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Addressing Immigration-Related Separations in Hispanic Families With a Behavior-Problem Adolescent

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This article presents specialized family therapy intervention strategies for Hispanic families with behavior-problem adolescents who have experienced an immigration-related separation. Such specialized interventions correspond to a philosophy of customized treatment delivery for Hispanic families. Interactional and cognitive/affective features are presented, and guidelines for building therapeutic alliances, identifying core family processes/themes, and transforming interactions are offered.

Research suggests that there is a constellation of immigration- and acculturation-related life experiences and stressors that tend to disproportionately affect the Hispanic¹ family (Santisteban, Muir-Malcom, Mitrani, & Szapocznik, 2002). Further, it is hypothesized that by competently addressing these experiences and stressors, the therapist can increase the likelihood that Hispanic adolescents and families will engage in treatment and show good treatment outcomes (Santisteban, Tejada, Dominics, & Szapocznik, 1999). The multicultural literature suggests that engagement and treatment outcomes are improved when a good “fit” is ensured between treatment interventions and the specific experiences of the Hispanic client (e.g., Sue & Sue, 1999).

One immigration-related life stressor that can have a powerful impact on the Hispanic family involves family separations that occur when family members, specifically mothers and children, immigrate separately to the United States. In working with Hispanic behavior-problem youth and families, we have found that a history of mother–child separations plays a decisive role in weakening the bond between mothers and children and disrupts key parenting practices. On reunification, children have to adapt to a new coun-

try, mothers and children have to adjust to living together again, and the children often have negative feelings about the separation. In addition, during the separation from their mother, children often develop a strong attachment bond to their surrogate caregivers and experience a second separation on reunification with mother: the first separation from their mother, and the second from their surrogate mother (Sewell-Coker, Hamilton-Collins, & Fein, 1985). In these families, repairing the bonds between mother and children becomes a central goal of family therapy, a necessary precursor to improving parenting functions such as guiding behavior and resolving conflicts.

In keeping with the philosophy of customized treatment delivery, we have developed family therapy intervention strategies in response to the particular needs of families that have experienced immigration-related separations between mother and children. These were a subgroup of Hispanic families that participated in our clinical research on family therapy for behavior-problem adolescents. We have not addressed issues related to father–child separation because we did not come across such cases and also because one could argue that the special needs of the father–child relationship were not as salient. Although these specialized intervention strategies for separations have not yet been tested empirically, our preliminary implementation has yielded encouraging clinical results. This article presents a brief review of the relevant literature, preliminary prevalence findings, a clinical picture of the reunited families we

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¹ Although we recognize that the term *Hispanic* is controversial because it fails to reflect the influence of indigenous cultures of Latin America, we use it here to indicate persons living in the United States with roots in the Spanish-speaking countries of Central and South America.

have encountered, and an outline of the specialized intervention strategies intended to serve as a guide for therapists working with similar families. Although the work presented here has been conducted with families from Latin American countries, Central America in particular, it can be adapted for other immigrant groups facing similar issues.

Literature

Early immigration to the United States showed a pattern of men being the pioneer or beachhead immigrants. The man immigrated first and, if married, left behind a wife and children, who would join the man after he had become established in the United States. As opportunities for documented and undocumented employment for women have increased, larger numbers of women have initiated their family's "stepwise" migration to the United States (Hondagneu-Sotelo, 1992). Immigration and Naturalization Service (INS) data show that in 1991, the male: female immigrants ratio was 66: 34, whereas in 1996, it was 46: 54 (U.S. INS, 2000). INS data also show that Miami was third, behind New York and Los Angeles, among cities with the largest number of immigrants. These data showing the larger proportion of female immigrants are consistent with our clinical experience. A substantial number of women are immigrating alone, leaving children behind in their country of origin and reuniting with them years later.

Attachment, Separation, and Psychological Problems

The temporary loss of a parent because of immigration can have a powerful impact on the developmental trajectory of a child and particularly on the parent-child attachment. Because mothers are most often the primary caregivers, long-term separation from them may be particularly disruptive to the development of a secure attachment bond. According to Bowlby (1969), the impact of a parent-child separation depends on the quality of the early attachment. Bowlby (1982) suggested that the lack of a stable maternal figure disrupts the development of an enduring attachment bond and puts children at risk for psychological disturbance. Although Bowlby's (1969) theory was based primarily on the infant and caregiver relationship, he and others have recognized that parent-child attachment remains significant in childhood and adolescence and probably throughout

the life span (Ainsworth, 1989; Bowlby, 1982; Heiss, Berman, & Sperling, 1996).

Masterson (1985) emphasized two critical stages of separation-individuation, each of which may be impacted by the quality of the parent-child attachment. The first separation-individuation stage occurs at 1.5 to 3 years of age, when the infant becomes mobile and begins to physically separate from the mother. The second separation-individuation stage, a recapitulation of the first, occurs at ages 10 to 12 years, when there is a thrust of new activity and a turning toward growth and independence. Our preliminary data (presented below) suggest that reunifications (and separation from surrogate parents) often occur during or close to the second separation-individuation stage. The timing of these events may cause disruptions in the normative reworking of individuation issues. Parent expectations of a very close relationship, child anger regarding the separation, adjustment to totally unfamiliar surroundings, and many other powerful dynamics are occurring at the same time that separation-individuation issues are normally arising.

Woodward, Fergusson, and Belsky (2000) acknowledged that the impact of parent-child separation on attachment has not been well studied. Their own retrospective study of parent-child separation due to marital disruption, with participants ranging from infancy through adolescence, suggests that the younger the child is at the time of separation, the more severe the impact is on self-reported attachment to the parent. The authors examined children aged 0-5, 5-10, and 10-15 years old and found that parent-child separation at a young age was related to lower attachment to parents in late adolescence.

Literature on the consequences of immigration-related separations is scarce. Our search of the research literature revealed that Suarez-Orozco, Todorova, and Louie (2002) offered the only empirical study to date. These authors cited reports in the clinical literature of negative sequelae for children separated from parents, including attachment difficulties, depressive responses, and behavior problems. They also cited reports of complications in family relationships, including patterns of rejection and counterrejection. However, they warned that because these reports are based on clinical samples, they may overestimate the psychological consequences of separation, particularly among cultures in which the practice of "child-fostering" is widespread. In their study of a nonclinical sample of 385 early adolescents from China, Central America, the Dominican

Republic, Haiti, and Mexico, Suarez-Orozco and colleagues (2002) found that youngsters who had experienced separations were more likely to report depressive symptoms than their nonseparated counterparts. The groups did not differ on composite psychological symptoms or other psychological symptom subscales.

Prevalence of Immigration-Related Separations

The incidence of immigration-related separation from parents in Suarez-Orozco and colleagues' (2002) nonclinical sample was 85%. Among the 236 youngsters in that sample who came from Latin America (Dominican Republic, Mexico, and Central America), 90% had experienced immigration-related separations from parents.

Since developing the clinical strategies presented here, we have attempted to document the prevalence of family separations related to immigration among Hispanic drug-abusing adolescents and their families. Although data collection is ongoing, our preliminary data suggest that such experiences are not uncommon (Santisteban & Mena, 2002). Ninety-six Hispanic families with a substance-abusing adolescent who were referred for drug treatment were assessed with self-report and semistructured interviews. Preliminary findings reveal that 22% ($n = 21$) of these families reported at least one parent-child separation specifically due to immigration. Among the 21 families with separations, there was representation from several Latin American countries (e.g., Cuba, Dominican Republic, and Nicaragua). In this subsample, 71% of immigration-related separations had been from a mother figure only, 24% had been from a father figure only, and 14% had been from both parents.

The average age at which the separations occurred was 7 years ($SD = 5.1$ years), and the average length of separation was over 3 years (37.2 months), with a median of 24 months. This separation period is a bit shorter and the reunification age slightly younger than what we have experienced previously (see Clinical Presentation below). Nonetheless, in both the sample above and our clinical experience, on average, children were reunited with their parents (and separated from surrogate caregivers) during the second separation-individuation stage, described by [Masterson \(1985\)](#) as focused on growth and independence.

Clinical Presentation

Case Backgrounds

Over the course of 3 decades of providing family-based treatment for Hispanic behavior-problem adolescents, we have seen numerous families with mother-child immigration-related separations that follow a remarkably similar pattern. Because our treatment studies target adolescents who demonstrate high risk for drug abuse or those who are already abusing drugs, all families presented with behavior-problem adolescents. This presentation should therefore not be taken as representing all immigration-related separations. Consistent with Suarez-Orozco and colleagues' (2002) view, we presume that there are families with similar histories who adjust to separation and reunion without symptomatic outcomes among their children or in which symptoms do not manifest themselves as conduct problems.

The common scenario we encountered in our clinical families consisted of mothers who came to the United States seeking to improve their family's economic situation, leaving their children in Latin America. These women were widowed or separated from their children's father prior to their immigration. None of the adolescents we treated were left with their father but rather with extended family members.

Once in the United States, a mother was typically employed as a domestic or factory worker. Such jobs are abundant in Miami, do not require proficiency in English, and can be obtained by undocumented immigrants. By working long hours and living in sparse conditions, a mother could send home considerable sums of money, thus giving the impression to her family that she was living a "life of plenty."

There was not as uniform a picture of the life of the children during the separation from their mother. The experiences ranged from loving care to neglect, exploitation, or abuse. In some cases, the children had been left with family who were overburdened by their own problems and therefore could not provide adequate care. Such cases typically included a cycle of neglect/rejection and acting out that resulted in the mother retrieving her children because caregivers were no longer willing to keep them or because of the mother's concern for their well-being.

During the separations, sibling bonds were often strengthened, with older children becoming parentified, especially in cases in which the children did not receive adequate attention from adult caregivers. Most children immigrated with siblings or in close succession. In some cases, older children elected to

remain in their country of origin, compounding the loss experienced by younger siblings. When siblings immigrated together, their bonds played an important dual role, both as an asset and as a source of trouble in the reconstituted family. Sibling bonds were helpful in providing at least one important attachment that was not disrupted by immigration. Problems sometimes arose after the reunion with the mother because of competitiveness between mother and oldest daughter over leadership of the younger children. Sibling coalitions against the mother served to exacerbate mother-child alienation. In one case, a boy's older sister moving out because of conflict with their mother precipitated by his behavior problems and dysthymia.

The children's attitudes toward their mother during the separation were influenced by the attitudes held by surrogate caregivers. Because the mothers were poor and undocumented, they were unable to return for visits, and thus mother-child contact during the separation was limited to letters, gifts, and occasional telephone calls. The explanations that children were given for the mother's absence tended to be distorted, often either in an effort to protect the children's feelings or because caregivers aimed to turn them against the mother. One child was told that her mother was on a shopping trip; other children were told that they had been abandoned. Children whose caregivers had imparted negative attitudes toward the mother had difficulty accepting the mother's nurturance and leadership, as this constituted disloyalty to the surrogate caregivers.

The separation periods spanned several years. In every case, the mother reported that she had always planned on either sending for her children or returning to her country. In some cases, the mothers were able to gain legal residency by marrying American citizens and were then able to sponsor their children so that they could enter the United States by legal means. In other cases, children were smuggled into the country, with some experiencing trauma en route. In all cases, the long awaited reunions were disappointing on both sides. Children expected to be living a life of comfort in the United States, and mothers expected grateful children who would embrace them easily. Instead, children entered impoverished homes with overburdened mothers, and mothers encountered distant and homesick children.

The families entered treatment from 6 months to 3 years postreunion. In addition to the typical range of behavior problems being targeted in our studies, the most prominent clinical feature was a high level of alienation between parents and children. It should be

noted that although parent-child alienation is not uncommon in cases of behavior-problem adolescents, it is not characteristic of the Hispanic families in our programs. The most common theme that emerged in these families, which we adopted in our intervention, was of "a wall" that divided mothers and their children.

The Specialized Intervention Strategies for Addressing Immigration-Related Separations

We developed these strategies in response to the special needs of families with behavior-problem and drug-abusing adolescents who had experienced an immigration-related separation. We found it essential to address the severe alienation between parents and children before we could achieve gains on more typical behavior-problem family processes (e.g., cross-generational coalitions, inconsistent monitoring, negative interactions). Daniel A. Santisteban is expanding this work by beginning to develop intervention packages that contain specialized intervention modules to address disruptive stressors prevalent among Hispanics (Santisteban, Mena, & Suarez-Morales, in press). These specialized modules are designed to target the cognitions, affect, and family relationship/interaction patterns around an event or family theme. Consistent with the structural family therapy (Minuchin, 1974) and brief strategic family therapy (Szapocznik & Kurtines, 1989) foundations of this approach, the primary aim of any given specialized module is to change the habitual manner in which family members interact around a particular issue, ultimately enhancing the family's protective functioning.

The specialized intervention strategies for separation target the improvement of the parent-adolescent bond and parenting practices. These strategies are embedded within the context of a full course of family therapy and begin with one or two sessions focused on separation-related content in the early stage of family therapy. The aim of these sessions is to create a new frame for the discussion of separation-related content, parent-adolescent relationships, and the modification of maladaptive family interactions around the issue of separation. These processes and themes are reinforced throughout treatment, with the overriding goal of applying relational gains attained in the early, separation-focused sessions to resolving other family issues more generally related to behavior-problem adolescents (e.g., implementation of behavior limits). Because of the powerful

affect associated with separations, a corrective experience in this domain can begin the process of “breaking down the wall” that keeps family members from forming healthy alliances and managing conflicts effectively.

We believe that these specialized family therapy strategies can serve as an adjunct to most forms of family intervention and can address a number of core family issues. The following presentation is intended as a guideline for clinical practice and focuses on issues related to engagement and joining, the identification of core family themes and processes, and specific strategies.

Engagement and Joining

Engaging family members in treatment and joining with all family members are critically important processes in family treatment (Minuchin & Fishman, 1981; Santisteban & Szapocznik, 1994; Santisteban et al., 1996). In work with minority families, there is evidence that the inclusion of culturally relevant themes can facilitate engagement (Jackson-Gilfort, Liddle, Tejada, & Dakof, 2001) and a growing literature aimed at educating clinicians and researchers on cultural themes and incorporating cultural awareness (e.g., Bernal, Trimble, Burlew, & Leong, 2003; Falicov, 1998; Sue & Sue, 1999). Sue and Sue (1999) described the culturally competent professional as one “who is actively in the process of becoming aware of his/her own assumptions about human behavior, values, biases, . . . [and] who actively attempts to understand the worldview of his/her culturally different client” (p. 224). Cultural competence is crucial to successful joining, particularly with unacculturated Hispanic families. For example, a particular family’s world view may hold that parental authority must never be challenged and that children’s expressions of displeasure regarding their parents are a sign of disrespect. This world view is in stark contrast to the view, prevalent in the culture of psychotherapy, that such assertions by children are healthy expressions of their feelings. Equipped with cultural competence, the therapist enters the family prepared to adjust his or her approach as needed, depending on unique family characteristics.

Likewise, the therapist’s knowledge and sensitivity regarding some of the stresses related to immigration, acculturation, documentation problems, and ethnic identity greatly facilitate the joining process. In families separated by immigration, some important considerations in joining include sensitivity to the mother’s guilt and possible defensiveness regard-

ing having left her children and a possible coalition of silence among the children. The therapist must be aware of these issues, identifying problematic interactions (e.g., triangulation of children in parental conflict, developmentally incongruent parenting) to be targeted in therapy, yet respect the existing family patterns by not challenging them too aggressively at the onset of treatment.

In the process of joining, the therapist helps to rally the family around shared therapeutic goals. In reunited families, an important goal to work toward is fostering a sense of family identity and strengthening bonds between parents and children. However, it is important to validate the parent’s concern regarding the adolescent’s behavior problems or other presenting issues and not appear to excuse or minimize them by emphasizing the separation issues as paramount. The therapist must assess the family’s willingness to address the separation and conduct the separation-focused sessions only after it is clear that the family is ready and when these issues can be tied directly to the behavior problems. The therapist enlists the mother into a position of leadership in helping the children discuss this painful issue that impedes family progress.

Identification of Core Family Processes and Themes

Evaluation of the family can occur at two levels: content and process. Evaluation at the content level is aimed at strategically selecting thematic therapeutic targets that would have the greatest impact on the family’s engagement in treatment and facilitate adaptive family process. This type of evaluation entails the identification of core family themes that are particularly meaningful to the family’s view of themselves and their problem. Content evaluation is accomplished through a brief assessment of family history of important events, with an emphasis on the entrances (through birth, marriage, etc.) and exits (through death, divorce, immigration, etc.) of people in the family, and of difficult events in the family’s history.

Content evaluation is the first step in applying the strategies presented here—that is, the therapist must first determine that the family has experienced an immigration-related separation. When working with immigrant families, the theme of migration (which, in turn, includes issues of acculturation, acculturation stress, changes in social/economic status, minority status, and ethnic identity) is very powerful. Therapists are advised to explore the circumstances sur-

rounding the family's migration, including the decision making around the migration, peril en route, and immigration-related attachment disruptions. In many of the cases we encountered, the mothers were unaware that the separation might have affected the parent-adolescent relationship or the presenting problem. For this reason, they did not spontaneously mention this pivotal experience. We find that this lack of developmental perspective (i.e., the ability to appreciate the impact of developmental stages or highly significant past events) is not uncommon among families in the midst of a crisis. A family therapist working within a strictly present-oriented framework might miss important historical events that continue to impact current family interactions.

Evaluation at the process level (Minuchin, 1974; Minuchin & Fishman, 1981; Szapocznik & Kurtines, 1989; Szapocznik et al., 1991) refers to the identification of family interaction patterns or structures that are problematic as well as those that constitute strengths. The therapist identifies these patterns by observing family interactions that emerge in session. Treatment goals are defined and interventions designed to modify the problematic structures. In our experience, there are common problematic interaction patterns among families with immigration-related separations that are specifically targeted for change in the separation-focused sessions and throughout the course of family therapy. Many of these problems fall into two major categories: (a) disruptions in parental functioning, and (b) disruptions in the quality of the parent-adolescent relationship.

Disruptions in parental functioning. Despite strengths related to the children having a culturally based respect for parents and the mother's concern for the well-being of her children, parental leadership can be severely limited in reunited families. Parental leadership problems are typically related to inexperienced parenting, problems in parental alliances, and escalating resentment in the family.

Inexperienced parenting. The mothers in these cases typically lack experience in parenting adolescents in urban America. Moreover, the mothers are often reluctant to set limits because of guilt regarding the separation and fear of further alienating the children. This lack of parenting experience and skills requires specific psychoeducational interventions, and training in parenting skills may be warranted in addition to addressing immigration-related separations.

The mother's lack of experience in parenting older children, combined with her sense of loss and guilt,

sometimes causes her to attempt to continue parenting from where she left off before the separation. Accordingly, a common problem found in reunited families is that the mother's parenting style is incongruent with the adolescent's stage of development, and she may treat the children as younger than their age. In one case, for example, the mother would supervise her 14-year-old son's bathing. This developmental incongruity is heightened by the fact that children often had to be self-reliant in their native countries.

Problems in parental alliances. In cases in which the mother has remarried, the parental alliance is often severely compromised. The adjustments required in successfully blending a family are complicated in reunified families because of the weakened bonding between mother and children and because often the new marriage (and sometimes new children) precedes the children's immigration. Interventions that address the needs of blended families must address the special complexities of simultaneously blending and reunifying a family. For example, children who enter a family after their mother has remarried are entering a family system with established patterns of interactions that are likely to differ from those of both the pre-separation family and the caregiving family during the separation. The mother's view of parenting norms may differ from that of her husband, but in a husband-dominated household she may feel powerless to assert herself, especially because the newly established relationship with her children requires a period of uncertain trial and error.

Caught in this struggle, the mother is forced to covertly practice her style of parenting, which is typically more nurturing and permissive than the stepfather's, and act as intermediary between the stepfather and children to avoid or soften conflicts. This process impedes child-stepfather bonding and strains the mother's relationship with both her husband and her children. Moreover, the inability to confront parenting differences often leads the mother to hide misbehavior from her husband and otherwise give covert support to the adolescents. Poor parental leadership may result from unresolved parental conflict and the mother's competing loyalties to her husband and children.

A second source of difficulty in parental alliances involves the conflict that arises when there is an older child who served as a parental surrogate during the separation and whose status as the leader of the sibling subsystem is threatened by the mother. This parentified child can easily usurp the mother's authority, with the result that younger children become

trapped amid the rivalry between their sibling (typically a sister) and their mother. Children who desire a close relationship with their mother may feel that they are being disloyal to their older sibling.

Escalating resentment in the family. These parenting problems, combined with other separation-related factors, result in escalating resentment and parent-child alienation, which further weaken parental leadership. For example, one common pattern is that although mothers fear the negative influence of the urban neighborhood, they also tend to work long hours, so the children are unsupervised after school and on weekends. Thus, the mother expects the children to remain at home when she is at work. The mother's fear of street elements can be a realistic appraisal of risk but sometimes is an overreaction because she does not have time to get to know her children's peers. Also, mothers who are isolated from school and community institutions are unlikely to utilize recreational resources that would keep the children busy and supervised. This confinement is a source of conflict and a springboard for a cycle of behavior problems, as children initially resentfully comply with but eventually defy the order to stay home. One important factor in this issue is that before coming to this country, the children often had a great deal of freedom to be outdoors, because of either strong social networks or lax monitoring. The mother's expectation that the children remain at home only considers her need to feel the children are safe and does not satisfy the children's needs for socialization, especially at an age when the normal trajectory of development is to seek more freedom and interaction with peers.

Disruptions in the quality of the parent-adolescent relationship. Emotional distance, or disengagement, between mothers and children is the most prominent problematic feature of the families we encountered with immigration-related separation. The value orientation in Hispanic culture that emphasizes family interdependency or familism (Marin & Marin, 1991) contrasts with the disaffection and alienation that are characteristic of disengaged families. Moreover, familism has been found to be a protective factor against the development of behavior problems in youth (Zayas & Solari, 1994). Perhaps in part because of this cultural norm, mothers and children express a desire for closeness and a sense of belonging to a family. Despite this familial yearning, the families are unable to independently overcome the estrangement brought about by disrupted attachment, disappointment, and conflicting loyalties.

Specific Strategies

Establishing the cognitive "frame." Reframing is a technique frequently used to shake up the emotional valence in a relationship by offering a reinterpretation of the situation that allows for flexibility in interactions. Anger can be reframed as pain or loss (underlying the anger), crises reframed as opportunities (to pull the family closer, to become a stronger person, etc.), or feeling overwhelmed reframed as a signal that one must recharge one's batteries.

One of the most important elements in helping reunited families is to impart the cognitive frame that, because of their separation and reunification, the family is undergoing a terribly complex adjustment process that would cause upheaval in the best of families. This specialized intervention focuses on the challenge of adjusting to multiple life events, including (a) separation of the children from loved ones left behind, (b) immigration/acclimation processes, (c) the relational effects of family separation and reconstitution, (d) the novelty of the parenting experience, (e) normative changes of adolescence, and, in some cases, (f) posttraumatic stress from neglect/abuse or traumatic migration, and (g) the challenges of simultaneously reuniting and blending a family.

The theme of the family undergoing a challenging adjustment is repeated throughout the treatment and is instrumental in instilling a sense of hope that the family is navigating a difficult stage of development they can eventually overcome. This normalizing therapeutic stance toward families facing immigration adjustment problems was espoused by Sluzki (1998) to impart the belief that symptoms are not "expressions of pathology or of incompetence, but the by-products of an intrinsically and unavoidably complex and painful process for which people are seldom prepared" (p. 368).

When reunited families come to treatment with a behavior-problem adolescent, that youngster is often blamed for all of the family's problems. In cases in which the mother has remarried, the stepfather is often particularly negative about the adolescent and minimizes the contribution of other factors in the presenting problems. In some cases, the stepfather's negativity toward the adolescent is such that he exerts pressure on the mother to return the adolescent to the country of origin. By using the adjustment-related framework described above, the therapist can shift blame for the presenting problem away from the adolescent toward powerful stressors that affect the entire family.

As the focus of therapy shifts from the adoles-

cent's behavior problems to the immigration-related separation, it is crucial that the therapist block any attempts to shift blame for family problems toward the mother (or the stepfather). The therapist must be able to navigate the subtle, yet decisive, distinction between blaming the family's problems on the circumstances surrounding the separation and blaming them on the mother for having left her children. The family's perception of the locus of their problem has to be shifted from an individual level (i.e., the adolescent or the mother) to the family.

Another important cognitive construal is to emphasize the strength that the mother must possess to have endured the hardships and isolation inherent in venturing to this country alone. This reframe helps the mother manage the discussion from a position of strength, thus preventing defensiveness on her part and placing her in a leadership role. The mother is asked to reassure her children that she is indeed emotionally strong and therefore can withstand her children's expressions of loss. This framework simultaneously gives the children "permission" to express themselves while respecting parental authority and promotes the children's empathy for the mother by providing (perhaps for the first time) the perspective that their mother suffered through the separation as well.

Addressing conflict resolution. Disagreements and problems are natural, and a viable family needs ways of managing them. When conflicts or problems are not resolved, it is often because of one of three reasons: denial that a problem or conflict exists, avoidance of problems, or the inability to focus on one problem or conflict at a time (Szapocznik & Kurtines, 1989). The lack of a family history of resolving conflicts together, coupled with emotional and relational barriers, makes it very difficult for the families to manage disagreement.

Denial of conflict is evident in reunited families in that the family may never have openly discussed their feelings regarding the separation. Families may acknowledge that they are not getting along but not discuss such issues openly. This is partly a result of a cultural disposition among some Hispanic groups to not air negative affect but is compounded by the general lack of communication and closeness between parents and children. The families are often overwhelmed by their multiple problems and have difficulty keeping problematic issues separate and generating solutions. In many families, negative feelings related to the separation overshadow the management of everyday issues, so problems are com-

pounded and contribute to the family's sense of failure and hopelessness.

Family therapy involves orchestrating new, more adaptive family interactions, allowing differences of opinion to emerge and to be resolved successfully. The goal is to establish new behaviors that the family will eventually be able to perform without therapist involvement, thus expanding the family's repertoire of interactions in their natural environment. For example, one aim of our intervention is to modify the family's interactions regarding the separation-related content from one of denial or avoidance to one of open discussion, leading to validation and understanding.

Because families with immigration-related separations typically have failed to openly discuss the separation, one of the most useful techniques is to have family members describe their experiences. The therapist initiates and facilitates discussion of the separation-related issues. The following discussion points are suggested:

For the mother:

1. What were the reasons you came to the United States? What was your hope for your family?
2. How difficult was it to make this decision? It has to be very intimidating coming to a strange land by yourself. What was the hardest part?
3. How difficult was it to find a job and settle down?

For the children:

4. Who were you left with back home when your mother came to the United States?
5. What was the quality of your relationship with them at that time?
6. What explanation did you have about the separation?
7. What were you told about your mother? What was your image of her during the time you were separated?
8. What did you think about the level and type of contact you had with her during those years?

For the family:

9. How was the reunion different from what you

expected? It must have been difficult to read-just to living together.

10. How is life here different from your country? What do you like and dislike about living here?
11. How would you like your family to be? What can we work toward?

Managing affect. Because sessions focused on separations are emotionally intense, the therapist must carefully lay out a supportive and validating context for this delicate discussion. The therapist continually assesses the family's readiness to discuss this painful and emotional content and each member's level of emotional strength/vulnerability. The therapist constantly modulates the intervention to adjust to the family's reactions and to block negativity and blame.

The therapist helps the mother lead this discussion with her children, aiding her in expressing grief over their lost years. The mother is usually quite emotional as she describes her sense of loss, worry, and guilt. The children's reactions vary, and this is often one of their first experiences of breaking rank within the sibling subsystem, as one of the children usually responds emotionally while others remain reserved. Reticent children should not be pressured to enter the discussion, as they profit from hearing the conversation even when they do not participate. Male adolescents often have the most difficulty because they do not want to cry in front of others. The therapist lends support to any child who is reacting emotionally (which is also intended for those who are not openly reacting) but, more important, coaches the mother to elicit this child's story and provide comfort. This technique of decentralizing the therapist and having mother and children interact helps to build the family relationship and also lays the groundwork for future interactions.

Generalizing to other content areas. Problematic interactions around other content areas are addressed as usual within a family therapy framework. Many of the patterns that are typical of families who have experienced immigration-related separations are also seen in other families of behavior-problem adolescents. It is the absence of a history of positive experiences plus the cloud of separation-related affect that makes problematic structures more difficult to transform. An overriding goal of this set of intervention strategies is to make these typical behavior-problem family structures more amenable to change within the

context of "as-usual" family therapy. That is not to imply that one or two sessions spent discussing separation-related material, no matter how "corrective" the experience, can magically create a bond where none has existed. However, we have witnessed that these sessions do have a powerful positive effect on the responsiveness of the family to treatment as new frameworks for understanding their problems are opened.

One problematic parenting practice identified in these families involves the lack of appropriate behavior control and developmental expectations that the mother has toward her children. A typical intervention within a structural family therapy framework might involve enactment of mother-child negotiation, leading to the adolescent assuming greater responsibility for his or her behavior and the mother granting increased autonomy. The negotiation process itself is instrumental in raising the age level of the mother-child interactions. Although the insecurity of the mother-child attachment could be thought to hamper this intervention, we have observed that, perhaps because the overprotection does not represent a life-long pattern in families with separation histories, it is amenable to change.

Another target area that reaches beyond the separation-focused sessions concerns the roles of the stepfathers in these families. As one of the stepfathers put it, he felt like an outsider in his own home. The mothers are motivated to work on this sensitive issue because of their discomfort in being triangulated in the child-stepfather conflict. Restructuring can be accomplished through enactment of direct stepfather-child interactions. Reframes that facilitate these enactments include attributing child-stepfather conflict to cultural differences in the manner of expressing emotion (as stepfathers are often of a different nationality than the mother and adolescent) or anxiety on the part of the stepfathers in being new to the parenting role under such complex circumstances. The added benefit of this latter reframe is that it focuses on the sense of caring and responsibility of the stepfather.

Summary and Conclusions

This presentation has outlined a set of specialized family intervention strategies for recently reconstituted Hispanic families with behavior-problem adolescents who have experienced mother-child separation during the course of immigration. The intervention is embedded within the context of a full family therapy and includes in-depth discussion of separa-

tion-related content to target problematic interactions, as well as cognitive and affective features that weaken parenting functions and the parent-child relationship. We seek to advance a flexible system of treatment delivery that can address the heterogeneous needs of Hispanic families by offering treatment options that focus on specific challenges families must overcome to improve family functioning and adolescent behavior.

The strategies presented here have been developed with the families that we have treated, who fit a remarkably similar pattern. These families consisted of hard-working and reasonably well-functioning mothers who left their children in Latin America for economic reasons and adolescents who exhibited moderate behavior problems after reunification. We can easily imagine other separation-related patterns with results that are different from those that we have seen. On one end of the spectrum are families that succeed in making the necessary adjustments without serious behavioral consequences. On the other are families with dysfunctional parents (e.g., mental illness, substance abuse), severe trauma, or complete parent-child cutoffs that likely have graver sequelae. It is our hope that clinicians working with such families find the current presentation useful as a springboard for adapting their usual interventions. Further work is underway to develop and test this specialized intervention, including a detailed manual for its implementation. Research is warranted to understand the outcomes associated with parent-child separations and the mediating factors.

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