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Psychoeducational and therapeutic group counseling for Central American female immigrants

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PSYCHOEDUCATIONAL AND THERAPEUTIC GROUP COUNSELING FOR

CENTRAL AMERICAN FEMALE IMMIGRANTS

BY

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THESIS

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ABSTRACT

PSYCHOEDUCATIONAL AND THERAPEUTIC GROUP COUNSELING FOR

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There is a significant and increasing amount of Latinos immigrating to the United

States. They face many challenges in successfully adapting to life in this country. These

challenges are several and include cultural differences, premigration and migration

trauma, economic hardship, lack of facility with the language, and attitudes of United

States citizens toward immigrants. The needs of Latino immigrants are unique, and the

costs of not addressing these needs are likely to be significant. As the United States

becomes increasingly more racially and culturally diverse, it is encumbent upon those in

the helping professions to prepare to serve a radically different client base. An eight

session psychoeducational and therapeutic group for Central American female

immigrants is described.

CHAPTER I

INTRODUCTION

The demographics of the United States are changing rapidly. Central to these

changes is a significant increase in nonwhite populations. This has been referred to as the

"diversification" of America. The dramatic increase in the number of minorities is led by

Latinos. From 1980 to 1992 the U.S. Latino population increased by 65.3%, due to both

immigration and high birth rates, while the U.S. White population decreased from 80% to

74% during the same time period (Diller, 1999).

Racial minorities currently comprise nearly one third of the 281 million citizens in

the United States. California has become the first "minority majority" state in the

country, as combined nonwhite ethnic groups have outnumbered Whites at 53.3%. Texas

and New Mexico have been projected to follow this trend shortly. It will not take many

more generations before Whites are a numerical minority in the U.S. population (Lum,

2003). It is important that we help racial minorities acculturate successfully in the United

States.

Purpose of the Study

The following thesis is a heuristic study that acknowledges not only that there are

an increasing number of immigrants entering the U.S., but also, that, due to their own

culture and life experiences, as well as existing cultural mores in this country, immigrants

are likely to experience significant and unique challenges in adapting to life in the U.S.

This thesis asserts that individuals in the helping professions need to be specifically informed and prepared in order to be effective in serving Latino populations, and provides specific information regarding Counselor Cultural Competence. It offers a psychoeducational and therapeutic group counseling program which anticipates these challenges, and offers strategies and solutions designed to help Central American female immigrants successfully adapt to life in the U.S.

Background and Rationale

According to the 2000 U.S. Census figures, the Latino population as a whole grew rapidly from 22 million in 1990 (9% of the total U.S. population), to 35 million in 2000 (12.5% of the total population). Latinos reached equal numbers with African Americans in 2005, and the Latino population was projected to surpass that of African Americans in 2006. According to census projections, the Latino population is estimated to increase to 17% of the total U.S. population by 2025, and to 24% by 2050. These are conservative estimates (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

Latinos, in emigrating from Mexico and other Central American countries to escape lives of oppression, exploitation, poverty and hopelessness, have arrived in the U.S. in hopes of a better life, or at the very least, to find work to support their families. Many countries in Central America have been victims of war and military dictatorships. In addition to experiencing poverty and oppression, their peoples may have been tortured, been political prisoners, or seen people gunned down or beheaded before their eyes (Diller, 1999). These Latinos become refugee immigants as they flee to the United States to escape extreme trauma and hardship. Immigrants have often made life threatening

journeys to cross the U.S./Mexican border without documents, in order to find work to finance their families' well being.

They arrive in the U.S. to experience more and different types of oppression, such as racism and discrimination. Issues are compounded for Latinas (Latino women) since, as women of color, they face discrimination on the basis of gender as well as racial, ethnic and cultural factors.

Although many Latino immigrants make a successful transition to life in the United States, a significant number struggle with the many obstacles and challenges they encounter in the process. The costs of not addressing the needs of these Latino immigrants are likely to be significant, as described below.

The emotional cost may involve a loss of emotional well being and reduced levels of mental health. In addition to specific mental health issues, a loss of realization of individual and personal potential may result. Many struggling, isolated Latino immigrants are at increased risk for remaining at the survival level. Other needs, for example, those higher in Maslow's hierarchy of human needs (as cited in Ewen, 2003) may remain unmet. Latino immigrants in the U.S. belong to a culturally different group. It may be the circumstances that this particular racial minority group experiences that creates emotional stress and harm that may lead to unhealthy and dysfunctional adaptations.

The social cost may be the result of adaptation to the oppression that results from belonging to a group that is stigmatized and the object of regular discrimination, and the harm that results from problems regularly associated with prejudice and racism. Poverty and oppression tend to create a negative cycle that creates ever taller barriers to

upward mobility, and serves to keep oppressed groups at the lowest levels of society (Lum, 2003).

The cost as it relates to Latino adolescents and youth involves several components. A recent report estimates that national high school dropout rates stand at 36% for Latinos, 15% for African Americans, and 13% for Whites. In the West, where Mexican and Central American Latino populations are concentrated, the Latino dropout rate increases to 58%. The individual costs of failure to complete school for Latino youth consist of limited economic and occupational opportunities, loss of substantial personal income over a lifetime, and disenfranchisement from society and its institutions. One key to attenuating these costs may lie in increasing our understanding of the psychological consequences of the social context of their school settings. Problems created by the under education of Latino youth are magnified by a rapidly increasing population growth rate, which stems from both a high birth rate and rising immigration rates (Bernal, Saenz, & Knight, 1991).

The financial cost of allowing the needs of immigrating Latinos to remain unmet may also be significant. Rather than becoming productively contributing members of society and the American economy, and experiencing the pride that accompanies such successes, lack of facility with language, along with perceived and actual unavailability and inaccessibility of services, may result in increased levels of Latino unemployment and dependency on the welfare system.

Definition of Terms

Latino - A native or inhabitant of Latin America, a person of Latin American origin living in the United States.

Latina – A woman or girl who is a native or inhabitant of Latin America, a woman or girl of Latin American origin living in the United states.

Immigrant – A person who comes into a country to take up permanent residence.

Refugee – A person who flees to a foreign country to escape danger or persecution.

Refugee Immigrant – A person who flees their own country and comes into a foreign country to take up permanent residence, in order to escape danger or persecution.

Acculturation – Cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture; a merging of cultures as a result of prolonged contact; the process by which a human being acquires the culture of a particular society.

Assimilation – The merging of cultural traits from previously distinct cultural groups.

Racism – A belief that race is the primary determinant of human traits and capacities, and that racial differences produce an inherent superiority of a particular race.

Prejudice – A preconceived judgment or opinion; an irrational attitude of hostility directed against an individual, a group, a race, or their supposed characteristics.

Discrimination – Prejudiced or prejudicial outlook, action, or treatment.

Summary

In summary, for those of us in the helping professions, a major implication of the emerging demographic changes is a radically different client base. Concommitently, there is a growing awareness that it is not sufficient to merely channel these new clients into the same old structures and programs. Culturally diverse populations have unique needs, and it is the ethical and professional responsibility of the counseling profession to prepare to meet the needs of these populations. A reconception and restructuring toward effective helping of those who are culturally different is needed (Diller, 1999).

The 1995 American Counseling Association (ACA) Code of Ethics, section A.2, states that counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. It further states that counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural, ethnic, and/or racial identitiy impacts his or he values and beliefs about the counseling process (Herlihy & Corey, 1996).

A group intervention will increase the awareness of its members that there is greater collective power in a group, the ways that individual contribution contributes to group empowerment, and how increases in group power enhance functioning of individual members. The psychoeducational and therapeutic group counseling program for Central American females will provide helpful and needed information to life in the United States. It will inform and support Latinas as they and their families successfully

adapt and make their lives in a new and different culture. It will be an outstanding

therapeutic intervention for accomplishing these goals.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Immigrants of all ethnic backgrounds come to the U.S. full of hope. They emigrate to escape adverse conditions in their countries of origin, namely war and political and economic oppression. The U.S. is known as a land of opportunity, and immigrants come in hopes of better life (Arredondo, 1986). For virtually all immigrants, the U.S. is an unknown quantity. Their destination and future are often uncertain. Immigrants endure hardships of migration that are often traumatic in and of themselves. They arrive in the U.S. only to experience further oppression of a different type (Arredondo, Orjuela, & Moore, 1989).

Migration Issues

Several Latino individual and community mental health challenges relate to Latino psychological well being and qualify of life. Central to the emotional and mental health issues facing Latino immigrants are those of the migration process (Diller, 1999). The first portion of the literature review provides information that will form the theoretical foundation for the therapeutic program to be designed. Accordingly, it will first cover migration issues.

Three aspects of the migration process exist for immigrant families: the pre-migration culture and conditions, the migration experience, and the post-migration adjustment of the individual or family (Domokos-Chen Ham, 1989). For immigrants

who are refugees, these three aspects of the migration experience may each be traumatic in nature. The pre-migration period may be filled with terror, destruction, and threats to one's life or family as a result of war or military action. During the actual migration there are fears due to both the unnatural way of escaping and fears of being caught (Arredondo, Orjuela, & Moore, 1989). The post migration period is a time of psychological crisis and upheaval when refugees are faced with the reality of being in a foreign culture. They experience the separation and loss of their family members, relatives, friends, and homeland. Arredondo-Dowd (1981) asserts that the loss and subsequent grieving process of refugees is analogous to that of individuals who experienced the death of a significant other.

Premigration Issues

Many Latino immigrants were refugees fleeing war or political oppression, for instance those who fled civil war in El Salvador and Nicaragua in the 1980s. Refugees who have witnessed the horrors of war are at greatly increased risk for psychic trauma. Whether refugee or non-refugee, all emigrate to flee hardships in their home country, including lack of jobs and food, economic stagnation, and political oppression (Perez-Foster, 2001). Refugees experience a forced migration that is distinct from immigrants, who, on the other hand, have more preparation and the choice of how, when, and why they emigrate. In the case of Latino immigrants, although some of them may not be fleeing from persecution, their motivation to emigrate is also due to the need of basic survival. Central American refugee immigrants who have come to the U.S. face additional political concerns. These immigrants were not covered by the Refugee Act of 1980, as they were deemed to be economic rather than political refugees, and as such

were denied political asylum. As a result they are undocumented (considered to be 2in the U.S. illegally), and carry with them the additional fear of deportation, and the trust issues that accompany that fear. Further, they are denied the benefits accorded political refugees, which include special assistance aimed at economic self-sufficiency, including entitlement to the same social service benefits accorded U.S. citizens (Drachman, in Ewalt, Freeman, Kirk, & Poole, 1996).

Although there is a scarcity of research on Latino immigrants, an abundance exists concerning Southeast Asian refugees. We may assume that Latinos experience similar results, through having been subjected to premigration trauma. The horrors witnessed by refugees are most often manifested as Post Traumatic Stress Disorder (Arredondo, Orjuela, & Moore, 1989).

Counselors are usually well informed about issues encountered in the post migration period, and tend to concentrate on them. But counseling professionals also need to consider premigration issues and, importantly, that distinctions exist between the two types of stressors. Premigration stressors are further exacerbated by stress induced in the new host country, and this further compounds and complicates the two (Perez Foster, 2001). The fact that very little research exists in this area makes effective counseling of this population even more challenging.

Refugees and non-refugees can both experience trauma as part of the premigration experience. In the case of refugees, severe traumatogenic factors may exist similar to combat, environmental, and physical and/or sexual abuse. In addition to the compounding effects of stress experienced during the three stages of migration, the cumulative impact of multiple migration stressors also exists. Further, an unstated

collusion has been found to exist between the counselor and client not to discuss the details of traumatic migration experiences (Perez Foster, 2001). However, it is important that they are discussed.

The most recent studies of traumatized refugee immigrant populations have provided a devastating picture of the violence that can be perpetrated on people by factions in power, and the chaos that individuals and families withstand when migration is necessitated or determined by threats to their livelihood and daily safety. These studies have elucidated the factors that can move people toward extreme levels of distress and decompensation, and have yielded key findings on the relationship between the severity of experienced premigration stress and the intensity of its subsequent impact on relocated populations.

Mollica, Poole, and Tor (as cited in Perez Foster, 2001) have begun to establish a dose-response relationship between cumulative trauma and the severity of PTSD symptoms. Further, studies found that premigration trauma exposure remained predictive of psychological distress five years or more after the migration (Perez Foster, 2001). The symptoms vary, which may either worsen with time or may disappear, depending on other factors such as past mental health history of the family, severity of the impact, and duration of the trauma. The impact of the migration experience, combined with the accompanying grieving process, create an extremely stressful situation for the Central American refugee, and a challenge for the therapist (Arredondo, Orjuela, & Moore, 1989).

The mental health of mothers and children has been found to be closely correlated, in both positive and negative respects. Deeper levels of connection exist with

respect to recovery from premigration trauma experienced by the family, and unspoken abuses tend to be reenacted within the family system. On the other hand, the strength of the parent/child bond also applies to a positive recovery response, as when one or both parents are able, despite the context of the crisis, to maintain a semblance of the stable physical and emotional holding environment which is crucial to the child's psychic well being (Perez Foster, 2001).

Other literature refutes the magnitude and significance of the effects of premigration trauma. A starkly contrasting view states that immigrants were resilient, in that they possessed the stamina and ambition to evade the stress and hardship experienced in their own country. They left because their opportunities were limited, and they were in search of a better life (Arredondo-Dowd, 1981). Indeed, some have thrived. The factors influencing the variability of those outcomes will be discussed.

The Migration Experience

The Public Broadcasting System documentary *Crossing the Border* (Alarcon & Soccorro, 2001) illustrates that a high level of uncertainty exists during the migration process. Guides known as *coyotes*, who are contracted to bring immigrants across the border illegally, take the immigrants' money but do not guarantee success. Immigrants literally risk their lives to make the crossing from Mexico into Texas, New Mexico, or Arizona, often dying of thirst or exposure in the desert. Immigrants may travel alone or in families. Those traveling alone, especially women, are at a higher risk for migration trauma than are family groups. Migration trauma is reduced if immigrants have connections, such as family or friends waiting on the other side, in the U.S.

Perez Foster (2001) states that, for most Latino immigrants, the U.S. is seen as a safe haven. Mental health counselors are pressed to understand how to best serve the nation's new immigrants. The large influx has forced American social service and mental health systems to generate new approaches. Perez-Foster (2001) and Arredondo-Dowd (1981) agree that, historically, the approach in addressing immigrant mental health issues, the "first generation" response, has been a needs-assessment approach. Now, as a more multifaceted and deeper understanding of immigrants is evolving, a "second generation" of immigrant mental health programs is emerging in response (Smith, 1985).

These developments have all taken place within the last 25 years. They began in the early 1980s with the first wave of refugees who emigrated to escape civil war and political oppression in El Salvador, Guatemala, and Nicaragua. What little research has been done on how to best serve immigrant populations is very new. Today's mental health professionals are truly pioneers, breaking the trail on behalf of forward progress. The remaining portion of literature review concerns aspects of the acculturation and adaptation process of Latinos as they respond to their experiences, once arriving in the U.S.

Ethnic Identity

Ethnic identity can be seen as a construct or set of self-ideas about one's own ethnic group membership. Most writers concur that ethnic identity is a multidimensional construct, involving ethnic feelings, attitudes, knowledge, and behaviors. The five components of ethnic identity are: 1) ethnic self-identification; labeling of oneself as a member of one's ethnic group, 2) ethnic constancy; knowledge that one's ethnic characteristics are unchanging and permanent across time, settings, and transformations,

3) use of ethnic role behaviors; engaging in various behaviors that reflect ethnic cultural values styles, and customs, 4) ethnic knowledge; knowledge that certain behaviors, traits, values, and customs are relevant to one's ethnic group, and 5) ethnic preferences and feelings; feelings and preferences about being a member of one's ethnic group, and one's preferences for ethnic group members, behaviors, customs, language, and values (Bernal, Knight, Garza, Ocampo, & Cota, 1990).

Development of Ethnic Identity in Children

In considering ethnic identity development it is helpful to consider race as a concept separate from ethnicity. It has been proposed that racial awareness develops earlier than ethnic awareness because ethnic awareness may require attention to complex cues such as behaviors, customs, beliefs, and values rather than the perception of obvious physical characteristics. In order to identify as members of an ethnic group, children must have an understanding that they belong to their group. They must realize that their ethnic characteristics are permanent, and have information about the characteristic behaviors, symbols, and customs of their group. Eventually, children develop feelings about their ethnic group membership. These feelings are expressed as preferences or nonpreferences for ethnic values, group members, customs, behaviors, and language use (Bernal, Knight, Garza, Ocampo, & Cota, 1990).

Due to cognitive immaturity, ethnic identity is qualitatively different for children compared to that of adolescents. It is less internalized and more influenced by parents and community (Phinney, 1991). Children's information about their ethnicity and ethnic group membership may be acquired through social learning experiences provided by their families and communities, as well as by the dominant society. As they grow older, they

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learn increasingly complex information and integrate past learning with present learning (Bernal, Knight, Garza, Ocampo, & Cota, 1990).

Three theoretical views describe the unfolding of the components of ethnic identity development in children: Bandura's (1986) cognitive social learning theory, Flavell's (1985) cognitive developmental theory, and Harter's (1983) self-system theory (as cited in Bernal, Knight, Garza, Ocampo, & Cota, 1990).

Ethnic Identity Formation

Ethnic identity formation is a process that takes place within the individual. The elements of ethnic identity and their interrelationships, then, may vary across individuals, and over time and context in the same individual. However, it would be erroneous to assume that ethnic identity formation over time and within the individual both vary together, for example, generational differences, behaviors and practices may change over time, but with no change in commitment to one's ethnic group (Phinney, 1991).

A model developed by Phinney (1991), identifies three stages of ethnic identity formation: An initial stage in which there is little interest or concern with ethnicity, followed by an exploration stage in which there is an effort to learn more about one's ethnicity and it's meaning for the individual. This search leads to the third stage, knowledge, and ultimately the commitment to one's ethnicity that is characteristic of an achieved identity.

According to Phinney, the five specific components that have been suggested as key elements of ethnic identity, in brief, are 1) self identification as a group member, 2) attitudes and evaluations relative to one's group, 3) attitudes about oneself as a group member, 4) extent of one's ethnic knowledge and commitment, and 5) ethnic behaviors

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and practices. Phinney further states that ethnic identity may also be seen as a continuum, strong to weak, with the five components included as aspects of ethnic identity formation. Characteristics of a high, strong, secure, or achieved ethnic identity are involvement in ethnic behaviors and practices, positive evaluation of the group, preference for own group and happy with one's membership, interest in and knowledge about the group, and commitment, sense of belonging to the group. Characteristics of a low, weak, or diffuse ethnic identity are little involvement in ethnic behaviors, negative evaluation of group, preference for majority group, and unhappiness with one's membership, little interest in knowledge about one's group, and little commitment or sense of belonging to the group (Phinney, 1991).

Factors Affecting Ethnic Identity Formation

The work of Bernal, Saenz, and Knight (1991) presents ethnic identity as a psychological construct that addresses the important question, "Who am I"? It is a set of self-ideas about one's own ethnic group membership, and thus is part of the self-concept. These self-ideas are multidimensional, and there is great variability in the relative strengths of their dimensions among Latino Americans. Individuals must self-identify as members, have information about the cultural characteristics of their group, and have developed some feelings about their ethnic group membership that are expressed as preferences or nonpreferences for ethnic values and family, among other things.

According to Bernal et al. (1991), adaptation refers to behavioral or attitudinal changes in response to cultural, social, and interpersonal demands. Adaptation does not imply either positively or negatively valued outcomes, it simply means that individuals make some kind of functional modification in response to demands for change. Ethnic

minority individuals may adapt to the conflicts and demands generated by contact with members of the dominant society in a number of ways, including taking on, or rejecting, the other group's cultural values, language, customs, and behaviors.

However, Saldana's (1994) work presents that mixed evidence has emerged about the role of ethnic identity as it reflects one's level of cultural awareness, group loyalty, and saliency of values perceived as different than those of the dominant group. Although some have asserted that middle class social and cultural orientation is linked with successful adaptation, others have reported that bicultural affiliation is associated with less stress and better psychosocial adjustment.

A fundamental question in the study of ethnic identity has been its potential positive or negative impact on the psychological adjustment of minority group members. A strong sense of identification with one's ethnic culture may act as a positive influence on well being by providing a sense of belonging and serving as a buffer against the negative impact of prejudice and discrimination. Conversely, this sense of belonging may promote internalization of negative stereotypes and serve to emphasize one's difference from the dominant culture (Phinney, 1991). It is important to consider that there is a relationship between ethnic identity and self-esteem. Self-esteem, one of the several indices of well-being, has served as a focus in relating the impact of ethnic identity on psychological well being (Bernal, Knight, Garza, Ocampo, & Cota, 1990).

But Saladana (1994) again reports that little distinction has been made between an individual's ethnicity, his or her particular ethnic group membership, and potentially stressful aspects of his or her ethnic identity in the context of different situations. Furthermore, little research has addressed the relationship of ethnic identity to level of

acculturation. Literature on acculturation has focused primarily on variables that are often associated with demographic or social class descriptors such as generation level in the U.S., language preference, and bilingual fluency, while ethnic identity may more accurately reflect internal factors associated with level of acculturation such as cognitive awareness, values and loyalty to ethnic group membership, yet these two constructs are often treated synonymously.

Stress

Over the past three decades, a great deal of research has focused on stressful life events. The life events stress model, as originally conceptualized by Homes and Rahe (as cited in Saldana, 1994), proposed that it is possible to make predictions about an individual's probable stress level, as well as susceptibility to a wide span of diseases, simply by determining the magnitude of critical life changes the individual experiences within a limited span of time. The basic premise is that naturally occurring life situations that threaten an individual's security and produce attempts at adaptive behavior, also evoke significant physiological changes that lead to a lowering of the body's resistance to disease. The greater the magnitude of life changes, the greater is the individual's risk of acquiring a mental or physical illness of a serious nature. Further research by Smith (1985) has theorized that certain life events act as precipitating factors in the onset of physical symptoms and mental disorders. Additionally, the effects of stressful life events are believed to be additive. Physical symptoms and psychological disorders in individuals result when certain life events accumulate, or take place over a short period of time.

Minority Status, Race, and Stress

Saldana (1994) states that ongoing stress has been identified as an important determinant of general level of stress. Investigations of ongoing stress have identified four major categories: daily hassles, chronic unresolved stress, role strains, and stressful transitions. Phinney (1991) finds that the persistence and proximity of chronic unresolved stressors has led to the view that they are powerful predictors of psychological distress.

Early research has provided some early theoretical perspectives on why minority status can be stressful. It has been maintained that racial discrimination has the net effect of producing two types of group membership: an inside of group and an outside of group distinction. These two types of memberships can lead to stress for members, especially for those who are excluded from membership in a particular group. Out-group members may encounter three levels of rejection: verbal rejection, discrimination, and physical attack (Smith, 1985).

Smith (1985) further states, however, that the majority of research on life events and stress has been on White European Americans. Studies on American racial minorities have been noticeably absent from the literature. However, there are several bodies of research that suggest that race may be an important variable in examining the life events of racial minorities. The issue of race as a factor in life stress levels in minorities is significant. In fact, the issue of race is probably one of the most sensitive in psychology.

Saldana's (1994) work reveals that an important category of chronic unresolved stress is role strain. Role strain causes stress for the individual by creating the tension or

conflict between the obligations and expectations associated with one role versus another. This viewpoint is particularly useful in that it acknowledges the context in which stress occurs.

Attitudes Toward Immigrants

Immigrants often make life threatening journeys to cross the U.S.-Mexican border without documents, with the simple object of finding work in order to finance their families' well being. This right to the basics of life is viewed by many humanists to be a God-given right (Lum, 2003); however, not all Americans share this opinion. Currently, 47% of entrants to the job market are native-born white males. In the next 10-15 years that number will shrink to 15%. Persons of color will constitute 29% of the future workforce, and women will constitute 42%. The reaction to this growing diversification has not been positive. In worsening economic times, frustration has increasingly been directed at non-White newcomers, and society has become even further polarized along color lines (Diller, 1999). The population at large is still a distance away from recognizing that cultural diversity is an asset, that other cultures can contribute richly to our own, and that we can learn much from one another.

Cowan, Martinez, and Mendiola, (1997) state that the growing visibility of undocumented immigrants, both in and out of the workplace, has generated concern among Americans about the social and economic impact of Latino immigrants. Over time, the attitudes of Americans toward all immigrants with respect to their culture of origin have varied from ignorance, of having no awareness of why immigrants would not automatically desire to discard their original culture, language and traditions and embrace the American culture, to the relatively benign, "When in Rome, one should do as the

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Romans do, right?", to outright malignant, with the goal of assimilating immigrants by breaking down their communities and annihilating their cultures, so that they could overcome their "handicaps" (Arredondo-Dowd, 1981).

Social Justice

In our efforts to understand diversity and social justice issues and to develop cultural competency, we as counselors must first start with ourselves. We must not only become aware of our personal values and beliefs about social justice, we must reflect on where those values and beliefs originated. We often hear the expression, "life is not fair", especially when something bad has happened to us or to someone we care about. A more relevant question might be: Is life just? We must recognize that we all have beliefs about which people should be treated fairly. The concept of moral exclusion provides a framework for understanding personal beliefs in relation to different groups in society.

Moral exclusion occurs when persons or groups are perceived as being outside the boundary in which values, rules, and considerations of fairness apply, that is, outside the boundaries of social justice. Persons outside our moral boundaries are seen as expendable or undeserving, and so harming them appears acceptable, appropriate, or just. The process of categorizing groups negatively and excluding them from the realm of acceptable norms is linked to stereotypes and prejudicial attitudes related to ethnocentrism, the belief in the inherent superiority of one's own ethnic group or culture. While seldom conscious of them, we all have beliefs about which people should be treated justly, and the broadness or narrowness of our moral boundaries is influenced by prevailing cultural norms (Lum, 2003).

In U.S. society today, the defined norm, or in-group, the white male heterosexual, is the standard of "rightness", and all others are judged in relation to it. The "other", members of which constitute the out-group, is not only different from the norm, the "other" is also believed to be inferior and deviant, which justifies advantage for those who fit the norm, and disadvantage for the "other" (Lum, 2003).

The exclusion of an out-group from the norms of fairness is a cognitive, affective, and behavioral phenomenon that enables otherwise considerate people to engage in self-serving behavior or inaction in everyday situations in order to gain benefits to themselves even though at injurious cost to others. We live in a world where certain groups of people benefit from an implicit and explicit social contract that disadvantages other groups. Most people who benefit from the contract do not think about it, or if they do, they consider it to be just the way things are, rather than as the outcome of a history of political oppression (Lum, 2003).

Racism, Prejudice, Discrimination, and Oppression

The cognitive, affective, and behavioral components of the phenomenon that justifies exclusion of an out-group from the norms of fairness, are expressed as racism, prejudice, and discrimination. Racism, prejudice, and discrimination are universal characteristics of all people. Latinos and other people of color experience racism, prejudice, and discrimination as victims, and they, in turn, also victimize others, as agents of oppression, and through intragroup racism. Racism is the cognitive ideological belief that it is right for one social or ethnic group to dominate another. In the U.S., throughout history intergroup racism has generally occurred when White European Americans, the majority population, have subjugated people of color. People of color accuse Whites of

racism, and Whites, subtly or openly, make people of color feel unwelcome or uncomfortable. Intragroup racism, which exists in many cultures, is based on social class, language fluency, skin color, and educational attainment, among other things. Prejudice is an attitudinal response that expresses racist beliefs in unfavorable feelings, such as anger, hatred, or hostility, toward an excluded group or individual member. Discrimination is an unfavorable behavioral response directed at members of an excluded racial or ethnic group. It is a visible or subtle action that denies equal opportunity in society (Lum, 2003).

Discrimination is a behavioral response that is unfavorable to members of an ethnic, gender, sexual orientation, or related out-group. It is preceded by prejudice, which is a negative affective attitude and a learned condition. A person discriminates against others because of a cognitive belief (racism) and an affective attitude (prejudice). Oppression occurs when a segment of the population, systematically and over a period of time, prevents another segment from attaining access to scarce and valued resources. Oppression is a process whereby specific acts are designed to place others in the lower ranks of society, in order to dominate them. It is also a structure that creates a bottom rank in a hierarchical system or ranks. Freire, whose pioneering thinking and reflections on the nature and dynamics of oppression, is expressed in his work *Pedagogy of the Oppressed* (1993), defines oppression as follows:

"Any situation in which one party exploits another or hinders his pursuit of self-affirmation as a responsible person is one of oppression. Such a situation in itself constitutes violence, even when sweetened by false generosity, because it interferes with man's existential and historical vocation to be more fully human." (pp. 40-41)

Power is an essential factor in all oppression. Racism is not only a personal prejudice based on stereotypes; it includes social and economic power as an essential part of the equation that makes the difference between talking about prejudices and discrimination, and a system of advantage that confers economic, social, judicial, and political power on people who fit the "norm" (Lum, 2003).

Stereotypes

Stereotypes represent a major component of the negative attitude toward a social group. A stereotype is defined as a simplified or standardized conception or image of a person or group held in common by members of another group. Stereotypes tend to be unfavorable and negative. Further, stereotypes affect the way people process information. There are specific modern stereotypes that some Americans hold toward Latino men, Latinas, and Latinos as a social group. Unfavorable perceptions of Latino men include that they are fat, happy, thieving, and immoral. Unfavorable perceptions of Latina women include that they are flirty or prostitutes. Unfavorable perceptions of Latinos as a group include that they are poor, lazy, criminals, depend on social services, are costly to states, displace workers, and drive down wages.

Implications for counselors include the importance of self-awareness of one's own personal beliefs and attitudes that may constitute bias toward Latinos. It is a crucial component of becoming an effective, culturally competent counselor (Cowan, Martinez, & Mendiola, 1997).

Bias Against Illegal Immigrants

Bias is an expression of prejudice. It is defined as a particular tendency or inclination that prevents impartial treatment. A study by Cowan, Martinez and Mendiola

(1997) that examined predictors of attitudes people have toward illegal immigrants, found that two core value orientations, individualism and humanitarianism, exist in relation to attitudes toward illegal immigrants, and toward minorities in general. Both value orientations are learned. The individualistic value orientation can be roughly described as the Protestant ethic, and is related to conservatism, and negative attitudes toward the poor and public assistance programs. Because individualism tends to place blame on individuals, rather than systemic forces, agreement with individualism tends to be associated with anti-illegal immigrant attitudes. The humanitarian value orientation, also known as communalism, emphasizes adherence to the democratic ideals of equality, social justice, and concern for others' well being. Humanitarian values are related to liberalism and empathic responses to the needs and aspirations of minorities, sympathy for minority groups, and support of public efforts to improve the lot of minorities. Humanitarian values tend to be associated with acceptance of illegal immigrants. Along with humanitarianism and individualism as core value systems that may influence responses toward illegal immigrants, "anti-illegal Latino immigrant attitudes" are likely to reflect racism that focuses on the ethnicity or race of the immigrant, rather than on his or her immigration status (Cowan, Martinez, & Mendiola, 1997).

An example of bias is found in Proposition 187, one of the most controversial initiatives in California history, which was proposed and passed in November 1984. Under proposition 187, undocumented immigrants are restricted from receiving public health care, social services, education, and welfare benefits. Supporters of Proposition 187 attributed passage of the measure to anticipated economic savings, while opponents argued that the central issue behind the measure was one of racial discrimination, not

economics. Because the majority of California immigrants are from Mexico and other

Central American countries, Proposition 187 has been attributed by many as a direct

racial assault on the California Latino community (Cowan, Martinez, & Mendiola, 1997).

Most certainly, it clearly expressed the sentiments of California citizens toward this

population.

All non-citizens, even undocumented immigrants, have rights. These include a

child's right to schooling, the right to basic medical care, and the right to due process

(Drachman, in Ewalt, Freeman, Kirk, & Poole, 1996). Some have argued that

Proposition 187 represents a significant resurgence of legalized racism. The many

manifestations of racism experienced by Latinos constitute a significant part of the post

migration and acculturative stress they experience when they arrive in the U.S.

Acculturative Stress

Acculturation is defined as the process of adopting the cultural traits or social

patterns of another group, especially a dominant one. It is also defined as the

restructuring or blending of cultures that results from this. Acculturation occurs when

two independent cultural groups come into continuous first-hand contact over an

extended period of time. Individual members of these groups also experience change,

and this phenomenon has been termed "psychological acculturation" (Berry, Kim, Power,

Young, & Bjuaski, 1989). Acculturating individuals are likely to hold attitudes towards

the ways in which they wish to become involved with, and relate to, other people and

groups they encounter in their acculturation arena. Berry et al. (1989) have termed this

"acculturation attitudes". Culturally plural societies are those in which more than one

cultural or ethnic group is represented in the population, and for which there is some

likelihood that such groups will be able to maintain themselves into the future. In such a situation, a process of acculturation is likely to exist, such that the individuals and groups in contact influence each other, inducing some degree of change in each other's way of life, and in their individual behavior (Berry et al.).

Latino American Acculturation Attitudes

Perceived racial discrimination is an important source of potential acculturative stress. Ethnic minority groups, especially immigrants, may believe that because of their ethnic background, they are being discriminated against and/or taken advantage of, whether or not this has taken place in actuality. This perception can be a predictor of the stress that results from the acculturative adjustment process as a whole (Mena, Padilla, & Maldonado, 1987).

Determiners of Successful Adaptation

Mixed evidence has emerged regarding the role of ethnic identity as it reflects one's level of cultural awareness, group loyalty, and the saliency of values perceived as different than those of the dominant group. Some have asserted that mainstream middle class social and cultural orientation is linked with positive adaptations such as good academic performance, while others have reported that bicultural affiliation is associated with less stress and better psychosocial adjustment. Other studies have asserted that integration is equated with successful adaptation (Saldana, 1994).

Saldana (1994) has observed that little distinction has been made between an individual's ethnicity, his or her particular ethnic group membership, and potentially stressful aspects of his or her ethnic identity in the context of different situations. Further, little research has addressed the relationship of ethnic identity to the level of

acculturation, yet these two constructs are often treated synonymously. The literature on acculturation has focused primarily on variables that are often associated with demographic or social class descriptors such as generation level in the U.S., language preference or bilingual fluency, when in contrast, ethnic identity may more accurately reflect internal factors associated with level of acculturation, such as cognitive awareness, values, and loyalty to ethnic group membership. Both of these constructs should be separated from realistically based environmental pressures that reflect the enduring social status marked by minority group membership.

A study by Lang, Munoz, Bernal, and Sorensen (1982) suggested that the best adjusted Latinos, those who were satisfied with their lives and subjectively happy, were bicultural, although oriented more toward the Latino than the European American culture. In this study, determiners of the level of Latino life satisfaction were similar to that of the U.S. mainstream culture, namely family, work, having children, physical health, education, spouse relationship, and religion. The study's assumption that the determiners of life satisfaction were similar for both cultures may have a bearing on its validity. The comparison of better adjusted to less well adjusted Latino immigrants revealed that the best adjusted Latinos, compared to the least well adjusted Latinos, had better paying jobs, a better education, more years lived in the U.S., and higher levels of acculturation.

Minority Status and Mental Health

Two contrasting arguments exist regarding the relationship between race and ethnicity and psychopathology, namely that race leads to higher risk of mental disorders, and that race alone cannot account for the increased prevalence of mental disorders.

Eaton (as cited in Smith, 1985) asserts that there is strong evidence to suggest a basic unity of humankind across cultures, while the research of Kramer, Rosen, and Willis (as cited in Smith) and Cannon and Locke (as cited in Smith), propose that racist practices are key factors, specifically that factors associated with out-group status result in increased vulnerability to mental disorders.

Bernal, Saenz, and Knight, (1991) assert that early work on the prediction of successful adaptation did not focus on Latinos, but on low socioeconomic status, namely low socioeconomic family background, early academic failure, and race/ethnicity. Further, Smith (1985) observes that there has been difficulty in distinguishing racial factors from social class factors. Much of the research on the prevalence of psychological disorders among minorities have shown that major life changes, which are often related to physical and mental breakdown occurred more frequently among the poor, a socioeconomic group that contains a disproportionate number of minorities. Although ethnic minorities in general have been shown to have more psychological disorders than whites, when social class is taken into account, the differences become minimal. According to Angel and Guarnaccia, (1989) the confounding of distinctions between culture, social class, and physical and mental health is only one of the different methodological problems inherent in this type of comparative research.

The next portion of the literature review provides an informational base for the proposed counseling program by furnishing specific data on Latino culture and how it differs from European American culture.

Latino Cultural Values

Cultural Paradigms and Worldview

The worldviews of a people are encompassed within their cultural paradigms. There are considerable differences between the cultural paradigms of White European Americans and those of the four Cultures of Color: Asian Americans, Native Americans, African Americans, and Latino Americans. To gain a detailed understanding of the breadth of these differences is essential for effective counseling.

Specifically, European Americans are dominated by a time orientation toward the future, toward planning, producing, controlling, and anticipating what will happen. Asian and Latino cultures are described as past-present oriented. Ancestors and past events are felt to be alive and impacting present reality. European Americans are distinguished as having an individual social focus compared to a collateral one for the four Cultures of Color. Individual behaviors are undertaken to actualize the self, while collateral behavior involves doing things not for oneself but in light of what one may contribute to the survival and betterment of family and community. European, Asian, and African Americans are described as "doing" oriented, compared to Latino and Native Americans who are characterized as "being-in-becoming". Doing is an active mode involving initiating activity and work rather than seeking them out or creating them. European American culture sees good and bad as residing within the individual, whereas Asian, Native, and Latino Americans view human nature as good, and tend to attribute positive motives to others. It should be noted that these comparisons are generalities and may not necessarily fit or apply to individual members of a cultural group. Further, each of the

five racial groups is made up of numerous subgroups, each with their own distinctions (Diller, 1999).

Cultural History

The cultural values of a people are strongly influenced by that peoples' history. The history of the four Cultures of Color reaches into the oldest existing civilizations of the world. The history of these groups in the United States represents only a fraction of their cultural past. That of Latino Americans in the U.S. is only four or five generations. Specific knowledge of the cultural history of a people can be extremely helpful in deepening the empathic connection between the counselor and the client, and in allowing the counselor to more easily enter into the felt experience and worldview of the client (Lum, 2003).

Colonization

Latino immigrants to the U.S. bring with them their own cultural heritage, which is in fact a heritage of oppression. History must be turned back nearly 500 years to understand the historical context of events that have resulted in today's varying Latino experiences in the U.S. Mexican Americans, for example, carry with them a history that began with the Aztecs, Maya, and other indigenous peoples being conquered and subjugated by Hernan Cortez, enslaved and exploited by both the Spaniards and the Catholic Church, as well as later by their own upper class. From these experiences of subjugation, exploitation, and oppression emerged the Mexican culture, which represents a blend of indigenous and Spanish cultures (Ho, Rasheed, & Rasheed, 2004). Other Central American countries also came under the influence of Spanish rule. In the course of colonialism by their oppressors, the aspects of oppression experienced by Mexicans

and other Central Americans include subjugation, occupation, patriarchy, loss of identity, racism, sexism, classism, and dehumanization. Indigenous peoples became a marginalized group within their own country. As often occurs with groups marginalized by colonization, their marginalized group status was maintained by the perpetuation of these same practices by those in control (Pedersen, Draguns, Lonner, & Trimble, 2002). In her review of anti-colonial Chicana feminism, Teresa Cordova (1999, p. 11) notes: "Colonialism has imbedded its memory in our spirits. After stripping us of our institutions, our resources, and our history, the colonizer asserts his superiority and declares us deficient and deserving of our fate".

American Impact on Mexican History

The origins of the Mexican American population are woven inextricably into the political and economic history of the American Southwest. Until the middle of the nineteenth century, this region was a large part of the northern portion of Mexico. Following the U.S.-Mexican War, and the resulting treaty of Guadalupe Hidalgo in 1848, which has been known to generations of Mexican historians as "the amputation of 1848", a considerable amount of land belonging to Mexico was taken by the U.S. The treaty stripped Mexico of nearly half of its national territory, an area comprising much of the Southwest, in the present states of Texas, New Mexico, Arizona, California, and large parts of Colorado, Nevada, and Utah. Among Mexican Americans, feelings about this still run very high. The war resulted in extensive negative feelings between the original Mexican residents and the early U.S. pioneers (Ho, Rasheed, & Rasheed, 2004). Some Mexican Americans living in the Southwest believe, in a sense, that they are still occupying and living in their former homeland, which was taken from them by the U.S.

The treaty of Guadalupe Hidalgo provided that Mexicans living in the territory taken by the U.S. would be permitted to remain. Although the treaty included guarantees from the U.S. to protect the civil, cultural, language, and property rights of the 80,000 to 100,000 Mexicans who chose to stay on in the region, there is ample evidence of widespread, often brutal violations of these little-enforced provisions in the years that followed (DeFreitas, in Gallagher, 1999).

The 1990 U.S. Census data reports that two thirds of Mexicans were born in the U.S., in contrast to the majority of Central Americans, who were born in their respective countries of origin. This is mainly due to the large portion of the Mexican population that chose to remain in the formerly Mexican territory after the U.S.-Mexican War. Mexicans from Mexico settled in the southwestern area of the U.S. as early as the 1700s, thus generations of families have lived in this country. The Mexican population in the U.S. is by far the largest of the Latino groups. Fifty-nine percent of all Latinos in the U.S. are of Mexican heritage. The majority of Mexican Americans, 89 percent, live in Texas, California, New Mexico, Arizona, and Colorado, and trace their roots to the Southwest states that were once Mexican territory (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

The Southwest, home of American and Mexican native people for centuries, became the site of a holocaust which began with the conquest, enslavement, persecution, conversion and disempowerment of their ancestors by Cortez, and continued when the first European American settlers moved to the new Western frontier. Families were displaced, land was lost, and the native peoples became prisoners, and again, were marginalized in their homelands. Even today, people of Mayan heritage in southern

Mexico continue to be marginalized, trapped in a feudal-like system that has persisted since the conquest. They therefore take up arms to defend the little they have left as an indigenous people (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

Post-revolutionary Mexican history has been that of corrupt self-serving governments which have only made a pretense of helping people or advocating their social welfare. Mexicans have had a history of promises made to them that have never been fulfilled, and as a result they are not only suspicious, but also cynical.

Central American History

Over 211,000 Central Americans immigrated to the U.S. in the first eight years of the 1980s. Central Americans now comprise five percent of all Latinos in the U.S. The average number arriving legally each year has leapt by 86 percent since the 1970s, the greatest increase recorded from any major region of the world. This is all the more remarkable in light of the U.S. government's refusal throughout the 1980s to grant refugee status to those fleeing the political violence in El Salvador, Guatemala, and Nicaragua. The number of immigrants who have resorted to illegal entry is widely thought to be several times larger than the legal influx. The Spanish speaking countries stretching from the Mexican border south to Colombia are among the smallest and poorest in all Latin America. Since 1978, both El Salvador and Nicaragua have been torn by war. Guatemala has also had considerable civil strife, though with less damage to the economy in recent years (Defreitas, in Gallagher, 1999).

Refugees fleeing civil war and strife in El Salvador, Guatemala, and Nicaragua in the 1970s and 1980s were heavily composed of children and youth. Children and youth who were part of these emigrations are now mature adults in middle age. As a result of

both the short and long term effects of trauma experienced prior to and during their migration, individuals can manifest symptoms of PTSD, and clinical levels of anxiety and depression. They have often made life-threatening journeys to cross the U.S.-Mexican border without documents in order to find work to finance their families' well-being (Lum, 2003).

Mexican and Central American Immigration to the U.S.

Latinos value their ancestry highly, and have been deeply affected by their collective history. Immigrants, those from Mexico and other Central American countries tend to be from rural areas, poor, and undereducated, with few skills to obtain employment in contemporary technological workplaces (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). They often experience much pain and anguish in trying to adapt to life in the U.S., while carrying a heavy load of emotional baggage. They may view themselves as orphans in a strange country. Since leaving their traditional homelands, they have experienced varying degrees of assimilation, and varying degrees of destruction of traditional family roles and values (Lum, 2003).

Migration continues to be the driving force in the overall growth of the Latino population in the U.S. Migration movements of Latinos to the U.S. reflect periods of political and economic crises in their respective home countries. Various waves of immigration prompted by different forces compel individuals and their families to leave their home countries. Such motivations vary from escaping political turmoil to seeking education and economic opportunities with the hope of improving their lives (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Correspondingly, since the mid 1800s, Latino immigration to the U.S. has been facilitated or hindered by the federal government

according to the ebb and flow of the economic and political needs of the U.S. (Defreitas, in Gallagher, 1999). The history of Latinos from Mexico and other Central American countries in the U.S. has included many of the same elements of oppression experienced prior to migration. Although these oppressive elements have been slightly less extreme and less obvious, their effects have been just as damaging.

Latino Relationships of Physical and Mental Health

Cultural values are rooted in ethnic, religious, and generational beliefs, traditions and practices that influence individual and social values. The five central values as they relate to cultural diversity are family, respect, harmony, spirituality, and cooperation. Family plays a particularly important part in shaping our cultural values. Both family and culture fulfill our needs. From the context of family, we view, interpret, and respond to the outside world. Each culture generates a unique felt experience of living. The quality of life differs in tone, mood, and intensity. So do the mental health issues members of that culture must face, as well as the emotional strengths they develop (Lum 2003).

A unique set of factors puts Latinos at high risk for psychological and physical difficulties. Central to the stress and pressures with which this population must cope is their or their families' circumstances and experiences in migrating to the U.S., the implications of which have been discussed above.

According to Angel and Guarnaccia, (1989) there is a close relationship between the psychological and physical aspects of the self. Subjective experiences of health and illness are global and nonspecific, however, there are different presentations of the way in which individuals experience their phenomenological realities. Angel and Guarnaccia

further state that cultural group membership has an affect on the monitoring and expression of physical and psychological states. Some of the important dimensions of the impact of culture on self-monitoring include generalizing complaints to the whole body as opposed to viewing them as site specific, presenting complaints as primarily somatic, primarily psychological, or a mixture of the two, and attributing particular salience to symptoms in particular organ systems.

Somatization

Several researchers have documented a tendency among members of traditional cultures to somaticize subjective distress or social discord. Somatization is prevalent in developing societies and among recent immigrants in developed societies. Further, Latinos are reported to be more likely than non-Latinos to report somatic symptoms as a way of expressing psychological distress (Angel & Guarnaccia, 1989). There are three definitions of the term somatization:

1. The presentation of physical symptoms in the absence of organic pathology, or the amplification of physical complaints accompanying organic disease beyond what can be accounted for by physiology.

2. The presentation of somatic complaints as a way of expressing personal or social problems, where the body serves as the core symbol system for communicating social and emotional experience.

3. The set of mechanisms through which emotional states produce somatic signs and symptoms of illness, such as the somatic symptoms of anxiety. Here, emotional distress becomes expressed through changes in bodily functions (Angel & Guarnaccia, 1989).

Researchers have speculated that the fixation on the body and the preoccupation with disease characteristic of the clinical syndrome of hypocondriasis represents a somatic style of dealing with intrapsychic and interpersonal conflict. There are various cultural patterns of expressing distress. Also, a perceived social desirability of psychophysiological symptoms may exist in some traditional cultures. More specifically, some research has suggested that more general somatic expression of psychic distress may be the result of social, cultural, and even political forces that stigmatize the direct expression of depressive affect (Angel & Guarnaccia, 1989).

Angel and Guarnaccia further show that there is a strong tendency for individuals who experience high levels of affective stress to also evaluate their general physical health negatively. Latinos who were depressed also tended to rate their physical health as low.

Impact of Culture and Language

Advancements in clinical assessment have emerged from more recent research. "Second generation" investigations have moved the field toward a further recognition of the ways that both culture and language shape the experience and expression of psychic distress, and an awareness and acknowledgement of the ethnocentric biases inherent in European American assessment measures and treatment interventions. Problems arise when clinicians attempt to use Western criteria to distinguish idiosyncratic pathology from culturally specific behavior in immigrants. The existence of "culture-bound syndromes" adds further to the complexity of clinical assessment and treatment of ethnically diverse people. Culture bound syndromes refer to coherent patterns of psychological distress manifested through affective, cognitive, and behavioral symptoms

that are indigenous to certain cultural groups (Perez Foster, 2001). Angel and Guarnaccia, (1989), provide an example of a culture-bound syndrome, in the condition called *nervios* or "nerves", a culturally patterned condition in traditional Latino cultures. Symptoms of nervios include headaches, trembling, heart palpitations, stomach and appetite disturbances, trouble with concentration, sleep problems, and worrying. Women and those from rural and lower class backgrounds are more likely to suffer from this syndrome.

Regarding assessment, efforts to overcome what is erroneously believed to be simply a "language barrier", by translating testing instruments into various other languages has resulted in the hasty and often unsystematic translation of instruments for administration to recently arrived immigrants. Although culture bound syndromes often overlap with DSM-IV categories, they seldom have a symptom to symptom relationship to DSM-IV diagnostic criteria. Further, culture-bound syndromes, unlike the criteria sets of DSM-IV diagnostic categories, do not confine their definitions to psychological symptoms. Rather, they may also integrate the social, moral, or spiritual state of the person, to identify a clinical state of distress (Perez Foster, 2001).

According to Perez Foster, (2001), a key concern of clinicians who work with immigrants is whether bilingual individuals can be adequately evaluated in their new, second language. Those interested in bilingual processes are exploring the question of whether supposed neurocognitive separations, as observed in those who have learned their languages in different environmental contexts, are paralleled by differences in psychic and characterological functioning. This is significant in relationship to the cultural competence of the counselor as it relates to fluency in the language.

Challenges and Issues Specific to Latino Immigrants

In response to the needs of increasing numbers of immigrant newcomers for social and mental health services, research designed as a result of investigative agendas by both public and private institutions following a needs-assessment approach, attempted to delineate the uniqueness of new immigrants' mental health and social and environmental needs. This research focused on those groups that have immigrated to the U.S. since World War II. These groups included populations from Mexico, Puerto Rico, and other Latin American countries, and, more recently, immigrants from China, Southeast Asia, Africa, the former USSR, and Eastern Europe. This needs assessment research comprises a "first generation" immigrant mental health investigation. Research reports a myriad of complex emotional and physical tasks that must be accomplished by those who leave their homelands. The immigrants' loss of family, community, and physical environment are key themes (Perez Foster, 2001).

Perez Foster (2001) goes on to discuss that the loss of familiar social networks is especially hard on families and women, who often find themselves isolated, forced to deal on their own with the multiple demands of life in a foreign environment. A downturn in socioeconomic status is the unfortunate norm for most immigrants across the social and educational spectrum. This is often a bitter surprise for those who harbored hopes of fresh horizons in a country of new opportunities. Lack of fluency in the host language is frustrating, shameful, and sometimes terrifying for newcomers. While immigrants who migrate as a family fare better than those who migrate alone, family units are faced with the daunting task of redefining gender roles. Host country mores that are completely in conflict with ethnic traditions, and children who quickly seek to

conform to their new community and new peers, challenge family systems and individual cultural identity. Elderly people who relocate with their extended families tend to do more poorly than their younger relatives, feeling isolated and overwhelmed by the acculturation tasks that need to be tackled. Immigrant women, Latinas, encounter a double-edged phenomenon. More willing than men to accept menial and low paying jobs, they more quickly become wage earners and are thereby introduced to new definitions of gender roles. Those with male partners often find that their partners are despondent due to unemployment, and that they feel threatened by the power shifts in the relationship and family system. These conditions are often associated with an increase in domestic violence and substance abuse (Perez Foster, 2001).

The Latino Culture

In comparison to European Americans, Latinos see themselves as warmer, more spontaneous and more lively, more real and well rounded. Emotion and feelings tend to be expressed. The individual is seen as the center of communication. Human contact and interaction are highly valued and sought after. Social relationships are critical to satisfying the need for communication and alleviating isolation (Lum, 2003). The Latino culture is a "high context" culture, in contrast to that of the United States, which is a low context culture. Communication in high context cultures involves not just the words; it also relies on personal delivery that resonates affective dimensions as well as factual. A high context communication or message is one that is anchored in the situation or internalized in the person. Less reliance is placed on the explicit code or message content. Low context cultures place a greater reliance on the verbal part of the message. A high context communication relies heavily on nonverbals and the group identification

and understanding shared by those communicating. Meaning includes personal perceptions and depends on personal interaction (Sue & Sue, 2008).

Family and Community

The Latino society is a collective society. Traditional family life is a central part of the culture. There is a great deal of interdependence among nuclear families, extended families, and the community as a whole. This connectedness sustains life for its individuals and is very important to Latinos. Ironically, it is this connectedness that causes its members to be hesitant to seek out mental health services, because the community is so close knit, and because this type of health care is typically not available nor undertaken in the country of origin. Latinos in the U.S. often see mental health services as something that they do not need. The comment is frequently made, "Why do I need counseling? I'm not crazy!" In this way, mental health services are stigmatized by the Latino population. A further deterrent to motivation is that, in the U.S., where individualism and independence are valued, such interdependency tends to be pathologized, and seen as a weakness rather than a strength (Diller, 1999).

Personalismo and Respeto

Personalismo, one of the most central of Latino cultural values, represents an orientation where the person is always more important than the task at hand. The individual connection and relationship between two individuals, in the here and now, is paramount, and takes precedence over the task at hand, including the time factor (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). Latinos define their self-worth in terms of those inner qualities that give them self-respect and earn them the respect of others. They feel an inner dignity and expect others to show *respeto*, or respect, for that

dignity. Personalismo is also a cultural trait that represents a collectivist worldview in which there is a great deal of emotional investment in the family. Positive interpersonal interactions will help to maintain mutual dependency and closeness for a lifetime. Great importance is given to those positive interpersonal and social skills that facilitate warm, close relationships (Ho, Rasheed, & Rasheed, 2004).

White, middle-class European Americans stress individualism and emphasize the individual's ability to compete for higher social and economic status, while the Latino culture values those inner qualities that constitute the uniqueness of the person and his or her goodness. Latinos believe that every individual who has some sense of personal dignity will be sensitive about showing respeto, or proper respect, to others, and demand respect for self as well. This expectation is intensified when a Latino first encounters a non-Latino and interprets the other's insensitivity as personal insult or disdain. Conversely, if personalismo is reciprocated in a social or professional interaction, trust is developed, and so is obligation. So a Latino family may seek and perhaps benefit from therapy not because of agency affiliation or the professional reputation of the therapist, but simply because of the counselor's skill and ability to convey personalismo when dealing with the family (Ho, Rasheed, & Rasheed, 2004).

Underlying the light, happy-go-lucky attitude that seems to characterize Latinos, at times there exists a sadness, even a profound melancholy. There is a denial of this sadness, however. Sadness is played down, and Latinos take an attitude that "tomorrow, life will bring better solutions to some of the problems". This seemingly optimistic viewpoint often conceals an underlying fatalistic attitude that, no matter what one does, one's life has already been determined and laid out, and that one is powerless to change

one's destiny. Conflict is often underplayed as well. There is a tendency to escape into pleasure seeking behaviors and activities.

Machismo

Closely related to the concept of personalismo is the quality of *Machismo*. Machismo is referred to as a quality of personal magnetism that impresses and influences others. It is a style of personal daring by which one faces challenges, danger, and threats with calmness and self-possession. More centrally, machismo encompasses a man's responsibility to be a good provider, protector, and defender of his family. Loyalty and responsibility to family and community is what makes a good man. The Latino meaning of machismo should not be pathologized and erroneously equated with what Americans have come to negatively understand as "macho" which in European American culture describes sexist, male chauvinist behavior in which men are insensitive, domineering, and certainly do not manifest a protective family function. The Latino meaning of machismo conveys the notion of an honorable, responsible man (Ho, Rasheed & Rasheed, 2004). According to the European American prototypical description of machismo, a man should be very strong physically, indomitable in character, and potently virile. The most macho man is the one who can drink the most, defend himself the best, dominate his wife (even through physical force or violence), command the respect of his children, have more sexual relations, produce more sons, and (in some situations) be possessive and jealous toward his wife (Falicov, 1998).

Machismo is the most widely used and misunderstood cultural stereotype ascribed to Latino males by European American society. Past psychological and sociological models to explain machismo have been flawed because psychological processes are not

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accounted for in the acquisition of a "machismo oriented worldview". Bem's gender identity theory is seen to be both more accurate and more valid because it incorporates both social learning and cognitive development theory, which more comprehensively explain the environmental and individual roles that lead to the development of a machismo-oriented worldview (as cited in Martinez, 1994).

As is the case with most stereotypes, negative values are ascribed to them. Mirande (1988) argues that it is futile to look for a "model Latino personality type", or to label machismo as either positive or negative. It is more useful to look at the continuum that a Latino male falls upon, using a set of key dimensions such as dignity, integrity, honor, and pride. This captures the psychological and sociocultural aspects more fully and justly than traditional unidimensional interpretations (Martinez, 1994).

It is important for therapists to recognize that the Machismo mystique has positive meanings too. Machismo requires men to be family oriented, brave, hard working, proud, and interested in the welfare and honor of their loved ones. These positive meanings are very relevant to therapeutic engagement, and can be a bridge rather than an obstacle in the therapeutic process. One negative stereotype about Latino machismo emphasizes a man's resistance to asking for help. This may cause the counselor to hesitate in insisting that a husband participate in therapy, a step that could result in a self-fulfilling prophecy. Instead, counselors would do well to remember the positive aspects, that machismo also involves a father's dedication to his children and his responsibility to their mother. Indeed, many Latino men actually come to therapy because the therapist has stressed the welfare of their families (Falicov, 1998).

Marianismo and Hembrismo

The concept of the Latina woman is classically embodied in the ideal of *Marianismo*, after the Virgin Mary, or the sacred mother. Women are dichotomized into two categories, the "good ones" and the "bad ones". A good woman is submissive, self-sacrificing, religious, humble, and modest. She can be sexual only in a virginal way, without much knowledge or enjoyment. Unlike men who are encouraged to gain sexual experience, sex for the good woman becomes one more of the wifely duties she must endure and not refuse. Bad women, on the other hand, are seductive, sexual, and manipulative. They cannot be trusted. The complexity of the *Marianista* mystique is compounded by another gender construction that suggests that the Latino culture is covertly matriarchal. This is manifested in the concept of *Hembrismo*, or femaleness, which refers to the qualities of strength, endurance, courage, perseverance, and bravery. Because these qualities are associated with the traits of machismo, this descriptor refers to "women with balls", those females who can do it all and show determination to face and overcome every hardship. While these qualities are definite resources for many Latinas, hembrismo can contribute to considerable stress for women, particularly those Latinas who maintain marianista behavior at home and *hembrista* behavior in the workplace (Falicov, 1998).

Several studies have shown that adherence to the marianista side does not support women's health. Latinas who embraced traditional gender roles were submissive, self-sacrificing, and less assertive, qualities that are associated with poorer physical and mental health. This is also found in similar studies of European American women (Falicov, 1998). Further, as a result of these role pressures, Latinas have a greater

tendency to report more nervousness, depression, and other symptoms of distress (Gaw, 1993).

Fidelity

A double standard exists in that fidelity is considered to be mandatory for a wife, while infidelity can be ignored or forgiven in a husband. Infidelity is not encouraged for males, but if and when it does happen, it is taken as something that males are naturally prone to do (McFadden, 1999). Young boys are raised to be aggressive, girls submissive. Adolescent boys and young men court an idealized, marianistic type woman who is not necessarily considered a sexual object, while simultaneously seeking out other women for sexual gratification (Gaw, 1993). Men are expected to be flirts, in fact this is seen as a complementary cultural trait (McFadden, 1999). Traditionally, a wife's love isn't really seen as romantic, but rather, biological and maternal. In fact, a husband's love needs are thought to be biologic as well, the need for seduction and sex. But his real love, like hers, is probably familial and parental, in the sense of obligation and pride in being a good father and husband (Falicov, 1998).

Latino Culture and Mental Health

The following information regarding Latino cultural beliefs, values, and practices provides specific insights into commonly encountered mental health issues.

Physical Contact

There is much more physical contact socially in Latino cultures than in European American cultures. There is a smaller physical personal space barrier, more hugs and touching, and more elaborate and formal greeting rituals. Latinos in the U.S. lose much of the touching, embracing, banter, and flirting typical of the ritualized expressions of

affection that are common throughout Latin America. This lack of physical contact

contributes to feelings of isolation (McFadden, 1999).

Permanent vs. Temporary Status in the U.S.

For refugees, their migration to the U.S. is an involuntary one, and to return home

is an impossibility. They see their migration as permanent, and will invest much more

energy in acculturation and attaching to their new home. Similarly, Latinos of lower

socioeconomic status who come temporarily to work and earn money to send home to

their families, tend to have less conflict with respect to their migration, since they do not

come with the goal of acculturation. They often live under very difficult circumstances,

work incredibly long hours, and are homesick, but they are clear as to what their purpose

is. They are not interested in learning English, in acculturating, or in creating a life in the

U.S.

Acculturation Issues

Latino immigrants of higher socioeconomic status often have more issues

surrounding acculturation to the U.S., as they typically come with the intention of staying

permanently. They often enjoy a higher status socially, professionally, and

occupationally in their countries of origin, and experience an enormous sense of loss and

downward mobility when they come to the U.S. They feel shame and embarrassment,

and are discouraged that they must start from scratch, with no recognition or

acknowledgment of educational or professional attainment achieved in their country of

origin. On the other hand, they also may feel a sense of pride and accomplishment that

they have been able to survive in another country. Latinas in particular, can often earn

much more in the U.S. than in their countries of origin. This in turn may cause stress in

the household, as the husband may want to return to the home country, while the wife may want to remain in the U.S. because of what she has been able to accomplish economically (Diller, 1999).

Chicanos

Chicanos, or first and second generation Mexican Americans, often don't feel part of the American culture, and feel alienated from the "old world" Mexican culture as well. If they identify with the new world, are they being disloyal to their parents and their cultural heritage? The old world is an unknown; how do they become a part of it? Assimilated adults may feel deprived by their parents' desire to acculturate them. From childhood, their focus may have been on speaking English and learning American traditions at the expense of their own native culture. Once they are adults, they often want to learn Spanish, become more familiar with their original culture, and incorporate some of its traditions. Some never completely make the decision to stay, and after many years in the U.S., feel they have nothing to show for their time. They feel shame over the lost years of their lives, and are unable to return home due to that shame. They feel their time spent in the U.S. has been a complete waste of time (Diller, 1999).

For all groups there are enormous feelings of sadness and loss. This is viewed as normal, due to strong emotional ties to "home" and the interconnection to family and community. These strong ties are manifested as invisible loyalties, survivor guilt, and the sense of legacy and connectedness with the homeland and family of origin. Leaving the country of origin often represents a conflict of loyalty with significant others (Arredondo, Orjuela, & Moore, 1989).

Family Issues

Parents: Parents often respond to the threat of what they perceive as a less conservative and more sexually permissive culture by becoming more rigid and inflexible. Teens then react with "acting out" behaviors in an attempt to break from the "old ways". On the other hand, family rituals, such as grandparents giving their children a blessing before they embark on an outing, can strengthen the bond between generations. The close family ties and interdependence between family members and extended family should not be interpreted as pathological. It is the norm in Latino cultures and may be more accurately seen as simply a cultural difference (Lum, 2003).

Children: Children are always involuntary immigrants, and because of their resiliency and ability to adapt, there is a tendency to minimize the enormous impact that migration has on them. They are not only losing family, friends and the community they are leaving behind, like adults, they are also losing the non-human aspect of their environment, such as their room, school, home, and neighborhood. Because they acculturate more rapidly, they are often called upon to translate, which puts extra pressure on them. Many parents may feel threatened by their children's ability to acculturate. The concept of respeto, a prominent aspect of Latino culture, is highly valued within the family. Children are expected to show the proper respect toward their parents. Requiring them to translate puts them at increased risk for violating that respect that could complicate family dynamics by shifting the hierarchical structure of the family. Despite the perceived threat to parental authority, children are often pushed to acculturate, and especially to speak English. They are deprived of speaking Spanish, and of the continuity between the cultural past and the present. Because of their high level of

reliance on the family, if the family is dysfunctional, children are placed at risk (Diller, 1999).

The Traditional Family: The average Latino family is likely to be relatively traditional in nature, and the concepts of machismo and marianismo continue to be quite prominent. The husband is considered to be the unquestioned leader of the family, and holds the majority of power and authority in the home. The model wife is expected to be submissive, subservient, and martyr-like. In the traditional Latino home, there continues to be sharply delineated gender-role expectations manifested by strong division of labor by sex. Males are not expected to do housework; in fact, to do so may mean to them that their female head of the household is not competent (McFadden, 1999).

Undocumented Immigrants

Undocumented Immigrants experience yet greater stress levels, in that they live with the ongoing fear of being caught and deported. In the working world women take low paying jobs in child or elder care, or housecleaning, which results in loss of social and occupational status. Further, they often go all day with minimal or no interaction with other adults, which increases their sense of isolation. Men are limited to construction, repair, or odd jobs where there will be no questions asked. Although they do have extensive social contact with peers, they are frequently subjected to serious health and injury risks. They cannot apply for disability or confront dangerous working conditions, and often work with injuries or in extreme pain. They may abuse pain medications and may become addicted.

Employment and Gender Role Stress

Other types of stress are encountered by the traditional family, such as gender role reversal. For instance, if the woman becomes employed more easily than the man, gender role stress can occur because he is expected to be the breadwinner as well as the head of the household, which unbalances the family system. Further, the external world, with its discrimination, racism, and exploitation, is not a very safe place for Latinos. Men's job frustrations are much more likely to be expressed at home, where it is safe to do so. At home, men assert their authority and express the anger, aggression, and rage that have been held in all day long, possibly resulting in spousal abuse, child abuse, or alcoholism (Diller, 1999). Sexuality is a taboo topic, along with domestic violence, substance abuse, and incest. These topics should be treated delicately.

Counselor Cultural Competence

To meet the needs of an increasingly diverse U.S. population, counselors must respond with a reconception and restructuring of effective helping of those who are culturally diverse. At the center of this new vision for helping is the idea of cultural competence. Cultural competence, in its broadest context, is the ability to effectively provide services to culturally diverse client populations. Cultural competence is an ideal goal toward which to strive. Like personal growth, it is a developmental process that depends on the continual acquisition of knowledge and the development of new and more advanced skills, and it is an ongoing self-evaluation of progress. A culturally competent care system rests on a set of unifying values, or assumptions, about how services are best delivered to people of color. These assumptions are based on three ideas: that being different is positive, that services are responsive to specific cultural needs, and that they

are delivered in a way that empowers the client, that encourages clients to be their own advocates (Diller, 1999).

Models of Cultural Competence

Two models have proven extremely valuable in helping the counselor achieve cultural competency: Sue et al.'s Multicultural Counseling Competence Model and Helm's Racial Identity Theory and Interaction Model.

Sue et al.'s Multicultural Counseling Competency Model

The longest standing model of multicultural counseling is the Cross-Cultural Counseling Competency model initially presented by D.W. Sue et al. in 1982. The original model contained eleven specific competencies organized into three categories: Counselor Awareness, Knowledge, and Skills. The Association for Multicultural Counseling and Development (AMCD) sponsored a revision of this model in 1986 (Gladding, 2000). It was expanded to 31 specific competencies organized into three categories, Counselor Awareness of own Values, Assumptions and Biases, Understanding the Worldview of the Culturally Different Client, and Developing Appropriate Intervention Strategies and Techniques (Sue, Arredondo, & McDavis, 1992). Development and expansion of the multicultural competence construct continued with Arredondo's comprehensive report, which successfully attempted to operationalize the competencies by presenting 119 explanatory statements detailing how each of the 31 competencies could be met within a training context (Arredondo et al., 1996). A third revision expanded the competencies from 31 to 34 (Sue et al., 1998). Further, the Association for Specialists in Group Work (ASGW) (1999) has prepared a guideline,

Principles for culturally competent group workers, to serve as a starting point and call to action for counselors working with culturally diverse groups.

Sue's competency model has content validity, as diverse multicultural scholars have been working with the competencies for the past two decades, demonstrating its conceptual soundness. Further, the competency list has been endorsed by two separate divisions of the American Psychological Association (APA and six separate divisions of the ACA (Gladding, 2000).

Helms' Racial Identity Theory and Interaction Model

Counselor self-awareness, as well as awareness of the worldviews of the culturally diverse may be enhanced by an understanding of Helms' racial and ethnic identity model. Helms published her landmark theory on the effects of race in counseling in 1984. Helms outlined the potential role of race and racial identity in counseling. She continued to elaborate and refine her theory through the 1990s. Regarding the persons of color racial identity model, Helms (1995) postulated five statuses: Preencounter, Encounter, Immersion/Emersion, Internalization, and Integrative Awareness. Helms' White Identity model consists of six statuses: Contact, Disintegration, Reintegration, Pseudoindependence, Immersion/Emersion, and Autonomy.

Major tenets of Helm's theory fall into two categories: First, the theory holds that each racial identity stage, or "ego status" for persons of color and whites is associated with various psychological, social, cultural, and vocational variables. These variables are manifested in attitudes, feelings and perceptions that are likely to influence counseling process and outcome. The second group of theoretical assumptions concerns the

interactive impact of clients and counselors who are at similar or dissimilar identity

statuses. Helms hypothesized both process and outcome results in her interaction model.

Counseling Theories Forming the Basis of the Program

Sue, Ivey & Pedersen's Theory of Multicultural Counseling

The six propositions of this theory follow:

1. Each Western and non-Western theory presents a different worldview.

2. The totality and interrelationships of client-counselor experiences and contexts

   must be the focus of treatment.

3. A counselor or client's racial/cultural identity will influence how problems are

   defined and dictate or define appropriate counseling goals or processes.

4. The ultimate goal of a culture-centered approach is to expand the repertoire of

   helping responses available to counselors.

5. Conventional roles of counseling are only some of the many alternative helping

   roles available from other contexts.

6. There is an emphasis on the importance of expanding personal, family, group, and

   organizational consciousness in a contextual or relation-to-self orientation. (Sue,

   Ivey, & Pedersen, 1996)

Locke's Model of Multicultural Understanding

Locke presents several principles that serve as the guiding philosophy for a model

of multicultural understanding:

1. Culturally diverse individuals and groups should be the primary source of

   information about their situation, condition, or direction.

2. Multiculturalism encourages the treatment of culturally diverse group members with dignity, respect, and responsibility.

3. Ethnically diverse populations are heterogeneous.

4. Multicultural efforts must focus on normal behavior and wellness, rather than on abnormal behaviors and illness (Locke, 1998).

Empowerment Theory and Strengths Perspective

Empowerment theory and the strengths perspective contain important applications to persons of color. Culturally competent counselors can move from self awareness to awareness of the client, from cultural values to client strengths, and can make the connection between assessment and intervention, in that the assessed strengths of the client's cultural values should be the basis for the design and planning of the intervention (Fong, 2001). Focusing on a strengths based assessment combined with an empowerment intervention moves away from a pathology oriented diagnostic assessment and deals with the problem of powerlessness among persons of color. Some key ideas of the strengths perspective include the following: That all people have a reservoir of untapped, renewable, and expandable abilities (mental, physical, emotional, social, and spiritual) that can be used to facilitate change (Weick, Rapp, Sullivan & Kisthardt, as cited in Fong 2001). The realization of abilities and accomplishments builds capacity and motivation, and diminishes concerns. People and communities can learn, grow, and change (Saleebey, as cited in Fong, 2001). All people have the wisdom and capacity to determine the best healing and course of action for themselves (Weick & Pope, as cited in Fong, 2001). In the complexity of life and living, what may appear to be wrong choices is a person's attempt to make the best decision with the information they have at the time

(Weick, Rapp, Sullivan, & Kisthardt, as cited in Fong, 2001). Empowerment is discovering the power that exists within people and communities. It is a desired state of the strengths approach (Rapp, 1998, as cited in Fong, 2001).

Empowerment on a micro, or individual, level is the mobilization of the uniqueness and self-determination of the client to take charge and control of his or her life, to learn new ways of thinking about the problem situation, and to adopt new behaviors that give more satisfying and rewarding outcomes (Cowger, as cited in Lum, 2003). In the empowerment process, the client recognizes that social forces have negatively affected his or her life, and moves toward an internal locus of control over the outcome of his or her life as well as an internal locus of responsibility to improve his or her life. The client is able to mobilize personal and community resources and control, and to move toward successful outcomes. The focus is on client strength and responsibility (Gibson, as cited in Lum, 2003).

An important aspect of enabling the client to mobilize their strengths is the Latino cultural concept of *fatalismo*, or fatalism. Fatalismo is related to the Latino cultural worldview that one should not be preoccupied with mastering the world. There is a keen sense of destiny, and a sense of divine providence governing the world. A deficit-oriented understanding often disempowers the individual. On the other hand, the negative aspects fatalistic attitude can serve as a functional quality, leading to the acceptance of many tragic events as beyond one's control. It may also soften the sense of despair or personal failure that is the common by-product of the middle class European American value system (Ho, Rasheed, & Rasheed, 2004). According to Falicov (1998), counselors working with Latinos must distinguish between a deficit-oriented fatalism and

a resource oriented one. A key aspect of this resource-oriented aspect is the concept of

Fe. Fe, which represents an individual's faith or spirituality, is a similar concept across

Latino groups. Within the concept of Fe are important indicators of the presence and the

levels of a person's personal and environmental strengths. The strengths perspective as

used in this model refers to *La Fe de la Gente*, the faith of the people, where spirituality

is viewed as a measure of a person's individual strengths that are used on a daily basis to

cope with life and the problems and stressors that may arise. Fe, as defined in this

context, encompasses the history, values, traditions, and strategies people use to survive.

The two-dimensional character of this model evaluates personal and

environmental strengths in an objective and subjective manner. On a horizontal

dimension (life), the counselor evaluates environmental resources available to the person.

Empowering Latinos involves recognizing that they have natural strengths among family

members, traditional non-kinship support networks, and healing systems, such as

informal support groups, and community and religious, as well as counseling services

available to them, as well as the level of biculturalism and bilingualism they have thus far

achieved (Fong, 2001).

It is important for the counselor to draw on these natural structures in

empowerment interventions with Latinos (Negroni-Rodrigues & Morales, as cited in

Lum, 2001). Enabling niches provide resources and incentives to reach goals and

opportunities for learning new skills, helping clients to help themselves (Fong, 2001).

This approach assists Latino clients in moving from a fatalistic viewpoint, self-blaming,

and powerless views, to being agents of change. This can be accomplished through

working with Latino clients to build a relationship of collaboration and partnership in

problem solving. Latinos may have suffered socioeconomic and sociocultural oppression, in the form of racism, colonialism, economic exploitation, and cultural domination, and internal oppression with respect to gender, race, and class (Acevedo & Morales, as cited in Lum, 2003). As a result, it may take longer to sort through these areas as part of the empowerment process.

The development of group and community consciousness and participation involves developing awareness that there is collective power in the group, the ways that individual empowerment contributes to group empowerment, and how increases in group power enhance the functioning of individual members. Further, the group becomes aware that political structures affecting individual and group experiences need to be changed (Gutierrez, as cited in Fong, 2001). The group empowerment model is based on the assumption that the condition of Latinos in society will change only if they gain greater power in political and social arenas. The role of culturally competent community organizations would go beyond service provision to developing the means for Latinos to work together to overcome conditions of powerlessness. Empowerment based work in the community requires an understanding of power dynamics, group processes, interpersonal interaction, and organizational theory. The challenge is to educate both counselors and clients as to the value and potential of power (Fong, 2001). Empowerment theory suggests that if Latinos as a group are to become politically empowered, they must develop a group identification and consciousness that transcends specific national origin identity. This united Latino identity would not replace subgroup identification, but would supplement it (Padilla, as cited in Gutierrez, 1996).

Social Constructionism

Social Construction Theory has been applied to the counseling relationship in that therapy is seen as a process of social construction. The following principles are important in this process:

Social Constructionism encourages a therapeutic dialogue where the counselor and client undergo a mutual search for understanding and exploring problems. It involves "talking with" rather than "talking to" one another. The counselor adopts a "not knowing" position, or takes on an open, inquiring stance of wanting to know, of being informed by the client, and joining a mutual exploration of the client's understanding and experience (Anderson & Goolishian, as cited in Lum, 2003).

The personal narrative, or story about one's life describes individual problems that provide the counselor an opportunity to enter the client's world. In the Latino culture, the personal narrative is known as *cuento therapy*, or storytelling therapy. It is important that the narrative is in the client's language and problem metaphors. Telling one's story is a re-presentation of experience; it is constructing history in the present. It is through these stories that lived experience is constructed. This discourse with another person is a co-construction of two persons and a framework for lived experience (Lum, 2003).

The focus of helping is an interpersonal construction process and a context for problem solving, evolution and change. The emphasis is on the interpersonal and social dynamics and processes in the experience between the counselor and the client (Froggeri, as cited in Lum, 2003).

The counselor offers the client alternative themes to make sense of experiences and encourages self-observation, reflection, and development. The client may reflect on patterns, explore alternatives, and understand experiences in an approach that is a different response from the past. This process is called the re-storying of life stories (Holland, Gallant, & Colosetti, as cited in Lum, 2003).

Empowerment Theory for Women

The Empowerment Theory can also be applied to Latinas, in that counselors must understand the role of gender-based oppression in addition to oppression due to racial, ethnic, and cultural factors, in the lives of Women of Color.

The empowerment of Latinas, and of all women, requires an environment of safety, trust, and support in which women are encouraged to believe in their own reality. The presence of other women is integral to the creation of this environment. Women must be given concrete opportunities to experience their own capability, strength, and worth. Latinas who have experienced social indignities and assaults, such as homelessness, poverty, or racism should be presented with opportunities to regain dignity and worth.

Though empowerment for women is fundamentally related to the concept of autonomy and self-determination, the cultural value of having an "individual" social focus, is specific to European Americans, and is not included in the worldview of any of the Cultures of Color. Latinas, who come from cultural backgrounds that include a traditional home and family life and adherence to traditional gender roles, should not be pressured or feel obliged in any way to embrace these concepts. They will be introduced to the concepts of autonomy and self determination, and given the opportunity to accept

or reject these concepts to the degree to which they are comfortable, given their current family environment, degree of acculturation, and individual desire. Providing Latinas with such choices enhances their feelings of self-confidence and personal empowerment.

In addition to individual personal empowerment, women must also work together to change themselves and society. Rather than working merely toward individual solutions to individual problems, counselors must find ways to bring Latinas together and to work with Latina clients toward social change. The many roles of the counselor in empowerment practice include educator, supporter, advocate, activist, option clarifier, facilitator of concrete experiences of power, and model of lived empowerment (Lum, 2003).

The Relational Model

In presenting the Relational model, Jean Baker Miller (1976) proposed the critical role of connection in women's growth. The relational perspective, which includes concepts of mutual empathy connection, and authenticity similar to Rogerian therapy, has little standing in the fast paced, work-a-day world. This illustrates the degree to which the concept of individualism has influenced our work and our lives. In his video, *Waves of Change* (Johnston, 1998), Ram Dass discusses how, in search for self-actualization and individual self-determination, Americans have traveled too far down the "individual" path, that perhaps the pendulum needs to swing back the other way. A small, select group of American philosophers have perceived this. In this context the collaborative worldview can be seen as a strength.

Diamond's (1987) work on "primitive" versus "civilized" offers a useful metaphor through which to compare the nature of traditional cultures which include the

Cultures of Color in the U.S., with that of postmodern cultures of European origin. Diamond believes there is something inherently wrong with civilized culture, and something essential has been lost. Only through a careful analysis of the dimensions of traditional culture can one determine what that is. Diamond summarizes eight characteristics of primitive culture that he believes have been lost to the civilizing process. These include good psychological nurturance, many-sided, engaging relationships throughout life, various forms of institutionalized deviance, celebration and fusion of the sacred-natural processes, active participation in culture, the equation of goodness, beauty, and the natural environment, and the concept that socioeconomic support is a natural inheritance. One consequence of the breakdown of traditional culture due to the civilizing process, according to Diamond, is a radical increase in mental disorders and mental ill health.

The basic principle of relational theory is known as the "relational paradox". Individuals who have experienced violation or injury in relationships will employ self-protective strategies, such as silencing, emotional disengagement, or role-playing, both to protect the self and to preserve or protect the relationship in times of conflict or difficulty (Miller & Stiver, 1991). The paradox lies in the fact that, in attempting to establish meaningful relationships with others, individuals keep large parts of themselves out of connection. As a result, truly authentic communication is rendered impossible, and the self is sacrificed, ostensibly in the hope of maintaining the relationship. Individuals instead experience invisibility and isolation. Helping women move toward optimum mental health necessarily means helping women find authenticity and voice "within

connection". This is presented as a key alternative to the traditional resolution of voice in isolation, or connection in silence (Cracco & Janosik, as cited in Corey & Corey, 2002).

<u>Summary</u>

Increasing numbers of Central American Latinos are immigrating to the United States. These immigrants face a variety of problems, specifically regarding migration experiences, differences in culture and cultural values, the acculturation process, and issues relating to minority status and racial discrimination. It is the responsibility of the counseling profession to help Latino American immigrants. Failure to meet the needs of this population will result in significant emotional, social and financial costs. Cultural competence of the counselor is a key factor in helping Latinos to adequately meet the challenge of successfully adapting to life in the United States.

CHAPTER III

PROGRAM DESIGN CONSIDERATIONS

Family Relationships

In light of the significance of Latino concepts related to Personalismo and the collaborative worldview, a group format has been chosen. The Latino society is a collective society. There is a great deal of interdependence among nuclear families, extended families, and the community as a whole. This connectedness sustains life for its individuals and is very important to Latinos. The characteristic of collaboration among members makes the group format particularly well suited for this population. Overall, groups for Latinos have proven quite productive, especially for Mexican Americans (Gladding, 2000).

However, some drawbacks to group therapy with Latinas have been suggested. Due in part to the strong family unit, close family connections, and interrelatedness among family members, family therapy is often the preferred modality for Latinos. The obvious benefit of a group format is for Latinas who have immigrated to the U.S. without family. These women lack the support networks so crucial for the emotional health and well being of all Latinos. A group format can also be beneficial for Latinas who do have families in the U.S.

The construct of hembrismo lends itself to the suggestion that the Latina culture is a matriarchal culture, although this is rarely brought to the forefront or demonstrated openly. Although the father is officially the leader and decision maker of the family, the

mother is seen as the core and the strength of the family, and has the responsibility of running the household. Offering help and support to Latinas with families is likely to result, by extension, in other family members benefiting as well. Families often experience emotional distress most acutely when their members are proceeding through the acculturation process at different rates. Facilitating a Latina's awareness of what the adjustment problems and issues of each family member are likely to be, may not only help her to understand how acculturation stress may be manifested within her family, but help empower her to address such issues as well. As a result, she may gain encouragement and confidence because she has been able to effectively help her family during a difficult time.

Applying Concepts of Machismo and Marianismo

Latino families continue to be largely traditional in nature, and the concepts of machismo and marianismo continue to be quite prominent. The husband is still officially head of the household, the wife in an officially submissive role. However, Benavides (1992) contends that with respect to Mexican culture specifically, this culture is actually matriarchal. He further contends that this culture is, in actuality, oriented toward the respect and love of the mother, who raises the children, cares for the household, and passes down the family history.

The findings of anthropologists, obtained from traditionally oriented rural communities, have tended to be little more than a reiteration of the stereotypic characteristics that are popularly believed to be an inherent part of machismo. The work of sociologists, the majority of whose work is much more recent, has provided a psychodynamic, historical, and/or environmental interpretation of the prevalence of

machismo. A few sociologists and psychologists have conducted research to more substantially validate and measure selected aspects of machismo within Latino subgroups. Unfortunately, their approaches have tended to be atheoretical in nature and much too frequently simplistic in conceptualization. Others would contend that, although the construct of machismo has played a defining role in the traditional culture, it is on the decline as a result of acculturation, modernity, and/or economic advancements, both in Mexico and the U.S. The few studies that support this view have tended to limit their focus on assessing the prevalence of traditional family sex roles, shared household decision making, and shared household duties (Casas, Wagenheim, Banchero, & Mendoza-Romero, 1994).

Mirande (1988) describes two models that have been found in Mexican culture and folklore. In the compensatory model, the origins of machismo are traced to the Spanish conquest of Mexico. In this model, the colonized man attempts to compensate for deep-seated feelings of inadequacy and inferiority by assuming an overly masculine and aggressive stance. The second model, the ethical model, is grounded in a less negative, less deprecatory conception of Mexican culture and national character. Rather than focusing on violence and male dominance, emphasis is placed on the evolution of a code of ethics that stresses honor, respect, and courage. According to this view, machismo is the result of adherence to this code. It is not manifested by outward qualities such as physical strength and virility, but by inner ones such as personal integrity, commitment, loyalty, and most importantly, strength of character.

This is directly applicable in the context of counseling in that, it would be a mistake for a counselor to ascribe to the "myth of machismo", to assume that the negative

aspects of machismo and marianismo will always prevail. An example of this would be to assume that a husband will deny his wife permission to attend the group. This does a disservice to the client as well as creating a self-fulfilling prophecy. However, the husband must always be acknowledged and respected as the head of the household. It is crucial, in light of the constructs of both personalismo and respeto that the counselor and the wife both defer to the husband's authority. In Latino culture, it is a matter of basic courtesy. A positive outcome may simply involve the counselor asking the husband for permission for his wife to attend.

Facilitating Counselor and Group Rapport

The concept of personalismo, with its emphasis on personal contact and interpersonal relationships, is highly valued. Accordingly, great value is attached to formal, ritualized introductions and salutations. This provides the counselor with an important opportunity to meet a potential group member's husband, as well as the rest of her family. The skilled, culturally sensitive counselor may be able to make a connection with the husband, make a positive impression, and gain trust. The counselor may also suggest to the husband that the whole family will benefit from his wife going to this group program. This may appeal to his sense of commitment and responsibility to his family, as leader of the household. It will also be helpful to present the program in a psychoeducational light, as providing information, instruction, and guidance, rather than stressing aspects of emotional health (Torres-Rivera, Wilber, Roberts-Wilber & Phan, 1999). These simple tasks, if undertaken by the counselor, will greatly increase the likelihood that the husband will give his permission. It is also an important part of

cultural competency to become known within the Latino community, and familiar with its members.

Latina immigrants face a double challenge in that, as Women of Color they are subject to discrimination on the basis of gender as well as racial, ethnic, and cultural factors. Global issues exist for women, regardless of race or ethnicity, and these issues can be addressed within the context of the group. This will serve as an important joining point in encouraging connection, in creating a safe environment, and in fostering a network of mutual trust, and support. The term *la platica* refers to polite, mutually rewarding, informal conversation. Because the Latino culture is an expressive culture, the group therapy format is ideal. La platica provides the ideal method of initiating connection. During the working phase of the group, once relationships have been established, it is important to begin each session by letting group members initiate the topics of la platica. As the working phase progresses, an effective way to begin addressing more personal issues is to let individuals reminisce about their lives. Latinos love to *platicar* about life and about how they survived, because it presents an opportunity to remember past failures as well as accomplishments. This provides the counselor with an opportunity to focus on the positive aspects of failure, for instance, how failure has helped to strengthen their Fe, or faith (Fong, 2001). As the therapeutic component of the group process evolves, the facilitator has a key role, in that she is seen as a role model and can set the example of honesty, sensitivity, and trust in communication.

Participant Screening

Emotional Health and Personality

Mutuality in the therapeutic setting refers to an involvement and openness on behalf of all participants that leads to a sense of shared purpose and working together. From the outset of the group, the leader will attempt to foster a dynamic of participation and engagement. Participants should be evaluated in terms of their ability to connect with others, and their capacity to tolerate the responsibility of mutual empathy, even if they currently struggle with relationship issues.

Because of the Latino cultural concept of personalismo, where individual connection in the present context is highly valued, Latinas as a group generally have high capacities for the above. Due to the concept of personalismo, and because of the commonalities shared as Latinas, as immigrants, and as women, the group setting is an especially valuable, appropriate, and effective counseling setting in which to build an atmosphere of mutual support, connection, and empowerment.

Individuals who are acutely suicidal, or are experiencing extreme vegetative symptoms of depression would not be considered as appropriate participants for the group. Although key themes to be explored by the group may include grief and loss, and grieving for one's homeland, culture, friends, and loved ones who were left behind, as well as premigration or migration trauma issues, those whose first or primary presentation is acute trauma or grief would also be considered inappropriate. These individuals would be better served by individual counseling (Corey & Corey, 2002).

Referral to the Program

Participants may be referred to the program by other programs within the agency, from individual counseling, by other counseling agencies and mental health centers, and by other social service agencies. They may also be self referred or referred by other Latinos. It is a personal goal both for this counselor, and on behalf of the agency represented, to become well known and well established, and to build a reputation for being a helpful, effective resource for the Latino community, and the community in general. Regarding cultural competency on both an individual level and agency level, these are the counselor's goals for the program. If these goals are achieved, it might be expected that the majority of referrals to the program would come from other Latinos. Latino communities tend to be close knit, with strong ties between friends, community and family members. Word tends to spread quickly when a resource is found which provides effective support, and advocates for the Latino community and its individuals. With any human service, particularly health care and social service, the most valuable referral is the referral of friends and loved ones.

Additional Participant Criteria

Participants will be Latina Immigrants, ages 25-45, from the Central American countries of Mexico, Guatemala, El Salvador, Costa Rica, Nicaragua, and Honduras, who have been in the U.S. for three years or less. They may be documented or undocumented.

Inclusion of Members from Selected Countries of Origin

Latinos are an extremely heterogeneous group; perhaps no other ethnic group is as heterogeneous in its ethnicity, physical appearance, cultural practices and traditions, and Spanish language dialects as the Latino population. Where demographics are concerned,

Latinos are generally separated into three groups: Puerto Ricans, Cubans, and Central and South Americans. Central and South Americans may be further grouped into South Americans, Mexicans, and those from Central American countries other than Mexico, namely Guatemala, El Salvador, Costa Rica, Nicaragua, Honduras, Belize and Panama (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

There are several reasons to include immigrants from Mexico, Guatemala, El Salvador, Costa Rica, Nicaragua, and Honduras as participants in the program. Although they are different countries and differences exist in culture and spoken Spanish, geographically they are relatively close, and their peoples are descended from similar indigenous peoples. They also share similar histories of colonization, government, and religious (namely by the Catholic Church) oppression and exploitation, poverty, and exposure to war and military dictatorships. The size of the geographic area encompassed by these six Central American countries necessarily results in a population that is heterogeneous in its ethnicity, physical appearance, cultural practices, traditions, and Spanish language dialects and accents. Although these countries have different customs and differences in spoken Spanish, in this context, these differences are relatively small. As immigrants to the U.S., these small differences are far outshadowed by the entirely different American culture and English language. As immigrants, their similarities become magnified, and tend to draw them together in the face of such differences. The Spanish language binds Latinos together in a sense of cultural connectedness and shared identity (Falicov, 1998).

They also come from relatively similar socioeconomic backgrounds and economic conditions, and are likely to have endured similar premigration, migration, and

post migration experiences. Immigrants from these countries, then, have similar cultural histories as well as similar reasons for immigrating to the United States. They also immigrate to the same area of the U.S., namely the southwestern states of California, Texas, New Mexico, Arizona, and Colorado. Optimally, this program is designed to be administered in those regions. Puerto Ricans generally tend to migrate to the Northeast, and Cubans to Florida.

Amount of Time Spent in the U.S.

Immigrants have also been chosen as program participants if they have been in the U.S. for three years or less. It is felt that it may take fully two to three years, and in many cases much longer for some immigrants to fully acculturate to life in the U.S. The most significant amounts of culture shock and acculturation stress take place within the first two years. A Latina who has been in the U.S. for two years or more has progressed significantly farther in making the transition to a life in the U.S. than has a Latina who has been in the U.S. for six months. Still, their common culture, cultural heritage and values, language, and situation in the U.S. bind them together. Latinas with more time and more experiences in the U.S. can connect with, instruct, and empower more recently immigrated Latinas, and in empowering others, they empower themselves. This is a key concept of Relational Theory, which was originated by Jean Baker Miller (1976). The more acculturated Latina may feel compassion for the newer immigrant, knowing through personal experience the shock, disillusionment, pain, and hardship that the other woman may currently be going through. The more acculturated Latina may gain confidence, seeing that she has indeed survived and how far she has come. If one woman is able to help the other out, they may find connection within that relationship. Further, Latinas who have family support networks in the U.S. may

be moved to extend the support of these networks to Latinas who do not. This is consistent with the Latino collaborative worldview, which is just as strong, if not stronger, among Latinas specifically as among the Latino population in general.

A purpose of the group is for members to find connection and empowerment within the group and to build relationships among one another, rather than looking to the leader for direction and guidance. Latinos tend to take the passive role, to look to health professionals to provide information, and to instruct and guide them. A more recent Latina immigrant, in being helped by another, may confirm for herself that help and support do indeed exist for her. She also may gain confidence and an increased sense of empowerment when she sees that another Latina has progressed in making a successful life in the U.S. If other Latinas can do it, so can she, and she doesn't have to do it alone.

Inclusion of Both Documented and Undocumented Immigrants

With respect to client confidentiality, the 1995 ACA Code of Ethics and Standards of Practice, section B.1.a, regarding right to privacy, states that counselors must respect their clients' rights to privacy and avoid illegal and unwarranted disclosures of confidential information. Further, section A.3.a states in part that clients have the right to expect confidentiality and to be provided with an explanation of its limitations. Section B.1.c., regarding exceptions to the right to privacy, states in part that the general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others, or when legal requirements demand that confidential information be revealed (Herlihy & Corey, 1996).

The culturally competent counselor has clarified that being an undocumented immigrant, in and of itself, does not constitute clear and imminent danger to the client or to others. It is therefore permissible to counsel undocumented immigrants without the legal or ethical obligation to disclose their legal status. This has been a confirmed prerogative of long standing within the counseling profession. However, it is important for counselors to keep abreast of current immigration regulations. In the aftermath of the September 11, 2001 attacks, the U.S. Patriot Act (2004) was enacted to more tightly control the activities and movements of non-American citizens between and within its borders, for, among other things, the purpose of increased security and protection from terrorist attacks. However, the Patriot Act has not been determined to affect the ability of counseling professionals to ethically and legally counsel undocumented immigrants.

One great division in the Latino community is between those who have the legal right to both live and remain in the U.S. and those who do not. In addition, there are numerous classifications of documented status, such as refugee status, that affect access to public services. Legal status affects mobility, employment availability, the ability to assert rights, and even the ability to plan for the future on more than a day-to-day basis (Castex, in Ewalt, Freeman, Kirk, & Poole, 1996).

Unlike the immigrant, who generally has the opportunity to plan and prepare to leave the native country, the refugee often flees or is forced to leave suddenly and therefore leaves with few possessions. In recognition of this common refugee experience, the Refugee Act of 1980 entitles refugees to special assistance aimed at economic self-sufficiency. Political refugees, therefore, receive resettlement services that consist of relocation assistance, financial aid, medical care, English language training,

employment and vocational counseling, and job placement for 18 months. Political

refugees are also entitled to the same services as U.S. Citizens, including Supplemental

Security Income, Aid to Families with Dependent Children (AFDC), Medicaid, and food

stamps. After one year of residence in the U.S., the refugee may adjust the status to

immigrant (legal permanent resident). Because the services and entitlements available to

refugees are the most generous among the categories of newcomers, the issue of who is

accepted is central to immigration policy (Drachman, in Ewalt, Freeman, Kirk, & Poole,

1996).

In addition to humanitarian considerations, the assignment or denial of refugee

status in the U.S. often revolves around foreign policy goals and ideological

preconceptions. Accordingly, a great deal of controversy surrounds the decision

regarding who is accepted and who is rejected as a political refugee. Historically,

immigration across U.S. borders has been influenced by economic and political

considerations, specifically, relative need for workers in a given field at any given time.

In the aftermath of the civil wars and military oppression which afflicted El Salvador,

Guatemala, and Honduras in the 1970s and 1980s, when thousands of Central American

Immigrants poured across the Texas border into the Southwest, they were granted

economic rather than political refugee status, resulting in denial of the above refugee

benefits. This crucial decision had a devastating impact on the physical and emotional

welfare of Latino immigrants, and far reaching, long term effects on the Latino

population in the U.S.

Undocumented immigrants are at a significantly greater risk for stress associated

with the acculturation process, once arriving in the U.S., than are documented

immigrants. On a more practical level, in addition to emotional health concerns, financial concerns on many levels exist. Although there is an increased relative need for counseling and other health services, due to their status, these services are less accessible to undocumented immigrants. In addition to being able to legally remain and obtain employment in the U.S., along with legal employment, documented immigrants are able to gain access to health insurance. No such benefit exists for undocumented immigrants.

Within the context of counseling, trust issues are particularly salient for undocumented individuals, who live in constant fear of discovery and deportation. Although betrayal to immigration authorities is of little concern among Latinos, the group leader may have to prove him or herself in regard to trustworthiness in honoring and protecting the confidentiality of undocumented immigrants. Confidentiality issues are compounded somewhat in the group setting. Limitations to confidentiality must be disclosed and explained to all participants; specifically that, due to the nature of the group, confidentiality cannot be guaranteed.

Qualities and Characteristics of the Effective Program Facilitator

Cultural Competence of the Facilitator

The facilitator should preferably be female, be culturally competent with respect to Latinos, and working toward developing increased levels of cultural competence on an ongoing basis, as part of personal and professional development. An important aspect of cultural competence for the effective, culturally responsive counselor is awareness, of her own culture, then of her attitudes toward the Latino culture. The counselor should check herself for cultural biases and hidden prejudices, and should resist the tendency to

stereotype, as there is as much individual variation within the group as there are cultural

group characteristics (Pederson, Draguns, Lonner, & Trimble, 2002).

Spanish Language Proficiency Level of the Facilitator

As a component of cultural competence, the facilitator should ideally be fluent in

Spanish, or at least proficient, and working toward fluency. However, lack of fluency on

the part of the facilitator may be a positive thing, as it may build a bridge toward

connection between the leader and the participants, as participants reach out, assisting the

facilitator with the translation of an unknown phrase or word, establishing a mutual

helping connection. It may also demonstrate that learning English is possible, for if the

counselor is struggling to learn and master Spanish, participants may see that it is both

possible and appropriate for them to learn English. Seeing a person in authority make

mistakes, stumble, and ask for and receive help, may provide Latinas with an awareness

that it is acceptable to try, to make mistakes, and to ask for and receive help and support

themselves. Asking for help may not result in rejection and ridicule, but in others

responding by providing the help and support that is needed, strengthening bonds within

the group.

On the other hand, the facilitator should not practice what is known as "clinical

anthropology" (Comas-Diaz & Jacobsen, as cited in Falicov, 1998). Spending a lot of

time inquiring about cultural details at the expense of focusing on other issues of greater

concern to the client denotes lack of counselor leadership and direction, and although

rapport is built as the client tells her own story, for the client to spend excessive amounts

of time educating the counselor as to the cultural traditions of the home country is

counter productive and wastes valuable time. Increased risk of the counselors engaging

in "clinical anthropology" exists within the model of social constructionism, where the counselor and client work together to define the client's problems, and to construct solutions and strategies for overcoming them. The counselor should be aware of this pitfall.

Linguistic Considerations

The Latino population in the United States is heterogeneous in its ethnicity, physical appearance, cultural practices, traditions, and Spanish language dialects. These populations represent a diverse group of multigenerational immigrants from different Spanish speaking countries, as well as long-term residents of the Southwestern U.S. (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). The Spanish language binds Latinos together in a sense of cultural connectedness and anchors their shared identity (Falicov, 1998).

Fluency in Spanish is the ideal situation for the culturally competent counselor, and the attainment of fluency needs to be worked toward on an ongoing basis. From a practical viewpoint, in a situation where a significant deficiency of qualified culturally competent counselors already exists, requiring counselors to be fluent would further reduce the number of counselors qualified to serve Latinos. Although it should not be required, the more fluent the group leader is, the better. As Latino clients master the English language and become bilingual, they often engage in switching back and forth between the two languages (Brice, 2002) during a counseling session. There are several specific, significant reasons for code switching. The counselor should be aware of that, and know how to respond to it. When a client is experiencing strong emotion, she may switch from English to Spanish, her first language, in order to express the significance

and depth of meaning of what she is feeling. Increased fluency in Spanish leads to a

greater understanding of the felt meaning and subtle connotations attached to a myriad of

Spanish phrases and expressions. The fully acculturated European American counselor

only needs to reflect on her first language to see that this is true. Conversely, when a

Latina client is experiencing painful emotions, she may switch from Spanish to English to

avoid experiencing the painful emotions she is feeling. Further yet, if a client can carry

out the session in English, at least for her part, it will be a source of pride, as it shows she

has mastered the language (Diller, 1999). Being able to recognize and respond

appropriately in such situations greatly increases the counselor's effectiveness (Phan &

Torres-Rivera, 2004). It should be mentioned that, since participants will not have been

in the United States for more than three years, such situations may not arise frequently, as

Latinas may not have sufficiently mastered English for the linguistic phenomenon of

code switching to occur. But participants in the group will have come from varied

socioeconomic backgrounds and personal situations, and one cannot assume that English

language acquisition cannot be attained within this time frame. Despite the importance of

language, there is relatively little published research on bilingual counseling practice

(Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

Significance of Lack of Spanish Fluency of the Facilitator

Although Spanish proficiency is both helpful and important, lack of fluency in

Spanish on the part of the counselor may have relatively little bearing on the

effectiveness of her counseling, particularly in light of the significance of personalismo in

establishing rapport, trust, and connection. Regarding group therapy, the concept that the

more diverse are the group members, the greater will be the challenge of developing

cohesiveness within the group, has been well established. Group members are likely to have come from diverse geographic backgrounds, speak Spanish with varying accents, and use different regional Spanish dialects. This challenge may be met in part by the use of what is known as Standard Spanish, which avoids the use of regional phrases and vocabulary.

However, the above differences carry much less relative significance if one considers the potential benefits that may be gained by group members. Group members are Latina immigrants who have left their homeland, their friends and neighbors, and possibly their family members, to come to the U.S. They have arrived in a strange country, been immersed in a strange culture, and may speak little or no English. They may have permanently left behind the only home they have ever had, and face the loss of every aspect of the life and culture they have known. Most cannot possibly be prepared for the new and different life that awaits them in the U.S. They may be in various stages of culture shock, feel homesick, alone, isolated, and without the familiar support networks that they have become accustomed to rely upon. This applies particularly to those who have been in the U.S. for relatively short periods of time.

Arredondo-Dowd (1981) has suggested that the loss and subsequent grieving process of immigrants, particularly refugees, is analogous to that of individuals who experienced the death of a significant other. She further proposes Bowlby's (1961) theoretical model as a framework for understanding personal loss and grief as a result of immigration. The stages of culture shock and adjustment can be compared to Bowlby's three phases of the grieving process: First; numbness, shock and disbelief, second; pain, despair, and disorganization, third; more hopeful, positive feelings, a resolution to

succeed in the new life, an acceptance of the new culture, and a greater sense of identification with America.

In this context, the counselor is in a strong position to be able to provide help and support. Just the fact that the counselor speaks Spanish will be a significant relief to group members. It will be relatively unimportant that the counselor is perhaps a non-Latino, that she does not speak perfect Spanish, or that she speaks in the manner of a person for whom Spanish is not the first language. The fact that the counselor is not afraid to make grammar or vocabulary mistakes, and has perhaps specifically undertaken to learn to speak their language in order to offer help and support, is in itself significant. If the counselor is of a different culture, it will be all the more meaningful. Most Latina immigrants in this situation have probably already experienced some American racism and discrimination. To have a personal experience with an American who is not only unbiased against them, but who is proactively reaching out to offer support, will likely serve as a first hand demonstration to group members that not all Americans harbor negative feelings toward them, and that perhaps there is hope, that positive things may indeed come of their decision to make their lives successful in the U.S.

In the face of the hardships encountered in this new country, the common experience of Latina immigrants in the U.S. will serve to draw them together. The fact that their culture, customs, and manner of speaking Spanish may vary is likely to have little significance compared to the environment of safety, and of mutual help, support, and connection which may be found within the group.

Ethnic and Cultural Background of the Facilitator

Further, one may additionally deduce that ideally, the facilitator should be Latina. But the facilitator may not, in fact, be Latina. Practically speaking, there is a serious deficiency of ethnically diverse individuals in the counseling profession, simply because those individuals have not been given the opportunity to undertake higher education and training in our institutions in order to become qualified to help their countrypersons in that capacity. This is an important part of developing cultural competency at the meso, or institutional level (Sue & Sue, 2008). Culturally competent counselors are becoming increasingly aware that this need exists and needs to be addressed by the profession. From a purely cultural viewpoint, the leader may not be Latina, but it is a mistake to assume that a Latina would be the ideal choice for a group leader. A culturally competent European American counselor who is a member of the majority culture may be equally as effective, and as successful.

Racism Among Latinos

Racism, prejudice, and discrimination are universal characteristics of all people. Racism is the cognitive ideological belief that it is right for one social or ethnic group to dominate another. Intragroup racism exists throughout the Latino culture. Historically, Latinos have lived in a world of two class systems, high and low. Members rarely conceive of the possibility of moving out of the class into which they were born. Social class position is as fixed and natural as the parts of their bodies (Ho, Rasheed, & Rasheed, 2004). A Latino's experience of racism in the U.S. is compounded by aspects of intragroup racism. Latinos experience racism as victims, and they in turn victimize others. Enduring American discrimination in the workplace, in housing, and in political

representation, Latinos project their experiences of racism and hurl national and ethnic stereotypes at one another. The assumption that Latinos would relate better and be able to create a more intimate connection with each other than with members of other cultures may be true at the level of language and for certain values and traditions, but race affects intragroup relationships as well (Falicov, 1998).

Racism and discrimination are pervasive experiences for many Latinos. Most helping professionals belong to a dominant culture that contains its own complex system of bias and prejudice. Given that, would an ethnic and/or racial match between counselor and client be preferred over a cross-cultural match between counselor and client? The truth is that opportunities and vulnerabilities lie in both mismatched counselor-client combinations, and those in which client and counselor share the same race and ethnicity (Falicov, 1998).

Intragroup racism is exemplified by the fact that some Latinos consider European American physical features desirable, particularly light skin color and blond hair. Also desirable by many Latinos are perceived higher class level, higher educational and professional attainment, and perceived higher qualifications of the dominant culture.

This preference by many Latinos may be used as an advantage by the European American counselor to benefit the Latina client. If the counselor is seen as a role model they may, by example, empower the client by suggesting possibilities and choices available to her that the Latina client may not have been aware existed. The client may come to realize for example, that it is both acceptable and appropriate to want a better life for herself and her family, and importantly, that attainment of a better quality of life is indeed possible. But the culturally sensitive counselor should not assume that the client

should want certain things for herself, according to the counselor's agenda. In fact, the counselor's suggestions that the Latina client may step out of her traditional cultural role may result in compounding the emotional distress the client is feeling. True empowerment of the client involves informing her of the choices available to her, and importantly, that she may accept or reject the options presented. Counseling by a member of another culture may also be beneficial in that a European American may be able to suggest helpful points of view that originate outside the traditional Latino culture, whereas a counselor of the same culture may be neither aware nor accepting of viewpoints outside that culture's worldview. This may result in a maintenance of stereotypical Latino viewpoints toward the American culture, as well as the perpetuation of self-defeating cultural attitudes and behaviors that may not be beneficial to the client.

A case study presented by Domokos-Cheng Ham (1989) represents a scenario where a woman and her children, who had recently emigrated from Puerto Rico, had been referred by a school system to the community agency where she was a supervisor. She was confronted with the dilemma of which therapist to refer the client to. The two bilingual therapists in her agency each had very different backgrounds: One therapist was a Cuban woman who had left Cuba as a refugee when she was an adolescent. She had learned to speak English after she arrived in the United States. The other therapist was a European American woman who had taken Spanish in high school and college. After graduation she had traveled and lived for over a year in Mexico and Spain. Even though she spoke Spanish fluently and was sensitive to Spanish dialects, Spanish was not her first language. The supervisor assigned the family therapy case to the Cuban born therapist, thinking that the shared immigrant experience and similar primary language

would make their therapeutic communication easier. After the first meeting between the Cuban born therapist and the Puerto Rican woman and her children, the therapist informed the supervisor that the client mother had told her at the end of the session that she no longer wanted to continue family therapy. The therapist, as a way to encourage the family to remain in therapy, suggested several alternatives, such as different time, or different bilingual therapist who was European American. To the surprise of the therapist, the client stated that if the therapist were European American, not only would she have continued treatment, she probably would have brought her husband as well as her family with her to the next meeting. The supervisor afterward reflected that she had used her stereotypes of the Latino culture to match the client and the therapist, that her choice of language and immigrant experience as a point of joining had been based upon incorrect preconceptions, and that sensitivity to cultural and class differences would have been more important in assigning a therapist to this family.

CHAPTER IV

THE PROGRAM FOR CENTRAL AMERICAN FEMALE IMMIGRANTS

Overview

Overall goal

Central American Latinas, both individually, and in the context of family, are viewed as strong women. Participation in this program will benefit not only the individual, but all those within her sphere. Accordingly, the overall theme of the program is to inform Central American Latina immigrants of a few essential aspects of life in the U.S.

Specific Goals

The specific goals of the group are as follows:

1. To provide practical information which will enable members to make informed decisions, to know where they stand as immigrants, and to realize that they have choices with regard to a great many aspects of their and their families' lives in the U.S.

2. To foster support, trust and connection in a safe environment.

3. To create an increased capacity to engage in mutually empowering relationships within the group, which will in turn lead to the increased capacity to create mutually empowering relationships outside the group, with both Latino Americans, European Americans, and other racial and ethnic groups.

4. To neither support nor encourage acculturation, but rather to honor the group member's culture as she chooses, and to preserve its traditions. To impart an

awareness that choice exists, to adopt and enact changes within the family, education, religion, economy, and policy, while at the same time preserving the best and most desired traditional social values. To provide integration and continuity between the cultural past and the present.

Parameters

The program will consist of eight weekly evening sessions, two hours in length, from approximately 7:30–9:30 pm. Evening hours allow those who work to complete their workday. Evening hours will also allow Latinas to return home to prepare and partake in the evening meal with their families, an important aspect of the collaborative nature of the Latino culture.

The first 15–20 minutes of each session will consist of la platica. As well as fostering and strengthening interpersonal bonds within the group, beginning the session with platicar will help accommodate those who arrive late. The tendency to be tardy is also related to the concept of personalismo, specifically the idea that the interpersonal relationship in the present moment is of prime importance, and takes precedence over the task at hand, including the time factor. There is a cultural tendency among Latinos to be late for everything. In some circumstances, it may actually be considered rude to be right on time. Rather than a resistance, tardiness is much more likely to be due to cultural style. The leader should gently explain to members, educating them on the importance of time frame for the group (Diller, 1999). Light refreshments will be provided at each session, because in Latino culture, hospitality, along with platicar, is an important aspect of the demonstration of personalismo within the culture.

The program will be administered through a community agency or mental health center, but it will not take place in the agency or mental health center. Due to the Latino cultural stigma of mental illness, the program should optimally be held in a well-known, well-established location that offers Latino support services, such as a Latino or other community center. The center should be centrally located within the Latino Community and be accessible by public transportation.

Content

The program will begin with a psychoeducational emphasis, and gradually progress over its eight week duration to a format more therapeutic in nature, as trust and rapport develop over successive sessions. The aim of a psychoeducational group is to provide members with an awareness of the groups' particular problems and issues, and the tools with which to better cope with them (Corey & Corey, 2002).

The group will consist of 6-8 members. Members will see the group leader as an authority, and they will expect that the leader will structure the sessions, take a more active role, participate, educate them, give them information, and share knowledge. When the group leader is more engaging, rapport develops more quickly. The leader should ask for information, convey empathy, and offer explanations. Latinos tend to feel that they need to defer to European Americans in order to get along. Part of the group leader's role is to tear down that stereotype, and show that the facilitator is another person, another woman, just like them. In this respect, a connection is found within sameness, as women. Connection may also be found within difference. Latina group members are likely to come from diverse geographic and cultural backgrounds within Latin America. As with any group, the more heightened the difference, the more

challenging it is to make connections. Lastly, the unique individual skill, empathy, cultural sensitivity, responsiveness, and leadership which the facilitator brings to the group will be instrumental in fostering trust and connection between the group leader and the members, and cohesion and connection within the group itself.

Individual Session Content: Meeting One

7:30-7:50 Theme: Introduction of Facilitator, Location, and Group Content

At the beginning of the first meeting, the facilitator introduces herself, including information about any experiences working with similar populations and groups. Particulars of the location are also given, specifically location of rest rooms and parking. The facilitator also gives a brief overview of the group: Meeting times, format, and topics to be covered.

Rationale: Some familiarity with the facilitator as well as what to expect in group format and topics helps members become oriented. Practical information such as the location of facilities is necessary.

How Presented: This is straightforward factual information.

Evaluation: While speaking, the facilitator should be aware of how group members are acting in the initial moments of what, for most, is their first experience with the mental health system. Body language that shows nervousness or reluctance to be there will probably be present and should be noted.

7:50-8:10 Theme: Confidentiality

The facilitator explains confidentiality to the group; its definition, and the importance that all members of the group, as well as the facilitator, observe confidentiality.

Rationale: Members new to and possibly cautious of counseling need to be assured that what they say and do in group will remain in the group, and not revealed to everyone. This serves to establish safety so that members feel as comfortable as possible.

How Presented: The facilitator explains confidentiality, what it is, its importance in detail, the limitations of confidentiality, and the limitations of confidentiality in a group setting. Group members are asked to sign a confidentiality statement which allows them to see what is meant by confidentiality. The facilitator also answers any questions group members have regarding this concept.

Evaluation: The facilitator should notice how group members respond to the idea of confidentiality through their questions and comments regarding it.

8:10-8:50 Theme: Introduction of Group Members

Group members have a first interaction with each other, learning names and some factual information about each other.

Rationale: This activity puts names and facts to the faces in the room, removing some formality and allowing group members to meet each other one at a time without too much intimate self-disclosure, and importantly, to find out some things they may have in common.

How Presented: Group members are instructed to form dyads. Each dyad is then instructed to interview each other for 10 minutes, asking each other's name, immediate family members' names, number, sex and ages of children and their names, country of origin, and length of time they have been in the U.S. Members are instructed not to ask questions about any hardships they have faced which lead to their leaving their home country, or any they have encountered since arriving in the U.S., as this is just an

introductory exercise, not a therapeutic one. At the end of the 10 minutes, each member

will take turns introducing the person she interviewed to the rest of the group.

Evaluation: This activity can be evaluated by observing how much of the

interview the interviewer is able to remember and share, how accurate it is, and the

amount of spontaneous talking and laughing that occurs.

8:50-9:20 Theme: Goals of Group Members

Group members briefly discuss why they are in the group, and what they hope to

gain from it.

Rationale: Discussing why they are there helps members articulate their needs,

and to hear what others are looking for. This allows the facilitator to get an idea of what

members want from the group, and also allows the facilitator to adapt specific topic areas

to the needs of the group.

How Presented: The group leader asks members why they have come into the

group, what they hope to gain from it, and what questions they have. Members write

their responses down. These responses will be kept and examined at a later meeting.

Evaluation: This activity can be assessed by what the group members say and

how they say it, for instance, how willing they are to participate, how clear they are in

their goals and their questions, and how much discussion occurs among members.

9:20-9:30 Theme: Review

Rationale: Reviewing the session that is ending and giving a brief overview of

the themes to be discussed allows closure as the session ends.

How Presented: The facilitator reviews what has just happened in the session and

briefly describes the themes that will be discussed the following week.

Evaluation: This portion of the session can be evaluated by how the members of the group listen to the review, and by any questions they may have.

Meeting Two

7:30-7:45 Theme: La Platica (see p. 88). The group engages in light conversation and socialization with one another and with the facilitator.

7:45-8:30 Theme: Community agencies and support services

Rationale: The facilitator empowers members through giving general information and presenting herself as an available source of information.

How Presented: The facilitator hands out packets containing information, and also verbalizes the availability of key community support services.

Evaluation: The facilitator can assess group and individual needs by the type of questions asked. The facilitator should also be aware of any hesitancy on the part of the participants to take advantage of available support services, which may be an indication of culturally appropriate beliefs.

8:30-9:20 Theme: Human Rights in the United States

Rationale: Members continue to become empowered through knowledge and understanding of social justice, the law, public policy, and human rights.

How Presented: The facilitator discusses material on individual and family rights in the U.S. regardless of status, living in a democratic country, and rights and services available according to status, whether U.S. citizen, immigrant, documented or non-documented, economic or political refugee, or non-citizen but have children born in the U.S. The facilitator asks each member what their status is in the U.S.

Evaluation: The facilitator should be sensitive to members' hesitancy to disclose information about themselves, especially if they are undocumented. The facilitator can repeat the rules of confidentiality, and further reassure members that the agency is not required by law to report undocumented immigrants. Furthermore, the facilitator should emphasize that the purpose of the group is to provide help and support, not create hardship for its members.

9:20-9:30 Theme: Review

Rationale: Reviewing the session that is ending and giving a brief overview of the themes to be discussed the following week allows closure as the session ends.

How Presented: The facilitator reviews what has just happened in the session and briefly describes the themes that will be discussed the following week.

Evaluation: This portion of the session can be evaluated by how the members of the group listen to the review, and by any questions they may have.

Meeting Three

7:30-7:45 Theme: La Platica . The group engages in light conversation and socialization with one another and with the facilitator.

7:45-8:15 Theme: Identifying Racism

Rationale: Members are empowered through being given information on what racism is, and if they have themselves been victims of racism.

How Presented: The facilitator explains the concept of racism, and asks members to describe situations in which they think they or their family members have been victims of racism.

Evaluation: By their responses, the facilitator can evaluate the extent of member's knowledge and experience with racism. The facilitator should note if members respond with anger, realization, resignation or other emotions. This preliminary assessment will assist the group leader with the discussion portion of the group topic.

8:15-9:20 Theme: Discussion of Racism

Rationale: As rapport is built, and interpersonal connections are made between the counselor and group members, the group begins the transition from a purely psychoeducational standpoint, toward a more therapeutic one. One of the first issues needing to be addressed in a more therapeutic context is that of racism. Discussion of racial issues early on will introduce a model of honest authentic communication and clear the air for the group to move from the transitional phase to a more working phase of the therapeutic aspect of the group (Petersen, Draguns, Lonner, & Trimble, 2002). One of the myths of multicultural group counseling is that the discussion of racial or cultural differences will offend members (Gladding, 2000). On the contrary, beginning to work through these issues helps members become more open with each other, and more accepting of their differences.

How Presented: The facilitator invites group members to discuss their responses to the experiences of being victims of racism that they have identified. Group members must be allowed to vent their anger and frustration over the racism, discrimination, and oppression they have experienced, both in the U.S. and in their countries of origin, if applicable.

Evaluation: The group leader will be able, to assess, by their responses, the extent to which members have been affected by personal experiences with racism, and the

degree to which they have developed coping mechanisms, both positive and negative, regarding their experiences.

9:20-9:30 Theme: Review

Rationale: Reviewing the session that is ending and giving a brief overview of the themes to be discussed the following week allows closure as the session ends.

How Presented: The facilitator reviews what has just happened in the session and briefly describes the themes that will be discussed the following week.

Evaluation: This portion of the session can be evaluated by how the members of the group listen to the review, and by any questions they may have.

Meeting Four

7:30-7:45 Theme: La Platica (see p.88). The group engages in light conversation and socialization with one another and with the facilitator.

7:45-9:20 Theme: Family

Rationale: As the group continues in a more therapeutic context, group members benefit by sharing stories or incidents of family concern. As well as sharing their own stories, they hear the stories of others, and realize that they are not alone with respect to family difficulties. Through a problem solving approach within the group, they find that solutions exist for difficulties, and that they have help and a support system to aid them in finding those solutions.

How Presented: The facilitator encourages individual group members to discuss family issues, specifically concerns with children, husband, parents, and extended family. Members may also struggle with a sense of loyalty and obligation to family remaining in the country of origin.

Evaluation: In listening to group members' problems and noticing commonalities

and different types of problems and challenges present, the facilitator is able to assess the

degree of problems experienced, as well as group member coping ability. She can also

notice how group members are interacting with one another, and if support and cohesion

are beginning to develop with the group.

9:20-9:30 Theme: Review

Rationale: Reviewing the session that is ending and giving a brief overview of

the themes to be discussed the following week allows closure as the session ends.

How Presented: The facilitator reviews what has just happened in the session and

briefly describes the themes that will be discussed the following week.

Evaluation: This portion of the session can be evaluated by how the members of

the group listen to the review, and by any questions they may have.

Meeting Five

7:30-7:45 Theme: La Platica (see p.88). The group engages in light conversation and

socialization with and another and with the facilitator

7:45-9:20 Theme: Acculturation

Rationale: Members become more empowered through the knowledge that one

has a choice, and that personal choice is based on what the individual determines is right

for him or herself at the time. Members begin to understand that working toward a

successful life in a new country is a process and takes time.

How Presented: The facilitator explains what acculturation is, and invites

questions from group members regarding how they view themselves regarding the

acculturation process. Acculturation issues are discussed in more detail, and the

facilitator presents ideas, including, but not limited to the following: It is neither necessary nor expected that members should desire to embrace the American culture or that they should discard the cultural values, beliefs, and practices of their country of origin. Members may continue to honor the beliefs and practices of their home country. The choice exists whether to accept or reject various aspects of the American culture. Members' desires and attitudes regarding adopting aspects of the new culture may change over time. Members may ultimately wish to accept some American cultural values, and discard some customs from the country of origin. An important discussion to have at this point is the consequences that come with adopting American cultural values and letting go of some traditional cultural values.

Evaluation: The facilitator notes the degree of interest and/or conflict expressed by group members as a result of the presentation of this material.

9:20-9:30 Theme: Review

Rationale: Reviewing the session that is ending and giving a brief overview of the themes to be discussed the following week allows closure as the session ends.

How Presented: The facilitator reviews what has just happened in the session and briefly describes the themes that will be discussed the following week.

Evaluation: This portion of the session can be evaluated by how the members of the group listen to the review, and by any questions they may have.

Meeting Six

7:30-7:45 Theme: La Platica (see p.88). The group engages in light conversation and socialization with one another and with the facilitator.

7:45-9:20 Theme: Grief and Loss

Rationale: Grieving for losses associated with immigration allows for healing, and helps group members move forward from the past into the present.

How Presented: As the group process continues in a more therapeutic context, the facilitator invites group members to address grief and loss issues associated with immigration. Feelings of pain of separation and loss of homeland may be discussed. Grieving for what has been lost is encouraged within the group context. The facilitator should be prepared for intense outpourings of sadness, grief, and possibly anger and regret as well. Group members may be in various stages of acknowledgement and grieving for their losses.

Evaluation: The facilitator evaluates the intensity to which group members are affected, and have personal issues regarding this theme, as well as their ability to cope. The facilitator also observes the degree to which group cohesion and member support of one another continues to grow, as these difficult issues are addressed.

9:20-9:30 Theme: Review

Rationale: Reviewing the session that is ending and giving a brief overview of the themes to be discussed the following week allows closure as the session ends.

How Presented: The facilitator reviews what has just happened in the session and briefly describes the themes that will be discussed the following week.

Evaluation: This portion of the session can be evaluated by how the members of the group listen to the review, and by any questions they may have.

7:30-7:45 Theme: La Platica (see p. 88). The group engages in light conversation and socialization with one another and with the facilitator.

7:45-9:20 Theme: Women's Issues

Rationale: Being given information regarding women's issues serves to increase power and optimism within the group, as well as increasing connection and levels of support between group members.

How Presented: The facilitator presents information on women's issues, and women's rights, and encourages group members to ask questions, to comment, and to address individual concerns. A key issue to be discussed is that, in the United States, women have the opportunity to be upwardly mobile. The facilitator should also bring up that this concept may conflict with the traditional gender roles to which women were assigned in their home country. The fact that members have a choice is emphasized. Members learn that they are able to learn the English language, and obtain well paying employment that they enjoy. They also learn that it is their right to be respected and valued as a person. The facilitator is careful not to push group members too far into unfamiliar territory with which they may be uncomfortable.

Evaluation: The facilitator should note the degree of comfort or discomfort with which group members receive this information, as well as the degree of confidence or hesitancy with which they ask questions.

9:20-9:30 Theme: Review

Rationale: Reviewing the session that is ending and giving a brief overview of the themes to be discussed the following week allows closure as the session ends.

How Presented: The facilitator reviews what has just happened in the session and briefly describes the themes that will be discussed the following week.

Evaluation: This portion of the session can be evaluated by how the members of the group listen to the review, and by any questions they may have.

Meeting Eight

7:30-7:45 Theme: La Platica (see p. 88). The group engages in light conversation and socialization with one another and with the facilitator.

7:45-8:15 Theme: The Process of Living in the U.S.

Rationale: Continued positive emphasis of the likelihood of successful living in a new country provides additional support to group members as they continue to meet challenges in making their lives in the U.S.

How Presented: The facilitator discusses the following ideas: An optimistic, positive outlook as part of U.S. culture is presented. The idea is presented that life has a tendency to be hard, as life in the home country may have been difficult. In the U.S., group members face different types of challenges. There is an awareness that members will be in various stages of the adjustment process, and that not everyone will be ready to embrace an optimistic attitude. Handouts on the process of becoming an American citizen and obtaining legal permission to live and work in the U.S. are distributed. Empowerment is emphasized, and with it the ideas of why being in the U.S. is an opportunity, why being different is good, why being a woman is good. Members are reminded that they are strong, and that they must fight for what they want. As its population continues to diversify, the U.S. is in a process of change also. Americans are

becoming increasingly aware that diversity is an asset. Cultures of color will be increasingly welcomed and accepted in the U.S.

Evaluation: In assessing feedback from group members, the facilitator completes her determination of the continued counseling needs of group members, and arranges personal follow up, in person or by phone.

8:15-8:30 Theme: Goal Attainment

Rationale: Group members are able to assess how the group has met their needs, and if they now have additional goals.

How Presented: The facilitator returns the list of individual goals each group member had completed in meeting one. Members are encouraged to assess to what extent their original goals were met.

Evaluation: Verbal feedback will be evaluated and improvements can be incorporated into the next session.

8:30-9:15 Theme: Closure and Group Termination

Rationale: Members are able to obtain closure, or alternatively, to continue relationships initiated in the group. This choice provides an additional way to empower the group.

How Presented: On this last session, closure and termination issues are addressed. Members may discuss issues of grief and loss of the relationships among group members which were formed over the duration of the group. The facilitator explains that members may continue individual relationships formed within the group, if desired.

Evaluation: The facilitator should note if members have difficulty with closure

issues, and if some members have similar problems to those experienced in meeting six.

This is another indication for continued counseling in some form.

9:15-9:30 Theme: Evaluation

Rationale: A written questionnaire allows members to give written feedback

regarding the group so that improvements and changes can be made the next time. Since

this group is intended as a first introduction to the mental health system, some members

may wish to continue in a support group or other type of service.

How Presented: The facilitator hands out a questionnaire.

Evaluation: The questionnaires will be evaluated for both positive and negative

feedback to be incorporated into future sessions of the group.

Group Outcomes

Miller (1976) has defined power as the capacity to move or to produce change. It

is suggested that the combination of practical information, mutual support, and

connection within relationship will help empower members to become more self-

determining and to make positive changes for themselves and their families. Miller and

Stiver (1991) describe five positive outcomes that result from mutually empowering

relationships: Increased ability to act or take action within relationships, greater

knowledge of self and others, greater sense of self-worth, a desire for more connection,

and a greater sense of zest and vitality. These outcomes serve as excellent benchmarks

by which to mark the effectiveness of a relational group. This model provides a unique

and effective approach that honors women's strength in connection and exposes members

to the power within each of us, the power of empathy in relationship (Cracco & Janosik, as cited in Corey & Corey, 2002).

Post-Program Assessment, Follow Up, and Referral

Post-Program Assessment of Program by Participants

Members will complete a post program assessment of how effective or helpful the program was for them. Members evaluate the program's strengths, weaknesses, and make suggestions for improvement. Three post-program assessments will be performed. The first, at the end of the last session, the second, two weeks post-program, the third, six weeks post-program. This will assess if members' evaluation of effectiveness of the program changes over time. Post-program assessments will be administered by mail, in conjunction with post-program follow up.

Post-Program Follow up

Post-program follow up will take place by phone, or if necessary, by individual meeting at two week, six week and ten week intervals following completion of the program. Individual needs and problems will be addressed. It will be emphasized that both the counselor and the agency are there to provide ongoing support for the member and the community.

Post-Program Referral

As appropriate, members will be referred based on group leader's assessment of individual need. Members with further specific issues may be referred to individual counseling, to a therapeutically based support group, or to a family counseling setting. Some members may not need to be referred to further counseling. Along with post-

program follow up, it will again be emphasized that the agency is there for them, to

provide ongoing support if needed, as part of the community based support network.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS
FOR FURTHER STUDY

Change can be seen as a constant with regard to the ongoing blending of cultures

taking place in the U.S. due to immigration. Much of the population is still a distance

away from recognizing that cultural diversity is an asset, and that we can learn much

from one another. Challenges are significant, and how we as Americans receive

culturally diverse newcomers will serve as a measure of our own ability to adapt and

evolve culturally. In this way, the quality of life of Central American Latino immigrants

may be seen as a reflection of our own. Until the time arrives when Americans realize as

a whole that other cultures can contribute richly to our own, it will be necessary for

members of the counseling profession to continually and proactively move toward

helping this population.

There is a need for continued research on how to best serve immigrant

populations. Further study may involve studying successfully acculturated Latino

Americans, and the process and circumstances that led to their success. Alternatively,

counselor cultural competence and the concepts of this program may also be applied to

family therapy. In the immediate future, conducting an actual group would be most

helpful. Feedback from evaluation of the program by the facilitator, and final evaluations

from the participants could be incorporated into future sessions. Also, the

psychoeducational and therapeutic nature of this group could serve as a transition to a

more traditional therapeutic group. Once participants have had some experience with seeking help from the mental health system, partners and other family members could become more comfortable with it. Perhaps in the future, "graduates" of this program can be offered an opportunity to continue their work in a more traditional therapeutic group, or in a family counseling setting, involving more intimate disclosure and sharing of feelings.

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