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Adolescents at Risk: Home-Based Family Therapy and School-Based Intervention.
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CHAPTER 3

Cultural, Racial, and Socioeconomic Issues

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Throughout this book, we have encouraged practitioners to view clients and families in terms of their strengths. Because at-risk adolescents and families in trouble present with their problems, understanding their cultural, racial, and socioeconomic realities can enable therapists and school personnel to search for and identify strengths in difficult situations. In this chapter, we discuss the relevance of cultural, racial, and socioeconomic differences as they affect adolescents and families in need of help. The primary focus of this chapter is on groups with which we have had the most clinical experience—African American and Latino, and poor families from White as well as ethnic minority backgrounds (Boyd-Franklin & Bry, 2000; McGoldrick et al., 2005).

Excellent resources are available in the literature on many of these topics (Berg, 1994; Boyd-Franklin, 2003; Falicov, 2014; McGoldrick et al., 2005). The goal of this chapter is to address crucial areas of intervention with these adolescents and their families that are often not addressed in existing publications. Although socioeconomic issues are mentioned last in the title of this chapter, we begin with a brief discussion of this topic because so many of the families receiving home-based family interventions and other forms of outreach are poor. Many of these poor families from ethnic minority groups face racism and discrimination as well.

POOR FAMILIES

Families living in poverty include a wide spectrum of cultural and racial groups, and reside in rural and suburban, as well as urban settings. The literature has tended to equate families living in poverty with "ethnic minority" inner-city families. This is a serious error, for there are also many poor and working-class White families struggling at subsistence levels in the United States. (See Chapter 13 for a case example involving an at-risk adolescent from a "working poor" White family.)

Poor families from all cultural and racial groups often perceive themselves as being at the mercy of the powerful systems with which they interact. As this perception can lead to frustration, anger, and possibly learned helplessness, clinicians must avoid "doing for" these families and should instead empower them to take control of their own lives as a major treatment goal. A transformation from passivity to empowerment is often a gradual process. For example, impoverished parents may regard their child's school as a hostile, unresponsive place. The clinician can first role-play interactions with the school in family sessions and then accompany the client to the first meeting with school personnel. Ultimately the goal is for the parent and other family caregivers to be able to make these school visits and interventions on their own.

Readers are cautioned against adopting a "culture of poverty" approach that stereotypes all poor families. Practitioners should be aware of the many "working poor" families of all ethnic and racial groups whose only employment options are full-time minimum-wage or low-wage jobs; multiple part-time jobs; or even multiple full-time jobs. Most of these jobs provide no health care or other benefits. These individuals may have large or extended families to support on incomes of less than $20,000 a year. Serious illness, such as cancer, can devastate such a family emotionally, physically, and financially. Important preventative medical interventions, such as prenatal and well-baby care, dentistry, and annual checkups, are often neglected. Since the passage of Medicaid in 1965, many advances have been made to enable poor and working poor families to obtain health insurance for themselves and their children. In 1997, the Children's Health Insurance Program (CHIP) expanded low-cost health coverage to children in families with earnings that exceeded the Medicaid minimum, and the Patient Protection and Affordable Care Act (PPACA), also known as the Affordable Care Act (ACA) and "Obamacare," was enacted in 2010 to enable individuals and families to purchase health insurance on an income-adjusted basis. Many individuals and families are very concerned that the benefits of the ACA will be lost during the current administration.

Poverty should not be viewed as an independent variable. Race,

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culture, and socioeconomic level interact in complex ways that vary from family to family. Poverty is profoundly related to issues of homelessness, unemployment, underemployment, lack of access to good jobs, high school dropout rates, crime, dangerous streets, and communities with high levels of drug abuse and drug trafficking. These issues are exacerbated by the "double jeopardy" of racism and discrimination in the case of minority families. For some families, the interaction between poverty and racism may result in extremely negative situations.

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AFRICAN AMERICAN CLIENTS AND FAMILIES

An important consequence of the history of racism and discrimination in the United States is that many African American families have developed "healthy cultural suspicion" (Boyd-Franklin, 2003; Boyd-Franklin & Bry, 2000; Boyd-Franklin et al., 2013; Hines & Boyd-Franklin, 2005). This suspicion is often the first response encountered by clinicians and school personnel working with these adolescents and their families, particularly in mandated home-based interventions. In addition, for many poor African American families particularly, multigenerational experiences with racism, rejection, and the perceived intrusion of schools and agencies have helped to engender the view that family dynamics are "nobody's business but our own" (Boyd-Franklin, 2003). Thus, their instinctual reaction to outside interventions is often to protect their families from intrusion by being secretive and sometimes unresponsive.

Too often, if a therapist or school personnel are unaware of this cultural pattern, an African American family may be dismissed as "resistant," or the practitioner may take such a response personally and attribute it to his or her race, ethnicity, or ability and withdraw from the family. It is extremely important for a home-based family therapist, other clinician, school counselor or teacher, achievement mentor, or representative of a community agency to be prepared for this reaction and be able to reframe it as the family's attempt to protect its members.

A supervisor needs to be especially vigilant in helping a clinician to recognize that this initial response is merely the beginning of a chess game of engagement between the therapist and the African American family, and not a checkmate or the end of therapy. "Healthy cultural suspicion" is a factor to be overcome when working with African Americans in both cross-race and same-race treatment. African American therapists are often surprised when this suspicion extends to them, as well as to teachers and therapists from other cultures.

It is also important for clinicians to be cognizant of the cultural strengths of African Americans, such as (1) the roles played by extended

family members; (2) the common practice of kinship care or informal adoption; (3) spirituality or religious beliefs; (4) the desire for an education for their children, regardless of their feelings about the school system; (5) love of their children and the desire to be good parents; and (6) survival skills. These themes are illustrated throughout this book in case examples. For a comprehensive description of these strengths, see *Black Families in Therapy: Understanding the African American Experience* (Boyd-Franklin, 2003). Addressed in this chapter are the issues that are essential for professionals to understand when they are working with African American adolescents and their families: (1) knowing who has the power in a family; (2) spirituality and religion; (3) expressions of anger; (4) parenting styles, including physical punishment and the issue of respect for parents or elders; (5) issues confronting young Black males and females; and (6) messages about violence.

Knowing Who Has the Power in a Family

When African American families are suspicious of outside agencies and systems, they may hide key family members from clinicians until trust is established. In addition, the concept of therapy is new to many African American families, who view it as appropriate only for "sick people, rich people, or White people" (Boyd-Franklin, 2003). As is universal across cultures, the most commonly presenting family group consists of a mother and one or more children. However, fathers and boyfriends play key roles in Black families, as do extended family members (Hines & Boyd-Franklin, 2005) such as grandmothers, grandfathers, aunts, and uncles. When family therapists who treat the mother/children constellation in an office find themselves conducting endless family therapy sessions that do not produce change, it is often because the individuals attending sessions may be the least powerful members of their families. Other family members with real power may need to be engaged in the treatment process for change to occur.

Family therapists conducting sessions in a client's or family's home are in the advantageous position of being more likely to encounter powerful family members in their own environment. It is very important to reach out to these individuals and to greet them, even if they are not participating in the family sessions and only passing through to go to another room. As trust develops, it is perfectly acceptable to say to a nonparticipant (e.g., father, boyfriend, mother, grandmother, grandfather, older son or daughter) "I hope that you will feel more comfortable joining sessions as you get to know me better. Come anytime."

For example, a team of therapists had been doing home-based family interventions with an African American blended family, in which the

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father and his son (age 15) had been living with his girlfriend and her two children (ages 12 and 13). Initially, when the therapists came to the home, the father would get up out of his chair in the living room and disappear into the back of the house for the entire session. (This was a metaphor for his role and behavior in the family.) After a careful discussion with their supervisor, the family therapists decided that they would take a proactive approach by greeting the father at the beginning of the next session and inviting him to stay whenever he was ready because he was "so important to this family." He resisted for a number of sessions until his son was suspended from school. The family therapists were able to utilize this crisis to insist on his involvement in helping them to help his son. Because the therapists had laid the groundwork earlier, this time he responded positively. He was greeted enthusiastically by the family and the therapists when he joined the session.

Spirituality and Religion

Different Meanings of Spirituality and Religion

Although the distinction between spirituality and religion in the lives of African Americans has been addressed in detail in a number of sources (Billingsley, 1992; Boyd-Franklin, 2003, 2010; Boyd-Franklin & Lockwood, 1999, 2009; Hines & Boyd-Franklin, 2005), many clinicians are still confused about how to utilize these strengths and resources in work with African American families. Certain individuals, particularly older female members, may be very involved in church attendance and have an active and supportive "church family." Others, including some males and adolescents of both genders, may be in rebellion against what they perceive as the excessively strict religious practices of some family members. Although resistant to religion as such, these same family members may have a "crisis spirituality," in which their early training or belief in God becomes activated when they are in trouble or in a crisis (Boyd-Franklin, 2010; Boyd-Franklin & Lockwood, 1999, 2009). Therefore, although religion and spirituality are tremendous strengths for many African Americans, it is important for the practitioner not to assume that they are present in all families or family members.

Differences related to religion, spirituality, or their expression may cause intergenerational conflicts among African Americans. When such a conflict peaks—for example, when a religious African American mother or grandmother is overwhelmed by problems caused by a rebellious child or grandchild—it is common for the religious family member to state, "I have turned him [or her] over to God." It is important for a therapist to assess whether this is a positive act of faith in which the

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parent or grandparent is praying for the child while continuing "parental" functions, or whether it represents a sense of giving up on the child.

Religion and spiritual beliefs were often central to life in many African cultures (Boyd-Franklin, 2003; Hines & Boyd-Franklin, 2005; Mbiti, 1990; Nobles, 2004). Thus, religion and spirituality—essential components in the lives of many African Americans throughout their history in the United States—can be traced to the tradition of African religions.

African American clients are likely to reveal their particular uses of spirituality and religion as coping mechanisms during the assessment process, often using phrases such as "God will solve my problems," or "I am being punished for having sinned." Because of this intense spiritual connection, spiritual reframing may be a very useful technique in treating some Black families. Examples of such spiritual reframing are as follows: "God will know what your needs are and will supply," and "He gives you no more than you can carry" (Mitchell & Lewter, 1986, p. 2; see also Boyd-Franklin, 2003).

Many different denominations and distinct religious groups, both Christian and non-Christian, are represented in Black communities within the United States, including Baptists, the African Methodist Episcopal (AME) church, AME Zion churches, Jehovah's Witnesses, the Church of God in Christ, Seventh-Day Adventists, Pentecostal churches, Apostolic churches, Presbyterians, Lutherans, Episcopalians, and Roman Catholics. Of these groups, the largest numbers of Black people are affiliated with Baptist and AME churches (Boyd-Franklin, 2010). In addition, a smaller number of African Americans are Muslims (Sunni Muslims) or members of Islamic groups, such as the Nation of Islam (Boyd-Franklin, 2003). McAdams-Mahmoud (2005) has provided extensive clinical examples of family therapy with different types of African American Muslim families. It is noteworthy that individuals who convert to Islam may experience conflicts with other members of their families who have retained Christian beliefs (Boyd-Franklin, 2003; McAdams-Mahmoud, 2005).

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The Role of the Black Church, Ministers, and the "Church Family"

Throughout history, Black churches have provided an escape for Black people from their painful life experiences, serving what Frazier (1963) in his early classic work described as "a refuge in a hostile . . . world" (p. 44). Black churches have historically been among the most viable institutions in African American communities (Billingsley, 1992; Boyd-Franklin, 2003; Hines & Boyd-Franklin, 2005). They were and often still are among the few places where Black men and women can feel that

they are respected for their own talents and abilities (Billingsley, 1992; Boyd-Franklin, 2003, 2010; Boyd-Franklin & Lockwood, 1999, 2009). Among the first priorities for many African American families who relocate is to find a church in their new location so that they can become connected to a faith-based community.

Black churches often function as surrogate families for isolated and overburdened single mothers. Many Black single-parent mothers will tell therapists, "I raised my children in the church," or "He was brought up in the church," as a testament to the unique value provided by the Black church. Because of the need for services in many Black communities and the deep concerns about the education of Black children, many churches have begun to provide day care centers, after-school tutoring programs, and schools. Therapists, who are aware of these services, can help isolated Black families to obtain help for their children and to build new support networks. In some cases, these services may be available to families that are not members of the church congregation.

In many parts of the United States and for many African American (and Latino) families, ministers often have a great deal of influence both within the congregations and within the community. Ministers often serve multiple roles as spiritual leaders, pastoral counselors, community advocates, and political activists. The minister is usually a central figure in the life of a family and often may be sought out for pastoral counseling in times of trouble, pain, or loss. A Black church may have a board of deacons and deaconesses who assist the pastor in carrying out the duties of the church. Holding this position is clearly a strength and a sign of leadership ability.

After the nuclear and extended family, the church is the most common source of help among Black people. For many African American families, the Black church functions essentially as another extended family—the "church family." In addition, Black churches also serve a social function. Meals are often served after Sunday services, providing an opportunity for families to become acquainted and develop friendships.

One of the most important "family" functions that a Black church serves is that of providing a large number of opportunities and role models for young people, both male and female. Black churches often provide nonchurch-related activities as well, such as boy scouts, girl scouts, basketball teams, youth groups, and tutoring and mentoring programs. Churches also offer programs and services oriented toward every stage of life, from toddlers to senior citizens, such as Sunday school, vacation Bible school, and Bible study classes. Therapists should be aware of all of these resources and supports offered by churches in the community. They can help the families of at-risk adolescents, even those that are not church members, to access these services.

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Expressions of Anger in African American Families

In keeping with the "healthy cultural suspicion" (Boyd-Franklin, 2003) discussed earlier, many African American families present initially with anger directed at racism, schools, outside systems and agencies, and practitioners. Although families of all races and cultures express anger in treatment, it is often more difficult for clinicians to deal with these issues with African Americans because of the dynamics of race and racism. An angry Black mother or father often elicits a fear response, particularly in cross-racial treatment (Boyd-Franklin, 2003; Boyd-Franklin & Bry, 2000). Another dynamic is that African Americans are often very emotionally expressive. Therapists from cultures more reticent about displaying emotions, particularly anger, may find this dynamic frightening. An additional aspect to be considered is that emotions may be exaggerated to test clinicians; that is, is the clinician able to tolerate such demonstration of emotion, or will he or she withdraw from treatment and abandon the family? It is essential for therapists to be aware of their own response to clients' anger and to seek advice from supervisors on understanding the basis of their clients' anger and not run away from it.

Parenting Styles of African Americans

There is considerable variability in parenting styles among African Americans, inasmuch as these styles are often a function of socioeconomic level, parents' degree of educational attainment, region of the country, religious practices, and age. Certain common themes, however, may present challenges to the clinician, especially "preaching," physical punishment, and the emphasis on "respect" for parents and elders (Boyd-Franklin, 2003; Hines & Boyd-Franklin, 2005).

Preaching

African American culture is a very verbal one. When parents become frustrated by their children's and adolescents' continued misbehavior, they may resort to "preaching" to them, often accompanied by threats of extreme consequences. These threats may be a reflection of anger and desperation, and their fear for the adolescent, rather than serious intentions. When parents do not follow through in a consistent fashion, however, children learn to "tune them out," leading to an even more problematic situation.

In treatment, "preaching" may manifest as parents who cannot stop talking. This issue is especially challenging for young or inexperienced therapists. Paradoxically, the way to get the monologue to abate is to

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allow the parent some time to "vent" in the family session or in an individual session. The therapist should actively reframe the parents' venting of frustration and anger as expressions of the parents' love for their children and their desperate efforts to find a way to help them. Since parents often feel guilty about the problems of their children and are anticipating blame from therapists, it may be very helpful for clinicians, schools, courts, police and probation officers to offer them validating messages, such as "You have tried very hard," "You have tried to do the best you can," or "You really love him [or her] and underneath all of your anger is your fear for him." Another reframe that we have found very helpful with many African American parents or caregivers is "You are a survivor and now we need to work together to help this child learn how to survive." This can be used with any African American parent or caregiver irrespective of their life circumstances or problems. If it is difficult for a therapist to find something positive in parents' actions, he or she may need the opportunity for feedback from supervisors, coworkers, or team members.

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Physical Punishment

One of the most difficult areas for clinicians, whether from Black, White, or other ethnic groups, in working with African American families relates to disciplinary practices involving physical punishment, such as spanking. Many African American parents and grandparents have adopted a "spare the rod, spoil the child" approach to child rearing, often in response to fears of far more serious consequences that others may impose for the adolescent's misbehavior (Boyd-Franklin, 2003; Hines & Boyd-Franklin, 2005). For example, some Black parents have said, "If I don't discipline him, the police will." Memories and stories of lynchings, beatings, false imprisonment, and more recent experiences of racial profiling and police shootings are part of African American parental testimony and have sparked their fears for generations.

Clinicians treating families where discipline is problematic should acknowledge both the cultural parenting practices and the fact that the law requires clinicians to report incidents of child abuse. A therapist must evaluate whether a "spanking" is within cultural norms or whether it constitutes child abuse. Careful questioning of the children and the parents about what actually occurred is necessary before a clinician can make this determination, as children or other family members may have exaggerated the degree of discipline by using cultural terms and calling a "spanking" a "beating." Also, children, particularly adolescents, may manipulate parents by threatening to call child welfare or child protective services. Therapists from other cultures may have more difficulty in

ascertaining when an incident has crossed the line from a cultural practice to a case of abuse. In such circumstances, seeking help and advice from a supervisor or an African American coworker, who can act as a "cultural consultant," may be indicated.

Therapists should not deny their responsibility to report serious child abuse when it occurs, nor should they collude with families to keep it a secret from child protective services. Therapists may need to communicate to parents that serious consequences may ensue if they engage in physical punishment, while at the same time communicating their concern for the family. For example, a therapist may say, "Yes, I know you and I respect your cultural practices, but I'm concerned that if you continue to spank them, your children may be taken away from you. I care about you and your family, and I don't want to see you lose your children. Let's explore other ways of getting them to listen to you without resorting to hitting."

When a parent does need to be reported to child protective services, it is often helpful for a supervisor or administrator to do the reporting. This allows the family therapist or clinician to continue to support the family through the process (Boyd-Franklin & Bry, 2000).

Respect for Parents and Elders

Given the lack of respect with which they are treated by the rest of society, African Americans often insist that their children show respect for them. Sometimes a parent's or older caregiver's definition of "respect" may be so comprehensive as to preclude any expression of angry or negative feelings. For these parents, adolescents' typical expressions of opposition (e.g., rolling their eyes, sucking their teeth, turning their backs, or cursing) can often be met with intense anger and physical retribution. Before these issues can be addressed in a joint family session, a therapist may need to work with a parent or caregiver and the adolescent individually. The therapist negotiates with the parent(s) to allow the adolescent to express anger on the grounds that it will not be allowed to fester and thus be acted out in school or in the community. Once an adolescent has an individual alliance with the therapist, he or she can be helped to see that anger can be expressed to the parents "respectfully" (i.e., without cursing, eye rolling, or "getting loud"). The goal of the initial individual work is to join with the parent(s) and the adolescent, validate each party, and empathize with each. This process presents a challenge that often taxes the therapist's conflict resolution skills. All of these issues are particularly intense when they involve Black male adolescents.

It is also important for family therapists to remember that many African Americans are very sensitive about how therapists address them.

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This is particularly true of older family members. It is often best to start with “Mr.” or “Ms.” or “Mrs.” or to ask “What name would you like me to call you?” before taking liberties with first names. In some of the case examples in the book, we have followed the family members’ preference as to how they would like to be addressed. Younger parents may sometimes prefer first names.

Issues Confronting Young Black Males and Females in Schools and Communities

Many Black parents fear that they will lose their children (girls and boys) to violence, drugs, incarceration, or early death. African Americans are especially concerned about the survival of their male children given the punitive ways in which mainstream society reacts to Black males. The process can begin when Black boys are as young as 5 or 6, starting a course that often results in a failure syndrome for these boys in their schools. They are disproportionately labeled as “hyperactive,” “aggressive,” “distractible,” “emotionally disturbed,” “maladjusted,” or “conduct-disordered,” leading to their placement in special education classes, particularly in urban systems. These disparities exist with Latinos as well. African American and Latino boys are classified in special education in disproportionally large numbers (Skiba, Michael, Nardo, & Peterson, 2002), and researchers have found that African American and Latino males are disproportionally disciplined in terms of receiving in- and out-of-school suspension, expulsions from school, placements into alternative schools, or placements outside of the school district, ultimately leading to juvenile justice placements and the school-to-prison pipeline (Gregory, Skiba, & Noguera, 2010).

Some efforts have been made to improve the lives and educational trajectory of Black and Latino boys. Fergus, Noguera, and Martin (2014) identified schools that have been able to foster resilience in these adolescents and to produce positive educational outcomes for them. What each of these schools had in common was the commitment by all teachers, staff members, and administrators that every student could achieve, be academically successful, graduate high school, and go on to college. These high expectations were consistently communicated to the adolescents within the school and reinforced by parents and other family members.

Unfortunately, holding positive views and communicating encouraging messages to all students are often rarely evidenced in the schools that most African Americans and Latinos attend. Given the disparities we have discussed, Black parents are often extremely suspicious that racial motives underlie the acts of school authorities, police, juvenile justice officials, courts, and probation officers. In an attempt to protect

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their children, they may adopt a "not my child" position even when their children are in the wrong.

For example, parents with multigenerational experiences of problems with a school system may automatically take an adversarial position in response to a call from their adolescent's school or feel that the only way to defend their adolescent is to become angry at school conferences or when meeting with individuals associated with the police and courts. Unfortunately, these may be self-defeating strategies as they often worsen a family's relationship with those institutions and cause authorities to dismiss parental input or to adopt a self-fulfilling prophecy of "like parent, like child."

Teachers, other school staff, and therapists are often surprised by and unprepared when parents react to school and other authorities in a hostile and/or suspicious manner that may prevent their children from receiving the help and services that might reorient them toward a more positive path or lead to a better educational outcome. A family therapist or other clinician often has to intervene by joining first with the parent(s) and with the school separately before bringing them together.

African American parents are all too often correct in identifying situations in which their adolescents are discriminated against. It is not helpful for family therapists to deny this and to enter into a power struggle with these families. A "both–and" approach is indicated—one in which racism is acknowledged, *and* the parents' help is sought in teaching their children how to deal with racism when it occurs and not be defeated (or feel victimized) by it.

Once a strong bond with a parent has been established, the therapist can engage the parent in role play before parent–teacher conferences or Child Study Team meetings. For example, the therapist can say, "Many parents have told me that they want the school to take them seriously so that they can get what they want for their child. If they go in there and get very angry, the school will dismiss them and take action against their child. Let's rehearse how you can handle this teacher or principal and get the result you want for your son [or daughter]" (Boyd-Franklin & Bry, 2000).

When negative encounters have occurred between parents and school authorities previously, and the parent and an adolescent have a "rep" (i.e., a negative reputation), a therapist may have to first allow school personnel to vent their frustrations before the therapist can persuade them to give the family "another chance" and schedule a meeting. The therapist must work very hard to reframe to the school authorities small positive changes and outcomes that the family has accomplished, and to encourage the family by emphasizing the importance of the fact that the meeting is taking place.

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Some parents, however, are at the opposite extreme and become passive and resigned in the face of authority figures who are involved in their adolescents' lives. For example, an adolescent girl had received repeated suspensions from school. During a home-based family session, when the therapist asked the mother whether she was aware of the suspensions, the parent responded that she was "fed up." She went to a nearby drawer and pulled out 15 unopened letters from the school as the stunned therapist looked on.

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Gender Roles in African American Families

Gender roles in African American families are often complicated because of the racism and discrimination against and "invisibility" (Franklin, 2004; Franklin, Boyd-Franklin, & Kelly, 2006) of African American males in society. African American families have a great deal of love for all of their children (girls and boys). There is a saying, however, that some Black mothers "raise their daughters and love their sons" (Boyd-Franklin, 2003, p. 90). This does not imply that daughters are loved less; rather, it indicates the sense of fear, anxiety, and helplessness that many Black families feel about their inability to protect their male children in this country (Boyd-Franklin, 2003; Boyd-Franklin et al., 2001). Some African American families try to compensate for this reality of discrimination and danger by attempting to protect their male children within the family (Boyd-Franklin, 2003). Although well-intentioned, these sexist messages can have serious multigenerational consequences for couple relationships in some African American families (see Boyd-Franklin, 2003, for a more complete discussion of these complex issues).

This saying about gender differences in child rearing also indicates the burdens that young Black women often have to assume. In some African American families, girls and young women are raised to be strong and to take on major family responsibilities from a young age. As a consequence, some girls, who have been raised by struggling single-parent mothers, are given the message, "God bless the child who has her own," meaning that young women must be able to take care of themselves. In some Black families, they are raised with an understanding that they may be required to take care of and raise their families alone in the future, rather than expect that their Black male partners, who may be invisible in society and denied economic opportunity, will be able to contribute to this undertaking (Boyd-Franklin, 2003; Hines & Boyd-Franklin, 2005).

Both older girls and boys in some Black families are expected to function responsibly as "parental children" (Boyd-Franklin, 2003; Minuchin, 1974; Nichols, 2011), caring for their younger siblings. As

they have often assumed adult responsibility since childhood, they are consequently less likely to accept adult direction and limit setting in adolescence. Parents and grandparents often complain that "they think they are grown."

Community Violence

One of the problems faced by African American parents, particularly in inner-city areas, is the risk of violence against their children. Whitaker and Snell (2016) analyzed the "staggering statistics" that engender so much of the pain and fear that Black parents have for their sons:

> [Black males have] high rates of being victims and perpetrators of homicides (Fox & Swatt, 2008), declining rates of life expectancy (Anderson, 2006), and growing rates of suicide (Poussaint & Alexander, 2000). The rates of incarceration, conviction, and arrest are the highest for African American males compared to every other demographic group in the nation (Gilgoff, 2007). These young men are in fact "playing for keeps," without the societal safety nets, just the attempts of their parents to keep them alive. (p. 306)

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Black parents are haunted by stories of adolescents whose altercations ended with their being killed by someone with a gun (Boyd-Franklin, 2003; Boyd-Franklin et al., 2001). Parents raised in the era of fistfights often caution their children that they should not start fights but should defend themselves and fight back if provoked. Messages supportive of retaliation may need to be reconsidered now that the use of guns has replaced fists.

Unlike adolescents of other cultures, African American youth frequently experience a sense of their own mortality. This point was vividly conveyed in a group therapy session in which African American adolescents (ages 12–14) were asked to project their future dreams and hopes for themselves in an "I have a dream" exercise. One of the most intelligent, articulate members responded that he was convinced that he would be killed before he turned 25. Given this pervasive fear of street violence, it is not surprising that so many young male and female adolescents are tempted to seek protection by joining gangs or, less formally, by aligning themselves with groups of other at-risk adolescents (Thornberry & Krohn, 2003). This troubling trend is often ignored by parents, school officials, and juvenile authorities alike, particularly in gentrified urban neighborhoods, small cities, suburban, and rural areas, who may be in denial that there is a "gang problem" in their communities.

Racial Profiling and Encounters with the Police

Throughout history, African American parents have used racial socialization messages to prepare their children, especially their sons, for the realities of a world that can be racially hostile and dangerous to them (Burt, Simons, & Gibbons, 2012). Whitaker and Snell (2016) have described this process as an "essential rite of passage in African American homes and a cultural legacy that has been practiced for generations" (p. 304). It is particularly painful for many of these parents to recognize their own powerlessness to protect their children (Amber, 2013) and to face the reality that

> the same rules that apply to White children do not apply to their children (Burnett, 2012; Cooper, 2014; Fine & Johnson, 2013; Jamieson, 2014). These different rules are often unspoken but largely understood in the African American community. The most obvious unstated concern is that African American children will have different consequences for the same behavior. (Whitaker & Snell, 2016, pp. 303–304)

Media images of Black male adolescents and adults often contribute to the stereotype of them as violent. Racial profiling, a response to the media-driven perception that Black males are to be feared, is often a component of encounters with the police that may have a very negative outcome for Black males. Many African American parents, of all socioeconomic and educational levels, feel the need to prepare their adolescent children for this possibility in a discussion which many Black scholars and families alike have labeled "The Talk" (Whitaker & Snell, 2016). Parents, motivated by the desire to protect their children from all hurt, harm, and danger, are delivering what is essentially a very pessimistic message to their children—they may be negatively prejudged based on their skin color, and they may be feared. Yet, at the same time, they face the challenge of building their children's self-esteem, self-efficacy, and empowerment, all of which will help them to believe they can succeed in life (Whitaker & Snell, 2016). Some White therapists have expressed surprise when they discover that African American middle- and upper-class parents share these fears. Many Black parents realize that their professional degrees, financial security, higher paying jobs and homes in predominantly White upper-middle-class suburbs will not protect their children, particularly their sons, from this type of risk.

One example of the impact of racial profiling on all Black adolescents, irrespective of social class, is found in the aftermath of a reported crime, when the police target *all* African Americans of that gender in that age range, but particularly Black male adolescents or young adults,

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in an effort to identify the perpetrator. Whether the crime has occurred in an inner-city or a middle-class or an upper-middle-class community, young people who live in and attend schools in the community may be stopped and interrogated by the police and treated as suspects. Racial profiling can occur during any activity of daily life (Whitaker & Snell, 2016). Black families often prepare their children, especially their sons for "DWB," that is, driving while Black, which has often been the situation in which racial profiling can lead to deadly consequences (Boyd-Franklin et al., 2001). Sometimes Black adolescents and young adults from middle-class families may be even more at risk if they are driving the family car in a predominantly White neighborhood. Another illustration of racial profiling is the notorious incident in which a Neighborhood Watch coordinator in a middle-class gated community shot and killed Trayvon Martin, a 17-year-old unarmed African American adolescent, in Sanford, Florida, in 2012.

It is important for clinicians to be sensitive to a family's reality-based fears. If an African American parent has not had "The Talk" about how to deal with police and other authorities, a family therapist can empower parents to teach their children how to respond in a way that may help to avoid problems and to protect their children. Boyd-Franklin et al. (2001) and Gardere (1999) have offered helpful suggestions as to how parents might educate their children on the challenging subjects of the reality of racism and racial profiling, and how skin color may lead to encounters with the police, so that adolescents in these often dangerous situations may proceed with the least risk to themselves. Providing an adolescent with a cell phone is advised, so that parents can be contacted when their assistance is needed (Boyd-Franklin et al., 2001). Dr. Jeffrey Gardere (1999) has offered the following guidelines for parents to instruct their adolescents regarding encounters with the police:

- Do not try to run away.
- Do not make any sudden moves.
- Keep [your] hands visible or raised in the air.
- Say, "I am not armed."
- Respond to directives from the police.
- Do not resist arrest or resist being searched.
- Do not act smart or back talk. This can make [you] a target.
- Say "yes sir" and "no sir."
- As soon as possible, ask to make a phone call to [your] parents or family for help.
- Ask for a lawyer to be present before [you say] anything. (Gardere, 1999; cited in Boyd-Franklin et al., 2001, pp. 185–186)

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Sadly, while observing these guidelines may help to defuse a dangerous interaction with a police officer and prevent a negative outcome, they unfortunately may not always protect African American adolescents in racially charged, life-threatening situations (Whitaker & Snell, 2016), as cell phone videos of a number of police shootings have revealed.

SHOOTINGS OF AFRICAN AMERICAN MALES BY THE POLICE

These concerns of African American parents are underscored by the increase in the number of shootings of Black male adolescents and adults by the police throughout the United States within the last 10 years (Whitaker & Snell, 2016). Researchers (Moore et al., 2016, p. 254) have shown that

> the chances of a young Black male being killed by the police are 21 times greater than their White counterpart. Furthermore, between 2010 and 2012, young Black males between 15 and 19 were killed by police at a rate of 31.17 per million, compared to only 1.47 per million White males in that same age range. (Harris, 2014)

Although violence directed at Black males has been a legacy of the racism and discrimination that has existed throughout the history of this country, the recent numbers of high-profile killings of unarmed Black men by the police have led to public outcry, demonstrations, and the birth of the Black Lives Matter movement (Hadden, Toliver, Snowden, & Brown-Manning, 2016). The police killings of Michael Brown in Ferguson, Missouri; Eric Garner in Staten Island, New York; Tamir Rice in Cleveland, Ohio; Freddie Gray in Baltimore, Maryland; Philando Castile in St. Paul, Minnesota; and Alton Sterling in Baton Rouge, Louisiana, are only the tip of the iceberg. There are many more African American adolescents and young men killed by police whose deaths have never made national headlines. It is of even further concern that when the police officers responsible for these shootings are prosecuted, there is often no accountability—charges are often dismissed or the officers are exonerated in jury trials. This has resulted in more anger and outrage among Black Lives Matter and other social justice groups throughout this country.

BLACK WOMEN WHO HAVE DIED DURING ENCOUNTERS WITH THE POLICE

Although the reports in the media have emphasized the killing of Black men by the police and many Black parents have focused on preparing their sons for these encounters, it is important to remember that Black

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women have also been killed by the police in many parts of this country. News reports have identified 22 Black women killed during encounters with the police or while in police custody (NewsOne, 2017), and these numbers continue to increase. Some of these women were killed during encounters such as one involving Yvette Smith, 47, a Texas mother, who was shot twice after opening the door to a sheriff's deputy, who was responding to a 911 call on February 16, 2014. Darnesha Harris, age 16, was killed in 2012 when police fired shots into the car that she was driving. Others, such as Symone Marshall, Sandra Bland, and Gynnya McMillen died of questionable "medical conditions" while in police custody (NewsOne, 2017).

In summary, it is important for therapists to recognize that many Black parents, adolescents, and other family members constantly live with fears of police encounters. These fears are real and should not be underestimated. Therapists can help these parents to talk to their adolescents about these realities, particularly when family members raise concerns in reaction to media news reports or incidents in their own communities.

LATINO CLIENTS AND FAMILIES

The terms "Latino" and "Hispanic" are U.S. terms used to describe families from a wide range of Spanish-speaking countries, cultures, and sociopolitical histories (Bernal & Shapiro, 2005; Falicov, 2005; Garcia-Preto, 2005; McGoldrick et al., 2005), including the following cultural groups: "Cubans, Chicanos, Mexicans, Puerto Ricans, Argentineans, Colombians, Dominicans, Brazilians, Guatemalans, Costa Ricans, Nicaraguans, Salvadorians, and all other nationalities that comprise South America, Central America, and the [Spanish-speaking] Caribbean" (Garcia-Preto, 2005, p. 154). Although the countries collectively known as Latin America share Spanish as their common language (with the exception of Portuguese-speaking Brazil [Korin & Petry, 2005]), many differences exist in terms of the idiomatic use of language, customs, and traditions (Falicov, 2005; Garcia-Preto, 2005), and individuals often identify themselves by their place of origin—for example, "I am Puerto Rican," or "My family is from Cuba"—rather than as "Latino" or "Hispanic."

Latino families also include individual family members who are at different points along the immigration/acculturation continuum. Although developed as a result of research conducted with an Asian American population, Lee and Mock (2005) constructed a schema of the acculturation continuum that provides a useful framework for viewing

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many clients and families who have immigrated to the United States. Families along this continuum are classified as: “traditional” families, “cultural conflict” families, “bicultural” families, “Americanized” families, and “interracial” families.

For Latinos and many other immigrant groups, this continuum requires modification to include the category of *undocumented* families, whose members include individuals residing in the United States illegally. Many have braved hazardous conditions in order to enter this country and live with the constant fear of discovery and deportation (Falicov, 2005, 2014). As a result of such fears, often outsiders, including family therapists or other clinicians, are viewed with great suspicion. Undocumented “families” frequently do not meet the conventional definition of a family, but rather may comprise a unit of children and adults who may or may not be biologically related living in the same home, often in very crowded conditions—it is not uncommon for 10–20 people to share a three-bedroom house or apartment. Family members may be in possession of false identification (e.g., a Social Security card, driver’s license, or “green card”), to allow them to live and work in the United States. Often these underground community families only come to the attention of authorities when their children have problems in school, are arrested, or when a family member is taken to a hospital. Individuals who are not American citizens are not eligible for many federal entitlement programs, including Medicaid, Medicare, and Social Security, and some states have enacted even further restrictions, such as Proposition 187, an initiative passed in California in 1994 (later overturned) that prohibited state aid to these families (Falicov, 2005).

Much of the literature on Latino families has focused on *traditional families* whose cultural traditions and language are the most different from those of the American mainstream (Bernal & Shapiro, 2005; Falicov, 2014; Garcia-Preto, 2005). For the purposes of this chapter, the term refers to families where all members were (1) born and raised in Spanish-speaking South and Central American, and Caribbean countries; (2) still practice traditional customs; and (3) often speak primarily in Spanish. Although Lee and Mock (2005) described Asian families, many traditional Latino families also seek mental health and social service interventions only when referred by a medical practitioner; for Latinos, it is more culturally acceptable and comfortable to conceptualize psychological or emotional pain or family problems as having a medical, rather than a mental health, derivation.

Cultural conflict families either have children who were born in America or immigrated with young children more than a decade earlier, and these children grew up in America. The cultural conflict arises between acculturated children and adolescents and the parents and

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grandparents who spent many years in the country of origin and maintain that country's values and traditions (Lee & Mock, 2005; see also Falicov, 2014). Conflicts with adolescent girls about dating and with boys around issues such as the choice of delinquent peers and gang involvement are common. In addition, if one spouse becomes acculturated more rapidly than the other, traditional gender role expectations may also be challenged (Garcia-Preto, 2005). This cultural conflict group is the one most frequently referred by schools and child welfare departments.

Bicultural families consist of well-acculturated parents who grew up in Latin American, Central American, or Caribbean cities, who were from middle- or upper-class, educated families in their country of origin (Bernal & Shapiro, 2005; Falicov, 2005, 2014; Garcia-Preto, 2005; Vazquez, 2005). These families are often composed of parents who have professional jobs; were fluent in English before coming to the United States; and may be living in well-off urban neighborhoods or in the suburbs of the United States. They are frequently bilingual and bicultural and have begun to modify traditional cultural expectations. Lee and Mock (2005) point out that many of these families have modified the patriarchal gender roles of traditional families and now have a more egalitarian parental relationship. Some have extended family members living in the household; others, while still maintaining frequent contact with extended family members, live more as a nuclear family unit. Because of their higher socioeconomic status, many of these families do not face the challenges of poverty and basic survival that many poor immigrants experience.

In *Americanized families,* often both the children and their parents have been born and have grown up in the United States (Lee & Mock, 2005). These families may also consist of members at different points in the acculturation continuum. In some of these families, individual members do not retain their ethnic identities, and family members communicate largely in English. Many children, adolescents, and young adults in these families do not speak Spanish. These families are frequently upwardly mobile. Adolescents often report being perceived as different from their high school peers, but they have no strong cultural identity with which to identify in order to reinforce their self-esteem and pride. Many of these youth act out this sense of loss in their adolescence. Sometimes young people in these families reconnect with their culture and language during their college years.

The last category, *interracial families* (Lee & Mock, 2005), might be more appropriately termed *cross-cultural* or *cross-racial* families because some Latino individuals are "interracial" in the technical sense of the word. Their backgrounds may incorporate White European, African, and indigenous Indian races and cultures (Garcia-Preto, 2005). Cross-cultural or cross-racial families are those in which a Latino has

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married an individual who is not of Latino origin. Some of these families raise their children to experience the best of both cultures. Others struggle with conflicts in values, religious beliefs, language and child-rearing issues, and expectations of extended family involvement.

Language Issues

There are many traditional and cultural conflict families in which all of the adults in the household (parents, grandparents, extended family members, and newly arrived friends or boarders) speak only Spanish. Often these older relatives live in *barrios,* or neighborhoods, where everyone speaks Spanish. Inevitably, children and adolescents in traditional families become more acculturated than their parents and grandparents by virtue of their education in American schools and contact with other children in their classes. Some parents, who were fully in charge of their families in their homelands, find that they cannot adequately fulfill key aspects of their parental responsibilities because of their lack of English fluency (Garcia-Preto, 2005). Their school-aged children may be the only members of the household sufficiently fluent in English to interact with the outside world (Falicov, 2005, 2014; Garcia-Preto, 2005; Vazquez, 2005), and they are called upon by family members to shop; fill out forms and applications; handle banking; and serve as translators for their parents in stores, schools, hospitals, courts, and mental health centers. This reversal of generational roles may give older children or adolescents an excessive amount of responsibility at a young age and expose them prematurely to adult concerns (Falicov, 2005, 2014; Garcia-Preto, 2005). Having assumed adult roles during childhood, some of these adolescents then become defiant when parents later attempt to set limits and impose parental control. They also may become resentful of family responsibilities in adolescence, feeling that they have been deprived of the more carefree childhoods enjoyed by some of their American friends. These clashes of values can lead to other generational conflicts as well.

It is important that English-speaking family therapists avoid using parentified children or adolescents as translators in family sessions. This totally reverses the generational hierarchy in the family. Agencies should be pushed to hire bilingual therapists or interpreters. If this is not possible, parents can be encouraged to bring a trusted relative or friend to translate for them (see Chapter 8).

Generational Issues and Parent/Adolescent Conflicts

As just indicated, differences in the level of acculturation can lead to generational conflicts between Latino parents and their children. At no

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time is this more pronounced than during adolescence (Falicov, 2005, 2014; Garcia-Preto, 2005). Part of the problem for these families, particularly those from an agrarian society, is that the life stage of "adolescence" was not thought of as a time for separation and individuation but, rather, as preparation for adulthood—that is, girls were expected to marry young, and boys were expected to start contributing financially to their families. The typical North American and western European concept of "adolescent rebellion" is very new for some of these families (Falicov, 2014), and families expect children at this age to demonstrate responsibility and maturity. In addition, because of the cultural value of *respeto,* traditional families are horrified when adolescents openly disrespect their parents.

In a desperate attempt to control their adolescents' behavior, some families resort to traditional punishments that leave them open to charges of child abuse. This drama may be enacted around a family's concerns about an adolescent daughter's behavior. Traditional Latino families in the United States often get into power struggles when daughters wish to start dating at the age when their more acculturated Latino friends and those from other cultures start (Falicov, 2005, 2014; Garcia-Preto, 2005). Since it is customary for young women to be heavily chaperoned in order to protect their virginity, dating in the American sense is simply not allowed, and a daughter's desire to engage in what is very ordinary behavior in this country may be perceived by traditional Latino parents as being "wild." This issue can become a major source of contention in the high school years when adolescents, not permitted to date, feel "left out" of participation in important activities, such as attending proms and other events. Many of these adolescents keep their dating and other social interactions secret from their families.

Parents, even those who are bicultural and more acculturated, may object to cross-cultural (particularly interracial) dating. This can be particularly problematic when the family lives in a community with few other Latino adolescents. More acculturated parents may also be faced with rebellious teens who resent the parents' lack of cultural identification. Some of these youth may begin to feel that they do not belong anywhere—they are different from their White peers and some Latino peers may reject them because they do not speak Spanish and are not aware of cultural practices.

Religion, Spirituality, and Native Healers in Latino Communities

In common with African American families, many Latinos have strong religious and spiritual beliefs. The Roman Catholic Church still has considerable influence in much of Latin America (Bernal & Shapiro, 2005;

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Falicov, 2005, 2014; Garcia-Preto, 2005). In many Latino communities in the United States, Catholic churches are served by Latino or bilingual priests, incorporate Latino music, and are an integral part of community life. These churches often serve as a support system for families, particularly for newly arriving immigrants. Pentecostal, Evangelical, and Charismatic sects have experienced a tremendous growth in popularity among Latinos in the United States. Latino families may be drawn to Evangelical churches, particularly when some local Catholic churches in the United States conduct services only in English or these families do not feel welcomed.

Recent Latino immigrants to the United States are sometimes attracted to small storefront churches, particularly those of the Pentecostal sect. The ministers of these churches are commonly from the homeland of the congregants, speak fluent Spanish, and offer music alive with Latin rhythms. Other members of the church are seen as *la familia de la iglesia* (the "church family"). These churches often have a great deal in common with small neighborhood African American churches. Catholic priests and Pentecostal ministers alike are often beloved and respected in their communities and can be important resources for families and support or entry points for community interventions (see Chapter 8).

Clinicians should be aware that many Latino families may have other strong "spiritual" beliefs that are not necessarily connected to their formal religion or church affiliation. For example, some families from Puerto Rico and from other Latino Caribbean nations may believe in *espiritismo* (the spirit world). *Espiritistas* or "spiritists" may be sought out by members of the community for help with death, dying, and other loss issues, physical and mental illness, emotional problems, relationship issues, and parenting (Garcia-Preto, 2005). *Espiritistas* are also sought for "faith healing" by those who believe that illness is caused by evil spirits.

Santería, a blend of the African Yoruba religion and Catholicism, is practiced by some Cubans, Dominicans, and other Latinos in the United States (Bernal & Shapiro, 2005). Historically, *Santería* evolved when African slaves, forbidden to practice their own religious beliefs by Catholic slave masters, gave the Yoruba gods the names of Catholic saints. In Cuba (Bernal & Shapiro, 2005), this religion is known as *lucumi,* and in Brazil, it is called *macumba*. Clinicians should also be aware that natural herbs sold at local stores called *botanicas* are often utilized by Latinos when a family member is ill because of a belief in their healing properties. For example, families that have emigrated from Mexico will often seek the help of a local *curandero,* or herbalist, to recommend remedies when they are sick. For families that believe deeply in these practices, *espiritistas* and *santeros* (practitioners of *santería*) are respected

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as healers and may serve as important resources if they are consulted by family therapists, with the permission of the family (Bernal & Shapiro, 2005; Garcia-Preto, 2005).

Gender Issues

Family therapists, even Latino therapists, often struggle with the gender expectations in more traditional Latino families. Gender roles are changing for many Latinos in this country. Thirty years ago, traditional male gender roles were encompassed by the term *machismo,* which was associated with "sexual prowess and power over women, expressed in romanticism and a jealous guarding of a fiancée or wife or in premarital or extramarital relationships" (Comas-Díaz & Griffith, 1988, p. 208). More recently, Garcia-Preto (2005) has indicated that "the cultural expectations of machismo and marianismo [see description below] are in transition, both here and in Puerto Rico [and other Latin American countries], and that socioeconomic factors strongly influence the process. Machismo, which emphasizes self-respect and responsibility for protecting and providing for the family, continues to have a positive connotation except when it leads to possessive demands and an expectation that all decisions be made by the man" (p. 246). Family therapists with a different concept of gender equality are cautioned not to lose sight of the positive aspects of the male role in these families—as provider and protector—by focusing solely on patriarchal domination.

Some Latina women are socialized in the tradition of *marianismo,* based on emulating the model of the Virgin Mary (Garcia-Preto, 2005). In very traditional Latino families, women may be expected to be self-sacrificing and to remain virgins until they are married. This expectation has changed in some of the more acculturated families, though the role of motherhood and bearing children, particularly sons, is highly valued. These gender dynamics may cause problems in traditional families because in the United States immigrant women often seem to find employment more quickly than men. This reverses the traditional gender power balance, frequently leads to conflict, and, in extreme cases, can result in domestic violence (Garcia-Preto, 2005).

Traditional gender role expectations can also lead to cross-generational conflicts in some Latino families. Because of the high value placed on maintaining a girl's virginity, the practice in some traditional families in Latin America has been for girls to marry at a young age, often to older men (particularly in more rural areas). This practice can cause problems in the United States where marriage is not legal for girls in their early teen years, and a nonmarital intimate relationship with an older man or adolescent may be considered statutory rape according

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to some state laws. An especially problematic situation arises when a girl becomes pregnant in this country and is under extreme pressure by her family to marry the baby's father. If a therapist finds it difficult to work with family members who are pressuring a pregnant daughter to marry, it is important to seek supervision from a Latino clinician who understands traditional Latino cultural practices. These practices may be more common in very traditional families than in more acculturated Latino families.

Another way in which traditional gender roles can clash with mainstream American expectations relates to education, particularly for teenage girls. In some poor traditional families, higher education is not seen as important for young women because of the expectation that they will marry and become mothers at an early age. In addition, a traditional or newly immigrated Latino family may encourage an adolescent daughter to drop out of school to take care of the home and younger siblings while both parents are working. This role may be perceived as crucial for the family's survival. A family's need for their adolescent daughter to care for children at home often creates conflicts with school authorities.

Intense conflict can also occur when acculturated women marry traditional men (Garcia-Preto, 2005). A Latina who was born in this country, or who has spent the majority of her life in the United States, may have expectations of more egalitarian gender roles and the sharing of child rearing and other household responsibilities. These expectations may be in direct conflict with the more patriarchal expectations of her more traditional husband.

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Family Difficulties Created by the Immigration Process

It is important to note that Puerto Ricans are citizens of the United States and are free to travel back and forth and to work in this country. Latino immigrants from all other countries are forced to deal with the United States's strict immigration laws. One common scenario for Latino immigrant families has been the experience of parents who are forced to leave children behind in the care of extended family members in their country of origin, and come to the United States on a travel visa or enter the country illegally. Sometimes parents enter together, but in some circumstances, a woman may precede her husband or partner because, as indicated earlier, women often find employment sooner than men do in the United States. The first priority is often to find employment and someone to sponsor the newly arrived immigrant, usually a family member or an employer, for a "green card" which will allow this individual to live and work in the United States. After obtaining a green card, a person can "sponsor" or bring other family members to the

United States. Unfortunately, this process can take 6–7 years (or more). At the end of this time period, even though it is now a legal possibility to bring the family to the United States, it may not be possible financially. More time may elapse before parents are in the position to bring over each child in the family.

Children left behind at a young age may well be teenagers before they are reunited with parents. Parents may remember a toddler and be abruptly confronted with a rebellious adolescent. Moreover, additional children may be born to the parents while they are living in the United States, and these children, who have been living with their parents for their entire lives, may have a closer or different relationship with the parents than children who have spent a good deal of their childhood with extended family in their country of origin. When family therapists work with such a family in treatment or when school officials encounter such a family in school, the therapists are often initially unaware of this complicated history.

Many immigrant parents harbor a great deal of guilt about the length of their separation from their children and other family members during the 6- to 7-year "green card" process. Their inability to leave the United States and visit their country of origin is particularly difficult when their children or other family members are ill, or when a member has died and they cannot attend the funeral. The following case example illustrates many of these points.

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Case Example

The Martinez family consisted of Juan (age 16), Angelica (age 10), and their mother, Lourdes (age 32). The family was referred for treatment by Juan's probation officer. Juan was charged by the court with breaking and entering after he ran away from home and broke into an office building in order to have a warm, safe place to sleep. He was sentenced to probation, with the strong threat of being sent to a juvenile detention facility if he violated his probation.

FAMILY HISTORY

The family was from Nicaragua. Lourdes had become pregnant with Juan as an adolescent and had given birth to him at age 16. Given the cultural belief in virginity until marriage (*marianismo*), her family was furious and even more so when they discovered that Juan's father was already married. Once she gave birth, her parents sent her to live with a cousin in New Jersey while they raised her baby in Nicaragua. Through her cousin, who was in the United States illegally, Lourdes was able to

find employment as a live-in babysitter. This family later sponsored her for her "green card."

Every payday, Lourdes sent money back to her mother in Nicaragua for the care of her child. She often sent barrels containing food and gifts, and she always sent presents for Christmas and birthdays.

In the last year of her "green card" process, Lourdes became involved with a man who had immigrated from Colombia. Her babysitting job required her to stay with her employer's family during the week, but during weekends she lived with her boyfriend. This man was abusive to her, and she soon found out that he was employed by a drug cartel and sold drugs. She ended her relationship with him after discovering that she was pregnant. Her second child, Angelica, was born just as she completed her "green card" process. Lourdes continued her live-in job and was allowed to keep her child with her. She bonded closely with her baby but felt very lost without Juan.

When the child she was caring for reached an age where he no longer needed a live-in babysitter, her employer let her go. The family she subsequently found work with would not permit her to bring Angelica to live with her. When Lourdes flew home to Nicaragua to leave Angelica with her mother, she saw Juan for the first time in almost 9 years. She told the family therapist that the years she spent waiting for the green card process to be completed were very difficult for her. Not only had she missed 9 years of her son's life, she had not been able to see her father before he died or attend his funeral.

Because of Lourdes's hard work and frugality, within 4 years of receiving her green card she was able to afford her own apartment and to bring both children to live with her. By this time, Juan was 13 and Angelica was 7. Lourdes was quickly overwhelmed by the demands of working full time and raising two children. She connected well with Angelica, as they had bonded when Angelica lived with her for a number of years after her birth. Her relationship with Juan, however, was problematic from the start.

Whereas his sister was bright and cute, quickly made friends, and began learning English in school, Juan experienced many more adjustment difficulties. Angelica was close to her mother, but Juan longed for his grandmother, Julia, whom he considered his "Mama." He grieved for her loss, became increasingly depressed and angry, and withdrew from his mother and his sister.

Juan also experienced many difficulties in junior high school. He had attended a rural school in Nicaragua and had never been exposed to a challenging curriculum. In addition, he was having a great deal of trouble learning English. He began acting out and had behavior problems both at home and in school. He failed his first year of school in

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this country and was forced to repeat the grade. He was transferred to a school with an English as a Second Language (ESL) program. He was much more successful in this new school than he had been in his previous school, helped by a committed teacher with whom he developed a good relationship, and was promoted to high school.

His transition to high school was very difficult. He was sent to a large, impersonal school without an ESL program. He missed his teacher from junior high school who was able to give him the individual attention he needed to do well. He became more and more angry. He was acting out at home, and in school he started to hang out with a group of other at-risk boys and got involved in an increasing number of fights.

By the time of the referral, the relationship between Juan and his mother was fraught with difficulty. He refused to accept discipline or limit setting from her, telling her that she was not his "real mother" and that she did not know him. Lourdes felt extremely guilty about having left him behind and was overwhelmed by his behavior.

TREATMENT PROCESS

The family therapist engaged both Lourdes and Juan. He found that he had to do this individually at first because they were so deeply alienated from each other. Gradually, he was able to have a number of home-based family sessions that included Lourdes, Juan, and Angelica.

One weekend Juan "destroyed" the couch in the living room and broke a number of lamps after an angry argument with his mother. In a session soon after this incident, Juan angrily accused his mother of not loving him and only caring about Angelica. The therapist moved Juan and Lourdes as close together as they could tolerate and asked her to talk to Juan about this argument. She sobbed as she told Juan that she did love him very much, but that he seemed like a stranger whom she did not understand. Juan in turn told his mother that she also seemed like a stranger to him. Lourdes was able to say that she wanted desperately to love him, to help him, and to be close to him. She also told him that she felt very guilty about having left him behind in Nicaragua.

The therapist asked Juan whether he had ever heard the story of why his mother left him with his grandparents. Both mother and son seemed surprised by this question and reported that they had never talked about it. With some help from the therapist, Lourdes shared with Juan that she had been very young when she had him (in fact, his current age of 16), and because her family had been so embarrassed about her pregnancy and so furious with her, they had sent her to live with a cousin in the United States. Mother and son cried while she described how hard it had been for her to leave him and how she had cried every night for many

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years. Juan seemed surprised by this revelation. They then held each other for a brief moment as tears spilled down both of their faces. This session proved a turning point in their relationship.

The therapist then worked closely with Lourdes on effective parenting skills. Her guilt was so overwhelming that she was unable to adhere to any limits she set for Juan. When he misbehaved, she would tell him he could not leave the home for a month, only to relent by the next day and revoke his punishment. His probation officer, a White male, was very supportive of Juan and encouraged his interest in sports. Lourdes, buoyed by the officer's interest in Juan, then invited him to a session so that she could ask for his help in working with Juan. To her surprise, he offered to "take him out sometimes to play baseball," and eventually he became a male role model for Juan.

Juan's performance in school remained problematic, however. He still had trouble with English and was failing many courses. The family therapist explained to Lourdes the process of requesting psychological testing and a Child Study Team evaluation. At first, Lourdes was very resistant to the suggestion that she meet with school personnel. In fact, the school had persistently requested meetings with her to discuss Juan's difficulties, but she was too intimidated by her lack of English fluency and the immense size of the school to respond to any of the letters sent by the school.

Understanding Lourdes's discomfort over her lack of English fluency, the family therapist asked her whether she had a friend or relative whom she could ask to serve as an interpreter at the meeting. She responded that she had a friend who would do it. The family therapist and this friend accompanied Lourdes to a meeting at the school. Lourdes was able to request the evaluation, and the therapist requested that Juan be given the psychological tests in Spanish and that a bilingual examiner be provided. The therapist also requested that the school consider transferring Juan to a smaller alternative school that had an ESL program. After the testing was complete, the Child Study Team agreed to this request.

After this change, things began to improve for Juan. He was placed in a smaller class in the new school, and the ESL teacher worked with him on his language skills. He was also away from the acting-out peer group that he had been drawn to in his former school. His behavior improved at home as Lourdes became more consistent in her parenting. At this point, his probation officer advocated for the end of his probation. When this request was granted, the probation officer continued to be a male figure in his life, taking him to baseball games. Treatment with this family was completed, and the family therapist checked in once a month for a "booster" session for the first 2 months.

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CONCLUSION

Clinicians, school personnel, and mentors are encouraged to use their knowledge of cultural, racial, and socioeconomic issues as a lens through which to view their clients and families. In order to avoid stereotyping, this lens must be adjusted for each new client and family. Clinicians and mentors must bear in mind that there is considerable diversity among poor families, Black families, Latino and other immigrant families, and must carefully assess each family's needs and resources.

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