in general, and in particular for adults with HFA whose impairment has gone unidentified (Hoover and Kaufman 2018).

Cognitive behavioural training, CBT (Chan et al. 2017) is used in Hong Kong and elsewhere to build the social competence of adolescents with HFA. Despite the undeniable contributions of CBT, however it does not mobilise family resources in healing, nor can it effect subsystem changes (e.g., parent–child relationships) in the family.

Family plays a vital role in fostering better well-being for this clientele. Compared to individually-oriented CBT, structural family therapy (SFT) (Minuchin et al. 2007) and multiple family therapy (MFT) (Asen and Scholz 2009) are more able to reduce parental stress, strengthen parent–child relationships, lower families' social isolation and stigmatization, and tap available resources.

SFT has been shown to be clinically useful for an American family with ASD (Parker and Molteni 2017) and a Hong Kong Chinese family with HFA (Ma et al. 2019). MFT has been found to be empirically-based and cost-effective in helping British families in which a member has depression (Lemmens et al. 2009) and Hong Kong Chinese families of children with attention deficit hyperactivity disorder (ADHD) (Ma et al. 2018). What these two family-based approaches have in common is seeing the family as a unit of care and an agent of change (Johnson 2000), and taking systemic-developmental perspectives (Bronfenbrenner 1993) as their underlying theoretical framework. However, what remains unknown is whether SFT and MFT are applicable in helping Hong Kong families of an adult child with HFA repair and nourish parent–child relationships.

To fill this knowledge gap, the current paper narrates the healing journey of a Hong Kong Chinese family of an adult daughter with HFA and depression through SFT (total sessions = 6) and MFT (total hours = 42), offered jointly by a university family treatment centre and a community-based rehabilitation agency.

Structural Family Therapy (SFT) and High Functioning Autism

SFT believes that each family is unique and resourceful (Minuchin and Nichols 1993). Human behaviour is contextually based; hence a change of a social context will bring about a change in human behaviour. Since the 1970s, SFT has been transformed from assessing the family structure and family dynamic—which may have merely maintained the presenting symptom(s)—to family assessment, which recognizes an individual as a psychological unit and explores the past as the way of understanding the present (Minuchin et al. 2007, p. 8).

Feeling trapped and distressed, families of an adult child with HFA usually present their difficulties with certainty, albeit by blaming the adult child. This is especially so if parents were unaware of the adult child's neurodevelopmental impairment due to delayed diagnosis. While the diagnosis of HFA may be an opportunity for the family to learn alternative ways of relating to one another, it may reinforce the parents' pathological view of the adult child's emotional and behavioural responses. Due to weak informational and emotional support, the family may feel hopeless and socially isolated (Wallace 2016).

As a first step of assessment, the SFT-trained therapist contextualizes the symptoms within the social context (e.g., family and work) and looks for the identified client's competence while understanding the family view of the problem and their attempted solution(s) (Minuchin et al. 2007). The exploration may reveal a self-defeating parent–child interactional dynamic characterized by fear, conflict avoidance, and emotional disconnection, which in turn may escalate family tension and stresses. In so doing the therapist may assist the family to translate their problem attribution from linear causality to reciprocal causality, on the basis of which the therapist may engage each of the family members to generate possibilities in problem-resolution.

Compared to adults without HFA, adults with HFA are more susceptible to experience social oppression brought about by ACEs such as child abuse (Hoover and Kaufman 2018). A structurally focused exploration of the past—in our instance, the history of upbringing of the adult with HFA, the parents' division of labour in child-rearing, as well as their parenting styles—may help the family see the effect of the past on their present restricted view of themselves and others (Minuchin et al. 2007, p. 10). The narratives and family drama discerned may also deepen the therapist's empathy for their relational difficulties. With the changed perception of their difficulty, family members may be actively involved to identify alternative ways of relating to one another.

Multiple Family Therapy (MFT) and High Functioning Autism

MFT is defined as "therapeutic work carried out with a group of families and their individual members, all experiencing similar difficulties, in a setting that permits mutual sharing, understanding and transparency" (Asen and Scholz 2009, p. 1). MFT is a blend of family therapy and group psychotherapy with a therapeutic belief in family strengths and resources for mutual help and mutual support. The therapeutic effect of MFT lies in its capability of creating multiple social contexts (e.g., individual, intra- and inter-familial and intergenerational) on the basis of which multiple realities of the perceived difficulties emerge. Hope can be instilled, and possibilities for alternative solutions can be generated (Ma et al. 2018).

Our MFT model for adult children with HFA and their families was modified from the Ma et al. model (2018), which aimed to achieve four objectives: (a) shifting self-perception of the family of adult children with HFA from "individuals with developmental challenges" to "individuals with talents and strengths"; (b) enhancing awareness of multiple possibilities in family relationships; (c) providing quality time and facilitating connections with other families; and (d) creating a supportive milieu for mutual help and mutual support.

Five families of adult children with HFA joined this round of MFT (total hours = 42), which took place in spring 2018 and lasted for 3 months. The MFT program was comprised of a psychoeducational talk, two full-day intensive programs (days 1 and 2) hosted at a university campus, an overnight multi-family camp at a residential campsite in the countryside (days 3 and 4), and two half-day family reunions on campus (Table 1).

Adaptation of the MFT for Adults with HFA: Pre-group Preparation

The Ma et al. model of the MFT (2018) was adapted to meeting the psychosocial needs of adults with HFA and their parents, and to addressing their relationship difficulties. MFT is process-oriented, and thus program changes often occur, which may upset adult children with HFA, as they usually crave sameness and despise change. Informing them in advance about the purpose of a fluid group schedule may help these adult children with HFA better adapt to the group. Our clinical team used the pre-group interview to mentally prepare them for a flexible schedule.

A brief introduction of the family camp was given on Day 2, including the traveling route and the physical setting and conditions of the residential campsite. Images of the campsite were shown on the screen. Moving into an unfamiliar campsite could have aroused fear of the unknown among the adults with HFA, possibly leading to high levels of stress and anxiety. Adequate time was spent in the group discussion to address their concerns.

MFT Activities

Table 1 lists the 4-day activities of our MFT for this clientele. The group activities were designed to cultivate a trustful and secure group environment for the families to interact with one another. Sufficient physical and psychological space was created for the families to experiment alternative interpersonal experiences.

The Family Solo Walk is a typical example of an MFT activity which can foster parent–child relationships. The Family Solo Walk is a strength-based experiential intra-familial activity modified from the individually-based solo experience (Bobilya et al. 2005). In our MFT, it was

Table 1 Multiple family therapy for adult children with high functioning autism and their families

	Day 1	Day 2	Day 3	Day 4	Reunion 1	Reunion 2
AM	Energizing activities Family gallery	Speed dating Joint meal preparation		Inter-familial activities (cooperative games)	Parallel groups (new discovery) – Parent sharing – Adult child group	Small group review Family sculpture
Noon	Lunch	Joint meal		Lunch		
PM	Stretching and exercise Blindfold	Parallel groups – Parent sharing – Adult child group (card games) Preparation for family camp	Inter-familial activities Joint meal preparation Family solo walk	Family recreation Consolidation		

conducted on the evening of Day 3 after dinner and was operated for one family at a time. Adult children with HFA were asked to turn off their electric lantern (though they could also choose to keep it on) and walk in silence with their parents along a hiking trail near the campsite. The family entered the Tree Maze around the midpoint of their silent walk in the dark. In the maze, family members were briefed to search for the exit together in order to find the way back to the camp. The families led the whole process of the walk in the dark themselves; this provided a platform for the adult children with HFA and their parents to make use of their resources and resilience in facing challenges.

Group Leaders of the MFT

The MFT was led by a cross disciplinary team of four: the first author, a family therapy supervisor; the second author, a clinical psychologist whose expertise is adults with HFA; and the third and fourth authors, who are social workers. The first author and her team are experienced in conducting MFT with Chinese families of children with ADHD (Ma et al. 2018), but they were open to learning from the families and the second author about the needs of this clientele. Weekly team meetings were held for planning and evaluation of the MFT activities.

The following family was selected from an 18-month, family-based intervention clinical project for adult children with HFA to illustrate how SFT and MFT have contributed to helping a Chinese family of an adult daughter with HFA, depression and suicidality to repair the parent–daughter relationship. Ethical approval was obtained from the University Ethical Committee to carry out the research.

Family History

The Kwok family (pseudonym) was referred to the university family treatment centre for family therapy by the social worker of a rehabilitation social service agency. Mr. and Mrs. Kwok, both 60 years old, came to receive family therapy because they wished to help their 32-year-old daughter, Sue (pseudonym), who had been diagnosed with high functioning autism (HFA) at the age of 29 by a clinical psychologist and with depression and suicidality at the age of 32 by a hospital psychiatrist. Sue had been hospitalized for 6 months after her suicidal attempt. Sue had a 23-year-old younger brother, Alex, a university student. Their relationship had been good in the past but had become distant ever since Alex started university and got busy with his studies.

Mr. and Mrs. Kwok came from low-income families. Both of them were factory workers who initially had only primary-level education. Despite the financial hardships, they completed their secondary school education through an evening school. They married soon after meeting at an alumni picnic of the evening school. Both became civil servants, receiving promotion to supervisor level; by the time they received family treatment, both had already retired. Mr. Kwok was partially deaf and had suffered from heart disease for a year.

Sue was a college graduate. Since graduation, she had been working as a full-time care assistant in a residential home for people with disabilities. Sue was caring and supportive, so her supervisor accepted her communication deficit and interpersonal difficulties. She appreciated Sue's genuine care and concern for the service users. Sue's mood, however, was greatly affected by working the night shift. One week before meeting the therapists, Sue had cried uncontrollably at work, which had frightened both colleagues and service users.

Initial Formulation of the Therapists

Figure 1 is the genogram of the Kwok family at the initial stage of family therapy. The mother–daughter relationship was characterized by anger, fear, distance and avoidance. Sue never felt comfortable to relate to her mother; similarly, her relationship with the father was by no means close. Mrs. Kwok often beat Sue during primary school when her academic results were not up to her expectations. Different from Alex, who protested and fought back while being beat, Sue passively received her mother's beating. However, deep down in her heart she was angry with and scared of her mother. She had become 'invisible' in the family ever since going to college. She stayed in her bedroom after work.

Unsurprisingly, her parents knew little about Sue's developmental needs or her struggles at work and with her peers. Sue and her parents were emotionally cut off from one another, which in turn placed her at elevated risk for depression. Shocked and bewildered about Sue's suicidal attempt and her hospitalization, Mr. and Mrs. Kwok had no way of helping their depressed daughter.

A principal treatment goal—helping to repair the parent–daughter relationship—was jointly delineated with the family on the basis of our family assessment, which would be achieved through: (a) assisting them in changing the interactional pattern of "pursuing and withdrawal" between the parents and the daughter; and (b) helping Sue to let go of her anger and fear toward her mother.

Two clinical vignettes illustrate the treatment process through which the treatment goals were achieved.

Treatment Process

Assisting Sue and the parents in changing their self-defeating pattern of "pursuing and withdrawal" interaction.

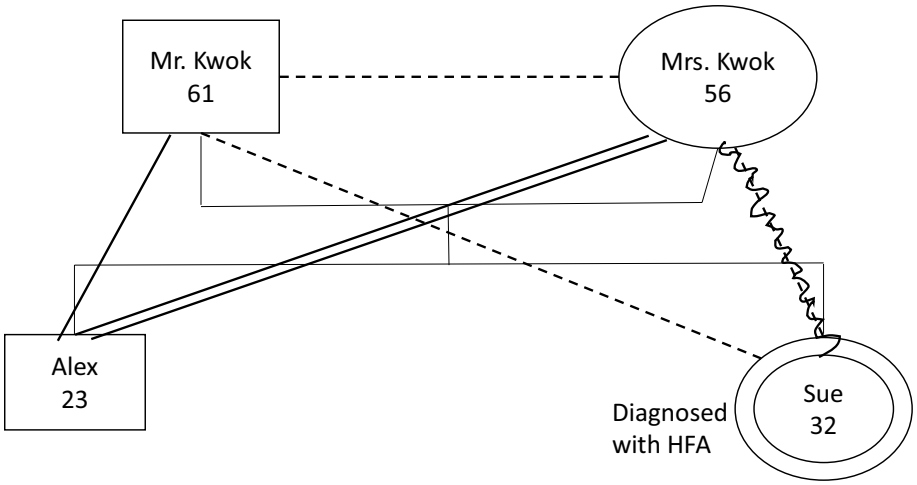

Fig. 1 Genogram of the Kwok family at the initial stage of treatment

	The process	Therapists' therapeutic responses and intentions
Sue to the therapists	I cried ceaselessly at work last week. My colleagues reported this to my supervisor	Therapists listened caringly
Therapist turned to the parents and asked	Do you want to know why she cried during work last week?	Therapist aroused parents' curiosity to enact their direct communication
Mother turned to Sue	Please tell us more	
Mother started lecturing before waiting for Sue's response	Stress management is very important. I always tell you to reduce your stress through means other than hiding in your room. You should go out and have a walk along the seafront. It's no good to go shopping. You have already brought a lot of useless things home	
Therapists to Mrs. Kwok	You always work so hard to help her. Your stress management method may work well for you, but not necessarily for her. Please let her tell you what has been happening at work	Therapist used a gentle way to help the mother see the importance of providing space for Sue's story to come out
Mr. Kwok took a turn to ask Sue	What's wrong at work?	Therapists used their facial expressions to validate the father's move
Sue said to her father	A long silence I don't know. Might be the new supervisor was more demanding than the old one. My colleagues didn't reject me, even though they never invited me to go out and have fun	
Father to Sue	Was it because your supervisor expected you to work more professionally?	Therapists stepped back to encourage the enactment
Sue to the father	No. It was the tight schedule that I couldn't cope with. When all the residents returned back from home. We needed to bathe them, change their clothes and move them back to their beds. During this time the cleaning ladies had already shouted at us to collect all their dirty clothes	Therapists' observed that Sue was more comfortable talking to her father than to her mother
Mother gave advice to Sue	You should work fast and co-operate with them. Otherwise they might not like you	Therapists were thinking of ways to help Mrs. Kwok listen rather than giving solutions so hastily

	The process	Therapists' therapeutic responses and intentions
Sue suddenly shouted at her mother	Ah! Ah! (Shouting continued….) She lowered her head while holding her body tightly with her two arms	Sue's distress merited the therapists' care and concern
Therapist to Sue caringly	Are you fine?	
Sue to therapists	Yeah!	
Therapists to Sue	What did your shouting communicate to your mom?	Therapists took a risk, exploring the psychological meaning of Sue's shouting, which was important to the parents
Sue replied	Stop! She has to stop	
Therapist to the mother	How did you feel when Sue shouted at you?	Therapists explored the mother's feelings
Mother replied angrily	Very upset! I felt badly rejected!	Therapists nodded empathetically
Therapist to the mother	It must be hard for you to face it	
Father cut in	It's just an emotional expression, right?	Therapists were unsure if father's proposed psychological meaning of Sue' shouting was an attempt to dilute the intensity of the mother-daughter conflict
Therapists to Mr. Kwok	We wonder if you could comfort your wife and tell her that it's only Sue's emotional expression, rather than a social rejection	Therapists explored the couple's relationship
Mr. Kwok to therapists	No way. She never listens to me. She is always rude and critical. I avoid talking to her because I don't want to argue with her	The couple seemed not to be on good terms with each other
Mrs. Kwok argued back	I didn't listen because you were not helpful at all	Information revealed that the couple did not have a good relationship
Therapists to Sue	Were you affected by their (parents') conflict?	Exploring whether she had been triangulated into the parents' marital conflicts
Sue to the therapists	No. I didn't feel it. I was in my room	Therapists wondered if they should work with the couple or with the parents-daughter relationship
Sue suddenly interrupted and spoke loudly	I know what's been going wrong at my work. I enjoy my work less than before. I liked my service users and spent time to train them three years ago. But they completed their training and returned home. I miss them. Strangely I couldn't like the newly admitted service users as deeply as the ones before. I don't like myself being like this	Therapists were touched by Sue's commitment to her service users
Therapists to the parents	You should feel proud of your daughter for wholeheartedly serving her service users	Joining Sue by validating her competence
Mother burst into tears, turned to Sue and said	I am proud of you. I wish you to have a happier life, rather than making demands on yourself Mr. Kwok nodded his head, indicating that he agreed with his wife	
Therapist looked at her watch and talked to the parents	It took seven minutes for her to find her answer. What did she need in order for her to talk to you about her concern at work?	
Mrs. Kwok to the therapist	Time and space! We are too fast and too impatient (Mr. Kwok agreed. They explained that both of them used to work with a team of subordinates in situation of crises at work.)	Therapists congratulated the parents for their insight
Therapist to Sue	Are they right?	

	The process	Therapists' therapeutic responses and intentions
Sue replied	Yeah!	Therapists praised her for giving tips to her parents to learn to become better parents

Helping Sue Let Go Her Anger and Fear Toward Her Mother

Despite the therapists' effort to help Sue and the mother change their 'pursuing and avoidance' pattern of interaction, Sue was still very anxious in the presence of her mother, which indicated to the therapists the possible influence of the past on their present relationships.

	The process	Therapists' therapeutic actions and intentions
Mrs. Kwok narrated to the therapist	She (Sue) always acts strangely. Once, she circled around her younger brother all of the sudden. Alex pushed her back and she continued talking nonsense with him, which made him feel irritated	
Therapist to Sue	You must have had a reason for doing so. Would you like to let us know?	
Sue narrated	My best time in life was at age 7. I often played with Alex, a fat boy. I loved holding him especially when I was unhappy	
Therapist to Sue	Did you hug your mom or dad when you were unhappy as a young child?	
Sue replied alarmingly	Never!	Therapists read the fear from Sue's facial expression
Therapists to Sue	Were you fearful of her when you were young?	Therapist began to explore the past mother-daughter relationship
Sue replied with a shaking body	She was a monster. She often used a big stick to beat me when I got poor results in my tests	Therapists nodded caringly
Mrs. Kwok explained	I punished you because I wanted you to receive higher education, which would enable you to find a better job	
Therapist turned to Mrs. Kwok and asked	I see that you come from a poor family. Did your parents allow you to study when you were young?	Exploration of the past in order to understand more about the mother's abusive behaviour
Mrs. Kwok's eyes reddened and she burst into tears	No! Only sons could study in my family. I had no choice but to work in a factory. I promised myself that I never let my children suffer like that	Therapists were empathetic toward the mother
Sue uttered	I didn't understand why she kept beating me. It was better for me to hide from her	
Therapist to Sue	Did your dad protect you when your mom beat you?	Therapists explored the role of the father in child rearing
Sue replied	No. Sometimes he beat me, too	
Mrs. Kwok narrated	If he could have helped more, I might not have needed to beat them (the children). (Mrs. Kwok started crying)	
Mr. Kwok explained to the therapists	We had a consensus that you would take up most of the child rearing responsibilities while I concentrated on my work	Therapist realised how the inflexible gendered division of labour between the couple in the family might have contributed to Sue's maltreatment
Therapists to Sue	Do these bad experiences affect your current relationship with your mom and dad?	Increased Sue's awareness of the linkage of the past traumatic experience to her relationship with her mother
Sue said honestly	Yeah	

	The process	Therapists' therapeutic actions and intentions
Therapist to Sue	Having heard of her good intention, is there any chance that you may forgive her?	Therapist explored the possibility for repairing the relationship
Sue to the therapists	I began to understand her (mom) more when I took a course on psychology. I did get into college because of her *guan* (管), that is, education. But I was still fearful of her	Therapists nodded to validate Sue's feeling
Therapists to Mr. and Mrs. Kwok and Sue	Would both of you be willing to let go of the past unhappiness and consider relating to each other differently from today onward?	Therapists sought their joint effort for mutual change of the relationship
The parents and Sue nodded their heads		

Treatment Outcome of Family Therapy: Occasional Presence in the Sitting Room

Around the time of the fifth session, Sue reportedly came out from her room more frequently to watch her favourite television program together with her mother. She looked at her mother more while Mrs. Kwok was talking during the session. Witnessing the reconnection of the mother-daughter relationship (Fig. 2), the therapists recommended the family to join the MFT organized by our team in three weeks' time; in so doing the family might receive support from other families of an adult child with HFA. The family of three joined the first and second days of the MFT. Only Sue and her mother joined the family camp because Mr. Kwok preferred going fishing rather than participating in the family camp.

In the sixth session, which was scheduled 2 months after, Sue was more relaxed in front of her mother, and Mrs. Kwok smiled at Sue more. The therapists were curious to understand why they had made such an amazing change. Mrs. Kwok narrated: "The Family Solo Walk made me think differently of her (Sue). I was nervous and scared of walking in the dark in the tree maze. Sue was calm. She kept assuring me that we could make it. I followed her and finally we made it. After the walk, I came to realise that she (Sue) has grown up and I can depend on her." Sue beamed widely. However, the therapists were shocked to learn that the couple had separated because of Mr. Kwok's extra-marital affair. But from Sue's perspective, her parents' separation had not had any negative effects on her psychological well-being. The positive treatment outcome was sustained even one year later. Sue had started dating but the experience was stormy. However, she was willing to share her emotional struggles with her mother, who had provided timely support.

Family Perspective: The Therapeutic Effects of SFT and MFT on the Parent–Child Relationships

A post-treatment interview with Mrs. Kwok and Sue was conducted by the third author, who had no involvement in family treatment, immediately after the sixth session. Sue described her experience of going through family therapy as having an X-ray, which helped to understand what had been going wrong in their family, whilst the MFT was an experiment, as she said: "It was the first time for me to lead my mother to do something, which never happened in the past." Through family therapy, Mrs. Kwok and her husband no longer viewed their daughter's behaviours as childish, annoying and irritating. They learned about Sue's competence and her developmental needs. From the MFT, Mrs.

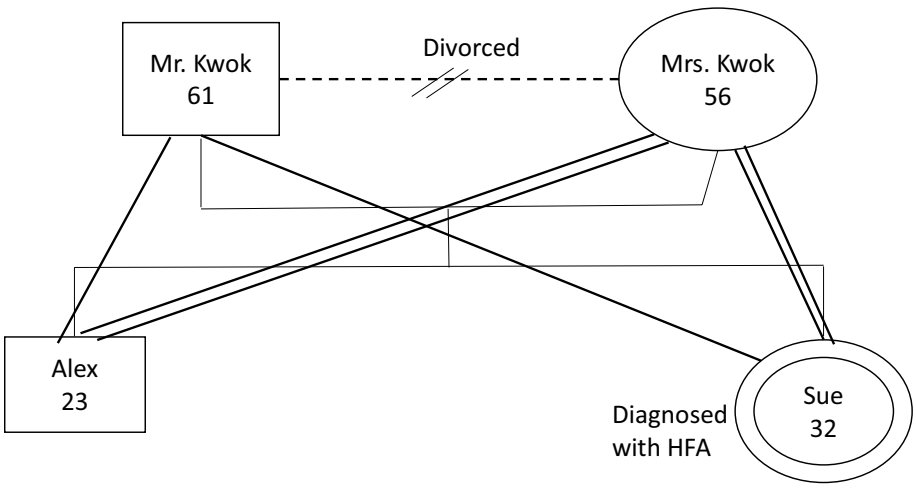

Fig. 2 Genogram of the family after treatment

Kwok came to realise that Sue had already grown up. She treated Sue as an adult, rather than pampering her as a little girl.

Discussion

This is the first case study documented in Hong Kong with anecdotal evidence to support the therapeutic effects of the two family-focused approaches, namely SFT and MFT, in helping a Hong Kong Chinese family of an adult daughter with HFA and depression. The case study also displays successful collaboration between a university-based clinical team with expertise in SFT and MFT and an experienced clinical psychologist, launching a clinical initiative for these families in order to fill the service gap.

Engaging families of adult children with HFA in family treatment is challenging. Sue's suicidal attempt and her hospitalization had triggered a family crisis, which in turn motivated them to seek help and assistance. The family crisis became an opportunity for the family to work on the emotional disconnection between Sue and her parents in general, and in particular to repair the mother-daughter relationship brought about by child maltreatment.

Mrs. Kwok's harsh parenting could be attributable to her lack of knowledge of Sue's neurodevelopmental impairment due to delayed diagnosis, or to her psychological burden arising from the dual demands of family and work, with weak spousal support because of the gendered division of labour in Chinese families. She had to take over the majority of the household chores, as well as child-rearing, whilst Mr. Kwok's familial roles were peripheral. Having had no opportunity to receive higher education, Mrs. Kwok felt anguish about what she had missed in life and projected her unfulfilled needs onto her children. The traditional Chinese belief 'spare the rod, spoil the child' had unfortunately provided justification for her to physically abuse Sue during childhood. Sadly, neither the father, teachers nor mental health professionals had protected Sue from being abused. This case study reminds family therapists to look for issues which are not related to ASD (Johnson 2012) such as childhood trauma in this population (Brenner et al. 2018), rather than merely assessing their communication deficits and interpersonal difficulties.

Disclosing childhood maltreatment is never easy for people with HFA, such as Sue. She could do so only when the therapists had cultivated a safe, secure and trustful therapeutic context through joining, provision of sufficient space, both physical and psychological (Ma et al. 2019), and structurally focused exploration of the past (Minuchin et al. 2007). Once the child maltreatment was discerned, therapists must avoid blaming the parent/s; the family is in pain, meriting professional help rather than being punished.

SFT and MFT draw upon similar theories about the change process, which actively involves the families to relate to one another in a novel way, to acquire a strength-perspective in viewing their developmental challenge, to empower and generate hope, and to foster mutual help and mutual support among themselves (Asen and Scholz 2009; Tadros 2019). Nevertheless, SFT and MFT made different contributions to the family's journey of healing. Through SFT Sue was able to let go of her anger and fear toward her mother, while the mother learned to be a better parent of an adult daughter. Without going through SFT, it would have been grossly unlikely for Sue, a loner, to join the MFT with her parents. In the group they met new friends, shared their struggles with other families, and had fun together. The mother-daughter relationship was beautifully transformed by the Family Solo Walk, one of the MFT activities. The mother not only reflected on her past bias toward Sue but also recognized and appreciated her strengths and resources by observing that she remained calm and searched for a solution in a seemingly unpredictable situation.

Conclusion

In view of the positive effects brought about by the SFT and MFT on this family, these two approaches should be considered as a promising option in helping families of people with HFA in Hong Kong and elsewhere. However, what remains unclear is which is mostly to be helpful for which families and how to integrate these two approaches. These critical issues deserve future investigation. Last but not least, the treatment efficacy of these two family-focused approaches should be further assessed.

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