

Working through Adolescence Crisis for Family Stability: a Targeted, Systemic, Integrated Approach

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Introduction

We are all aware of the developmental crisis that each adolescent needs to work through during this relatively stormy period of their life. However, as Hong Kong is undergoing a rapid socio-political transition with major changes in the value system, economic structure, job market, and media consumption habits, there are signs to indicate that more adolescents are potentially at risk, and the family system as a whole becomes less stable than before.

The following figures allow us to catch a glimpse of the phenomena of "adolescents at risk" and "families in crisis".

1. Adolescents at Risk

Mental Health:	Depression	>50%
	Suicide: Ideation	30%
	Attempts	8%
	Eating disorder	10%
	(adolescent girls)	
Unemployment:	15-19 years	25%
Drug Abuse:	1998: 16964 reported cases under 21 years (upward trends of amphetamines and psychotropic substances abuse)	16.7%
Youth crime:	Crime rate by 7-20 years:	Steady decrease
	Young people under Police Super-intendents Discretion Scheme:	Steady increase
Juvenile gangs:	Night drifters in certain district:	>10,000
	Outreach social workers:	80% of their cases had contact with juvenile gangs
Potential at risk:	18% of Form 1 students	

2. Families in Crisis

(Statistics gathered by HKCSS)

2.1 Divorce

1. No. of divorce applications		
A 64% increase in 5 years:	1993	8,626
	1998	14,115
2. No. of decrees absolute issued		
A 76% increase in 5 years:	1993	7,454
	1998	13,129

2.2 Mental health

3. New outpatient psychiatric cases		
A 22% growth in 2 years:	1995/96	12,323
	1997/98	15,060
first 6 months of	1998/99	9,027
4. Total no. of outpatient psychiatric cases		
A 16% growth in 2 years:	1995/96	320,396
	1997/98	371,649
first 6 months of	1998/99	197,030

2.3 Domestic violence

5. Reported cases of domestic violence		
A decline from:	1996	851
	1997	730
	1998	704

2.4 Child abuse and neglect

6. Reported cases of child abuse		
An increase of 31.5%:	1996	311
	1997	381
	1998	409
7. Reported cases of child sexual abuse		
An increase of 11%:	1997	146
	1999	162
8. Unattended children		
Some 110,000 children aged 12 and below in about 73,900 households had been left unattended at home during the period April to July 1997. (There were 716,592 households with one or more children under 15 in 1996)		

2.5 Suicide

9. A decline from 1995 to 1997, but suddenly suicidal death increased in 1998:	1995	776
	1996	794
	1997	597
	1998	868

	1998	1997	1996
1998: aged 60 and up:	32.8%	39.4%	32.5%
Aged 20-59:	63%	56%	62.7%
Aged 19 and below:	4.1%	4.7%	4.8%
Unemployed:	51.2%	46.7%	50.4%
	(444)	(279)	(400)

2.6 Single parent families

10. No. of families with father/mother being widowed/divorced/separated and with one or more children aged 18 or below
An increase of 22.6% in 5 years: 1991 34,500
1996 42,300
11. No. of families with one parent staying away from HK and with one or more children aged 18 or below
An increase of 23% in 5 years: 1991 63,200
1996 78,000

2.7 Extra marital affairs

12. Usage of Caritas EMA Hotline
An increase of 76.6% in 3 years: 1996 17,204
1997 28,786
1998 30,396

2.8 Cross-border employment

13. Hong Kong residents working in Mainland China
An increase of 28.6% in 4 years: 1995 122,300
1998 157,300
An increase of 2.4 times in 10 years: 1989 45,600
1998 157,300
14. Median number of trips per year
24 (Council's study)
15. Median number days of absence from home
156 (Council's study)

2.9 Unemployment rate

The unemployment rate has sharply increased:

1997	2.2%
second quarter of 1999	6.3%

In view of the observable trend of increasing instability of the family system, we are searching for new approaches to help the younger generation to work through their adolescent crisis. The following are abbreviated reports of attempts to experiment with new approaches. There are three key elements in these pilot projects: targeted, systemic, and integrated.

Targeted Approach

Prevention is better than cure.

There have been a lot of talks about the delivery of primary, secondary, and tertiary preventive programs. One major difficulty is how to direct our programs to the intended targets of services.

Primary prevention would be very costly if we put every single child through such programs. The issue is how to detect those children who are potentially at risks and direct our preventive programs for this specific target

group. Everyone knows the difference in cost between putting a child through such preventive program and trying to provide corrective service for child at risk who needs to be institutionalized.

1. Development of a Set of Screening Tools

The following is an abstract of a research project which attempted to develop a new instrument for large scale screening of potentially at risk students. The key concept of the project was: "early detection, and early intervention".

In July of 1994, The Understanding the Adolescent Project was commissioned by the Coordinating Committee for the Welfare of Children and Youth at Risk under the auspices of the Health and Welfare Branch of the Hong Kong Government. The purpose of the study was to determine if an integrated approach to the identification of socio-emotional risk among adolescents would be useful in the Hong Kong context.

The study based itself on the literature related to epidemiological research which has been conducted over a number of years in a variety of world contexts in the area of adolescent psycho/social dysfunction. This body of literature has repeatedly attributed adolescent dysfunction to a number of associated variables related to family background and developmental history. Remarkably, the literature has not, in the past, found the research focus to be situated on the school context. To the extent that the research literature has been grounded in mental health research, it has not viewed the school as a place of data collection, nor has it seen school as a place of intervention. For the most part, the research in this area has served only to identify relationships among various factors and dysfunction and has not sought to facilitate intervention.

The Understanding the Adolescent Project, as an applied study, sought to demonstrate that the data collection may begin at the school level and further that there are avenues for intervention beginning in the school and opportunities for liaison among service providers based on the initial data collected at the school.

In order to carry out the study two student information forms were authored. The Student Information Form - Student Edition (SIFS) provided additional information concerning family background and demographic information through a school registration form. The Student Information Form - Teacher Edition (SIFT) provided additional information a behavioural checklist completed by teachers. In addition to the two authored forms, the Achenbach Child Behaviour Checklist (CBCL) and the Diagnostic Interview Schedule for Children (DISC-2.3) were translated into Chinese for use in the study. Information derived from the Student Information

Form Student Edition (SIFS) and Student Information Form Teacher Edition (SIFT) were compared to information obtained from the Achenbach Child Behaviour Checklist and the DISC-2.3. The analysis of the results obtained on the two authored forms in comparison with the two standardized measures will serve to validate the forms prepared for use in Hong Kong.

The study included a pilot study of some 580 Secondary I students in 8 secondary schools in Hong Kong and a main study of 3621 Secondary I students in 48 schools in Hong Kong. For the pilot study, data was collected in June to September 1995. For the main study the data was collected in December 1995 through April 1996. The study itself was conducted in three phases as identified in the accompanying table.

The results from the study strongly suggest that a general screening for adolescents at risk is indeed feasible and that the measures of risk which are generated from such a screening process are highly compatible with generally recognized standardized assessment protocols. The analysis of the two forms demonstrated that when used in concert, some 18% of the adolescent population could be identified as in need of some form of intervention.

The study demonstrated that the school is indeed an appropriate starting point for the generation of information concerning students emotional well-being. Schooling, by its nature, is a group oriented process. This study allowed for the development of interventions which may be targeted on groups of students without singling individual students unnecessarily at too early a stage. At the same time, there was opportunity for some students who appear to be at greater risk to be referred immediately to in-school services offered through social work and educational psychology. The process is driven by a collation of data

provided by school professional staff as well as an assessment of risk provided from the student registration forms. The procedures in place in such a screening approach provide a further link to clinical psychiatry for those students who are subsequently found to be at extreme risk through the secondary screening measures employed by educational psychology and social work.

2. Development of a preventive program

Currently we are developing a set of preventive program for the potentially at risk adolescents. The conceptual frame we have adopted is "resilience".

The following is the key concept in a most condensed form:

Resilience as the set of attributes that provides people with the strength and fortitude to confront the overwhelming obstacles they are bound to face in life.

- Building inner personal strengths
The feelings of competence, belonging, usefulness, potency, and optimism;
- Promoting protective factors in environmental resources (family, school and community) that include caring and supportive relationships, positive and high expectations, and opportunities for meaningful participation.

Together with the development of the preventive program we are experimenting with a set of operation guidelines, and a set of outcome measure instruments, so that this model can be applied in the different districts of Hong Kong. This preventive program will be school based, counting on the partnership between school teachers, parents, and social workers.

	Phase 1	Phase 2	Phase 3
Population	Screening of all students	Selected cases of the potentially at risk students	Selected clinical cases
Tools	Student Information Forms (Student, Teacher) (SIFS, SIFT)	Achenbach Child Behaviour Check List (CBCL)	Diagnostic Interview Schedule of Children (DISC)
Programs	School-based Group preventive program (18%)	Individual and family counseling (11%)	Individual and family psychotherapy (2%)

Systemic Approach

As we attempt to usher adolescents through their developmental crisis, we cannot afford to ignore the impact of the four important systems behind each adolescent – family, school, peer and media.

1. Family

The disintegration of the family system is detrimental to the personal development of the adolescents. We attempt to strengthen the family as the most important support system behind the adolescents as they go through the developmental crises.

The following are some of the issues we have encountered in our attempts to build up the family system.

1.1 The Unmotivated Parents:

We have difficulty in engaging the unmotivated parents (approximately 50% of the parents with children potentially at risk) in the delivery of the educational and preventive programs.

1.2 The Role of Fathers:

It is confirmed that the father have a crucial role in the sexual and moral development of the adolescents. Again, we face the difficulty of getting the fathers involved in the various programs.

1.3 The Therapeutic Skill Required in the Delivery of Adolescents and Family Counseling:

The increasing complexity of the counseling problems demands increasing sophistication of family therapeutic skills. More vigorous training programs for front-line workers are required.

1.4 The Age and Space of Front-line Workers:

Parents of adolescents are at the their forties, struggling with their mid-life crises. The age and experience of the front-line worker is an important factor in determining the success of the preventive or therapeutic programs. The increasing case loads give no room for the social workers to deliver more in depth counseling services.

2. School

The school system plays a vital role in the development of the adolescents. The Hong Kong school system put a lot of emphasis on academic achievement at the expense of neglecting the other dimensions of the development of the adolescents.

The current education reform recognizes the need to put an emphasis on the holistic development of the students. The Chief Executive of Hong Kong Special Administrative Region also affirmed the importance of

informal and non-formal education in helping the student to develop.

There is an the increasing awareness of the need to develop a student's multiple intelligences, and the emphasis to meet the physical, mental, social and spiritual need of each student. There is an increasing demand to strengthen the partnership between teachers, parents and social workers to deliver holistic education through the formal, informal and non-formal education systems.

The following diagram is an attempt to conceptualize the relationship between formal, informal, and non-formal education. The social workers have an important role to play in the realm of informal and non-formal education, which will contribute significantly to the adolescents as they face their development crises.

3. Peer

The peer group constitutes a most important support system for the adolescents. Peer influence can be constructive as well as destructive. The destructive power is most obvious in the areas of drug abuse, and juvenile delinquent behaviours.

Currently, there are studies conducted to understand the factors behind the emergence of "juvenile gangs", and the way to tackle the negative influences of such gangs. Outreach social workers, and the Integrative Teams will have an important role to play.

The school social workers can also help to strengthen the support systems among peers in the school setting. The workers in the child and youth centers can also contribute towards the rebuilding of such peer support systems.

4. Media

As we enter the era of information explosion propelled by the development of information technology, we cannot under-estimate the role the media play in shaping the values and development of the adolescents.

Let me quote from a recent "study on the influence of media on youth", conducted by the Youth Commission:

"Respondents said their average leisure time per week day was 3.9 hours, a considerable percentage of which was spent on media activities. Most of them spent two to three hours watching television each day. Some spent about two hours on the computer while others spent a few hours on electronic games, listening to pop music and the radio, or about 45 minutes reading newspapers. They watched VCDs, LDs and DVDs regularly, and would read a few magazines and extracurricular books a month. Occasionally, they went to the cinema and read comic books."

"Evaluation of electronic games: Most respondents clearly knew the advantages (92%) and disadvantages (94%) associated that playing electronic games are both a good and a bad thing, 19% considered it slightly bad,

while 17% considered it to be good thing. Heavy users and male respondents tended to consider it bad for young people. In general, the better educated group (post-secondary) tended to adopt a more balanced viewpoint, and 65.9% of them regarded it as both a good and a bad thing."

Another study conducted earlier this year, indicated that approximately 70% of adolescents tend to believe the negative concepts prompted by television soup opera (Breakthrough, Oct., 1999).

Therefore, we must attempt to protect the adolescents from the destructive influences of the media by means of media education, and guided media exposure. Moreover, we need to give the adolescents alternative choices by the production of media products which are attractive as well as constructive.

We have a long way to go in our attempts to tackle the media as a system that influences the development of the adolescents.

Integrated Approach

In order to deliver this targeted, systemic approach to educational, preventive, and remedial services for adolescents, we have attempted to integrate the resources available in families, schools, health and welfare, as well as the media sector. Integration demands the determination of the policy makers to reallocate resources, and the innovation and stamina of service providers.

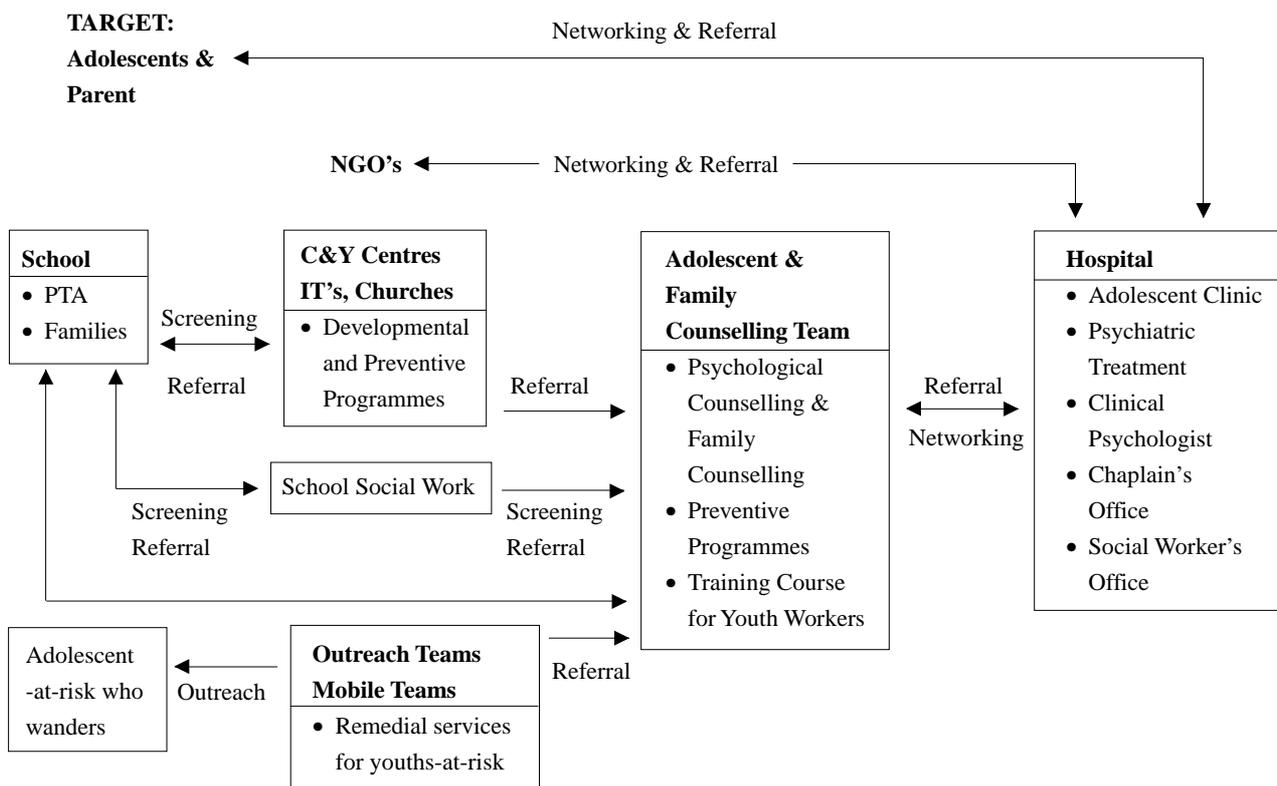
The following diagram represents an attempt to construct an integrative model by means of strategic alliance based on the concept of maintaining the continuum of service.

Conclusion

In a very condensed form, I have attempted to put forward a targeted, systemic, integrated approach to help the adolescent to work through their developmental crisis for family stability. Certain parts of this conceptual framework have been researched and field tested, and we are satisfied with the outcome of these pilot projects which resulted in the development of a set of screening tools, a framework for preventive program, and a set of outcome measure tools. We are still trying to refine these tools and programs.

We still have a lot of mileage to cover in the areas of adolescent and family counseling, media education, media production, strategic alliances between government and non-government agencies, partnership between parents, teachers, and social works, and continuum of service.

The key words are: "integrated", "holistic", "targeted", "systemic", "early detection", and "early intervention". We need to pay the price of research and development; and in the present scenario of limited resources, insightful prioritization, tactful reallocation of resources, and well planned training are essential before the actualization of this model is feasible.



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