

“Family Oasis”

A Family Counseling Project for Asian / Pacific Islander Youth and Their Families

A project of

San Mateo County Behavioral Health and Recovery
Services (BHRS)

and

Asian American Recovery Services, Inc. (AARS)



Program Made Possible By

- Center for Substance Abuse Treatment (CSAT), Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services
- Project Officer: Love Foster-Horton

About Our Collaboration

- San Mateo County Behavioral Health and Recovery Services is the lead agency.
- Asian American Recovery Services, Inc. (AARS) is the service subcontractor.
- WestEd is the evaluation subcontractor.
- AARS has a consultant MOU with Professor Robert Williams and the San Francisco State University Department of Counseling.



About AARS...

- Asian American Recovery Services (AARS), a community-based organization established in 1985, provides services to more than 2, 700 clients annually and operates 18 programs in the diverse communities of San Francisco, San Mateo and Santa Clara Counties.



Identified Gaps in Services

- *Family Involvement:* The lack of programs that involve families remains a weakness in existing efforts to assist youths in both recovery and relapse prevention.
- *Intensified Outreach:* Denial and unwillingness to recognize substance abuse problems is a major barrier to treatment in API families.

Identified Gaps in Services

- *Overcoming Cultural Barriers:* Denial, acute shame and doubts about treatment, ineffective traditional outreach, lack of API providers, etc.
- *Inclusion of Pacific Islanders:* Pacific Islanders like Samoans, Tongans or Hawaiians are currently not receiving culturally-sensitive services nor is outreach to them being conducted appropriately and effectively.

Identified Gaps in Services

- *Culturally competent co-occurring services:*
Paucity of programs able to handle both substance abuse and mental health disorders with culturally and linguistically matched clinicians.

About our program “Family Oasis”

- The Family Oasis Program is an expansion and enhancement of the existing intervention programs.
- Our purpose is to build a family treatment system for API families, who have a child with a substance related problem and co-occurring mental health, juvenile justice, or family risk factors.

Family Oasis: Target Population

- Target population: API youth with substance abuse problems and their families in San Mateo County
- Statement of Need: Of California's 63 cities with populations of more than 100,000, Daly City – the northernmost community in San Mateo County – has the highest percentage of API residents (51.6%). 28 different API ethnic groups reside in the city, among which Filipino and Chinese populations are the two largest.



Family Oasis: Goals

- Goal: To reduce substance abuse among API youth through family engagement and improved family relationships
- Outcomes: Reduced substance abuse, improved mental health, increased resilience, fewer problems in school, reduced juvenile offending, improved family functioning, and reduced rates of violence

Family Oasis: Services

- Family Counseling
- Individual Counseling (as needed)
- Case Management & Community Outreach
- Parent Support Group
- Becoming an integral part of our youth prevention and intervention services

Family Oasis

- Target number of families: 50 families/year
- Total number of families served: 79 families
- 3 month follow-up rate as of 02/08: 75%
- 6 month follow-up rate as of 02/08: 76.7%

BSFT & Generic Adaptations

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BSFT Research

- Growing body of randomized clinical trials supporting the efficacy and effectiveness of BSFT
- Model initially developed because of culture-based needs of Hispanics in Miami
- Model adopted by Asian American Recovery Services, Inc. because of its ability to be culturally adapted

BSFT Research

- Established by José Szapocznik, Olga Hervis, and colleagues at the University of Miami, Center for Family Studies
- Collaborators include Daniel Santisteban & Michael Robbins
- Adapted model for the heterogeneity among Hispanics.
- Adapted model for African Americans
- No systematic adaptation for Asian Americans has been established

BSFT Theoretical Basics

- Draws from Structural & Strategic Family Therapies.
- Problems emerge because a family member is being sacrificed to keep the family stable.
- Transactions or interactions among family members sustain problems or symptomatic behavior.
- Blame is spread and not focused on any one person.
- Change in one part of the family should create a cascading effect on other parts of the system.

BSFT Treatment Basics

- What makes BSFT Strategic?
 - Practical: Achieve interactive change with maximum effectiveness, speed and permanence
 - Problem-Focused: Change patterns of interaction that are most directly related to the presenting problem
 - Planned: A focused plan designed to change problematic interactions into healthy interactions
 - Process-oriented: Focused on the underlying feelings and motives, rather than on manifest content.

BSFT Treatment Basics

- Enactments: Experience before / instead of Explanation
- Hope and Positive Reframing
- Supporting adolescent development: Voice
- Elevating parent authority
- Active, Ongoing, Strategic Engagement

BSFT Engagement Strategies

- Strategically based on hypotheses about how family is organized.
- Phone, school, and clinic are settings for engagement
- Based on Structural strategy of mimesis, meeting family where it is at the moment

BSFT Engagement Strategies

- Respects family values and validates family members' experiences and emotional pain
- Reduces shame around seeking help through reflective listening and validation
- Highlights family strengths and relational struggles that come from a deep caring place
- Gives families a new, positive experience of being in counseling by providing a safe and holding environment

BSFT Generic Adaptations

- Engagement takes time
- Focus on solutions
- Active use of a case manager, as needed
- Negotiate between therapist as expert and family as expert on itself
- Actively address countertransference in supervision
- It's not the therapist's fault. When a family is ready to change, then the therapist facilitates.
- Families are doing the best they can – right now (Robert Taibbi, *Doing Family Therapy*)

BSFT & Cultural Adaptations

Sunjung Cho, LMFT

Youth Services Manager/ Clinical Supervisor

AARS- San Mateo County



Cultural components in implementing an evidence-based treatment model:

- **Use of our understanding of family's traditional values and expectations**
- **Understanding how emotions are handled (e.g., Asian parents expressing their love and caring through lecturing, nagging, providing everything they can for the children)**

Cultural components in implementing an evidence-based treatment model:

- Understanding the community needs and taking a creative approach in working with Pacific Islander families

Cultural Learnings

I. Cultural factors that influence our thinking:

- *Shame*: Family problems should stay within the family - Influencing how they reach out to others for help, their initial reactions in counseling process
- *Shame as a result of immigration*: Parental authority being undermined as they rely on children due to language barrier
- *Expressing emotions*: Emotions something that should be controlled by the individual internally
- *How they want to be helped*: Teaching & learning highly valued. Entering therapy to learn and help their children rather than to experience new interactions
- *Valuing what is “unspoken”*: What truly matters to people should be understood and felt rather than talked about
- *Gender roles*: Males considered as leaders of the family. Their opinions often more valued.
- *Cultural values can change*: Similar to the issue of domestic violence, it would take time to de-construct some of the cultural beliefs that are no longer helpful



II. Family Communication

- Necessity vs. processing:
Direct communication not highly valued. Emphasis more on personal responsibility and character building while children wanting more open communication and close bonding
- Expression of caring:
Parents expressing their love and caring through nagging, lecturing, and providing everything they can for their children
- Parents using negative, critical, harsh words to their children while not communicating their caring, worries, hopes, and love
- Communication style:
Parents expecting children to respect and follow their guidelines and rules while children wanting more democratic way of relating to one other
- Unspoken rules about what can't be talked about in the family

III. Parenting Issues & Bicultural Dilemma

- Ambivalence about how to raise children in non-traditional ways: Parents not knowing how to react to their children acting outside of their family and ethnic cultural norm.
- Agent of change – family vs. individual: What you do could bring either pride or shame to the family, but you are responsible for your actions and correcting mistakes.
- Parents praising their children to other people but not directly praising the children
- Problem of not getting along with parents or relationship issues seen as a luxury
- Language and cultural barrier in parent-adolescent relationship
- Discipline tends to be more value-based and philosophical



Cultural Adaptations

- Respecting and validating their beliefs
- Making the counseling process transparent
- Addressing their doubts and concerns about counseling in the beginning
- Providing psycho-education / case management whenever necessary
- Creating a space for everyone's voice to be heard by challenging their cultural beliefs on gender roles

Cultural Adaptations

- Allowing family members to talk through the therapist to reduce embarrassment and maintain parental authority
- Bi-cultural education through discussions about the benefits of listening and sharing thoughts and feelings (using anger problem & somatic symptoms as examples)
- Paying attention to somatic complaints
- Meeting with the parents separately when deemed necessary to respect their authority and reduce shame
- Encouraging the parents to share their life stories with their children

Cultural Adaptations

- Providing psycho-education on adolescent development
- Improve the parents' ability to listen to their children by giving them the experience of being attentively listened to in sessions
- Help them to examine unspoken values and expectations & explore the benefits of doing something slightly different
- Providing practical guidelines in how they can advocate for their children (when talking to school teachers, probation officers, social workers, etc.)
- Teaming up with parents to support their children to learn the strengths of both cultures

Summary

- In the beginning of therapy, it is important to address parents' reluctance and ambivalence through validation, reframes, and encouraging them to share their concerns and thoughts about therapy.
- To honor the families as our guests, we try to make our office a safe, welcoming, and therapeutic place for them.
- It is important to understand and work toward family's goals in therapy rather than imposing on them our ideas about what is best for the family.
- It is important to understand the different layers of shame parents bring into therapy.
- Power and excitement in conducting culturally informed therapy

One parent reported...

- “The services we received from XX brought our family back together. Our now 18 yr old daughter is drug free and is preparing to begin her college days at XX in the Fall 2007. Her interpersonal relationships with her parents and her peers have improved dramatically. We are very grateful to the Family Oasis Project.”



Similarly, one youth reported...

- “It allowed me to communicate with my family better, especially my father. Talking with my parents and family activities became more bearable.”

How specific rules or discipline strategies had helped them

- “They taught me about how important it is for husband and wife to be on same page in order to discipline kids.”

Suggestions for improvements:

- One parent suggested increasing the length of each session from one hour to 1 ½ hours.
- Another parent suggested providing more specific instructions and guidance to youth.

How to Contact Us

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