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## **Working with Latinx Immigrant Families in the United States: A Culturally Informed Structural Family Therapy Approach**

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**Working with Latinx Immigrant Families in the United States: A Culturally Informed  
Structural Family Therapy Approach**

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SWK400: Family Systems Theory and Practice

Dr. Valerie Stokes

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### **Abstract**

As the Latinx population in the United States steadily grows, it is imperative that mental health practitioners grow their understanding of this population to be able to provide culturally competent services. There is a unique set of stressors faced by Latinx immigrants in the United States, especially Latinx immigrant youth. These stressors pose a disruption to Latinx immigrant family systems, leading to internalizing and externalizing symptoms. To better understand the stressors Latinx immigrants face and their impact on families, research was conducted on this population's statistics, characteristics, common issues, problems, and risk factors. In addition, research was conducted on approaches for working with this population. Applicable terminology, relevant frameworks, considerations for engagement, and evidence-based practices were examined. Through this research, the necessity of recognizing families' cultural values and their influence on the family system became apparent. This research was then used to inform the development of a six-week evidence-based treatment curriculum for working with a pseudo-Latinx immigrant family.

## **Literature Review: Latinx Immigrant Youth in the U.S.**

### **Population Statistics**

The immigrant Latinx community is one of the largest growing communities in the United States of America. The American “immigrant population grew to 45.4 million in September 2021” (Camarota & Ziegler, 2021) and has continued to grow. However, this number may be higher due to the unknown number of undocumented immigrants. Out of the known immigrant population, “44% of U.S. immigrants (19.9 million people) reported having Hispanic or Latino ethnic origins” (MPI, 2022). Asian and Latinx immigrants make up the majority of American immigrants today. Currently, one in four children in the United States are immigrants or have immigrant parents, which is estimated to increase to one in three by 2050 (Kim et al., 2018). As this community grows, it is essential to understand the stressors and mental health issues prevalent within the community.

In addition to the common stressors faced by adolescents, youth Latinx immigrants struggle with various unique stressors, such as discrimination and immigration-related stressors, which may compound the detrimental effects of other stressors. Systematic reviews have identified strong positive associations between cultural stressors and mental health outcomes (Zeledon et al., 2023). As the rate of immigration increases, the rate of mental illness and suicide also increases in young immigrants. In 2020, the suicide rate of immigrants increased 5.3 times the prior 10-year average to 17.4 suicides per 100,000 person-years (Erfani et al., 2021). This high increase in suicide rates among immigrants leads one to wonder what the causation behind it is and the mental impact of immigration.

### **Characteristics and Common Issues**

Several common challenges that Latinx youth experience include “communication difficulties due to language and cultural differences; differences in family structure and process affecting adaptation, acculturation, and intergenerational conflict; and aspects of acceptance by the receiving society that affect social status and integration” (Kiermaier et al. 1, 2011). Immigrants are often isolated from society due to language barriers language and social barriers, leading to increased pressures on immigrant youth to translate and interpret for adults.

Many Latinx immigrant youth engage in language or cultural brokering, especially for their family members. Immigrant youth often find themselves playing the role of language or cultural broker because younger members of immigrant families tend to become familiar with the English language and U.S. mainstream culture at a faster rate than adults in the family. While language brokering has been associated with some positive outcomes, it can also increase the likelihood of acculturation stress, inappropriate parent/child roles, and internalizing or externalizing symptoms (Kam & Lazarevic, 2014). Internalizing symptoms include depression and anxiety. Examples of externalizing symptoms are aggression and delinquency.

Translating or interpreting for family members in high-stakes situations in which the health and well-being of the family depends on the accurate interpretation of the language broker is especially correlated with increased stress in Latinx immigrant children (Felkey & Graham, 2022). The effects on Latinx early adolescents of brokering for parents may depend on the extent to which they perceive brokering as a burden on their time. However, in general, Latinx immigrant children who serve as brokers for family members are more likely to experience higher levels of stress because of the large amount of pressure and responsibility involved with this role and how the role causes them to feel torn between multiple demands or cultural identities (Kam & Lazarevic, 2014).

Family bonds and obligations are felt very strongly in Latinx immigrant families. This is due to the cultural concept of *familismo*, which refers to Hispanic culture's collectivist and family-centered values. In Caro et al.'s study about the stressors faced by Latinx immigrants, family issues were the most prevalent example of stressful situations (2023). These situations included conflict with family members and worries about family members in another country. This deeply held value in Hispanic culture can sometimes exacerbate a Latinx immigrant's experience of stressors.

### **Risk Factors**

Studies have proven that early life experiences are crucial in how individuals develop and grow. When early experiences are negative and/or high in stressors, their impact can have greater detrimental effects throughout one's life (Felkey & Graham, 2022). Immigrant children must deal with many stressors ranging from fear of revoked immigration status to economic status within the United States.

Immigrants must deal with daily reoccurring stress around immigration status and legislation. In America, immigration status and legislation are constantly in flux, depending on the President and governing officials. Although immigrants may have status now, they always fear that their status may be revoked, or legislation may say they can live in the United States. "Daily life has become more difficult for immigrant families due to increased fear, stress, and uncertainty" (Artiga & Ubri, 2017). This continuous cycle of fear and stress turns into toxic stress, which can cause developmental, physical, and mental issues throughout one's life, especially in adolescence. Childhood toxic stress can cause abnormal development and permanent changes in brain structure, leading to cognitive impairment, severe mental illness, and a vast range of chronic health issues.

Another risk factor affecting Latin immigrant children is the high child poverty rate in the United States. According to Pew Research Center data, 17% of Hispanic immigrant families live below the poverty level, and 19.6% are uninsured (Budiman, 2020). The effects of poverty on young adolescents have been shown to cause lifelong mental and physical health issues and developmental issues. Poverty may also lead to inadequate housing, poor education, food insecurity, and marginalization.

### **Major Concerns/Problems for Population**

Some major concerns for Latinx immigrant children are the various cultural stressors that they face. Common challenges that Latinx youth experience include “communication difficulties due to language and cultural differences; the effect of cultural shaping of symptoms and illness behavior on diagnosis, coping, and treatment; differences in family structure and process affecting adaptation, acculturation, and intergenerational conflict; and aspects of acceptance by the receiving society that affect employment, social status, and integration” (Kiermaier et al., 2011). Societal factors contribute to the stress experienced by Latinx immigrant children, including the legal system that creates challenges and administers consequences for immigrants with a lack of documentation and the job market that offers primarily low-paying, physically demanding jobs for Latinx immigrants.

These societal structures lead to Latinx immigrant children experiencing stressors such as separation from family members and the fear of being separated due to the persistent threat of prison or deportation for family members who lack documentation (Caro et al., 2023). A lack of documentation can negatively impact Latinx immigrants’ work opportunities, available resources, and daily activities. There are also barriers to upward mobility for Latinx immigrant children, such as constrained access to educational, medical, and financial resources (Caro et al.,



2023). Cultural stressors place individuals at increased risk for developing adverse mental health outcomes.

Drawing from general strain theory, studies have also shown that immigrant youth are more likely to consume alcohol and engage in other risky behaviors as an attempt to alleviate or escape from negative psychological reactions to cultural strains (Kam & Lazarevic, 2014). Immigrant children deal with unique cultural and family stressors, which increase their risk of developing severe mental illness and unhealthy coping mechanisms. Immigrant children and families are at a higher risk of developing an anxiety disorder, depression disorder, eating disorder, and/or PTSD (Post Traumatic Stress Disorder), up to twice the rate of non-immigrant families (AAP, 2023). These disorders may develop through assimilation, immigration, discrimination, and prolonged stressors. Immigrant children face a new multifaceted caregiver/child identity while trying to assimilate and deal with discrimination and prolonged stressors. Unfortunately, these mental disorders often go unnoticed or ignored for extended periods, leading to prolonged and severe mental illness and suicidal ideation.

### **Engagement**

While social workers must do their part to become educated about the culture and experiences of Latinx immigrants and use this knowledge to inform their treatment, Latinx immigrant clients may still find it difficult to fully trust and engage with social workers that come from an unfamiliar cultural background or are members of the mainstream culture. It is important for a social worker to acknowledge this early in treatment. In working with Latinx immigrants, social workers must understand that “Sociocultural factors like *familismo*, spirituality, and documentation status impact how Latino/a immigrants conceptualize stress as an inevitable force that needs to be emotionally managed with coping strategies, such as mental

disengagement, social support, and spiritual support” (Caro et al., 2023, p. 41). Social workers must develop an understanding of these differences to develop culturally appropriate treatment plans for managing stress and treating mental health disorders.

The common conceptualization among Latinx immigrants is that stress as an inevitable part of being a Latinx immigrant living in the United States. Therefore, Latinx immigrants tend to possess an external locus of control and believe that they do not have sufficient agency to resolve stressful situations in general (Caro et al., 2023). This may serve as a barrier to engagement, as clients who are Latinx immigrants may be reluctant to engage in a demanding change process for a problem that they believe is not going to go away, especially not through their own actions. In addition, the stresses experienced by Latinx immigrants are largely caused and exacerbated by structural conditions, making them seem further out of an individual’s ability to control.

The primary coping strategies utilized by Latinx immigrants to manage stress are mental disengagement, social support, and religious activities. These coping strategies are more emotion-focused than problem-focused. As social workers engage with Latinx immigrant clients, they must remember that “While the implementation of problem-focused coping strategies may seem like a practical way to manage stress, Latinx immigrants may not be readily able to adopt problem-solving strategies” (Caro et al., 2023, p. 50). This serves as another issue for engaging with Latinx immigrant clients.

### **Terminology**

There are several terms that are used to describe the diverse Hispanic population in the United States. While ‘Hispanic’ and ‘Latino’ are the terms most commonly used, a new pan-ethnic term, ‘Latinx’ has emerged in recent years. This term has not yet become widespread. In a

2020 Pew Research Center study, about one-in-four Hispanic respondents had heard of the term, but only 3% said that they use it (Noe-Bustamante et al., 2020). According to this survey, ‘Hispanic’ is the preferred term among U.S. adults with Latino or Hispanic origins. However, many of the articles in the body of literature on this population used the terms ‘Latino’ or ‘Latinx.’ Therefore, the term ‘Latinx’ was chosen to be used in this literature review for the purposes of maintaining both consistency and gender inclusion.

Another important term is the cultural value of *familismo*. This term encompasses the collectivistic, familistic values prevalent in Hispanic culture (Caro et al. 2023). Latinx immigrant children will often serve as “cultural or linguistic intermediaries between their families and the host culture” (Anguiano, 2018, p. 222). This is known as language brokering, in which the ‘language broker’ does not have formal training yet intermediates between two or more parties that are from different cultural backgrounds (Kam & Lazarevic, 2014). As they navigate between various cultures, Latinx immigrant children experience various cultural stressors. A cultural stressor is “an adverse experience associated with racial/ethnic identity, immigration processes, and/or acculturation processes that leads to stress because of its undesirable, challenging, and often, unwarranted nature” (Kam & Lazarevic, 2014, p. 1995).

## **Frameworks**

When working with Latinx immigrant children, it is imperative to examine their presenting problems in the context of the structures that they find themselves in. Utilizing the person-in-environment framework, “Behavioral health professionals should keep in mind that Latinx immigrants are embedded within complex social, political, legal, and economic structures that are arguably beyond their locus of control” (Caro et al., 2023, p. 50). Social workers should seek to understand these structures and how they may impact their clients from Latinx immigrant

families. There should also be acknowledgement that not every Latinx immigrant assimilates or integrates into U.S. culture in the same fashion or achieves the same outcomes, as posed by the segmented assimilation theory (Kam & Lazarevic, 2014).

Along with recognizing Latinx immigrant children's location in societal structures, the cultural values of Latinx immigrant children must be incorporated into treatment as well. The collectivist cultural background of Latinx immigrants often leads to a preference for passive, emotion-focused coping strategies for managing stress. This should inform social workers' approach in working with Latinx immigrant children and their families, causing them to refrain from jumping into problem-focused treatment strategies. The methods used in treatment should consider the strategies for coping with stress that are commonly used by Latinx immigrants, which commonly include mental disengagement, social support, and spiritual support (Caro et al., 2023). With respect for these culturally valued strategies, treatment with Latinx immigrant families could incorporate spiritual and social supports.

The value of family ties and obligation in Hispanic culture should be utilized as a resource in treatment and acknowledged as a factor in a Latinx immigrant children's experience of stress. Social, political, and legal structures can present barriers to Latinx immigrant children that are difficult to overcome. These barriers may impact one's sense of control and negatively impact one's ability to satisfactorily manage family affairs. Due to the high value placed on family in Hispanic culture, Latinx immigrants facing difficulty managing family affairs while under stress may begin "to perceive themselves as not adequately fulfilling their social role in the family, potentially causing more distress" (Caro et al., 2023, p. 49). The familial pressure placed on Latinx immigrant children must be considered during a social worker's assessment as they are impacted by their family system and cultural environment.

## **Research-Informed Practice: Article Summaries**

### **Family Practice Interventions**

#### **APA Citation**

Benson-Flórez, Gregory & Santiago-Rivera, Azara & Nagy, Gabriela. (2016). Culturally Adapted Behavioral Activation: A Treatment Approach for a Latino Family. *Clinical Case Studies*. 16. 10.1177/1534650116668630.

#### **Introduction**

A culturally adapted version of behavioral activation (B.A.) was developed for Latinx individuals in response to the general lack of clinical interventions that account for diverse values and worldviews. This adaptation takes into consideration the collectivist worldview and cultural value of family connections characteristic of Latinx families. Previously, B.A. had not been applied to Latinx families, so this case study seeks to examine culturally adapted B.A.'s effectiveness with a Latinx family experiencing multiple stressors.

#### **Procedures and Descriptions**

A Mexican American family living in the southwest region of the United States was the subject of this study. The family was experiencing stressors associated with institutionalized racism, the process of acculturation, and their financial situation, which were causing a disruption in the family and leading to depressive symptoms. The family received therapy in a community mental health center. Under the B.A. Latinx treatment model, the techniques of activity scheduling, activation, and addressing acculturation gaps and sociopolitical stressors were utilized. Assessment tools used included Spanish versions of the Outcome Rating Scale (ORS) and the Center for Epidemiological Studies Depression Scale for Children (CES-DC).

Reliable change index (RCI) scores were calculated for these outcome measures to determine whether there was clinically significant improvement across time.

### **Findings**

There was a clinically relevant improvement in the overall well-being of the identified client, as indicated by an increase in the ORS total score. A clinically relevant improvement was also demonstrated by the score decrease on the CES-DC measure, which resulted in a clinically significant RCI. In a subjective self-report, the parents reported feeling like their son was doing much better following treatment.

### **Conclusion**

The results of this case study indicate that culturally adapted B.A. has promise as a treatment for diverse clients, but more research is needed to evaluate its effectiveness since this was the first documented case study of the model being applied to a Latinx family. Further, the authors describe several factors that need to be considered when exploring whether this treatment may be useful for a particular family and conditions that must be assessed to inform how this treatment is adapted and utilized within the unique circumstances of each family.

### **APA Citation**

Ceballos, P. L., & Bratton, S. C. (2010). Empowering Latino families: Effects of a culturally responsive intervention for low-income immigrant Latino parents on children's behaviors and parental stress. *Psychology in the Schools, 47*(8), 761–775. <https://doi.org/10.1002/pits.20502>

### **Introduction**

*Empowering Latino families: Effects of a culturally responsive intervention for low-income immigrant Latino parents on children's behaviors and parental stress* examines the

effectiveness of Child Parent Relationship Therapy interventions on immigrant Latinx parents of children experiencing academic risk factors and exhibiting behavioral issues.

### **Procedures and Descriptions**

Participants were recruited from three Head Start and Title One Pre-K classrooms in two different school districts within the southwest region of America. Participants were screened by assessing their child's risk factors for academic problems and had to meet the following criteria: reported origin outside of the United States, lived in the United States for less than ten years, and identified Spanish as a primary language at home. The 48 participants were assessed pre and post-treatment by using the tools CBCL and PSI and assigned to CPRT group training for 11 sessions. Session 1 of the study was an introduction to the study and an explanation of each of the sessions. Sessions 2–4 focused on teaching parents how to conduct play therapy sessions with their children by learning CCPT skills, and sessions 5–11 followed the CPRT protocol for sessions 4–10 outlined in the CPRT treatment manual. The parents were split into groups of 5-7 to facilitate small-group interactions and to allow for learning guidance with CPRT skills. All groups met weekly for 2 hours at their children's school for 11 weeks. Interviews were offered to participants with low reading ability to ensure the accuracy of the responses.

### **Findings**

The dependent variables, internalizing and externalizing problems and a combination, showed a statistically significant interaction effect of time (pretest, posttest)  $\times$  group membership (experimental, control). The results of total stress also revealed a statistically significant interaction effect of time  $\times$  group membership (.42,  $F(1, 46) = 33.12$ ,  $p < .001$ ,  $\eta^2 = .42$ ). On the CBCL Total Problem scale, 85% of the 24 children whose parents took the intervention moved from clinical or borderline to normal functioning.

## **Conclusion**

The statistical and practical implication of the findings valid the Child Parent Relationship Theory as an effective intervention to reduce parent-child relationship stress and child behavior problems in Latinx immigrant families.

## **APA Citation**

Castellanos, Spinel, Van Phan, Orengo-Aguayo, & Humphreys. (2019). *A systematic review and meta-analysis of cultural adaptations of ...* Springer Science+Business Media.

[http://www.kathrynhumphreys.com/uploads/4/3/0/6/43065295/castellanos2019\\_article\\_asystematicreviewandmeta-analy.pdf](http://www.kathrynhumphreys.com/uploads/4/3/0/6/43065295/castellanos2019_article_asystematicreviewandmeta-analy.pdf)

## **Introduction**

The article, *A Systematic Review and Meta-Analysis of Cultural Adaptations of Mindfulness-Based Practice for Hispanic Populations* is a systematic review that evaluates the state of the literature on the effective and cultural adaptations of Mindfulness-based intervention.

## **Procedures and Descriptions**

The researchers reviewed 22 studies from the USA, Spain, and South America. The criteria for each article are the following: (1) the intervention had to be conducted in the USA or a country where Spanish is the Mindfulness main language, (2) the intervention had to be delivered to the Latino or Hispanic populations in the USA (at least 50%) or delivered in Spanish (fully or partially), (3) the intervention had to be described as a mindfulness-based intervention, and (4) the intervention had to be published in a peer-reviewed journal. Studies that met those criteria were then assessed and rated for their cultural adaptations. Cultural adaptations were rated by the following 8 dimensions: (1) Language, (2) People, (3) Metaphors, (4) Content, (5)



Concepts, (6) Goals, (7) Methods, and (8) Context to assess the level of cultural adaptations. Studies were also rated using methodological rigor to assess each study and its effectiveness.

### **Findings**

The random effects meta-analysis indicated that individuals who completed an intervention reported lower psychological distress than those in the comparison condition ( $g = -0.55$ ; 95% CI,  $-1.01, -0.08$ ), an effect that differed significantly from zero ( $Z = 2.31, p = .021$ ). These results reveal that Mindfulness-based interventions with cultural adaptations are associated with improved depressive symptoms, reduced stress, and improved stress management within the Hispanic populations.

### **Conclusion**

While the findings showed clear evidence of improvement due to the cultural adaptations, further research is needed to understand the methodology behind them. As the Latinx community continues to grow, it is important that we continue this rigorous research to improve clinical practices and mental health for all.

### **APA Citation**

Parra-Cardona J. Rubén, Bybee, D., Sullivan, C. M., Domenech Rodríguez Melanie M, Dates, B., Tams, L., & Bernal, G. (2017). Examining the impact of differential cultural Adaptation with Latina/o immigrants exposed to adapted parent training interventions. *Journal of Consulting and Clinical Psychology, 85*(1), 58–71.  
<https://doi.org/10.1037/ccp0000160>

### **Introduction**

The goal of this study was to compare the impact of two culturally adapted versions of Parent Management Training, the Oregon Model (PMTO), which is an evidence-based parenting

intervention. This study was intended to explore the relevance of differential cultural adaptations as a way to maximize the delivery of evidence-based interventions to the underserved Latinx populations in the United States.

### **Procedures and Descriptions**

The PMTO was adapted following the tenets of the Ecological Validity Model (EVM), which provides a guide to researchers for culturally adapting evidence-based interventions according to the dimensions of language, persons, metaphors, content, concept, goals, methods, and context. This original adaptation was titled CAPAS, an abbreviation for "Criando con Amor, Promoviendo Armonía y Superación" which means "Raising Children with Love, Promoting Harmony and Self-Improvement." It is also known as PMTO (C.A.). The researchers for this study expanded this culturally adapted intervention to include an increased focus on cultural and contextual issues. The resulting, expanded intervention became known as CAPAS-enhanced or PMTO (C.E.).

In this study's sample, there were 103 Latinx immigrant families. Each family was placed into one of three condition groups: a culturally adapted PMTO (C.A.), a culturally adapted and enhanced PMTO (C.E.), or a wait-list control. Assessments were completed at the start of treatment, at the completion of treatment, and at a six-month follow-up. These assessments consisted of self-report questionnaires which measured parental perceptions of the outcomes being studied, including parenting skills, child internalizing behaviors, and child externalizing behaviors. Multilevel growth modeling was then used to examine the effects of the three intervention conditions throughout the course of treatment.

### **Findings**

The multilevel growth modeling analyses at the sixth-month follow-up demonstrated statistically significant improvements in parenting skills for fathers and mothers in both adapted interventions compared to those in the control condition. As for parent-reported child behaviors, a significant reduction of child internalizing behaviors was found among both parents in the PMTO (C.E.) intervention group. No main effect was found for child externalizing behaviors among the various intervention conditions.

### **Conclusion**

Both adapted interventions resulted in similar improvements on parenting skills, indicating that rigorous adaptations of parent training interventions have the potential to be relevant for use with diverse populations if presented within frameworks of contextual and cultural relevance to clients. However, it should be noted that these adapted interventions were perceived differently by mothers compared to fathers, which was influenced by cultural factors such as their level of acculturation. This demonstrates the importance of cultural adaptation to maximize the impact of evidence-based interventions due to the influence culture has on a family's beliefs, roles, and practices as it relates to parenting and gender.

### **APA Citation**

Ramos, G., Lorenzo, N. E., Garcia, D., & Bagner, D. M. (2023). Skill change among Latinx Families in a Behavioral Parenting Intervention: The Interactive Effect of caregiver language preference and acculturation. *Journal of Latinx Psychology*, 11(3), 175-188.  
<https://doi.org/10.1037/lat0000226>

### **Introduction**

The article, *Skill Change among Latinx Families in a Behavioral Parenting Intervention: The Interactive Effect of Caregiver Language Preference and Acculturation*, examines whether

Behavioral Parent-Child Interventions change functions depending on the caregiver's language and level of acculturation within Latinx families receiving care.

### **Procedures and Descriptions**

The study was a randomized controlled trial that included 60 Latinx families as participants who received PCIT interventions during the experiment. The participants were split into two equal groups, one receiving child-directed and parent-directed interactions and the other receiving standard care. Caregivers and families were assessed before, during, and at three- and 6-month follow-ups. The assessment tools used to evaluate participants before, during, and after the interventions were: Brief Infant—Toddler Social and Emotional Assessment (BITSEA), Wechsler Abbreviated Scale of Intelligence and Escala De Inteligencia Wechsler Para Adultos (WASI and EIWA), Stephenson Multigroup Acculturation Scale (SMAS), and DyadicParent—Child Interaction Coding System 3<sup>rd</sup> edition. The researchers statistically controlled the do and don't skills at the baseline to examine and assess participant changes and account for differences in skill use among Spanish- and English-speaking participants.

### **Findings**

The level of participant acculturation on do and don't skills was not found to be statistically significant at any post-treatment follow-ups. The impact of participants' language preferences was statistically significant ( $B=7.399$ ,  $t=3.260$ ,  $p=.0130$ ). Language preference and acculturation interaction were statistically significant ( $B=33.721$ ,  $t=3.285$ ,  $p=.130$ ). Lastly, the association of participants' language preference and number of do not skills at post-treatment as a function of acculturation was found statistically significant ( $R^2 = .879$ ,  $f_{7,7}=7.309$ ,  $p=.008$ ).

### **Conclusion**

The results showed that Spanish-speaking participants displayed fewer reductions in don't skills compared to the English-speaking participants. While Spanish-speaking participants who had higher levels of acculturation showed less change in don't skills than the English-speaking participants with similar levels.

## **Theoretical Framework**

### **APA Citation**

Carrillo, A. & O'Grady, C.L. (2018). Using Structural Social Work Theory to Drive Anti-Oppressive Practice with Latino Immigrants. *Advances in Social Work*, 18(3), 704-726.  
<https://doi.org/10.18060/21663>

### **Introduction**

Carillo and O'Grady pose that theoretical frameworks are essential to helping social workers develop a comprehensive understanding of how social systems oppress marginalized populations like immigrant communities. This article was intended to provide an overview of Structural Social Work (SSW) theory and discuss its relevance to social work practitioners, specifically in working with Latinx immigrants.

### **Procedures and Descriptions**

After laying out the SSW theory, the SSW framework was applied to analyze the labor regulatory and mental health systems integrally connected to Latinx immigrant families' well-being. Then, two case examples from research conducted in Chicago that present alternative models of practice in the areas of labor and mental health were examined.

### **Findings**

The findings from the Chicago case examples illustrate how oppressive systemic and interpersonal interactions can negatively affect the well-being of Latinx immigrants in the United

States. However, when social workers implement interventions that simultaneously promote personal healing and challenge oppressive elements of social systems, they can engage in anti-oppressive practice.

### **Conclusion**

Examining the ties between the personal and the structural allows a social worker to engage with Latinx clients more effectively and promote personal and structural transformation.

### **APA Citation**

Cervantes, J. M. (2019). The SALUD model of family therapy with undocumented Latinx youth.

In P. J. Pitta & C. C. Datchi (Eds.), *Integrative couple and family therapies: Treatment models for complex clinical issues* (pp. 179–198). American Psychological

Association. <https://doi.org/10.1037/0000151-009>

### **Introduction**

The SALUD model of family therapy was developed as a clinical practice for working with unaccompanied and undocumented Latinx minors. The conceptual framework of the SALUD model of family therapy integrates theory from structural family therapy and narrative therapy. This chapter gives an overview of the treatment model and demonstrates its use in a case example.

### **Procedures and Descriptions**

The SALUD model of family therapy uses structural family principles to assess the relational dynamics of Latinx families, looking specifically at hierarchy, alliances, assigned roles, and patterns of interaction and communication. Structural family therapy also aids in evaluating and restructuring how immigrant Latinx families function and organize themselves. This model aims to help Latinx youth and their families develop new narratives, refresh their

desire for life, and engage in behaviors that promote their overall health. A case study describes how SALUD was implemented with an unaccompanied Latina girl.

### **Findings**

After six months of treatment using the SALUD model, this Latina immigrant showed both interpersonal and intrapersonal progress. She stopped using illegal drugs, developed a more positive outlook on life, and reconnected with her sense of self. She also formed positive connections with peers, developed a relational bond with her school counselor, and improved her relationship with her aunt and uncle, with whom she was staying. She was open to the idea of continually and gradually working through her trauma.

### **Conclusion**

The way that the SALUD model integrates structural family therapy and narrative therapy along with principles of positive and cognitive psychology makes it well-suited for addressing the unique traumatic experiences of young Latinx immigrants.

### **APA Citation**

Zafra, J. (2016). The Use of Structural Family Therapy With a Latino Family: A Case Study. *Journal of Systemic Therapies*, 35(4), 11-21.  
<https://doi.org/10.1521/jsyt.2016.35.4.11>

### **Introduction**

The Use of Structural Family Therapy with a Latino Family: A Case Study uses an in-depth analysis of structural family therapy to provide culturally sensitive interventions for Mexican-American families.

### **Procedures and Descriptions**

This case study utilizes a family of four as its participants undergo structural family therapy sessions. The researchers utilize the scale PRS to assess the child's behavior. During sessions, interventions will be applied to the family in three stages and serve 5 purposes. Each stage will serve a purpose and utilize tools to increase clear behavioral boundaries between the parents and children.

### **Findings**

With the combination of SFT (Structural Family Therapy), psychoeducation, and awareness of cultural values, participant parents increased control of the family system within eight months. The children's behaviors improved from 5 to 9.5 on the PRS scale and decreased distress.

### **Conclusion**

This case study shows the importance of understanding cultural norms and values and effective therapeutic models when working with diverse families. The results indicate that SFT is an effective therapeutic model when working with Latinx families due to its cultural flexibility and adaptability.

## **Family Treatment Curriculum**

### **Theoretical Orientation**

Structural family therapy (SFT) is the theoretical orientation used for this curriculum. This therapy model is based on a systems theory perspective, focusing on the family's organization, including hierarchy, boundaries, sub-systems, and coalitions (Zafra, 2016). The overarching goal of SFT is to map family structure to help clients resolve individual symptoms as well as relational problems (Gehart, 2023). This is achieved through assessing family



functioning to see how certain family patterns may maintain a cycle of negative behavior. After developing an understanding of the family structure and identifying patterns of concern, the aim is to restructure the family. The therapist joins with the family to form a therapeutic team and intervenes to help with "realigning boundaries and hierarchies to promote growth and resolve problems" (Gehart, 2023, p. 204). In SFT, "Change is achieved when family members become aware of their contributions to the dilemma and are able to form new points of view that allow them to create new behavioral responses" (Zafra, 2016, p. 15).

SFT was developed by a group of people from diverse and immigrant backgrounds who specifically designed it to be used with diverse, low-income families experiencing multiple problems (Gehart, 2023). It is a model that allows for adaptation to a family's cultural context, considers the societal structures impacting the family, and does not rigidly define what a "healthy family" looks like. SFT has been shown to be a good fit for working with Latinx families in particular because its emphasis on hierarchy and the importance of the parental sub-system mirrors the Hispanic cultural values of respect and the authority of adults and elders in the family system (Zafra, 2016). The family focus of this model also fits well with the Hispanic value of *familismo*.

SFT was chosen as the theoretical orientation for working with this Latinx immigrant family because it can accommodate the family's culture and acknowledge their development. Therapists will use the SFT concept of joining and accommodating to adapt to the family's cultural style of relating (Gehart, 2023). SFT also acknowledges the ever-changing developmental and contextual demands experienced by families and that families may "need assistance in expanding their repertoire of interaction patterns to adjust" to these demands (Gehart, 2023, p. 204). The identified family is currently experiencing significant transitions. As

immigrants, they are continuing to transition into their cultural context. The family is also experiencing transition as the children enter new developmental stages; Gabriela's transition into adolescence is particularly significant. SFT recognizes the importance of these changes impacting the family and is useful in helping families adjust their structure and dynamics to adapt to these changes.

SFT tends to be more somatic and active than other models of therapy. This also made it a good fit for working with a Latinx immigrant family because it does not rely on language to the same extent as other therapies. Due to the language barrier between the clients and therapists, the use of written material was minimized. The therapists developed interactive adaptations of intervention worksheets to make it more engaging for the family, thus addressing the challenge of a language barrier and correlating with the activeness of SFT. Some elements of the SALUD model were also adapted and incorporated into the treatment curriculum. The SALUD model of family therapy was developed for working with unaccompanied and undocumented Latinx minors. While the children in the Client's family are not unaccompanied or undocumented, they experience some similar stressors as Latinx immigrants. The SALUD model integrates theory from SFT and narrative therapy (Cervantes, 2019). An aspect of this model incorporated into this curriculum is its thematic emphasis on awareness. The SALUD treatment process aims to "Develop attentiveness toward a personal understanding of one's inner and outer reality" (Cervantes, 2019, p. 184). This is incorporated into treatment through psychoeducation on family life and developmental stages and mapping of the family's culturagram.

### **Goals and Outcomes**

This curriculum aims to aid families in mapping the family structure through boundary-making, hierarchies, and sub-systems to improve familial communication and interactions and

resolve and cope with stressors (Gehart, 2023). There are three main ways that this curriculum aims to achieve the overarching goals: (1) highlight and address inappropriate and appropriate familial boundaries that are congruent with the family's cultural contexts, (2) train and equip with culturally appropriate coping skills to aid with cultural, developmental, and daily stressors, and (3) increase and improve communication and interactions within the family system. This curriculum aims to equip and strengthen the family with these skills for the rest of their lives to build a healthy family dynamic.

### **Techniques and Methods**

In order to accomplish the therapeutic goals, the therapists will utilize structural family therapy techniques to strengthen and equip the family. These techniques include psychoeducation, coping skills, establishing boundaries, restructuring family roles, reframing, reenacting, and promoting healthy communication styles. The family will examine their family structure, hierarchy, and boundaries to recognize problematic assumptions and begin to alter their ways of approaching difficult situations.

### **Family Dynamics**

In Latinx immigrant families, the children are often relied upon for language brokering. Since younger members of immigrant families tend to become familiar with the English language and U.S. mainstream culture at a faster rate than adults in the family, they are frequently expected to translate or interpret for the adults. This can blur the boundaries between children and parents, creating inappropriate parent/child roles (Kam & Lazarevic, 2014). Within this particular family, the oldest child, Gabriela, serves as the primary language broker for her parents. The pressure for her to serve as a language broker has forced her to take on responsibilities beyond what is considered age-appropriate and prevented her from being able to

have the regular experiences that other children in America enjoy. It has also created an enmeshed boundary between Gabriela and her mother.

Due to her parents' reliance on her language brokering skills, Gabriela is often kept from doing what she would like to do, such as extracurricular activities or hanging out with friends. This has caused a rift in her relationship with her parents, particularly her mother, as Yolanda puts the most pressure on Gabriela to help the family in this way. Luis is not depended upon for language brokering, though he fears he might be asked to play this role more as his older sister begins to resist her parents' expectations to always serve as the language broker. This worries Luis because he is not confident in his language abilities, which is a source of anxiety for him at school.

The dynamics of the Hernandez family are also impacted by the cultural concept of *familismo*, which refers to collectivist and family-centered values in Hispanic culture (Caro et al., 2023). Influenced by this cultural value, family bonds, and obligations are held highly in Latinx immigrant families. The expectations for Gabriela to serve her family whenever asked are tied to the high priority placed on family duty and loyalty. Gabriela's refusal to serve as a language broker is perceived by her parents as disloyalty to the family. Machismo is another cultural concept that can impact the dynamics of Latinx immigrant families. This construct "is a set of values, attitudes, and beliefs about masculinity, or what it is to be a man" (Nuñez et al., 2016). Influenced by this cultural concept, Carlos takes his role as the head of the household seriously is dedicated to providing for his family and seeks to be a strong male role model for his son. He is dismayed by his son's timidness and wants to see him grow in confidence. Luis looks up to his father and wants to do right by him.

Two other cultural values shaping Latinx immigrant families' dynamics are respect and *simpatia* (Zafra, 2016). Respect refers to "the importance of obeying the hierarchy of parents, the elderly, and authority figures" (Zafra, 2016, p. 13). Therefore, within Latinx immigrant families, there tends to be a clear authority given to parents that children are expected to respect and oblige to. As a result, Gabriela's reluctance and sometimes refusal to comply with her parents' demands to serve as language brokers are viewed as disrespecting their authority. The cultural value of *simpatia* is defined as "being likable, friendly, and avoiding confrontation" (Zafra, 2016, p. 13). This can lead to family members not expressing their true feelings when they could upset another family member.

### **Roles**

As the adult male and as accustomed to Hispanic culture, Carlos is the head of the household. Yolanda also holds significant parental authority due to the Hispanic cultural value of respect. The children are in subordinate positions and are expected to respect parental authority. However, Gabriela is sometimes pulled into more adult responsibilities due to her role as the primary language broker for her family. This can serve to blur some boundaries between parent and child roles. As a young male, Luis is expected to grow into *machismo* and step up when needed. The social workers hope to work with the family on establishing clearer boundaries while maintaining respect for the family roles that come from the family's culture.

Rather than taking on a more directive role as in other therapy models, structural therapists join a family system and accommodate to its relational style (Gehart, 2023). In this curriculum, the social workers will do that by incorporating Spanish words and values from the family's Hispanic culture. The social workers will leave behind any assumptions about the family's acculturation process, recognizing that assimilation into U.S. culture looks different for

every immigrant (Kam & Lazarevic, 2014). Further, the social workers will give the family the opportunity to express for themselves their cultural identity and values as well as their impact on the family's structure and interaction patterns.

### **Treatment Plan**

*This form will be reviewed again in no more than two months, and progress toward goals will be noted. Changes in interventions or goals should be noted immediately.*

**Identified Client(s):** Gabriela Hernandez Garcia (primary client, child A) (13 y.o.), Carlos Hernandez Rodriguez (father) (37 y.o.), Yolanda Garcia Hernandez (mother) (35 y.o.), and Luis Hernandez Garcia (son, child B) (8 y.o.)

**Clinic Record:** N/A

**Number Insurance:** N/A

**Diagnosis:** N/A

### **Summary of Patient's Concerns:**

Gabriela seeks greater independence while facing acculturation stressors and family pressures. Luis is experiencing symptoms of anxiety. There has been a recent increase in conflict between family members. Parents feel lost about how to parent their children as they develop in an environment that is very different from the one in which they grew up.

**Identified Patient Strengths and Resources (to be added to throughout therapy):**

Gabriela has demonstrated family loyalty and responsibility through her language-brokering role in the family. Yolanda displays great care for her children through her desire to protect them and hold them to high standards. Carlos is dedicated to his family's well-being, as shown through his efforts to help the family emigrate, his hard work to provide for the family, and his willingness to go to therapy despite hesitations rooted in his cultural beliefs. Despite his worries, Luis demonstrates a desire to do well and do right with his family.

**Interview Progress Narrative**

**Long-Term Goals:**

1. Increase clear boundaries between parents and children congruent with the family's cultural contexts.
2. Increase active listening skills and open communication between family members to promote the development of individuals and the whole family.
3. Increase productive coping skills to aid in the navigation of daily and cultural stressors.

<b>Problem/Concern #1: Child A acting out, challenging parents' authority</b>		
<b>Objective</b>	<b>Intervention</b>	<b>Progress Towards Goal</b>
Work on communicating desires and feelings instead of relying on assumptions.  Set boundaries while maintaining respect for the importance of family responsibility in the family's Mexican culture.	Interactive how we communicate (Week 4)  More of/less of (Week 4)  Reframing assumptions activity (Week 3)  Family role worksheet (Week 3)  Enactment activity (Weeks 2	

<p><u>Target Date:</u></p> <p><u>Completion Date:</u></p>	<p>and 5)</p> <p>Turn-taking exercise (Week 2)</p> <p>Education on family systems theory (Week 1)</p> <p>Family drawing (Week 1)</p> <p>Boundaries education (Week 2)</p> <p>Education on types of communication (Week 4)</p>	
<p><b>Problem/Concern #2: Child B showing increased signs of anxiety</b></p>		
<p>Identify underlying causes of anxiety.</p> <p>Develop culturally appropriate coping strategies to aid in navigating daily and cultural stressors.</p> <p><u>Target Date:</u></p> <p><u>Completion Date:</u></p>	<p>Brief Symptom Inventory Spanish Version (Week 1)</p> <p>Culturally appropriate coping strategies (learning throughout, practicing in Week 5)</p> <p>More of/less of activity (Week 5)</p> <p>Papel picado banner (Week 6)</p> <p>Hispanic Stress Inventory 2 (Week 2)</p> <p>Brief symptom inventory (Spanish version) (Week 1)</p> <p>Education on the termination process (Week 5)</p> <p>Taking note exercise (Week 5)</p>	
<p><b>Problem/Concern #3: Parents struggling to adjust to children's developmental changes</b></p>		



<b>and the resulting changes to the family dynamics and boundaries</b>		
<p>Increase communication skills and understanding surrounding the stressors their children are facing.</p> <p>Implement and maintain clearer and healthier boundaries with their children while considering the development stages.</p> <p><u>Target Date:</u></p> <p><u>Completion Date:</u></p>	<p>How we communicate (interactive version) (Week 4)</p> <p>Family roles worksheet (Week 3)</p> <p>More of/less of activity (Week 4)</p> <p>Enactment exercise (Week 2)</p> <p>Taking turns exercise (Week 2)</p> <p>Reframing activity (Week 3)</p> <p>Culturagram (interactive version) (Week 3)</p> <p>Family systems drawing (Week 1)</p> <p>Papel picado banner (Week 6)</p> <p>Boundaries education (Week )</p> <p>Education on family systems and development stages (Week 3)</p> <p>Education on types of communication (Week 4)</p>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Structure of Curriculum – 6 Sessions****Week 1: Initial engagement/assessment** (Phase 1: Build an alliance)

Goals/Objectives	<ul style="list-style-type: none"> <li>• Gain insight into family structure and culture</li> <li>• Learn about the family history &amp; larger systems impacting the family</li> </ul>
Purpose of Session	The purpose of this session is to develop an understanding of the dynamics in the family system to join the family and accommodate their style of relating.
Checklist of Items	<p>Brief Symptom Inventory Spanish Version</p> <p>Hispanic Stress Inventory 2 (Spanish)</p> <p>Pencils</p> <p>Clipboards</p> <p>Fidget items/toys for kids</p> <p>Signs with each of the 10 areas of the culturagram (each a different color)</p> <p>Ball with 10 different color dots that correspond to the colors on the signs</p>
Psychoeducation Component	<p>Introduce language surrounding family systems theory.</p> <ul style="list-style-type: none"> <li>• Family as a system</li> <li>• Sub-systems – parents, children, one parent &amp; one child, etc.</li> <li>• Sub-systems interact</li> </ul>
Interventions/Activities	<p>Introduction to family w/ considerations of culture (Steps informed by SALUD Model)</p> <ul style="list-style-type: none"> <li>• Welcome, and brief informal dialogue in Spanish.</li> <li>• Recognize who the head of the household is and the family hierarchy.</li> <li>• Acknowledge each family member present.</li> </ul> <p>Assessment inventories</p>

	<ul style="list-style-type: none"> <li>• Explain that these are intended to give a glimpse into where they are and that there is no "grading," so please answer honestly.</li> <li>• Direct them to ask the interpreter questions if they are unsure of the meaning of a question.</li> <li>• Have family members take Spanish versions of inventories.</li> </ul> <p>Interactive adaptation of culturagram worksheet to map family interactions and structure</p> <ul style="list-style-type: none"> <li>• 10 signs for each of the ten areas examined in the culturagram will be hung around the room.</li> <li>• Have a family member start with the ball, toss it in the air, and catch it. Whatever color their right thumb is closest to, have the family go to the corresponding station.</li> <li>• At that station, discuss that area with the family, using the ball to take turns speaking, passing it as people have something they want to say.</li> </ul>
At-home Exercise	<p>Family System Drawing: This exercise aims to gain a greater understanding of the family systems at play and create awareness around them.</p> <ul style="list-style-type: none"> <li>• Have family members each draw something that represents their family. This could include how they see each family member, the things important to the family, how the family is structured, etc.</li> <li>• The point is to keep it open-ended to see how family members view the family and what they value.</li> <li>• These drawings will be shared at a later session.</li> </ul>

**Week 2: Joining the system and continued assessment** (Phase 1 & 2: Build an alliance, Evaluate, and assess)

Goals/Objectives	<ul style="list-style-type: none"> <li>• Observe and highlight family relationships/boundaries in action.</li> <li>• Create awareness of family interaction patterns, with consideration for cultural norms, so that they can begin to be addressed and redirected.</li> </ul>
Purpose of Session	<p>The purpose of this session is to continue to assess the family system, looking specifically at the boundaries, hierarchy, and interaction sequences that become revealed during the enactment. In addition to mapping the family structure, the therapists will intervene to redirect interactions during the enactment. The psychoeducation component of this session is intended to illustrate what boundary-making can look like and encourage the family members to engage in open and respectful communication.</p>
Checklist of Items	Fidget toys
Psychoeducation Component	<p>(After enactment)</p> <p>Open up conversation about the word "no" and how it can often be an emotion-filled word. Ask family members how they feel when a family member says "no" in various situations to get insight into the family's culture surrounding boundaries and hierarchy. Referring to the enactment, encourage family members to think about the different meanings behind the word "no." Discuss how it can be used to make boundaries. Sometimes, it is used to try to keep others in or out. Explain the function of boundaries and how they can be helpful or hurtful. Highlight how the word "no" can be used for good to help a person set a clear boundary. Encourage the family to pause when they feel themselves upset by another person saying "no"</p>

	to them and give that person a chance to explain the meaning behind their "no."
Interventions/Activities	<p>Enactment of recent conflict/interaction</p> <ul style="list-style-type: none"> <li>• Observation of spontaneous interactions</li> <li>• Invitation to begin the enactment</li> <li>• Redirecting alternative transactions: Intervene and modify to clarify boundaries and allow each person to speak without interruption or others speaking for them.</li> </ul>
At-home Exercise	<p>The Turn-taking activity</p> <ul style="list-style-type: none"> <li>• The turn-taking activity increases healthy communication and decreases conflict through active listening while individuals take turns to speak. If there is a conversation in which family members are talking over each other, pause and give each person a chance to speak uninterrupted.</li> </ul>

**Week 3: Evaluate and Assess Worldview** (Phase 2: Evaluate and Assess)

Goals/Objectives	<ul style="list-style-type: none"> <li>• Identify and challenge the worldview and resulting assumptions in the family system and sub-systems.</li> <li>• Recognize the cultural impacts on family roles, hierarchy, boundaries, etc.</li> </ul>
Purpose of Session	<p>The purpose of this session is to increase the family's awareness of how the family system and sub-systems function and the ways it may be harmful or helpful.</p> <p>Increase awareness of family members' place within the family life stages to increase awareness and appropriate roles.</p> <p>Increase clarity and appropriateness of roles to reduce conflict and stressors.</p>
Checklist of Items	Fidget toys

	Ball
Psychoeducation Component	<p>Teach about family life stages and developmental phases.</p> <ul style="list-style-type: none"> <li>• Introduce what the family life stages are. Have the family identify which stage they're in.</li> <li>• Explain Erikson's Psychosocial Stages</li> <li>• Discuss how every family member is going through a different challenge based on the stage they're in. Have family members identify which stage each person is in.</li> <li>• Talk specifically about the characteristic experiences, conflicts, and desires that come along with the developmental stages that the family members are in to create an awareness about where family members are at.</li> </ul>
Interventions/Activities	<p>Reframing assumptions: The goal of this activity is to encourage family members to consider what might be happening behind their assumptions using the reframing technique.</p> <ul style="list-style-type: none"> <li>• Ask about a recent situation.</li> <li>• Use the ball to have family members take turns speaking. Only the person with the ball may speak during the game.</li> <li>• Pass the ball around to allow family members to say how they were feeling and what they thought in the situation.</li> <li>• Point out assumptions within what family members are saying and reframe them. (e.g., daughter refuses to translate in-store because she is no longer as loyal to the family vs. as a teenager, daughter wants to be accepted and doesn't want to translate in-store because of the attention it brings her as she stands out)</li> </ul>

	<ul style="list-style-type: none"> <li>• Discuss how culture shapes worldview and resulting assumptions.</li> </ul>
At-home Exercise	<p>Family roles activity worksheet</p> <ul style="list-style-type: none"> <li>• The motivation of this exercise is to expand, examine, and bring awareness to the family system and dynamics at play.</li> <li>• Every member of the family will fill out the worksheet (they can write or draw)</li> <li>• Each member examines their role in the family and possible stressors and barriers.</li> <li>• They will bring the worksheet back to discuss in the next session.</li> </ul>

**Week 4: Evaluate, assess, and begin to address communication patterns** (Phase 2 &

3: Evaluate & Assess and Address problems identified in assessment)

Goals/Objectives	<ul style="list-style-type: none"> <li>• Examine family communication patterns, including how children's language brokering impacts family roles/dynamics, uncover sub-systems and cultural communication norms.</li> <li>• Strengthen healthy and positive communication patterns within the family system to decrease stressors and increase communication.</li> </ul>
Purpose of Session	<p>The purpose of this session is to uncover dysfunctional communication habits and their impact on family dynamics. Develop healthy and positive communication skills and increase the appropriateness of communication roles within the family dynamic.</p>
Checklist of Items	<p>Whiteboard Whiteboard markers How We Communicate worksheet</p>

	<p>More of/Less of activity sheet</p> <p>Pencils with affirmations</p>
<p>Psychoeducation Component</p>	<p>Education on the types of communication and the interaction of placing inappropriate role</p> <ul style="list-style-type: none"> <li>• Communication can take on many different styles. Some are healthy, and some are not as healthy. It is important to understand and examine our communication styles to understand better who we are and how we work within a family.</li> </ul>
<p>Interventions/Activities</p>	<p>Interactive version of the How We Communicate worksheet</p> <ul style="list-style-type: none"> <li>• The goal of this activity is to decrease and bring awareness to unhealthy communication styles during activity while increasing positive communication styles.</li> <li>• Ask families to join in activities.</li> <li>• Give each member a whiteboard with a different-colored marker.</li> <li>• Ask questions off of the worksheet and take turns answering.</li> <li>• Pause when needed to modify unhealthy communication styles or compliant positive communication during the activity.</li> <li>• Debrief after the activity and allow every member to discuss what they noticed and respectfully express their feelings.</li> </ul>
<p>At-home Exercise</p>	<p>More of/Less of activity sheet</p> <ul style="list-style-type: none"> <li>• The goal of this exercise is to increase positive communication and interaction and bring awareness of stressors.</li> <li>• Each family member will fill out the activity sheet and bring it to the next session to discuss with the family.</li> </ul>



**Week 5: Intervene to transform structure to diminish symptoms** (Phase 3: Address problems identified in assessment)

Goals/Objectives	<ul style="list-style-type: none"> <li>Practice communication and coping techniques learned in the previous sessions to prepare for termination.</li> </ul>
Purpose of Session	The purpose of this session is to strengthen clients' abilities to be able to continue progress and maintain boundaries on their own. Part of that will come from helping clients identify progress made and how strategies can be implemented in their everyday lives.
Checklist of Items	Fidget toys
Psychoeducation Component	<p>Go over the More Of/Less Of worksheet/activity, a take-home exercise from the previous week.</p> <p>Then, introduce enactment. After enactment:</p> <p>Explain the termination of the therapy process and surrounding emotions.</p> <p>Discuss how to continue applying skills learned in therapy to everyday situations.</p> <p>"Think about the enactment we did today. How did it compare to the enactment we did toward the beginning, in the second session?"</p> <p>Encourage the family to identify improvements made. Explore with them how to continue these positive changes.</p>
Interventions/Activities	<p>Enactment to put coping and communication skills into practice.</p> <ul style="list-style-type: none"> <li>Role-playing a situation</li> <li>Observation of spontaneous interactions</li> </ul>

	<ul style="list-style-type: none"> <li>• Intervene and modify to clarify boundaries and allow each person to speak</li> <li>• Debrief to discuss how it went</li> </ul>
At-home Exercise	<p>Taking Note</p> <ul style="list-style-type: none"> <li>• Throughout the week, take note of how/when you see yourself or other family members doing things you've worked on in therapy.</li> <li>• Record this in some way; however that works best. It may look different for each family member. (e.g., drawing, list, journal entry)</li> <li>• Next week, we'll talk about the things you noticed.</li> </ul>

**Week 6: Reflection & Celebration**

Goals/Objectives	<ul style="list-style-type: none"> <li>• Acknowledge changes made to family structure, boundaries, communication patterns, etc.</li> <li>• Celebrate improvements to the function of the family system.</li> <li>• Effectively terminate the therapeutic relationship.</li> </ul>
Purpose of Session	<p>The purpose of this session is to effectively terminate the therapeutic relationship and prepare the family for life without therapy.</p>
Checklist of Items	<p>Brief Symptom Inventory Spanish Version          Hispanic Stress Inventory 2          Pencils          Markers and crayons          Snacks- Vero Mango suckers          Drinks- water and agua fresca          Plastic cups          Various sheets of colored tissue paper</p>

	<p>Four pairs of scissors</p> <p>Yarn or string</p>
<p>Psychoeducation Component</p>	<p>Have family members take assessments again.</p> <ul style="list-style-type: none"> <li>• Explain the purpose of observing changes.</li> <li>• Emphasize this is not graded or prescriptive but meant to give an honest gage of their achievements and where they are at</li> </ul> <p>Introduce a commemorative ceremony, explaining what it will involve and its purpose.</p> <ul style="list-style-type: none"> <li>• Coming to therapy is not easy. It is an even bigger step to participate in sessions and seek changes at home too. But you did that! So, we want to celebrate it with a mini fiesta.</li> <li>• What do you need for a fiesta? (Let them respond) Well, we have food and drinks, and we're going to make some special decorations. These decorations will also help us celebrate the progress you've made in therapy.</li> </ul> <p>Open discussion about improvements family members took note of throughout the week for their take-home exercise. Talk about how the family can continue to work on them, even without these weekly check-ins.</p>
<p>Interventions/Activities</p>	<p>Making papel picado to put together a banner.</p> <ul style="list-style-type: none"> <li>• Each family member has a sheet of colored paper that they can cut a design into.</li> <li>• Each family member will write a word on their piece of paper that they are taking away from therapy, and that will remind them of the progress the family has made.</li> <li>• Each piece of paper will be strung together to make a banner that represents their family system and can be</li> </ul>

	hung up in their home as a reminder of what they learned and the skills they developed in therapy.
At-home Exercise	<p>Have them hang the papel picado banner up in their home.</p> <ul style="list-style-type: none"> <li>• Put the banner where you will see it every day. When you look at this, consider your family system and remember the skills you learned in therapy.</li> </ul>

### **Transitions & Endings**

To ensure that termination is effective and not done too early, the social worker and Client need to agree that the set goals have been met. Clients should gain a better understanding of their needs and how to deal with complex situations. Clients should also feel they have completed their goals and accomplished all they came to therapy for. Finally, the therapist should educate and prepare the family for termination and the complex emotions around it.

The techniques and skills learned by the clients should be evaluated and assessed for effectiveness in future difficult situations. The clients will build and take home a Papel Picado banner as a reminder of learned skills and a tool to aid during stressful situations. In addition, clients will be given resources to support groups, language lessons, and therapeutic resources.

Finally, the therapist and clients should discuss the progress made and celebrate the many achievements. In the last session, the therapist will throw a small party to celebrate the progress and goals that were met. During this final session, clients will create a family Papel Picado and write meaningful words learned in therapy as a reminder of what they have accomplished.

### **Methods for Assessing Outcomes & Evaluation of Practice**

To assess the outcome, the therapist will use the Brief Symptom Inventory and Hispanic Stress Inventory 2 to evaluate the Client's progress and the techniques' effectiveness. Both

assessment tools will be in Spanish and administered at the beginning and end of therapy. The Brief Symptom Inventory (BSI) contains 53 items that cover nine symptom dimensions: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid ideation, and Psychoticism; and three global indices of distress: Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total (Hoe & Brekke, 2009). The BSI assesses an overview of symptoms and allows the therapist to gain a broader understanding of the possible issues.

The therapist will also use the Hispanic Stress Inventory 2 to assess the Client at the beginning and end of therapy. This assessment tool is a 73-item (Immigrant Version) measure of psychosocial stress among people of Latin American origin. The Hispanic Stress Inventory instruments are recommended for use by clinicians interested in assessing psychosocial stress among diverse Hispanic populations of various ethnic subgroups, age groups, and geographic locations (Cervantes et al., 2015). Although this tool was developed for adults, the therapist created an adaptive version for the children's benefit.

### References

- Anguiano, R. M. (2018). Language Brokering among Latino Immigrant Families: Moderating Variables and Youth Outcomes. *Journal of Youth and Adolescence*, 47(1), 222-242.  
<https://doi.org/10.1007/s10964-017-0744-y>
- Artiga , S., & Ubri, P. (2017, December). Living in an immigrant family in america: How fear and toxic stress are affecting daily life, well-being, & Health - Digital Collections - National Library of Medicine. U.S. National Library of Medicine.  
<https://collections.nlm.nih.gov/catalog/nlm:nlmuid-101727557-pdf>
- Budiman, A. (2020, August 20). *Facts on U.S. immigrants, 2018*. Pew Research Center's Hispanic Trends Project. <https://www.pewresearch.org/hispanic/2020/08/20/facts-on-u-s-immigrants-current-data/>
- Camarota, S. A., & Zeigler, K. (2021, November 2). *Monthly Census Bureau data shows big increase in foreign-born*. CIS.org. [https://cis.org/Camarota/Monthly-Census-Bureau-Data-Shows-Big-Increase-ForeignBorn?gclid=CjwKCAjwnOipBhBQEiwACyGLuntaRsqPYjSOcBQ7fK3NKkBg56Mu9-X8NXJP0Fd0lchpoTly6hc\\_tBoCTHIQAvD\\_BwE](https://cis.org/Camarota/Monthly-Census-Bureau-Data-Shows-Big-Increase-ForeignBorn?gclid=CjwKCAjwnOipBhBQEiwACyGLuntaRsqPYjSOcBQ7fK3NKkBg56Mu9-X8NXJP0Fd0lchpoTly6hc_tBoCTHIQAvD_BwE)
- Caro, L., Ordonez, S., & Revens, K. E. (2023). “Así es la vida”: Stress, control, and coping among Latino/a immigrants. *Journal of Latinx Psychology*, 11(1), 40-54.  
<https://doi.org/10.1037/lat0000217>
- Cervantes, J. M. (2019). The SALUD model of family therapy with undocumented Latinx youth. In P. J. Pitta & C. C. Datchi (Eds.), *Integrative couple and family therapies: Treatment models for complex clinical issues* (pp. 179–198). American Psychological Association. <https://doi.org/10.1037/0000151-009>

- Congress, E. P., & Kung, W. W. (2023, August 20). *Using the Culturagram and an intersectional approach in practice with culturally diverse families*. Springer Publishing.  
<https://connect.springerpub.com/content/book/978-0-8261-5415-6/part/part01/chapter/ch01>
- Erfani, P., Chin, E., Lee, C., Uppal, N. & Peeler, K. (2021). "Suicide rates of migrants in United States immigration detention (2010–2020)." *AIMS Public Health*, 8, 3, Pp. 416–420.
- Felkey, J., & Graham, S. (2022). Racial/ethnic discrimination, cultural mistrust, and psychological maladjustment among Asian American and Latino adolescent language brokers. *Cultural Diversity and Ethnic Minority Psychology*, 28(1), 125-131.  
<https://doi.org/10.1037/cdp0000502>
- Gehart, D. (2023). *Mastering Competencies in Family Therapy: A Practical Approach to Theories and Clinical Case Documentation*, 4th Edition. Cengage. ISBN-10: 0357764560.
- Hoe, M., & Brekke, J. S. (2009). Cross-Ethnic Measurement Invariance of the Brief Symptom Inventory for Individuals with Severe and Persistent Mental Illness. *Social Work Research*, 32(2), 71–78. <http://www.jstor.org/stable/42659673>
- Kam, J. A., & Lazarevic, V. (2014). The Stressful (and Not So Stressful) Nature of Language Brokering: Identifying When Brokering Functions as a Cultural Stressor for Latino Immigrant Children in Early Adolescence. *Journal of Youth and Adolescence*, 43(12), 1994-2011. <https://doi.org/10.1007/s10964-013-0061-z>
- Kiermaier, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., Pottie, K., & Canadian Collaboration for Immigrant and Refugee Health (CCIRH). (2011, September 6). *Common mental health problems in immigrants and refugees: General approach in primary care*. CMAJ: Canadian Medical Association

journal = journal de l'Association medicale canadienne.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3168672/>

Kim, S. Y., Schwartz, S. J., Perreira, K. M., & Juang, L. P. (2018). Culture's Influence on Stressors, Parental Socialization, and Developmental Processes in the Mental Health of Children of Immigrants. *Annual review of clinical psychology*, 14, 343–370.

<https://doi.org/10.1146/annurev-clinpsy-050817-084925>

*Mental Health of Newcomer Children and Adolescents: Pediatric Mental Health Minute series.*

American Academy of Pediatrics. (2023).

<https://www.aap.org/en/patient-care/mental-health-minute/mental-health-outcomes-and-newcomer-children/>

Noe-Bustamante, L., Mora, L., & Hugo Lopez, M. (2020). "Views on Latinx as a pan-ethnic term for U.S. Hispanics." Pew Research Center.

<https://www.pewresearch.org/hispanic/2020/08/11/views-on-latinx-as-a-pan-ethnic-term-for-u-s-hispanics/>

Núñez, A., González, P., Talavera, G. A., Sanchez-Johnsen, L., Roesch, S. C., Davis, S. M., Arguelles, W., Womack, V. Y., Ostrovsky, N. W., Ojeda, L., Penedo, F. J., & Gallo, L. C. (2016). Machismo, Marianismo, and Negative Cognitive-Emotional Factors: Findings From the Hispanic Community Health Study/Study of Latinos Sociocultural Ancillary Study. *Journal of Latina/o psychology*, 4(4), 202–217.

<https://doi.org/10.1037/lat0000050>

Samantha and Petry. Published: Dec 13. (2018, June 22). *Living in an immigrant family in*



*America: How fear and toxic stress are affecting daily life, well-being, & health.* KFF.

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/living-in-an-immigrant-family-in-america-how-fear-and-toxic-stress-are-affecting-daily-life-well-being-health/>

Shafir, W. by: H. (2023). *Toxic stress: Definition, causes, & treatment.* Choosing Therapy.

<https://www.choosingtherapy.com/toxic-stress/>

Zafra, J. (2016). The Use of Structural Family Therapy With a Latino Family: A Case Study. *Journal of Systemic Therapies*, 35(4), 11-21.

Zeledon, I., Unger, J.B., Meca, A. *et al.* Cultural Stress Profiles: Describing Different Typologies of Migration Related and Cultural Stressors among Hispanic or Latino Youth. *J Youth Adolescence* 52, 1632–1646 (2023). <https://doi.org/10.1007/s10964-023-01784-9>

Appendix

Figure 1. Hispanic Stress Inventory 2

HISPANIC STRESS INVENTORY 2  
VERSION IMMIGRANTES

¿Esto ha ocurrido a ti en los últimos (12) meses?

	Ninguna preocupación /tensión	Un poco de preocupación /tensión	Moderadamente preocupado /tenso	Más que nunca preocupado /tenso	Muy preocupado /tenso
1. Debido a mi mal inglés, la gente me ha tratado mal. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Debido a la falta de unidad familiar, me he sentido aislado/a y solo/a. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Mi situación legal ha sido un problema para obtener un buen trabajo. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. No me he sentido aceptado/a por otros debido a mi cultura latina. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Debido a la importancia de avanzar en mi trabajo, he tenido que competir con otros. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Mis hijos/as no han respetado mi autoridad en la forma que deberían. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Las presiones para alcanzar el éxito económico han hecho que deje de ir a la iglesia. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. No pude pagar por mi cuidado médico. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. No pude obtener seguro dental. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. El no saber inglés, se me hizo difícil encontrar trabajo. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Tuve dificultad motivando a mi hijo/a para la escuela. <input type="radio"/> Sí, me sentí . . . <input type="radio"/> <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 2. Brief Symptom Inventory (English version) – Note: Spanish version was given to clients.

### Brief Symptom Inventory BSA

“Here I have a list of problems people sometimes have. As I read each one to you, I want you to tell me **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.** These are the answers I want you to use. *[Hand card and read answers.]*  
Do you have any questions?”

0 = Not at all  
 1 = A little bit  
 2 = Moderately  
 3 = Quite a bit  
 4 = Extremely  
 R = Refused

**DURING THE PAST 7 DAYS, how much were you distressed by:**

1. Nervousness or shakiness inside	0	1	2	3	4	R
2. Faintness or dizziness	0	1	2	3	4	R
3. The idea that someone else can control your thoughts	0	1	2	3	4	R
4. Feeling others are to blame for most of your troubles	0	1	2	3	4	R
5. Trouble remembering things	0	1	2	3	4	R
6. Feeling easily annoyed or irritated	0	1	2	3	4	R
7. Pains in the heart or chest	0	1	2	3	4	R
8. Feeling afraid in open spaces	0	1	2	3	4	R
9. Thoughts of ending your life	0	1	2	3	4	R

**DURING THE PAST 7 DAYS, how much were you distressed by:**

10. Feeling that most people cannot be trusted	0	1	2	3	4	R
11. Poor appetite	0	1	2	3	4	R
12. Suddenly scared for no reason	0	1	2	3	4	R
13. Temper outbursts that you could not control	0	1	2	3	4	R
14. Feeling lonely even when you are with people	0	1	2	3	4	R
15. Feeling blocked in getting things done	0	1	2	3	4	R
16. Feeling lonely	0	1	2	3	4	R
17. Feeling blue	0	1	2	3	4	R
18. Feeling no interest in things	0	1	2	3	4	R

0 = Not at all
1 = A little bit
2 = Moderately
3 = Quite a bit
4 = Extremely
R = Refused

**DURING THE PAST 7 DAYS, how much were you distressed by:**

19. Feeling fearful	0	1	2	3	4	R
20. Your feelings being easily hurt	0	1	2	3	4	R
21. Feeling that people are unfriendly or dislike you	0	1	2	3	4	R
22. Feeling inferior to others	0	1	2	3	4	R
23. Nausea or upset stomach	0	1	2	3	4	R
24. Feeling that you are watched or talked about by others	0	1	2	3	4	R
25. Trouble falling asleep	0	1	2	3	4	R
26. Having to check and double check what you do	0	1	2	3	4	R
27. Difficulty making decisions	0	1	2	3	4	R

**DURING THE PAST 7 DAYS, how much were you distressed by:**

28. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4	R
29. Trouble getting your breath	0	1	2	3	4	R
30. Hot or cold spells	0	1	2	3	4	R
31. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4	R
32. Your mind going blank	0	1	2	3	4	R
33. Numbness or tingling in parts of your body	0	1	2	3	4	R
34. The idea that you should be punished for your sins	0	1	2	3	4	R
35. Feeling hopeless about the future	0	1	2	3	4	R
36. Trouble concentrating	0	1	2	3	4	R

0 = Not at all  
 1 = A little bit  
 2 = Moderately  
 3 = Quite a bit  
 4 = Extremely  
 R = Refused

**DURING THE PAST 7 DAYS, how much were you distressed by:**

37. Feeling weak in parts of your body	0	1	2	3	4	R
38. Feeling tense or keyed up	0	1	2	3	4	R
39. Thoughts of death or dying	0	1	2	3	4	R
40. Having urges to beat, injure, or harm someone	0	1	2	3	4	R
41. Having urges to break or smash things	0	1	2	3	4	R
42. Feeling very self-conscious with others	0	1	2	3	4	R
43. Feeling uneasy in crowds	0	1	2	3	4	R
44. Never feeling close to another person	0	1	2	3	4	R
45. Spells of terror or panic	0	1	2	3	4	R

**DURING THE PAST 7 DAYS, how much were you distressed by:**

46. Getting into frequent arguments	0	1	2	3	4	R
47. Feeling nervous when you are left alone	0	1	2	3	4	R
48. Others not giving you proper credit for your achievements	0	1	2	3	4	R
49. Feeling so restless you couldn't sit still	0	1	2	3	4	R
50. Feelings of worthlessness	0	1	2	3	4	R
51. Feeling that people will take advantage of you if you let them	0	1	2	3	4	R
52. Feeling of guilt	0	1	2	3	4	R
53. The idea that something is wrong with your mind	0	1	2	3	4	R

Figure 3. Culturagram Chart

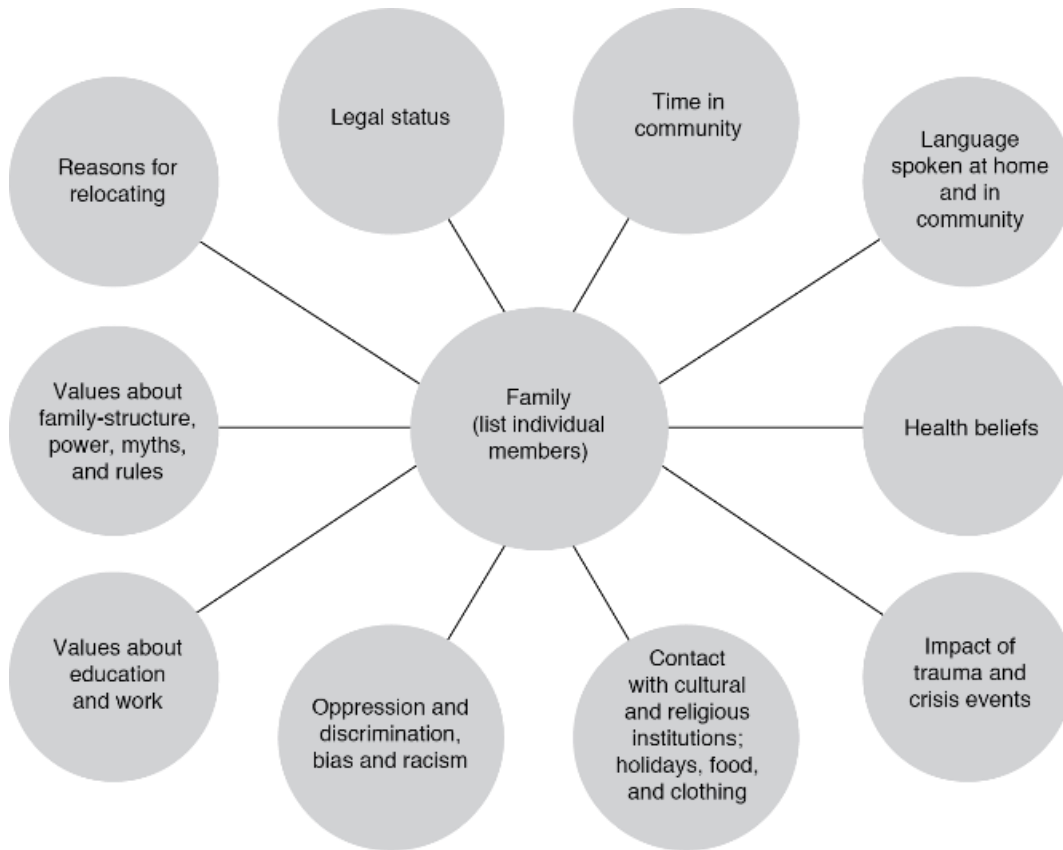


Figure 4. Family Role Questionnaire Worksheet



The worksheet is titled "Family Role Questionnaire" in a large, orange, sans-serif font. It is framed by a decorative border of colorful question marks in shades of blue, green, yellow, and orange. Below the title, there is a paragraph of introductory text. The main body of the worksheet contains six numbered questions, each followed by two horizontal lines for writing. The questions are: 1. What role do you play in our family? 2. Are you happy with that role? 3. How can the family support you in your familial role? 4. Is there anything that you don't like about the role that you play? 5. What is difficult about the role that you play in our family? 6. If you could play any role in our family, what would it be? At the bottom left, there is a logo for "mom it forward" with three colored dots (green, yellow, blue) below the text. At the bottom center, the website "momitforward.com" is printed.

**Family Role Questionnaire**

Every person plays a very special role in his or her family. Sit down as a family and discuss the different roles each member plays—such as Mother, Father, peacemaker, comedian, leader, middle child, or youngest. Answer the questions and gain a better understanding of how each person feels in their familial role. Then, be willing to make modifications where applicable.

1. What role do you play in our family?  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you happy with that role?  
\_\_\_\_\_  
\_\_\_\_\_
3. How can the family support you in your familial role?  
\_\_\_\_\_  
\_\_\_\_\_
4. Is there anything that you don't like about the role that you play?  
\_\_\_\_\_  
\_\_\_\_\_
5. What is difficult about the role that you play in our family?  
\_\_\_\_\_  
\_\_\_\_\_
6. If you could play any role in our family, what would it be?  
\_\_\_\_\_  
\_\_\_\_\_

 mom it forward

momitforward.com

Figure 5. More Of/Less Of Worksheet

# More of/Less of


Use this worksheet to explore changes that you'd like to see in a relationship with a friend, partner, or family member. Write down some things that you'd like to see more and less of in your relationship with this person.

In our relationship, I want **More of** ...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

In our relationship, I want **Less of** ...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



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Figure 6. How We Communicate Worksheet

**How We Communicate**  
Use this worksheet to explore how you communicate with a member of your family.

Family Member: \_\_\_\_\_

Rate how well you and this person communicate (1 - 10)

1   2   3   4   5   6   7   8   9   10

Why did you choose this number? \_\_\_\_\_  
\_\_\_\_\_


What usually leads to an argument with this person? \_\_\_\_\_  
\_\_\_\_\_

What is something this person does that makes it hard to communicate with them?  
\_\_\_\_\_  
\_\_\_\_\_

What do you wish they would do differently in how they communicate with you? \_\_\_\_\_  
\_\_\_\_\_

What can you say to get them to start communicating differently with you?  
\_\_\_\_\_  
\_\_\_\_\_

What do you think you need to do differently to improve communication?  
\_\_\_\_\_  
\_\_\_\_\_

  
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