Encompassing the most current issues faced by multicultural families across the life span and the social workers who serve them, the third edition of this popular textbook contains 10 new chapters and includes content that has been significantly expanded throughout. These new and reconceived chapters offer professors and social work graduate students a more comprehensive understanding of the key issues that arise when treating families from diverse cultural backgrounds, as well as current, evidence-based models for assessment and treatment.

The text underlines the importance of considering the socioeconomic class of multicultural families during the assessment process, as well as such factors as degree of acculturation, history of oppression, language and the arts, racism and prejudice, sociopolitical factors, child-rearing practices, religious practices, family structure, and values and attitudes specific to life and help-seeking behaviors. Contributors examine the use of the “culturagram” as an assessment and treatment-planning tool and present the most effective treatment modalities for working with culturally diverse families. They stress the importance of self-assessment for human services organizations to avoid potential “microaggressions” that can impinge upon successful treatment. The book also considers the specific needs of multicultural families in different life stages and gay and lesbian members of multicultural families. Updated case studies, vignettes, and statistical data enrich the book’s content.

New and updated chapters cover:
- Evidence-based models of care for multicultural families
- Working with Asian American, Hispanic, Arab American, and Native American/indigenous families
- The special challenges of working with multicultural adolescents
- Practice with multicultural families dealing with substance use and abuse
- Policy and practice issues with day laborers
- Legal issues pertaining to practice with culturally diverse families
- Clinical work with survivors of torture
- Treatment for victims of domestic violence in multicultural families
Multicultural Perspectives
in Social Work Practice
With Families
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Multicultural Perspectives in Social Work Practice With Families

Third Edition

Elaine P. Congress, MSW, DSW
Manny J. González, DSW

Editors
To my husband Bob Snyder, who provided ongoing support while I worked on this third edition of Multicultural Perspectives in Social Work Practice With Families.

I would like to thank two very knowledgeable and efficient MSW research assistants, Cara Aloisio and Brittney Wagner, who helped us organize this book.

EPC

In memory of Dr. Gladys González-Ramos—friend, colleague and “sister.” Her clinical and research contribution in the areas of mental health, delivery of care to Hispanic children and families, and mothers’ cultural child-rearing values was outstanding—and her examination of the clinical social worker’s role in health care, interdisciplinary team training, and the delivery of care to persons with Parkinson’s disease and their caregivers was absolutely ground-breaking. While the essence of Dr. González-Ramos’s work will continue to thrive, she will always be missed.

MJG
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The rate of change around the world that affects life in the United States is occurring at such a rapid pace that it has become extremely difficult to stay current with social work practice innovations and research. Over the past decade, drastic changes are attributable to international events such as wars overseas, violent overthrows of governments, and global economic shifts while others are clearly attributable to national circumstances. Resulting from some of those changes has been the arrival of new immigrant and refugee groups who frequently cluster in decaying cities that historically have accommodated persons arriving from other shores. Members of a number of these newly arrived groups have also moved into rural areas that, heretofore, were unaffected by mass migrations of persons born in other countries, many of who do not speak English and are people of color. During the past 50 years technology has redirected the way that we think, learn, and relate to one another and traditional relationships and family forms have given way to nontraditional family forms and alternative lifestyles across the country. Many social work professionals fail to understand the cultures of people for whom they are called on to provide service. They frequently have little knowledge of these different family forms and want to intervene appropriately, but they lack both the practice skill and wisdom to work effectively with these families. There are also ever-changing institutional arrangements that have come about as accommodations and in some instances nonaccommodations to the changing economic, political, racial, and ethnic character of our nation, which unfortunately often leave us feeling as if we are living in a nation divided. A major challenge for us as a nation, and particularly for us as service providers, is to value the social and cultural differences that each of the groups who live here adds to the great American mosaic and to understand the economic, political, and social forces of our society that either inhibit or enhance the opportunity structure of all those who inhabit this nation. A careful read of this book will help the practitioner meet this challenge.

The book is arranged in a manner so that each section builds on the preceding section. This edition expands the scope of practice that is examined to include practice with multicultural families where health and disabilities are central to their concerns, and practice with lesbian, gay, bisexual, and transgender (LGBT) individuals and their families. Throughout the book, practice examples are used that help the reader appreciate the complexity of working within and across fields of practice with specific problem behaviors.
and conditions. The book begins with approaches to practice and ends with
a full consideration of ethical issues and future directions that should be
taken by professional social workers as they engage clients from varied back-
grounds in achieving better life chances, and it features direct practice as
well as indirect practice strategies and modalities. Illustrative of approaches
to practice is the chapter on assessment by Congress and Kung, “Using the
Culturagram to Assess and Empower Culturally Diverse Families,” Ortiz
Hendricks's chapter on “The Multicultural Triangle of the Child, the Family,
and the School: Culturally Competent Approaches,” the Abu-Ras chapter on
“Working With Arab Americans,” and the chapter by Pardasani and Goldkind,
“Managing Agencies for Multicultural Services,” which will enlighten the
reader about using administrative practices to create a welcoming environ-
ment for a diverse clientele.

This text addresses a range of social problems of diverse cultural and
ethnic groups across the life course. The problems of substance abuse,
domestic violence, and families living with HIV are addressed respectively
by Hanson and Sealy in “Evidence-Informed Marriage and Family Treatment
With Problem Drinkers: A Multicultural Perspective”; Brownell and Ko's chap-
ter, “Multicultural Social Work Practice With Immigrant Victims of Domestic
Violence,” and the chapter by Moreno titled “Latino Families Affected by HIV/
AIDS: Some Practical Practice Considerations.” Also, the reader is introduced to
the negative impact of trauma on the family lives of immigrants and refugees in
Joyce, Bunn, and Engstrom's chapter, “Clinical Work With Survivors of Torture”
and legal issues that are presented by Chang-Muy in the chapter, “Legal Issues
in Practice With Immigrants and Refugees: Clinical Social Service Practice
With Vulnerable Newcomer Communities—Women, Youth, and Refugees.”

This book represents a good jump start for professional social workers
and other human service providers who wish to practice in a more culturally
sensitive and appropriate manner. Appreciation of culturally sensitive and
culturally appropriate practice allows the practitioner to respect the diversity
of clients, and in addition this appreciation helps the professional celebrate
the richness that cultural, racial, and ethnic diversity brings to this society,
which is so well portrayed by Suárez and Lewis in “Spirituality and Culturally
Diverse Families: The Intersection of Culture, Religion, and Spirituality.” It also
provides a platform from which practitioners cannot only begin to understand
the differences that are a part of the relationship between the social worker
and the client from different backgrounds, but it provides ways of develop-
ing a mutually respectful helping relationship. Hopefully as a jump start the
book will provide the impetus for professional practitioners to explore each
problem area and each group highlighted in the succeeding chapters in more
depth than can be achieved in any single book chapter. As a text for master's
students it will assure that at completion of their graduate studies they will
begin their journey in multicultural practice paces ahead of those of us who
did not benefit from such readings in our own graduate study.

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Preface

*Multicultural Perspectives in Social Work Practice With Families* (third edition) includes “something old, and something new.” The old has been significantly revised to include current knowledge and research to help practitioners work more effectively with culturally diverse families. For the most part, the case vignettes and illustrations are new. A third of the chapters are completely new, such as Chapter 3 that focuses on evidence-based models of care with multicultural families; Chapter 6 that looks at issues with multicultural adolescents; Chapter 7 that focuses on day laborers; Chapters 11, 12, and 13 that look at practice with Hispanic American, Asian, and Native American/indigenous families; and Chapter 17 with a focus on legal issues that affect practice with culturally diverse families.

As in the second edition of *Multicultural Perspectives*, culture is used as an umbrella term that includes ethnicity, race, national origin, and religion (Lum, 2004). Although religion and race are subsumed under culture, class is not. The practitioner must consider the socioeconomic class of the family in order to avoid inaccurate generalizations. Often families that have recently immigrated to the United States or have been the victims of generations of racism and discrimination are poor. Many of the families described in this book are poor, but certainly not all families from diverse cultural backgrounds are. Clinicians must be cognizant of the following factors when assessing families of diverse cultural backgrounds: degree of acculturation, poverty, history of oppression, language and the arts, racism and prejudice, sociopolitical factors, child-rearing practices, religious practices, family structure, values and attitudes specific to life, and help-seeking behaviors (Lum, 2004). Clinicians must also be aware of what financial resources are available to the family, as this may affect their functioning.

The third edition of *Multicultural Perspectives* addresses cutting-edge issues in the assessment and treatment of families from diverse cultural backgrounds. These chapters are not all-inclusive, but rather focus on some of the most important, emerging issues in multicultural practice with families. This edition captures the three emerging elements in cross-cultural practice that must be incorporated into the effective psychosocial treatment of ethnic cultural groups: the client’s worldview, language, and religion (González, 2002).

Both micro and macro perspectives are important in working with culturally diverse families. Assessment of families begins simultaneously with the beginning of treatment. A good assessment should include an understanding
of family boundaries, rules, roles, and structure. The Olson self-report assessment tool (Olson, Russell, & Spenkle, 1989) looked at a family’s reactions to situational stress in terms of flexibility and cohesion. The Beavers model (Beavers & Hampson, 1993) and the McMaster model (Epstein, Bishop, Ryan, Miller, & Keitner, 1993) have been used in assessing family functioning. The ecomap (Hartman & Laird, 1983) looked at the relationship of the family to external resources, while the genogram (McGoldrick, Gerson, & Schallenberg, 1999) helps the practitioner learn more about family relationships, both current and past.

One issue that none of the existing family assessment instruments focused on—understanding the cultural background of the family—led to the development of the *culturagram* (Congress, 1994) and its revision (Congress, 2002; Congress, 2008). The first chapter in the book looks at the *culturagram* as an assessment and treatment planning modality. The authors, Congress and Kung, use clinical examples from their extensive teaching and practice experience to illustrate different parts of the *culturagram* and how it can be used in assessment.

How do we make decisions about whether to see clients for group or family therapy? Chapter 2 focuses on similarities and differences between group and family work. Drs. Congress and Lynn discuss these issues by using a case vignette of a West African family with adult children to illustrate important principles in family and group work.

What treatment methods are the most effective in working with culturally diverse families? Evidence to support the use of different treatment modalities is viewed as paramount in the delivery of social services (Gambrill, 2010). In Chapter 3, Dr. González looks at evidence-based practice that supports the use of specific interventions with multicultural families. Culturally adapted cognitive–behavioral therapy is highlighted as an exemplar of evidence-based treatment for ethnically and racially diverse patient populations.

Most people seek help because of family problems and are seen in family service or mental health agencies. No matter how skilled the clinician is, if agency context is not considered, then family engagement, assessment, and intervention may not be successful. Green (1999), for example, has noted that multicultural skills and knowledge are not just for individual providers of psychosocial care. Human service organizations—the social systems in which most providers of care are employed—must also promote the delivery of culturally competent clinical services. In Chapter 4, Drs. Pardasani and Goldkind outline how practitioners and administrators can “manage for diversity competence” within the workplace. They suggest that agency leaders must continually assess their cultural competence at all levels—board of directors, administrators, staff, policies, and programs. They raise concerns about microaggressions that occur in the workplace and how they can be addressed.

The second section of the book focuses on work with families from diverse backgrounds across the life cycle. School is the primary place where children from very different cultures interact and learn. In Chapter 5, Dr. Ortiz Hendricks looks at the multicultural triangle of child, family, and
school. She stresses the need to understand these differing cultures in order to work effectively with children and their families within the school system. She discusses the need for social workers to understand their own cultural backgrounds and to apply culturally competent standards in their work with culturally diverse children and their families.

Adolescence is often a challenging time for immigrant families, especially when adolescents are anxious to be Americanized and parents are more committed to the mores and customs of their homelands. In the sixth chapter, Dr. Aymer writes about the special challenges of work with multicultural adolescents.

An important new addition to this edition of *Multicultural Perspectives* is the seventh chapter by Drs. Acevedo and Perez that focuses on policy and practice issues with day laborers. This population is extremely vulnerable and often exploited, but has rarely been discussed previously in social work literature. Legal as well as social work intervention may be needed in work with this population.

Older people are increasing in numbers globally and in the United States. Older people come from many different cultural backgrounds. In Chapter 8, Drs. Gutheil and Heyman point out important issues in social work with older people from diverse cultural backgrounds. This chapter looks at health disparities between diverse older populations, important assessment issues, service utilization, and treatment approaches with older people and their families. The need for social workers to understand and work within the cultural background of older clients and their families is illustrated through a case vignette.

Grandparents raising grandchildren is an increasing phenomenon especially among communities of color. In Chapter 9, Dr. Cox aptly describes the very successful use of an empowerment-training program to provide support and foster strength among grandparents from culturally diverse backgrounds.

"An Afrocentric Approach to Working With African American Families," Chapter 10 written by Dr. Aymer, addresses the historical background of African Americans in the United States and the racism they encounter. The importance of adopting an Afrocentric framework, the use of language, spirituality, family relationships, and conceptions of mental health are all addressed in this chapter.

Dr. González, the co-editor of *Multicultural Perspectives*, and Dr. Acevedo look at clinical issues in working with Latino families in Chapter 11. Since Hispanics/Latinos are the minority diverse populations showing the largest increase in numbers in the United States, this new chapter is particularly timely. The authors look at the diversity of national backgrounds of Hispanics, as well as important cultural characteristics of Hispanics such as *simpatía, personalismo, familismo, confianza respecto*, and the gender roles of *marianismo* and *machismo*. The importance of religion and spirituality for many Hispanics/Latinos is stressed. This new chapter concludes with strategies to use in clinical work with this expanding population.
The number of Asian American families is rapidly increasing and in Chapter 12 Dr. Chung looks at clinical assessment and treatment issues that have an impact on work with Asian families. Dr. Chung addresses timely issues such as intergenerational conflict, challenges in working with Asian American families, and culturally responsive interventions.

In planning for *Multicultural Perspectives in Social Work Practice With Families*, the editors of this book became aware that they had not included the first Americans, that is, native and indigenous peoples. As many of the Native Americans have been decimated over the centuries because of disease and war and are now often invisible in cities, the number of American Indians in the United States constitute only about 1% of the total population. In Chapter 13 Dr. Weaver, a social work educator from the Lakota tribe, examines how trauma and oppression have negatively impacted the economic, social, and psychological well-being of American Indians. Understanding the importance of the medicine wheel—mind, body, spirit, and heart—to Native American families increases clinicians’ ability to provide culturally sensitive services to these families.

An exciting addition to the third edition of *Multicultural Perspectives* is Chapter 14 by Dr. Abu-Ras that focuses on Arab American families. This growing U.S. immigrant group is frequently misunderstood, especially post-9/11. Practitioners will learn more about the differences among Arab countries and the religious backgrounds of Arabs, their psychosocial needs, attitudes toward mental health, family relationships, and treatment issues.

In Chapter 15, Dr. Mallon addresses issues that gay and lesbian people face within their families. The psychosocial needs and risks of gay and lesbian people, clinical issues in working with gay and lesbian people, and recommendations for working with this population are addressed.

Drs. Suárez and Lewis describe the role of spirituality in culturally diverse families in Chapter 16. Major religious trends in the United States, as well as the differences between religion and spirituality, are outlined. This chapter focuses on the interrelationship between cultural and religious views and the effects they have on psychological and interpersonal behavior. Implications for practice with culturally diverse families who recognize their religious beliefs and spirituality conclude the chapter.

Many culturally diverse families have members with differing status ranging from citizen to “green card holder” and “undocumented.” Chapter 17 by Fernando Chang-Muy, a law professor, serves to demystify the confusing complex legal status of clients that we serve. This chapter presents relevant immigration policies and laws with a specific focus on three newcomer populations—women, children, and refugees. Ways in which social workers can work with lawyers in advocating for rights of immigrant clients and families are discussed.

Recent immigrants to the United States including legal immigrants, refugees, and undocumented immigrants are the focus of Chapter 18 written by Drs. González, Rosenberg, and Rosenberg. The chapter also explores their mental health needs, access to services, and implications for social work practice. Although immigrants and refugees may be at increased risk for a host of psychological problems such as depression and traumatic stress, they
are less likely to access treatment, because of financial inability, the lack of availability of culturally competent services, their own cultural prohibitions against participating in mental health care, and a general mistrust of government agencies. The importance of accurate assessment and culturally sensitive intervention is illustrated through case vignettes.

Chapter 19 is a new chapter that focuses on clinical work with survivors of torture. This topic is particularly important as an increasing number of refugees emigrate to the United States after having experienced torture in their country of origin and in transit. Others apply for asylum status after immigrating to the United States. Marianne Joyce, Mary Bunn, and Dr. David Engstrom have used a comprehensive approach to address clinical assessment and treatment issues in survivors of torture.

Although HIV/AIDS is more treatable now than a decade ago, the effects of HIV/AIDS for both affected individuals and their families are devastating. In Chapter 20, Dr. Moreno looks at the stigma and treatment issues for Latinos, especially women and LGBT (lesbian, gay, bisexual, and transgender) individuals. The chapter concludes with a discussion of interventions that have been especially helpful in working with Latinos and their families who have been affected by HIV/AIDS.

Evidence-based treatment is a major focus of current treatment interventions. In Chapter 21, Drs. Hanson and Sealy look at the latest studies on effective marriage and family treatment with problem drinkers. Adopting an evidence-based practice (EBP) perspective, the authors present the case of a Puerto Rican family with an alcoholic member and how this approach can be used to engage and facilitate treatment.

Domestic violence presents special problems in families from culturally diverse backgrounds. Chapter 22 by Drs. Brownell and Ko discusses the unique needs and challenges that many culturally diverse women who have been abused encounter in acknowledging the need for help, as well as in seeking and securing services. Special difficulties for non-documentated women, as well as issues specific to Latino battered women, Asian battered women, and Southeast Asian women are discussed. Different types of treatment interventions as well as policies that affect the identification and treatment of battered women from culturally diverse backgrounds conclude this chapter.

Latinos are the fastest growing ethnic group in the United States and by mid-century 25% of adolescents will be of Hispanic background. A growing concern is the increasing number of suicide attempts by adolescent Latinas. Chapter 23 by Drs. Alonzo and Gearing describes strategies for prevention and intervention in Latina adolescents and their families. Treatment interventions are illustrated through a case vignette.

The final chapter of the book by Dr. Congress looks at ethical issues and trends in family therapy. For many reasons, family therapy often presents the most ethical challenges. Issues of countertransference, confidentiality, self-determination, and value differences in culturally diverse families are discussed. Evidence-based practice is seen as an important current trend affecting the course of family therapy. The increasing diversity of clients and their therapists will affect the future course of clinical work with families.
REFERENCES


ONE

Using the *Culturagram* to Assess and Empower Culturally Diverse Families

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The United States is becoming increasingly culturally diverse. It is estimated that by the year 2050 less than half (46%) of the population will be non-Hispanic Caucasian (U.S. Census Bureau, 2008). While the number of foreign-born people is 13% at the national level, in large metropolitan areas such as New York City as much as 37% of its residents are foreign-born (U.S. Census Bureau, 2010). Additionally, approximately 21% of the U.S. population, aged five and older, speaks a language other than English at home, out of which 13% speak Spanish (U.S. Census Bureau, 2010).

From the beginning of the social work profession social workers have stressed the importance of respect for clients from diverse backgrounds (Addams, 1911). In the most recent Code of Ethics, social workers are advised to understand cultural differences among clients and to demonstrate competence in working with people from different cultures (National Association of Social Workers [NASW], 2008). In addition, the recent Code of Ethics advises social workers to work against discrimination based on immigration status. The *culturagram*, a family assessment instrument discussed in this chapter as well as previous editions of *Multicultural Perspectives in Working With Families*, grew out of the recognition that families are becoming increasingly culturally diverse and that social workers must be able to understand cultural differences among families and their implications for their work.

When attempting to understand diverse families, it is important to assess the family within its cultural context. Considering a family only in terms of a generic cultural identity, however, may lead to overgeneralization and stereotyping (Congress, 2008b). A Puerto Rican family that has lived in the United States for 40 years is very different from a Mexican family that emigrated last month, although both families are Hispanic. A Chinese family that emigrated to the United States in the early 20th century is very different from a Tibetan refugee family that has recently been relocated. Even two families from the same country and region are very different.
THE CULTURAGRAM

While the ecomap (Hartman & Laird, 1983) and genogram (McGoldrick, Gerson, & Schallenberg, 2007) are useful tools in assessing the family, they do not address the important role of culture in understanding the family. The culturagram was first developed (Congress, 1994, 1997) and revised (Congress, 2002, 2008b) to help in understanding the role of culture in families. This tool has been used to promote culturally competent practice (Lum, 2010) and in work with battered women (Brownell & Congress, 1998), children (Webb, 1996), older people (Brownell, 1997, Brownell and Fenly, 2008), immigrant families (Congress, 2004, 2010), and families with health problems (Congress, 2004).

The culturagram, a family assessment tool, serves to individualize culturally diverse families (Congress, 1994, 2002, 2008b). Completing a culturagram on a family can help a clinician develop a better understanding of the sociocultural context of the family, which can shed light on appropriate interventions with the family. Revised in 2008 the culturagram examines the following 10 areas (see Figure 1.1):

1. Reasons for relocation
2. Legal status
3. Time in the community
4. Language spoken at home and in the community
5. Health beliefs and access
6. Impact of trauma and crisis events
7. Contact with cultural and religious institutions, holidays and special events, food and clothing
8. Oppression and discrimination, bias and racism
9. Values about education and work
10. Values about family structure—power, hierarchy, rules, subsystems, and boundaries

Reasons for Relocation

Reasons for relocating to the United States vary among families. Many families come because of economic opportunities in the United States, whereas others relocate because of political and religious discrimination in their countries of origin. For some, it is possible to return home again. They often travel back and forth for holidays and special occasions and ultimately may move back to their country of origin. Being able to maintain continuous close social ties with families of origin and other acquaintances in the native land reduces the sense of uprootedness of the family. Such close contacts also facilitate the family, especially the younger generation, to maintain their cultural heritage and identity. The cultural gap between the generations in these immigrant families may be diminished as a result. For those who know they can never go home again, the sense of isolation and the need for greater social network in this new land becomes more poignant. The social worker can encourage them to actively reach out to their ethnic communities. Modern means of communication such as email and Skype have made
it possible for immigrants to maintain contact with relatives who still live in their countries of origin.

In contrast to earlier immigration patterns, current immigrants come as families or parts of families (Lum, 2010). Some exceptions include undocumented immigrants from Fuzhou in southern China (Kwong, 1997), and second generation South Asians from India and Pakistan, who frequently come as single persons. Many want to marry within their ethnic group and “mail-ordered brides” are a growing phenomenon (Loiselle-Leonard, 2001). Because immigrant brides have to adjust to new roles within their families and adapt to a different culture and geographic location, their stresses are enormous (Liao, 2006).

In cases where the marriage does not work out, these women may feel trapped in this foreign land with no social support. Some may even have to endure domestic violence since the prospect of making it outside of the home in America is so dim, and the shame of going back to their home countries so unbearable (Loiselle-Leonard, 2001). Some feel trapped because their immigrant procedures have not been completed, and they fear deportation if they leave their husbands. Fortunately, recent changes in immigration laws allow some battered women without legal status to stay on (Violence Against Women’s Act, 1998). This has brought relief and hope to many oppressed immigrant women.

Other families move within the United States, often from a rural to a more urban area, often due to dwindling economic opportunities.
requires establishment of a new social network and adjustment in the new location as well.

Legal Status

The legal status of a family may have an effect on both individuals and the family as a whole. In the same family there may be members who are citizens, those who are “green card holders,” with the legal right to remain in the United States and proceed toward citizenship, and those who are undocumented. Chang-Muy’s chapter on “Legal Issues in Practice With Immigrants and Refugees” in this book explains in greater detail different immigrant statuses. If family members are undocumented and fear deportation, the family may become secretive and socially isolated. Latency-age children and adolescents will be discouraged from developing peer relationships because of the fears of others learning about their status. Using the family systems lens, the external boundaries of these families may become more rigid and within families a corresponding trend toward more diffuse internal boundaries leading to greater enmeshment. The family may resist seeking necessary social and health services lest they be deported. There is even more anxiety about this post 9/11.

Some undocumented immigrants come to this country on their own, leaving behind their families and support system. An example is the recent influx of immigrants from Fuzhou, southern China (Kwong, 1997). These single immigrants have experienced enormous hardship, handicapped by language deficiency and the enormous economic burden of having to repay the smuggling debts to come to this country (Kwong, 2002). Moreover, the lack of medical benefits makes life even harder when they have health or mental health problems (Kwong, 2002). A social worker working with this population in Chinatown in New York City revealed that perhaps due to social isolation and enormous stress, many individuals suffering from schizophrenia, indicated a revolving-door phenomena, going in and out of hospitals after brief psychiatric treatments. The relapse rate is as frequent as four times a year.

Length of Time in the Community

The length of time living in the community may differ for individual family members. Usually family members who have arrived earlier are more assimilated than other members. A current phenomenon involves mothers from Guatemala or South America first immigrating to the United States and then sending for their children. These circumstances can certainly impact on individual and family development. Not only does the disruption of the primary caregiver at a critical period affect the child’s development, the subsequent reunion at an older age in this country could also cause some adjustment problem for the family. Sciarra (1999) suggested that the issues these families face include resentment of the child over the parents’ earlier “abandonment,” the conflict between loyalty toward the reunited parents and the interim caregiver from whom the child is now forced to separate, inadequate parental authority and leadership, and the different level of acculturation between
the parent and the child. Sciarra found that techniques such as reframing the intergenerational conflicts as intercultural issues and stating the treatment goal as working toward biculturalism helpful.

The problems faced by other immigrant families are the exact opposite of these reunited families. These have been called the “astronaut families” (Irving, Benjamin, & Tsang, 1999). Because of the political instability in Taiwan or Hong Kong in the past decade, many Chinese families migrated to the United States and Canada. However, such moves often mean an economic loss to these families since the breadwinner, usually the father, experiences some diminished income in his career as his professional qualifications and experiences overseas are often not recognized here. Many families opt to have the children and the mother migrate first, while the father “shuttles” back and forth to join the family periodically. Not only does it pose challenges to the marital relationship, sometimes resulting in affairs and marital breakdown, but it also jeopardizes the father–children relationship. These are high prices to pay for migration.

The current worldwide economic recession has only exacerbated immigration challenges for families and has increased the need for family separation and dislocation.

Language

Language is the vital medium through which families communicate. Often families may use their own native language at home, but begin to use English in contacts with the outside community. Sometimes children may prefer English as they see knowledge of this language as most helpful for survival in their newly adopted country. This may lead to conflict within the family. A very real communication problem may develop when parents speak no English and children speak only minimally their native tongue. Another key factor affecting family communication is that members relocate at different ages. Because of attending American schools and developing peer relationships, children often pick up the new language and culture more quickly than their parents. This may lead to shifts in the power structure of the family as the parents’ limited English competency can erode their authority (Hong, 1989; Hendricks, 2005). In some situations, the children may assume the role of interpreter and cultural broker for the family, and sometimes even the leadership role since they have better knowledge about community resources. This may be especially difficult for cultures in which the generational hierarchy within the family is important (Tamura & Lau, 1992).

One of the challenges in the work of bilingual social workers with a bilingual family is that they have to decide which language to adopt and when. Caution should be taken to ensure that the worker does not appear to be “siding” with either the English or the native speaker. For families in which the children can understand but not speak the native language, it is important for the bilingual worker to speak mostly in the native tongue even when talking to the children to indicate that the language is respectable and to show respect to the parents (Hong, 1989). When an interpreter is needed, care must be taken if the worker decides to use a family member as
interpreter to ensure that he or she does not avoid or distort sensitive messages. For example, social workers must ensure that the interpreting family member does not avoid explorations of suicidal ideations when he or she does not feel comfortable asking the questions and believes that it would not happen (Hong, 1989). Discussion with an external interpreter before meeting with the family is also helpful to ensure they understand the major thrust of the session (Caple, Salcido, & di Cecco, 1995; Lee, 1982).

**Health Beliefs and Access**

Families from different cultures have varying beliefs about health, disease, and treatment (Congress & Lyons, 1992; Congress, 2004). Many medical anthropologists have contended that individuals’ cultural beliefs influence the way they perceive the etiology of an illness, interpret the symptoms, and act on the symptoms (Cheng, 2001; Kleinman, 1980; Tseng, 2001). Individuals’ and families’ health beliefs, which include their perception of their susceptibility, the seriousness of the consequence of an illness and the benefit of medical intervention, affects their readiness to use preventive health services and to seek actual help when a family member faces an ailment (Hsu & Gallinagh, 2001; Rosenstock, 1990). Families’ reaction to an illness can affect the course, outcome, and level of incapacitation of an illness and the families’ adjustment to it (Rolland, 1994). For example, a delay in seeking treatment for HIV/AIDS because of the stigma could lead to more devastating and lasting impact on the family through transmission of the illness to other family members.

There are differences between immigrant and refugee groups in how they understand mental illness (Bemak & Chung, 2000). Among many Asians, mental illness is seen as the result of malingering bad thoughts, a lack of willpower, and personality weakness (Narikiyo & Kameoka, 1992; Suan & Tyler, 1990; Sue & Morishima, 1982). Hence, self-control and solving one’s own problems are culturally valued, and seeking help from mental health professionals is often delayed (Boey, 1999; Loo, Tong, & True, 1989; Zhang, Snowden, & Sue, 1998). Given Asian Americans’ tendency to somatize emotional distress, emphasize the physical expression of one’s distressed state (Kleinman, 1980; Sue & Morishima, 1982; Tseng, 2001; Zhang et al., 1998), or subscribe to the holistic mind–body–spirit conceptualization, they are likely to turn to physicians, herbalists, acupuncturists, fortune tellers, or ministers for help instead of mental health professionals (Kung, 2001; Kung & Lu, 2008; Sue, Nakamura, Chung, & Yee-Bradbury, 1994; Uba, 1994). Some Hispanics may rely on botanicas or spiritualists as the first and sometimes the only approach to dealing with health or mental health problems (Congress, 2004). The intense stigma attached to mental illness in some cultures also poses barriers to seeking mental health service (Kung, 2004; Kung & Lu, 2008). Some of these impediments to help seeking among Asians include the attribution of psychiatric problems to hereditary causes, interpreted as “genetic taints” and “bad seeds” (Pearson, 1993; Sue & Morishima, 1982). Because of the sociocentric nature of the Asian culture (Triandis, 1989), families are concerned about the loss of face and avoid reaching out for help beyond the immediate family, thus overburdening the
family (Kung, 2001; Sue & Sue, 1999; Sue & Morishima, 1982). Hispanics may seek to avoid the label of “loco” because of the stigma connected with this designation (Congress & Lyons, 1992).

In the face of physical illness, many immigrants prefer to use health care methods other than traditional Western/European medical care involving diagnosis, pharmacology, X-rays, and surgery (Congress, 2004). The social worker who wishes to understand families must study their unique health care beliefs.

Immigrants, especially those who are undocumented, may have limited access to ongoing health care (Goldman, Smith, & Sood, 2006; Derose, Escarce, & Lurie, 2007). Denied access to regular health care and prevention, many immigrants are forced to rely only on emergency care. The Health Care Reform Act (NILC, April 2010) did not greatly expand health care coverage to immigrants as it denied health care to undocumented immigrants and limited health care even for those immigrants who had legal status to remain in the United States. Some states, however, have chosen to provide Medicaid and Children’s Health Insurance Program (CHIP) benefits to children and pregnant women. Even for those who are entitled to receive health care could be denied access to needed care due to the lack of bilingual service providers serving the monolingual citizens who are not English speaking (Kung, 2004).

**Crisis Events**

Many immigrants have experienced multiple traumas in their homelands, in transit, and in their current situation. Often these traumas can detrimentally affect the mental health of immigrants and refugees (Pumariega, Rothe, & Pumariega, 2005).

Families can encounter developmental crises as well as “bolts from the blue” crises (Congress, 1996). Developmental crises may occur when a family moves from one life stage to another. Stages in the lifecycle for culturally diverse families may be quite different from those for traditional Caucasian middle-class families. For example, for many culturally diverse families the “launching children” stage may not occur at all, as single and even married children may continue to live in close proximity to the parents (Uba, 1994). If separation is forced, this developmental task might become traumatic.

Families also deal with “bolts from the blue” crises in different ways. During the 9/11 attack on the World Trade Center people from more than 80 countries of origin died (Lum, 2004). There has also been concern that many victims, especially those who were undocumented, were never acknowledged and their families often were not able to secure the assistance that others received. A family’s reaction to crisis events is often related to its cultural values. The death or injury of the male head of household may be a major crisis for an immigrant family that highly values the role of the father as a provider. While rape is certainly a major crisis for any family, the rape of a teenage girl may be especially traumatic for a family that highly values virginity before marriage.

Because of cultural differences, families may have varied perceptions of child-rearing practices and child abuse. This may cause some immigrant families
to be accused of child abuse and become involved with child protective agencies and the legal system. A referral to child protective services is perceived as a crisis to many families and especially so for those who interpret court-ordered counseling upon disciplining a child as an outrageous punishment—a crisis that evokes tremendous anger and shame (Waldman, 1999).

Different beliefs about the treatment of physical ailments may result in different approaches to remedy these problems. Some approaches may result in parents being accused of abuse and neglect. For example, methods such as coining or cupping administered by parents to help relieve the child’s bodily pain may leave scars that may be misinterpreted as child abuse (Uba, 1994). Some parents may refuse to have their children take medication because of possible side effects or because of their health beliefs, and as a result, they are accused of child neglect (Fadiman, 1997). Such accusations, when experienced as uncalled for and deeply shameful, can cause a major crisis to families.

**Holidays and Special Events, Contact With Cultural and Religious Institutions, Food, and Dress**

Each family has particular holidays and special events. Some events mark transitions from one developmental stage to another, for example, a christening, a *bar mitzvah*, a wedding, or a funeral. It is important for the social worker to learn the cultural significance of these events, as they are indicative of what families see as major transition points in their lives. Some ethnic families have their own high holidays, such as the Lunar New Year, which is often considered as important to many Asian families as Thanksgiving to many native-born Americans, if not more so. It is worth encouraging immigrant families to celebrate their own important holidays to help them uphold their tradition and to strengthen their cultural identity. Special foods may be associated with the celebration of these holidays.

Contact with cultural institutions often provides support to an immigrant family. Family members may use cultural institutions differently. For example, a father may belong to a social club, the mother may attend a church where her native language is spoken, while the adolescent children may refuse to participate in either because they identify more with the American culture. Religious faith may provide much support to culturally diverse families and the clinician will want to explore their contact with formal religious institutions. Some clansmen's associations are common among Asian Americans, often providing important support to immigrant families. For example, they provide significant financial support for new Chinese immigrants from Fuzhou in New York City (Kwong, 1997). The support among business owners is also found to be an important factor accounting for the successes among many Korean American businesses (Park, 1997). The social worker should be aware of these resources so as to help families tap into them. Most Asian clansmen's groups, however, do not provide assistance or support on psychosocial issues due to the lack of knowledge about mental health issues by these immigrant groups.
Oppression and Discrimination, Bias, and Racism

Many immigrants have experienced oppression in their native countries, which has led to their departure from their homelands and immigration to the United States. Some of them enter the United States as refugees because of the extent of social, political, physical, and emotional discrimination they experienced in their countries of origin, while others apply for asylum status after their arrival here because they fear a return to their homelands.

Other immigrants, however, may have been the majority population in their home country and thus never experienced prejudice until their arrival in the United States. In the United States, they may be the victims of discrimination and racism based on language, cultural, and racial differences. The current U.S. policies on undocumented immigrants further serve to separate and discriminate this newcomer population from other Americans.

After review of previous versions of the culturagram and feedback about the instrument, this area was added in 2008 as an important aspect in understanding the immigrant family experience.

Values About Education and Work

All families have differing values about work and education, and culture is an important influence on such values. Social workers must explore what these values are in order to understand the family. Economic and social differences between the country of origin and the United States can affect immigrant families. For example, employment in a low-status position may be very denigrating to the male breadwinner in some culture. It may be especially traumatic for the immigrant family when the father cannot find work or is engaged in work of a menial nature. This is often a result of the individuals’ professional qualifications and experiences in their native land not being recognized in this country. Such a downward move in the socioeconomic hierarchy often induces additional stress and challenges for many immigrant families.

Sometimes a conflict in values arises due to competing desires of family members. This occurred when an adolescent son was accepted with a full scholarship to a prestigious university miles away from home. While the family had always believed in the importance of education, the parents believed that the family needed to stay together and that they did not want to have their only child leave home, even to pursue education.

Another example occurs when American latency-age children often attend large schools far from their communities and begin to develop peer relationships apart from their families. For immigrant families that come from backgrounds in which education has been minimal and localized, and where young children were expected to work and care for younger siblings, the American school system with its focus on individual academic achievement and peer relationships may seem alien. Furthermore, immigrant children who have experienced a history of individual or family oppression may feel very isolated and lonely in their new academic environments, which is made worse when actual bullying by peers and discrimination by insensitive school personnel take place.
Some cultures value education differentially for different genders. For example, many Hispanic girls drop out of school because academic attainment for girls is not highly valued compared with boys (Zambrana & Zoppi, 2002). More importantly, these girls have major responsibilities in taking care of the household and younger siblings. They often find little or no time left to attend to their academic demands after school and thus have a hard time keeping up with academic work, and eventually drop out of school.

**Values About Family Structure—Power, Hierarchy, Rules, Subsystems, and Boundaries**

Each family has its unique structure, its beliefs about power relationships, rules, boundaries within and outside the family, and significance of certain familial relationships. The clinician needs to explore these family characteristics individually, but also to understand them in the context of the family's cultural background. Some families may have differing beliefs about male–female relationships, especially within marriage. Families that promote a male-dominant hierarchical family structure may encounter conflict in American society with its stated preference for more egalitarian gender relationships. This may result in an increase in domestic violence among minority families (Erez & Globokar, 2009). Traditionally gendered roles within the family also exert significant impact on the family, especially when circumstances change after migration. For example, in some cultures women are expected to take care of internal familial affairs, including household chores and child care, while men are expected to work outside and be income earners. However, changes in socioeconomic status of the family after migration may necessitate both spouses to work outside of the home. If the role of domestic caretaker continues to be rigidly assigned only to women, they may become overburdened. In situations in which the woman is able to find a job while the man is unemployed, if the family lacks flexibility in their role adaptation, conflict, blame, and burden within the family may become so enormous that it may threaten the survival of the family unit.

Not only is gender hierarchy much affected by cultural norms, so is generational hierarchy. More traditional cultures tend to ascribe much higher authority and respect to the older generation, and in some the parental authority can at times be rather absolute (Tamura & Lau, 1992). Clinicians should recognize such inherent cultural differences, and sometimes mediate between the generations. They have to navigate cautiously: They should show respect to the family's culture on the one hand, but tactfully facilitate communication across the generations on the other hand, in order to ease tension and conflict. Through careful mediation, it is hoped that views from both sides can be heard and considered in final decision making. However, sometimes the worker may have to accept that some cultures do dictate that senior members have the ultimate power in decision making after the views of the younger generation are articulated.

Finally, families from different cultures may place varying emphasis on family subsystems. In Western culture, the spousal subsystem is considered the bedrock of the family (Minuchin, 1974). In some cultures, though, the primary unit is the parental subsystem, emphasizing the co-parenting role
between the spouses (Uba, 1994). Moreover, the parental subsystem could be much more inclusive—for example, not only are grandparents, aunts, and uncles important partners in the parental subsystem, but the godparents’ role could also be very significant in Hispanic families (Garcia-Preto, 1996). Clinicians should be conscious of cultural values and practices so as not to leave out important system players who could be valuable resources to the family. In some cultures, like that of traditional Chinese, the parent–child subsystem (both the father–son and mother–son dyads) and even the relationship among brothers are considered more important than the spousal relationship (Tamura & Lau, 1992).

Whether the boundary within a family or within a subsystem is considered appropriate or overly diffuse is also very cultural (Olson & Gorall, 2003). For example, in some Asian cultures, since the future care of the aging mother is dependent on the son, and the mother–son bond is usually close, a mother is often seen as being intrusive in the son’s marital relationship and is sometimes domineering toward the daughter-in-law (Berg & Jaya, 1993). In some Asian families, for the child to sleep with the parents till the age of 8 or 10 is considered a very normal practice, and it does not necessarily indicate marital dysfunction or enmeshment between parent and child (Berg & Jaya, 1993). Social workers have to avoid judgmental attitudes toward families who have different cultural values from their own.

The following case vignette (Congress, 2008b) illustrates how the culturagram can be used to better understand a family with its unique cultural background and to provide treatment intervention:

**CASE VIGNETTE**

Mrs. Maria Sanchez, 32 years old, contacted a family service agency in her community because she was having increasing conflicts with her 12-year-old son, José, who had begun to cut school and stay out late at night. She also reported that she had a 9-year-old daughter, Maritza, who was “an angel.” Maritza was very quiet, never wanted to socialize with other children, and instead preferred to stay at home with her mother helping her with household chores. Maria indicated the source of much conflict was that José believed he did not have to respect Manuel, Maria’s current partner, as the latter was not his real father. José complained that his mother and stepfather were “dumb” because they did not speak English. José felt it was very important to learn English as soon as possible as at school several students had made fun of his accent. He felt that his parents did not understand how difficult his school experience was as he believed that teachers favored lighter-skinned Latinos. José had much darker skin than his mother, his stepfather, or his half-sister María. The past holidays had been especially difficult as José had disappeared for New Year’s weekend.

At 20, María had moved to the United States from Puerto Rico with her first husband José Sr. The two were very poor in Puerto Rico and had heard there were better job opportunities
here. When José Jr. was an infant, José Sr. had made a visit back to Puerto Rico and never returned. Shortly afterwards, Maria met Manuel, who had come to New York from Guatemala. After she became pregnant with Maritza, they began to live together. Manuel indicated that he was very fearful of returning to Guatemala, as several people in his village had been killed in political conflicts. Because Manuel was undocumented, he had been able to find only occasional day work. He was embarrassed that Maria had been forced to apply for food stamps. Maria received minimum wages as a home care worker. She was very close to her mother, Gladys, who had come to live with the family 9 years ago. Gladys had urged Maria to seek help from a spiritualist to help her with her family problems before she went to the neighborhood agency to ask for help. Manuel has no relatives in New York, but he has several friends at the social club in his neighborhood.

Not only does the culturagram help the social worker assess families from different cultural backgrounds, but also to begin to move toward appropriate interventions. After completing the culturagram (see Figure 1.2), the social worker was better able to understand the Sanchez family, assess their needs, and begin to plan for treatment. She noted that Manuel’s undocumented status was a source of continual stress in this family. She referred Manuel to a free legal service that provided help for undocumented people in securing legal status. She also explored their religious affiliation and found that although the family subscribed to the Catholic faith, they had not attended church since they came to this country, because they could not find a church with Spanish-speaking priests. The worker helped the family find a Catholic church in the neighborhood that has a weekly mass in Spanish and a large proportion of Hispanic parishioners. The church later became a support network for the family as Maria and Maritza became involved with women’s and children’s groups at the church.

The social worker recognized some kind of communication problem across the generations. While José and Maritza are bilingual, they often speak English at home, which for the most part Maria and Manuel do not understand. The adults communicated with each other and the children in Spanish. Maria and Manuel sometimes wanted to practice their English with the children, but the latter, especially José, were rather impatient with their parents’ broken English. In any case, communication was limited to basic information exchange and rule setting. The worker encouraged the couple to study English in a free adult education program in their neighborhood. The bilingual worker, however, was careful to speak in Spanish when seeing the couple and especially during family sessions so as to subtly convey her respect for the language to the children. When she had individual sessions with the children she used English since they were better able to express themselves.
Due to language barriers, José occasionally had to act as interpreter on behalf of the family, for instance when the family had to deal with the Social Security Department or with his grandmother’s medical doctors during a serious illness that involved hospitalization. José was sometimes resentful toward these familial obligations as it took away time from being with his peers. He also felt that all his mother and stepfather wanted was to ask him to help out in the family and to impose rules on him, without ever caring about his needs. The worker reframed his responsibility for the family as having an honorable task as cultural broker, but recognized his need for appropriate autonomy. While the worker worked toward the therapeutic goal of empowering the parents, especially the mother, to assert control over José, she also acted as a mediator to help the parents understand José’s need to gain more age-appropriate independence.
Within the school, José reports that he has often been the subject of bias and discrimination. Chapter 5 by Carmen Hendricks outlines some of the challenges faced by immigrant children within the American school system. The clinician working with this family might want to contact the school to learn more about their policies and programs in helping students from different cultural backgrounds.

Maritza's social withdrawal was also explored. It was found that Maritza wanted to stay home to do the household chores as this was expected of her as a girl. She noted that her family did not think it appropriate that men in the family (her father Manuel and her brother José) help out with household chores. She wished to spare her mother from additional chores after a hard day's work outside, and lighten her grandmother's load because of her frail health. As a result, she sacrificed her play-time with peers and stayed home to take care of the house. The worker tactfully invited Manuel to be more involved in domestic duties on days that he did not have to work and reframed it as his way of showing his love for the family through such sacrifice. Maritza was also encouraged to attend activities at the church and after-school programs so as to socialize more with her peers.

The following is another case vignette about an immigrant family.

Ping is a 44-year-old Chinese woman who was referred for counseling at a family service center in Chinatown by the psychiatrist who was treating her husband for his mental illness. At intake she stated that she suffered from nervousness, frequent palpitations of the heart, difficulty breathing, and insomnia as she was faced with her husband's temper tantrums. She often felt “caught in the middle” in her relationships with her in-laws over the care of her husband and her two children aged 18 and 16.

Ping came from a poor rural area in southern China. She immigrated to the United States 20 years ago as part of an arranged marriage to a man whose family had successfully immigrated to this country. The marriage was an explicit arrangement in which the groom's family found a wife for a son with mental health issues, and the bride's family could gain American citizenship. The client's motive for marrying was a filial willingness to better her family's prospects.

The client worked in restaurants in Chinatown when she first came to the United States but eventually became fully preoccupied with the care of her husband and the two children. The husband has been diagnosed with schizophrenia, and three years ago contracted HIV through prostitutes. The couple has not been sleeping together for over 10 years and the client did not react strongly to the news. It was when the husband began a regimen of anti-viral drug treatment for his HIV that his mental health
seriously deteriorated. The erratic and paranoid behavior that followed impacted the son who became prone to violent outbursts. Neither the husband nor the son admitted to any mental health or emotional problems, and the extended family was opposed to the client’s efforts to seek help outside of the traditional and familial channels. She persisted, however, and eventually was able to gain access to a range of services including psychiatric care for her husband, and counseling help for herself.

By the time the client arrived at the agency, there had been an amelioration of her husband’s symptoms, though caring for him still left her drained. The young daughter lives separately with her paternal grandparents and is doing reasonably well. The client’s major concern from the outset was the fear that her son would “get into trouble with the police.” With developmental disability the son is receiving vocational training with other individuals with mental or physical disabilities, whom he found threatening. Ping fears that he would succumb to bad influences if she cannot find him a suitable employment. He also does some “volunteer work” in a small grocery store owned by one of the client’s friends and is active in a martial arts group. Over the course of several sessions, it gradually became clear to the social worker that the client threatens to withhold affection from her son, leaves the apartment, and stays with her in-laws and her daughter. This is her way of attaining compliance and good behavior from the son. The son, in response, however, becomes more insistent and even violent in an effort to secure his mother’s attention.

Another major issue is that Ping is so preoccupied with her care-giving roles that she rarely thinks about her own needs and self care. It is, however, also a reality that she plays a very vital role in her family, which is sustained by the social and cultural presuppositions of her marriage. One of the few areas where the client finds time for herself is in her life of faith. She is a Buddhist and spends several hours in the temple each Sunday, where some kind of small group sharing and support is often available. Client’s cultural understanding of “help-seeking” seems to have caused her to look up to the helping professionals as the expert, thereby relinquishing her own initiation and input in the counseling process. Due to the fragmentation of services, the need to respond to so many agencies on behalf of her family is itself a significant stressor for the client, especially with her limited English proficiency.

Using the *culturagram*, the worker was able to gain a more comprehensive understanding of Ping and her family’s situation. First, through exploration of the reason for relocation, it is clear that at the outset the client agreed to enter into a very difficult situation with an arranged marriage with a person with mental illness. Her obligation to stay in the marriage to facilitate her family of origin to migrate to the United States could be a pressure in
addition to the usual migration stress experienced by new immigrants. The worker came to an appreciation of the importance of the cultural value of filial piety to the client and her obligation to her family of origin as well as her family of procreation. He understands and respects the centrality of family in Chinese culture. However, he is able to help the client to strike a balance in taking care of herself and her family by highlighting the fact that if she is not in a state of well-being, she is in no shape to perform her familial roles adequately. In this reframing the worker is starting where the client is, fully accepting her cultural obligation to her family.

Although Ping had migrated to the United States two decades ago, due to her language barrier, her contact and support in the community is very limited. The worker takes note of the client's Buddhist faith and the support she obtained from it spiritually and through social support at the temple. The client was encouraged to maintain regular visits there. Due to the limited social support the client has, the worker also referred her to a support group at the agency for relatives of patients with a mental illness. He also encouraged her to enroll in English as a second language (ESL) classes to increase her mobility in the city beyond the Chinese community. It should be noted that many entitlement agencies, health, mental health, and social services are in extreme shortage of bilingual staff to provide services to minorities with limited or no English proficiency. This is indeed discrimination. Various agencies and organizations are involved with the family, including SSI, medical care, and mental health care for her husband, vocational training and counseling for her son, individual and group counseling for the client, and an Asian community center with adult education programs for the client. The worker had to do a lot of advocacy and case management functions on behalf of the client and her family in order to attain the needed services in place.

In the helping process, the worker also realized the deferential stance that Ping often takes in relating to him. From an empowerment and strengths-based approach he emphasizes the fact that the client knows herself and her family best and thus elicits her input in the counseling process. Conscientious effort was made by the worker to formulate the treatment goals together with Ping throughout. She gradually responded and became more active in the helping process. The client is indeed a very strong and resilient person; her strengths are often reflected back to her by the worker.

As Ping indicated, her family had a lot of resistance in seeking external help for her husband's mental health and health problems. Delayed help-seeking especially for mental health issues is a rather common phenomenon among Asian Americans since problems are expected to be resolved within the family. The reluctance was partly due to the strong stigma attached to mental illness in many Asian cultures. It was fortunate that the client persisted in her effort to seek external help and eventually was hooked up with various services through the help of the worker. The worker compliments the client's willingness to seek help, and assures her that sharing difficulties with the worker ("an outsider") about her family is an active and positive way to help herself and her family instead of a betrayal to her family. Further family psychoeducation about the nature of mental illness and its course would be necessary to help the family to stay in treatment and ameliorate the shame and stigma attached to mental illness.
It is important to note that within the Chinese culture, the parenting role is given greater importance compared to the spousal role. Thus when Ping chooses to focus her concern on her children instead of her husband, it is important that the worker goes along with it. Also, the extended family is of great importance in the Chinese culture, and given the circumstance, the client does not want to alienate this source of support. The worker suggested to the client some strategic ways to interact with the son so as to reduce the negative vicious cycle of mutual escalation. He also helped the client to ameliorate the frequent conflicts with her in-laws.

In the Chinese culture, work is given very high value. Thus to be able to find some kind of job for Ping’s son is important to her and her family. The worker also noted the informal resources the client was able to rally for the son to engage him in productive activities. The volunteer opportunity at the local grocery store and the martial arts group are important resources available in the Chinese community that the son can benefit from.

The proceeding discussion helps to clarify how the **culturagram** can be used not only to assess the family, but also to help plan appropriate interventions. The **culturagram** has been seen as an essential tool in helping social workers work more effectively with families from many different cultures. Use of the **culturagram** enables the practitioner to have a longitudinal understanding of immigrant families. As Drachman (1992) stresses in working with immigrants, it is important to understand not only the current situation of immigrants but also what they experienced in their homelands and in transit. Applying the **culturagram** helps to understand the multiple physical and emotional traumas immigrants may have encountered in their countries of origin, their transit to the United States, and in their current environment and thus plan appropriate interventions.

**REFERENCES**


