Serving High-Risk Youth in Context: Perspectives from Hong Kong

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Abstract

Background: High-risk youth are often defined in occupational therapy terminology as adolescents and young adults who experience personal, contextual, or environmental barriers to effective participation in healthy, age-appropriate occupations. Without assistance for participation, these youth may acquiesce to daily routines of unhealthy risk-taking or isolation, failing to achieve developmental milestones needed for successful transition to adulthood. There are known therapeutic services targeting this population, but occupational therapy involvements have been sparsely documented.

Method: Having been affiliated with a community-based occupational therapy program serving high-risk youth for many years in the US, the principal investigator of the study used a sabbatical opportunity to explore services provided to high-risk youth in Hong Kong (HK). This paper reports preliminary findings obtained from an exploratory study of analyzing transcripts of 13 one-on-one interviews with service providers in HK.

Results: Two major themes are discussed in this paper: the prevalent behavioral risks among high-risk youth as perceived by the service providers and the intervention approaches used by the service providers with the high-risk youth population in HK.

Conclusion: Reflecting on the preliminary outcome of the study, the authors suggest that occupational therapy may contribute to mitigating youths' risk factors through ecological occupational engagement.

Comments

The authors report that they have no conflicts of interest to disclose.

Keywords

youth, high risk, contextual intervention

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Occupational therapy is based on the premise that all occupation occurs in environments and contexts that contain embedded influences on participation (American Occupational Therapy Association [AOTA], 2017). At the same time that youth are expected to participate in school, extracurricular activities, and peer friendships, they are also struggling to shape their identities through these occupations (Christiansen, 1999). For many youth, however, environmental risk factors, such as poverty, ready access to drugs or weapons, family instability, peer pressure, and criminal justice involvement, further challenge their successful participation in daily life (World Health Organization, 2017). Youth who experience these barriers are often identified as high risk, and contextual factors, such as cultural expectations, educational status, and personal history, also shape each youth's response to adverse environments (Shea & Jackson, 2015). Moreover, client factors, such as insight, emotional regulation, self-concept, motivation, and self-identified values, contribute to the unique personal ecology that determines whether a youth participates in or avoids occupational pursuits (Shea & Jackson, 2015).

Society often provides interventions aiming to mitigate barriers, such as criminal justice involvement (Dembo et al., 2011), academic failure (DeLuca et al., 2010), emotional disabilities (Gable, Tonelson, Sheth, Wilson, & Park, 2012), runaway and homelessness (Mayock, Corr, & O'Sullivan, 2011), economic disadvantages (Yoshikawa, Aber, & Beardslee, 2012), gang affiliation (Koffman et al., 2009), and teen pregnancy and/or parenthood (Stiles, 2010). These interventions are often provided by social workers, psychologists, and educators who primarily focus on the youth's behaviors and his or her environments. Occupational therapy practitioners take into account the wide array of interrelated variables that influence the quality of and satisfaction with occupational participation and provide interventions perceived by clients as congruent with their interests and motivations (AOTA, 2017).

There is limited coverage of the role of occupational therapy with high-risk youth. However, growing attention is being paid to youth occupational justice, which describes social and cultural environments where healthy occupations, such as attending school and participating in age-appropriate social activities, are not accessible to youth, as documented by Kronenberg, Algado, and Pollard (2005). The 2012 Bulletin of the World Federation of Occupational Therapists contained several papers highlighting the work of occupational therapists with high-risk youth. Louie (2012) described a successful occupation-based intervention that assisted a youth to leave a lifestyle of chronic drug abuse and build an age-appropriate healthful life in Hong Kong (HK). A group of Brazilian occupational therapists urged occupational therapy academic programs to prepare their students to address the societal barriers facing vulnerable youth by promoting equal access to personally meaningful occupations (Lopes, Serrate Malfitano, Silva, de Oliveira Borba, & Hahn, 2012). In recent years, Brazilian occupational therapy publications have highlighted creative occupation-based interventions to serve this population (Alves, Tavares Gontijo, & Castro Alves, 2013; Gontijo, Marques, & Alves, 2012; Pereira et al., 2014; Zago, Bredariol, & de Mesquita, 2013). The Brazilian articles are published in Portuguese, but their English abstracts describe the role of occupational therapists who used community-based programs, such as theater and culinary workshops, to promote healthy occupational engagement for youth identified as high risk. Furthermore, a South African occupational therapist noted that leisure boredom plays a role in delinquency and urged the promotion of healthful play activities for youth (Wegner, 2011). In the United States (US), recent articles discuss the role of occupational therapists in addressing the occupational needs of youth victimized by human trafficking and youth involved in the justice system (Gorman & Hatkevich, 2016; Shea & Siu, 2016).

Occupational therapists support an individual's health and life participation through engagement in occupation (AOTA, 2017). Participation in meaningful occupations has been found to improve health and well-being and to instill a sense of autonomy and self-worth in low-income urban youth (Bazyk & Bazyk, 2009; Iannelli & Wilding, 2007). The principal investigator (PI) is affiliated with a community-based organization that serves the high-risk youth population in the San Francisco Bay Area in the US. The Occupational Therapy Training Program (OTTP, 2017), primarily staffed by licensed occupational therapists and social workers, is a one-of-a-kind service provider that specifically addresses the daily occupation needs of high-risk youth. Youth served by the OTTP experience an array of the psychosocial, environmental, and contextual barriers described above and are considered susceptible to poor life outcomes (Moore, Vandivere, & Redd, 2006). The OTTP occupational therapists use a client-centered occupation-based approach to promote each youth client's success in assuming age-appropriate life roles in all domains (Shea & Jackson, 2015).

The OTTP services are provided in local schools, in the communities where the youth live and socialize, and in juvenile detention centers (OTTP, 2017). Through one-on-one and small group processes in the youth's contexts and environments, the OTTP interventions provide opportunities for youth to develop age-appropriate life skills, generalize skills to new settings, build positive self-concept, and achieve developmental and academic milestones. The OTTP practitioners advocate for youth to ensure access to community resources and promote the clarification and development of each youth's personal strengths, interests, values, and goals. Through this process, youth develop skills important for self-advocacy and successful participation in preferred occupations.

The OTTP is a unique service model not well documented in the literature. Inquisitive about how high-risk youth are identified and what services are commonly provided to this youth population in other countries, the PI conducted a limited qualitative exploratory study during a 4-month sabbatical leave in HK. The study aimed to:

- Describe characteristics of the high-risk youth population through contacts and interviews with personnel of organizations that serve these youth in HK.
- Describe occupational therapy and other common services provided to the high-risk youth population in HK.

This paper intends to serve as a preliminary report reflecting on two major discoveries extracted from the research study in HK: defining risks facing youth and describing services provided to this youth population. The goal is to highlight existing opportunities and advocate for occupational therapy services to address the occupational needs of the high-risk youth population in HK and the US.

Method

The research method was one-on-one semi-structured interviews with service providers serving the youth population in HK. The youth population served is loosely defined as individuals in an age range of 10 to 25 years, approximately the same age group served by the OTTP. The phenomenological method of collecting and analyzing expressive verbal data (Alase, 2017; Cronin-Davis, Butler, & Mayers, 2009) obtained through interviews aimed to explore how risks associated with disenfranchised youth are defined in HK and how these risks are addressed by the service providers. Interviews were semi-structured, with the PI leading the flow of the conversation. The content of the interviews included demographic information about the participants, definitions, descriptions of high-risk youth by the service providers, societal perceptions and responses to this youth population, and descriptions of

services provided to the youth. The research study proposal was approved by the Internal Review Board of the university where the PI was employed and granted the sabbatical leave.

Participants

The participants were a convenience sample recruited through existing professional liaisons over a 4-month period during the PI's sabbatical stay in HK. Thirteen service providers were recruited. The interview participants included four occupational therapists, five social workers, a family practice physician, an educator, a college student, and a nurse. Except for one occupational therapist whose work was inpatient hospital based, all of the participants served the youth population in the community. Their tenure on the job ranged from 5 to 10 years. Among the thirteen study participants, two had collegial relationships with the PI. They were faculty members of the occupational therapy department at the university where the PI served as a guest lecturer during the sabbatical. The PI had only collegial relationships with these two participants prior to the interviews. The other eleven participants had only one encounter with the author during the interview and no prior or subsequent contact or relationship with the PI.

The PI contacted all of the participants to obtain verbal consents and to determine meeting locations prior to the interviews. Most of the interviews were conducted at the participants' places of employment, except for one that was conducted at the university where the PI was guest lecturing during the sabbatical, and one that was conducted at a café suggested by the participant. The PI was the sole researcher who conducted all of the interviews. All of the participants provided both verbal and written consent to be interviewed.

Data Collection

To ensure credibility and trustworthiness of the data collection process, the interviews were conducted in environments chosen by the participants to ensure their comfort. Prior to recording the interview, the PI began by establishing a rapport with the participant through a general exchange of mutual experiences working with the high-risk youth population. The data collection process through an interview was also clearly explained to the participant. With the participant's permission, the recording device was activated. Each interview participant was asked to describe the high-risk youth population he or she served, and the types of service provided to the youth. Using a semi-structured interview method of data collection, the flow of conversation was directed by the PI where markers of the interview were further explored (Rubin & Rubin, 1995). The participants were encouraged to describe their own experiences working with the youth population and their perceptions of how their services impacted the youth. Each interview lasted between 60 to 90 min. The interviews were audio taped with a handheld electronic device and later professionally transcribed verbatim. Although all of the interview participants were Chinese, five of the interviews were conducted primarily in English and eight of the interviews were conducted primarily in Chinese. The participants chose the primary language used in the interviews. The Chinese interviews were first transcribed verbatim from the audio records in Chinese and then translated to English. The Chinese transcription and English translation services were provided by students of the Translation Workshop of Hong Kong Baptist University. The students were supervised by university professors overseeing the workshop. The professors approved all translations and transcriptions for quality and accuracy prior to submitting them to the PI. The PI, who is fluent in written and spoken Chinese, as well as English, also examined the Chinese transcription and English translation to ensure congruency. Agreements for confidentiality were secured through the workshop coordinator, who was the sole contact person with the PI. The PI had no previous relationship with the

coordinator, the professors, or the students who transcribed and translated the interviews. The English only transcriptions were provided by a licensed professional service in the US, which has been commissioned by the PI for numerous previous transcription projects.

Data Analysis

The computer software NVivo was used to store and organize the interview transcripts. Only the transcribed interview conversations were considered research data. A phenomenological approach was used for analysis. Miles and Huberman (1994) framed this type of analysis as "interpretivism," which aims to interpret meanings made by the research participants in order to yield a better understanding of their perspectives, actions, and thoughts (Miles & Huberman, 1994). The research data were read repeatedly by the PI and two research associates, who had no previous knowledge of or involvement with the study, to identify emerging themes. The research associates' participation served to ensure the trustworthiness of the study. Each research associate was provided a complete hardcopy of the interview transcripts. The PI and the research associates independently read through the transcripts to identify emerging themes. The themes and the supporting texts identified by each member of the research team were compared and discussed repeatedly to establish agreements. The PI then organized the interview content into identified themes and sub-themes, known as nodes and sub-nodes in the Nvivo program. To ensure confidentiality without identifying the participants, the interview transcripts were analyzed collectively, and each participant is anonymously identified as a practitioner when his or her comments are quoted in this paper.

Results

Preliminary analysis yielded multiple themes, but two major themes are discussed in this paper: (a) behavioral risks and underlying personal, environmental, and contextual factors experienced by the youth; and (b) primary aspects of services provided to the at-risk youth population.

Behavioral Risks and Underlying Factors

Four major behavioral risks associated with the youth population in HK were identified by the practitioners: (a) illegal drug use and abuse, (b) academic disengagement, (c) engagement in other unhealthy occupations, and (d) unsafe sexual practices.

Illegal Drug Use and Abuse

Almost unanimously, the practitioners identified drug use as a major behavioral risk facing youth in HK. The prevalent drug of choice, Ketamine, is a dissociative anesthetic that "causes the user to feel detached from reality" (National Institute on Drug Abuse, 2017). Initially used in the club scene to heighten or shift the experience of using ecstasy, Ketamine use alone began to spread. "In fact, the rapid rise in and popularity of Ketamine use among young people in Hong Kong is possibly unmatched internationally" (Joe-Laidler & Hunt, 2008, p. 5). Ketamine is often given to animals, and because horse racing and the HK Jockey Club have been historical icons in HK, Ketamine is easily accessible. According to several of the practitioners, the drug produces a "mental numbing" effect on users, who find their day-to-day lives boring and meaningless. The practitioners attributed this boredom to the youth's alienation from school, family, and even peers because of a lack of academic success, resulting in disagreements with parents and a failure to bond with schoolmates. One practitioner described the youth as "young victims of drugs who don't have direction in life and tend to evade problems or give up." Another practitioner asserted, "The reason for taking drugs is to tranquilize and seek stimulation from boredom, lack of meaning, and loneliness. There is no way that you can deal with the motivation without attending to the emotional issues." The numbing and "being in a different world" effect induced

by Ketamine enables youth to escape life's demands by experiencing stupor with a high dose or becoming undetectably emotionless with a moderate dose of Ketamine. One practitioner commented, "If the dosage isn't very high, drug abusers can still function properly and many people around them will not notice." Another commented, "It appears that time passes much faster when one is affected by drugs. When some students find the lessons are too boring, they take Ketamine."

Academic Disengagement

The practitioners consistently asserted that a lack of academic engagement often underpins the sense of boredom and meaninglessness experienced by the youth. According to the practitioners, academic performance is closely scrutinized and exceedingly valued in HK, and this cultural context makes positive self-concept highly dependent on school performance. HK mandates a 9-year compulsory primary and secondary education. After primary school, students are tracked to secondary schools, which are rated according to three bands based on students' cumulative academic performance over the previous 6 years (Cheung, 2011). The practitioners reported that students enrolled in Band 3 secondary school are often considered to have lower ability and potential. According to the practitioners, youth who do not perform well academically may drop out after ninth grade or stay in school until graduation after 12th grade with little to no active engagement in school. These youth often feel alienated for school failure, as one practitioner commented, "When the teens do not perform well academically, the whole society looks down on them. They soon discover that the public thinks that they are useless." In this negative social environment, the youth find school activities intolerable and "either quit the school or sleep in classes." As another practitioner observed, "students show up at school for 1 day, but skip classes for 2 days."

Youth's academic failure also causes conflicts with parents who, the practitioners reported, frequently blame their children for not putting adequate effort into schoolwork. Without academic success in secondary schools, youth are thought to have no opportunities for higher education and limited career choices as adults. Frustrated parents may become verbally abusive and further relegate their youth to a marginal status. One practitioner commented, "In Hong Kong, we have many ways of saying somebody's worthless, like: In this world it would be better if I had not given birth to you, that sort of thing. You have hundreds of ways of saying that or implying that." Another practitioner noted, "some weak academic performers belong to a low-income group with parents working long hours. These parents are less educated and may not be able to help with their children's academic study. These children often tend to give up their academic pursuits." In either case, the youth's self-esteem is negatively affected by his or her poor school performance. The practitioners noted that many of these youth feel ignored by their teachers and by the greater society. One commented,

Some teenagers can barely comprehend what they are learning in school. They are frustrated both in school and at home. Besides their parents, their teachers often scold them for not working hard enough. Even worse, some are no longer scolded by teachers who have given up on them and are simply ignored even if they are in school.

The academic pressure also affects youth who excel in school. One practitioner explained,

In the opposite condition, some teenagers have adequate academic performance and their parents have high expectations for them. In one of my cases, the teenager was first in his class every year in primary school. Later on, he got into a famous secondary school where all the elites gathered. Even though he was the first in the past, he failed to be so in secondary school. He responded very negatively when he failed to be at the top of his class because he couldn't fulfill his own

expectations. He internalized his parents' hope, and this stirred his emotion, and he refused to go to school.

Regardless of the cause, many youth are detached, not only from school and home but also from socializing in mainstream society, and become engaged in occupations that are marginalized and often unhealthy.

Engagement in Other Unhealthy Occupations

The practitioners defined two common terms used to describe other major unhealthy occupations engaged in by their youth clients: night drifter and compensated dating. The term night drifter describes youth who aimlessly wander in groups throughout the night to commit low level crimes, such as harassing people in the street, vandalizing, and using Ketamine (Lee, 2000). Compensated dating is another term used to describe mostly female youth spending their nights in bars and nightclubs socializing with their "dates," regular customers of these establishments, who "compensate" their companionship with monetary or material gifts (Shek, Ma, & Sun, 2011). According to the practitioners, youth who participate in these occupations may be runaways, may have been thrown out by their parents, gang affiliated, or just hanging out away from their homes for the night. The practitioners described these youth as being lost in a society that offers nothing meaningful or rewarding to them. The practitioners noted a lack of age-appropriate and healthy leisure activities, such as sports, arts, and reading, in these youth's lives. Many of these youth may be physically attending school during the day, despite a lack of active school engagement, and spending the night on the street. Often, they have insufficient sleep and rest, as well as irregular eating habits and poor nutritional intake. A practitioner noted,

Some still go to school, and some have dropped out of school. The latter usually don't eat after getting up and then gather to abuse drugs at midnight. Those who still go to school have a similar routine after school. They don't go home to do homework but hang out and wander around the street or bars till 2 a.m. Then they go to school with bleary eyes the next morning.

The practitioners were in agreement that youth who engage in this lifestyle often experience poor physical and mental health and are a primary target for interventions by the practitioners.

Unsafe Sexual Practices

Unsafe sexual practices among youth were the primary focus of several practitioners. Collectively, these practitioners who provide sex education and related services to youth identified insufficient sex education in HK as contributing to youth's sexual ignorance and over-romanticism of sex. Many youth are unaware of safe sex protocols and have little knowledge of contraception. Significantly, sex is often a highly taboo subject that is not discussed in the family setting. Schools, according to the practitioners, are generally inadequate in educating their students about sex. "Secondary school students think that sex education is not enough, and a majority of them go onto the Internet to find sexual health information. But less than 6% of them think the information is reliable." Youth who participate in compensated dating are especially vulnerable to sexual exploitation. Compensated dating is, according to one practitioner,

like hiring a girl to spend time as a companion, such as just going out for movie and dinner. But the fact is there are men who have sexual needs and hire them for that purpose. It is a kind of excuse for young girls to do this, because they will explain to you "I'm not selling myself for sex; I'm just going out for a nice dinner and they will pay me $2,000 (HK dollar) for that evening. So, what's wrong about that?"

Despite a lack of adequate sex education and the precarious practice of compensated dating, the practitioners asserted that teen pregnancy does not seem to be prevalent in HK, where abortions are legal but carefully scrutinized. It often takes several weeks before the procedure can be carried out by a legitimate professional, usually a medical doctor. However, data on the actual number of abortions could not be accurately reported or estimated. It is reported that many pregnant youth go to Mainland China just across the northern border of HK, where they can receive a low-cost abortion with no restrictions. Practitioners also discounted the prevalence of sexually transmitted diseases among the youth by saying, "not a problem here in HK."

Services Provided to At-Risk Youth

The research participants were professionals and paraprofessionals with various backgrounds: social service, academia, medical, social media, and occupational therapy. These service providers targeted youth who have been identified as high-risk to address specific risk factors. Drug abuse and poor sexual health management were the two most prevalent risks identified and addressed by these service providers. Three specific aspects of service provision emerged from the transcript as being most prevalent: (a) the interventions provided in the youth's context, (b) education as an intervention, and (c) harm reduction as the overarching intervention approach.

Intervention in Context

Serving clients in their unique contexts was a prevalent approach among many practitioners, especially those who described the work of outreaching social workers (OSWs). Outreaching social service, originally conceived in the 1970s by the HK government in response to juvenile crimes (Chui & Chan, 2012; Tam, 2011), is now run mostly by nongovernmental organizations (Lee, 2005). The goal of this service is to engage youth in the community and offer them alternatives to their unhealthy lifestyles. Most of the practitioners interviewed were or had professional contacts with OSWs; therefore, the contextual focus of OSWs was described frequently. OSWs possess, minimally, a bachelor's degree in social work and provide most of their services at community sites where the youth often congregate, including nightclubs and bars, street corners, and community playgrounds. They also make outreach visits during late-night hours when many youth typically gather.

The practitioners who provided services to youth in their familiar contexts described themselves as a non-threatening presence in the youth's environments, linking them to available services and engaging them in healthy alternative activities. A practitioner explained,

> We meet gangsters (youth) in football courts, billiard halls, online cafés, games centers, and open areas of public housing estates in certain districts. We meet them in 'natural groups,' providing group interventions for them. We identify at-risk youth in those places and provide them with case-based counseling services.

Youth were also introduced to alternative contexts as therapeutic interventions. This type of intervention was described by several practitioners who offered activities to the youth in environments different from where the youth often congregate. One practitioner stated, "We organize football clubs, basketball teams, and online game competitions." These activities were often carried out in facilities operated by community-based organizations providing an alternative to the youth's usual "hangouts" where youth socialized and participated in daily life. Making these novel spaces open and accessible to the youth, the practitioners' goal was to provide opportunities to make leisure choices in environments and contexts that promote personal growth and that are safe and often more acceptable to the youth's parents. Moreover, several practitioners pointed out that their facilities were meticulously decorated and

spatially planned to be aesthetically attractive to youth, who would find the environment comfortable and engaging, increasing the likelihood they would explore and participate in new activities.

A faith-based boarding school located in a remote island far away from HK city center provided another alternative context for youth. The rural and remote nature of the island, as well as the relatively primitive living environment, intentionally differed from the typical city life in HK with high-rise buildings, congested streets, and small housing spaces filled with modern amenities. The practitioner described the focus of the program as enabling youth to experience an alternative lifestyle filled with healthy and purposeful day-to-day activities, such as housekeeping, meal preparation, facility maintenance, group sports, and educational classes in an open space. In this setting, youth have opportunities to acquire and practice life skills associated with performing those daily activities, with expectations that all will participate and contribute. The practitioner explained the purpose of this unique school environment: "We emphasize the relationship between teenagers and nature. These environments are crucial for teenagers' growth and experiences as they affect their world view and cause paradigm shift." The practitioner concluded that in an environment with ample opportunities to participate in healthy and practical life activities without the usual city-life distractions, the youth thrive, develop self-esteem, and learn to make healthy choices.

Virtual contexts, such as online social media, in which communication occurs in the absence of physical contact, were recognized by most practitioners as prevalent among this generation of youth and an effective avenue for intervention. The practitioners who addressed sexual health management and education found the online communication platform to be particularly useful for reaching youth at risk of mismanaging their sexual health. A practitioner described creating and maintaining an interactive website on sex education, entitled "Sticky Rice Love":

> We want to approach youth in a more relaxing way for them to talk about sexual health issues. We want them to feel that we are approachable for them to find help. We build a respectful atmosphere with an open attitude at our website so they can talk about sex. They ask questions through emails, WeChat, and Facebook.

The name of the website, "Sticky Rice Love," has a unique cultural meaning to HK youth about intimacy, and the website is filled with graphics and languages conducive to communicating with youth in HK.

Education as an Intervention

Education was a prevailing undertone when describing commonly used interventions for youth. The practitioners consistently described educational strategies with the aim of developing youth's knowledge base for making healthier life decisions. A formal educational approach was described by the educator participant who administrated a boarding school for youth having drug addiction problems. The educational aspect of the intervention focused mostly on lived rather than classroom experiences. Besides participating in daily chores, students of the school were given opportunities to acquire and develop their nonacademic passions and skills, such as sports. The practitioner rejected labeling these opportunities "extracurricular activities," as defined by the HK government, and insisted on including them as mainstream "learning experiences." The practitioner described a youth who had often run from "police chases" going on to win marathons, and another youth who practiced table-tennis passing many midnight hours and earning championship titles. Youth also learned to focus and remain calm by practicing archery and to enjoy team work and physical movement while managing frustration in a losing game of basketball.

The lived experience as an educational intervention was also employed by OSWs, who often captured opportunities for learning when youth were surviving a crisis, such as street violence or police arrests. According to the practitioners, youth were most vulnerable and open for new learning when experiencing the negative effects of unhealthy occupations. While supporting the youth through crises, the practitioners also assist the youth to reflect on and learn from those experiences: "If teenagers are caught by the police and therefore need to attend court, we will talk to them and let him rethink whether or not to quit (the gang)."

Education was exclusively used as an intervention for sexual health management and education, as described passionately by several of the practitioners who found one-on-one communication as well as social media and online activities, such as interactive games, to be effective educational tools. These practitioners reported that encouraging youth to explore accurate information and healthy options for managing sexual behaviors was the key to their service provision. They unanimously acknowledged the inadequacy of existing sexual health education and believed that innovative means of delivering reproductive health knowledge are necessary to attract youth's attention and stir their willingness to learn. Using online media, a practitioner explained,

> We want to build a positive attitude toward sex, so first we address their questions, and second, we crowdsource youth sexual health priorities. In turn, we use the information to generate online material for sexual health. So, it's a bottom up and youth-generated educational material.

Education as an intervention is well-documented in occupational therapy (AOTA, 2017), and occupational therapy is a well-regarded service in HK delivered mostly in hospital-based and special education settings. However, community-based facilities serving the youth population do not often provide occupational therapy services. The practitioners described limited occupational therapy services to the high-risk youth population in hospitals and outpatient clinics, mostly focusing on assessments with the aim of educating youth about potential health consequences associated with drug use. The practitioners described the merits of assessing youth client's sensory motor and cognitive performance in order to raise awareness of specific deficits related to drug use, emphasizing the negative effects of drug consumption on their physical and mental performance and well-being. One practitioner explained, "Through tests, we found that young people who abuse drugs were poorer in coordination than their peers. Furthermore, through the mental age test, we found that some drug abusers score at a development level lower than their chronological age." This knowledge, the practitioners believed, would motivate the youth clients to reconsider using drugs.

Harm-Reduction Approach

Harm reduction was the therapeutic foundation described by all of the practitioners in their inventions with youth. The harm-reduction approach aims to reduce the negative effects of problematic behaviors without a focus on eradicating the behaviors (Hawk et al., 2017; Leslie, 2008). Building trust with clients by approaching and treating them directly and non-judgmentally is often the key for practitioners using the harm-reduction model of intervention (Ho, 2012; Logan & Marlatt, 2010). Several of the practitioners interviewed specifically used the term "harm reduction" to portray their services while others described their service consistent with the definition. The OSWs, in particular, were described as first establishing rapport with the youth and then offering services to minimize the effects of mental health issues and problematic behaviors related to drug use and sexual health.

Establishing a trusting relationship with youth was, reportedly, the foremost objective of harm reduction interventions:

> Getting along with them is a skill possessed by social workers who can demonstrate ice-breaking skills and know how not to frighten them. We let the teenagers know our identity as outreaching social workers because our status among young people is generally high in Hong Kong. Many teenagers know that we attach importance to confidentiality. The outreach social worker teams have a good reputation for not having partnership with the police. We would not call the police even if one breaks the laws.

As the youth become responsive to the practitioners' supportive and non-judgmental approach, the practitioners may be able to identify the youth's life barriers and provide individualized interventions. Even when the youth expressed no interest in the potential interventions, they usually maintained a cordial relationship with the practitioners who would support them in a crisis. "They clearly know that we never force teenagers to quit (the gang)." "Some teens feel no remorse and want to join the triad (street gang in HK) activities. We build trust with them and when they encounter other problems in the future, we will provide them support."

> Another harm-reduction strategy was to introduce youth to healthy leisure activities as an alternative to and diversion from unhealthy occupations. The practitioners gained knowledge of the youth's interests through the outreach relationships and offered youth activities aligned with their interests, such as sports, games, and music, often at the practitioners' community-based facilities. One practitioner described working with youth who dropped out of school,

> In terms of school dropouts, we found that there are different stages. At the early stage, the dropouts may enjoy getting rid of schooling. We don't force them to resume their studies. We try to provide them more recreational activities.

> Occupational therapy practitioners provided some harm reduction-interventions by addressing psychomotor deficits through skills training and facilitating opportunities for the youth to participate in alternative occupations to drug use, such as crafts. A practitioner described one case, in particular:

> I provided her with memory-training sessions as she had symptoms of sudden losses of memory (due to drug use). Her eye-hand coordination was very poor, too. I carried out vocational explorations with her when we finished the training sessions and helped her to develop her interests. Together, we discovered her artistic talents. She spent a lot of time at home on craftwork.

> The practitioners working with youth who engaged in compensated dating often explicitly promoted harm reduction by focusing on safety in the context of sexual health, including self-defense strategies: "I got them to go out to buy condoms and empower[ed] them to exercise their own rights." In addition, when the youth became more responsive to the practitioners, vocational training opportunities were introduced to the youth who might consider alternative occupations to compensated dating.

Discussion

Preliminary data analysis of the interview transcripts illuminated the prevailing risks faced by marginalized youth in HK and the most prevalent interventions offered to this population. The emerging themes indicate that challenges faced by high-risk youth in HK are cross-cultural, the dominant approach to services is ecological, and there are untapped opportunities for occupational therapy contributions to these services.

The primary challenges facing high-risk youth as identified by the study participants are not unique to HK. Illegal drug use and abuse, academic disengagement, engagement in unhealthy occupations, and unsafe sexual practices are common challenges facing the high-risk youth served by the OTTP in the US and in many other countries (Bearinger, Sieving, Ferguson, & Sharma, 2007; Call et al., 2002; Hassan, Csemy, Rappo, & Knight, 2009; Masten, 2014). The causes that underpin these risks may vary based on social and cultural environments, but their outcome has a similar negative impact on youth's transition to healthy adulthood and causes concern for parents and community members who desire therapeutic interventions to mitigate harmful influences. Two risk factors unique to HK may deserve further investigation. First, the academic policy of school banding and the cultural beliefs in and responses to education appear to have a significant impact on the youth's mental and behavioral health (Ng & Hurry, 2011). Second, the potential trauma experienced by youth who practice compensated dating or roaming the streets as night drifters is not identified or reported in this paper. The trauma could present long lasting barriers to the youth's success in pursuing healthy occupations (Lee, Shek, & Busiol, 2016). A more thorough data analysis and investigation focusing on these two issues may provide greater insight into how the unique environments and contexts in HK contribute to high-risk youth's experiences.

Harm reduction emerged as the dominant intervention approach for most services provided to the high-risk youth population, as discovered through the interview transcripts. Aligning with this approach, education also emerged as an important intervention tool to reduce potential harm associated with unhealthy occupations. Harm reduction is a strategy well suited to the adolescent stage of development, and education is commonly offered to serve the youth population with a focus on reducing harm caused by risk behaviors while respecting the youth as a decision maker and self-agent (Leslie, 2008; Logan & Marlatt, 2010; Paterson & Panessa, 2008; van Wormer, 2004). Without judging or faulting the youth for their unhealthy behaviors, the practitioners focused on first establishing a trusting rapport with the youth. These service providers subsequently offered salient information pertaining to the risks associated with specific behaviors as well as access to alternative activities tailored to the youth's interests and responsiveness. The harm-reduction and education-focused interventions offered unconditional positive regard to the youth and was reflected in the spoken words of the practitioners. As one participant stated,

> We want to empower young people to make conscious decisions for themselves and by themselves. So, we want to empower young people, and we believe that once we give them reliable information and provide them room to discuss these issues, they can make their own choices.

These approaches have been found effective in buffering the at-risk youth's negative self-image, cultivating a trusting relationship between the practitioner and the youth, and engaging the youth in healthy activities (Brummelman et al., 2014; Lee, 2013; Shea, & Jackson, 2015).

The ecological approach to intervention was noteworthy, as practitioners consistently described engaging youth in various contexts. For harm-reduction and education-based interventions to be effective, the youth's environments and contexts must be considered (Hawk et al., 2017; Ho, 2012; Logan & Marlatt, 2010). Physical and social environments, as well as cultural, personal, temporal, and virtual contexts (AOTA, 2017), played a role in the practitioners' services to the youth. Despite potential risks, the OSWs met and served youth in their chosen environments of city streets and bars at late night hours. The practitioners used the virtual context of social media, temporal context of age-appealing

activities, personal context of group membership, and cultural context of identity and activity choices to engage the youth. Through this ecological approach, the practitioners fostered youth's learning and participation and provided access to healthy alternatives the youth may not have considered or experienced with a more conventional approach.

Implications for Occupational Therapy

Occupational therapists are well versed in the relationship between contextual influence and occupational performance and often serve clients in their own environments, such as in the home and community, and even in war zones in the military (Smith-Forbes, Najera, & Hawkins, 2014). Occupational therapists are also encouraged to support their youth clients in the exact environment where risks are being experienced (Algado, 2012; Gupta & Taff, 2015; Kronenberg, Algado, & Pollard, 2005; Kronenberg, Pollard, & Sakellariou, 2011). Occupational therapists of the OTTP in the US serve the high-risk youth population in schools, homes, places of employment, social venues, and juvenile detention centers. The OTTP also provides a safe space in the organization's facility as an alternative environment for youth to participate in meaningful occupations, such as cooking, playing games, youth-planned social events, etc. However, the contextual model of intervention provided by occupational therapists in the OTTP is unique, even in the US, where mental health services provided by occupational therapists continue to be mainly hospital- and clinic-based. Adopting the OSW's model of connecting with youth in a wider range of contexts may currently be a step beyond for occupational therapists, even in the OTTP. As the OSWs receive additional training to serve youth clients in environments that are not traditionally therapeutic, such as street corners, night clubs, and bars (Lee, 2013), it is conceivable that occupational therapists in the US committed to serving this population would expand their service model. However, it is also important to consider the larger context of the US versus HK. The streets of U.S. inner cities are decidedly more dangerous because guns are readily accessible. This is in contrast to HK, where gun control is strict and violent crimes are minimal, compared to the US (NationMaster, 2018). Moreover, the OSWs are often able to shield youth from being incriminated by police, and it is standard policy in HK to emphasize diversions and therapeutic interventions rather than policing to address juvenile delinquencies (Lee, 2013). U.S. law enforcement policy regarding high-risk youth tends to be punitive and arrest focused. Likewise, U.S. youth often have negative perceptions of and interactions with police (U.S. Department of Justice, 2018). This cultural difference may present a barrier for occupational therapists to apply the OSW model in the US. However, its value to occupational therapy practice in the US deserves further investigation and consideration.

Occupational therapists in HK demonstrated a unique educational approach to increase youth's self-awareness of drug-related harms through cognitive and motor assessments and may dissuade some youth from continued drug use. However, occupational therapy may have a wider potential for serving high-risk youth in HK using strength-based methods. Occupational therapists are uniquely skilled in using a client-centered approach to assess and identify not only occupational deficits but also strengths and interests (Shea & Jackson, 2015). Occupational therapists can contribute to the youth intervention process through analyzing occupational performances, matching youth with specific environments, and modifying activities to create a just-right challenge for the youth to participate successfully (Shea & Jackson, 2015). The OTTP staffs both occupational therapists and social workers, whose partnership maximizes benefits to youth by complimenting social workers' community knowledge and psychosocial processing skills with occupational therapists' expertise in engaging youth in meaningful occupations contextually. Occupational therapists in HK may consider partnering with OSWs to serve high-risk

youth directly in their own environments. The occupational therapy and social worker partnership deserves consideration, although it has not been well examined in research.

Youth transitioning from adolescence to adulthood face a pivotal time of life in which their occupational choices may determine their productivity and life satisfaction well into their adult years. Occupational therapists can play an important role in supporting youth through this transition by establishing genuine rapport, exploring essential knowledge about occupation, health, and well-being, and providing opportunities to participate in meaningful occupations aligned with the youth's interests, environments, and contexts.

Limitations

There are several limitations in this study. The convenience sampling limited the scope of services for high-risk youth being explored in this study and the transferability of the study outcome. The PI's length of stay in HK restricted by the sabbatical leave also limited opportunities to recruit a broader base of service providers in the data collection process. Only four occupational therapists were interviewed in this study, limiting the breadth and depth of potential information collected from a wider occupational therapy community. Continuous data analysis will further explore, identify, and investigate other emerging themes, which may include but are not limited to exploring potential trauma experienced by youth, assessing the effectiveness of services provided to youth, and measuring youth outcomes related to service interventions.

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