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NEWSLETTER

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PRESIDENT'S REMARK

Dear friends from our family therapy community,

The past year has been a trying period of time. We have been facing each other behind a mask most of the time and avoiding all touching as if we are all carrying germs. But congratulations! We have survived the "COVID year" of 2020! Despite the pandemic and social distancing, we have created new ways to connect and carry on with our professional activities. We managed to travel through cyberspace and cross-regional boundaries freely during the lockdown! Most importantly, we have proven that nothing can cut us off from our connectedness and interconnectedness. Even though we are unable to meet in person at our much anticipated annual conference in Seoul this October, I'm positive (this is a funny word now) we have now become so proficient in connecting with each other in our virtual reality that 2021 will surely bring in further possibilities!

Wai-Yung Lee, Ph.D.

EDITORIAL

Although the pandemic had created many crises for our family therapy community in the past year, many of our colleagues in Asia and abroad had managed to continue to develop their creative and inspiring projects. In this third issue of our newsletter, we are particularly thankful to them for contributing their articles to share their innovation and ideas.

Noriko Odagiri's work with divorce families in Japan provides us with a clear model on how to deal with custodial care, which is often tricky, in a more manageable fashion. Wai Sheng Ng from Malaysia shares her reflection on the importance to be mindful of our roles as therapists in striving for a safer community for fellow therapists and clients when dealing with gender-based violence. Lee-Chun Lin in Taiwan offers her perspective on her process in refining a curriculum for the training of family therapists, followed by Chih-Hsien Yang and Wentao Chao, also from Taiwan, both of whom consolidate their experiences in their respective roles in the learning and teaching of family therapy.

In view of COVID, our Vice President, Young-Ju Chun describes how COVID-19 has affected families in Korea, while her colleague Woo-Chul Park further offers how therapists could contribute to the global society outside of the therapy room. Feng Qiang from China, Joyce Ma from Hong Kong, Charles Sim from Singapore and Ian Goldsmith from Australia also talked about their experiences on how to deal with the pandemic from different perspectives. Our President, Wai-Yung Lee shares her joy of AAFT Headquarter's move to a new home in Hong Kong amidst the threat of coronavirus.

This issue is also enriched by many contributors from abroad who have shared their unique points of views in the conceptualization of family therapy, including the Open Dialogue by Nobuhiko Asai from Japan, the De-colonising of family therapy by Philip Messent from the UK and the Context-informed Family Therapy from our colleagues in Israel. The article by Tracy Todd from USA on The Mask provides an ironic topic that describes life under COVID-19. Alan Cooklin and Gill Barnes's article brings us back to our gathering 20 years ago in Hong Kong with Sal Minuchin, which was where our journey began.

Viviana Cheng, Psy.D., **Chief Editor**

OUT OF THE THERAPY ROOM AND INTO THE SOCIETY!

Park Woo-Chul, Ph.D. (Korea)

The Korean Association of Family Therapy (KAFT) created “the Family Guide in COVID-19”, which aims to help global families cope with such an unprecedented, global pandemic — available for download in six language at the AAFT annual conference website (aaftseoul.org). The guide addresses four major family stresses in the pandemic era: financial strain, role conflicts, parenting difficulties, and relationship issues. While I worked on the project, I repeatedly thought of social responsibility of family therapy. In conclusion, I believe family therapists should contribute to the society by providing proper knowledge on family process.

The project started with a call from the Korean Ministry of Gender Equality and Family (KMGEF). A KMGEF officer asked me to produce a guide for Korean families regarding the pandemic, but he did not provide any concrete ideas. When I sent him a draft the next day, he was surprised and said, “This is what we wanted! How could you come up with these fresh ideas?” But, as soon as I heard his “wow”, I actually was more surprised than he was and thought to myself, “This is nothing special for family therapists! It’s normal for family therapists to ponder *family process* beyond objective stressful events. But it seems that it sounds totally new to people in other fields!” The moment once again reminded me of the shallow understanding of family process in the society. I thought this is where we, family therapists, can serve the society. In fact, dominating discourses of many societies are based on macro-level perspectives like economics, politics, law, public administration, and sociology. Most decision makers in the public sector and journalists are from those fields. Thus, they are accustomed to macro-level stories, like economic polarization, recession, unemployment, political inequality, global pandemic, and so on. They are really attentive to large-size, social events. However, they do not know what exactly happens in families when the families face those events, thus failing to help them at a deeper level. For example, we know unemployment is just a beginning, and complicated family processes ensue; finally, some families adjust well, but others fail to do so. What makes such differences? People who prefer macro theories might not be able to answer, but we can.

Yes, I know this is not a “*therapy room thing*”. So, some of you might think this is not our business. But I do not think we can make the world better only inside the room. We are really better at understanding family process than are any other professionals and it is our duty to serve in the area where we have the highest level of expertise. So, we need to occupy the social discourse in a way that expands people's understanding and perspectives of people, so that the society provides not just money and political right to families but also therapy and education to strengthen care, love, authentic dialogue, and genuine relationship among family members. In that sense, I, as a member of KAFT, am very glad to contribute to the global society through the development and dissemination of the family guide in the global public health crisis. I hope family therapists continue to do this kind of things, *out of the therapy room*.

TOWARDS DE-COLONISING FAMILY THERAPY

Philip Messent (U.K.)

I write this piece as current editor of the Journal of Family Therapy (JFT), an international journal established in 1979 by the UK national Association of Family Therapy. I have written elsewhere in a JFT editorial (Messent, 2020) about how the unequal impact of COVID-19 in Western nations, alongside the injection of urgency given to the Black Lives Matter movement by the killing by police on camera of George Floyd in Minneapolis in May 2020 has led to a move towards self-examination on the part of Western institutions of all kinds. How much have our institutions been complicit in furthering colonial enterprises at the expense of marginalized and less powerful peoples, and are they continuing to create and sustain structural inequalities on the basis of race?

These questions also apply to our psychology, psychiatry and family therapy professions: are we inclusive of minority groups in the way that we select for and train for our professions? Are we delivering models of care that are appropriate and accessible for diverse communities? And when we ‘export’ models of care to non-Western countries, are we attentive to local contexts and indigenous ways of thinking and understanding the world?

I have had the great privilege during my tenure as editor to attend two of the AAFT annual conferences in Japan (2017) and Taiwan (2018), at both of which I was struck by how much thought was given to these questions.Taking two small examples of this, in Japan Tazuko Shibusama described how as a Japanese person learning and practising in the US, she had come to see important differences between Western and Eastern perspectives which shaped understanding of and effective responses to problems. In Taiwan Wai-Yung Lee spoke about using children in therapy as "healers" in her work, building upon an Asian social norm of ‘enmeshment’ rather than seeking to create and reinforce a generational boundary as would be a standard Western ‘move’ in structural family therapy, turning the model "upside-down".

I witnessed how many scholars and practitioners from Asian countries were finding ways of adapting models often learnt in the West or from Western trainers and literature, to their local contexts and communities, and I’ve been honored to publish in JFT accounts of such developments, (for example Sim et al, 2017, Chao and Lou, 2018 and Tseng et al, 2020). I see these as vital steps towards the de-colonization of family therapy as it is developed and practiced in the region, and look forward with excitement and pleasure to reading and hearing further such accounts in the future.

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STANDING UP, STANDING TOGETHER: A RESPONSE TO GENDER-BASED VIOLENCE

Ng Wai Sheng , Psy.D. (Malaysia)

> ***"Violence against women and girls is one of the most prevalent human rights violations in the world. It knows no social, economic or national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime. Gender-based violence undermines the health, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence."***
>
> ***(United Nations Population Fund, 2019)***

As psychotherapists, we are not unfamiliar with the idea of "gender inequality" or "gender-based violence" that permeates the world we live in, and therefore often these phenomenon also get re-enacted inside the therapy room. As gendered individuals, we are also not invincible to the harm of gender inequality and relational violence. A recent incident of sitting in a case presentation reminded me how susceptible we are, in spite of all our trainings and dialogues on gender, to become part of a violent system, and yet unknowingly remaining silent about it.

In the case presentation, the presenter shared, with much enthusiasm and excitement, about an intercultural marriage couple with sexual difficulties. His enthusiasm was infectious, as the case discussion zeroed-in on the trauma history of the couple, and more specifically, on the part of the female partner's sexual dysfunctions. Some male participants became consumed with the sexual symptoms and incest in the family, raising questions like: why did the father rape child #1 and not child #2 also? Whilst the content may seem valid, the flippant way that the questions were raised and responded to were symptomatic, if not an isomorphic reflection of the gender-based violence in the case itself, and probably in the larger society. There was minimal genuine empathy shown for the generational trauma in the family, where members had been reported as both perpetrators and victims of violence, inside and outside of their respective homes and nations, tracing all the way back to the days of first and second World Wars.

Herein lies the first ethical issue: how do we talk about our clients (especially in their absence)? How do we respond to other people's trauma and suffering, especially those who have suffered structural prejudice, discrimination, oppression and abuse? A simple checkpoint is, would this be how we want our own family members to be talked about or our family trauma discussed in such a manner?

Sitting in the room that day were participants from different parts of the world. Majority of them were from Asian region, whereby their parents or grandparents generation had lived through war periods and some may have even witnessed or suffered the atrocities of war crime, including the raping and exploitation of women. There were also participants from the Western-European region; they too were not unfamiliar with the impact of war, colonialism and racism on the women in their own countries and the countries that were colonized. These are historical wounds that are kept hidden, but they are still bleeding and very raw to many families, even though most people try to keep silent about their families' pain and suffering.

I wonder if the presenter had even considered who his audience was, and how his presentation could evoke secondary trauma to those who were present. When I asked my female colleagues privately, many reported that they had mentally checked-out; some reported somatic reactions like "I have pounding headache", or "I felt my vagina constricted". One even said that "my soul has left the room!".

When I tried to raise my concerns with the presenter, he deflected the issue to merely his presentation style and suggested that I have misunderstood his intention. He continued to stand by his position despite receiving further feedback from others. He even further suggested that those who felt uncomfortable with his presentation should perhaps reflect on themselves more and "take better care" emotionally. Subsequent to that, even when he was offered opportunities for further dialogue after his presentation, his repeated message to his audience was: "I'm really trying my best here… you misunderstood me…" To those who raised their concerns with him, his responses were insinuating to people being either not understanding enough, not mature enough, not professional enough, or not emotionally strong or open enough to receive his kind of work.

A presentation can be boring and unhelpful. But when it becomes harmful to the audience, especially when it was feedbacked to him, the least that the presenter could do was to take responsibility and apologize for the harm that he had caused, even if it was not his intent. This reveals a severe lack of self-reflective awareness and reflexive practice, which is a core competency expected in the training of psychotherapists. When psychotherapists do not engage in the hard work of reflecting on their own experiences and their impact on others, they also cannot incorporate feedback thoughtfully to improve the interactional process for the benefit of their clients. Worse still, they might actually cause harm to others and still claim innocence! Avoiding self-reflection and reflexive practice is an ethical problem.

Next, how should a therapist use sexually explicit materials in a professional setting? After the presenter was given feedback about his lack of sensitivity to gender-based violence in his case presentation, he decided to show more of his slides in defense of himself. This included "educating" his psychotherapists audience some common sex therapy techniques using sexually explicit pictures of male and female coital positions. What was shown on screen was a full frontal display of the female's body, whereas the male's genital area was covered or hidden behind/under the female's body. Clearly the presenter did not think there was any problem presenting what he considered as "normal" sexual positions or "textbook" way of teaching sex therapy.

When psychotherapists are not mindful of the social-historical context of gender relations, we can easily turn a blind eye to what may come across as a total disrespect for women and disregard for gender equality. For example, the pictures that the presenter chose – was it not a reflection of the patriarchal norms of objectifying women's body for public viewing pleasure? One has to be curious - were men's genitals well covered in the pictures to protect its sacredness or avoid shame? And when these pictures were flashed in a conference like this, unwilling participants were forced to sit through the display and endure the discomfort, lest they had to mentally check out or physically leave the room. If this is not sexual harassment, I don't know how else to call it.

As fellow therapists, we are standing at the frontier of leading change. If we want our community and profession to progress, we need to question our current position and attitude towards status quo. We cannot continue to take for granted that the "mainstream" values that we have accepted as "normal" is truly acceptable to all people, especially when they are inherently doing violence to certain groups of people. How can we create a safer community for ourselves and for each other?

Secondly, what can we do as a community, when we see our brother and our sister hurt by the system that we share space in? How do we stay present to our own pain, and still hold the space to talk about our pain and shared history, without numbing, avoiding or blaming?

And last but not least, how do we stay true to our personal and professional ethics as helping professionals? How do we use our current position and resources to make our lived reality more aligned with our inner vision?

Let us BE the change that we want to see and hope to create!

> ***"Don't ask what the world needs. Ask what makes you come alive and go do it. Because what the world needs is people who have come alive."***
>
> ***—Howard Thurman***

WORKING ON CHILDREN WITH DIVORCED PARENTS

Noriko Odaigiri, Ph.D. (Japan)

Divorce has a negative impact on children

Divorce has a negative impact on children throughout their lives and might impair brain function unless we secure children's access to both parents and avoid putting the children in the middle of parental disputes or conflicts. Children are usually unprepared for the divorce and their parents usually fail to provide adequate explanations, which makes it harder for the children to cope.

As Japan has implemented sole custody after divorce, which means only one parent is granted child custody. There are many parental disputes over child custody and visitation. Furthermore, in Japan 90% of divorces are filed by submitting the divorce declaration at municipal halls without court involvement. As a result, only one third of children with divorced parents can access their non-custodial parent.

Additionally, under sole custody after divorce, when a child refuses to see the non-custodial parent under the custodial parent's influence, it is very difficult to do visitation. The child's refusal to visit isn't unique to Japan. It is hard to understand what the child feels or thinks. I provide play therapy or art therapy for these children. They express their unconsciousness or inner feeling through drawing pictures or sand therapy. Parents manipulate their children's remarks, but nobody controls their unconsciousness. It takes a long time to reach out to their inner mind, yet this would be one of the best ways to understand their complex feeling toward both parents.

Changing society's mindset or attitude to co-parenting after divorce

The low rate of visitation is deeply related to the fact that co-parenting post-divorce isn't widespread yet in Japan. So, I introduced an online co-parenting program after divorce to Japan for the first time in 2018. Originally established by Florida State University, this program was authorized by the Florida Family Court. I disseminate this program to the public and emphasize how essential co-parenting is post-divorce and that it is a global standard of post-divorce childcare.

International family mediation

I received training from two institutions of international family mediation: one is collaborative practice in the U.S., and another is cross-border family mediation in Germany. Both institutions interview the child in mediation or outside of mediation. When I worked on Hague child abduction cases as a mediator, sometimes I had the opportunity to interview a child outside of mediation. A child usually expresses significant stress and resistance against contact with his or her non-residential parent. However, the context and circumstance in which the child is expressing such an opinion should be considered. Now I am working on creating the protocol of the child's interview to bring out the child's inner thoughts and feelings.

Children will continue to love both parents unconditionally so it is important to maintain that relationship from a psychological point of view, although access and visitation should be supervised appropriately if abuse has occurred. I continue to commit myself to protect children from the difficulties caused by the divorce of their parents.

CONTEXT-INFORMED FAMILY THERAPY

Yochay Nadan, Ph.D. and Dorit Roer-Strier, Ph.D. (Israel)

The context-informed approach offers a perspective for therapy in a reality of social, cultural, ethnic, political, and gender diversity. We are both family therapists and engaged in teaching, training, and supervising therapists in this approach. We developed the approach in Israel, within the framework of the NEVET Greenhouse of Context Informed Research and Training at the Hebrew University's School of Social Work, in cooperation with colleagues and graduate students.

The conceptualization emerged from our five-year qualitative study about the constructions and perspectives of child risk and protection among parents, children and professionals from different communities in Israel. The participants were asked about their perceptions regarding the concepts of "risk" and "protection" of children and suggested venues for risk prevention and for intervention. The findings were published in a book titled *Context-Informed Perspectives of Child Risk and Protection in Israel*.

Based on the findings we offer the following conceptualization of the context-informed approach:

> *People, families and communities live their lives in a matrix of diverse contexts including culture, religion, class, race, gender, nationality, socio-political context, and more. These contexts shape the development of individuals and families as well as frame life circumstances and opportunities. Contexts also influence the construction of meanings given to different events and experiences in the lives of individuals and families. Contexts are not fixed and static; they depend on place and time and are therefore subject to change. Contexts intersect and influence one another in complex ways. A context-informed approach for the helping professions seeks to identify the specific contexts that are relevant to understanding the life experiences of individuals, families, and communities. The approach assumes complexity and hybridity and takes into account power relations between the individual, the family, and the different systems that influence their lives. It also stresses the strengths and agency of individuals, families, and communities.*

An example from the book is the context of racism aimed at children belonging to minority groups; this context occupies an important place in the definition of risk in the eyes of children and parents but was rarely mentioned by professionals. In cases of families living in contexts of poverty and exclusion, our findings show that the risks addressed by parents and children were largely environmental risks such as situations of violence in the neighborhood, the lack of proper services, and financial challenges. In contrast, most professionals have focused primarily on the micro level as parental neglect.

The context-informed analysis showed that professional conceptualizations, such as "children at risk," are socially constructed and context-contingent – reflecting interpersonal and intergroup power relations between the definer and the defined, and between the hegemony and the minority groups.

The clinical implications of this approach include a number of principles that can be implemented during therapy, supervision, and clinical training. First is the adoption of a stance of non-knowing and curiosity. The context-informed approach requires therapists to leave the protected zone of expertise and to become critical and reflective co-researchers with their clients. Second, the approach seeks to look directly at and to recognize the "political" (in its broad sense) and the power relations that are ingrained in society and in the therapeutic endeavor. Third, the approach asks therapists to examine both their clients and their own different identities, how these identities intersect, and the social locations that are derived from these unique intersections. Fifth, the approach directs therapist to search for the agency and strength of individuals, families and communities.

The journey of developing awareness of context and of contending with complexity and hybridity can be described as never ending. It is a journey that demands of therapists a willingness to leave their comfort zone and to enter a zone replete with contradictions and tensions which create unease and discomfort. At the same time, it is a journey that provides a rare and unique opportunity for learning, for internal contemplation and reflection. It is also an opportunity for a worthwhile and rewarding re-examination of the essence of therapy in a diverse and multi-cultural society.

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THE MASK

Tracy Todd, Ph.D. (U.S.A.)

It often takes a cataclysmic event to unify humanity such as a natural disaster, social justice issue, or terrorist attack. Yet, despite the tragic outcome of these events, long-term unification is quite minimal and often fleeting. News cycles are short, tragedies are frequent, and the result is people move on from one adverse event to another with seemingly faded recollections of happenings older than three months.

Rarely does an incident occur that directly impacts the entire world; rarer yet, does an object unify the world. In 2020, however, that changed. As a global society, we are entering almost an entire year facing COVID-19. And, regardless of where our country is in that in struggle, we see an undeniable visual image of that fight. Enter the mask.

Despite the mask being a polarizing symbol in some areas of the world, it still unifies us in our actions. Whether the mask is a strong unifying symbol of the battle against COVID-19 or it is a reminder of what we are sacrificing to do our part, the mask embodies our collective efforts. And our actions bind us together.

As systemic thinkers and doers, we can more easily resolve and consider the multiple systems and opposing viewpoints:

- We understand that duality and accompanying tensions are binding and unifying.
- We understand that these principles go well beyond microsystems and families – they apply to communities, society and all inhabitants of this planet.
- We also understand that through it all… ***relationships matter***.

Understanding, however, is not enough. Collectively and individually we must respond with action to all challenges including the pandemic. During times like this, it is key that we hold ourselves accountable by asking – are we contributing productively at the individual and association level?Is our profession contributing to solutions?

This year, many of our relational therapy associations have done an incredible job pivoting their planned efforts to assist members. Whether resources or guidelines, associations are stepping up. Some these include, but are certainly not limited to:

- Asian Academy of Family Therapy (AAFT),
- Australian Association of Family Therapy (AAFT),
- Association for Family Therapy and Systemic Practice (AFT),
- American Association for Marriage and Family therapy (AAMFT)

However, the question now becomes, what can an association do to make the world a better place during the pandemic and, hopefully soon, in a post-pandemic world? While some things may return to a recognizable routine, most things will not. Trauma and societal impact from this pandemic will not quickly resolve. Within our own profession, telehealth and education are certainly areas that there is “no entirely going back” regardless of country or geography. Our profession, and its role in the world, are likely changed forever.

Associations have responsibilities to help members serve those in need. Traditionally, this assistance has come in the form of education, training, and access to employment. Family therapy associations have mission/vision statements that reflect this:

- “To spread information about family therapy and the systemic approaches to individuals, institutions and organisations concerned with the health and development of families and human systems” (EFTA);
- “Create a platform for systemic thinkers and practitioners to share their perspectives and expertise in the development of family therapy…” (AAFT- Asian);
- “Setting and supporting professional standards through our work as the professional membership organisation for Family and Systemic Psychotherapy and Systemic Practice (AFT);
- “Empowering family relationships” (AAFT - Australia);
- And “Advance the profession and the practice of marriage and family therapy” (AAMFT).

Each of these reflects a commitment to members in assisting them or their clients. The question now, of course is, “Has the definition and understanding of ‘assisting members’ changed?”

Today, we are in an era that systemic family therapists must move beyond traditional clinical training and begin to consider how to effectively deliver services and training post-COVID. Such changes will certainly be bound by cultural issues and governmental regulations. Yet, that should not stop, but rather accelerate, efforts to remove barriers and strengthen opportunities to deliver systemic services. Training and service delivery models must quickly adapt to a changing landscape. Some challenges lying ahead include:

- Will new models need to emerge in delivering online therapy services?
- What legal and ethical matters need attention in involving post mask therapy services?
- How will training and educational standards change?
- How do we engage in effective experiential family therapy techniques when conducting online therapy?
- How can we meet the increasing demand for mental health services?
- How can we raise cultural competence to address a more global economy and ecosystem?

These are just a few, of many, questions and challenges that are with us today and will need attention moving forward. We have unique skills, knowledge and expertise within the mental health world. Members and clients deserve us!

Whether individually or collectively, we have a responsibility to go beyond our traditional education and training. We must begin accelerating changes that diminish barriers to services, enhance training opportunities for systemic family therapists in a new era of mental health, and look forward to necessary adaptations to service delivery benefiting individuals, families, communities and countries. If not us, then whom?

Today, the unifying element – our mask if you will - that binds each of us as well as our respective associations is that we all recognize that relationships matter. I am confident and excited that our associations are going play a vital role in professional growth and global contributions because ***academies and associations matter.***

Conducting business behind the mask

HONG KONG VISIT

Alan Cooklin & Gill Gorell Barnes (U.K.)

Alan and Gill are both family therapists, a husband wife team, who live in London. Alan trained as a child, family and adult psychiatrist and ran the Marlborough Family Service, a service initially for parents and children within the National Health Service. Gill worked as a psychiatric social worker, trained in individual, family and group work and then practiced, taught and trained family therapy at the Tavistock Clinic London. Together with other colleagues, they founded the Institute of Family Therapy London in the 1970's.

Alan and Gill both loved Hong Kong from their first visit in 2000. The busy vibrant atmosphere felt familiar, although the density of trams and traffic in Central Street remained scary even to Londoners. The architecture, combined with the views was wonderful, and food was an enormous pleasure and an ongoing interest. The almond sop was a revelation (and a mystery) and Alan still remembers the gluten free dumplings. In London there are also many street markets and Gill walked down from the top of Hong Kong island via all the small streets rather than take the escalator or the path so she could smell and see all the fruits and vegetables and compare what was familiar and what was different. The pleasure of walking from the teachers' dwellings at the top of town through the lush greenery, to join the students made each expedition a treat.

The second time they came to teach was the day the twin towers in New York were destroyed in 2001 so their first day was spent in horror watching the plane flying into the twin towers building on a tiny TV in the Teachers quarters. We were to join with Salvador Minuchin, an old friend and teacher, who drove to Canada to catch a plane to Hong Kong as all the American airlines were closed down. A special event had been planned in Beijing by Dr. Wai Yung Lee which coincided with Professor Minuchin's 80th birthday, and he was determined not to miss it. *(Stay tuned about this trip in a further article.)*

We returned to Hong Kong in November 2005 for a month of teaching. The students we had working with us were a revelation. They worked so hard, and they expected us to work hard too. We often felt unprepared. Gill was told to be stricter and on her last teaching day she was given a rattan stick to employ with her English students. She brought it home in her suitcase but as beating is forbidden in the UK she used it for her carpets instead.

Despite the cultural differences in family life between HK and UK, we found many structural points in common. Within society for example, we observed a very divided class and social system, from very rich to very poor grouped within a small geographical space; hardworking upwardly aspiring parents expecting too much life satisfaction from their work ethic and not leaving enough time to develop their love for their children alongside them as they grew; many lone parent women-headed families, often with a father who had another wife "in Mainland China", and highly complex stepfamilies. Having taught in Singapore before coming to HK, it was interesting to Gill how both countries initially denied they had either of these less visible family structures in their caseloads, but mainly brought those families along for supervision and consultation.

We both observed the extremely high level of critical commentary operating as normal within families presenting at the clinic. This is less common in UK, where conflict often goes underground. However, Gill came from Greek family background where it was very common, and Alan from an Eastern European family background where it was also common. By that time, research in child and family studies had demonstrated the negative effects of ongoing criticism on children and we continually had to factor this awareness into our thinking and teaching, education for the students, as well as for clients.

Wai Yung had a brilliant way of addressing this critical commentary in families. She would talk with mothers and fathers as well as her colleagues about fluency in emotional language and with her students how emotion had been subjugated and become more rigidified in the contexts of colonization (and Gill adds commerce). As a result, behavior, rather than words was the thing that could be better addressed and more effectively changed in family life. In working with a family, a young boy who had drawn a knife on his mother said to her directly that when she talked to his father in the critical way that she also spoke to her son, she was "killing that part of my father in me, trying to eliminate everything my father is in me", which Wai Yung amplified, translating anger back into the family's pain: the boy's expression of pain through his dramatic actions acting as the lever for change.

In principle throughout our teaching, we tried to address three points about the student therapists' own development: what was their preferred style of working with a family, and how could we expand it; what did each person think was missing in their own constructions of life in families and how could they go about filling those gaps in awareness (reading, viewing films, collaborative conversations with others not only in a therapeutic context etc.); and how they could learn to pay detailed attention to the minute interactions within a family (facial expressions, small behaviors, speech, text and tone). Alongside observing the Family Dance, who listens to who, who ignores who, who interrupts who, who has power and who has intimacy in which relationships.

London visit

HOW COVID-19 HAS AFFECTED KOREAN FAMILY

Chun Young-Ju, Ph.D. (Korea)

Families all over the world are now faced with new threats and opportunities due to the outbreak of COVID-19 pandemic. The New York Times (NYT) coined new key terms related to COVID-19 as “covidivorces” and “coronababies.” Pandemic has brought about polarization that intimate families became closer, while conflictual families are more fighting each other. Here is my briefing of how COVID-19 has been recently affecting Korean family and family practice field.

Issues of mental health

As a result of the long duration of “social distancing”, numerous problems related to mental and emotional health, so called “corona blues,” are rising. Kim (2020) stated that 59.3% (66.0% female, 49.3% male) of her Korean respondents reported that their stress levels increased and having symptoms of depression. Long periods of isolation induced suppressed feelings of depression, fear, and other mental difficulties which in some cases led to alcoholism, gambling, and other internet addictions. Children who had to stay home all day resulted in increase of obesity, addiction of mobile phone or internet game. The situation also led young adults, particularly those unemployed, to commit suicide or remain socially withdrawn.Meanwhile, infected patients (so called “coronic”) and quarantined people are confronted with the shock and trauma related to their situation. They should also deal with the stigma and social discrimination associated with their conditions.

The financial, economic and social stressors associated with the COVID-19 situation will not be resolved within a couple of weeks. Therefore, it is important to try for reducing stress by relaxation, meditation, home exercises and training, etc.

Intensification of vulnerability among families

Since the total amount of time the family spend together increased, more family conflicted occurred with some cases even escalating to family violence. To make the situation worse, family service agencies such as family violence and child protection centers were closed which eliminated an important resource for preventing family violence. It is notable that the COVID-19 situation is dividing the people into two bi-polar groups depending on the gender, age, social class, and etc. where more vulnerable people are placed in even more higher risk.

Kim (2020) stated that 46.7% of the survey respondents reported that their income level had all decreased and 37.4% reported that family conflicts had increased due to the COVID-19 pandemic.Although many families are experiencing a decrease in their income since pandemic, the low income families are in the greatest risk of being confronted with lay-off, decrease in income amount, going without meals, absence of care for their children, etc. (Kim, 2020). Since all family members must stay in limited space houses for long durations of time, family violence is also reported to have increased for low income families. Also, in the time of crisis, single parent family and multicultural family are also facing the most amount of difficulties due to their economic disadvantages and lack of accessibility to computer & mobile facilities. The other mostly affected class of families are those running small family businesses. About 25% of families involved in small family businesses experienced great financial loss, depression, fear, anger, etc. These difficulties may lead to couple conflicts, parent-child conflicts, physical and verbal violence, etc. To prevent the breakup and/or dissolution of the family, special attention and support should be given to such families in the times of disaster.

Re-familialization of child care

Due to COVID-19, day care centers and schools are closed, so most of the Korean families with children are facing with the child care issues in the period of pandemic. Previously, much part of the child care responsibility in Korea was placed in the hand of public services; however, now the responsibility has been given back to the family due to the pandemic. Kim (2020) pointed out that since COVID-19, the responsibility for taking care of the children for parents increased by 40.7% for double-income family and by 38.7% for single income family. However, working mothers compared to their husbands had to take more vacation and homeworking in order to take care of their children.

This escalated into gender role conflict between parents resulting from unfairness and uneven household work load and responsibility of child care. The Korean families are demanding more social equality and upgrading the society’s norms related to gender issues concerning child caring where the father is requested to take more responsibility in child caring roles.

Development of online family practice and infrastructure

In this COVID-19 situation, public and private family support centers have either closed or shift their service form face to face to phone/online service. Great efforts are given to develop contents of intact family practice service and necessary IT infrastructure for delivering the service.In order for intact counseling to be used effectively and widely, there are some ethical issues to be solved. This year in 2020, many Korean academic conferences and meetings have dealt with the ethical issues related to intact counseling: a guideline for conducting online counseling for individual, couple, family, group, etc. The advantages posed by intact counseling such as no limitation on time and space, can be greatly appreciated and the potential for developing intact programs will be a new positive direction that family therapy research can achieve for the future. As part of the development of the intact counseling infrastructure, notebook computers and other IT equipment needs to be available at all public and private family therapy and support centers. In order to achieve this goal, funds should be available and budgeted to pay for the needed equipment and technical assistance must also be upgraded at the centers by hiring IT personnel to look over the provided equipment.

In addition, the development of online contents of family therapy can provide new opportunities for social participation. Recently “Family Guide in COVID-19" (Korean Association of Family Therapy, 2020) was developed by Korean Association of Family Therapy (http://www.aaftseoul.org), converted into web card format, and translated into 6 different languages for the people using different language. This is a good example showing how the field of family therapy can contribute to and participate in the local and/or global society for human development and advancement in New Normal era.

In conclusion, it is sadly perceived by many people that it will be impossible for the world to go back to the pre-COVID-19 environment. It would be difficult to predict what the “New Normal” of life will be and what the future of family and children will look like. However, history has shown us that during times of crisis, family has always functioned as the buffer to protect individuals from harm, and family has always survived with great resilience to change and to adapt. By overcoming the pandemic, the family value may be recognized and enhanced, child caring function of the family can be renewed, and the balance between work and family can be adjusted and even strengthened. Meanwhile, one negative aspect of the pandemic might be that the current demographic trend related to family life such as low marriage rate and low fertility might be accelerated.Family researchers, policy makers, and practitioners must all work together to prepare for the paradigm shift in New Normal era with COVID-19.

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LIVING UNDER THE THREAT OF COVID-19 PANDEMIC: PERSONAL AND PROFESSIONAL REFLECTION OF A HONG KONG FAMILY THERAPIST

Joyce LC Ma, Ph.D. (Hong Kong)

Introduction

This is a year of turbulence for people in Hong Kong and worldwide. We face the COVID-19 pandemic. The threat and challenges of this health crisis still linger on, with no sign indicating when we shall come out from the tunnel of darkness. Like people from every walk of life, family therapists in Hong Kong are inescapably affected by the pandemic. It is time of disbelief, worry and sadness. It is time for deep reflection of life and of our relationship with nature. It is time to look for opportunities to identify options and possibility for professional practice.

I would like to share with our family therapy community in Hong Kong and Asia my personal journey of facing the COVID-19 pandemic.

Reflection of life and our relationship with nature

At my younger age I was amazed to read about the influenza pandemic in 1918-1919 and watch a movie on how a big fire in London had rescued the English from the fatal infection of black death or plague that spread across ancient Europe from 1346-1350. The first thought that came into my mind during that time is that all these epidemics will not happen in modern society. The reason is simple. Our sanitary system is good. Our public health service is comprehensive. The saying that “life is fragile and vulnerable” is no more but a cognitive understanding to me, rather than an experiential knowledge.

I came to have close contact with death and dying at the age of 36 when my mother was diagnosed with an end-stage cancer. The death of my mother was absolutely a great blow to me. Besides feeling sad, depressed and helpless, I was deeply pre-occupied with philosophical issues –what is life? How should I navigate my journey of life? It took me a year to grieve my loss and deal with my existential anxiety.

In June 2019 there was an outbreak of social unrest in Hong Kong. During the social unrest, I came to realize that law and order in our society should hardly be taken for granted. I was born and educated in Hong Kong. The stability of Hong Kong society was no longer the same as what I have known in the past. The onset of COVID-19 pandemic further heightened my sense of vulnerability toward life and toward nature. The pandemic can be interpreted as a war of nature against human mankind. It symbolizes the anger and protest of our ecology against people’s greedy exploitation of resources in our ecology, a fighting back of the serious pollution and global warming as well as an ultimatum for our survival and sustainability on earth. The systemic thinking of our family therapy training reminds that we are no more but tiny particles of the universe. The pandemic has offered me an opportunity to appreciate the vulnerability and unpredictability of life and deepened my understanding of the wisdom of Diamond Sutra (金剛經): “All conditioned phenomena are like dreams and illusions, are like dew and lightening’s flash. This is the proper way to perceive it (一切有為法，如夢幻泡影，如露亦如電，應作如是觀)".

Looking for alternative way of professional practice

From March to April 2020, our city was in lockdown; so was our university. The Hong Kong government has enforced and implemented stringent social measures such as mandatory mask wearing and social distancing policies, which inescapably affected our professional practice. I could no longer meet the families in need on campus. I had to stop our clinical services. Our onsite clinical teaching was on pause; the same was applicable to our clinical research projects on multiple family therapy. At the same time our university changed our teaching mode from onsite teaching to online teaching via Zoom. Luckily the university had offered timely intensive training for all of the teaching staff to acquire the technological know-how for online teaching.

When I was hiking along the mountain track in the nearby countryside, an idea came into my mind. As

online teaching is technologically feasible, family therapy and family therapy training via Zoom might be possible. I started to search for relevant literature or materials (e.g., ethics of telehealth by AAMFT) in this area. Gary, Wong-Wylie, Rempel and Cook’s (2020) paper confirms my idea. The authors recommended ways of better using Zoom for qualitative research, which is also applicable to clinical practice and clinical training. The recommendations include: (a) test Zoom ahead of interview; (b) provide technical information; (c) have a backup plan; (d) plan for distractions; (e) provide a direct link to meeting; (f) consider storage needs; (g) hardwire computer to Internet; (h) uninterrupted Internet connection; (i) create a visual reminder; and (j) manage consent process.

In May I began to offer online family therapy for families in distress and in July I conducted a two-day family therapy training for a social service agency via Zoom. I received favorable feedback from the families and the participants of the training workshop. Practice makes perfect. I have become more confident and comfortable in using Zoom for professional practice, which in turn has increased my sense of mastery of the technology. Never in my life would I imagine that "an old dog”'like me would learn a "new trick" — couple and family therapy technology competence.

Conclusion

Buddhism enlightens us that what is predictable in life is its unpredictability. Birth, aging, sickness, and death are an integral part of experiences in lifespan. The COVID-19 pandemic reminds us once more the importance of living in there here-and-now. Tomorrow may never come but why care about it! We may overlook the opportunity of identifying alternative ways of clinical practice and training if we fix our gaze at the danger. I am pleased to share that I have begun to appreciate the clinical utility of technological knowledge in family therapy and family therapy training. The use of ZOOM in clinical practice and teaching has overcome the geographical boundaries and enabled us to carry out our professional roles and functions during a time when our clinical service was desperately needed by our clients.

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PROVIDING PSYCHOLOGY RESCUE IN A SHELTER HOSPITAL: TAKING PATIENTS OUT OF THE PSYCHOLOGICAL DILEMMA IN EXTREME SITUATIONS

Feng Qiang, M.D. (China)

I am a psychiatrist from Shanghai who volunteered to go to Wuhan during the COVID-19 epidemic as one of 55 members of the international emergency rescue team of Shanghai Dongfang Hospital. After arriving in Wuhan on the evening of February 4, 2020, we learned that we need to be stationed in the largest shelter hospital: Wuhan Living Room Shelter Hospital. In fact, my initial impression was that critically ill patients who have trouble breathing need doctors in the respiratory medicine and emergency department. Psychiatrists should just provide consultation or psychological interventions.

Interestingly, this largest rescue project I participated in was also my biggest expedition after I had joined our hospital's rescue team, so I was still in a state of confusion. I don't know how my professional ability could fit in with the team. I was initially recruited as an internal medicine physician, though I was also trained in psychiatry. On my first day at the Wuhan Living Room Shelter Hospital, I was on night shift. I remember arriving at 2am and the patients were all asleep. This epidemic rescue mission was different from past rescue operations, which typically took place either when there was no danger, or when there was known danger. This time, it was different. COVID-19 is an invisible and unfamiliar enemy. In order to fight it, we must overcome our own fear first, because all we can see is a deadly virus that is highly contagious and pathogenic. At present, all we know is that it mainly erodes people's respiratory systems. There are currently no effective antiviral drugs or vaccines. Without much information about the virus, all that's left is panic.

During off-duty hours, I tried to reflect on my own fear of the virus. At first, I found myself rejecting the patient. I kept a distance from the patient. I always had this feeling that the virus from the patient would somehow penetrate through my protective suit. Slowly I realized that this was ridiculous, especially since I am a psychiatrist. If I don't overcome the panic and "disgust", how can I conduct therapy? Realizing this problem, I began to re-examine our epidemic prevention procedures, such as the way we put on and take off protective clothing, goggles and visors. This secure method is an important measure for us to deal with the virus. What we need to prevent is COVID-19, not patients. In fact, the most important part is hygiene, handwashing and mask wearing. From that point on, I felt that my "psychological barrier" had resolved.

For crisis intervention, I have received tremendous support, which makes me feel that I am not fighting alone. It is difficult to carry out psychological rescue alone. Fortunately, my colleagues in Shanghai were very supportive and I also had the backup of a newly established specialists' support group.

My work at the shelter is very different. Instead of sitting there waiting for patients to come, which was typically the case at outpatient clinics, I had to "take the initiative" to contact doctors, nurses, social workers and even patients to identify target patients who are in need of psychological services and active intervention. In view of this, I proposed to combine our online and offline services: the so-called offline mode is to see patients in the cabin and conduct psychiatric consultation or psychological intervention, while the online mode involves conducting psychological intervention on WeChat platform or hotline. For example, my work WeChat and work phone numbers were posted at a fixed place in the ward. This allowed us to make emergency contact online during our off-duty hours if the patient needs it, and we can also follow-up with the patient immediately when we enter the cabin. In this way, offline and online psychological assistance are organically integrated. We have also set up a psychological intervention team in the Fangcang shelter hospital. The work by our psychological rescue team is very different from typical psychotherapy. In psychological rescue, ordinary people are faced with psychological trauma in extreme situations, while psychotherapy deals with an abnormal psychological state in a normal environment. After obtaining national approval, we were able to receive administrative support and patients had access to not just counseling support from our hospital's expert team, but also from local mental health professionals in Wuhan.

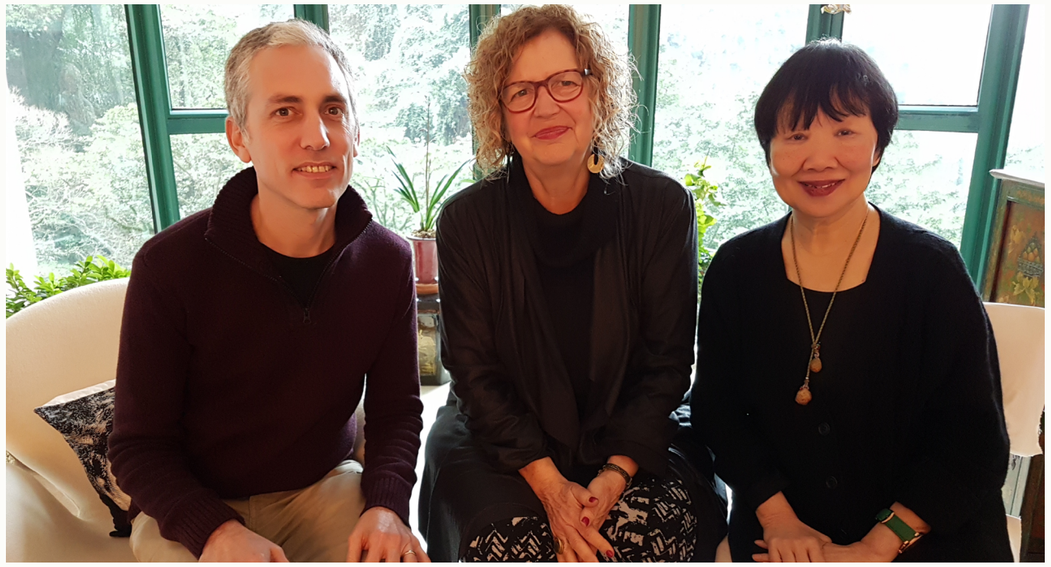
From my work with these patients, what saddened me the most was the patients who lost their relatives in the epidemic. These patients were also burdened with bereavement and torture from the virus. In fact, they were so impacted by the ordeal that it was difficult not to give them a chance to complain, to release their emotions by crying again and again, and even to let out their anger and frustration. No one can really understand that feeling, and the only thing I could do was perhaps to try to understand them, which was exactly what I did.

One of my female patients, for example, had only just received the news of the death of her husband when I first met her. She was a very decent and polite lady who repeatedly thanked me for my care. When I asked her about the situation at home, she was not able to hold back tears, particularly when she talked about her husband. But when I asked her how her husband was, she just told me that the doctor told her that his condition had improved. So, I didn't press further. Maybe she didn't want to continue telling a strange doctor such sad news, maybe she didn't want to show her saddest side to outsiders, or maybe she was very considerate and didn't want to burden us, I'm not sure. All I know is that she did not want me to open up her emotional wounds excessively.

Wuhan Living Room Fangcang Hospital officially closed on March 8, but I continued to keep in touch with patients on WeChat, as I was worried about whether or not they can deal with their grief after treatment had ended and whether they will have more serious emotional and traumatic problems. The services our psychological rescue team provided was in fact just the beginning, but it will most certainly be an important stage of our psychological fight against the epidemic for some time to come.

Through this intense period of work during the epidemic, I have been in contact with the virus firsthand, and will always remember each and every patient with whom I had worked. I am pleased to be able to contribute to a much-needed area of work and feel that I have grown a lot.

Dr. Yochay Nadan and Prof. Dorit Roer-Strier visiting Hong Kong before the pandemic



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IMAGINATION, COLLABORATION AND WISHING

Charles Sim, S.J., Ph.D. (Singapore)

As I reflected on the year 2020, I could separate it into my short “honeymoon” in Chuuk, Micronesia and the extended period of “isolation” here in Singapore!Perhaps, the images of “honeymoon” and “isolation” might be incomplete, because there were elements of each in those two periods.I was on an island located within the Chuuk lagoon, Micronesia, where I spent the first quarter of 2020 providing counseling support and helping to build up the counseling capacity at Xavier High School.Situated in the middle of the Pacific Ocean, Chuuk island is surrounded by clear deep blue water. It is a diver’s paradise with many sunken WWII warships within its lagoon.It was in that quiet and pristine environment with its fresh ocean breeze that I started preparations for a new didactic clinical supervision course at the university. This didactic course focuses on the best practices and competencies in supervision, including integrating spirituality, “person-of-the-therapist” (POTT-Aponte), and learning pedagogy in supervision.

However, by the end of March 2020, my “honeymoon” came to an abrupt end – we were told by the school that the students and overseas volunteer teachers/ staff had to return to our respective islands and countries because the island had run out of fresh drinking water as a result of a prolonged dry spell of 2 weeks where there was no significant rainfall at all and the possible spread of the COVID-19 pandemic to the Pacific islands.Hence, Micronesia was closed to the outside world, shortly after our departure, to curb the possible spread of the virus to the islanders who, if infected, did not have access to medical facilities on the islands. Such was the predicament of small island states in the Pacific; already facing the imminent threat of rising sea levels because of global warming, their situation has now worsened because of the pandemic. The good news is that, since the closure of Micronesia’s national borders to the outside world, there have not been any reported COVID cases on the islands!

The second quarter of 2020 was spent meaningfully and productively in Singapore. I made further progress on the didactic course during my 14 days of stay-home notice, which was followed by the “lock-down” for the next month or so, from April into May 2020. Thus, the feeling of forced “isolation” began upon my arrival in Singapore, and where countries around the region restricted international travel with the hope of slowing the spread of the pandemic. Despite some initial challenges, the COVID-19 pandemic was reasonably well handled in Singapore and we quickly moved into a “new normal.” And so early in the third quarter of 2020, I was privileged to teach the new didactic supervision course to a class of about a dozen graduate students, face-to-face. It was a refreshing experience for the students who had only online classes the past several months; they were happy to have the more personal interactive sessions back on campus, with the necessary healthcare precautions in place. It was great to see the students’ joy as they reconnected with their fellow classmates, after being away from campus for more than 6 months.

With the continued closure of national borders in Southeast and East Asia, the only next best thing that I could do was to work on my clinical supervision research manuscript and POTT model training workshop for counselors and clinical supervisors. I have conducted the POTT workshop for several years now and the experience for the participants and me was always enlightening and empowering, as well as humbling, too. The POTT training provided me with a privileged opportunity to journey with the participants as they gradually gained an *awareness* of their lifelong personal struggles or “signature theme(s)”, *acceptance* of it, and eventually learned how to *access* their “signature theme(s)” for therapeutic purpose of connecting, assessing, and intervening in their clinical work.

Thus, the year 2020 was both a period of “honeymoon” and “isolation” in the best sense of both words, providing me with ample time for extensive reading, research, and teaching/training, in addition to time for reflection and further development of a systemic clinical supervision and POTT training courses within our graduate program at the Singapore University of Social Sciences (SUSS) and around the region.

As I look forward to 2021, I see images of hope on the horizon, with the arrival of the COVID-19 vaccines and a return to some form of normalcy or another “new normal.” And for some of us, perhaps an eager anticipation of our AAFT conference in Seoul, 2021.According to William F. Lynch, SJ in his book*“Images of Hope: Imagination as Healer of Hopeless”,*one of the three central ideas of hope is that of a*“life of imagination”.* And this hope is closely connected to a life of imagination, for hope expands our horizons and leads to possibilities. Mindful too that the limits of our imagination are the limits of our world. Here *“hope not only imagines, it imagines with* (second central idea).” I believe that, as systemic marital and family therapists in Southeast and East Asia, there is much room for this life of imagination to emerge within and among us, as we work collaboratively with each other.

And one of my images of hope in the post-pandemic era is that of a creative collaboration in designing and implementing a didactic clinical supervision that is uniquely Asian in its content and approach. A didactic course that can be made available to as many clinical supervisors, supervisors-in-training, counselors and therapists as possible in a blended way, tapping into the avenues of artificial intelligence for online teaching, coupled with a more personal face-to-face training. And introducing the “person-of-the-therapist/ supervisor” within it, as well as consciously making the effort to integrate spirituality in our graduate courses and training endeavors, since spirituality is so much rooted in our unique Asian cultural beliefs, practices and personal values but rarely addressed in-depth in our professional training.

Hence, I *wish* (third central idea of hope) and invite you to live this life of imagination with me. Together, let’s create a new horizon of opportunities for joint research, teaching and training, both locally and regionally. Let’s usher in a New Year of active practical collaboration among ourselves and bring hope, love, grace and support to those whom we strive to serve professionally as systemic therapists and clinical supervisors!

AN EXPERIMENTING CURRICULUM

Lee-Chun Lin, M.A. (Taiwan)

We are experimenting a curriculum to train family therapists at the Taiwan Institute of Psychotherapy (TIP). The whole training lasts at most three and a half years and consists of five modules. Interested trainees have the flexibility to choose which module is suitable for their professional development to start with and when they want to stop. Why is it experimental? Looking back the history of the profession of family therapy in Taiwan during the past 30 years, we have brought many family therapy experts and trainers from other countries where the profession is more established. Thanks to that, the family therapy professional community is getting bigger and bigger; we have more and more people devoted in working with families and have matured to become local trainers of family therapy. Currently with very limited and small training programs in academia, our comprehensive training curriculum in private sector appears to be very unique and experimental.

We started this experiment in September 2019. This year, we have four respective training modules concurring at different time slots. I am going to introduce our curriculum briefly below. In each module there are 12 sessions across a 4-month period. The first module is more a combination of didactic and experiential approach to introduce the knowledge of systemic foundation. In the second module, we use different scenarios to simulate family therapy session. Trainees have the opportunity to polish their systemic lens, to apply the theory to practice and not to worry about damaging the family they are interviewing. Then we invite real voluntary families to our training clinic at the third module. Our design is for one of the trainees to go into the interview room with the trainer to provide co-therapy while the other team members would observe from the other room and their feedbacks to the family are integrated into the session that resumed after the break.

We believe it is important to train all helping professionals to gain a systemic perspective and to see the relational webs around themselves as well as every individual that they work with. Since some trainees hardly have the opportunity to do family therapy at their respective work settings, they decided to graduate after completing the first three modules. Those who are eager to become family therapists can continue with the fourth module where we emphasize the training of the self of the therapist. We have adopted Harry Aponte's The Person of the Therapist (POTT) training model that focuses on helping trainees to be more aware of their signature themes, to see them as resources and to learn using them therapeutically. In the fifth module, trainees are required to complete a certain number of hours of internship under supervision for one year. When they have successfully completed all the requirements and pass our evaluation, they will be family therapists certified by TIP.

This curriculum will be continually informed by the feedback from trainees and from the families coming to our training clinic. I myself am extremely curious of how it will evolve and what it will become in the next five years. As trainers, my colleagues Yin Chen, Fang-Hao Lin, and I are challenged to stretch ourselves to shift between the roles of trainer, supervisor, and therapist in the five modules. I believe we will be trained to be better trainers by all the trainees and families we have come into contact with.

Last but not least, I want to send my gratitude to my two trainers, Dr. Wai-Yung Lee and Dr. Cheryl Storm, who have supported me along these years to become a family therapist, supervisor and trainer of family therapists. And my appreciation also goes to Taiwan Institute of Psychotherapy for hosting this curriculum and contributing to the development of family therapy in Taiwan.

FROM HOSPITAL ROAD TO POTTINGER STREET

Chow Lai Yin Dickson, MRCPsych, FHKPsych (Hong Kong)

My journey of learning family therapy started in 2014 when the Academy was situated within the Tsan Yuk Hospital on Hospital Road of Sai Ying Pun in Hong Kong. As a psychiatrist, I have always been intrigued by psychotherapy. 2014 was a year when I was taking a break from years of work in Child and Adolescent Psychiatry in the public mental health system, realizing pharmacological treatment's limitation in a lot of children from families with complex needs. I decided to enroll in the Advanced Certificate course at the Academy, hoping that I could learn something more to better equip myself.

Hospital Road is located uphill in Sai Ying Pun. Back then, there was still no subway station nearby. I usually get off the MTR at Sheung Wan station, which was a 20- to 30-min walk from the Academy. The walk itself was a very interesting experience, just like therapy. You would walk past a lot of traditional Chinese shops selling dried seafood and joss sticks. Before you know it, you would have entered the part of Hollywood Road that is home to a variety of Westernized restaurants situated inside newly revamped old buildings. This brief walk was simply overwhelming for the senses as you emerge yourself in a diverse mix of cultures within a short period of time.

I remember sitting down in one of these restaurants, enjoying an early dinner on Thursday evenings when the teaching of the Advanced Certificate course took place. My favorite was a warm fish toasted sandwich and a hot black coffee. That was to prepare myself for an exciting and stimulating evening ahead. I enjoyed sitting outside and watching people bustling around me.

After finishing my early dinner, I would continue my walk. The final challenge was hiking up the steep Eastern Street, which has a steep inclination of 1:6 and walking up was indeed some good cardio training! When you turn left onto Hospital Road with shortness of breath, the road became leveled again and you would soon arrive at the Academy. These are fond memories I still hold dear.

In the blink of an eye's time, six years have passed, and I am still enjoying my learning of family therapy with Dr. Wai-Yung Lee and my peers at the Academy. The more I learn, the more I am drawn into the fascinating world of family therapy. The Academy has just relocated to its new premise on Pottinger Street. I have yet to explore the restaurants and food nearby. Like in therapy, you find new interesting things in each of your encounter with the same ingredients in your meal. And that's what keep us alive in our work!

A CONFESSION OF AN APPRENTICE IN RELATIONSHIP

Wentao Chao, Ph.D. (Taiwan)

I fell in love with family therapy when I was in grad-school. I was so inspired by systemic perspectives and the enlightening insights on relationship. I wished to be a family therapist wholeheartedly ever since.

26 years later, I made it. I've become not only a family therapist, but also a supervisor, a researcher, and an advocate for relational wellbeing. My dream has come true. I feel content and grounded with what I do every day.

Now the challenge for me has shifted to teaching. How do I help another young soul to grasp family therapy practice? How do I inspire students to fall in love with it like I did, so they devote themselves full heartedly? How do I teach each student by his/her specific strengths and weakness? I find teaching one to become a family therapist is way more challenging than doing it myself now!

The way I see it, psychotherapy is a craftsmanship ("Kung-Fu"). I began learning this craftsmanship with **maneuvers**, applying knowledge and skills so I can pave my way through in therapy. When my clients kept bringing me challenges (and they always do), I find myself trying to practice with **intensity**, to help clients push through their stuck hardship. Sometimes it works, other times it doesn't. Either way I learn from it and become more comfortable with versatility in using myself as an agent to facilitate therapeutic change.

Later I find myself enjoy **being with clients**, experiencing with them and reflecting what I see and feel. Surprisingly I find that is quite enough for many clients to find their way out. Thus, a therapy interview becomes an effortless process, in which I only manage to devote my attention into the family and the process, and learn with them from the experience, and do what I need to do at the moment, something like indicating the predicament they're struggling with, and inviting them to think about what they like to act reflectively.

This effortless process brings me a sense of serenity and composure, feeling like I'm on the right track towards something meaningful. I feel like I'm doing some good to the universe, and the universe is smiling at me.

I feel like I have come to the front line of human relationship, where I have the privilege of seeing suffering and struggles in light of relational connectedness and transactional patterns. In other words, I have a pair of eyes that 'see' things people can't necessarily see in terms of the meaning in relationship. I cherish my eyes that took years of cultivation and decide to contribute to the world by sharing and writing what I see as much as possible.

I consider myself an apprentice in relationship and will keep learning from it till my last breath, from my clients, from my wife and son, from stories around me.

OPEN DIALOGUE AND PSYCHOLOGICAL SAFETY

Nobuhiko Asai, M.A. (Japan)

In early 2020, COVID-19 changed most of our lifestyles. With online meeting systems becoming increasingly familiar among lay people to meet each other, many therapists have also started to use this system to meet clients in therapy sessions. This means that our therapy style has largely changed into the new one.

From 2016 to 2018, I have visited Finland 8 times to join the first international trainer's training program of Open Dialogue. Open Dialogue is a mental health approach based on family therapy that was developed in Tornio, Finland. Initially, I was the first and only Open Dialogue trainer in Asia and by now, there is a total of 6 trainers in Asia (4 from Japan and 2 from Hong Kong).

In Open Dialogue, only the 7 principles are fixed, including immediate help, social network perspective, flexibility and mobility, responsibility, psychological continuity, tolerance of uncertainty and dialogue (& polyphony). The team is comprised of more than two family therapists and would meet clients and their families as soon as possible within 24 hours on a daily basis, from when the crisis took place to the time when the crisis has been resolved. The client's social network and his/ her family members would join the treatment meeting.

Open Dialogue and other dialogical approaches, such as anticipation dialogue, proposes that a therapist should provide dialogical space to the client, family members and the social network for the multiplicity of voices to be uttered. Multiple voices are welcomed in the Open Dialogue meeting and therapists don't distinguish clients into the "sick" and the "well" categories.

By the way, Google introduced the concept of "Psychological safety" in 2015. The term was first proposed by Amy C. Edmondson, the Novartis Professor of Leadership and Management at the Harvard Business School (Edmondson, 1999).

Psychological safety refers to an individual's perception of the consequences of taking an interpersonal risk or a belief that a team is safe for risk taking in the face of being seen as ignorant, incompetent, negative, or disruptive. In a team with high psychological safety, teammates feel safe to take risks around their team members. They feel confident that no one on the team will embarrass or punish anyone else for admitting a mistake, asking a question, or offering a new idea (Edmondson, 1999).

Although the term is not used specifically, the concept of "psychological safety" is very similar to the 12 elements of safety space in Open Dialogue (Olson, 2014): 1) two (or more) therapists in the team meeting, 2) participation of family and network, 3) using open-ended questions, 4) responding to clients' utterances, 5) emphasizing the present moment, 6) eliciting multiple viewpoints, 7) use of a relational focus in the dialogue, 8) responding to problem discourse or behavior in a matter-of-fact style and attentive to meanings, 9) emphasizing the clients' own words and stories, not symptoms, 10) conversation amongst professionals (reflections) in the treatment meetings, 11) being transparent, and 12) tolerating uncertainty.

On the other hand, there seems to be a relationship with the necessary and sufficient conditions of therapeutic personality change that Rogers (1957) had discussed. It seems that he attempted to build psychological safety between therapist and client while also attempting to extend that to a group approach known as "Basic Group Encounter". Interestingly, while a similar concept was created in the field of family therapy, it was COVID-19 that made us consider it extending to the virtual world. In this era where most live meetings are restricted and there is difficulty to connect each other, it may be a long time before our normal lives can be resumed. I hope that we can continue to keep in touch by our heart through the internet, though we are unable to physically get close to each other.

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GREETINGS FROM DOWN UNDER

Ian Goldsmith, Ph.D. (Australia)

Greetings to all our colleagues in Asia from down under Australia.

Hasn't 2020 has been an unprecedented year for the use of the word "*unprecedented*"?

Here's a snapshot from "down under". Our 2020 started with very hot temperatures, dry conditions, strong winds and serious bushfires. Maybe you saw some news footage of these events? Much destruction to bushland, towns and animals. Also much confused debate about climate change – some adamant these weather conditions are the result of human actions, others vehemently opposed to this possibility?

By March/ April, COVID-19 was the only news. Flatten the curve, social distancing, debates about masks, travel restrictions, Cruise ships with infected patrons, borders closed to overseas travelers, lockdowns, quarantine, working from home, masks or no masks, economic downturn and so on. I am sure you will have heard all this in your part of the world.

Again confused debate, was COVID even real? Was it really serious? Is lockdown really necessary? Is it worth the economic pain? How long would this last?

We postponed our annual Family Therapy Conference in Perth just as you had to do the same with your Conference in Seoul.

In Australia "telehealth" became suddenly a mechanism for doing therapy. Zoom and its equivalents became popular. Would "online" therapy be effective? Maybe this increased the number of people who could be reached – distance and a widely spaced population is, after all, common in Australia. Could couple or family therapy be effective or manageable online?

Australia's second wave in August was confined to the state of Victoria – think Melbourne. Other states closed their borders and thereby community transmission was restricted. Interstate travel stopped. The severe lockdown in Victoria went on for 12 weeks. Community transmission is now zero.

As I write this in early December, we watch the rest of the world in various degrees of restriction still attempting to curb the spread of this virus. It feels very lucky to live "down under" at the moment.

What of Family Therapy? What do we take from this COVID experience?

Is it too tempting to hope that the foundation idea of Family and Systemic Therapy, namely that we are all interconnected, that one person's actions do impact others, might have become more prominent as a consequence of the pandemic?

Might this stress on collective responsibility begin to undermine the overarching neoliberal economic emphasis on the primacy of individual liberty? A loose observation is that those societies where this idea dominates have struggled to contain community transmission of the virus.

Might a greater emphasis on collective responsibility even flow through to tackling climate change and inequality, two great systemic challenges for the world? Or am I being too optimistic?

In Australia, despite 200 years of oppression and worse, indigenous wisdom from our First Nations peoples is emerging. They stress the theme of collective responsibility.

As Bruce Pascoe writes in Dark Emu, in indigenous societies, any decision made had to include the consequences for "those we will never know". And Tyson Yunkaporta, in his book Sand Talk (cheekily subtitled How Indigenous Thinking Can Save the World) says any individual who believed "I am greater than…" met with sanction and disapproval.

Using another Family and Systemic lens, might a different narrative emerge about how we see ourselves in relation to each other?It seems unfortunate that we adopted "social distancing" as the description for, what is in reality, "physical distancing".

Strictly speaking, social distancing is not good, pandemic or no pandemic. Noreena Hertz, in her aptly titled book "The Lonely Century", highlights just how much loneliness, or social isolation, or social distancing, has become its own epidemic. We need social connection, not distancing.

And so we get the end of 2020, already! In a year where time, sometimes, seemed to stand still, it now seems we have the end of the year upon us so quickly.

My colleagues from Bower Place in Adelaide remind us that one sense of "time" is that of an "internal form of intuition". Symptoms can distort time anchoring people in the past or the unsolvable present. The emergence of phrases like "new COVID normal", or "post pandemic" suggest efforts to grapple with time.

My colleagues urge us to consider that "lockdown has been a great distorter of time and a dimension we should explore with clients to both understand and support change." As Family and Systemic Therapists, this, then becomes one of a number of new contexts for us to remain mindful of as we go about our work in 2021.

Best wishes to our Asian colleagues from Australia.

Our world networking group enjoying food together

MY JOURNEY IN LEARNING FAMILY THERAPY

Chih-Hsien Yang, M.D. (Taiwan)

I have been learning family therapy from Dr. Wai-Yung Lee for twenty years, and her commitment to self-development never ceased to amaze me.

Despite being a well-known psychotherapist in Toronto at the time, Dr. Lee furthered her training in New York with Master Dr. Salvador Minuchin, who is well-respected in the field of family therapy. During the training sessions, Minuchin had always been blunt in his critiques. Oftentimes, Dr. Lee would walk along the streets of New York City after the session until she was able to collect her thoughts and regain the confidence to continue working in this field and with the training. It is her determination that led Dr. Lee to serve with great depth of knowledge, thus cementing her unique approach to family therapy.

I was very fortunate to have been able to attend the Evolution of Psychotherapy Conference in Anaheim, California several years ago. When Minuchin introduced Dr. Lee's research on "Capturing children's response to parental conflict and making use of it" to thousands of psychotherapists at the conference, I was so moved. As one of the most influential figures in the field of family therapy, 88-year-old Minuchin didn't take the opportunity to reflect on his own research and accomplishments; instead, he chose to present the work of his student, who has gone far and beyond in the field, at a prestigious conference. In doing so, he demonstrated the humility to learn and excel, which characterizes his and Dr. Lee's unique approach and attitude towards family therapy.

In the following paragraphs, I will attempt to summarize what I have learned from Dr. Lee about practicing family therapy:

First and foremost is to explore family relationship systematically, as relationships are often more inter-connected than are independently formed. In fact, the structural map of family relationships closely resembles an interwoven tapestry. As a psychotherapist, it is important to examine the four main aspects of a family. First, assess how symptoms exhibited by family members reflect the functioning of the family; second, observe the interaction between family members to understand how balance in the relationship is maintained; third, identify if similar interaction exists across generations in the family. Fourth, evaluate if the current interaction between family members has any potential to be improved.

Alternatively, one can approach the family dynamics using the formation of the family dance proposed by Dr. Lee. Factors such as each family member's inner monologue and individual experiences, dialogue and complementarity between two people, triangulation, attachment alliance or coalition formed among family members due to agreement on certain issues, e.g., gender, independence, and power, all contribute to a family's unique formation.

In addition, it is important to empathize with a family's life stories. Think of each family as a stage showing a play: the family therapist should not simply observe on the side as a director. Instead, the therapist should actively participate and strive to guide the conversations in a way that authentic interaction between family members can naturally play out. Only by tapping into their emotions and having honest conversations about themselves can a family reach the solution to their predicament. Dr. Lee often encourages learners of family therapy to watch more theater performances and movies, her favorites being Shakespeare's plays and Bergman's films. A good family therapist will utilize his or her own experience to identify with the client's feelings, by immersing oneself in the plot of a movie or a play. That way, a therapist can learn to resonate with a character and become more empathetic in the process.

Last but not least, it is pertinent is to know when to take a break during a therapy session. Dr. Lee often stops the session when painful topics are brought up and the atmosphere between family members becomes tense. She would invite the clients to have tea and put a pause on their conversations. It seems that in these wordless moments where everyone is sipping and savoring their tea, the pain lessens and the tension that was previously in the room gradually slips away. I think this is the best lesson a client can takeaway – give yourself a time-out when you've tried your best and give others a break when they need it too.

Book Review

Building Children's Resilience in the Face of Parental Mental Illness. Conversations with Children, Parents and Professionals

Viviana Cheng, Psy.D. (Hong Kong)

This book is a compilation of accounts written by young people, parents and professionals who have experienced first-hand what it is like to live with a parent with mental illness. It is based on the participants' experiences with the KidsTime program conducted by the authors, both in the UK, Germany and Spain. This is a program that combines storytelling and drama workshops to provide education about parental mental illness and its effect on their children. It also provides a platform for parents and children to communicate their feelings and thoughts.

The book depicts many interesting dialogues among the three parties: children, parents and professionals. The children's stories are particularly intriguing, as they provide a glimpse into what it is like to grow up with a parent with mental illness. They describe not only their struggles in coping with parents who had mental illness, but also show a lot of love and support to each other and to their parents. Through their respective stories, they also attest to how their participation at the KidsTime program have helped transform their experiences and trajectories.

The key focus of the authors' approach is to encourage open conversations between children and their parents. As one of the children summarized in her experience, "conversation is the first step for help and support". I find this book extremely informative and highly recommend it to anyone who are interested in learning more about this much neglected topic of the impact of parental mental illness.

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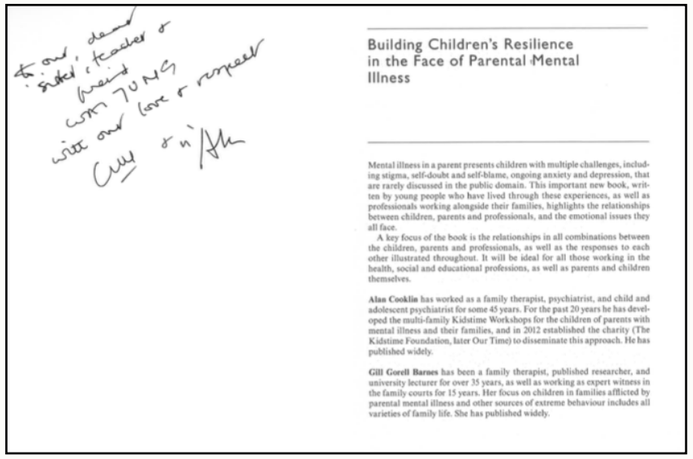

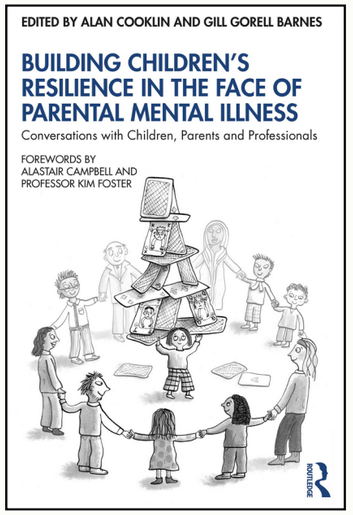

THE ACADEMY HAS A NEW HOME!

Wai Yung Lee, Ph.D. (Hong Kong)

2020 has been a year unlike any other.In this what we called “COVID Year,” life was turned upside down and what used to be normal became abnormal.While we were supposed to stay home and observe social distancing, the AAFT team in Hong Kong was constantly out and about, pulling ideas together and creating our dream home amid the threat of this vicious virus.

With a grant from the Hong Kong Jockey Club Charities Trust (HKJC), we transformed an old building tucked away in the concrete forest in the busy Central district into a six-storey oasis. It is a light industrial design with lots of greenery where families can take a break from all the toxic substances that have soiled not only our earth but also our relationships.

The new center continues to be dedicated to the development of systemic perspective, where training, practice and research go hand-in-hand, with one informing the other. On top of the regular clinical activities, there will also be three areas of specialties sponsored by HKJC:

1) to develop a treatment approach in working with children from divorced or divorcing families,

2) to formulate a systemic approach in working with patients with mental health issues, and

3) to build on our bio-feedback family assessment protocol in addressing concerns related to children and youth.

All three initiatives involve not only providing service, but also training, which will lead to accreditation for those who have demonstrated sufficient knowledge and skills in applying these treatment modalities to their work. We will also focus on producing educational material supported by our clinical evidence, particularly video resources, to enhance public education in the promotion of family relationships.

The Family Therapy Center will also house the trans-generational project funded by the Lee Kum Kee Family Foundation. This is an attempt to revive the family therapy tradition in bringing multiple generations together in addressing family issues instead of focusing on only one or two generations. At the same time, modern technologies such as polyvagal concepts and the measurement of physiological responses is used to link the invisible linkage among the generations for a better understanding of its inter-connectedness. The final goal is to create a context for each generation in the family to fully enjoy each other and achieve true harmony.

Since we were unable to meet you in person at this year’s annual conference in Korea, I would like to start by sharing with you pictures of our new home. All members and non-members from our family therapy community are welcome to drop by, to share a moment of thought, or simply enjoy a cup of tea away from the hectic urban world.

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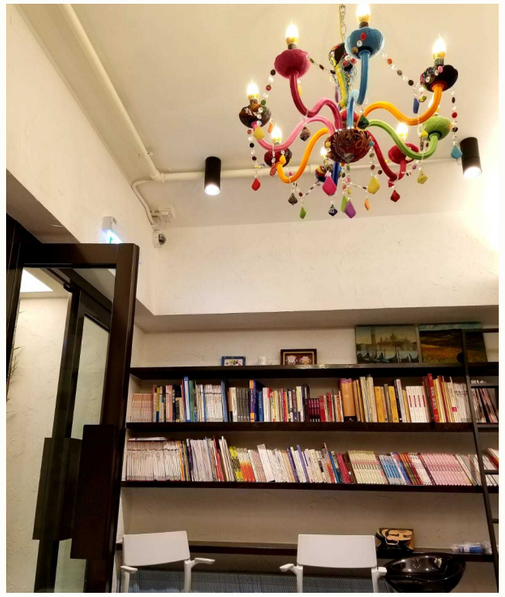

Becoming an AAFT Member

AAFT is the first academy established in Asia that aims to provide accreditation to family therapists practicing in Asia through its Fellow member category. Our membership categories are as follows:

Fellow Member **Annual Fee: US$210**	Fellow members of AAFT are our accredited clinicians and their membership must be approved by the AAFT Vetting Committee, which is comprised of members representing Japan, Korea, Taiwan, Hong Kong, and Mainland China.
Organizational Member **Annual Fee: US$520**	Organizational membership is designed for professional or social service organizations/ associations/ societies/ institutions who share the mission of AAFT. Each Organization may nominate up to three members who will be eligible for AAFT membership.
Full Member **Annual Fee: US$150**	Full Membership is for members who support our vision and mission and who is interested in helping us promote family therapy in Asia. He/ She can pay a one-off membership fee to become a Life Member.
Student Member **Annual Fee: US$110**	An applicant is eligible to become a Student Member if he/she is enrolled in a degree program in marriage and family therapy, human service programs, related mental health field, or equivalent.

For more details, please visit https://www.acafamilytherapy.org/membership

ARTICLES CONTRIBUTORS

Alan Cooklin, FRCPsych, Psychiatrist, Founder of Our Time (United Kingdom)

Charles Sim, Ph.D., S.J.,Head, Master of Counselling / Couple & Family Therapy Programme, S.R. Nathan School of Human Development (Singapore)

Dickson Chow, MRCPsych, FHKCPsych, Faculty Member, Asian Academy of Family Therapy (Hong Kong)

Dorit Roer-Strier, Ph.D., Clinical and Developmental Psychologist, Professor, Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem (Israel)

Gill Gorell Barnes, Family Therapist, Published Researcher, and University Lecturer (United Kingdom)

Chih-Hsien Yang, M.D., Chief, Division of Psychiatric Medicine, Heping Fuyou Branch, Taipei (Taiwan)

Ian Goldsmith, Ph.D., Psychologist, Magnolia House Psychology and Therapies Centre, Vice President of Australian Association of Family Therapy (Australia)

Joyce Ma, Ph.D., R.S.W., Clinical Co-Director, Asian Academy of Family Therapy; Professor, Department of Social Work, The Chinese University of Hong Kong (Hong Kong)

Lee-Chun Lin, M.A., Family Therapist, Taiwan Institute of Psychotherapy (Taiwan)

Nobuhiko Asai, M.A., International and Psychological Support Association (IPSA) (Japan)

Noriko Odaigiri, Ph.D., Professor, Department of Clinical Psychology, Tokyo International University (Japan)

Philip Messent, Consultant Family Therapist, Editor, Journal of Family Therapy (United Kingdom)

Feng Qiang, M.D., Faculty Member, Aitia Family Institute; Psychiatrist & Psychotherapist, Department of Clinical Psychology East Hospital Affiliated to Tongji University (Shanghai East Hospital) (China)

Tracy Todd, Ph.D., CEO, American Association of Marriage and Family Therapists (United States)

Viviana Cheng, Psy.D., Research Associate, Asian Academy of Family Therapy (Hong Kong)

Ng Wai Sheng, Psy.D.,Founder and Clinical Director, Growing Space Psychology Center (Malaysia)

Wai-Yung Lee, Ph.D., Founding President and Clinical Director, Asian Academy of Family Therapy (Hong Kong)

Wentao Chao, Ph.D., Professor, Department of Psychology and Counseling, National Taipei University of Education (Taiwan)

Woo-Chul Park, Ph.D., Assistant Professor, Human Development & Family Studies, Duksung Women's University (Korea)

Yochay Nadan, Ph.D., Marriage and Family Therapist, Faculty Member, Paul Baerwald School of Social Work and Social Welfare, The Hebrew University of Jerusalem (Israel)

Young-Ju Chun, Ph.D., Vice President of Asian Academy of Family Therapy; Professor, Silla University (Korea)

Asian Academy of Family Therapy

No. 4, Pottinger Street, Central, Hong Kong
Tel: (852) 2859 5300 | Fax: (852) 2559 1813
Email: info@acafamilytherapy.org

AAFT
亞洲家庭治療學院
Asian Academy of Family Therapy