PRACTICUM

A CULTURALLY SENSITIVE FAMILY THERAPY APPROACH WITH LATIN AMERICAN IMMIGRANT FAMILIES

BY

NORA STELZER

A PRACTICUM PRESENTED TO THE FACULTY OF GRADUATE STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE

MASTER OF SOCIAL WORK

UNIVERSITY OF MANITOBA

WINNIPEG, MANITOBA

1993

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A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

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ABSTRACT

A Culturally Sensitive Family Therapy Approach

with Latin American Immigrant Families

In a society marked by ethnic diversity, appreciation for the clients' cultural patterns and values may enhance social workers' practice. This practicum focuses on working with Latin American families who are in cultural transition. The families presented here illustrate a variety of cultural transition problems manifested within the family, or at the interface between the family and other systems. The family therapy cultural approach which was used offers a broad framework for family assessment and intervention, taking into account the sociocultural background and normative expectations of different ethnic families. This approach incorporates ideas, concepts and techniques from different family therapy schools as well as concepts from related disciplines such as Anthropology and Sociology. A culturally sensitive intervention, one which is short-term, oriented to the present and to problem resolution, which allows for the flexibility of crisis intervention, is responsive to the needs of Latin American families in cultural transition. The Spanish version of the FAM III General Scale was applied in a pre-post intervention basis.

ACKNOWLEDGEMENTS

I would like to thank Ruth Rachlis for her encouragement, patience, and support through all the stages of this long and sometimes elusive project. Her flexibility, understanding and availability made the whole experience possible.

I would also like to thank Sid Frankel for his helpful suggestions and discussions about the practicum in general and particularly about evaluation issues.

To Tom Roche—my appreciation for his support and help in translating some of my ideas into comprehensible English.

And finally, many thanks to my husband, Josef and my children, Alexandra, Ezequiel and Julian for their support and patience.

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1.0 INTRODUCTION

This practicum has evolved from my clinical experience working with families and individuals in different cultural settings, as well as from my personal experience of being an immigrant.

The process of uprooting and dislocation has a profound impact on the lives of individuals and families and it is accompanied by stresses and crisis. Yet, in spite of the difficulties, the majority of the immigrants do adapt to the new environment and become productive members of the community, contributing with their work and efforts to the development of the host country. "Most Canadians, if they are not first-generation immigrants themselves, have a parent, grandparent, aunt, cousin or friend who came to Canada from another country....In 1988, one in six Canadians is foreign-born....Obviously, during the 120 years of this nation's history, most new settlers have, through hard work and perseverance, "made it" and contributed to the Canadian way of life" (Canada 1988, pp.5-6). However, there are those individuals or families who, overwhelmed by the stresses of adjustment, experience difficulties which impair their functioning. Helping some of these families to cope with their difficulties will be the focus of this practicum.

During the 1980's, together with a dramatic emergence of family therapy as a recognized international movement, there has been a growing recognition of culture as a significant variable influencing the theory and practice of family therapy. The assumption that family structure and function are largely determined by economic and cultural factors leads to the need to develop culturally attuned approaches and interventions. An important therapeutic goal becomes the search for the elements of strength within a particular family culture that offers the potential for change.

The inclusion of broad concepts such as culture, values, and norms may lead to generalizations and stereotyping that could hamper rather than facilitate the therapeutic process. However, the legitimate concern about these issues should not dissuade practitioners from using cultural and contextual concepts in making clinical assessments and setting treatment goals.

The literature selected provides concepts for understanding the difficulties experienced by families who are in cultural transition. Cultural conflicts within the family or at the interface between the family and other systems play a major role in problem formation for families that are in cultural transition.

The models proposed by different authors grow out of their extensive clinical experience with families from different cultural backgrounds. While these new approaches are still in a formative stage, they have contributed to our understanding of families across cultures. Dr. C. Falicov, a clinical psychologist, editor of "Cultural Perspective in Family Therapy" (1983) and author of "Mexican Families" (1982) proposes concepts and ideas regarding the inclusion of the cultural dimension in family therapy, as well as practical suggestions for assessment and intervention strategies with Mexican families. She indicates that : "The task of building a theoretical model of family therapy that takes into account cultural variation can be facilitated by sharing the empirical knowledge gathered by practitioners (1982, p.161)."

Guillermo Bernal and Ivette Flores-Ortiz, both clinical psychologists from the University of California (1982), provide general guidelines for the successful engagement of Latino families in family therapy. They present factors found to be useful in family assessment, and issues related to the engagement and evaluation phases of family therapy with Latino families.

Ena Vazquez-Nuttall, Zoila Avila-Vivas and Gisela Morales-Barreto, from the University of Massachusetts (1984), delineate the challenges that Latin American families present to family therapists and highlight the cultural factors that affect treatment of any culturally different client population.

It is interesting to note that these authors, working in different settings, have arrived at similar ideas regarding the assessment and treatment of problems presented by Latin American families in the United States.

A more comprehensive model is proposed by Dr. C. Sluzki, a psychiatrist, and one of the most prominent figures in the field of family therapy. In his article on migration and family conflict (1979) he describes a five-stage model for assessing where a family is in the migration process and he discusses specific points and issues that reflect the family's coping style.

My learning objectives in this practicum are:

1) To develop expertise in working with families in cultural transition.
2) To develop strategies to engage Latin American families in a therapeutic process (clinical experience and research data indicate that these families may be reluctant to seek professional help due to institutional barriers, as well as cultural characteristics such us the reliance on the extended family support system rather than agencies for the solution of their problems).
3) To enhance my professional skills in family therapy.
4) To increase my knowledge of, and my experience with Manitoba's social services system.

2.0 LITERATURE REVIEW

2.1 FAMILY THERAPY

The field of family therapy has become so large and complex that it is difficult to present all the contributions to it, which include different schools and approaches. The 1980's has shown a growing trend toward integration. Nichols, in the preface of the second edition of the comprehensive text Family Therapy Concepts and Methods (1990), indicates that after reviewing the latest techniques, the new integrative models and new approaches, such as constructivism, the feminist critique, and the post-Milan movement, it becomes apparent that today there is less of a clear distinction among the schools of family therapy. Experienced therapists now borrow some of the methods and ideas from other schools. Therefore, while there are still different ways of doing therapy, a more active cross-fertilization process between them has taken place. The same idea is sustained by Sluzki (1990). When referring to the field of family therapy he states that "The very boundary of the field has expanded and, in the process, unavoidably blurred. It has expanded in a dialogue with other disciplines in the field of health and human services, as well as in the gallery of mirrors of a self-reflective epistemological inquiry" (p.x).

One of family therapy's most important contributions to the mental health field has been to stress the importance of understanding people's behavior in its natural context. Bateson (1979) states: "It is the context that fixes the meaning." Bateson, a social anthropologist and one of the pioneers in family therapy, applied system ideas to explain the overall nature and purpose of family interaction (Nichols & Schwartz, 1990).

When family dynamics began to be seen as products of a system that had characteristics and organizing principles that were independent of the features of the individuals comprising the family, a new way to think about and treat human problems

was needed. The systems metaphor was a core concept in this new approach. The family as a system has emergent properties—the whole is greater than the sum of its parts. The emergent properties fall into two major categories: structure and process. The structure of families includes triangles, subsystems and boundaries. Among the processes that describe family interaction—emotional reactivity, dysfunctional communication, control, distribution of roles, etc.—the central concept is circularity. Human problems are seen as a series of moves and countermoves, rather than as a linear chain of cause-effect reactions (Nichols & Schwartz, 1990).

2.2 GENERAL SYSTEMS THEORY

Ludwig von Bertalanffy was a prominent biologist who developed a model known as General Systems Theory, a way of thinking that can be applied to all kinds of systems. Bertalanffy (1968) defined a system as any entity maintained by the mutual interaction of its parts. A system can be composed of smaller systems and can also be part of a larger system. The same organized entity can be regarded as either a system or a subsystem, depending on the observer's focus of interest. Bertalanffy's idea that a system is more than the aggregate of its parts, and that attention should focus on the pattern of relationships within a system, or among systems, became a central concept in family therapy. The concept of social groups as open systems in continuous interaction with their environment stresses the importance of the relationship between an organism and its environment. It is seen as an active creative process, which is opposite to the mechanistic view of people as organisms passively reacting to stimuli.

Another important contribution of Bertalanffy was his insistence on the importance of human belief systems, and he anticipated the recent shift in family therapy's focus from behavior to belief. Nichols and Schwartz (1990) point out that until the 1970's the

focus of family therapy had been concentrated on developing pragmatic techniques. However, by the end of 1970's there began a reappraisal of "the narrow pragmatism of family therapy models". Minuchin (1981) states that "Technique alone does not ensure effectiveness. If a therapist becomes wedded to technique, remaining a craftsman, his contact with patients will be objective, detached, and clean, but also superficial, manipulative for the sake of personal power, and ultimately not highly effective." (p.1)

According to Nichols and Schwartz (1990) the antipragmatism critique "has functioned as a crowbar to pry family therapy away from its belief in objectivity-the belief that what one sees in families is what is in families" (p.142). The assumption expressed by constructivism that "reality does not exist as a world out there but, instead is a mental construction of the observer" (p.142) has significant implications for therapy. "....Concern about the influence of therapists preconceptions on their observations expanded to become an increased interest in belief systems in general" (p.142). In the early 1980's the feminist critique of family therapy not only criticized existing family therapy models but advocated a style of therapy that, like the post-Milan movement, is collaborative, respectful and interested in meaning (Nichols and Schwartz, 1990). Just as constructivism and the feminist critique have questioned some basic family therapy assumptions, the cultural approach to family therapy has raised many issues related to cultural differences and their implications for therapy. As will be demonstrated later in this review these ideas are crucial when dealing with families from different socio-cultural backgrounds.

2.3 THE CULTURAL APPROACH IN FAMILY THERAPY

Our lives are culturally bound and shaped. Cultural influences mold and permeate our world views. Social services providers are confronted with a broad spectrum of a

variety of human relations among their clients. An increased awareness of these differences implies a recognition of individual and family variety that should precede attempts at generalizations. But when those variations are viewed through "cultural lenses the field of individual family behaviors undergoes some organization shifts, like a clustering or patterning effect that allows certain connections to be made and an appreciation of group differences and similarities to emerge" (Falicov,1983, p.xiv)).

With the introduction in the therapy field of the family therapy model, individual behaviors have been seen in the context of the family structure and function. It means that the family becomes the context for the assessment and modification of individual behavior. Just as the individual model has focused on individual behaviors, the family model has tended to look at each family as an unique system of interactions, where the behavior of one person becomes the context for the behavior of another person. The contributions of the different approaches in the field of family therapy have been crucial for advances in the understanding of family systems, but they have resulted in a concept of the family as a closed unit regulated mainly by its own private rules and isolated from the larger sociocultural context. In every family, many patterns of behavior are the result of idiosyncratic interactions, but other regularities can be related to sociocultural rules that serve to organize, regulate, maintain, or change behavior within the family.

Since different cultures and subcultures organize their experiences in different ways, an understanding of the family sociocultural context becomes crucial for the provision of services in a multicultural society.

> "Cultural issues are present in the family's interactions with other organizations and institutions. The manner in which problems and solutions are perceived, explained, and dealt with; the ways of seeking and obtaining help; what is expected; and how one interacts with a professional are all affected by cultural and social class factors" (Falicov, 1983, p.xiv).

In addition, therapists' concepts and techniques are cultural constructs. Regardless of their attempts to respect cultural differences, therapists find it hard to avoid the use of their own culturally determined models in the assessment and intervention processes.

2.4 CULTURE AND FAMILY THERAPY

Culture is a broad concept and many different definitions of culture can be found in the literature. Green (1982) indicates that there are hundreds of definitions of culture. "Some are cognitively oriented stressing what is known and shared by the members of a group as their collective cognitive map of reality....Other definitions emphasize behavior and customs and their transmission from generation to generation" (p.6). In a multicultural society, people from different cultural and ethnic backgrounds share a space and, a time, live in the same social organization, but they differ in the way they structure their experiences. Hall (1969), defined culture as..."those deep, common, unstated experiences which members of a given culture share, which they communicate without knowing, and which form the backdrop against which all other events are judged". Knowledge of the cultural dimension as a vast complex of communications becomes crucial in a multicultural society. From a cross-cultural perspective culture can be defined as "those elements of a people's history, tradition, values, and social organization that become implicitly or explicitly meaningful to the participants during an encounter" (Green, 1982). This definition of culture, as being built up of those aspects which are relevant to communication across some kind of social boundary, is an established one in

studies of ethnicity (Barth, cited in Green, 1982). It assumes that some of the things that characterize the background and experience of each individual are, at least at the moment of the communication, more important than other things.

The therapeutic process could be described as involving transactions between two sets of cultural values, the values of the therapist and the values of the client. Falicov (1982) indicates that "Therapists' training has usually been permeated by the U.S. middle-class values of individualism, self-fulfilment, future orientation, achievement and optimism" (p.145). These values determine expectations about clients behaviors, set standards for "normal" and "abnormal" behaviors, and are implicit in theories of problem formation and modification. Thus, the therapist expects clients to keep appointments and to be on time, to solve problems, to plan for the future, and to discuss and verbally express their concerns. In contrast, for example, a traditional Latin American family value stresses family interdependence and loyalty, age and sex hierarchies, collectivism and cooperation. In the therapeutic process the family may expect the therapist to be flexible about appointments and to take the initiative for change, providing solutions to their problems. Above all, cultural norms of a family need to be understood and respected (Falicov, 1982).

As was indicated above, the theory and practice of family therapy have enhanced our understanding of human behavior. The last decades have brought significant cultural changes in the structure and function of the family system that have affected all groups in the society. It seems that the map of the "healthy family" provided by the pioneers contained patriarchal as well as ethnocentric biases. In the last years, there has been a

recognition that families from different cultures and social classes, or exhibiting different composition, will have different values and structures, and that those differences are not necessarily problematic.

There is a complicated relationship between culture and family therapy, and a variety of approaches to understanding it. Bateson (1972) applied general systems theory to understand the family, culture and other kind of organizations. In recent years attention has been given to the topic of ethnicity and family therapy, mostly from the point of view of value systems. These theoretical issues are considered to be at the interface between family therapy and social anthropology (Hodes, 1989). A recent contribution edited by McGoldrick, Pearce and Giordano (1982) addresses the issue of culture and family therapy by focusing specifically on ethnicity as a powerful force that permeates family life. Their work aims to sensitize the clinician to ethnic factors affecting family behaviors and to provide guidance in selecting ethnically appropriate interventions.

Other authors approach the issue of cultural dimensions in family therapy from different perspectives. In Cultural Perspectives in Family Therapy, Falicov (1983), points out that:

> "Without underestimating the importance of ethnic roots as the traditional background for shared cultural values, cultural issues are defined here as sets of common adaptive behaviors and experience derived from membership in a variety of different contexts: ecological setting (rural,urban,), philosophical or religious values, nationality and ethnicity, types of family organization, social class, migratory patterns and stage of acculturation.....Thus, cultural differences are seen as tied to different types of group membership or other forms of contextual inclusion or exclusion, not necessarily subsumed under specific ethnic group membership. Since families partake and combine features of several of

> the contexts, it is necessary for therapists to consider membership in all of the relevant contexts simultaneously" (p.xv).

Falicov proposes a dynamic, process-oriented perspective where culture becomes either ground or figure depending on the situation. The culture of families is seen in a process of constant transformation. Therefore, in order to highlight this evolution and avoid reifying issues of cultural content Falicov focuses on issues of organization and process.

In contrast, McGoldrick provides a static, one-sided view focused on ethnicity. McGoldrick (1982) asserts that "Ethnicity remains a vital force in this country, a major form of group identification and a major determinant of our family patterns and belief systems" (p.3). However, although McGoldrick is clearly aware of other factors which affect family life, such as the experience of immigration and displacement, the loss of traditional sources of support, poverty and racism, she appears to be more concerned with the positive aspects of ethnicity (Barot, 1988). In a society marked by ethnic diversity it seems that, to achieve a better understanding of families from different ethnic groups, therapists need to move away from a reification of ethnicity. "Any one-sided emphasis on ethnicity is patently unsatisfactory when other institutional constraints affect everyday life of people from ethnic minority backgrounds" (Barot,1988, pp.280-281).

As the literature indicates, the incorporation of complex sets of cultural variables presents some problems and risks. One of the difficulties lies in the use of broad concepts such as cultural norms and values learned through anthropology and sociology, concepts that when translated from the macrosocial level to the microsocial need refinement and qualification. When sociocultural norms are applied to individual

families, the risk of using generalizations and stereotypes may hamper rather than facilitate our understanding and therapeutic intervention. However, it may be equally inappropriate to ignore cultural norms when they are relevant for the assessment and intervention processes.

Including the cultural dimension in family therapy implies for the therapist an awareness of this dilemma, as well as an awareness of his/her own values and norms. Sluzki (1979) indicates that there are two types of errors therapists may fall into, which correspond closely to what in research is called "Type A errors" or "false positives" , and "Type B errors", or "false negatives". In the former, the therapist underestimates the impact of culture and incorrectly attributes dysfunction to a pattern that is normative in the family culture. In the latter, the importance of culture is overstimated at the expense of failing to recognize dysfunctional family processes.

The culture of families and the culture of therapists are in the process of constant change. Falicov (1983) points out that, in order to avoid reifying issues of cultural content, the focus has to be turned to issues of organization and process, in the form of models, methodologies, and metatheories. "The result is a dynamic, process-oriented view where culture becomes either background or foreground depending on the issues at hand. Culture can also become organizational reality, defensive mask, or powerful myth, allowing the therapeutic choice to emphasize or not, much as one punctuates other issues (p.xvi)."

It becomes apparent that the introduction of the cultural dimension in family therapy presents theoretical and methodological problems which require the therapist to

be constantly vigilant in order to avoid cultural ethnocentrism that ignores basic cultural differences and uses similar lenses to judge and help all families, or cultural stereotyping that misses crucial individual differences. The literature suggests different approaches aimed at maximizing the gains of learning to think culturally and by and large minimizing the risks, by incorporating culture as interconnected with several specific contexts. Contextualization and a dynamic view of cultural processes can ultimately add complexity and specificity to our understanding and practice of family therapy.

2.5 REFUGEES AND IMMIGRANT ISSUES

As old as mankind, human migration has been examined from different points of view. Numerous studies have considered the historical, cultural, sociological, political and economic implications of human migration. It is remarkable, however, that this issue has received little attention from the mental health professions. Kuypers (1987) indicates that "while in the last few years there has been a surge of interest among some schools of family therapy to examine the impact of culture and/or ethnicity on the therapeutic process, there is virtually nothing written about interventions in family crises in the initial phases of the family's arrival into a foreign host environment "(p.2).

Millions of people migrate each year. Some of them do it alone, others in groups. Some people migrate voluntary as the result of their own decision, looking for a better life, or are forced by the decisions of others (i.e.,refugees fleeing political, religious, or racial persecution), or by natural disasters. While immigrants and refugees share many common adjustment problems, they also differ in ways which have significant mental health implications. People usually choose to become immigrants,

whereas they are forced to become refugees. Refugees compelled to leave their country of origin and to resettle have experienced the trauma of the loss of roots, and often of family members. Many have experienced or seen torture and other forms of repression. They are also trying to come to terms with an unfamiliar culture that is often unaccepting of cultural differences.

Immigrant and refugee are two terms that require clarification. Immigrants are admitted to Canada under the Immigration Act. There are three categories: family class, Convention refugees and independent immigrants. Canada's definition of refugee is based on the United Nations Convention and Protocol Relating to the Status of Refugees:

> "A "Convention refugee" is "any person who by reason of a well-founded fear of persecution for reasons of race, religion, nationality, membership in a particular social group or political opinion a) is outside the country of his nationality and is unable or, by reason of such fear, is unwilling to avail himself of the protection of that country, or b) not having a country of nationality, is outside the country of his former habitual residence and is unable or, by reason of such fear, is unwilling to return to that country"(Canada Immigration Act, 1976).

"Many persecuted and displaced persons who do not qualify as refugees under the U.N. definition can be admitted as special designated classes for humanitarian reasons. In recent years, the federal government has admitted, in the designated class category, persons from some Latin American countries." (Canada, 1988).

Moving to a new physical and socio-cultural environment required human beings to develop new forms of adaptation to master the new demands. Migration has a profound effect on everyone involved in it. The most affected are those persons who migrate, however, the families and societies whom they are leaving cannot remain completely unchanged. Not less is the effect on the host country and its population.

Canada, being a country of immigrants, has received immigrants and refugees from all parts of the world. Immigration from Latin America has been relatively recent, the first group of Chilean refugees arrived only 16-17 years ago. In the last few years there has been an influx of Central American refugees, mostly Salvadoreans. Both groups—Chilean and Salvadorean—result in a total of approximately 4000 arrivals to Manitoba (Manitoba Immigration Information Bulletin, 1986).

One characteristic of Latin American immigrants to Canada is that most of them have suffered some form of repression in their country of origin. Many have been imprisoned or tortured. Even those who have not been subjected to such experiences have lived for some time in a climate of threat and anxiety. Many refugees have experienced the loss of home and possessions, the death or "disappearance" of friends and family. For some refugees traumatic experiences of the past and the demands of the adjustment process become an overwhelming task that could have a detrimental effect in the well-being of individuals and families. In recognition of these problems the Multiculturalism Sector of the Department of the Secretary of State, and Health and Welfare Canada formed a Task Force in April 1986 to investigate mental health issues affecting immigrants and refugees in Canada. In its final report the Task Force (Canada,1988) concluded that:

> "while moving from one country and culture to another inevitably entails stress, it does not necessarily threaten mental health. The mental health of immigrants and refugees becomes a concern primarily when additional factors combine with the stress of migration. In Canada, the most powerful predictors of emotional distress among migrants include: negative public attitudes, separation from family and community, inability to speak English or French, failure to find suitable employment."

When immigrants and refugees require mental health services, they find that social services are not equipped to deliver culturally appropriate services, due to cultural and language barriers, as well as lack of expertise in working with immigrants.

2.6 THE MIGRATION PROCESS

Sluzki (1979) proposes a model to understand the migration process which provides some useful concepts for assessment and intervention strategies with immigrant families. He states that "There is a unique drama that characterizes migration in each case. In fact the drama often becomes part of the treasured heritage of each family."

Cultural conflicts between the family, and/or at the interface between the family and other systems, play a major role in problem formation for families that are in cultural transition.

According to Sluzki, migration produces a transitional crisis in the family with predictable stages. Not only must individual family members adapt to the cultural transplantation, but the family unit itself must often be reconstructed. The migrated family has to reshape its new reality and must preserve the family's continuity in terms of identity and its compatibility with the environment. In the process of adaptation new patterns of interaction develop as the result of changes in the family composition, for example, the extended family is no longer available. Other family reorganizations stem from changes in the rules that define roles, boundaries, and hierarchies within the family

as the result of the acculturation process. This process is complex, painful and cannot be avoided.

Allowing the tremendous variability of each particular immigration, Sluzki proposes a set of normative stages which have to be taken into account to understand what happens in the process of migration, whether it be internal or from one country to another. These stages include:

1) the preparatory stage

2) the act of migration

3) the period of overcompensation

4) the period of decompensation

5) the trans-generational phenomena

According to Sluzki, each step has distinctive characteristics, triggers different types of family coping mechanisms and, "unchains different types of conflicts and symptoms."

1) The Preparatory stage

This stage begins when the first concrete arrangements are made by the family toward migration. It is during the preparatory stage that the first "up and down" pattern of expectations appears, expressed as short periods of euphoria, followed by short periods of distress and poor performance. In the course of those up and downs, new family rules about roles and functions in relation to migration begin to develop.

2) The act of migration

Sluzki points out that "Migration is a transition with little or no prescribed rituals". This stage is probably more dependent than any other upon the circumstances of the move, and the receptivity of the host society. Forced or voluntary movement to a better life clearly differentiates the degree of distress affecting the entire family. Money or poverty, knowledge of language or unfamiliarity, social status and educational experience, constitute critical factors that will affect the adjustment process of the family.

3) The Period of overcompensation

During the period immediately following migration there is often a time during which the participants are apparently unaware of the stressful nature of the experience and of its cumulative impact. It is a period characterized by task efficiency, aimed to serve basic survival needs, and "cancellation of dissonance" aimed to deny the alien aspects of the new culture. Although some families experience the greatest stress during this period, this is not the rule. However, in one way or another the period of "apparent calm and overcompensation" gives way, some months or even years later, to an era of major crisis, one in which the "long range responses" to migration take place.

4) The Decompesation or crisis

Sluzki describes this period as stormy, plagued with conflicts, symptoms and difficulties. In fact, the majority of the migrated families who seek professional help can be placed at one point or another of this phase of decompensation. During this stage generational tensions frequently emerge. It is as though parents and children have a non-synchronous adjustment process where the children tend to catch up with the new

culture and the new language (verbal and non-verbal) much more quickly than their parents do. This situation can produce a clash of values and styles that strikes at the core of the family. Many family norms and values that were effective in the country of origin may be less adaptive in the culture and circumstances of the adoptive country. Sexual roles, patterns of filial duty, hierarchical generational relationships are all altered. Some families manage to reshape their reality and are able to integrate the old and the new in the process of adjustment. For these families, the positive side of the experience compensates the disruptive nature of the stress, and they emerge from the process with new individual and collective strengths. For other families the process of adaptation becomes extremely difficult and could lead to the development of family crisis, expressed by conflict and tension between spouses, or across generations. Sluzki points out that:

> "In fact, in order to deal with, or express accumulated stress, tension, pain, and conflict family members will frequently activate the socially acceptable and interactionally powerful pattern of the "somatic complaint" or the "psychiatric problem" and occasionally the socially less acceptable pattern of "social deviant" (e.g.,as a juvenile delinquent)" (p.386).

5) The Transgenerational impact

"Whatever has been avoided by the first generation will appear in the second one, generally expressed as a clash between generations." (p.387).

It can be argued that the clash of values is more likely to appear in critical developmental stages such as the beginning of adolescence. The main task of the adolescent is the search for identity A difficult task for every young person, it becomes more complicated when two sets of values are confronted. Where two cultures are involved the appropriate movement of the adolescent may be perceived as threatening by

both generations. According to Rakoff (1981), the intergenerational strife may be due not only to a clash of values of old versus new, but also may be the transgenerational expression of the mutual fear of separation. For the children it is closer to the normative stage of the adolescent struggle in the direction of autonomy and identity. For the adults it contains elements of the fear of abandonment. The loss of old networks and the failure to re-establish new support systems beyond the nuclear family may generate excessive mutual attachment within the family. It is in this context that adolescent development could represent a profound family crisis.

Social and therapeutic responses need to take into account the unique pattern of intervening variables for each family and its stage of immigration. Sluzki emphasizes the therapeutic usefulness of making the family aware of the normativeness of the process of immigration. Each step implies a normal level of conflict, and each has the potential of triggering family or individual crisis.

2.7 THE LATIN AMERICAN FAMILY

The Latin American population in North America includes individuals from different South and Central American countries. Although these groups have similarities attributable to their language and Spanish heritage, they like to maintain their autonomy and are clearly distinguishable from each other.

"Hispanics constitute the second largest and the fastest-growing minority group in the United States. Cubans make up the third largest Hispanic subgroup, after Mexicans and Puerto Ricans" (M. Queralt, 1984, p.115). In Canada, according to data

from the 1986 Census (Statistic Canada, 1986), the Latin, Central and South American population was 57,125; the Chileans and Mexicans being the largest groups. The same pattern occurs in Manitoba, where the total Latin Central and South American population was 3010. It is important to note that this data does not include the influx of Central America immigrants, mainly from El Salvador, in the late 80's.

When traditional Latin American cultural family patterns are described, it has to be kept in mind that broad cultural generalizations do not do justice to regional, generational, socioeconomic, and idiosyncratic variations in family lifestyle.

The literature addresses mainly the characteristics and adjustment difficulties experienced by poor and working-class families. "In the United States the majority of Latin American families are undereducated, unemployed or poorly paid, poorly housed, and poorly served by the health care system (Padilla, 1981)." In describing Mexican families in the United States, Falicov (1982) indicates that "marked differences between Mexican lower and upper or middle socioeconomic levels exist in the circumstances and values that influence family life, and these should not be minimized." (p.137). The validity of this statement can be extended to Latin Americans from other countries as well, where social class becomes a variable which determines not only socio-economic status but social norms and values.

Nevertheless, the literature (Vazquez-Nuttall, E., Avila-Vivas, Z., & Morales-Barreto, G., 1984; Falicov, 1982; Abad, Ramos, J., & Boyce, E., 1974) describe some basic traditional cultural values that to some extent are shared by most Latin American families.

FAMILISMO

Latin American cultures traditionally place a preeminent value on "*familismo*" or family orientation, as the major source of identity, cohesiveness, and support. Family members look first to the family to meet their needs and to solve problems (Vazquez-Nuttal, et al, 1984). The nuclear family is embedded in an extended family network. The boundaries of the nuclear family are flexible with respect to the inclusion of relatives such as grandparents, uncles, aunts, or cousins. The children's godparents or "*compadres*", are often included as part of the extended family. Close family friends are also considered part of the family.

Interdependence, both intergenerational and lateral, characterizes this supportive network, which requires, in order to facilitate its function, affiliation and cooperation rather than confrontation and competition. Loyalty is demanded from its members, as well as the subordination of individual needs to family needs and interests (Falicov, 1982). A corollary of these tendencies is "personalism", meaning a focus on relationships rather than on tasks (Levine & Padilla, 1980). Personalism refers to the inclination of Latin Americans, in general, to relate and trust persons, rather than institutions, and their dislike for formal, impersonal structures and organizations (Abad & al.,1974).

Family organization is highly hierarchical. Rules are organized around gender and age, which are the most relevant indicators of authority. Patterns of family interaction are characterized by intergenerational interdependency and loyalty to the family, high levels of affective involvement, and control.

The values of family cohesiveness, loyalty and respect for parental authority are present throughout an individual's lifetime. Respect is reinforced through traditional hierarchical patterns. Another fundamental value is the preservation of one's dignity. Dignity is a source of pride and self-worth. Falicov (1982) indicates that individuals described themselves with pride as being "poor but honest". This constellation of values determines the way in which the stages of the life cycle are experienced and defines many aspects of interpersonal transactions.

MARITAL SUBSYSTEM

Attitudes toward marriage and divorce are influenced by traditional views about family life and the Roman Catholic Church. Traditional division of roles between husband provider and protector of the family and wife homemaker and caretaker is supported by male and female cultural ideals rooted in Spanish antecedents and expressed in hierarchies of male dominance and female submission. The ideal of *machismo* (manliness or virility) expects men to be aggressive, authoritarian, sexually experienced, and protective of their women and children (Falicov, 1982). The female ideal expects women to be submissive and devoted to their homes and children. Another culturally acceptable norm is what is know as "*hembrismo* or *marianismo*" (Stevens, 1973), which relates to the undercover power and family centrality of the self-sacrificing mother. Although most Latin American families reflect this cultural ideal, changes resulting from urbanization and industrialization which lead to an increasing number of women entering the labor force, have produced some structural changes in the marital subsystem toward a more egalitarian power structure.

PARENT-CHILD RELATIONSHIPS

A central issue in parent-child relationships revolves around the notion of respect; children are expected to respect their parents. While the word '*respeto*' in Spanish is the same as the English "respect", studies indicate that the meaning of the word has different connotations. For Anglo-Americans it denotes a fairly "detached, self-assured egalitarianism". For Latin American, it implies a relationship involving a "highly emotionalized dependence and dutifulness, within a fairly authoritarian framework" (Diaz-Guerrero, 1975).

Hierarchies are clearly defined. Parental roles are complementary, fathers are expected to have the disciplinary and control role, while mothers are expected to provide support and nurturance. Extended family members perform many parental functions and constitute a significant source of support and influence.

When these traditional cultural values are contrasted with the situation in which many families find themselves after migrating—being deprived from the support provided by a close extended family at a time when it is most needed—and confronted by the totally foreign values of the host country regarding culture, language, and life-style, some of the sources of conflicts and difficulties that may be experienced by Latin American immigrants in their process of adjustment become apparent. North American ideas about family life, stress "the importance of democratic versus autocratic parenting styles; of open, expressive communication; and of encouraging autonomy versus loyalty in children" (Nichols & Schawrtz, 1990, p.151).

Families in cultural transition have to develop new patterns of interaction as the result of changes in family composition and the demands of the adjustment process that require structural and functional reorganization within the family unit. Imbalances may occur during the process of acculturation due to the different rate of acculturation experienced by family members. For example, children may become sociocultural and language intermediaries between the parents and the new society, threatening the authority of the parents and aggravating generational conflicts.

According to Landau-Stanton (1990) the factors determining the facility with which each family resolves issues of transition are both intrinsic and extrinsic to the family unit. If the resources of the family itself and the support systems of the community around it are adequate, and, more particularly, if the other families in that social group are at a similar stage, problems of acculturation are more likely to be satisfactorily resolved. If such resources are not available, the family may be confronted with a severe crisis, which could lead to the development of dysfunctional family patterns.

2.8 INTERVENTION STRATEGIES WITH FAMILIES IN CULTURAL TRANSITION

The literature (Falicov,1982; Landau-Stanton, 1990; Hardy-Fanta & Mac Mahon-Herrera, 1981; Vazquez-Nuttall & al, 1984), addressing mainly the problems of poor working-class Latin American families in the United States, provides some suggestions and guidelines for therapeutic interventions.

Summarizing some of the core ideas presented, it seems that in general Latin American families tend to rely first on the help of the family, friends, healers or priests for the solution of problems and only come to therapy at the suggestion or requirement of the school, the court, or some other agency, and most often for a problem with one of their children. Family therapy is easily accepted as an approach to deal with individual family members' problems because of the marked investment in family life, and because of the belief that many emotional problems are the result of social interactions between family members, or between one family member and someone from the larger community. It is interesting that Latin American families seem to respond best to a brief problem-oriented approach that redefines the problem in interactional terms and that emphasizes generational boundaries and hierarchies within the family. A dramatic and emotive tone seems to be more appealing than a highly structured and contractual approach such as behavior modification. Treatment objectives should be phrased simply and focused on the specific symptoms or on improving the parent-child relationship. Understanding the family's cultural norms and present socio-economic context are perhaps the most important factors in defining the family's problems and selecting the appropriate role for the therapist in the treatment process (Falicov, 1982).

Bernal & Flores-Ortiz (1982) indicate that whether a Latino family engages in treatment largely depends on the context of the therapy and the therapist's ability to speak the client's language and understand the cultural values. "Appreciation for the uniqueness of differences within Latinos is a key factor in the engagement process (p.358)". Families are in general eager to discuss their cultural uniqueness and

difficulties in adapting to the new culture; these topics can help to shift the focus away from the identified patient onto the family context, thus facilitating family change.

The authors indicate that it is very important to use the polite form of the pronoun 'you' with adults to show respect. In discussing problems with the family it is usually indicated to begin with the father. "Addressing the father first shows respect for the culturally prescribed roles and hierarchies." (Bernal & Flores-Ortiz, p.358). Regarding the therapist, who is seen in a position of power and authority, the family expect her/him to have an active role, to provide advice and, to solve their problems. It is suggested that for some clients when the therapist responds to these expectations and becomes an advocate or/and advice giver, it helps the family to engage in treatment.

Bernal and Flores-Ortiz indicate that in the evaluation of Latin American families they found two areas that are significantly relevant to the understanding of issues in therapy. These factors include: 1) distinguishing migration and/or cultural conflicts from family development stage-specific conflicts; and, 2) examination of the degree of connectedness or re-connectedness to the Latino culture.

In relation to the first factor, the authors found that very often disruption in the family system, due to the migratory experience, interfered with family developmental stages. The other dimension refers to the degree of connectedness that a family maintains to their birthplace, culture or roots. "An assessment of the family's degree of connectedness to the Latino culture is critical because such an assessment often leads to: identifying cultural and relational resources; understanding loyalty conflicts; obtaining a broader contextual view; and developing legacy-based therapeutic strategies." (p. 363).

3.0 THE PRACTICUM

Contributions to the growing field of family therapy with ethnic minorities have highlighted the need for clinicians to understand and respect the lifestyles and values of the client group (Ho, 1987; McGoldrick et. al, 1982; Falicov, 1982). Watzlawick et al. (1974) have shown how an appreciation of a family's belief system facilitates the process of therapeutic change, while Aponte (1985) goes so far as to say that "values frame the entire process of therapy. They are the social standards by which therapists define problems, establish criteria for evaluation, fix parameters for technical interventions and select therapeutic goals" (Aponte, 1985, p.323). It is in the framework of these concepts, the clinical experience of therapists working with Latin American families (Bernal and Flores-Ortiz, 1982; Falicov, 1982; Vazquez-Nuttall et al., 1984) and the writer's familiarity with the culture and language of the clients that this practicum evolved. Working with families which are in cultural transition has been a challenging experience which has required flexibility in terms of settings and appointments, as well as in the roles performed according to the clients' needs (educator, broker, therapist, advocate). Understanding the family's cultural norms and its present social context constitutes one of the most important factors in defining the family's problems and selecting the appropriate role for the therapist, a task proved to be sometimes difficult given the complexity of the situation. As Ho (1987) points out, family therapy with ethnic minority families is in its infancy. Further research will be needed to explore and define cultural issues that will enable therapists to sharpen perceptions and intervene more specifically.

3.1 SETTING

The practicum was developed in different settings according to a) the problematic situation which was the target of the intervention or b) the clients' needs.

A referral by the Child Guidance Clinic Social Worker required intervention to be mainly focused on the school setting. A family which had transportation problems was seen at home. Two families were seen during the first sessions at home and later the intervention was continued at the Community Resource Clinic of the University of Manitoba Psychological Services Centre, whose downtown location, as well as its physical facilities and personnel, proved to be appropriate for the clients' needs.

It is important to note that the different organizational settings in which the practicum took place have affected the intervention in relation to 1) types of roles performed, 2) degree of autonomy. In the school setting, as a school social worker I was a part of an institutional structure: the Child Guidance Clinic, which has its rules, power structure and interactions (within the system and between the system and other systems), and to which I was accountable for the services provided to the school. To work as part of an organization offers the advantage of allowing a comprehensive intervention by operating at the interface of the school and the family playing, in addition to the role of consultant for the school, the role of broker and educator. Being part of the system means that conflicts of double loyalty (to the school and to the family) may emerge, particularly when issues of cultural dislocations between the school and the family are involved. Being part of the system also implies having a relative degree of autonomy between the limits of the role performed, according to the rules which regulate the structure and function of the organization.

In contrast, in the Community Resource Clinic I operated with a great degree of autonomy. Cases were referred to me directly and I had to follow the recording

requirements of the clinic, but I was not accountable to the Clinic with respect to the way the therapy was conducted. The progress of each family was discussed in weekly supervision sessions with the principal advisor.

3.2 DURATION

The practicum extended from December 1991 to September 1992. In addition to the work done with the clients, it included weekly supervision hours with Ruth Rachlis, the writer's principal academic adviser.

3.3 THE CLIENTS

The clients, who were referred by agencies providing services to immigrants, included five Latin American families : one from Chile, one from Nicaragua, two from El Salvador and one in which the husband was from El Salvador and the wife from Nicaragua.

Two more families were seen but they failed to complete the intervention process. In the case of one family, after the initial contact with the referral source and the mother it was decided that the family should continue its contacts with the agencies which were already involved in the case thus avoiding a duplication of services. The second family, referred in relation to difficulties following a critical incident, attended two sessions and then decided not to continue with the intervention because of work pressures.

In all but one family the presenting problem was related to the child(en)'s behavioral and/or academic problems. Each of these families presented its own unique circumstances and issues related to its inability to cope adequately with the usual loss and stress associated with migration.

Two out of five families were headed by single mothers. Three families included a husband and a wife, and in one of them the husband was not the biological father of the child.

The Chilean family has been in the country for approximately 17 years. The four other families have been in Canada for a period ranging between three years to fifteen months. All the families came as refugees. All but one were receiving Social Assistance. Previous education levels ranged from elementary to University. These families presented with a variety of complaints, and were diverse in terms of composition, country of origin, background, length of time in Canada, educational level, stage of the immigration process, previous family functioning and socio-economic status.

4.0 EVALUATION

Family systems practice represents a challenging evaluation task simply because more than one person is the focus of the clinical intervention. The focus of clinical assessment shifts from the individual behaviors to the dynamics of interactional patterns. This shift in clinical orientation requires a different approach in assessment instrumentation. "The focus of clinical assessment shifts from the action and beliefs of an individual to the dynamics of inter-personal relationship patterns. It becomes primarily concerned with the measurement of interface phenomena, or that which transpires in exchanges between people or between social systems....It is inevitable that one will turn to multiple measures in evaluating family-centered practice, rather than attempting to secure necessary information directly through one measuring instrument or approach. These multiple measures can focus on different targets or sites of change within the family system" (Trute, 1985, pp.102-103). To date, different instruments have been developed in an attempt to capture the complex family system of interpersonal interactions in a systematic, standardized, and empirical manner. However, as Morris (1990) points out, when practitioners in multi-cultural communities use assessment instruments developed and standarized in Anglo ethnic groups, their appropriateness for use with ethnic minority groups is unclear. The conclusions of Morris' study of the McMaster Family Assessment Device used with a sample of Hawaiian-Americans and Japanese-Americans living in Hawaii indicate the need for more research on the cultural sensitivity of family assessment instruments such as the one used in Morris' study. "...A family assessment device can misinterpret cultural differences regarding "healthy" family functioning.... Similar studies of ethnic groups are a more likely research strategy for building a knowledge base on cultural sensitivity of instruments" (p.115).

The writer's search for appropriate instruments to evaluate the outcome of the intervention included, in addition to the literature review, contacts with experts in the field such as Dr. Sluzki from the Berkshire Department of Psychiatry, and agencies in the United States such as the Hispanic Health Council and the Institute of the Hispanic Family in Connecticut and the Hispanic Institute of Mental Health in New York. The search revealed the absence of standarized culturally sensitive family assessment instruments.

The decision to apply as an evaluation instrument the Family Assessment Measure FAM III, which is based on Canadian norms for clinical and non-clinical populations, was determined by the availability of a Spanish translation of the General Scale which removed the language barrier. The instrument offers the advantage of not requiring a great deal of time to complete or score.

The Family Assessment Measure FAM III (see Appendix A)

FAM III is a self-report test of family functioning developed from the Process Model. This inventory provides a comprehensive assessment of the members' perception of their families' functioning from three different perspectives:

i) a 50-item General Scale;

ii) a 42-item Dyadic-Relationship Scale; and

iii) a 42-item Self-Rating Scale.

The General Scale measures the overall level of family functioning. The Dyadic Scale examines significant dyadic relationships. The Self-Rating Scale allows members to rate their functioning in the family (Steinhauer, 1984).

This inventory taps six dimensions of family functioning: task accomplishment, role performance, communications, affective expression, involvement, control, and

values and norms. In addition, The General Scale contains built-in scales measuring social desirability and defensiveness.

The General Scale "has excellent psychometric properties which include high internal consistency indicating the presence of a general factor of family health-pathology which underlies the content subscales" (Trute, 1988,p.18)." "Internal consistency ranges from .96 (adults and children) for the Dyadic Relationship Scale to .94 (adults) and .93 (children) for the General Scale and .90 (adults) and .87 (children) for the Self- Rating Scales" (Steinhauer, 1984, p.98).

FAM III generally takes around 30 minutes to administer and it may be completed by family members who are at least 10-12 years of age. FAM was standarized on a heterogeneous sample of clinical and non clinical families. The majority of scores for non-clinical families should fall between 40-60. Scores outside this range are likely to indicate either very healthy funcioning (40 or below) or considerable disturbance (60 or above) (Steinhauer, 1984).

"Empirical analyses to date have shown that the FAM scales are quite reliable and that they significantly differenciate between problem and non-problem families" (Skinner, H; Steinhauer, P. and Santa Barbara, J., 1983, p.104).

FAM has been translated into 6 languages: French (Quebecois), French (Parisian), Spanish, German, Japanese and Hebrew.

The Spanish translation of the General Scale and Dyadic Scale facilitates the use of the scale with the Spanish speaking population by removing the language barrier. However, the issue of the cultural sensitivity and relevance of FAM remains unanswered. Among the numerous research projects and clinical settings where FAM is being used, there is only one published (but not reviewed) study done in Mexico by De la Vega Llamosa, E. et al. (1988.) "The school and the home, Together or separated? An

ecosystemic approach to education." The study adresses the relationship within the family and the school and its impact on school achievement. The study population includes parents from two schools located in a marginal area near Mexico City. The population was homogeneous in relation to education and income, limited formal education and low income. The FAM General Scale was applied to parents in both schools. Regarding the use of the scale, the only comment of the authors is that parents in both schools were eager to understand well the meaning of the questions. However, they point out that the understanding of some words and questions was difficult for parents in both schools.

In this practicum the General Scale was used with parents and children 12 years old and older on a pre-post intervention basis. The scale is intended to provide evidence for change having occurred as a consequence of the intervention. It should be recognized that this design is limited in that it incorporates neither controls nor a large number of replications, the client sample is not random, and there is uncertainty about the cultural sensitivity of the instrument. As a result the analysis of data will only provide tentative hypotheses about the results. The weakness of this design lies in the difficulty of establishing a causual relationship between the intervention and improvement. "In particular, this design is vulnerable to a main effect of history. One does not know whether the treatment influenced change in family functioning or whether some other extraneous factor brought positive alterations to the family interactions" (Trute,1985, p.113). But also, this design offers benefits such as providing information whether change in the appropriate direction has been experienced.

There are alternative designs that might be used in a clinical situation for the evaluation of family therapy, such as the A-B Single System Design. This design combines a baseline observation period A, and an intervention period B. According to Bloom & Fisher (1982) "The assumption underlying the A-B design is that the problem

observed during baseline will likely continue in the same pattern if no changes are made in the system of forces acting on these problems" (p.294). The phase A refers to the nonintervention period where the relevant information is collected. It includes the identification and definition of the problem which will constitute the target of the intervention, in relation to its intensity, frequency, setting and people involved. The phase B refers to the intervention period along with the continued collection of information. Differences that emerge between the baseline and the events after intervention provide a tentative look at possible casual factors. This design can be a powerful method of assessing clinical change. However, it was considered not appropriate for the clients seen in this practicum because it requires a highly structured and contractual approach which collides with the flexible, short-term and oriented to the present and to problem resolution approach which different clinicians (Falicov, 1982; Vazquez-Nuttall et al., 1984) have found to be responsive to Latin American families' needs.

In relation to the use of FAM III there could be some drawbacks. This inventory is directed at more systemic indicators of change as reflected in the overall organizational structure of the family. Changes in specific individual behaviors or treatment goals are not likely to be reflected in FAM III outcome scores. Therefore, the instrument may not accurately assess families in cultural transition where the sociocultural context becomes critical for assessing family functioning. In addition, some of the families seen sought professional help because they were experiencing a family crisis. A crisis as defined by Caplan (1961) occurs "when a person faces an obstacle to important life goals that is, for a time, insurmountable through the utilization of customary methods of problem solving. A period of disorganization ensues, a period of upset, during which many abortive

attempts at solution are made (p.18)" . This means that outcome scores of families in crisis may be distorted and should be interpreted with caution.

Another difficulty resides in the Spanish translation which requires refinament in order to reflect the original version's meaning. As it was indicated in the De La Vega Llamosa study clients had difficulty understanding some questions. However, probably the most serious drawback resides in questions about the cultural sensitivity of the instrument.

Skinner et al. (1990) indicate that the FAM III interpretative guidelines are tentative because the norms on which the scores are based are themselves limited. "As more data are obtained from a variety of sources, broader norms will become available.....Data from various special groups (e.g. by ethnic origin, diagnostic category, stage of life cycle) will be used to construct specialized norms (p. 6)."

Cultural perspectives in family therapy have opened a new field in research and clinical practice. However, because cultural norms and values are concepts learned from the macrosocial field of Anthropology and Sociology, their application at the microsocial level of family practice will require further refinement of the concepts, as well as the development of appropriate methodological parameters and models. Further studies and research will be needed to assess the limitations of the instruments used in evaluating family practice when they are applied to ethnic minority groups which are in cultural transition. At this stage of the theoretical development in the field, as the literature shows, the legitimacy and relevance of the cultural approach in family practice have been recognized, however, an empirical evaluation of its outcome results seems yet to be an elusive goal.

5.0 CASE EXAMPLES

5.1 INTRODUCTION TO THE CASE EXAMPLES

Of the five families involved in this practicum two case examples were selected to illustrate in detail the intervention process and to discuss results of the evaluation.

The families presented here illustrate a variety of cultural transition problems manifested within the family or at the interface between the family and other systems. In the acculturation process the family is confronted with new values and different role expectations which challenge and disturb the family's reality and rules of interaction and may trigger a family crisis. However, it must be recognized that some of the problems presented by the families were unrelated to the migration but have been exaggerated or accelerated by the move.

A culturally sensitive approach, one that is short-term and oriented to the present and to problem resolution but which also allows for the flexibility of crisis intervention and drops-in visits, has been found to be the most appropriate for Latin American families in cultural transition (Abad et al. 1974). Falicov (1982) states that "Within a problem-oriented framework, an emotional and dramatic tone is more appealing than an efficient, highly structured, and contractual approach such as behavior modification....A tone of acceptance that avoids direct confrontation, is desirable throughout the treatment. The use of humor, allusions...analogies, proverbs and popular songs are often more effective forms of delivery because they mirror cultural transactional styles" (pp. 148-149).

In this practicum, the use of a therapeutic approach, as it is described above, which is culturally sensitive, short-term, problem-oriented and guided by the family's sense of need appeared to be effective. The cultural emphasis on hierarchies within the family lends itself to a structural family therapy approach (Aponte & Van Deusen, 1981;

Minuchin, 1974) that emphasizes generational boundaries and hierarchies, is action-oriented, and focuses upon present interactions. On the other hand, indirect approaches to change, such as the use of positive reframing, can be effective. "To reframe...means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the facts of the same concrete situation equally well or even better, and thereby changes its entire meaning" (Watzlawick, Weakland & Fish, 1974, p.95). But it is interesting to note that, above all, understanding the family's cultural background (country of origin, rural or urban setting, social class), and its present social context (stage of acculturation process, connections with the Latin American community) seems to be the most important factor in assessing the family's problem and selecting the appropriate role for the therapist in the intervention process.

Family A is a case example which illustrates an intervention in which the school social worker operates at the interface between the family and the school. It demonstrates the problems of sociocultural dislocation between the home and the school. Family B illustrates a quite different problem—a young professional couple experiencing a "predictable family crisis" in the process of adjusting to the new environment. The family system, its sociocultural context, and the acculturation stage of the family were the focus of the intervention.

Summaries of the three other families are also presented. The pre-post measure FAM-III profiles (due to copyright restrictions the profiles could not be reproduced here), the family constellation and background, and a description of the therapeutic process are intended to provide a general overview and the most important highlights of the intervention and outcome. In all five families the names of the family members have been changed to preserve confidentiality.

5.2 FAMILY A

THE SCHOOL AND THE FAMILY: AN INTERSYSTEMIC APPROACH

This case has been selected because it illustrates the role of the culturally sensitive social worker at the interface between the school and the family. Okun (1984) indicates that quite often family therapists see families referred to therapy because of a child's symptomatic behavior in school. "However, there is little in the literature, on the family therapist's interactions with the school system, a major social system in a youngster's life, or on the interactions between the family and school systems" (p.2). By the time the child enters a school system, he/she has already been significantly socialized by the family system in terms of learned roles, rules, communication and discipline styles.

> "This child is expected to join and adapt readily and immediately to the established school system, which, of course, reflects the larger community system....It is not uncommon for a child's family system style to clash with the classroom system style....Children bear the brunt of any incongruency between the value system of the family and that of the school. This is particularly true for children whose families are outside the middle-class mainstream of society for whom public schools are oriented. Children from nontraditional families and from minority groups are continuously struggling with the different attitudes and expectations of their family and school system, and they find it difficult to accommodate to the competing systems" (Okun, 1984, pp.3-5).

In order to assess a referred problem accurately, the therapist must actively join with both the school and the family systems. "The family therapist must consider the reciprocal influences of the family and school systems and the possible impacts of these influences on the child in order to understand fully the child's behaviours in terms of transactions and relationships within subsystems and the larger systems." (Okun, 1984, p.8). Vazquez-Nuttall et al. (1984) propose a culturally sensitive model of treatment for Latin American families based on the systemic theory in which the family is viewed as

"a system in continuous interaction with other systems within the larger realm of society....The therapist is active and directive, operating at the interface between the family and other systems" (p.85).

The complexity of the situation and the lack of previous experience of this type of intervention by the participants required the writer to deal not only with the presenting situation (behavioral and academic problems), but to develop a framework whereby channels of communication, accountability, decision making process and implementation of action plans and recommendations had to be clearly established and agreed upon by the participants.

Juan, an eight year old Nicaraguan boy who attends second grade, was referred by the Child Guidance Clinic Social Worker who, after working one year with the school regarding Juan's difficulties, had been feeling increasingly frustrated by her inability, due to the language barrier, to communicate with Juan's parents. She considered the inclusion of the parents in any further intervention crucial. Previous interventions included referral to Child Guidance Clinic, school social worker involvement, Student Support meetings where Juan's difficulties were discussed, contacts with the family using a translator, and Juan's participation in an impulse control group. In the first telephone conversation with the social worker the reasons for the referral were clarified and a school meeting was scheduled.

FIRST MEETING, December 2, 1991

The elementary school is located in East Kildonan. It is a small school with a population which includes a high number of immigrants who are highly mobile. The

Principal and the school counsellor are male, the remedial teachers and 80% of the teachers are female.

Those present at the meeting were the resource teacher, the Child Guidance Clinic social worker, Juan's father and the writer. Juan's mother was unable to participate because she was attending regular high school classes in order to get her high school diploma.

Due to the father's poor mastery of the English language, there was a need for the writer to act as a translator. After the writer's roles as mediator between the school and the family, as well as consultant for the school regarding Juan's difficulties were presented, the discussion revolved around Juan's behavioral problems in class and at recesses which on a few occasions had lead to school suspensions.

Juan's academic performance was described as poor. He was far behind his classmates; his main difficulty being reading. Positive factors such as social skills and good temperament were indicated. "He is full of life and energy" the resource teacher pointed out.

The father reported that Juan did not show any problems at home. He described Juan as always having been a very active child. He seemed to be proud of his son's leadership skills, despite the fact that Juan's leadership sometimes lead to disruptive behaviors, for instance, when he organizes a group of children to fight against other children.

At the end of the meeting an action plan was drawn up. It included an assessment process: a) meetings with the parents at their home; b) meetings with school staff; c)

observation of Juan's behaviours in class and at recesses; d) individual meetings with Juan at school; and e) observation of Juan's interactions with his parents at home.

After the meeting the writer was introduced to Juan's morning and afternoon teachers, the Principal of the school and the counsellor. The teachers indicated concern about what seemed to be a deterioration of Juan's behavior and his lack of academic improvement. An afternoon school visit was scheduled for the following week, as well as a home visit after school hours.

The Social Worker presented the writer with a list of the school's requests regarding Juan. It included:

1) How to deal with Juan's aggressive behaviors (bickering, put-downs, lip-service of saying "I won't fight" and immediately fighting).
2) Getting Juan to take responsibility for his actions.
3) Home and school working together.
4) Settling him down long enough to be able to focus and learn.
5) A realistic picture of his academic potential.

Comments:

The family which is of rural origin and poorly educated (the father has elementary education, the mother started but did not complete high school), seemed to have little understanding of the school rules and expectations for the child and his family. The school, even though it recognized the different cultural background of the family and their difficulties as immigrants—language difficulties, lack of extended family support,

adjustment to a new cultural and physical environment—was unable to provide the appropriate services because of language and cultural barriers. The role of broker between the family and the school, educating the parents about the norms and expectations of the school staff, and educating school staff about the parents' values, seemed to be the priorities needed to develop a coordinated and cooperative plan of action.

Assessment: Family Background

Juan, his father Manuel, and his mother Marta came to Canada from Nicaragua as refugees almost three years ago. They spent 18 months in Guatemala waiting for their Canadian visa. Life in Guatemala was very difficult, particularly in the beginning. They had little money and had to move frequently.

In Nicaragua the family lived in a small rural town close to the mountains where fighting between the Sandinista army and the Contras took place. For a couple of years Juan's father was an officer in the Nicaraguan army. He deserted, and the family moved to another town, but decided to escape from the country when the army started a new recruitment of soldiers. After their marriage Juan's parents went to live with the father's mother and younger sister. This practice is common in many Latin American cultures. As Falicov states, "many Mexican marriages.....practice the patrilocal residence, whereby young brides go to live with their husband families" (Falicov, 1982, p.139).

When Juan was born his father was in the army, and while his mother worked, Juan was taken care by his grandmother. Juan was very attached to his grandmother, and he misses her. He also has a halfbrother (father's son) who is six months older.

They used to play together. The father indicated that he wanted to bring his other son but his mother was opposed.

Manuel, Juan's father, is a restless 32 year old man. He indicated that as a child he did not like school. He started working as soon as he completed elementary school to help his mother who was widowed when he was one year old. Manuel indicated that, according to his mother and people who knew him as a child, Juan is very much like him—restless, very active, always on the run, and sociable. Despite Juan's academic problems his father thinks that if "he wanted to he could be the first in the class".

Marta, Juan's mother, is a quiet thirty year old woman who allows her husband to do most of the talking. She is currently attending a regular high school in order to obtain a High School degree which will allow her to pursue further education at the Red River Community College. Besides her studies she has to take care of the house. Her husband who only attends English morning classes does not cooperate in the house chores, which he considers "the woman's domain". Although it is changing rapidly with the influence of urbanization and industrialization, traditional division of roles whereby the husband assumes the role of provider and protector of the family and the wife the role of homemaker and caretaker, is still a predominant norm in Latin American families (Falicov, 1982).

Regarding Juan's developmental history, the mother does not remember milestones because the child was taken care of by the grandmother during his first years. The traditional Latin American family is embedded in an extended family network. The boundaries of the nuclear family are flexible with respect to the inclusion of relatives

such as grandparents, uncles, aunts or cousins (Madsen, 1964). Many family functions, such as caretaking and disciplining of children, financial responsibility, emotional support, and problem solving are shared (Falicov, 1982). Juan's mother indicated that his grandmother was like a mother for him. Juan never attended a formal education setting before coming to Canada where he directly entered Grade One. The parents expressed concern about Juan's problems at school, but seemed to have little understanding of the school's expectations of their role. They stressed that they have no problems with him at home. They indicated that Juan loves school; during the weekend or holidays he longs for school.

In the first meeting with the parents the writer's role was clarified and an agreement for weekly meetings during a four months period was set. The meetings were held at the family's East Kildonan apartment. The following goals were set:

1) To facilitate communication between the parents and the school, including translation in school-parents meetings;

2) to provide education about the rules and expectations of the school system and information about Canadian Family and Child Welfare Laws. This information was considered relevant because these laws do not exist in most Latin American countries, and findings in a Latin American Study and Survey on Parenting (1991) indicate that "The child Welfare laws are often misunderstood by the Latin American parent, this is due to total ignorance as to what they stand for, the misinterpretation of the laws due to second hand

information, and lastly to vagueness in the laws themselves" (p.8).

3) To provide understanding of Juan's academic and behavioral problems at school, and promote appropriate ways to help him;

4) to promote the implementation of school recommendations and requirements.

School Functioning

Juan is an eight years old boy who physically resembles his chronological age. He seems to enjoy adults' attention and established an immediate rapport with the writer. He chose to communicate in Spanish and talked with very short sentences. He had difficulties in elaborating ideas when requested.

Class observation revealed that Juan's class is a difficult one. There are at least six other boys with behavioral problems, some of whom are Juan's friends. Juan had difficulty staying on task, his attention span was very short, and he continuously left his seat to seek the teacher's approval or help. He seemed to have little understanding of the tasks, due to his poor academic performance which was described by one of his teachers as being at the beginning of grade one. Most of the tasks required reading skills that he did not have.

The teacher reported that Juan's attention was better in the morning. He had no difficulties copying words but he only recognized a few letters and could not put them together. He was attending English as a Second Language classes. In addition, individual help for his reading difficulties was being provided by a volunteer mother.

Observation during recess revealed that there was only one teacher supervising around two hundred children. Juan played with his friends in what could be described as "rough play". On one occasion in which a conflict developed which attracted the supervisor's attention, Juan was ready to take the blame even though he did not start the fight. There is no doubt that the writer's observation influenced the interaction; Juan was aware of being observed, therefore, the information collected has to be understood with caution. His aggressive behavior in the recesses which had lead to suspension of his privileges on several occasions constituted the main school concern.

Individual sessions with Juan revealed that his attention span and his ability to stay on task were better in a one to one situation. He seemed to enjoy the school social and recreational activities, but seemed to be ill prepared for the school rules and academic demands. On one occasion he was sent to the kindergarten class as a punishment for his disruptive behavior in class. Instead of feeling ashamed or uncomfortable for being with younger children, he was delighted because, in his words, "we play all the time".

Situational Hypothesis/Clinical Perception of the Situation:

Juan is an eight year old child who started Grade One in a new country, had to learn a new language and culture quite different from his own cultural background, and lacked previous preparation for academic demands and school rules. He left behind his grandmother who raised him, his half-brother and other relatives. Observations of Juan's class performance and individual sessions revealed that he had difficulties in the area of fine psychomotor coordination and language development (in both languages, Spanish and English, for instance he had difficulties following a story and answering questions or

reporting a simple sequence of events). One may speculate that a combination of constitutional and genetic factors, as well as lack of appropriate environmental stimulation of cognitive and verbal skills could have contributed to his academic problems. During his earliest years, first in Nicaragua and later in Guatemala, Juan enjoyed a free environment with very few rules. He developed good gross psychomotor coordination, he is physically very strong and is a good soccer player, skills that make him popular with his peers. Following school policy, Juan was promoted to Grade Two, despite the fact that, according to one of his teachers, Juan was "just performing at the Grade One level." This situation only widened the gap and made catch-up even more difficult. Frustration related to his inability to perform could be a contributing factor to his behavioral problems. In addition, different cultural expectations and discipline styles at school and at home have aggravated Juan's difficulties due to misunderstandings and unrealistic expectations.

Family perception of the situation:

His parents think that Juan could be "the first of the class" if he only "puts more attention and is willing to study." They talk to him about the importance of being obedient at school, of paying attention and doing his work. Sometimes they threaten to send him back to Nicaragua alone and sometimes they sit with him and work on writing and recognition of letters. But basically their perception is that school problems constitute school jurisdiction and they do not understand what is expected of them by the school.

School perception of the situation:

According to the school, Juan is a boy of average intelligence whose academic problems are probably related to his condition of being new in the country and having to struggle with the new language and culture. On the other hand, the teachers point out that he is not the only one having academic problems in the class. However, the main concern of the school is not Juan's academic problems, which are expected to be solved by time and resource help, but Juan's behavioral problems, which could only be handled with the cooperation of the parents. The underlying assumption is that something wrong is happening at home which provokes or leads to Juan's behavioral problems at school. Juan has been participating in a group aimed at dealing with issues of impulse and aggression control without much success ("Juan knows all the right answers but he cannot control himself").

It becomes apparent that the school's and the parents' perceptions of the problems and the ways to solve them are quite different. The parents respect school authority in that "they know what they have to do" in the same way that their rural school in Nicaragua knew what to do with the children who misbehaved. Parents were not expected to challenge or interfere in any way with school authority. The school, on the other hand, operates on the assumption that parents should take responsibility for their children's behavior at school. They are expected to cooperate in the problem solving process. The underpinning assumption is that they are part of the problem and should therefore be part of the solution. From their perspective the parents' attitude represents a "vote of confidence" for the school. The school on the other hand interprets the

parents' attitude as lack of cooperation and interest.

The Intervention Process:

The process started on December, 1991 and extended to the middle of April. Two additional staff meetings took place, one in May and one in June. In total there were 12 meetings with the parents, 10 meetings with Juan at school, five staff meetings and six meetings with the resource teacher.

SECOND SCHOOL MEETING. January 29, 1992

After the first month, during which information was collected through observation of Juan's behaviour at school, teachers' meetings and meetings with parents, the first staff meeting to discuss the assessment of the situation and to develop an action plan, took place. Present at this meeting were the two resource teachers, Juan's morning and afternoon teachers, the Child Guidance Clinic social worker and the writer. The writer presented her perception of the situation as it was stated above, stressing the family's sociocultural background and the following stressors on the family: Juan's separation from his grandmother who was an important figure in his life during his first years; the war situation in Nicaragua; the escape to Guatemala; and, finally, the fact that Juan was ill prepared to start school upon his arrival in Canada.

Juan's academic performance was discussed, regarding present function, potential, and support provided. Questions were raised regarding his promotion to Grade Three. Regarding his behavioral problems, the picture which the teachers presented was much more serious than what they had presented in individual meetings, for reasons which later

became clear.

The disruptive behavior in class seemed to be out of control and deteriorating. "He gets away with behaviors which the school will not tolerate in other children" one of the teachers says. There also had been parents' complaints about Juan fighting on his way home. The teachers indicated that Juan needed a lot of physical activity and if his parents could involve him in extracurriculum activities, he would not need the school as playground or the only place where he can discharge his energy.

During the meeting the following plan of action was developed: a) The writer was to discuss with the family the possibility of not only bringing him to school in the morning, but also picking him up in the afternoon to avoid fights taking place on Juan's way home. b) To provide information and to encourage Juan's involvement in extracurricular activities after school hours and during the weekends. c) the writer and the teachers were to develop a plan aimed at controlling Juan's disruptive behavior in class.

After the meeting a discussion with the Child Guidance Clinic Social Worker revealed that the disparity between the picture presented by the teachers in the meeting and the one presented during individual meetings with the writer regarding Juan's disruptive behavior in class, stemmed from a special request by the Social Worker to the teachers "not to bother the writer during the assessment process". The misunderstanding was clarified and channels of communication, sharing of information and accountability issues were discussed. A contact person for the writer at school was designated. A meeting with the social worker and her supervisor at the Child Guidance Clinic was

arranged to discuss and evaluate the experience.

At the meeting that took place two weeks later, communication and accountability problems were discussed. The supervisor clarified the role of the social worker and the writer. The school had to report everything related to Juan to the social worker who was the Case Manager, who would maintain a continuous communication with the writer to discuss the progress of the situation. It seemed that there was confusion at school around who was in charge. It became clear that the social worker failed to share with the writer some significant information regarding Juan's behaviour in class and excluded her from the monthly Student Support meeting. The Supervisor who supported the assessment and working plan made the following recommendations: to clarify the situation with the school and to include the writer in the future Student Support meetings.

One may conclude that in order to prevent confusion and misunderstanding and to enhance communication and coordination between the writer and the social worker, an initial meeting with the supervisor, the social worker and the writer, previous to any intervention, should have taken place. In this initial meeting, roles, expectations, accountability and channels of communications, as well as the interactions between the Child Guidance Clinic and the school, should have been discussed and clarified.

School Plan:

The writer, together with the resource teacher, developed a program for Juan for the classroom. A program for the playground was developed by the Principal and the resource teacher.

The Classroom Plan:

a) Teachers will not respond to Juan's repeated screaming of the teacher's name in order to get her attention. He should learn to wait his turn.

b) Tasks will be divided in parts and Juan will be asked to complete a part before asking for new directions.

c) Teachers will explain assignments individually to Juan to make sure that he understands the task.

d) Positive reinforcement for desired behavior (for example, verbal messages such as compliments, thanks, letters sent to parents praising his behavior).

The Recess Plan:

a) For morning and afternoon recess, Juan and three other boys will go out 15 minutes early with a teacher's aide. They will then spend the regular recess sitting in the office.

b) At their individual recess they will be involved in physical activities such as soccer, running, playground games, etc. The goal of the activity being to learn to play with others in a non aggressive manner.

The implementation of the classroom plan lead to a significant improvement of Juan's behavior in class. He learned to wait his turn to receive the teacher's attention. He started enjoying doing his tasks, with mathematics being his strength. On several

occastions, the teacher sent letters to the parents praising Juan's behaviour. It became apparent that Juan required a structured setting, where tasks should be divided into small steps and rules should be clear and consistent.

In addition the teacher developed a table where his behaviour regarding respect for rules and work were registered as positive (smile face) or negative(sad face). On days when he received more positives than negatives he would receive a token and after he collected five tokens he received a prize. But after a month the teachers realized that the program seemed to have no effect on Juan's behavior. He was as proud and happy when he got three sad faces as when he got happy faces. Juan seemed not to respond to the school reward and punishment system. It can be assumed that one of the reasons for his lack of reaction was the different disciplinary systems used at school and at home. Another explanation could be found in the limitations of the plan. For instance, in this case: 1) Any attention (including sad face) may have been positively reinforcing, 2) the chaining of rewards to stimulus behaviors was long and reinforcement was very delayed.

The recess program was successful, but short lived. The children enjoyed the activities and worked well as a group. It was cancelled after a month and a half due to lack of human resources. It proved again that Juan required a structured setting.

THIRD SCHOOL MEETING. February 18, 1992

Present at this meeting were the Principal, the two Resource Teachers, the School Counsellor, the morning teacher, the Child Guidance Clinic Social Worker and the writer.

The writer provided a summary of the assessment and the intervention strategies implemented at school, as well as the work done with the parents. The sociocultural background of the family, its lack of understanding of school expectations, and the difficulties of the adaptation process were stressed.

The improvement in Juan's classroom behavior was pointed out, however, concerns about his behaviour during recess and the need to promote Juan's involvement in physical activities were raised. Some suggestions were presented. The School Counsellor suggested finding a Summer Camp for Juan, to provide him with a structure during the summer recess. The Principal offered to take Juan and his father to the YM-YWCA. As a Board member he could introduce them to the physical and social activities provided at the facility. It would be the writer's task to encourage the family to take advantage of the above suggestions. The school staff strongly believed that this would be in Juan's best interest. At the same time it would demonstrate the parents' contribution to solving Juan's difficulties.

In working with the family on the issues discussed in the school meeting, it became apparent that the implementation of the suggestions would require the parents to learn new norms, values and roles. In their home country, parents of a poor family from a rural background are expected to provide nurturance, support and protection for their children and to send them to school at the appropriate time. They are not expected to play with their children or to organize activities for them. Social life is based on spontaneity, is present-oriented rather than planned, future and task oriented. "Latin American culture values serendipity, chance and spontaneity in interpersonal

relationships" (Falicov, 1982, p.153).

According to the parents' report, from an early age, Juan was used to playing outdoors with other children. The situation changed dramatically when the family moved to Canada and had to adjust to a new physical and cultural environment, without extended family support. Coming from a tropical country, the Canadian winter and its activities required an adjustment process. Thus, to expect that the parents would get Juan involved in a structured activity, which would require them to plan, respect a schedule, and to be on time, implies a lack of understanding of cultural differences. Juan's father likes to play baseball and to fish. He was waiting for the spring to take Juan on fishing trips, and to participate in baseball games with his father's friends. Baseball is the most popular game in Nicaragua. The father seemed willing to share his activities with Juan, to teach him fishing and baseball, however, he found it difficult to organize an activity which only involved Juan.

The school, especially the Principal and counsellor, had difficulties understanding the reluctance of the family to take advantage of the recreational resources offered, and their apparently passive attitude toward Juan's problems. It seemed that the family was not yet in a position to make use of the recreational facilities of its new community.

After four months of work, which included weekly school and family contacts, it was agreed to conclude the intervention. Juan's behavior in the classroom was under control, the teachers had a better understanding of his potential and difficulties and were able to adjust the academic demands to Juan's capabilities.

His behavioral problems during recess seemed more difficult to resolve due to a variety of factors. At the school system level, recess rules are under the direct control of the administration (while teachers have discretionary power for classroom rules), which demonstrated a rigid and bureaucratic approach with little room for changes and negotiations. Also, at the psychosocial level, another factor could be Juan's excitement and difficulties in controlling himself in unstructured situations and his association with other children who shared his problems.

Regarding the parents, they were in the process of moving to a new home. They seemed satisfied with the intermediary and educator role played by the writer. However, they did not seem ready to work out family changes. Their efforts were concentrated in the immediate move—the mother's struggle with her studies, the father's struggle with the learning of the language and the search for work or a training program to upgrade his limited skills. Immigrant families, coming from poor rural areas in their homeland, face great difficulties in adapting to a highly industrialized society, such as Canada. They find themselves unequipped through lack of education, training and language to compete with a more skilled labor force (Abad et al., 1974).

Follow-up contacts took place until the end of the academic year. The writer was available for consultations if the need arose.

At the end of April the resource teacher contacted the writer to report problems with Juan during recesses and she extended the Principal's invitation to attend a meeting with the school staff and the parents. The Principal intended to ask for the parents' collaboration. His plan consisted of inviting the father to come every day to school from

2.25-2.45 pm. to play with Juan and his friends. He could teach them soccer, baseball or anything else he wanted. The resource teacher asked the writer's opinion of the plan.

The writer explained that it would be extremely difficult for the father to commit himself to such a plan. On various occasions he had indicated that he felt embarrassed and uncomfortable when he has been called to school regarding Juan's behavioral problems. He would experience difficulty in communicating with the children due to his poor English. In addition, he would have difficulty in committing himself to such a schedule everyday. It was suggested that he could start with once or twice a week.

The writer found herself in the situation, one not unusual for social workers in a number of different settings, in which her suggestions or recommendations were not followed because they did not conform with school policy or the administration's decisions. School social workers in their role as consultants for the school have limited power in the decision making process.

The school plan, despite its good intentions, was affected by a lack of appreciation of cultural differences. This raised the question about what strategies could have been used to develop the administration's cultural sensitivity. After extensive discussions with my Principal advisor and my second faculty advisor it became clear to me how this particular situation illustrated the potential and limits in the role of the school social worker. If we assume that the situation reflects a relatively frequent dilemma confronted by school social workers, the search for alternative strategies seems to be an unavoidable task. We will address the issue from two perspectives 1) an individual response to our particular case, and 2) a general comprehensive perspective.

An Individual Response

Throughout the intervention in the school, I worked mainly with those staff members directly involved with Juan: the teachers and the resource teachers. My contacts with the Principal were limited to his participation in three school meetings and informal contacts in the staff room and school corridors. There were no attempts on my part (following role expectations as I understood them from the school social worker) to have more direct contact with the school Principal. These contacts, if they had taken place, may have enhanced the Principal's understanding and appreciation of cultural issues regarding Juan's parents' difficulties in fulfilling school expectations. My lack of experience in the Canadian School System, as well as my position of graduate student, meant that my intervention was limited to one specific case, made my professional status quite vulnerable and precluded a more active and confrontational attitude aimed at promoting changes in the school system. However, in retrospect it now seems that at, least, I should have had an individual meeting with the Principal after the meeting with Juan's parents where the school plan was presented. The purpose of this meeting would have been to discuss why this particular plan was not culturally appropriate for this family. I would have used information from the literature, my experiences working with Latin American parents and my personal experience to support my argument. One may conclude that a strategy which includes dealing with the different subsystems of the school system, especially the more powerful ones, may be more effective in promoting changes in the system.

A General Comprehensive Perspective

From this perspective two questions arise: 1) the scope of the problem and, 2) the strategies to deal with it. Given the limited experience of the writer, the discussion of the above issues should be considered only speculative and tentative. Regarding the scope of the problem there is a widespread assumption among minority groups and cross-cultural workers that the educational system lacks appreciation of cultural differences. In addition, parents' and children's complaints about discrimination are not unusual. If the existence and prevalence of the problem are recognized and accepted, the search for solutions seems to be an unavoidable but not easy task. Montalvo (1974), addressing the home-school conflict of Puerto Rican children in Philadelphia, indicates that most reparatory approaches developed by schools to deal with minority children turn out to be unsystematic and fragmentary. To respond to the problems more than only conscientious counsellors, or sensitive social workers, or reaching-out teachers would be needed. To make the school system more responsive to the needs of minority children, changes:

> ...."would require organizing in areas about which information is still unformed. This information lies beneath a surface concern with home and school coordination which assumes that we know the boundaries and interplays of each, that we know how ordinary dislocations between school and family can become greatly unbalanced, and that we know how to orchestrate processes among contexts that will promote a youngster's growth. These false assumptions account for many of the failures....The failures are to some extent a function of widespread blindness to the intersystem operations between the school and the home" (Montalvo, 1974, pp. 109-110).

I think that Montalvo's argument enlightens our understanding of the home-school conflicts which may arise when well intended plans and recommendations are based on

false assumptions and expectations. It seems that significant changes cannot be expected from isolated and fragmentary interventions, but from comprehensive and coordinated approaches based on sound information regarding existing attitudes, beliefs and needs.

FOURTH SCHOOL MEETING. April 28, 1992

The School Principal, School Counsellor, the Resource Teacher, Juan's parents and the writer were present at this meeting.

The Principal explained that there were problems with Juan's behavior at recesses. The previous plan, where Juan and his friends played separated under the supervision of a teacher's aide, was successful but had been cancelled due to lack of resources. Currently, Juan was playing alone in the front of the school to prevent him from getting involved in fights and getting into trouble. The school did not feel comfortable with the solution but they had no other choice. Neither Juan, nor his parents had complained about the situation. After the introduction the Principal presented his plan stressing that many parents do volunteer work at school and that their contributions are valuable for the school. He also pointed out that in Canada fathers and mothers share the care of the children. The father seemed surprised by the request and he mumbled that he was not familiar with soccer rules. He also asked that the plan be postponed for the next week because the family had just moved to a new house and he was very busy (the Principal had suggested to start immediately).

The Counsellor informed the parents that it was decided to promote Juan to Grade Three, and therefore he should be registered in a new school, as their new address

corresponded to a new School Division. The writer would help the parents in the registration process and the school would arrange a meeting with the staff of the new school to provide them with information about Juan's needs.

As was expected, the Principal's plan never materialized.

FIFTH SCHOOL MEETING. June 22, 1992

The purpose of the meeting was to provide information to the new school about Juan's performance and needs. Present at this meeting wre the Principal, Resource Teachers, and class Teacher of the current school, the School Counsellor of the new school (The Principal was expected but unable to attend), and the writer.

Information was presented regarding Juan's family background, academic and behavioral performance, his strengths and weaknesses, as well as the help provided. Juan's teacher indicated her concern about how the move to a new school would affect Juan. He had expressed his desire to continue in the same school. Despite his problems teachers and children liked him. He was quite popular at school. The counsellor from the new school indicated that they would try to help him in the adjustment process. They would also build a program to meet Juan's academic needs. It seemed that the new school had more resources for children with special needs. After the meeting the counsellor of the new school went to Juan's class to meet him, so he would be a familiar face when he started school in the fall.

CONCLUSIONS

Objectives achieved:

An assessment of Juan's situation based on the family sociocultural background, their immigration process stage, Juan's developmental and educational history, and his current academic performance and potential provided a comprehensive evaluation which allowed the development of a class plan aimed at controlling Juan's disruptive behaviour and improving his academic performance. A cooperative relationship was developed between the class teachers, the resource teachers and the writer. Teachers enjoyed the situation where they were able to discuss Juan's situation with the writer on a weekly basis. Even though there was not a significant improvement in Juan's reading skills, he settled down, his concentration span increased, he was able to follow a story and answer questions about it, and in general he conformed to the basic rules of classroom behavior. Attempts to control Juan's behavior during recess were less successful; the reasons being the unstructured nature of the recess, lack of supervision, involvement with other children who share the same attraction as Juan for tough and aggressive play, and the school's strict rules regarding discipline.

The experience of working in the school system reveals the lack of cultural sensitivity and appropriate services regarding the needs of minority children. It confirmed the impression expressed in personal communications with parents as well as cross-cultural workers about the failure of the educational system to provide meaningful help to ethnic minority children. There is little effort to orient immigrant parents to the Canadian school system, behaviors expected of children and parents, and services

available.

In our experience, even though some members of the school staff showed understanding and sensitivity to Juan and his parents' difficulties, they were powerless in the decision making process and had no other choice than to follow the orders of the school administration which utilized a rigid and bureaucratic approach in which there is no room for cultural differences. The Principal indicated his lack of acceptance of cultural differences and immigrants' difficulties when he expected Juan's father to do volunteer work at school, a setting which was alien to him. Vazquez-Nuttall et al. (1982) point out that when a child's behavior problems are identified at school, to approach the Latin American parents directly is seldom a successful strategy for a number of reasons. "Latin American parents may feel threatened by school personnel and fear adverse reactions to their poor English, cultural values, or child-rearing practices. In addition, these parents generally do not recognize the value of home-school interaction, believing instead that school personnel are the educational authorities and know what is best for their children." (p.80). In this context the therapist has to adopt an active and directive approach, operating at the interface between the family and the school system.

The relationship between Juan's parents and the school followed a pattern characterized by an initial period of the parents' apparent cooperation and involvement, which slowly turned into a reticent and suspicious attitude when cultural differences become evident and Juan's situation at school did not improve as expected. The parents felt frustrated, inadequate and incompetent. They started pressuring Juan, who

sometimes responded with an escalation of his problems, which provoked an intensification of the school's demands from the parents to "do something".

The writer's intervention at the interface between the family and the school was aimed at the modification of the dysfunctional pattern by educating parents about the rules and expectations of the school staff, and educating school staff about the parents' sociocultural background. In addition, because of the language barrier, the role of translator and facilitator of communication was required of the writer. The impact of the intervention was different at the different school subsystems. The writer was able to develop a cooperative work experience with the teacher subsystem, which showed an understanding, sensitive and positive attitude toward Juan and his parents' difficulties. However, the administration subsystem revealed a rigid and bureaucratic attitude, one which lacks cultural sensitivity. It raised the question whether this attitude reflects the attitude of the educational system or represents an isolated situation.

The parents for their part were constrained by characteristics of their own culture, such us their reluctance to rely on agencies for assistance, and traditional family values where hierarchies and roles are clearly defined—the father who is the dominant figure disciplines and controls while the mother who is submissive provides nurturance and support. Juan's father commented with pride that Juan was afraid of him. The family disciplinary methods based on fear and respect for the authority contrasted with school discipline which promoted self control through a reward system where positive behaviours are reinforced and negative behaviors are punished by withdrawal of privileges, time out, assignment of extra work, etc. Discrepancies between the

disciplinary system operated by the school and the family could explain the lack of Juan's response to some of the methods applied by the school. In a Latin American Study and Survey on Parenting (unpublished, 1991) the subject of discipline was found to be the parents' main concern.

In addition, idiosyncratic family characteristics have contributed to Juan's difficulties. The family pre-migration functioning was characterized by an absent father (he was in the army) during Juan's first years, a mother who had to work to provide for her son and a paternal grandmother who took care of Juan. There was a constant worry about the war. When the father deserted from the army, the family moved to another town and finally they escaped from Nicaragua to Guatemala, waiting for their Canadian visa. During his first years Juan did not enjoy a stable environment, nor did he attend any formal education setting. When the family arrived in Canada for the first time they had to function as a nuclear family without the extended family support, a task that they did not find easy to perform. Juan missed his grandmother who was like a mother to him.

The family had to develop new patterns of interaction as the result of changes in family composition, the separation of family members during the migratory process that requires structural and functional reorganizations. The evaluation of the experience presents enormous difficulties for a variety of reasons:

a) The complexity of the intervention whereby different systems were involved

b) the different roles performed by the writer, broker between the school and

the family, school consultant, and family counsellor

c) The FAM General Scale which has been used in the evaluation of the other families seemed not inappropriate for an intervention focused on Juan's school academic and behavioral problems.

d) Evaluation of Juan's behavior in class, based on observations during a month period, following the teachers implementation of the behavioral modification program they developed with the writer indicated an improvement in Juan's attention span, ability to be on task, class participation, as well as respect for class rules.

e) Discussions and feedback offered by the Child Guidance Clinic Social Worker and her Supervisor indicated appreciation and satisfaction with the service provided by the writer.

What Was Learned?

The opportunity to perform the role of school social worker provided the writer with an invaluable learning experience. The process of learning, through participation in different formal as well as informal activities, about the school structure and function with its different subsystems, distribution of power, accountability, channels of communication and relations with the Child Guidance Clinic, enhanced the writer's understanding of the educational system and those situations which have the potential of generating conflicts between the school and Latin American families. There were discrepancies between the school and Juan's parents' perception of the problems and the

ways to solve them. There were also discrepancies about expectations, disciplinary methods, norms and values which stem from the confrontation of two different set of cultural values. The process of identification and assessment of intersystemic conflicts between the family and the school provided the context for the intervention, where cultural differences and cultural transition conflicts were dealt with. However, at an individual level it was crucial to differentiate between Juan's problems that were related to cultural-migration issues (i.e., language difficulties) from problems that went beyond the cultural adaptation process but were aggravated by it (i.e., short attention span, reading difficulties, disruptive behavior in class).

The discrimination process, meaning to avoid attributing to culture what is actually an expression of individual characteristics, was vital in helping teachers develop their intervention strategies with Juan. In this process of discrimination, the challenging arguments and questions presented by the writer's advisor were very helpful and allowed clarification and differentiation between cultural and universal issues. Thus, the dilemma between cultural ethnocentrism that ignores basic cultural differences and cultural stereotyping that misses crucial individual differences was constantly present in the supervision sessions. The feedback offered by the advisor helped the writer to focus the intervention, to set limits and clear goals, in a setting that was complex and unknown.

It became apparent that it was easier to find common ground when dealing with universal problems even though they were influenced by cultural adaptation issues, than when dealing with the family cultural patterns and discrepancies between the school and the family around expectations and values. As was indicated earlier, it seemed that to

be able to produce some significant changes that would make the educational system more sensitive to the needs of minority children and their families, more than the work of an isolated social worker in a particular school will be needed. A comprehensive assessment of the problems as perceived by minority groups and the educational system as well as the development of cooperative and coordinated relationships among schools, social agencies and parents aimed at dealing with the serious educational problems confronted by minority children has yet to be addressed.

In the last year, initiatives to respond to some of those problems have emerged. A Latin American Study and Survey on Parenting promoted by Child and Family Services lead to the creation of the Latin American Parenting Education Committee of East Kildonan. The committee has developed a Parenting Education Program to respond to the parents' needs which were identified in the survey. The writer took part in the development of the program and provided two presentations. Even though this initiative has been successful, it is limited in its scope because it addresses only one pole of the equation, the parents, while leaving the other, the educational system, untouched.

5.3 FAMILY B

FIRST SESSION

Presenting Situation:

Rosa, age 33 and Ernesto, age 34 are a Salvadorean couple who came to Canada as refugees 15 months ago with their two daughters Marcela, 11 and Andrea, 5. Rosa and Ernesto are a young professional couple, articulate and psychologically minded.

Both describe their professional life in El Salvador as satisfactory. The move to Canada was motivated by the political situation in El Salvador. They lived near an army base where constant fighting took place, putting their lives in danger.

The couple was referred by a Latin American counsellor who is a family friend. Rosa who made the telephone contact requested an interview "as soon as possible", indicating they were experiencing a serious family crisis.

In the first session the couple, who showed a high level of anxiety and distress (particularly the wife who cried a few times during the session), described the presenting problem as "lack of communication" and "constant fighting and arguing". The atmosphere at home was described as being tense and uncomfortable. Rosa complained that Ernesto was involved in too many activities, therefore, he had no time for his family, and she had the burden of all the care of the house and children.

Assessment:

An analysis of the situation revealed that the above-mentioned problems were not new. It appeared that in the past they were able to handle them, sometimes with professional help, but now they were feeling that "nothing seems to work", and their relationship seemed to be deteriorating rapidly in a time that they most needed each other to carry on the difficult tasks demanded by the adjustment process to a new society. Rosa indicated that sometimes she felt depressed and hopeless.

The family's life has changed dramatically since they arrived in Canada fifteen months ago—from having a professional job, a house where each daughter had her own room, two cars, a maid, family and friends—to a situation where they have to learn a new language, where the prospects of getting a job are not bright and where they will need to acquire Canadian qualifications. They are living in a small apartment, where the daughters share a room, and just recently were able to buy a used car that requires some repairs. Rosa, who was used to having help for the care of the household and children, now has to do it mostly by herself.

Ernesto, who is described by his wife as a workaholic, perfectionist and very demanding as husband and father, besides being a full-time English as Second Language student, is collaborating in social and cultural activities at the Salvadorean Community Association. "He has meetings almost every night" his wife complains. Rosa, who is also an English as Second Language student, is doing volunteer work at the Planned Parenthood Agency. She would like him to have more free time to spend with his family. She wants to do some travelling during the weekends. She wants him to share more with her, his thoughts, activities and projects. Ernesto, for his part, agrees with his wife that he has to prioritize his activities and he is taking steps to do so. He asked his wife for patience.

The information provided by the couple (content) and the interactions observed between them and with the interviewer (process), made it possible to identify and clarify communication patterns. One of the couple's typical dysfunctional transactions starts when Ernesto criticizes Rosa. She then counterattacks, a fight ensues and instead of ending with closure or mutual support, the fight escalates without closure. Each spouse suffers from a sense of non-resolution with the result that, when a new fight develops, all the unresolved issues emerge (Minuchin, 1974). Personality differences which, it

may be assumed in other circumstances could have been complementary, have become exaggerated or exacerbated, and a source of conflicts. Ernesto is an energetic person, perfectionist, very demanding of himself and others, who places a high value in hard work, taking responsibility and carrying on tasks with effectiveness. Rosa is an intelligent, sensitive woman, who loves the creative aspects of her profession (publicity). She needs emotional support and a relationship based on good communication and sharing of ideas, feelings and projects. She feels angry and frustrated by Ernesto's lack of involvement with the family and his continuous criticism. "He is always criticizing everybody and everything, it hurts a lot", Rosa states.

It becomes evident in the discussion that Rosa's sensitivity and Ernesto's criticism and demands are exacerbated by the pressures and strains that both of them are confronting in the process of trying to build a new life in a new country. Ernesto is very concerned about how he will be able to provide for his family, and at the same time go back to university to obtain Canadian credentials. Rosa, on the other hand, is struggling with the demands of the care of the house and children, the study of the language and her volunteer work. In addition, their economic resources are limited, resulting in a significant drop in their social and economic status. Once the presenting problems had been identified and discussed, the focus shifted to obtaining essential information needed to understand the family system and its context. The focus of attention moved away from " the problem" to the context. This has been found to be useful in the engagement process of families (Bernal & Flores, 1982). The process of putting the family's problems into perspective and in the context of the immigration and adjustment process alleviated the couple's anxiety, and the confrontational attitude changed to one of more cooperation and understanding.

In general, the stress of the migratory process is not felt during the first months following migration. On the contrary, participants are frequently unaware of the stressful nature of the experience and its cumulative impact. They will fail to perceive a correlation between the move and new conflicts, or the exacerbation of old ones. The therapists' acknowledgement of the intrinsically stressful nature of the migratory process and the fact that the presenting complaint is an understandable product of it, may dramatically contextualize the complaint and at the same time prepare the ground for specific interventions aimed at dealing with the symptoms' function in the family system (Sluzki, 1979).

Rosa and Ernesto began to have a new perception and understanding of their crisis once their complaints were contextualized. Their problems were not new, but have been aggravated by the stresses and strains of the adjustment process. This professional middle class couple has to confront a dramatic decrease in their social and economic status, which has an impact on the family's structure and functioning. The crisis was triggered by the family's struggle and difficulties in making the necessary and painful re-structuring changes to adjust to the demands of the new situation. "We will have to make changes, but we need help to find the way, we don't know how to do it", Ernesto indicated. They were given the task of planning together a trip out of town for the next Sunday. Ernesto would try to come up with a priority list of his activities that would be discussed with his wife. It was suggested to Rosa, who seemed more distressed, emotionally labile and complained of feelings of depression, that she keep a log in which she may record conflictual situations and fights, as well as her reactions and feelings.

At the end of the first session the family agreed to family counselling which would include the whole family in some sessions. The intervention consisted of five sessions, three with the couple and two with the whole family.

SECOND SESSION

The couple, who seemed more relaxed, reported that there had been an improvement in their relationship. They were able to talk without fighting. "I had nothing to record in my log", said Rosa. They had become aware of the impact on their family of the difficult task of starting a new life, but they are hopeful that they would be able to overcome the difficulties and achieve their goals. Rosa was very pleased with their first trip out of town to Kenora. "We had a good time as a family", she indicated. Ernesto had cut some of his meetings, particularly those on the weekends. The couple's interaction change may be explained by the relief of tension produced by the containing of the crisis through the contextualization of the problems, and a problem solving approach aimed at diminishing the couple's power struggles.

Then the focus shifted to the parents' concern about their daughters' fighting. "They constantly fight and argue about everything", the mother complained. The parents appeared to attribute the daughters' fighting mainly to the oldest daughter's difficult temperament. They indicated that Marcela has always been difficult to handle. She cries about everything, is unwilling to cooperate with the house chores and, complains about not being loved by her parents. On the positive side they identified Marcela's gift for music and drawing. She is responsible when caring for her younger sister, who sometimes takes advantage of her.

Marcela was born when the parents were young, the mother was 21 and the father 22 years old. They were studying and working at the same time. Marcela was taken care of by a maid; the parents saw her only during the weekends. She was always difficult to handle. The parents recognize that they were so busy with their studies and work that they did not provide her with appropriate attention and care. On the contrary, Andrea, their five years old daughter, who they described as easy going, has received

a different kind of parenting. "We are more mature now, we can be better parents. I feel guilty with Marcela, but it is impossible to turn the clock back", the mother stated. The father expressed his concern about an increase of Marcela's difficulties during the adolescent process.

The mother's history revealed that Rosa is the youngest of three; she has an older sister and a brother. There is a difference of seven years between her and her older brother. The parents were separated, and according to her mother she was "to blame" for the parents going back together. Rosa described her parents' relationship as bad, always fighting, particulary around money issues. "I am afraid of repeating the same situation in my marriage", Rosa said. She had bad memories of her relationship with her mother, who used to pit one against the other in the family. Her father died of a heart attack when he was fifty one years old and Rosa was twelve years old. The mother died from cancer four years ago. She has good memories of her father as an intelligent caring person. In contrast, her relationship with her mother was conflictual. According to the couple's report, Rosa's relationship with her mother and the loss of the father during her adolescence had a detrimental effect on the beginning of their relationship, which lead Rosa to seek professional help.

Ernesto is the oldest of five brothers. According to his father, Ernesto was the reason for him getting married to his mother. "My family was a normal family" said Ernesto. The only problem was his father's drinking problem. When he was under the effect of alcohol he became violent toward his mother. He used to drink during the weekends. Since Ernesto was ten years old, the father used to give him his salary; Ernesto was supposed to administer the money in order to prevent his father from drinking it away. His father was a bookkeeper and Ernesto learned very early in his life to help his father with his work. He also was responsible for his younger brothers. It

seems that Ernesto played the role of the parental child in his family by being in charge of the control of his father's alcoholism, the administration of money and the care of his brothers.

The family background of Ernesto and Rosa provided relevant information to understand the family sociocultural context, and its relationships with the extended family which constitute an indication of the ability of the family to function without the extended family support. "Due to the extended system of Latinos, it is important to inquire about the spouses' own families of origin....In this manner, the therapist begins to understand the role other family members may have in the family." (Bernal & Flores-Ortiz, 1982, p.359). In the case of Rosa and Ernesto it seemed that they have functioned with a high degree of independence in relation to the extended family. Therefore, it may be assumed that this factor could help them adjust to the new situation more easily than other families whose pre-immigration functioning was dependent on extended family support. "In the process of seeking information, the therapist begins to intervene in the family system by facilitating, relabelling, mimicking and joining when appropriate....Once the therapist has some knowledge of the families of origin and socio-economic status, she/he should inquire about their problem solving orientation.....How individuals respond to crisis in the family as well as how the family as a whole dealt with migration "(Bernal and Flores-Ortiz, 1982, p.359).

THIRD SESSION

This session included the whole family. Materials for painting and drawing was provided to the girls. Andrea, the youngest, is a cute five year old girl who established good rapport with the writer. Andrea asked questions and seemed to be used to being the center of attention. Marcela on the contrary is a shy, quiet eleven year old girl who

looks younger than her chronological age. Her parents pushed her "To say everything that bothers her, without being afraid of being reprimanded or punished". Marcela complained about her sister bothering her when she is doing her home chores. She indicated that the parents always protect her sister and criticize her. She added that she thinks that they do not love her. "Andrea receives all my mother's attention and love, and I receive only criticism and complaints." Marcela's statement provoked a series of accusations between the parents around who was to blame for Marcela's feelings. Andrea, who was drawing, stopped working and took refuge in her mother's arms, and after a while started crying. The father tried to calm her and offered to buy her some sweets. He indicated that this reaction was quite unusual for Andrea, who has good leadership skills, is very mature for her age and has an easy going temperament. Obviously Andrea's reaction made her parents focus their attention on her and away from their fight.

It became apparent that the children's fights were an attempt to prevent the parents' fights. The parents concentrated their attention on the children and ran away from their own couple problems. The clarification of the children's behavior and its reframing as a protective measure rather than as an attack on the parents, provided a redefinition of the problem. "The presenting problem is now amenable to solutions or it loses focus" (Sluzki, 1992).

Once it became clear that the fights (which were only verbal) did not represent a danger for those involved, the girls were given the task of going on with their fights but of not complaining to their parents or looking for their help. They had to try to solve their differences alone. The parents were asked not to intervene in their daughters' conflicts.

FOURTH SESSION

This session again included the whole family. The girls immediately started to paint. Everybody seemed to be more relaxed than in the previous session. Marcela reported that for a couple of days they did not fight, but on Sunday the father was studying, it was raining, she and Andrea were bored, and a fight developed around a book. The mother intervened, but instead of getting involved in the conflict, she proposed to play a game, the three spent two entertaining hours, and the girls forgot about the book.

A discussion of the living conditions of the family revealed that they were living in a very small apartment. They were waiting to move in November to a town-house from Manitoba Housing. They had no privacy at home. The father found it extremely difficult to study, most of the children's books and toys were still in boxes. It seemed that the family's living conditions constituted a contributing factor in their interaction problems.

Issues of communication were discussed where it became apparent that sometimes members of the family tend to do things for others when not asked, and it is not needed, but refuse to do then when requested. Examples were discussed and the mechanism was clarified. A family tendency to over-involvent and control compromised members' autonomy and increased family conflict through power struggles.

The discussion in this session took place in an atmosphere of cooperation and understanding rather than confrontation and finger pointing. The family was able to discuss with humour some of its difficulties. They talked about their life in El Salvador, and the challenges of their new life in Canada. The parents expressed concern about the aggressive and sexual content of television programs, as well as problems of drugs and

alcohol. They had registered the girls in a private Catholic school, where they expect they will receive a better education.

FIFTH SESSION

This was a session with the couple alone. Rosa and Ernesto reported that things were going quite well. "It seems that the therapy helped us", Rosa stated. The girls had started in the new school. Marcela's performance has surprised her teacher—she was doing very well, was making some friends, and was taking part in the patrol team. Andrea was adjusting very well to kindergarten. The couple has been accepted in a training program. Despite the improvement in their relationship, they expressed concern about being together in the same course where issues of competitiveness and control may emerge. Rosa indicated that she has realized that not having her own money, as she used to, bothered her, and has been a source of power struggles and control issues between her and her husband. She felt powerless and dependant having to rely on a small budget administered by Ernesto. Therefore, she had decided to look for cleaning work.

Ernesto has reservations about his wife's decision on the grounds that her work could interfere with her maternal role and the girls will suffer. He is planning to look for work when he completes the training program next February. However, he is not ready to do any work unless it is related to his profession. Ernesto's position, which stems from his concern about the well being of the daughters was recognized. However, Rosa's decision was supported and reframed as her contribution to the improvement of the family situation not only by increasing their income, but by allowing Rosa to recover her autonomy and self-esteem which will be reflected in better family relationships. Suggestions for negotiating practical arrangements and working out difficulties as they may arise were provided.

Then the focus shifted to the discussion of parent-children issues based on the observations collected in the last two sessions. Developmental issues and individual differences were stressed in order to understand the parent-daughter relationships. It was indicated that the girls' behaviors were age appropriate and that their difficulties were reactive to environmental and family factors. A final suggestion was offered that if another crisis emerges they might want to seek another consultation.

DISCUSSION

The family difficulties can be understood in the frame of "the transitional crisis with predictable stages" provoked by the migration process as described by Sluzki (1979). The family, whose functioning during the first year was in the service of the basic needs for survival in an alien environment and culture, was experiencing a crisis. The stressful nature of the migratory process and its cumulative impact triggered the family crisis. "Nothing seems to work", said Rosa. Not only must the individual members adapt to the cultural transplantation, but the family unit itself must be reconstructed (Sluzki,1979).

New patterns of interaction emerge. Family reorganization stems from changes in the rules that define roles, boundaries and hierarchies within the family as a result of acculturation processes. The family has to reorganize their lives regarding distribution of roles, norms and rules. For instance, Rosa has to deal with the care of the house and children without external support. Therefore, she expects Marcela's cooperation. Ernesto, who in El Salvador used to meet with Marcela's teacher every Friday to follow up her performance, has been unable to do this since they arrived in Canada, and he felt guilty for not providing his daughter with the appropriate attention.

Many family functioning rules will prove to be adaptive in both cultures and will not show any changes. However, many others will have to undergo changes affecting the distribution of roles and norms that may involve every member of the family. Families may discover that behaviors which elicited the desired results in their native country are in the new culture no longer effective or bring different results. One example of this is disciplinary methods.

Ernesto's and Rosa's problems were not new. Migration has hastened their appearance or may have exaggerated them within the context of the move. Once the problems had been identified and the essential information needed to understand the family system and its context had been collected, the process of attention was shifted to include the context. The contextualization of the problems in the frame of the migration process and strategies to deal with the crisis provided the family a new perception of their situation. The improvement experienced by the family with a short intervention indicated the family's flexibility and ability to solve problems. In addition, the family's connection and involvement with the Salvadorean community have provided support and at the same time have given continuity to their lives in the process of acculturation. However, it is important to note that they have not solved all their disagreements and conflicts, and a new crisis may emerge in the long and stressful process of building a new life.

EVALUATION

In the second and last sessions, the parents completed the FAM General Scale. Given the high level of anxiety and distress manifested by the couple in the first session, it was considered clinically inappropriate to ask them to complete the scale. Marcela completed the pre-measure in the third session (the first for her); she did not attend the last session.

Ernesto and Rosa's pre-measure profiles show congruence in their perception of the family as having serious problems in all areas, with the exception of Ernesto's score in Role performance in the high limit of the normal range (60). The couple's particularly high scores in involvement and control subscales, areas that also in Marcela's profile appeared as family problem, indicate that the family is struggling to adjust to the demands of the new life which has increased power struggles between family members, according to the family report. At the same time, an exaggeration of over involvement tendencies has undermined family members' security and autonomy. "During the period following migration....family rules and styles tend to appear slightly exaggerated. For instance, if the members were mutually close, physically or emotionally, they will seem even closer...." (Sluzki, 1979, p.384).

The crisis situation experienced by the family where "nothing seems to work" can be explained by the high level of family disturbance perceived by the couple. Ernesto's very low scores in the subscales of social desirability (28) and denial (27) and Rosa's low score in denial (16) indicate that there is no tendency to deny problems or respond in what is perceived as a socially desirable manner.

Marcela's high score in denial (69) indicates some distortion of the FAM profile where the elevation of the entire profile may be distorted. Post-measure profiles show the couple's high congruency scores in the subscales of control and involvement. Their discrepancy in other areas indicates that, despite some improvement in their relationship, there are marital problems, which are perceived differently by each one of them. Clinical observations indicated that family conflicts revolved around issues of power struggles, over involvement and intrusive tendencies which have interfered with individual autonomy and security.

It may be assumed that the migration and adjustment process has exaggerated a power imbalance in the family. The couple moved from a situation of more or less equalitarian power structure in their country of origin to a situation where the husband, who controlled the money and had a better mastery of the language, held a domineering position of control, which undermined the wife's autonomy and self-esteem. The identification and discussion of the problems and their context, as well as the recognition of individuals' characteristics and limitations ("I have realized, now, how complicated and difficult my husband is!", stated Rosa), during the intervention process facilitated the couple's communication (communication subscale scores improve, but are still in problematic range for the wife) and promoted the initiation of the family's structural changes demanded by the acculturation process (i.e., wife's decision to work, negotiation of arrangements).

Changes which are accompanied with strains and stresses have the potential to trigger family crises. Rosa's high scores in all areas indicate the difficulties she is confronting in the process of accommodating to the new life demands within the context of her family. It was suggested that the family may seek another consultation if the need arises. Follow-up contacts revealed that the family was doing well. They moved to a new house, the parents completed their training program and were in the process of looking for work, and the girls were doing well at school.

5.4 FAMILIES C, D AND E

FAMILY C

The family included Ana (45) and her two daughters Lucia (13) and Lorena (12). The family was referred by a Latin American counsellor from the Cross-cultural Counselling Unit of the Mount Carmel Clinic, which had seen the mother and Lorena in relation to her poor academic performance. The counsellor reported that the girl, who is articulate and is of average intelligence, seemed to be affected by family conflicts around the parents' divorce and their ongoing battle, which probably have interfered with her ability to perform according to her potential.

The sessions were held at the family's North Kildonan town-house. The girls are pretty, agreeable, well groomed young women who appear their chronological age. The mother is an attractive overweight woman who seems to take good care of herself.

The presenting problems, according to the mother, revolved around the poor academic performance of the girls, their lack of cooperation with the household chores, and the excessive time they spend watching television. Lucia and Lorena explained their difficulties at school which seemed to stem from a combination of factors, such as lack of a solid educational base, particulary in mathematics and sciences, poor learning habits and a lack of appropriate and consistent academic support. In relation to their mother's complaint about their lack of cooperation with the household chores, they indicated that the mother is very demanding and what they do is never good enough for her.

Family Background

The mother, father and an oldest daughter (who is 21 years old, married, and has an 18 months old daughter) came to Canada as refugees from Chile approximately 17 years ago. The father had close ties with the government, and when the army took power in Chile he was arrested and tortured. Despite the fact that the couple had been

separated a couple of times, and their relationship was not a good one, when the husband was freed (he was in very bad shape, physically and emotionally) the wife decided to emigrate with him to Canada. "When we came here, he changed, he forgot his principles and was interested only in making a career for himself, his family didn't count", says the mother with bitterness. He got a job in a big establishment and he made his way from the bottom to the top and currently holds a management position. Approximately eight years ago, when he started a relationship with a Canadian women, the couple separated and later divorced. He remarried and has a child with his new wife.

There has been an ongoing battle between Ana and her ex-husband around the girls. The father blames the mother for the their school failure, for the pregnancy of the oldest daughter which provoked the interruption of her university studies, and according to the mother he blames her for everything that goes wrong with the girls.

It became apparent that the girls were caught between longstanding unresolved conflicts between the parents. They were afraid of hurting one of them (in particular they were concerned about the mother who seemed to be the most vulnerable). The parents have maintained a longstanding conflictual situation based on frustrated expectations, misunderstandings, blame, and accusations. The girls, caught in the middle, seemed to be paralysed, confused and expressed feelings of hopelessness.

There could be detected an atmosphere of distrust, fear, and insecurity in the family, where issues of loyalty seemed to be involved. The girls were afraid of hurting their mother's feelings. They seemed confused and insecure. The mother, who showed low self-esteem, was very sensitive to criticism or comments about her, and when she felt criticized, reacted accusingly and with denial. In the first session they agreed to family counselling which would be focused on a) improving the family relationships; b) searching for ways to improve the girls' academic performances; and, c) trying to

mediate between the parents in order to create a climate of more cooperation. It is important to note that the mother is the legal guardian of the girls, and she is the one who requested help. Therefore, the inclusion of the father would be subjected in the first place to the agreement of the family, and secondly to the father's willingness to cooperate. It became apparent in the first contact with the family that the achievement of the above goals would be difficult due to the longstanding nature of the problems.

Treatment Summary

Due to the family lack of transportation and the mother's work schedule the sessions were held at the family's home. The intervention included eight interviews. It was focused on improving the mother's relationship with her daughters and promoting a climate of trust. This was possible through the discussion of the communication patterns and the establishing of clear boundaries between the parental executive subsystem and the sisters' subsystem. Issues of role performance and boundaries were addressed aimed at helping the girls to disengage themselves from parent-adult problems, and engage in age appropriate activities. Suggestions were provided to improve their study habits.

The interviews were conducted in Spanish when addressing the mother, and usually in English when addressing the daughters. It is important to note the different levels of acculturation present in this family. The girls were born in Canada and have never been in Chile. They speak Spanish, but they prefer to speak in English. They have been involved in Folklorama for a couple of years. The father, who married a Canadian woman, went to university, holds a management position, and shows a high level of acculturation. The mother, on the contrary, despite the time being in Canada, has a poor command of English, and has little understanding of the Canadian school system. Despite having been a teacher in Chile, she works as a babysitter. She is

involved in the Chilean community, in social and political activities. Her level of acculturation is quite low. Lorena and Lucia showed admiration for their father's achievements and standard of living. However, they were jealous of his new family and would like a closer relationship with him. The writer's suggestion to meet with the father was rejected on the grounds that they were not ready for it. They were able to better understand their relationship with him. Underlying conflicts of loyalty and betrayal were identified, and the prospect of including the father was perceived as a threat to the stability of the family.

Information provided by the referral source indicated that the father is a very rigid and authoritarian person with whom communication is not easy. This may explain in part the resistance presented by the family.

The intervention was able to address the two first objectives: there was an improvement in the family relationships, "we do not fight so much, we can communicate better "Lucia stated; and the girls started taking school more seriously. Follow-up contacts indicated that the family was doing well and were grateful for the help provided.

Discussion

This family differs from the other families presented in this report in the time they have been in Canada and in their stage of acculturation. The parents arrived in Canada 17 years ago, fleeing political persecution. Different factors, such as the family pre-migration functioning, the traumatic experiences of persecution, incarceration and torture of the father by the military, the forced immigration, the arrival to Canada in a time when settlement services available for refugees and immigrants were scarce, have contributed to the development and perpetuation of the family's longstanding conflicts.

The problems around the parents' divorce and their lonsgtanding battle have acquired a new dimension in the context of the migration and adjustment process. The

mother, who took care of the house and daughters while the father went to work and later to school, had no opportunities to retrain herself or to acquire Canadian qualifications. Therefore she holds a low paid job as a babysitter and has few chances for improving her condition. She has strong connections with the Chilean community, where she is involved in social as well as political activities. She has little understanding of the Canadian school system, and therefore she has been unable to provide or request adequate academic help for her daughters. She encourages the girls' participation in recreational activities in the Chilean community and discourages their participation in social activities with their schoolmates on the grounds that she finds that the Canadian culture promotes too much independence for the adolescent.

In contrast with the mother's low level of acculturation, the father has achieved a high level of acculturation. He holds a management position, has remarried a Canadian woman, and they enjoy a comfortable economic situation. There is no doubt that the disparity of acculturation level has been a contributing factor to the couple's ongoing conflicts. The mother's feelings of frustration, low self-esteem, and anger are expressed in her relationship with the daughters, who are caught not only between the mother and the father, but between two different cultural worlds. It can be hypothesized that one contributing factor in the girls' poor academic performance at school, despite their average intelligence levels, is their confusion about their identity and loyalties. The father represents the values of the new country, the mother those of the old one, and because of their conflicts, the girls feel that they have to choose one of them instead of integrating the two worlds.

Evaluation

The family completed, at the second and last sessions, the FAM General Scale.

The girls used the English version, the mother the Spanish version.

Ana and Lucia's pre-measure profiles show that they perceive the family functioning at a normal level, with the exception of Lucia's score of 65 in the affective expression subscale which indicates an area of family problem. In contrast, Lorena's profile shows different areas of family weakness: task accomplishment, communication, involvement and values and norms. Clinical assessment suggests that the discrepancy in the girls' profiles does not indicate different perceptions of the family, but different ways of handling the problems. Lucia, who is the leader of the sister subsystem, is more assertive and confident. Lorena, on the contrary, is quite introverted. She relies on her sister for decisions and opinions. Lorena is a sensitive and insecure girl who seems to have been more affected by the family conflicts. In relation to task accomplishment it appears that Lorena lacks confidence and is afraid of failure. For instance, she felt apprehensive about participating in Folklorama until her sister gave her encouragement and support. She also has difficulties in expressing her needs and feelings. Ana's perception of the family as free of problems, is not supported by clinical assessment. It seems rather to reflect her tendency to project, deny and blame others for the family difficulties. The post-measure profiles demonstrate the same trend, where Ana and Lucia's profiles show an overall rating in the average range. However, a significant change appears in Ana's profile, which indicates the presence of family problems in the areas of affective expression, task accomplishment and control. This change can be understood as the recognition of difficulties which constitutes the first step in looking for solutions.

It became clear during the treatment that Ana has difficulty responding appropriately to changes in the family life cycle, for instance promoting more autonomy for her growing adolescent daughters. Problem solving skills in the family have been

shown to be ineffective. Parental control attempts which are based on blaming and accusing, provoking guilt, confusion and paralysis are also ineffectual. Family congruency of high scores in the subscale of affective expression can be explained by the recognition of suppressed feelings which have yet to find appropriate expression.

FAMILY D

The family consisted of Margarita (30), her son Marcelo (8) and her daughter Carola (5)

Presenting Situation

Margarita is a single mother with two young children. They came to Canada from El Salvador as refugees approximately 3 years ago. Since December 1991, Margarita's mother and her 12 year old half-sister have been visiting from El Salvador. They have applied for permission to remain in Canada.

Margarita was referred by the Latin American Worker from the Immigrant Access Service. The presenting problem was Margarita's difficulties in handling her young daughter Carola, saying of her "She lies about everything, she makes up things". For example, one day she went to the kindergarten and told the teacher that this was her last day, so they made her a cake. She has taken things from her home to school without permission. "Carola is a very manipulative child, she could be very nice and sweet, but could also be stubborn and always wants to get her way," the mother said. There is an ongoing power struggle around food and clothes.

Family Background

Margarita is a nurse. She is the oldest of three daughters. Her working class family has struggled for survival in one of the poorest countries in the world. Margarita, being the oldest, was expected to be responsible for the care of her younger sisters while

her mother was working. She also had to help her mother with household chores. Unlike her sisters, who were submissive, she was the rebellious, bad girl, "the disgrace of the family". She was physically and emotionally abused mainly by her father but also by her mother. A few weeks after her eighth birthday her father died from leukaemia. Things did not improve for Margarita—on the contrary, her responsibilities increased, now that her mother was the only breadwinner. Margarita finished high school with an enormous effort. She applied for Nursing School and was selected out of 1500 candidates.

After finishing her studies, Margarita married Luis who was her fiancee for four years. She described a marital life where emotional and physical abuse, neglect, humiliation and harassment were prevalent. Luis abused drugs and alcohol, did not have stable work, and immediately after their marriage started having relationships with other woman. They separated a few months after Carola was born. He moved to the United States, where he has a new family. His contact with the children, as well as financial support, have been scarce. Lately Margarita has obtained a divorce, and the family court is trying to obtain financial support for the children.

Margarita's decision to move to Canada was triggered by increasingly unsafe working conditions in the Military Hospital where personnel started "to disappear".

Assessment of the Situation

A first meeting at the family's downtown apartment revealed that the presence of Margarita's mother and half-sister have produced some changes in the structure and functioning of the family, and it was not clear who was in charge, the mother or the grandmother. Carola's behaviors seemed to be, at least partially, a reaction to the confusion. In addition, the mother's disciplinary methods based on threats, and a power struggle attitude to resolve conflicts seemed to deteriorate rather than improve Carola's

behavior. Carola also appeared concerned about her father who she only knew through her parents' wedding pictures. According to Margarita, when the family moved to Canada, the father promised to join them, a promise which never materialized. The mother indicated that when they arrived in Canada, Carola used to ask males whom they met in church or in other social contexts if they were her dad. Margarita was in the process of completing the divorce and the court procedures for getting child support payments. At the end of the first interview, it was agreed to provide family counselling to help Margarita with her difficulties in handling her daughter.

Treatment Summary

The treatment process,which started in March 1992,extended until September 1992. It included family interviews held at the family's apartment, individual sessions with Margarita conducted at the Community Resource Clinic, and phone conversations with Carola's school principal. The first four interviews were conducted at the family's apartment with the presence of all family members.

The focus of the family meetings was:

a) assessment of Carola's behaviour through drawings and observation of her play and interaction with other members of the family;

b) understanding of the family structure and functioning (clarification of boundaries, power allocation, issues of control and discipline were addressed);

c) helping the family to work out their difficulties, reframing Carola's problems, and providing different ways to handle the "problematic behaviours". This included supporting the mother in the implementation of appropriate disciplinary methods; and

d) assessing the family's immigration stage and its connections with the Latin American community.

During the family sessions, the mother and grandmother's roles were discussed and clarified. Clear boundaries between the parental subsystem, which included the mother as the ultimate authority in disciplinary matters supplemented by the grandmother in the fulfilment of her parental functions, and the children subsystem were established.

In addition to this process, the implementation of consistent rules and appropriate disciplinary methods was promoted, which lead to an improvement of Carola's behavior. It is interesting to note that the grandmother, who is an energetic woman, despite her lack of education and simple origins, showed a good understanding of the situation and was willing to collaborate, support and supplement her daughter in her parental role.

Then, the underlying family conflicts surfaced, and the mother requested individual treatment. She complained about unsolved emotional conflicts regarding her ex-husband whom she had just divorced. The individual sessions were conducted at the Community Resource Clinic beginning in April. During the first three months Margarita was seen twice a week, and during the summer once a week. The treatment was a painful process where Margarita confronted her past experiences of physical and emotional abuse, first by her parents, and later by her ex-husband and father of her children. She was able for the first time to express long repressed feelings of anger, despair, humiliation, shame, guilt and distrust. She felt that she was not normal because she was unable to establish new relationships and that she was not a good mother because she could not provide her children with a father as they requested. In addition to having to deal with painful and traumatic past experiences of abuse and exploitation, Margarita had to deal with the difficult task of finding a place in the new society, as a professional as well as a woman.

As a professional she has plans to go back to school to acquire the Canadian qualifications necessary to be able to work as a nurse. As a Latin American young single mother her efforts for developing a new social network that may replace, at least in part, the one lost during the migratory process, have been difficult due to characteristic of the environment.

Most of her social life has revolved around a Latin American Evangelist church. In this traditional community, women are expected to be submissive and dependent on men, "a woman without a man to protect her is not safe. Her honour, and therefore the family's honour, is at risk." (McGoldric et al., 1991). Margarita has been under pressure by her mother (who represents the value of the old country) to be compliant with the cultural rules. "The problem with Margarita is that she is too independent, too aggressive and intolerant", the grandmother said. McGoldrick et al (1991) indicate that cultures vary in the roles assigned to women. Hispanics described men and women as having separate and defined roles, men to protect, women to nurture. "In most Hispanic countries women learn early how to be female in a man's world....They are raised to be dependent on males' protection, they are also expected to be strong and to take care of themselves emotionally as well as to take care of men's emotionally needs" (p.179).

The discussion and understanding of present as well as past conflicts, increased Margarita's self-esteem, assertiveness and feelings of hope regarding the future. She began taking better care of herself. She started working as a volunteer translator in a Family Planning Program. She also initiated a relationship with a man whom she liked and felt good with. She was attending a Latin American Evangelist Church, where she has had some conflicts, and finally she decided to start attending an Anglo Evangelist church.

In relation to Margarita's mother's situation, meaning her claim for refugee status, the writer was able to help her contact the appropriate agencies, because she wasted time and money with a private lawyer who didn't help. The mother had her first hearing with Immigration authorities, and a second hearing was scheduled. In the meantime she was receiving social assistance, was taking English classes, moved to an apartment, and her 12 years old daughter was attending school. During the treatment, Margarita's past and present relationship with her mother, as well as the possibility of the rejection of the mother's refugee claim were discussed. It seems that Margarita was able to learn and grow through the therapeutic process. She has shown strong will and determination toward her goals. She is a resourceful woman who will find the appropriate help when needed. At her request she was referred to a Support Group for separated, divorced and widowed women sponsored by the Interfaith Pastoral Institute.

In sum, the therapeutic process included: a) assessment of the family functioning, level of acculturation of family members, and connections with the Latin American community; b) connections with the school system in relation to Carola's difficulties, and the legal system regarding Margarita's mother' refugee claim ; and c) mother's individual treatment where elaboration of past experiences of abuse, divorce, development of new relationships, and improvement of parental skills in the context of the cultural transition process, were addressed.

Evaluation

The pre-measure profile shows Margarita's perception that role performance and control represent problem areas, which is congruent with the presenting complaint around issues of control and parenting competence. Role performance problems revolve around the inability to adapt to new roles required in evolution of the family life cycle in a

cultural transition process without the support of the extended family and friends. As discussed earlier, in Margarita's situation her mother's presence was a source of support, but at the same time some conflicts regarding the parenting role emerged, which were dealt with and resolved during the intervention process. Control difficulties stem from ineffectual and inconsistent disciplinary methods and overt power struggles. Role performance and control are two areas which constitute a frequent source of conflict for parents in a process of cultural transition, where different child-rearing practices and disciplinary methods may collide. The post-measure profile indicates that role performance still constitutes a problem area, but there has been a significant improvement in the area of Control (from 76 to 51). It appears that Margarita is still struggling with the demands of being a single mother with two young children in a new country. The improvement in the area of control can be explained by the use of more effective disciplinary methods with the children, clear and consistent rules and expectations and a problem solving rather than a power struggle attitude.

FAMILY E

The family consisted of Maria, a 23 year old Nicaraguan woman, Pedro, her 29 years old Salvadorean husband and Maria's 7 years old son, Roberto. The family was referred by a Social Worker from the Mount Carmel Clinic, who stressed the need for immediate intervention. The presenting problem was Roberto's aggressive behavior at school. He had anger attacks, destroyed things, and had physically attacked his teacher and classmates. He did not listen to the teacher and refused to work. At home he was described as stubborn, rebellious, and had temper tantrums if he did not get his way. According to the mother he has always been difficult to handle. He has a strong temperament, but never before had he behaved as he was doing at school. "I cannot understand what happens to him, I have done everything but nothing seems to work. I

punish him, I talk to him but I don't know what else I can do. I do not understand what the school wants from me", the mother said. According to the stepfather, Roberto never was asked to follow any rules, and when he tried to establish some, the mother accused him of being too rigid and strict.

The family came to Canada as refugees in January 1991 after spending some years in the United States. The couple met in 1988 in Los Angeles where Maria was living with her sister since the time Roberto had turned 13 months old. Roberto's biological father lives in Nicaragua. In Los Angeles Maria was living with an older sister, where various incidents of family violence, provoked by her brother-in-law who abused alcohol and drugs, took place. When Pedro met Maria he convinced her to move to Canada because life in Los Angeles was too "crazy and dangerous". Since the couple arrived in Canada, Maria has had many problems with her mother in law and Pedro's Salvadorean friends. She has been feeling lonely and depressed, misses her sisters and would like to visit them. In addition she was two months pregnant and was not feeling very well.

Roberto, a 7 year old boy who appeared his chronological age, started school without previous formal education experience. He has been raised by a young immature mother (she was seventeen when he was born) in a chaotic environment lacking appropriate rules and norms. He was immature and ill-prepared for the demands of the school structure. There have been three serious incidents at school. In the first one he had a fight with a girl from his class. He punched her, beat her and he was difficult to control. Part of the attack took place in the mother's presence. In a second incident he attacked the teacher when she tried to restrain him from destroying things and hurting himself. He scratched the teacher's arms. The third incident took place when the teacher sent him to the corner because he was disrupting the class. The counsellor was

called to calm him and when the mother appeared he lost control and started screaming, throwing things, and it took the counsellor and the mother 45 minutes to control him. He hit and insulted his mother in Spanish.

The intervention process which lasted three months included: three home visits, one meeting with the school staff (principal, class teacher and school counsellor), two play hours with Roberto and three sessions with the couple at the Community Resource Clinic, and a telephone conversation with the Child Guidance Clinic Social Worker, to share information and to coordinate intervention. Intervention goals included:

a) assessment of Roberto's behavioral problems at school and at home and development of strategies to handle them;

b) evaluation of the family structure and functioning in the context of its cultural background; and

c) assessment of the family's stage of acculturation.

Contact with the school staff provided information about the nature and scope of the problem at school, as well as previous attempts to solve it.

When the writer met the family they were experiencing a serious crisis triggered by Roberto's behavioral problems at school. Feelings of despair, anxiety and helplessness were prevalent especially in the mother who had a very close relationship with Roberto. The first two interviews, which were conducted at the East Kildonan family's apartment, were aimed at dealing with the crisis situation. A school meeting with the staff provided information about Roberto's school performance, his strengths and weaknesses, and the strategies used by the school to handle Roberto's anger attacks. Information about the family cultural background and the adjustment difficulties they were experiencing was provided to the school staff. It was suggested to the school staff that they avoid using the mother as the container for Roberto's anger attacks, because her

anxiety seemed to aggravate rather than alleviate the crisis. Everyone agreed to be in contact when the need arose.

In the second home visit information collected at the school meeting was discussed. Strategies aimed at creating an environment of clear and consistent rules and limits were worked out with the parents. Discussion about Roberto's problems revealed the presence of underlying conflicts between the couple regarding how to raise Roberto, selection of friends, relationships with the extended family and ways of using leisure time. A triangulation mechanism has developed where the couple may come into conflict over how to handle Roberto's behavior, rather than confronting their disagreements, which they strongly denied indicating that Roberto was their only source of conflict. "Since cultural norms emphasize the importance of the parent-child dyad over the marital dyad, during the initial stages a focus on parent-child interactions is more readily accepted than a focus on marital issues" (Falicov, 1982, p.149).

In this case dealing with the couple's parenting difficulties in the context of the cultural transition process seemed the most appropriate intervention goal. The development (through education, tasks, and role playing) of the couple's parental skills was promoted. Concrete situations, such as Robert's problems during meals and bed time, the care of his room and clothing were worked out. The intervention process through the contextualization of the family difficulties, the negotiation of the parents' differences regarding behavioral standards, and the focus on parental skills promoted an improvement of Roberto's behavior at school and at home which lead to better family relationships. There were no serious incidents at school and he seemed to settle down. However, for the next academic year Roberto has been registered in a private Catholic school, where the parents' expect he will receive a better education.

Evaluation

The couple's profiles shown congruency in the perception of areas of family conflict such as task accomplishment and control, which indicate their inability to respond appropriately to changes in the family life cycle (Roberto starting elementary school). The parents' disagreements about how to handle Roberto lead to ineffective problem solving. Approaches to control tend to be extreme, ranging from the stepfather's rigid style of control to the mother's laissez-faire style. There is an ongoing power struggle between the parents about whose approach is the right one.

The wife's high scores in the areas of communication, affective expression and involvement are an indication of the presence of marital discord, supporting the clinical assessment of underlying couple conflicts. Pedro indicated that they he has worked hard to keep the family together, because Maria, whom he described as being impulsive wanted on several occasions to separate. Post-test measure profiles indicate significant changes in all areas, with movement into the normal range. The intervention was focused on the development of parental skills in the context of the cultural transition process. The parents were able to concentrate their efforts in the management of Roberto's difficulties which alleviated one of the main sources of conflict between the couple. The crisis was overcome, Roberto's temper tantrums decreased, and clear boundaries between the executive and child system were established. Despite the improvement experienced by the family, given the immaturity of the couple, their previous functioning difficulties, the stresses of the adjustment process and the prospects of a new baby, it could be expected further family crisis that will require professional assistance will occur.

6.0 CONCLUSIONS

In this chapter I will comment on the common features that I found among the families that were seen as part of this practicum. The discussion will include cultural transition issues, therapy issues, and evaluation of outcomes. Finally I will discuss my learning during the course of this experience.

CULTURAL TRANSITION ISSUES

Despite the variety of complaints presented by the families and their diversity in terms of such descriptive elements as composition, country of origin, social class, education, religion and acculturation stage, some common features can be identified.

All families came as refugees escaping political persecution (the Chilean family) or unsafe conditions in countries torn apart by civil wars (families from Nicaragua and El Salvador). For poor rural or working class families, Canada represents an improvement in their life conditions regarding nutrition, health care, housing and education. For middle class professional families, the migration process is accompanied by a decrease in social and economic status. However, despite their social class and the related decrease or increase in their standard of living, all families have to undergo significant structural and functional changes, which have the potential to trigger family crisis. "Personal stress and family conflicts are an almost unavoidable (normative) byproduct of relocation. Throughout the process of relocation, the emotional needs of individuals increase markedly, while their social support network is severely disrupted, many crucial links are left behind...." (Sluzki, 1992, p.359).

Whether or not family members were consciously aware of it, they have left behind numerous segments of their personal social networks. For some families, the move was accompanied by changes in family composition, which required structural and functional reorganizations. For instance, Juan's family in Nicaragua lived with the

parental grandmother who raised him. For Juan his grandmother was, in his mother's words, "like a mother for him". In Family E, Roberto and his mother lived in Los Angeles with the mother's older sister. "Roberto does not see me or respect me as his mother, for him my sister was his real mother," Roberto's mother stated. In these families the nuclear family was embedded in an extended family network, where parental functions were shared or played by other members of the family in positions of authority. This means that the boundaries of the nuclear family are flexible and that relationships based on interdependence characterize this supportive network. "This tendency to extend kinship ties and to rely on relationships beyond the nuclear family has been called familism" (Falicov, 1982, p.138). It becomes apparent that these families have lost significant links and functions which were provided by the extended family network, and they have to confront the difficult task of adjusting to the new environment without support. Loss of extended family support is severely felt since it occurs at a time when the family feels more vulnerable. The development of a new social network is a complex and long social task. "During that period, which may last for years, the family becomes critically stressed, even though members may not be aware that functions critical for their own personal well-being are missing" (Sluzki, 1992, p. 361).

Couples' relationships may become overloaded when spouses expect each other to fulfill needs previously met by other members of the network (family, friends, co-workers). For instance, in Family B the wife complained about her husband's lack of emotional support, communication and involvement with the family. In turn, he felt overloaded and asked his wife to be patient and understanding. Exploration during the therapeutic process revealed that even though the couple's difficulties expressed by unmet needs were not new, they were exaggerated by the stresses and strains of the adjusting

process, which as it was perceived by the wife have produced power imbalance in the couple undermining her autonomy and self-esteem.

Children, for their part, in addition to the loss of family members and friends, must confront a new social and educational environment. Problems of dissonance between the normative expectations of the home and the school may occur, as was illustrated in our first case example.

In all but one family, conflict was introduced into the family through the children. Issues of discipline, control and school academic and/or behavioral problems were the most frequently presented complaints. This conforms with cultural norms which emphasize the parent-child dyad over the marital dyad (Falicov, 1982). If upon exploration other problems emerged, like for instance in Family E, where underlying marital conflicts were detected, to address these issues directly before building a strong therapeutic alliance would have hampered the therapeutic process and increased the family's sense of insecurity rather than having been a stimulus for change (Falicov, 1982).

In this situation, where a short-term, problem-focused intervention was applied, the therapeutic goal of improving the child's behavior, in the context of the family cultural background, by appealing to the parents' interest in the well-being of the child seemed to be the appropriate approach.

Some authors (Sluzki, C., 1979; Falicov, C.,1982; Landau, J., 1982) have identified the different rates of adjustment of family members, as a typical problem associated with cultural transition. Each member may experience acculturation at different speeds as a result of a division of roles that is functional to the survival of the family. This conflict is illustrated by Family C, where the mother stayed at home taking care of the daughters and had no opportunity to retrain herself, while her ex-husband

went to work and later back to school to improve his situation. As a result, the mother has remained loyal to the original culture and poorly adjusted to the new environment while her ex-husband is highly acculturated. Without doubt the different degrees of acculturation has been a contributing factor in the development and perpetuation of the difficulties experienced by this family.

In summary, when a family migrates, many crucial links are left behind and individual members and the family as a whole have to undergo significant changes which are accompanied by stresses and strains, which may translate into interpersonal conflicts or symptomatic complaints in adults and children alike.

THERAPY ISSUES

Understanding the family's sociocultural background and its present social context was found to be one of the most important factors in assessing the family's problems and selecting the intervention strategies. The ability to speak the clients' language and to appreciate their differences according to the country of origin facilitated the engagement process. It is important to learn about the family's culture from the family. Although there are many features common to Latin American families, each Latin American country has a distinct culture that must be recognized and appreciated. I found that family members were eager to teach me about the uniqueness of their cultural context, which included pictures of the landscape, family members and friends left behind, idiomatic expressions, typical foods, songs, proverbs, and crafts. Exploration of the family's sociocultural background and the migration process provided information about the family's norms and values, pre-migration functioning, links and functions left behind (extended family, friends, other sources of support), family life cycle and the presence of transitional problems.

The identification of the family's migration stage and its sociocultural context provided a framework of reference indispensable to delineate therapeutic goals and strategies to achieve them. By inquiring about the family's background, in addition to facilitating the engagement process, the contextualization of the presenting problem was established allowing a redefinition of the problem. For instance, case example B was redefined as "a transitional crisis", and in case example A the conflict between the school and the home was redefined as a problem of sociocultural dislocation resulting from different normative expectations rather than from the parents' unwillingness to collaborate.

In seeking information it was found important to respect the hierarchy of the family. Addressing the parents in the polite form of the pronoun you (usted) and the children in the familiar form (tu). "In this manner, the language becomes a vehicle through which generational boundaries are reinforced as well as cultural norms and expectations" (Bernal & Flores-Ortiz, 1982, p.359).

In the assessment process it was important to distinguish migration and/or cultural conflicts from developmental stage-specific conflict, or other dysfunctional behaviors or problems that clearly transcend cultural patterns. This distinction is particularly relevant for children's school related problems. For instance, in case example A, Juan's learning difficulties were found to transcend cultural and language issues. His abilities (i.e., the development of language and cognitive skills in his mother tongue) were poorly developed when he entered school. Therefore a different remedial approach will be required to help him with his academic difficulties.

All but one family, whose involvement was suggested by the school, requested help and came to therapy expecting to receive directives and advice for solving their problems which were, in most cases (Family B, D & E), presented as a crisis. The

possibility to respond immediately to the families' request in a flexible and accessible manner which included home visits for families with young children and transportation problems and long interviews for families in crisis, proved, in my experience, to be effective and congruent with the literature findings. I found that the use of a flexible approach in which I took an active role to promote change, to educate or give advice for the solution of the families' presenting problems, using ideas and techniques derived from different therapy schools was useful to develop productive therapeutic links with the families, and to help them in the resolution of some of their problems. It is important to note that it cannot be expected that a short-term intervention will resolve longstanding and complicated problems, like the ones presented in Family C, where partial goals were achieved.

Above all the therapy was guided by the family's sense of need. Family strengths were emphasized, and its values and norms were respected. The families felt understood and supported. To respond to the families' needs commitment, creativity and hard work were required. The engagement process with the families was facilitated by my ability to speak the clients' language and my familiarity with their cultural background, as well as my previous clinical experience as a clinical and educational psychologist working with families from different cultural backgrounds.

EVALUATION

Evaluation of the outcomes, an essential aspect of social work practice, presents, as was discussed earlier, difficulties when dealing with ethnic families who are in cultural transition. Morris's study (Morris, 1990) indicates that when assessment instruments, developed and standardized in Anglo groups are used with ethnic minority groups, their appropriateness is unclear (p. 32). In a cross-cultural study of proximity and hierarchy as dimensions of family structure Fisek (1991) indicates that "All family therapy theories

are necessarily based on certain culturally, historically, and intellectually determined basic assumptions and value judgments about good and bad family functioning....In the cross-cultural application of family therapy theories, these underlying assumptions should be made explicit. Further, the role of contextual variables such as cultural norms, social class, and other demographic factors, should be systematically incorporated (pp. 121-122)". One may speculate that one of the main obstacles in the evaluation of cross-cultural interventions lies in the unavailability of appropriate instruments which could incorporate the above mentioned contextual variables. The pre-post test FAM III used in this practicum, provided some information about changes which occurred during the intervention. However alternative explanations cannot be ruled out and the cultural sensitivity of the instrument has not yet been established. One may conclude that more than one instrument could have been used to obtain more specific information. However, even though it has been recognized that multiple measures seem to be more appropriate for evaluating family practice, when working with Latin American families and other ethnic families as well, language and cultural barriers are encountered. It becomes apparent that because the cultural approach in family therapy is a relatively new approach further research will be needed to address evaluation issues.

What Was Learned?

The learning process was facilitated by supervision provided by the principal adviser, discussions with the two other members of the committee, update of readings, as well as feedback from clients and referral sources. I have already discussed the particular learnings from my work with the school system in case example A. I want to stress that the experience in the school system has strengthened my previous conviction that there is a need and an enormous role potential for a culturally sensitive school social worker. In a society marked by ethnic diversity, appreciation for the clients' cultural

patterns and values may enhance social workers' assessments and therapeutic interventions. In their role as brokers they may promote the connection between the family and the school, facilitate communication, and deal with problems of dissonance between the normative expectations of the home and of the school. As social intermediary it is often necessary for the social worker to assume the role as a link between the school and/or the family and appropriate institutional, neighborhood, or network resources. It is important to note that, even though mental health practitioners have became increasingly aware of sociocultural dislocation problems between the home and the school, the development of effective and comprehensive approaches to deal with these problems have yet to be addressed.

The process of skill development focussed on the content as well as, on the contextual process of the therapy, where the clients' culture became background or foreground depending on the issue at hand. Undoubtedly the most difficult learning involved translating in an organized and systematic manner, the rich cultural background information gathered from the families, and integrating this information in the formulation of the assessment and intervention plan. The family therapy cultural approach offers a broad framework for family assessment and intervention that takes into account the sociocultural background and normative expectations of different ethnic families. This approach incorporates ideas, concepts and techniques from different family therapy schools, as well as concepts from related disciplines, such as Anthropology and Sociology. The use of such a broad approach, not limited to any single technical procedure and where different techniques are used and adapted to the clients' needs is, on one hand useful to understand and delineate interventions culturally congruent with the clients. However it does not provide a clear structure to organize the information gathered from the family and its sociocultural context into a coherent picture,

nor clear and precise intervention techniques. As was suggested, it assumes that the therapist has skills in family therapy and sensitivity in cultural issues (Bernal & Flores-Ortiz, 1982).

Providing I have those basic skills which have been enhanced during the practicum, I have the difficult task of developing my skills in organizing and translating the information, and providing theoretical or empirical support (not always available) for the assessment and interventions strategies implemented. It is important to note that in this process it has not been possible to do justice to the richness of the experience. The process of clarification of assumptions, understanding and appreciation of cultural norms and values critical for the development of productive cross-cultural interventions has constituted an important aspect of my learning process during this practicum. I was able to increase my knowledge about the Canadian educational system, the structure and functioning of the Community Resource Clinic and the Child Guidance Clinic. This learning experience has enhance my ability to be more effective in helping Latin American families to deal with the difficulties of the adjustment process. And, finally I hope that this report will contribute to increase our understanding and appreciation for the struggles, efforts and strengths of Latin American immigrant families.

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APPENDIX A

The Family Assessment Measure

Family Assessment Measure

GENERAL SCALE

Directions

On the following pages you will find 50 statements about your family as a whole. Please read each statement carefully and decide how well the statement describes your family. Then, make your response beside the statement number on the separate answer sheet.

If you STRONGLY AGREE with the statement then circle the letter "a" beside the item number; if you AGREE with the statement then circle the letter "b".

If you DISAGREE with the statement then circle the letter "c"; if you STRONGLY DISAGREE with the statement then circle the letter "d".

Please circle only one letter (response) for each statement. Answer every statement, even if you are not completely sure of your answer.

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FAMILY ASSESSMENT MEASURE (FAM)

English Version

1. We spend too much time arguing about what our problems are.
2. Family duties are fairly shared.
3. When I ask someone to explain what they mean, I get a straight answer.
4. When someone in our family is upset, we don't know if they are angry, sad, scared or what.
5. We are as well adjusted as any family could possibly be.
6. You don't get a chance to be an individual in our family.

Spanish Version

1. Discutimos frecuentamente acerca de cuáles son nuestros problemas.
2. Los deberes familiares están repartidos de una manera justa.
3. Cuando le pregunto a alguien de la familia lo que quiere decir, recibo una contestación directa.
4. Cuando alguien en nuestra familia está molesto, no sabemos si está enojado, triste, asustado o qué le pasa.
5. Estamos tan bién adaptados como cualquier familia.
6. Uno no tiene la oportunidad de ser individuo en nuestra familia.

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Please do not write on this page.
Circle your response on the answer sheet.

1. We spend too much time arguing about what our problems are.
2. Family duties are fairly shared.
3. When I ask someone to explain what they mean, I get a straight answer.
4. When someone in our family is upset, we don't know if they are angry, sad, scared or what.
5. We are as well adjusted as any family could possibly be.
6. You don't get a chance to be an individual in our family.
7. When I ask why we have certain rules, I don't get a good answer.
8. We have the same views on what is right and wrong.
9. I don't see how any family could get along better than ours.
10. Some days we are more easily annoyed than on others.
11. When problems come up, we try different ways of solving them.
12. My family expects me to do more than my share.
13. We argue about who said what in our family.
14. We tell each other about things that bother us.
15. My family could be happier than it is.
16. We feel loved in our family.
17. When you do something wrong in our family, you don't know what to expect.
18. It's hard to tell what the rules are in our family.
19. I don't think any family could possibly be happier than mine.
20. Sometimes we are unfair to each other.
21. We never let things pile up until they are more than we can handle.
22. We agree about who should do what in our family.
23. I never know what's going on in our family.
24. I can let my family know what is bothering me.
25. We never get angry in our family.

Please do not write on this page.
Circle your response on the answer sheet.

26. My family tries to run my life.
27. If we do something wrong, we don't get a chance to explain.
28. We argue about how much freedom we should have to make our own decisions.
29. My family and I understand each other completely.
30. We sometimes hurt each others feelings.
31. When things aren't going well it takes too long to work them out.
32. We can't rely on family members to do their part.
33. We take the time to listen to each other.
34. When someone is upset, we don't find out until much later.
35. Sometimes we avoid each other.
36. We feel close to each other.
37. Punishments are fair in our family.
38. The rules in our family don't make sense.
39. Some things about my family don't entirely please me.
40. We never get upset with each other.
41. We deal with our problems even when they're serious.
42. One family member always tries to be the centre of attention.
43. My family lets me have my say, even if they disagree.
44. When our family gets upset, we take too long to get over it.
45. We always admit our mistakes without trying to hide anything.
46. We don't really trust each other.
47. We hardly ever do what is expected of us without being told.
48. We are free to say what we think in our family.
49. My family is not a perfect success.
50. We have never let down another family member in any way.

APPENDIX B

FAM Interpretation Guide

FAMILY ASSESSMENT MEASURE

Spanish Version

INSTRUCCIONES

En las siguientes páginas encontrará 50 enunciados acerca de su familia como un todo o una unidad. Lea cada oración con cuidado y decida qué tan bién describe a su familia. Entonces, marque su respuesta debajo de el número correspondiente, en la hoja de respuesta conjunta.

Si usted está COMPLETAMENTE DE ACUERDO con la oración marque un círculo alrededor de la letra (a); si está de ACUERDO con la oración marque un círculo alrededor de la letra (b). Si se encuentra EN DESACUERDO con la oración, marque un círculo alrededor de la (c); y si está usted COMPLETAMENTE EN DESACUERDO, marque el círculo alrededor de la letra (d). Por favor, solo marque una letra (respuesta) por cada oración. Conteste todos los enunciados, aún cuando no esté completamente seguro de su contestación.

Es muy importante que no consulte ni haga comentarios del cuestionario con su pareja mientras lo resuelve. Nos importa su opinión individual. Los resultados serán mantenidos bajo una estricta confidencialidad. GRACIAS POR SU COOPERACION.

Por favor, no haga anotaciones en éste cuestionario, marque sus respuestas en la hoja correspondiente.

1. Discutimos frecuentamente acerca de cuáles son nuestros problemas.

2. Los deberes familiares están repartidos de una manera justa.

3. Cuando le pregunto a alguien de la familia lo que quiere decir, recibo una contestación directa.

4. Cuando alguien en nuestra familia está molesto, no sabemos si está enojado, triste, asustado o qué le pasa.

5. Estamos tan bién adaptados como cualquier familia.

6. Uno no tiene la oportunidad de ser individuo en nuestra familia.

7. Cuando pregunto porqué tenemos ciertas reglas, no recibo una buena respuesta.

8. Tenemos el mismo punto de vista sobre las cosas que son buenas y las que son malas.

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9. No me puedo imaginar como otra familia se puede llevar mejor que la nuestra.

10. Algunos días nos molestamos más fácilmente que otros.

11. Cuando tenemos problemas, buscamos distintas formas para solucionarlos.

12. Mi familia espera que haga más de lo que me corresponde.

13. Discutimos acerca de quién dijo qué, en nuestra familia.

14. Nos decimos cuáles son las cosas que nos molestan.

15. Mi famlia podría ser más felíz de lo que es.

16. Nos sentimos amados en nuestra familia.

17. Si se hace algo malo en nuestra familia, no sabrías que te espera.

18. Es difícil saber cuáles son las reglas de nuestra familia.

19. No pienso que ninguna familia pudiera ser más feliz que la mía.

20. A veces somos injustos unos con otros.

21. Nunca dejamos que las cosas se apilen hasta el punto que no podemos manejarlos.

22. Nos ponemos de acuerdo en lo que debe de hacer cada uno en la casa.

23. Nunca se que es lo que pasa en nuestra familia.

24. Le puedo decir a mi familia que es lo que me molesta.

25. Nunca nos enojamos en nuestra familia.

26. Mi familia trata de dirigir mi vida.

27. Si hacemos algo malo, no tenemos la oportunidad de explicarnos.

28. Discutimos acerca de cuánta libertad debemos de tener para tomar nuestras propias decisiones.

29. Mi familia y yo nos comprendemos completamente.

30. A veces herimos los sentimientos de otros.

31. Cuando las cosas no andan bién, tardamos demasiado en solucionar los problemas.

32. No podemos confiar en que los miembros de la familia hagan su parte.

33. Dedicamos tiempo para escuchar a los otros.

34. Cuando alguien está a disgusto, no nos enteramos hasta mucho después.

35. A veces nos evadimos unos a otros.

36. Nos sentimos cerca unos de otros.

37. Los castigos son justos en nuestra familia.

38. Las reglas en nuestra familia no tienen sentido.

39. Algunas cosas de mi familia no me agradan por completo.

40. Nunca nos molestamos unos con otros.

41. Nos enfrentamos a nuestros problemas, aún cuando éstos sean serios.

42. Un miembro de la familia siempre trata de ser el centro de atención.

43. Mi familia me deja tomar mis decisiones, aún cuando no estén de acuerdo.

44. Cuando nuestra familia está molesta, tardamos mucho tiempo para que se nos pase.

45. Siempre admitimos nuestros errores sin tratar de esconder nada.

46. Realmente no nos tenemos confianza.

47. Casi nunca hacemos lo que esperan de nosotros, sin que se nos recuerde.

48. Tenemos libertad para decir lo que pensamos en nuestra familia.

49. Mi familia no es completamente exitosa.

50. Nunca hemos defraudado de ninguna manera a otro miembro de la familia.

APPENDIX C

FAM Interpretation Guide

Table 3

FAM INTERPRETATION GUIDE

1. TASK ACCOMPLISHMENT

LOW SCORE (40 AND BELOW) STRENGTH

- basic tasks consistently achieved
- able to respond appropriately to changes in the family life cycle
- functional patterns to task accomplishment are maintained even under stress
- task identification shared by family members, alternative solutions are explored and attempted
- effective problem solving
- relatively resistant to crisis; those that do occur are short-lived

HIGH SCORES (60 AND ABOVE) WEAKNESS

- failure of some basic tasks
- inability to respond appropriately to changes in the family life cycle
- problems in task identification, in generation of potential solutions, and in implementation of change
- problem solving generally ineffective
- minor stresses may precipitate a crisis, which is liable to become chronic

2. ROLE PERFORMANCE

LOW SCORES (40 AND ABOVE) STRENGTH

- roles are well integrated; family members understand what is expected, agree to do their share and get things done; little role conflict
- members adapt to new roles required in the development of the family
- idiosyncratic roles not prominent

HIGH SCORES (60 AND ABOVE) WEAKNESS

- insufficient role integration, lack of agreement regarding role definitions; considerable role tension and conflict
- inability to adapt to new roles required in evolution of the family life cycle
- idiosyncratic roles prominent

3. COMMUNICATION

LOW SCORES (40 AND BELOW) STRENGTH

- necessary information is successfully exchanged
- messages are direct and clear
- receivers are available and open to messages sent
- mutual understanding usually exists among family members

HIGH SCORES (60 AND ABOVE) WEAKNESS

- communications are insufficient, displaces or masked
- necessary information is frequently not exchanged effectively
- lack of mutual understanding among family members
- inability to seek clarification in case of confusion

4. AFFECTIVE EXPRESSION

LOW SCORES (40 AND BELOW) STRENGTH

- affective communication characterized by expression of a full range of affects, at an appropriate time and with correct intensity

HIGH SCORES (60 AND ABOVE) WEAKNESS

- inadequate affective communication involving insufficient expression, inhibition of (or overly intense) emotional discharge, often at times not appropriate to the situation

5. AFFECTIVE INVOLVEMENT

LOW SCORES (40 AND BELOW) STRENGTH

- empathic involvement
- family members' concern for each other leads to fulfillment of emotional needs (security) and promotes autonomous functioning
- quality of involvement is nurturant and supportive

HIGH SCORES (60 AND ABOVE) WEAKNESS

- absence of involvement among family members, or merely interest devoid of feelings
- involvement may be narcissistic, or to an extreme degree, seen as excessive or intrusive
- family members may exhibit insecurity and lack autonomy
- enmeshment seen clinically will score high in affective involvement only if the rater recognizes that the fusion is pathological

6. CONTROL

LOW SCORE (40 AND BELOW) STRENGTH

- patterns of influence permit family life to proceed in a consistent and generally acceptable manner
- able to shift habitual patterns of functioning when necessary to adapt to changing demands
- control style is predictable yet flexible enough to allow for some spontaneity
- control attempts are more likely to be constructive, educational and nurturant than excessively shaming or blaming
- few power struggles, with those there are usually solved on the basis of "what fits" rather than "who's right" or "who wins"
- oppositionality and passive aggressiveness usually infrequent

HIGH SCORES (60 AND ABOVE) WEAKNESS

- patterns of influence do not allow family to master the daily routines of ongoing family life
- failure to perceive and adjust to changing life demands
- may be extremely predictable (rigid and lacking spontaneity) or chaotic
- control attempts are destructive or shaming and/or ineffectual
- style of control may be too rigid or extremely laissez-faire
- characterized by overt or covert power struggles: "who's right" or "who wins" usually more important than solving the problem ("what fits")
- oppositionality and possessive -aggressiveness common

7. VALUES AND NORMS

LOW SCORES (40 AND BELOW) STRENGTH

- consonance between various components of the family's value system
- family's values are consistent with their subgroup and the larger culture to which the family belongs
- explicit and implicit rules are consistent
- family members function comfortably within the existing latitude

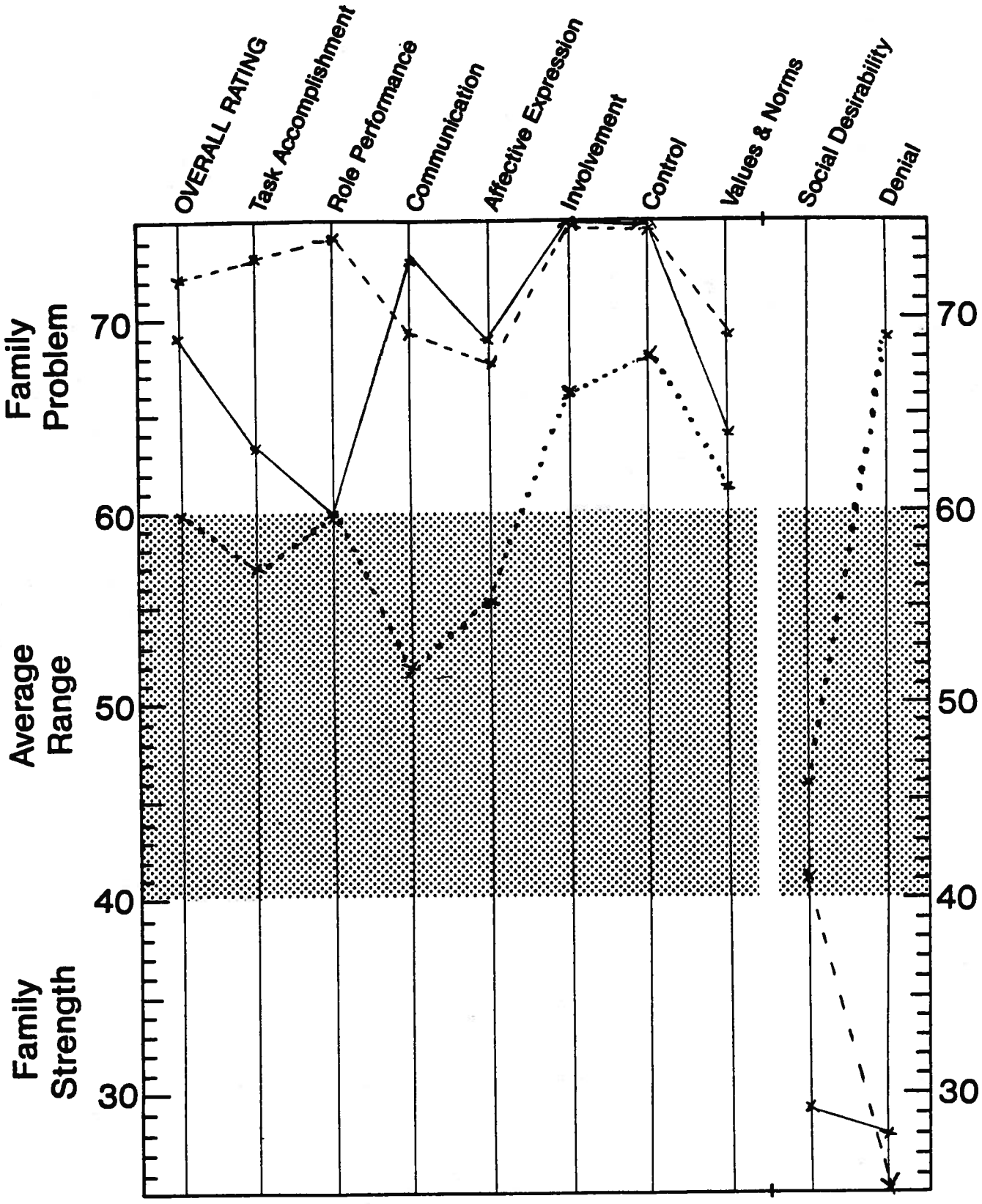
HIGH SCORES (60 AND ABOVE) WEAKNESS

- components of the family's value system are dissonant resulting in confusion and tension
- conflict between the family's values and those of the culture as a whole
- explicitly stated rules are subverted by implicit rules
- degree of latitude is inappropriate

APPENDIX D

FAM Test Scores

FAM GENERAL SCALE



FAMILY B PRE-TEST

Father _____ Mother - - - - Daughter. . . .

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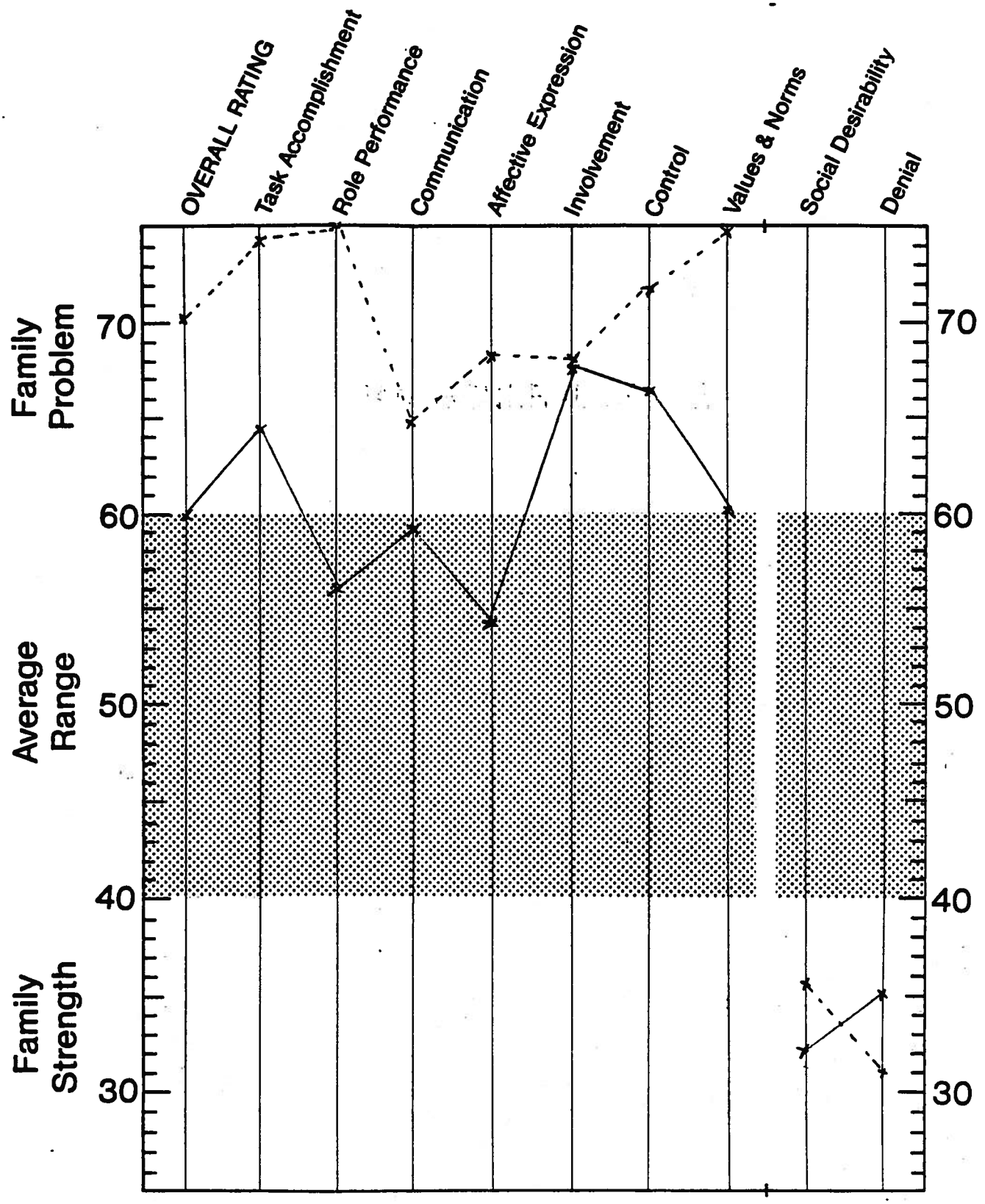
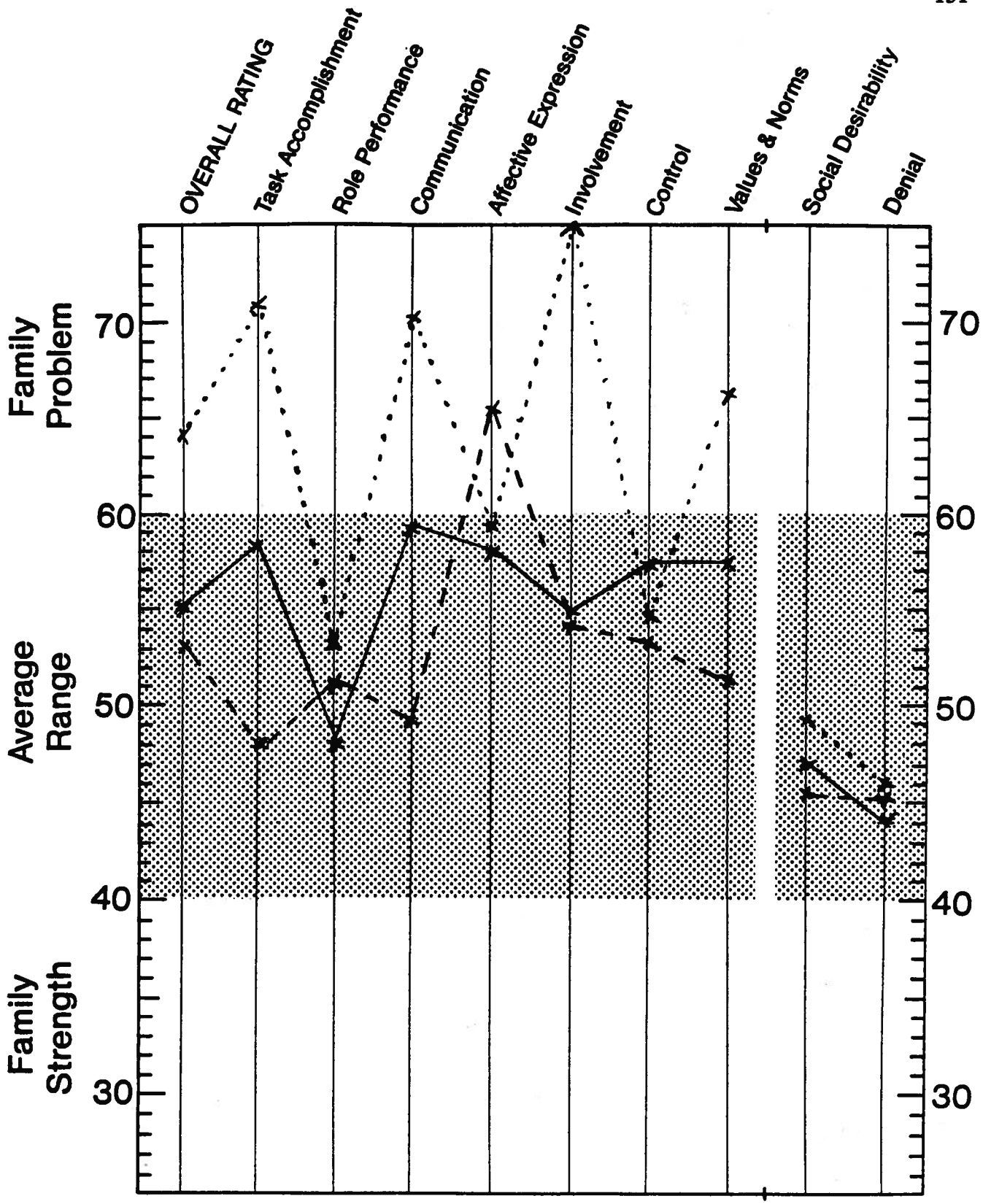
FAM GENERAL SCALE



FAMILY B POST-TEST

Husband _____ Wife - - - -

FAM GENERAL SCALE



FAMILY C PRE-TEST

Mother _____ Lucia - - - - Lorena. . . . .

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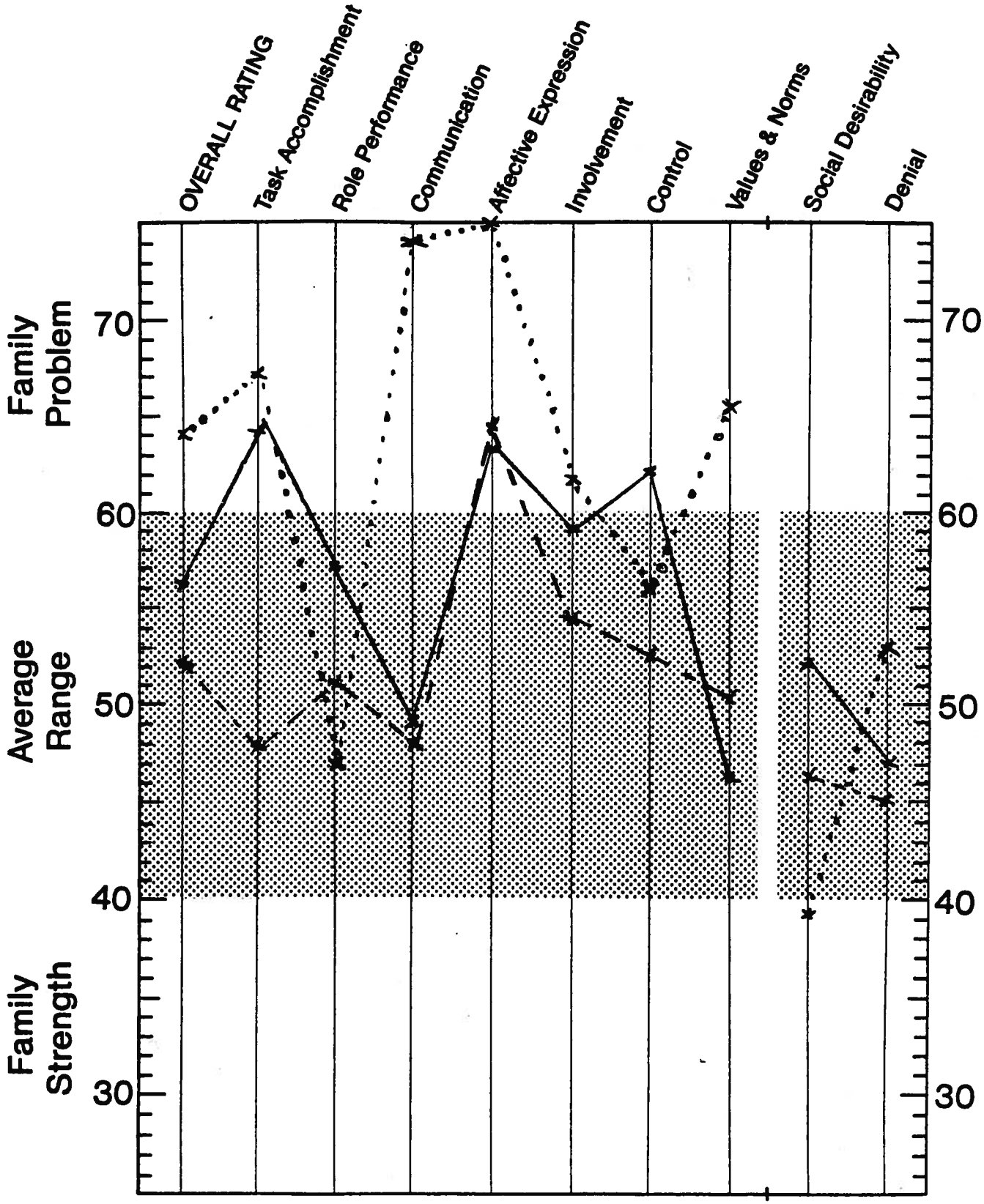
FAM GENERAL SCALE



FAMILY C POST-TEST

Mother _____ Lucia - - - - Lorena. . . . . .

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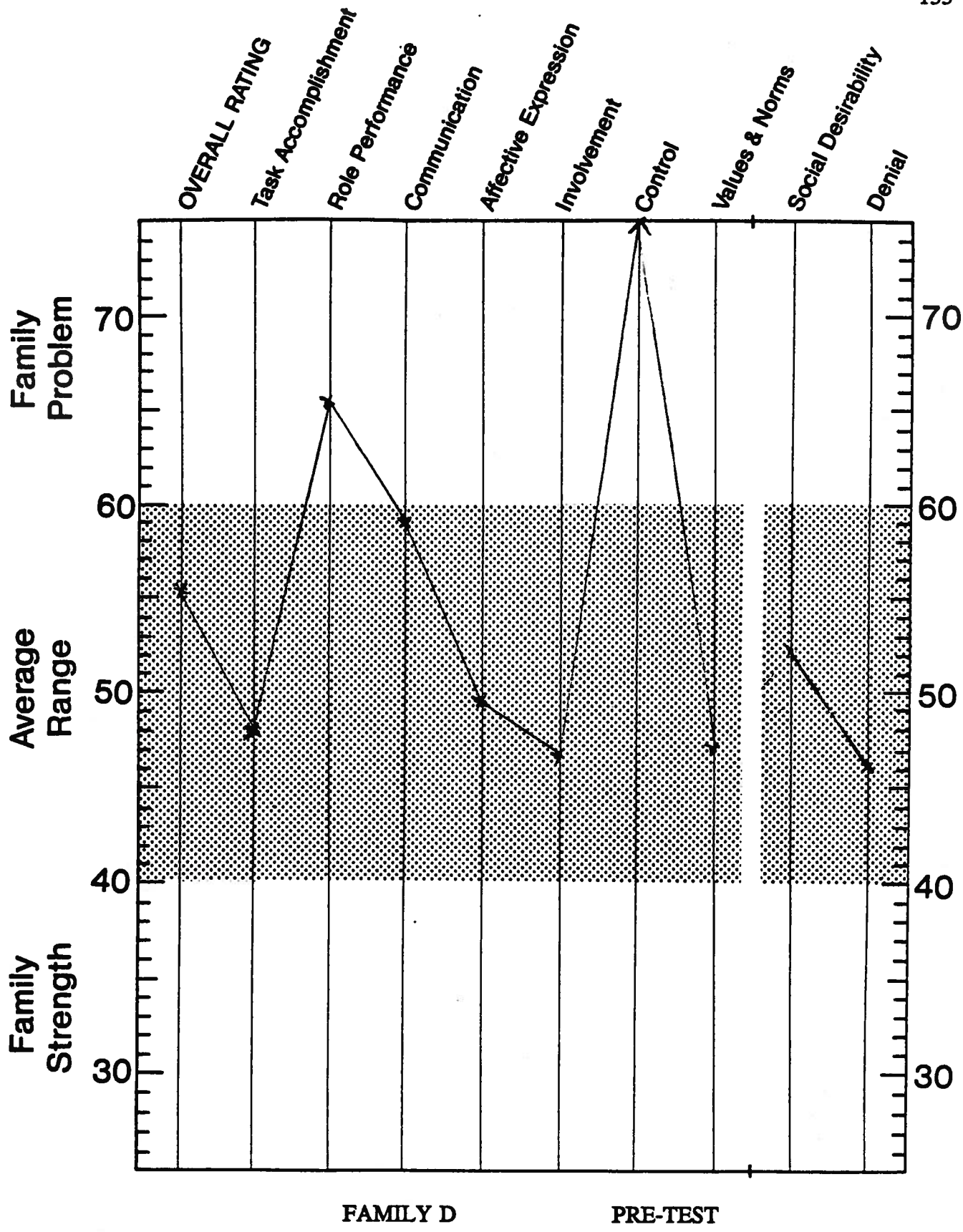
FAM GENERAL SCALE



FAMILY D PRE-TEST

Margarita _____

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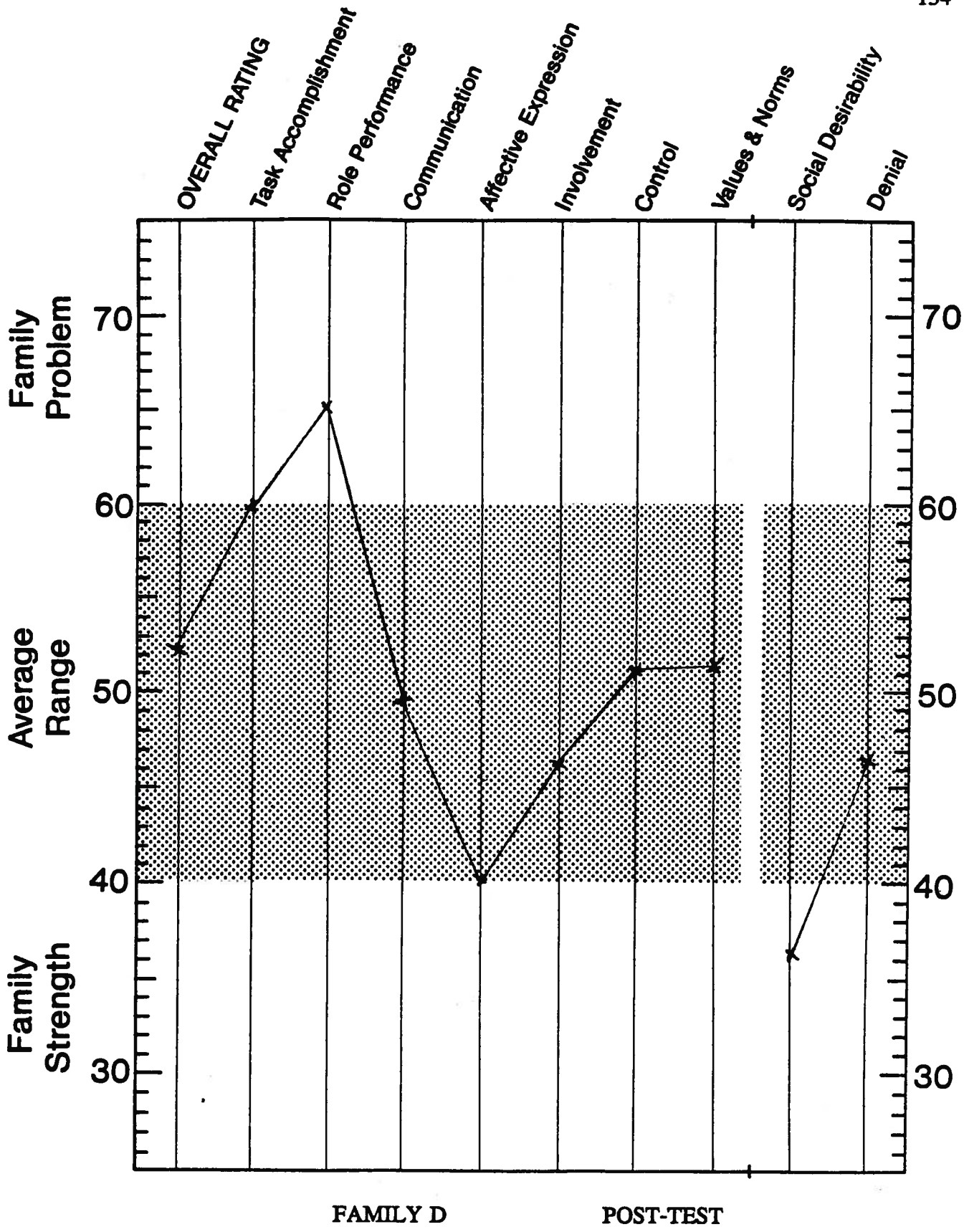
FAM GENERAL SCALE



FAMILY D POST-TEST

Margarita _____

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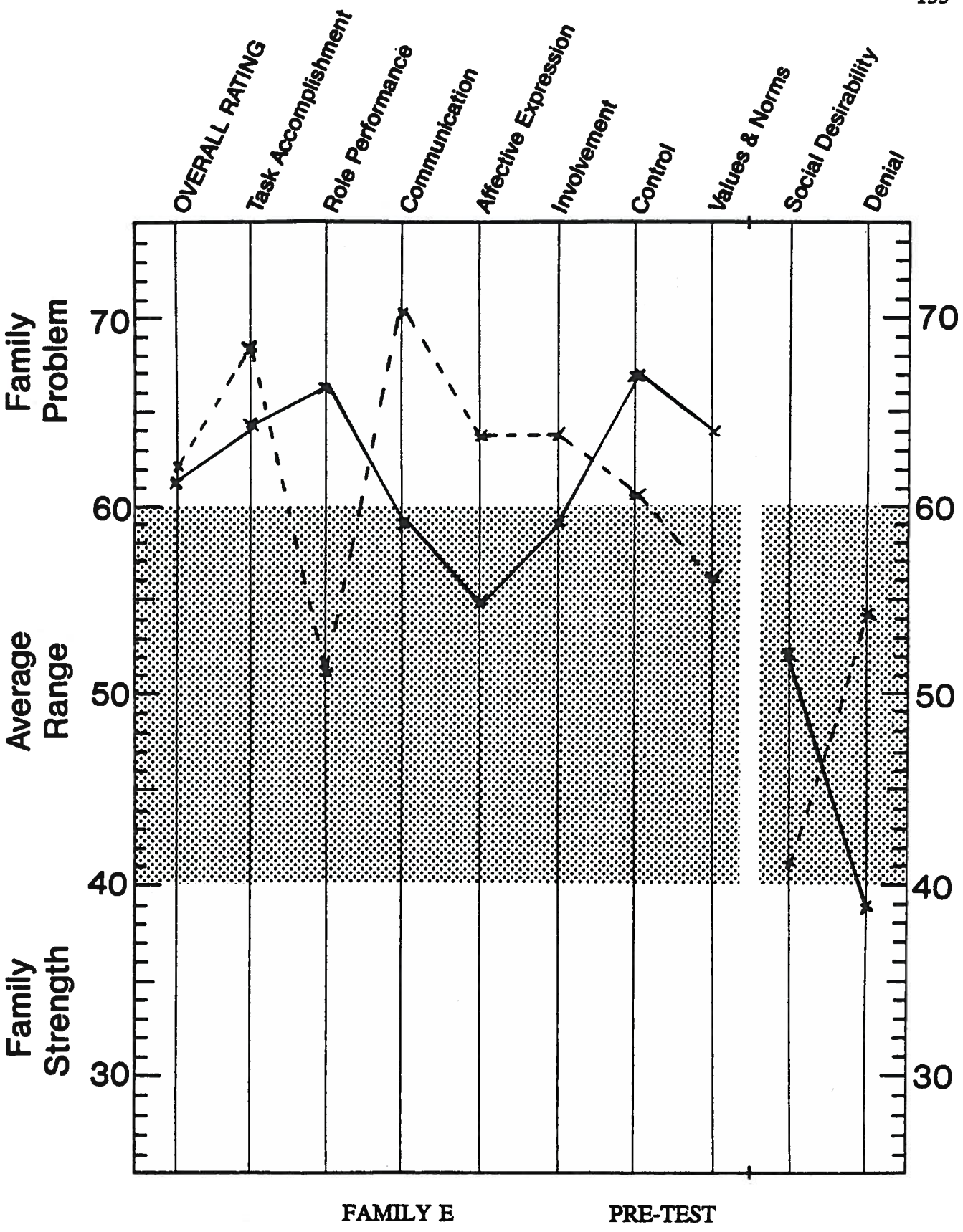
FAM GENERAL SCALE



FAMILY E PRE-TEST

Husband _____ Wife - - - -

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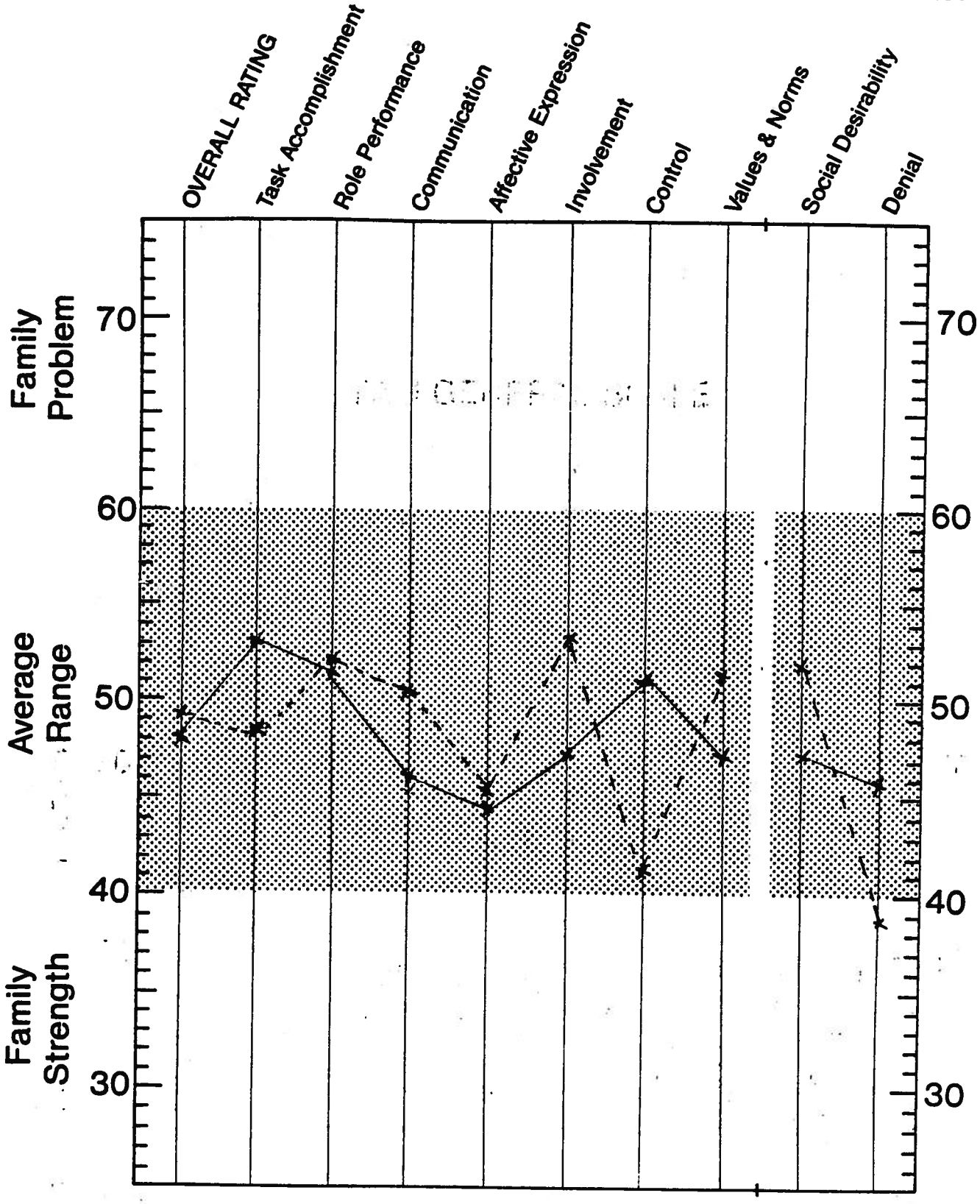
FAM GENERAL SCALE



FAMILY E POST-TEST

Hustband _____ Wife - - - -