WORKING WITH IMMIGRANT FAMILIES

A PRACTICAL GUIDE FOR COUNSELORS

EDITED BY Adam Zagelbaum and Jon Carlson
WORKING WITH IMMIGRANT FAMILIES
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*Working with Immigrant Families: A Practical Guide for Counselors*
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Series Editor’s Foreword

There isn’t a country in the world today that doesn’t need to ponder how to get different populations, local and immigrant, to live together. Everywhere there are tensions more or less skillfully contained; usually they show signs of getting worse.

—Amin Maaloaf (2000)

My paternal grandparents migrated from Sweden, and my maternal great-grandparents migrated from Scotland via Canada. I, however, grew up in a home that was assimilated to American life. I do not remember hearing any ethnic stories or family traditions that were present in my upbringing. Although I had immigrant classmates in the public schools, it never occurred to me that their lives were any different from my own. As an exchange student to Sweden, I developed my first understanding of cultural difference and complexity. However, it was a several-year process that involved living in Detroit, Chicago, south Florida, and Hawaii before I developed any level of meaningful understanding and appreciation. Exchange students, our adopted children from Korea, and extensive world travel have helped to shape my appreciation of the magnitude and challenge of immigrating to a new nation.

All families have migrated somewhere in their history. Each, however, has a different, personal story. Adam (the book’s coeditor), for example, had a different immigrant story. He grew up in a second-generation immigrant home and was very connected to his cultural roots. His immigrant Polish grandparents spoke Yiddish and shared many stories of being relocated and having to deal with life-threatening anti-Semitism.

The impact of immigrating takes two or more generations to recover. Language, social status, dress, appearance, diet, hobbies, occupation, and so on are often significantly changed. Having your world turned upside down is an apt description of the immigration process. With these changes come challenges creating mental health issues. How well prepared are clinicians to work with this population? What is the required knowledge needed to understand and help this
population? What are the special skills and strategies needed? How we understand and value each unique situation is the challenge for today’s culturally sensitive therapist. The contributors to this volume address these and many other issues that provide insight into how to work effectively with this population.

—Jon Carlson, PsyD, EdD
Series Editor

Reference
Preface

The White/Caucasian majority that has traditionally dominated the American landscape has been significantly reduced in size while other demographic groups such as Hispanic/Latino(a) and African American citizens have increased. Many of these individuals are immigrants who have come to America for opportunities to live, work, and contribute to society in ways that are designed to help their families as well as themselves. Being in a new country with new demands creates unique stresses and strains associated with mental health, family problems, and emotional needs that counseling professionals are ill prepared to treat. The need for counseling professionals, therefore, to develop skills and open dialogues that consciously focus their attention on how to serve these immigrant clients and their families is practically a requirement.

Family counseling services and supporting research associated with helping families have focused more on multicultural and cross-cultural data with little emphasis on the needs of immigrant clients. However, there are many theories of acculturation and identity models that have come into prominence within the fields of counseling and psychology. Also, it is clear that many systems-based theories have been rooted in collectivistic perspectives largely associated with many of the countries that some of these immigrants claim as their native lands.

Considering the largely individualistic emphasis of American society, immigrant families face issues when they join the host culture. Therapists trained in America may not necessarily understand the dynamics of immigrant families. For example, a child who acts out within a family system serves as the identified patient under many traditional family systems approaches; however, some immigrant families would not take this position. Some families from a collectivist culture would share the concern and place equal identification of all members as identified clients. A child who acts out is an extension of issues contained within the parental relationship(s) and partner relationship(s) within the family, and all have equal identity as those who are to work within the therapeutic alliance. Other families extend their system to include neighbors and other citizens, such as those who live in a kibbutz or integrated village. Therapists who
are largely unfamiliar with these norms and dynamics often struggle with these differences and may actually contribute more to family conflict rather than to family therapy. Some immigrant families can experience significant frustration and resistance when they feel their collectivist values are being challenged or devalued by even the most well-intentioned therapists. This point is made not to oversimplify the dynamics and differences that exist between host and native countries or the cultural variables that impact the counseling and acculturation process but rather to consciously prepare a foundation for mental health practitioners to think about what practical ideas and discussions they need to have about serving immigrant families. The purpose of this book is to create a foundation that respects theory, culture, and the mental health professions and to initiate the practical and needed discussions about how to work with immigrant families.

Our goal was to unite various individuals who have professionally worked with immigrant clients and their families and to share research and theoretical approaches that appear to be effective as seen from the perspectives of both the clients and the therapists. Instead of repeating the message of how more research is needed to effectively address the needs of immigrant populations, the book starts a dialogue that showcases what therapists have done and intend to bear in mind as immigration and societal trends continue. Though certainly there is no universal technique or model that can be applied to all immigrant populations, the presentation of each chapter will provide opportunity for debate and discussion about how to develop more ideas and techniques about how to reach out to immigrant families and how therapists can professionally refine and further develop their skills and interests in working with such clientele.

This book will also provide definitions of mental health services from the native countries of immigrant clients. This integration of material allows for cultural values and customs of immigrant clients to be retained as much as possible and respectfully allows for material to synthesize. Regardless of whether the dialogue created by this book is fully agreed on by its audience, it represents an important first step toward giving a voice to immigrant populations throughout the world who seek professional help while adjusting to new cultures and societies to which they have emigrated.

This book is an important first step for therapists to take when it comes to identifying and practically addressing the needs of immigrant families. Certainly, the journey to be taken when it comes to completely understanding these needs will be a lengthy one filled with many twists and turns that will occur as more immigrant families come to America, and make no mistake, more immigrant families will be coming to America in years and generations to come. This text is designed not only to rely on theoretical concepts presented in literature that may or may not have direct application to working with immigrant families but
also to describe and apply specific tools, techniques, and approaches that therapists have actually conducted with immigrant families so that concrete points can be established, points that we hope will help professionals actively approach and address immigrant families who seek counseling services. We are happy to present this text for professionals who are set to embark on this journey, and we hope that the lives of people encountered along the way are greatly benefited by this practical guide for working with immigrant families. May it be the first of many steps taken to serve this clientele!
Editors

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Contributors

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Chapter 1
Orientation to Working With Immigrant Families

Adam Zagelbaum and Jon Carlson

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Mr. A, a 45-year-old businessman from Africa, immigrated to the United States with his wife, Ms. A, and their three children, X (16), Y (14), and Z (13), four years ago. Mr. A wanted to establish himself in America, in the hopes that he could achieve the “wealth of the American dream.” There were severe gaps between rich and poor, as well as great tensions, within his native country’s caste
system. He viewed America as an opportunity to “escape” the slow growth and progress made within his community and to provide his children with “greater opportunities to learn and achieve success.” Visitors from church groups and universities had shown him how the American dream could be possible for him and his family. Ms. A stood by her husband’s decision to move, even though the children were less than enthusiastic about leaving close friends behind. Mr. A believed that the church and university he was admitted to would help everyone with this transitioning process.

When he began his initial work at the university’s accounting program, Mr. A found himself putting significant amounts of time and energy into his studies, which kept him away from his family during many hours of the day. He remained at the university from what appeared to be sunrise to “pitch black” for nearly every weekday. Though he was respected for his knowledge and determination back home, Mr. A found some of the people within the university to be somewhat “controlling” and “demanding,” whereas he had been accustomed to making most of his decisions without questions. His children had not adjusted well to the move, as his eldest son, X, was placed into a juvenile detention center for participation in a theft from a neighbor’s home. His youngest son, Z, was also getting into trouble at the local middle school for not listening to the teachers and not following the orders of administrators. The daughter, Y, was close to her mother and seemed to be diligently following the wishes of both parents to behave properly and do well in school. Mr. A believed that it was the community’s responsibility to work with him and his family, especially because the communal approach was commonplace for everyone in his home country. Many of the interactions that he would have with schoolteachers, administrators, and university staff would be perceived as confrontational because of the fact that Mr. A was identified as “unwilling to take responsibility” for his children’s actions. Some of his younger university classmates would also perceive Mr. A as “bossy” and “condescending” because he would often speak in class from what they perceived to be an “expert” view. The communal viewpoint and collectivistic worldview became a problem for the individualistic people Mr. A would encounter in America. Though members of the local church and some neighborhood friends would assist Ms. A with matters from time to time, the boys were largely unsupervised on a consistent daily basis. Frustrated and stressed from the pressures of his academic responsibilities, Mr. A would have a difficult time during parent–teacher conferences where negative behaviors of his youngest son would be discussed. He believed his intelligence and abilities as a father and student were constantly being doubted, and he saw the school staff as “insulting” people who were calling his child “mean and delinquent.” It seemed that they were viewing Z as someone likely to follow the path of his oldest brother, and Mr. A was angered and hurt that he appeared to be viewed as the main cause.
Ms. A appeared to be in a difficult position herself, often becoming teary during these school encounters and upset that her husband would be upset. She appeared hurt that she could not “keep order” among her sons like her husband could but also knew that her husband had to do his best to succeed in school. She was often too upset to speak.

Mr. A would continue to call Z’s school counselor as a way of trying to monitor the situation brewing with his son at school. He also agreed to have his eldest son placed into an alternative school, in hopes that this would remedy the situation. Mr. and Ms. A believed that these actions would be able to “get them through” these situations, so that Mr. A could complete his schooling and be able to work at a “regular job” that would allow for more time to be spent with his family. Ms. A was eventually able to find some temporary work as well, to become more active in the community and befriend more people.

Unique Influences on the Client. Mr. A, though clearly a talented and gifted individual, had both significantly high academic expectations within the university to perform well and high interpersonal expectations among staff and faculty of his sons’ public schools to properly “adjust” his children’s behaviors. These were pressures not placed on Mr. A in his country of origin. Mr. A became highly defensive and agitated when most school officials would strongly recommend that his children be placed in alternative settings, because it indicated a lack of concern or interest in aiding Mr. A with his personal and family issues. He believed people were not able to see his strengths and abilities and were looking for faults within his children to corroborate these negative beliefs.

I (Adam) first encountered Mr. A while I was an intern, and his son, Z, was referred to me for his school-based disciplinary issues. Up until this point in my professional life, I mostly gathered information from teen clients to assess interpersonal issues, as well as ways in which their academic goals could be better reached in accordance with school guidance concerns. I worked with Z for about eight sessions. Of which, about four included interactions with Mr. A and another two included Mr. and Mrs. A.

Working with Mr. A demonstrated to me the fact that certain aspects of the American educational system, as well as acculturating to American communities, were difficult for immigrants to work with. Though Mr. A and his family were capable of learning English as a second language and were respected for their hard work in terms of individual successes such as gaining admittance into graduate school, and being able to find individual work, they were not viewed by their children’s schools as a well-functioning family unit. This individualistic way of thinking leads highly educated and experienced immigrants like Mr. A to believe that people are looking for faults within the family. Many of the issues regarding his sons that Mr. A was being challenged on appeared to be beyond his sole responsibility. Immigrants like Mr. A are not always informed of how
deep the individualistic mode extends when dealing with assessment and treatment of behavioral and psychological concerns.

Working in the school counseling intern and school counselor roles, I encountered other immigrant clients like Mr. A even when I was working in different regions of the United States. There were many people who achieved well educationally and socially within their countries of origin but were not viewed as talented and capable individuals when their children were having difficulty following directions or maintaining on-task behaviors in classrooms.

The experience underscored the frustrations that communalistic clients often experience with individualistic values, which create a circle of finger-pointing and defensiveness when disciplinary issues arise. One important lesson I learned from working with Mr. A and his family was that men can experience extreme disadvantages within their family and social interactions when faced with this clash of individualistic and communalistic values. Being targeted as an ineffective parent, along with the stresses and strains of needing to perform well in graduate school, creates a sense of global failure for the individual who was previously viewed as an effective contributor to the village. The A family found financial assistance for family therapy, which they were able to receive at a nominal fee as a result of Mr. A’s status as a graduate student. It would later uncover some key issues for Mr. A and his family. Mr. A had reduced contact with his family because of his academic pursuits in the first place. When he was spending time with his family, he was focused on how to deal with the failures of his sons, which further reinforced how Mr. A had been struggling within his roles as a worker and a father. His wife was also challenged to become more involved with the issues of X and Z, suggesting that she was not working hard as well to make things more manageable. The loss of communal perspective and spotlighting of individual shortcomings that Mr. A had been experiencing forced him to reach out to others, which was a different circumstance of obtaining community resources than he would normally have done in his native country. Nevertheless, it did allow him and his family to better cope with his son’s issues that arose during the resettlement process.

**Issues That May Be of Common Consideration for Working With This Population**

The importance of recognizing the “person as community” as well as the communal worldview cannot be understated in this case. Cohen (2009) implored psychologists to consider many forms of culture that include variables such as religion, socioeconomic status, and region within a country to better address how similarities and differences can allow for clients and mental health professionals to most effectively work together. The American mind-set of individualism does
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not allow for many to understand that sometimes it actually does “take a village to raise a child.” Although many have heard this saying, just hearing the saying does not always translate into fundamental action and/or understanding of what it means to have a shared responsibility for the development and adjustment of a child. Many theoretical assertions have often placed primary responsibility on the parents when a child misbehaves and can devalue the strengths of the family system when doing so.

Ogbonnaya’s (1994) concept of the person as community takes into account that individuals are the product of past relationships with family, groups, and institutions. When this concept is coupled with Amir’s (1992) notion of the contact hypothesis, counselors are encouraged to start their work with positive expectations of a group or family to recognize the strengths and effective aspects they possess. In doing so, resistance among participating clients is likely to be minimized, and a better working alliance can be formed.

For example, another family that I encountered was the B family, which was from Asia. The family was composed of a husband, wife, eldest son in high school, and younger daughter in middle school, almost identical to the A family. The family members also followed a collectivistic norm in that they focused on each other’s needs more than any one of their own. If the mother was sick, it was the son’s and daughter’s duty to care for her while the father would be at work. It is not an uncommon practice for children to miss school for such a reason. Many Americans do not understand this concept and often view this as a poor practice that hinders the educational rights of the children. This is yet another issue that immigrant families encounter when they demonstrate values that go against the lifestyle norms of the United States. Fortunately, as a result of learning this concept and seeing the collectivistic strengths of this family system, many teachers and administrators at the B children’s schools were able to make alternative arrangements for homework assignments and missed days of academic work, which would eventually allow for the children to catch up on assignments and lessons, which allowed them to remain on pace with their peers. The social stressors of fitting in at school and within the community were also that much more easy for the B family members to process during the course of family therapy because of the positive contact that they had with the therapist, who understood their system in a way that was not “weak” or “anti-American.”

The members of the C family, who were devout to their Islamic heritage, would have a more difficult time while adjusting to the United States. This husband, wife, and teenage son followed specific practices that many of their American neighbors and peers did not fully understand. The wife kept herself covered when out in public and would not make eye contact with other men. Though the son was a good academic student, following the requests of some of his female teachers was often difficult because of the gender roles and customs he was familiar
with in his native county. They also faced some tension from Americans who reacted to the way they physically looked. Though no direct threats or acts of violence were ever reported, they could sense some feelings of tension within their neighborhood by the way that people would often not include them in conversations or community functions. Fortunately, an Islamic center was located within their county, and some opportunity existed for them to be with others who worshipped Islam. However, bridging the gap between the Islamic community and the C family’s neighborhood remained a difficult pursuit. Cases like these show that it is essential to consider what therapists need to know and what they need to do when working with immigrant families. It was because of these various cases, coupled with a paucity of literature regarding the practices of how to therapeutically work with immigrant families, that the authors composed this text.

Immigrants come to America for numerous reasons, which will be explored later and throughout this text, but as psychotherapists, we must be available and prepared to assist these individuals and their families with a variety of services. Several of these people endure language barriers, financial concerns, emotional strains associated with being away from their community of origin, and social stigmas that can often take a toll on the ways in which immigrants and their families adjust to a host culture. Although not all immigrants fit this description, therapists should be aware of the fact that there appears to be an increasing number of immigrants who do. From a social justice perspective, it is not only a justifiable act but also one that is imperative to the nature and duties of the profession. What is also apparent is that there are many places in America where immigrants and immigrant families come to live. The notion that such individuals are more apt to settle in major metropolitan areas because of the sheer size of the area and diverse composition of people does not always hold true. There are immigrant and immigrant family populations within rural, urban, suburban, coastal, and noncoastal areas that showcase the fact that such a notion is not well founded. In other words, it appears to be a fair statement that all therapists throughout America would be wise to become familiar with information and theoretical knowledge of how to work with immigrants and immigrant families because there is always a possibility of encountering such clientele.

**Immigration Defined**

The definition of immigration simply refers to the fact that one has entered into a new environment that is different from that of the one from which he or she originated. The complex issues associated with immigration, however, are vast and plentiful. From war-torn refugees who are physically unable to remain in their country of origin to those people who value socioeconomic opportunities that may not readily exist within their birthplace, there are varied and diverse
Orientation to Working With Immigrant Families

reasons why people immigrate that are as varied and diverse as the people themselves. There are also immigrants who relocate as families, and it is for this reason that this textbook exists.

In the United States, a person who has gained lawful permanent residence through the process of immigration and has the right to own property; attend public schools, colleges, and universities; join certain branches of the armed forces; and apply for citizenship is termed a legal permanent resident (LPR). The more common term used among laypeople for these individuals is green card recipient. When compiling data on the immigrant population defined as legal residents of the United States, the Department of Homeland Security and Office of Immigration Statistics included all persons who were granted lawful permanent residence, granted asylee status, admitted as refugees, or admitted as nonimmigrants for a temporary stay in the United States and not required to leave by the first of January (Jeffreys & Monger, 2007). In 2007, the Office of Immigration Statistics reported a total of 1,052,415 people who became LPRs. The leading regions of birth of people who became LPRs in 2007 were Asia (36%) and North America (32%). The leading countries of birth of new LPRs were, in order from greater to lesser, Mexico (14%), China (7.3%), the Philippines (6.9%), India (6.2%), Colombia (3.2%), Haiti (2.9%), Cuba (2.8%), Vietnam (2.7%), and Korea (2.1%). These countries accounted for more than 50% of new LPRs. Females often compose the larger portion of new LPRs, and in 2007, they accounted for 55% of this group. The majority of LPRs fell in the age range of 25 to 44 years. Fifty-eight percent of the LPRs in 2007 were classified as married, and 37% were classified as single (Jeffreys & Monger, 2007).

The Office of Immigration Statistics also estimated 11.8 million unauthorized immigrants were living in the United States in January 2007. The majority of these individuals were reported as males (57%), and the median age for these unauthorized residents is identified as 30 years (Hoefer, Rytina, & Baker, 2007). Unauthorized immigrants are defined as foreign-born persons who entered the United States without inspection or were admitted temporarily and stayed past the date they were required to leave. Although this status can change once they have been granted LPR status, the condition does not change if unauthorized immigrants apply for asylum or temporary protected status (TPS). This is also why the statistics reflecting unauthorized immigrants within the United States may be at a higher level than what is currently reported (Hoefer et al., 2007).

Refugees and Asylees

Refugees and asylees also compose a large portion of the immigrant population of the United States. The main distinction between these two categories is that a refugee is a person who is unable or unwilling to return to his or her country of
origin and/or country of nationality because of persecution and is located outside of the United States at the time of application; an asylum seeker is typically a person who is located in the United States or at a port of entry but tends to seek immigration for similar reasons as that of a refugee (Jeffreys & Martin, 2007). Numerous laws and acts have been created and instated within the United States and through the work of the United Nations to protect refugees and those seeking asylum from having to return to countries and nations whereby their lives would be threatened upon their return. Under current laws and restrictions, case-by-case decisions are typically made to determine in what cases an individual and his or her family may attain refugee status (Jeffreys & Martin, 2007). Currently, spouses and unmarried children under the age of 21 can obtain derivative refugee status from a family member who is a principal refugee applicant. Should the spouse or child enter the United States with the applicant or within four months after the principal applicant’s admission, he or she is referred to as an accompanying derivative. A spouse or child who enters after this four-month period of time is referred to as a following-to-join derivative.

The Office of Immigration Statistics reported that in 2007, there were 48,217 refugees admitted to the United States. Of these refugees, 19,911 were principal applicants whereas their children composed 15% and their spouses composed 43% of this total count. The leading countries of nationality for refugee admissions were Burma (29%), Somalia (14%), Iran (11%), Burundi (9%), Cuba (6%), Russia (4%), Iraq (3%), Liberia (3%), Ukraine (3%), and Vietnam (3%). The majority of refugees admitted to the United States in 2007 were under 25 years of age (57%), and 38% were under the age of 18. Fifty-two percent of these individuals were males, 60% were reported as single, and 36% were reported as married (Jeffreys & Martin, 2007).

Naturalization

Another important category for classifying immigrant populations within the United States comprises those individuals who become naturalized citizens (Rytina & Caldera, 2007). These are individuals who receive U.S. citizenship by fulfilling criteria established by Congress according to the Immigration and Nationality Act. With this status, individuals are afforded the same benefits, rights, and responsibilities as natural-born U.S. citizens, which includes the right to vote and travel overseas with governmental protection once abroad. In 2007, 660,477 immigrant individuals became naturalized U.S. citizens. The leading countries of birth and origin for these individuals were Mexico (19%), India (7%), the Philippines (6%), China (5%), and Vietnam (4%). Females composed the majority of this group (55%) in terms of gender, and the majority age range was between 25 and 44 years. Sixty-six percent of this group was
identified as married, and 21% of this group was identified as single (Rytina & Caldera, 2007).

As we hope can be discerned from the aforementioned statistics, immigrant families have long been a part of the American tapestry. Though there are fluctuations in terms of the data, the fact remains that immigrants are a constant part of American society. Immigrant families may not necessarily arrive in the United States in one fell swoop, though there are many that do. There are numerous family members who come to the United States after the primary applicant has established some stability, relatively speaking, and this process of transitioning and acculturation takes on a different meaning than for families that simply relocate from one American state to another.

**Immigrant Family Needs**

Immigrant families have unique and important needs that psychotherapists must not only be cognizant of but also be able to put into their practices when working with these clients. To say that working with immigrant families is no different from working with nonimmigrant families is an understatement that denies many psychological processes and issues that these groups experience as a result of acculturation, acclimation, and communication. *Acculturation*, which is more specifically discussed in subsequent chapters, refers to how individuals or groups that have different cultural backgrounds act, react, adapt, do not adapt, adjust, and readjust to one another and the environment in which this contact occurs (Berry, 1997). Though this process also refers to how society changes as a result of making contact with immigrants, it has largely been studied as a process under which immigrants adapt to society (Schwartz & Zamboanga, 2008). It is currently being argued that all individuals are multicultural because all individuals each have a national origin, ethnic origin, regional origin, religious value (which includes a lack of religious value), and level of socioeconomic status and/or social class (Cohen, 2009). The question, therefore, is not “What information do I lack about immigrant families?” but rather “What needs do these families have?”; the latter appears to be the more appropriate one to ask to help these families adjust to the society to which they immigrate. *Acclimation*, which can also be referred to as *adjustment*, is a term that is used to reflect the process by which immigrants deal with the shock of living in a society composed of a culture different from that of their homeland (Milstein, 2005). The need for belongingness and acceptance while remaining true to one’s cultural roots creates a dynamic that affects individuals and families in such a way that therapeutic intervention is often necessary and can aid immigrants with their acclimation. *Communication* is the process by which language and expression is conveyed and, within this text, will refer to both verbal and nonverbal methods. Language
barriers often exist when immigrants first settle in their new surroundings, and certain features of personal space and nonverbal cues that exist within their countries of origin may not effectively match with the customs and practices of their new surroundings. Therapists must be aware of how to effectively approach immigrant clients and families in a way that allows for effective communication to be both heard and understood. Establishing a good rapport means not only choosing the best words to establish effective communication but also reading the cues and signals that clients present. It is through these proper readings that therapeutic alliances form and common ground can be provided as a foundation on which further intervention can occur. Certainly, the family system is a unit that has many parallel processes that showcase many commonalities between and among clients throughout the world. However, when one considers the way in which some cultures value individualism over collectivism, matriarchal systems over patriarchal systems, and independence over communalism, as well as a host of other values that can impact the presence or absence of certain family dynamics, the common ground becomes harder to find.

It is our hope that this text provides psychotherapists a way of landscaping this common ground. Before we present the chapter overviews, readers should bear in mind that this text is not meant to serve as a one-size-fits-all approach to defining immigrants, countries, regions, cultures, ethnicities, or psychotherapeutic approaches. Common threads determined by research, literature, experience, theory, and practice of psychotherapy are delineated throughout each chapter as a way of informing readers about what practical pieces of information are deemed to be most critical when working with immigrant families. Ultimately, people are reminded of the fact that between and within group differences will always exist, and such differences are what make the field of psychotherapy, along with its clientele, necessarily complex and valuable. To construct a text that comprehensively addresses every possible immigrant family, every context within which immigration occurs, and all processes that unfold as therapy and interventions are provided to these families is nearly impossible. It is for this reason that therapists use this practical guide as a way of becoming more aware of immigrant families and using this information not only to better inform their practices but also to stimulate discussion and seek consultation whenever possible about how to better serve these clients.

Roles of the Therapist

Because awareness, knowledge, and skills are deemed by the American Counseling Association’s Code of Ethics (ACA, 2005) to be the cornerstones on which competent professionals are to serve diverse clients and client needs, this text is designed to whet the reader’s appetite regarding how to approach
immigrant families and develop a hunger to do more work to serve this clientele. More specifically stated,

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. (ACA, 2005, p. 17)

The American Association for Marriage and Family Therapy (AAMFT, 2001) has a Code of Ethics that, although it does not specifically address diversity and culture in an explicit section of the document, contains several principles that articulate the therapist’s duty to serve culturally diverse populations. Such principles include the following:

1.1 Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socio-economic status, disability, gender, health status, religion, national origin, or sexual orientation.

1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

3.1 Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.

6.7 Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

The International Association of Marriage and Family Counselors (IAMFC, 2005) also has particular principles that recognize the importance of culturally diverse clients’ welfare. These principles include the following:

4. Marriage and family counselors respect cultural diversity. They do not discriminate on the basis of race, gender, disability, religion, age, sexual orientation, cultural background, national origin, marital status, or political affiliation.

12. Marriage and family counselors establish fees that are reasonable and customary depending upon the scope and location of their practices. Couple and family counselors in community agencies, schools, and other public settings do not solicit gifts or charge fees for services that are available in