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ABSTRACT

This monograph is designed to help scientists, decision makers, and service providers develop a deeper understanding of the role families and culture play in the prevention of alcohol and other drug abuse in Hispanic/Latino American populations. It also provides information on models of service delivery that are directed at strengthening families through culturally competent interventions. The volume is divided into three parts. The first section examines issues in preventing alcohol and other drug abuse among Hispanic/Latino families and explores behavior problems among Hispanic/Latino youth. Part two describes family-based intervention models that have been implemented and tested in high density Hispanic/Latino communities throughout the United States and Puerto Rico. The third section concentrates on family-oriented community-based intervention models and includes descriptions of a community-based outreach program for addicted women. Also discussed are interventions in the educational community, including an overview of how to strengthen families with children from birth to three years of age and how to reduce risk factors and promote resilience to substance abuse among children attending inner-city schools. The book closes with a look at the future of substance abuse prevention programs among Hispanic/Latinos. Contains numerous references throughout. (RJM)

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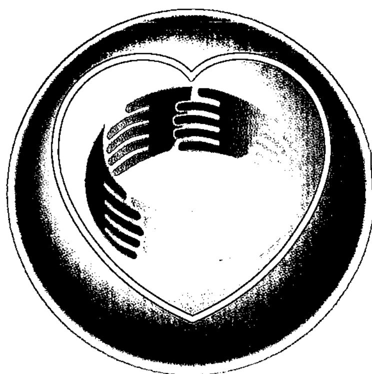

A Hispanic/Latino Family Approach to Substance Abuse Prevention

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Public Health Service
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

CSAP Cultural Competence Series 2

A Hispanic/Latino Family Approach to Substance Abuse Prevention

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The primary objective of the Center for Substance Abuse Prevention (CSAP) Cultural Competence Series is to promote the development and dissemination of a scientific knowledge base that assists prevention program evaluators and practitioners in working with multicultural communities.

CSAP supports the rigorous evaluation of demonstration programs designed to promote health and prevent alcohol, tobacco and other drug (ATOD) problems for all people. All positions taken on specific approaches to preventing ATOD problems and/or evaluating effectiveness are positions of the communities, prevention experts, and authors who contributed to this monograph and may not necessarily reflect the opinions, official policy, or position of CSAP; the Substance Abuse and Mental Health Services Administration; the Public Health Service; or the U.S. Department of Health and Human Services. Other groups that developed and/or implemented specific methods for preventing ATOD problems or of evaluating effectiveness are documented in the text of this monograph.

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Foreword

With *A Hispanic/Latino Family Approach to Substance Abuse Prevention*, the Center for Substance Abuse Prevention continues its ground-breaking series of cultural competence publications. This volume examines issues of the Hispanic/Latino family, culture, and society as they relate to the design and evaluation of ATOD problem prevention programs. Reflected in these chapters is the commitment which the authors share to integrate their values related to family preservation and cultural competence while, at the same time, adhering to the highest levels of scientific rigor. This focus serves as a context for developing a deeper understanding of the role of family and culture in the prevention of alcohol and other drug problems in Hispanic/Latino American populations. While there are many model programs in the nation that serve Hispanic/Latino families, this monograph focuses upon several programs with which the authors were most familiar. In keeping with its mission to disseminate prevention approaches that serve a range of ethnic/racial communities and geographic locales, the CSAP Cultural Competence Series intends in future publications to build upon the regional and ethnic diversity among Hispanic/Latinos that has been so ably demonstrated in this volume.

CSAP's Cultural Competence Series has as its primary goal the scientific advancement of evaluation methodology designed specifically for alcohol, tobacco, and other drug abuse (ATOD) problem prevention approaches within the multicultural context of United States community settings. The various multicultural communities which make up our country comprise a rich and diverse ethnic heritage. The Cultural Competence Series is dedicated to exploring and understanding this heritage and its critically important role in the development of ATOD problem prevention programs.

The Cultural Competence Series provides CSAP with a unique opportunity to formulate effective strategies that will have applicability for ATOD prevention professionals working in widely diverse settings. This unprecedented Series has estab-

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lished a framework for the transfer of innovative, cutting-edge technology in this area and a forum for the exchange of knowledge between program developers, implementers, and evaluators. It is the sincere hope of those who have contributed to this Series that it will stimulate new ideas and further prevention efforts among all Americans.

Elaine M. Johnson, Ph.D., Director
Center for Substance Abuse Prevention

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Preface

God's eternal wisdom provided us with families. Like the forest and the waters, families have existed throughout history and across all cultures. Families fulfill a function on both the individual and the societal level. At the individual level, families provide for our biological, psychological, and material needs. At the societal level, families transmit the values of our culture—they teach and develop the skills that are needed to succeed in society.

Through the transmission of values and skills, families preserve the continuity of culture and society. Conversely, it is the primary function and role of culture and society to preserve the family since, without the family, culture and society cannot survive. **The preservation of families, culture, and the social fabric are, therefore, inextricably intertwined.**

Our concern for family, culture, and society emerges from a belief in contextualism: behavior cannot be understood outside of the context in which it occurs. In this monograph, the concern for the family serves as a context for understanding and preventing adolescent problem behaviors such as substance abuse. A further concern is culture, viewed as a context in which to understand the family. It is recognized here that the social construction is best represented by nesting the individual in the family, and the family in its cultural milieu.

COSSMHO, the National Coalition of Hispanic Health and Human Services Organizations, is dedicated to the promotion of the well-being of the nation's population, with a particular concern for the welfare of Hispanic/Latino Americans. Throughout its two decades of existence, COSSMHO has been faithful to the tradition that places families at the center of our Hispanic/Latino social construction. Consequently, many of our efforts have been directed to the promotion of family empowerment as a mechanism for achieving healthy, happy, and well-adjusted Hispanic/Latino American populations.

This monograph reflects COSSMHO's commitment to our future generations—our commitment to keeping our youths free of alcohol and other drug abuse, and our commitment to making

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entire families and their communities allies in achieving a better tomorrow.

This monograph also reflects our commitment to integrating our values on family preservation and cultural competence with the highest levels of scientific rigor. Science is guided by our values, and the values that are assigned to family preservation and cultural competence must be informed by scientific understanding, research, and empirical evidence.

This monograph is intended to assist scientists, decision makers, and service providers in developing a deeper understanding of the role of family and culture in the prevention of alcohol and other drug abuse in Hispanic/Latino American populations. It is also intended to provide information on models of service delivery that are directed at strengthening families through culturally competent interventions.

José Szapocznik

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Part I: A New View on the Nature of the Problem

Chapter 1, "Issues in Preventing Alcohol and Other Drug Abuse Among Hispanic/Latino Families," by José Szapocznik and Steve Fein, provides a more complete introduction to the goals and objectives of this monograph. This chapter reviews concepts of substance abuse prevention, demography on Hispanic/Latino youths and Hispanic/Latino families, definitions of the terms "Hispanic/Latino" and "family," and a review of existing research on problems of adjustment and substance abuse among Hispanic/Latinos.

Chapter 2, "Behavior Problems Among Hispanic/Latino Youth: The Family as Moderator of Adjustment," by Daniel Santisteban, José Szapocznik, and William Kurtines, provides a conceptual framework for the understanding of adolescent problem behavior as a syndrome that can include school dropout, substance abuse, adolescent pregnancy, and delinquency. This chapter reviews evidence suggesting that these behavior problems may be related to family interactional factors, both risk factors and protective factors. Finally, the particularly important role of cultural stressors and cultural factors is discussed in relation to the role of the Hispanic/Latino family in influencing the potential for development of problem behaviors among Hispanic/Latino youths.

Part II: Family-Based Intervention Models

Chapters 3 and 4 in this section represent family-based intervention models that have been implemented and tested in high density Hispanic/Latino communities throughout the United States and Puerto Rico. These communities include: Albuquerque, New Mexico; Boston, Massachusetts; Bronx and Manhattan, New York; Chicago, Illinois; Hayward, Los Angeles and San Jose, California; Kansas City, Missouri; Miami, Florida; Mission

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and San Antonio, Texas; Phoenix, Arizona; and Ponce and San Juan, Puerto Rico.

Chapter 3, "Structural Family Therapy," by José Szapocznik and COSSMHO, presents a model of family counseling that has been found to be effective in the prevention and treatment of problem behaviors, including substance abuse, among Hispanic/Latino adolescents and their families. This chapter defines the role of interlocked sequences of behaviors, called "family interactions," in encouraging, maintaining and preventing adolescent problem behavior. The chapter provides a review of the basic theoretical concepts of structure, systems, and strategy; proposes a strategy for diagnosing those patterns of family interaction that are linked to problem behaviors in adolescents; and, finally, presents strategies for preventing and treating adolescent problem behaviors by changing maladaptive family interactions.

Chapter 4, "Strengthening Families: A Curriculum for Hispanic/Latino Parents," by COSSMHO and José Szapocznik, presents the family dimension of a comprehensive community organization model—with an emphasis on an early prevention intervention strategy of a psychoeducational nature, specifically designed for application to Hispanic/Latino families. This approach is designed to strengthen and support families by giving parents information and skills on: how to more effectively provide leadership and direction to their youth; how to enhance family communication; how to regain or maintain the parents' position of leadership within the home; how to explore and communicate values; and, how to approach specific areas of problem behavior—such as substance abuse—within the framework of the parenting skills taught by the program.

Chapter 5, "Multicultural Effectiveness Training (MET) for Hispanic Parents," by Yolanda Mancilla, José Szapocznik, and William Kurtines, describes the increasing cultural diversity and complexity confronted by Hispanic immigrants to Miami in the last twenty years. This chapter focuses on the impact that Miami's context of increasing cultural diversity has had on the acculturation process. This chapter also summarizes the Multicultural Effectiveness Training lessons developed in response to these changes to help Hispanic immigrant and refugee families acquire

the skills necessary to succeed and thrive within contexts of cultural diversity. MET does not assume that the immigrant family's primary challenge is to acculturate into white American society. Instead, MET assumes that the challenge is to acquire the skills necessary to adapt to whatever changing cultural context presents itself.

Part III: Family-Oriented, Community-Based Intervention Models

Chapter 6, "Programa MAMÁ/MOM's Project: A Community-Based Outreach Model for Addicted Women," by Hortensia Amaro and María Aguiar, presents a program designed specifically for intervening with Hispanic/Latino substance-using pregnant women. The project attempts to increase availability and accessibility of early intervention and treatment services; reduce substance abuse in mothers; and improve birth outcomes. These aims are accomplished through four major intervention components: outreach to drug-abusing pregnant women; advocacy and referral that connects women to services they need; support services to assist with immediate needs; and, an education component to provide education/discussion groups to reduce social isolation, promote early entry into drug treatment and prenatal care, and support women in early stages of recovery.

Chapter 7, "The Avance Family Support and Education Program: Strengthening Families in the Pre-school Years," by Gloria Rodríguez, presents a model of intervention intended to improve knowledge, change attitudes, and develop skills in Hispanic/Latino parents of children from birth to three years of age. The core of the program is the parent educational component. This educational component provides child growth and development classes to parents; promotes construction of educational toys by parents which they are encouraged to use with their children; and develops videotapes showing the parents interacting with the child, which are then reviewed and discussed. The overall

Avance program, however, nests the parent educational component within a comprehensive community-based program of interventions that addresses family needs at multiple levels, ranging from health to economic concerns. Long-term data (17 years) substantiate the effectiveness of the program.

Chapter 8, "Shenandoah: A School-Based Intervention," by José Szapocznik, Alicia Ceballos, Mercedes Scopetta, Hilda Pantin, Daniel Santisteban and Marisel Elías, presents a multilevel, intensive, school-based intervention designed to reduce risk factors and promote resiliency factors for the prevention of substance abuse among Hispanic/Latino immigrant children attending an inner-city school. This program provides for a broad array of interventions at five system levels: child, family, peer, school, and community. Interventions are targeted directly at the child, at contexts that directly impact on the child such as family, peer, and school; and, at the community that indirectly impacts the child through its influence on family, peers, and school. The approach presented in this chapter reflects a concern for the embeddedness of contexts: that the child is affected by multiple environments which in turn are influenced by their surrounding community. The central role of the Hispanic/Latino family as the crucible in which all of these influences are articulated is emphasized in this school-based intervention.

Finally, this monograph closes with an Epilogue in which future directions are discussed for the prevention of alcohol and other drug abuse among Hispanic/Latinos through efforts targeted at strengthening and supporting Hispanic/Latino families.

José Szapocznik, Ph.D.
Editor

1

Issues in Preventing Alcohol and Other Drug Abuse Among Hispanic/Latino Families

José Szapocznik, Ph.D. and Steve Fein, B.S.

This monograph reflects on the important role of families in the fight against substance abuse in Hispanic/Latino communities throughout the United States and Puerto Rico. Hispanic/Latino tradition gives the family a central role in Hispanic/Latino society, and Hispanic/Latino culture is rich in its devotion to our families. Hispanic/Latino tradition, culture, and families, however, are all under siege as acculturation forces have quickened the pace of Americanization among Hispanic/Latino groups in the United States (cf. Padilla, 1980). Caught between cultures, exposed to the distressing political, economic, social, and psychological conditions of many Hispanic/Latino barrios, Hispanic/Latinos—like other ethnic/racial groups in America—are undergoing a period of "stress and storm" (Rogler, Malgady & Rodríguez, 1989). This occurs at a time when America's social fabric is being challenged by a weakening of the position, role, and function of families.

Since the early 1960's, a cultural revolution has been taking place in this country that has affected beliefs, values, and behaviors about social norms and conventions. The resulting changes

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have contributed to a breakdown in respect for authority, the important role of the family, and attitudes toward the law and drug abuse, resulting in increases in drug use and antisocial behaviors, particularly among young people. As public concern about these problems and about their short- and long-term consequences mounts, efforts have begun in the battle against these multiple ills that have become endemic in ethnic/racial communities.

Many government programs have been categorical in nature, targeting one problem or another. That is, some programs have targeted unwanted adolescent pregnancies, others drug abuse, yet others alcohol abuse or delinquency, while others have attempted to keep children in school. Each of these categorical programs has suffered because of the narrow scope of its problem/symptom orientation (see Santisteban, *et al.*, this monograph). The problems that have received most of the attention have been those defined in terms of the symptoms that are most visible. In contrast, the profound underlying ailments that afflict our social fabric and that are giving rise to these symptoms have been ignored (see Szapocznik & COSSMHO, this monograph).

Developments in the substance abuse prevention field of the last decade are most encouraging in this regard. There is a growing recognition that the kinds of problems that concern us about our youths cannot be cured with a single "silver bullet" (Bukoski, 1991a). Rather, integrated and comprehensive interventions are needed which target the many layers or levels of the social fabric that affect a youth's behavior (Hawkins & Catalano, 1992; Hawkins & Weiss, 1985; Hawkins, Lishner, Catalano & Howard, 1986; Jessor & Jessor, 1977; Office of Substance Abuse Prevention, 1991). Comprehensive, integrated, and intensive interventions have been defined as targeting the child as well as four important groups that provide the context in which the child lives: family, peer, school, and the broader community (Bukoski, 1991a; Hawkins & Catalano, 1992; Hawkins & Weiss, 1985; Schaps & Battistisch, 1989; Szapocznik, Ceballos, *et al.*, this monograph).

This monograph is intended to support strategies that are comprehensive, integrated, and intensive in the prevention of problem behaviors in Hispanic/Latino youths—problems which

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include sexual behaviors, delinquency, and the use of alcohol and other drugs. In this monograph, however, the focus is on understanding the role culture plays in the development of prevention interventions by considering the nature of the embeddedness of children within families, of families within community networks, and of all of these within a cultural context (Bronfenbrenner, 1977, 1979, 1986; Szapocznik & Kurtines, 1992, 1993).

It is not the intent of this monograph to tackle the broad range of interventions that are needed for all cultural groups at all levels (child, family, peer, school, community). Rather, **it is the primary intention of this monograph to provide some background on Hispanic/Latino family risk factors and examples of well-defined family-oriented interventions in Hispanic/Latino communities.** Some of these interventions, however, while primarily targeted at Hispanic/Latino families, have been designed to reflect the embeddedness of children within Hispanic/Latino families, of families within community networks, and of all of these within cultural contexts. Thus, it would be expected that the material presented in this monograph might be used in targeting Hispanic/Latino families within substance abuse prevention intervention programs that are comprehensive, and as such might offer a number of culturally responsive interventions at a number of levels (Koss-Chioino & Vargas, 1992).

It is our intent to encourage all such prevention interventions in Hispanic/Latino communities to focus on the crucially important Hispanic/Latino family. It is also our intent to provide the reader with some understanding of family risk and protective factors for substance abuse, and of interventions that might be used to reduce such family risk factors and enhance such family protective factors in Hispanic/Latino communities.

Substance Abuse Prevention

Alcohol and other drug abuse has been described as occurring along a continuum ranging from the youth who tries the drug, to the youth who uses the drug occasionally, to the youth who uses the drug frequently to the person who becomes physiologically addicted. The family may play a number of different roles

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in providing the context in which substance abuse takes root, as well as in preventing such abuse. Contemporary theories of substance abuse range from the biological to the psychological to the contextual (cf. Searles, 1991). Families, of course, have a role to play in biological and genetic theories of predisposition to substance abuse. This monograph, however, is primarily concerned with the contributions that families can make to creating a context or environment that may permit, albeit unwittingly, substance abuse to occur, as well as the role of the family in proactively stimulating environments that can actively prevent substance abuse.

Defining substance abuse prevention is a challenge. Experts have not always agreed as to whether substance abuse prevention should target initial use as well as interruption of early use (Bukoski, 1991a). There has also been considerable debate on what the appropriate target of prevention should be—the individual, the family, the peer group, or the community. Moreover, the specific approach to drug abuse prevention has also been a matter of debate, ranging from scare tactics, to parent management skills, to peer refusal skills. With regard to drugs, Bukoski (1991b) has argued that a comprehensive theory of drug use may be needed to better guide our approach to prevention. The need for such a comprehensive theory is based on the belief that alcohol and drug abuse may have multiple causes and correlates.

Perhaps some of the most important contributions of prevention research to date involve research on the etiology of substance abuse. This body of knowledge has linked a number of factors, often referred to as *risk factors*, to the initiation and continuation of substance abuse. This literature suggests that exposure to salient risk factors increases the likelihood of use and abuse, and that less exposure to such risk factors is salutary (OSAP, 1991). As Bukoski (1991a) suggests, this literature supports the view that multiple pathways to substance abuse may exist, and that there is no simple or unitary pathway that makes a youth vulnerable to substance abuse (cf. Hawkins & Catalano, 1992; Jones & Battjes, 1985; Newcomb & Felix-Ortiz, 1992).

The purpose of this monograph is to review relevant etiologic research that focuses on *psychosocial* family characteristics as

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potential risk and protective factors, as well as to review programs that target Hispanic/Latino families both from a perspective of decreasing risk factors and of generating protective factors. In some instances these programs may address risk factors within the family itself, or they may involve the role of the family in generating activities or interventions in other domains (youth, peer, school, or community) that are aimed at protecting the youth from vulnerability to alcohol and other drug involvement.

It is possible that different types of substance abuse can be identified, such as experimental, occasional, or frequent use, and physiological addiction; and it might be possible that preventing these different levels of abuse may require very different types of preventive interventions. For example, in recent years the country has been exposed to a massive information and mobilization campaign. In the initial phases of this campaign, mainstream populations may have been reached most effectively. Also, this type of broad educational campaign may have been most successful in changing national and community norms with regard to drug use. As a result of such a campaign, dramatic decreases have been shown in the numbers of high school seniors who use drugs. Hence, changing norms may have successfully reached mainstream populations of youngsters who stay in school (cf. Hawkins & Catalano, 1992). Those who may have used drugs initially or lightly have been affected successfully by such prevention campaigns. However, it is not clear that ethnic/racial youths, youths who are likely to drop out of the educational system before completing high school, and youths who exhibit a syndrome of asocial or antisocial behavior (see Santisteban *et al.*, this monograph) have been impacted effectively by campaigns that change social norms. More incisive strategies that target these ethnic/racial, marginal, and problematic youths are required.

Many of the chapters in this monograph will address the second type of drug abuse prevention, targeted at Hispanic/Latino families whose youths may present a broad range of problems. They are strategies which attempt to do much more than merely change norms, rather they attempt to create an environment that is likely to prevent problem behaviors in general, including substance abuse.

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Hispanic/Latino Demographics: Youthfulness

Recent population estimates indicate that there are 22 million Hispanic/Latino Americans, representing 8.2 percent of the total U.S. population (U.S. Department of Commerce, 1989). The breakdown by Hispanic/Latino subgroups is as follows:

Mexican Origin	11.8 million
Puerto Rican Origin (in P.R.)	3.2 million
Puerto Rican Origin (in mainland)	2.3 million
Central/South American Origin	2.1 million
Cuban Origin	1.0 million
Other Hispanic/Latino Origin	1.6 million

Since the 1980 census, the rate of growth of the Hispanic/Latino community has been 34 percent, or roughly five times the general population growth rate in America (García, 1991). Hispanic/Latinos are not only the nation's fastest-growing segment of the population, but also the youngest (U.S. Department of Commerce, 1986, 1988). This is evident in the fact that 33 percent of Hispanic/Latinos are under the age of 15, compared to 20 percent for the general population. The growth of the Hispanic/Latino adolescent population is evident in that the 1986 estimate of 1.7 million Hispanic/Latino adolescents (ages 15–19) in the U.S. is expected to increase by 29.4 percent by the end of the century (compared to a projected 6.4 percent increase for non-Hispanic/Latino white adolescents).

The Hispanic/Latino population is expected to remain relatively young into the next century. The median age for Hispanic/Latinos in 1982 was lower than that of African-American and non-Hispanic/Latino whites (24.1, 25.5 and 32.1, respectively) and is expected to continue to be relatively lower for the next several decades. For the year 2000, estimates are 28.0, 30.2 and 41.4, respectively (U.S. Department of Commerce, 1986).

The fact that Hispanic/Latinos are a young and fast-growing population has very important implications in terms of the development of substance abuse prevention programs targeted at Hispanic/Latinos. Proportionally, more than any other population

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in the United States, Hispanic/Latinos will comprise an increasingly large sector of youths; and Hispanic/Latino youths, unfortunately, already comprise a disproportionate percentage of its youths in trouble (see Santisteban, *et al.*, this monograph).

Hispanic/Latino Family Demographics

The demographics of Hispanic/Latino families have been recently summarized by García (1991). The percent of Hispanic/Latino married couples in 1989 was estimated at 70 percent, reflecting a slight drop from 74 percent in 1982. The number of female-headed families with no husband present has increased from 1980 to 1989 from 21.5 percent to 23.4 percent. Hispanic/Latino male-householder families with no wife have also increased from 4.4 percent in 1982 to 6.8 percent in 1988. Thus, it is important to note that, contrary to popular perceptions, a full 70 percent of Hispanic/Latino households may still be two-parent families (although it is not clear how many of these represent families with step-parents). Also, contrary to popular perception, there may be a trend toward an increasing role of fathers in Hispanic/Latino families, as reflected by the increase in the proportion of families with a single male parent.

Consistent with popular perceptions, Hispanic/Latino families tend to be larger than the average in the population. Slightly more than one-fourth of Hispanic/Latino families consisted of five or more persons in 1988, compared to only 13 percent of non-Hispanic/Latino families. One-half of Hispanic/Latino families had four or more family members, compared to only one-third of non-Hispanic/Latino families. These statistics, of course, reflect the narrow, mainstream definition of families, and do not reflect the functional style of Hispanic/Latino families in which extended family members play an important role in daily family life.

Defining Families

Defining families is a matter of some controversy because the convention in America is to define a family in terms of blood

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relatives within a nuclear family. Within ethnic/racial groups such as Hispanic/Latino, however, the concept of family is rooted in cultural traditions in which extended networks become as important as biologically defined nuclear groups. Hence, the role of grandparents, aunts, uncles, cousins, life-long friends, and *madrinas/padrinos*, among others, needs to be carefully considered when defining the *de facto* functional family—that is, in identifying the individuals who on a day-to-day basis function as a family.

It is increasingly recognized that in inner-city communities, extended kinship networks are functional families. In some of these families, for example, the children of very young teens are raised as one more sibling; several generations may participate in co-parenting; step-parents may take the role of parents; or each parent of a child may have a new partner, each with his or her own family, thereby providing the child with more than one reference family. Hence, while for demographic purposes it may be acceptable to use a conventional definition of family, for the purposes of this monograph, a more culturally relevant definition of family is used which incorporates all of the relevant functional members of the family of a target youth.

Defining the Term "Hispanic/Latino"

The term "Hispanic/Latino" does not represent a homogeneous group. As with any broad classification, there are often as many within-group differences as there are between-group differences (U.S. Bureau of the Census). In any broad group classification such as "Hispanic/Latinos," there is variation due to such factors as national origin, socioeconomic status, educational level, urban versus rural life, employment status, number of years or generations in the U.S., level of acculturation, geographical residence in the U.S., etc. Perhaps the term "Hispanic/Latino" is best understood when it is compared to the term "Latin American countries." While there are commonalities across Latin American countries, there are also important differences. Latin American countries, for example, differ in history as well as in the mix of

indigenous, European, and African blood and culture. Similarly, for Hispanic/Latinos in the United States, important similarities exist in language and culture, but there are also differences from group to group.

Hispanic/Latinos and Adjustment

There is considerable controversy about the extent and nature of adjustment of Hispanic/Latinos in general, as well as about the adjustment of those Hispanic/Latinos who are immigrants. Briefly, it has been noted that some children from Hispanic/Latino immigrant families adapt rather well, but many do not (Laosa, 1991). Moreover, there is some evidence that the prevalence of adjustment problems in Hispanic/Latino children and adolescents increases as a function of length of stay in the U.S. (Borjas and Tienda, 1985; Canino, Early & Rogler, 1980). Some researchers (Szapocznik & Kurtines, 1980) have suggested that this relationship between adjustment and length of stay in the U.S. is mediated by the acculturation process of Hispanic/Latino families. More specifically, Szapocznik and colleagues have suggested that adjustment problems occur as children become acculturated to the host culture, while parents remain loyal to their Hispanic/Latino roots. The increased intergenerational/acculturational gap between parents and children appears to be related to the increased rates of adjustment problems found among some Hispanic/Latino youths (see Mancilla, Szapocznik & Kurtines, this monograph). Consistent with the work of Szapocznik and colleagues which tended to concentrate primarily on drug use and other problem behaviors, Galan (1988) discussed the risk factors for alcohol use associated with the bicultural environment of some Hispanic/Latino youths.

Substance Abuse and Hispanic/Latinos

Despite the widespread concern about drug abuse among Hispanic/Latinos, little information exists on the extent and nature of the drug problem among U.S. Hispanic/Latinos (De La Rosa,

Rouse & Kalsa, in press; De La Rosa, 1991). Data from the National Household Survey on Drug Abuse revealed that in 1988, 32.3 percent of Hispanic/Latinos in the mainland reported having used an illegal drug in their lifetime. This survey showed that lifetime use of cocaine—a drug of great recent concern—was reported by 11 percent of Hispanic/Latinos, with Hispanic/Latinos showing higher use than African Americans or non-Hispanic/Latino whites in the 12- to 17-year age range, suggesting that Hispanic/Latinos are exposed to cocaine earlier than other groups.

Alcohol use among Hispanic/Latino adolescents has also been a matter of great concern. Among Hispanic/Latinos as well as other youth (Kandel, 1975), alcohol is the first, the most frequent, and the most injurious drug being used. There are a number of regional school-based studies that have been conducted on alcohol use among Hispanic/Latino teens. For example, Estrada and colleagues (1982) found in a school-based group of 107 Mexican American and Chicano adolescents, aged 13–16, that 87 percent of boys and 72 percent of girls reported some alcohol consumption. [Such school-based samples are believed to underestimate actual use since school dropouts are not included (Gilbert & Alcocer, 1988)]. A 1985 National Institute on Drug Abuse survey (NIDA, 1988) found that 87 percent of Hispanic/Latino males aged 18–25 had used alcohol at some time in their lives. It has been suggested that Hispanic/Latino adolescents often begin drinking heavily during late adolescence and continue drinking into adulthood (Caetano, 1986), and among Mexican American men in particular, cirrhotic liver death exacts a particularly early and heavy toll (Gilbert & Cervantes, 1986).

Theory on substance abuse prevention is particularly concerned with the identification of risk factors. Factors in the social environment have typically been considered of great relevance to substance abuse and other behavior problems among disenfranchised communities. Contrary to the general belief that poverty is a primary factor in drug use, data from the 1985 Hispanic/Latino Health and Nutrition Examination Survey revealed that Hispanic/Latinos with incomes above the poverty level were more likely to use marijuana and cocaine than were those who

lived in poverty (National Institute on Drug Abuse, 1987). Additional findings suggesting that other contextual factors such as the family may be more significant than sociological factors are reviewed by Santisteban *et al.* (this monograph).

In a review of alcohol use among Hispanic/Latinos, Gilbert and Alcocer (1988) point out that research has not demonstrated that lower socioeconomic status is necessarily linked to alcohol use among Hispanic/Latino adolescents. In fact, Guinn (1978) found, among 937 Mexican American high school students in rural Texas, no clear relationship between these variables, whereas Linskey (1985) found, among 960 Texas border-area high school students, a far greater prevalence of alcohol use among students who perceived their family income as adequate. These findings are consistent with those of large adolescent population samples, such as the "High School and Beyond" study which also revealed that white males from higher socioeconomic status were at greater risk for heavier drinking (Martin & Pritchard, 1991; see also Hilton, 1988).

Family and Substance Abuse

The role of the family in drug abuse etiology and prevention has attained increasing recognition in the last decade. Considerable attention has been given to family factors in research on severe drug abuse and addiction. Stanton's research (1980) with heroin addicts, for example, led him to suggest that these drug problems develop and are maintained within a family context, and that many addicts continue to have strong family ties throughout their addiction. As Stanton points out, problems that arise in abusers' lives can usually be linked to the interpersonal forces and relationships that surround them. Family variables have thus come to assume a salient position in advanced drug abuse (Stanton, Todd, *et al.*, 1978).

There is considerable literature also suggesting a strong link between adolescent substance abuse and family functioning. Several comprehensive reviews of the literature have chronicled the massive research and theory relating to families and adolescent substance abuse (e.g., Cervantes, Gilbert, Salgado de Snyder &

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Padilla, 1990–91; Galan, 1988; Glynn, 1981, 1984; Hawkins, Lishner, Catalano & Howard, 1986; Stanton, 1978, 1979). Studies of the families of drug abusers have generally reported a high rate of family pathology, including such symptomatic behavior as alcohol and/or other drug abuse in parents. In fact, a number of familial factors have been suggested as placing children at risk for substance abuse, including, in addition to parental alcohol and other drug abuse, child abuse and neglect, and inadequate parenting and supervision (OSAP, 1991).

Among adolescents, Liddle and Diamond (1991, p. 55) assert that "the quality of family relations is central to the genesis and deterrence of adolescent drug abuse." Such factors as the degree of parental nurturance and support, parent-child communications, and quality of the parents' marriage have been found repeatedly to discriminate between adolescents who use drugs and those who do not (e.g., Coombs & Landsverk, 1988; Coombs & Paulson, 1988; Glynn & Haenlein, 1988).

Some scientists believe that the mechanisms through which family functioning affects substance abuse concern social bonding. The research findings of Coombs, Paulson & Richardson (1991) provide considerable evidence of the crucial role of family versus peer bonding in predicting substance abuse among both Hispanic/Latino and Anglo youth (See also, Martin & Pritchard, 1991). Consistent with these findings, the distinguished Purdue Family Research Team (Piercy, Volk, Trepper, Sprenkle & Lewis, 1991) reported that family affective and relational variables such as cohesion, discipline, and open communication with mother and father are important predictors of severity in adolescent substance abuse. More specifically, the research of Elliot, Huizinga & Ageton (1985) reveals that breakdown of family bonding leads to increased probability of bonding with delinquent peers. Other investigators (e.g., Schinke, Moncher, Palleja, Zayas & Schilling, 1988) have reasoned that Hispanic/Latino youths are exposed to strong stressors which must be moderated by social support systems. Within this framework, an adolescent is viewed as having strong needs for bonding (i.e., social support) which can be channeled through parents, or, when that fails, through peers. Whether or not the need for bonding is a function of stress,

researchers (Labouvie & McGee, 1986) have found that those adolescents who are more likely to engage in alcohol and other drug abuse demonstrate a high need to affiliate or bond.

Such results have led to a conceptualization of substance abuse not strictly as a function of the individual's pathology but often as a function of contextual factors that might include maladaptive family functioning. Research and clinical work of twenty years with Hispanic/Latino adolescent substance abusers at the Spanish Family Guidance Center in Miami support the notion of linking certain patterns of family interaction with the occurrence of adolescent behavior problems that include substance abuse (Szapocznik & Kurtines, 1989; see Szapocznik & COSSMHO, this monograph).

The above findings point toward the importance of targeting families as part of larger substance abuse/behavior problem prevention and intervention programs. The family literature suggests that there has been an important shift in the way in which the problem of substance abuse is conceptualized. This shift places greater emphasis on the context in which substance abuse occurs (as compared to approaches that emphasize the substance-abusing teen only). In work with adolescents, this has meant that the family is seen as a critically important unit to target in substance abuse prevention and treatment of adolescents (Szapocznik & Kurtines, 1989).

It is important to note that this conceptualization of the problem does not view family functioning as necessarily causing alcohol and other drug abuse, rather it states that problems in family organization and interaction provide the environment where alcohol and other drug abuse takes root. Furthermore, and perhaps of even greater importance, several chapters in this monograph argue that changing the family's way of interacting is a highly effective prevention and early treatment intervention with Hispanic/Latino families. The literature on adolescent substance abuse already supports a conceptual model that links substance abuse and family organization. What is lacking, however, is an expanded model which takes into account the specific needs and characteristics of the Hispanic/Latino population. This monograph takes some initial steps in proposing interventions that link substance abuse and

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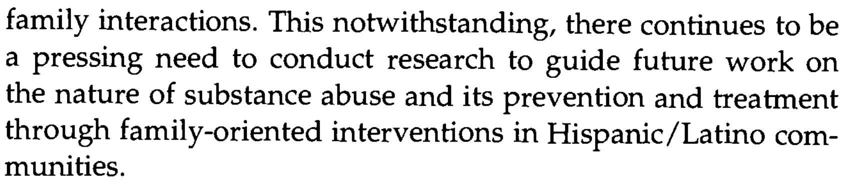

family interactions. This notwithstanding, there continues to be a pressing need to conduct research to guide future work on the nature of substance abuse and its prevention and treatment through family-oriented interventions in Hispanic/Latino communities.

Discussion

Hispanic/Latinos represent a young and rapidly growing population; and the proportion of young Hispanic/Latinos promises to continue to grow considerably in the coming years. Hispanic/Latino youth appear to be at great risk for behavior problems, including substance abuse. While substance use is varied among Hispanic/Latino populations, there are suggestions that drugs of particular concern may include alcohol, cocaine, and inhalants. The family has always played a central role in Hispanic/Latino culture. Increasingly, research on adolescent substance abuse suggests that families can have an important role as risk and resiliency factors. Family risk factors have been identified and appear to lie primarily in the nature of family interactions, including processes such as parent-child communication, cohesion, and parenting styles, including discipline. Family resiliency factors have not received as much attention in the research literature, but there are conceptual models which suggest that bonding to the family can be salutary. Similarly, studies comparing adolescents who use drugs and those who do not suggest that the inverse of risk factors (i.e., adequate parent-child communication, adequate parenting/discipline styles) might also have a salutary effect. These suggestions are particularly intriguing since the field is in search of alternative explanations for risk and resiliency among disenfranchised populations. It appears that some of the old dogmas about economic conditions and family demographics as risk factors are not supported by the available literature. This monograph proposes that family affective and relational conditions might be crucial to the child's prosocial adjustment, and thus might constitute an important set of protective factors.

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Behavior Problems Among Hispanic/Latino Youth: The Family as Moderator of Adjustment

Daniel Santisteban, Ph.D., José Szapocznik, Ph.D. and William Kurtines, Ph.D.

This chapter places drug abuse within the context of a broader syndrome of problem behaviors. While the literature on the epidemiology and treatment of behavior problems among youth has tended to view these problems in isolation, one at a time and on a symptomatic basis, in this chapter it is argued that behavior problems are best understood when taken as part of a syndrome. Data are presented to support this assertion, both for the population as a whole and for Hispanic/Latino youth in particular. Within this context, the role of the family in mediating behavior problems, and consequently drug abuse, is discussed.

In the search for antecedent factors, there has been a tendency to attribute behavior problems in ethnic/racial populations to social, economic, and political conditions. While these macrosocial factors are unquestionably powerful in their effects, in this article it is argued that family functioning is a critically important moderating mechanism between macrosocial factors and the

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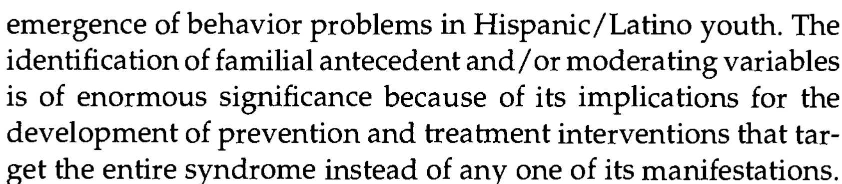

emergence of behavior problems in Hispanic/Latino youth. The identification of familial antecedent and/or moderating variables is of enormous significance because of its implications for the development of prevention and treatment interventions that target the entire syndrome instead of any one of its manifestations.

This chapter begins by reviewing available data on the prevalence of behavior problems among Hispanic/Latino youths. Second, the chapter reviews evidence that supports the conceptualization of behavior problems as a syndrome, both in the general population and among Hispanics/Latinos. Third, the chapter reviews evidence suggesting that family functioning plays an important role in moderating the emergence of the behavior problem syndrome, and that familial factors may be particularly crucial for Hispanic/Latinos.

Epidemiology of Hispanic/Latino Adolescent Behavior Problems

As noted by Szapocznik and Fein (this monograph), the Hispanic/Latino adolescent population in the United States is already large, and is expected to continue to grow at a rapid pace at least for another decade. Despite their impressive numbers, epidemiological data on specific behavior problems among Hispanic/Latino adolescents are scarce. While there is a broad range of behavior problems manifested by Hispanic/Latino adolescents, prevalence data on only four types of problem behaviors are reviewed below because of the availability of data in these areas.

School Dropouts

Estimates indicate that among Hispanics/Latinos there were almost six dropouts per 10 high school graduates, whereas for non-Hispanic/Latino whites there were two dropouts for every 10 high school graduates. In 1987, Hispanic/Latinos comprised 7 percent of high school graduates but 18 percent of high school dropouts (Rosenbaum & Pittman, 1989). In New York City, the estimated dropout rate for Puerto Rican students ranged from a low of 41 percent to a high of 80 percent (Fitzpatrick, 1987).

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In addition, the data suggest that Hispanics/Latinos tend to drop out early, with 40 percent of Hispanic/Latino dropouts leaving school before reaching the tenth grade (Hirano-Nakanishi, 1986).

Substance Abuse

Most epidemiological data on Hispanic/Latino youth are based on school samples (Maddahian, Newcomb & Bentler, 1986). These data suggest that Hispanic/Latino youth generally have substance abuse rates similar to non-Hispanic/Latino whites (Austin & Gilbert, 1989). However, these findings are confounded by the fact that the school dropout rate for Hispanic/Latinos is significantly higher than that for whites. The potential for underestimation of substance abuse problems is significant, given evidence that school dropouts are at higher risk for drug use than those who remain in school (Johnston, O'Malley & Bachman, 1986). A 1985 National Institute on Drug Abuse (NIDA, 1988) survey found that 87 percent of Hispanic/Latino males aged 18–25 had used alcohol at some time in their lives. Over 50 percent reported previous marijuana use and over 18 percent had used cocaine. It has been suggested that Hispanic/Latino adolescents often begin drinking heavily during late adolescence and continue drinking into adulthood (Caetano, 1988). Hispanic/Latino youth also have a tendency to become involved with the more dangerous drugs such as inhalants, heroin, cocaine, and/or PCP (Humm-Delgado & Delgado, 1983).

Teen Pregnancy

Data from the National Center for Health Statistics suggest that 16.4 percent of all Hispanic/Latino births are to teenage mothers, compared to 9.5 percent for non-Hispanic/Latino whites and 22.8 percent for non-Hispanic/Latino blacks. Further, 42 percent of children born to Hispanic/Latino teenage mothers are born out of wedlock (National Center for Health Statistics, 1988).

Delinquency

It is very difficult to obtain accurate data on the rates of delinquency among adolescents. As Empey (1982) has pointed out,

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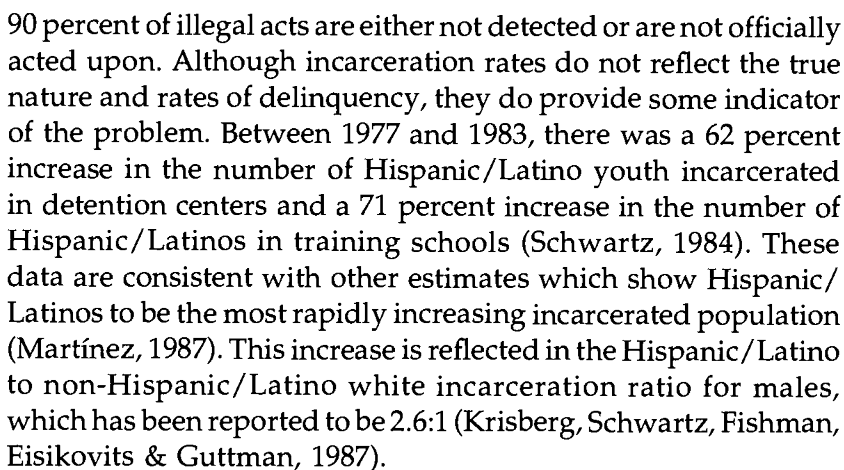

90 percent of illegal acts are either not detected or are not officially acted upon. Although incarceration rates do not reflect the true nature and rates of delinquency, they do provide some indicator of the problem. Between 1977 and 1983, there was a 62 percent increase in the number of Hispanic/Latino youth incarcerated in detention centers and a 71 percent increase in the number of Hispanic/Latinos in training schools (Schwartz, 1984). These data are consistent with other estimates which show Hispanic/Latinos to be the most rapidly increasing incarcerated population (Martínez, 1987). This increase is reflected in the Hispanic/Latino to non-Hispanic/Latino white incarceration ratio for males, which has been reported to be 2.6:1 (Krisberg, Schwartz, Fishman, Eisikovits & Guttman, 1987).

The Behavior Problem Syndrome

Historically, deviant behaviors have been handled separately and in isolation, depending upon the institution or agency with which the behavior problem youth happens to come into conflict. A youth showing a cluster of behavior problems can often be classified as a substance abuser, a delinquent, a runaway, a youth with disorderly conduct, or a gang member, depending on the specific behavior which is isolated and made the focus of attention (Rodríguez & Zayas, 1989).

There is mounting research evidence suggesting that an adolescent does not generally present a single behavior problem or symptom. In fact, it appears that a behavior problem is generally part of a more general syndrome of acting-out behaviors. The pioneer work supporting a model in which a variety of problem behaviors co-exist as a syndrome was conducted by Jessor and Jessor (1977) and Jessor (1983). A replication of Jessor's earlier work suggested that earlier findings are generalizable to today's youth (Donovan, Jessor & Costa, 1988). A maximum-likelihood factor analysis showed that a single factor consisting of times drunk, marijuana use, general deviance, and sexual experience accounted for 47 percent of the variance among males and 37 percent among females on a comprehensive list of behavior problems. The variance accounted for by this single factor was higher

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than that accounted for in their earlier study (39 percent and 28 percent, respectively).

The literature on runaways serves as a good example of how behavior problems in youth tend to cluster. Estimates of the number of runaways are in excess of one million annually (Davidson, 1986). The majority of runaways either choose to leave home or are forced out of the home because of family conflicts. Runaways display a number of co-existing problems. In addition to runaway behavior and family conflicts, high rates of alcohol and drug abuse are evident, with up to one half of runaways having diagnosable alcohol problems (Manov & Lowther, 1983). In addition, the teenage pregnancy rate is disproportionately high among runaways (Shaffer & Caton, 1984).

The literature provides other examples of studies which have documented associations among behavior problems (*cf.* McGee & Newcomb, 1992; Vega, Zimmerman, Warheit, Apospori, & Gil, 1993). One study addressing the relationship between dropping out of school and drug use showed that illicit drug use increases the propensity to drop out of school and that the earlier the drug use begins, the greater the likelihood of premature dropout (Mensch & Kandel, 1988). Hundleby *et al.* correlated marijuana use with other behaviors in a sample of adolescents and concluded that "increasing involvement with drugs has quite an array of behavioral concomitants" (Hundleby, Carpenter, Ross & Mercer, 1982). Their data show that marijuana use was significantly associated with sexual behavior ($r = .53$, $p < .01$), school misbehavior ($r = .34$, $p < .01$), and general deviancy ($r = .31$, $p < .01$).

Research with Hispanic/Latino adolescents has shed light on the extent to which the behavior problem syndrome is generalizable to the Hispanic/Latino adolescent population. Using a sample of 100 regular and heavy drug-using Hispanic/Latino adolescent males (ages 14–17) in Miami, Inciardi reported that 49 percent were involved in a major felony at least once per month and 87 percent were involved in petty property crimes at least once per week (Inciardi, 1991). Seventy-four percent of the total Hispanic/Latino sample had committed at least one major felony in the past 12 months. Of these, 47 percent had

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been involved in robbery, 58 percent had been involved in a burglary, and 52 percent had been involved in motor vehicle theft. Furthermore, the 74 adolescents who admitted to engaging in at least one major felony in the past twelve months accounted for 2,781 felonies in that same time period. These data provide clear evidence in support of the existence of a syndrome of deviant behaviors among a Hispanic/Latino subpopulation.

In a sample of Hispanic/Latino pregnant adolescents, Moss and Hensleigh found that 60 percent drank beer or wine and 50 percent had smoked marijuana prior to their third month of pregnancy (Moss & Hensleigh, 1988). Of the marijuana smokers, 57 percent smoked more than once per week and 21 percent smoked six or more joints per week. Approximately 25 percent of these teenagers reported using PCP, cocaine, stimulants, or depressants prior to their pregnancy.

Bruno and Doscher and Chávez, Edwards, and Oetting (cited in De La Rosa, 1991) conducted studies analyzing the relationship between drug use and school failure among Hispanics/Latinos. Bruno and Doscher reported that the use of marijuana was higher among Hispanic/Latino youngsters who had dropped out of school or were at risk of dropping out than it was among those who stayed in school. The Chávez *et al.* study found that youngsters who identified themselves as school dropouts or students identified by the school as potential dropouts had a higher rate of illicit drug use than did other youth still in school. In this study, the male dropout and at-risk groups had 33 percent lifetime use of cocaine compared to 18 percent in the other students. Lifetime cocaine use differences between dropouts, high-risk and low-risk females were even more striking (42 percent, 36 percent vs. 13 percent). For male students, rates of being drunk before or during school were considerably higher in the dropout and high-risk group than in other students (65 percent, 54 percent vs. 38 percent).

One study used a syndrome of behaviors shown to co-exist with drug use in order to detect Hispanic/Latino adolescents who had successfully concealed drug use from their parents (Szapocznik, Santisteban, Pérez-Vidal & Brickman, 1988). Parents who did not have direct knowledge concerning their adolescents'

drug use were asked to report on known behavior problems. Their results indicate that by selecting adolescents on the basis of two or more behavior problems other than drug use (i.e., dropping out of school, having trouble with police, having delinquent peers) a population was selected in which 91 percent of the adolescents admitted to previous drug use. Since these adolescents were selected on the basis of behavior problems other than drug use, these data provide further support for the existence of a syndrome of deviant behaviors among Hispanic/Latino youths.

Family Factors Underlying the Behavior Problem Syndrome

Jessor has postulated that the behavior problem syndrome arises from an underlying, antecedent set of variables (Jessor, 1983). While a number of factors have been postulated and investigated, in this chapter it is argued that family functioning is an important moderator of the emergence of behavior problems, particularly among Hispanics/Latinos.

The relationship between the characteristics of Hispanic/Latino families and the incidence of adolescent behavior problems can be approached from two different perspectives. While most of the literature is reported from the perspective of high risk for the emergence of problems such as substance abuse and/or delinquency, some researchers have reported on those factors which help families respond to stressors in an adaptive fashion. Thus the literature reflects a growing interest in both "protective" and "risk" factors associated with adjustment and maladjustment of children and families (Rutter, 1979; Garmenzy, 1985).

The Hispanic/Latino family's ability to moderate the effects of macro social or environmental stressors is critical, since these stressors have long been identified as sources of psychosocial dysfunctions among Hispanic/Latino families and their youth (Torres-Matrullo, 1976; Canino, Earley & Rogler, 1980; Canino, 1982; Roberts & Vernon, 1984; Cervantes & Castro, 1985). Two important categories of stressors are hypothesized to result in adjustment problems in Hispanic/Latino family members. The

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first includes stressful social conditions such as poverty and deprivation (Padilla, Ruiz & Alvarez, 1975; Acosta, 1979). The second category consists of acculturation stressors such as culture shock, intergenerational and acculturational gaps, language barriers and ethnic identity conflicts (Cuéllar, 1971; Neggy & Woods, 1992; Moyerman & Forman, 1992; Szapocznik, Scopetta, Kurtines & Aranalde, 1978; Berry, 1980; Szapocznik & Kurtines, 1980; Szapocznik, Santisteban, Río, Pérez-Vidal, Kurtines & Hervis, 1986). Given the extent and severity of many of the stressors which impinge on Hispanic/Latino families, the role of family functioning in protecting/insulating its members is of utmost importance.

Protective Factors

It has long been known that there are children who come from tremendously stressful and deprived environments but somehow manage to overcome the "high risks" and adjust remarkably well to the environment. These "resilient" children may provide clues for prevention since they tend to grow up in chaotic home, school, and/or social environments (Werner & Smith, 1982; Werner, 1984). Although the reasons for the success of stressor-resistant children are not fully understood, the protection model considers family functioning to be of paramount importance in how stressors are dealt with in the home (Laosa, 1990). It has been argued, for example, that the Hispanic/Latino family protects its members through its support structure (Becerra, 1988; Sánchez-Ayendez, 1988). Other studies point to the close-knit family systems and community networks which help to protect Hispanic/Latino [Mexican American] families from the development of dysfunctional behavior (Jaco, 1959; Madsen, 1964).

In our research, we have proposed four basic protective family characteristics which enhance the family's ability to respond to stressors in an adaptive fashion (Szapocznik & Kurtines, 1989). First, parents or parent figures demonstrate good family management skills (Loeber & Dishion, 1983). This means parents who are able to provide effective leadership (behavior control and guidance) and are capable of supporting each other and working together *vis-à-vis* the child or adolescent. Second, communication

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between family members is characterized by directness, reciprocity, and specificity. Each pairing of two family members is able to communicate clearly and effectively. Third, family members demonstrate a certain level of flexibility in terms of handling familial and extrafamilial stressors in adaptive ways rather than in a rigid, automatic fashion. Finally, these families allow important conflicts to surface and are able to reach some conflict resolution. Functional families realize that not all problems can be resolved, and thus prioritize them in order to handle first those problems which are most critical to adaptive family functioning.

High-Risk Factors

A number of studies have investigated the relationship between high-risk family factors and child/adolescent adjustment. Studies of the families of adolescent substance abusers have generally reported a high rate of family pathology, including such symptomatic behavior in parents as alcohol and/or drug abuse. Profiles of abusers show that their families tend to be fragmented and in conflict (Green, 1979; O'Donnell & Clayton, 1979; Stanton, 1979; Austin, Macari & Lettieri, 1979).

Kazdin reviewed studies of parent and family factors associated with antisocial behavior and delinquency (Kazdin, 1987). These studies compared parents of normal youths and parents of youths who exhibit antisocial/behavior problems. Results indicated that parents of behavior problem youths show less acceptance of their children, less warmth, affection, and emotional support, and report less attachment to their children (Loeber & Dishion, 1984). These parents are less supportive, communicate in a more defensive manner, and participate in joint family activities to a lesser degree than do parents of normal children (Alexander, 1973; Hanson, Henggeler, Haefele & Rodick, 1984). These parents also tend to have poor marital relationships, to exhibit unhappiness, conflict, and aggression (Hetherington & Martin, 1979; Rutter & Guiller, 1983), and to be harsh in their attitudes and disciplinary practices with their children (Farrington, 1978). Studies focusing on parental behavior showed that in terms of behavior control, parents of antisocial children tend to use reinforcement inappropriately (Patterson, 1982) and/

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or inconsistently (McCord, McCord & Zola, 1959). Our own clinical observations and research suggest a complex relationship in which there is a clearly poor marital relationship as well as parents who *appear* to be less supportive. In fact, however, one of the parents is distanced from the entire family, whereas the other parent may be overly close or enmeshed with the behavior problem youth. In these cases, parents are unable to resolve conflicts due to their estranged or conflictive relationship, leading to the kind of inconsistent or inappropriate reinforcement reported by Patterson (1983) and McCord *et al.* (1959).

One study found family variables to be the principal predictive factors in delinquency (Loeber & Dishion, 1984). In rank order of predictive power (reported below in terms of median percent improvement over chance) the variables were: family management techniques such as supervision and discipline (.50); the child's level of conduct problems (.32); previous lying, stealing, and/or truancy (.26); parental criminality or antisocial behavior (.24); and poor academic performance (.23). Interestingly, the lowest-ranking predictors of delinquency were socioeconomic status (.20) and separation from parents (.18)—two factors often included on the top of listings of high-risk factors associated with or predictive of delinquency.

Patterson and Dishion conducted an empirical study on the contribution of parents and peers to delinquency among male adolescents (Patterson & Dishion, 1985). The results supported the hypothesis that failure in parent monitoring and social skills deficits, when present along with low levels of academic skills and deviant peers, increase an adolescent's engagement in delinquent behavior. Their conceptual model stipulates that delinquent behavior progresses through two stages (Patterson, 1983). First, there is a breakdown in family management which is associated with increased antisocial behavior by the child, and with impaired development of social and academic skills. These behavioral and skill deficits lead to rejection by normal peers and to academic failure. Second, continued disruptions in parent monitoring practices and poor social skills place the adolescent further at risk for contact with deviant peers.

In their work with Hispanic/Latino families in Miami, Szapocznik and Kurtines have proposed a similar sequence leading

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from family "mismanagement" to antisocial and problem behavior, including increased contact with deviant peers (Szapocznik & Kurtines, 1989). Consistent with these conceptual models, Edelman found that among male Puerto Rican adolescents considered at high risk for delinquency, those whose parents enforced isolation from delinquent peer involvement were unlikely to become involved in delinquency (Edelman, 1984).

Some research evidence suggests that family involvement may be an even more important factor for Hispanic/Latino families than for non-Hispanic/Latino families. One study (Rodríguez & Weisburd, 1991) compared delinquency predictor variables obtained on a sample of Hispanic/Latinos in the South Bronx area with National Youth Survey results (Elliot, Huizinga & Ageton, 1989). The National Youth Survey revealed a direct effect for peer involvement (operationalized as "time spent with") and an indirect effect for family involvement and school involvement. In contrast, the *Hispanic/Latino data* indicated a *direct effect for peer and family involvement* and an indirect effect for school involvement.

Acculturation-related Factors. The findings presented above indicate a particularly critical need for Hispanic/Latino behavioral science researchers to target more precisely those family factors which are unique to Hispanic/Latino families. The exacerbated intergenerational/intercultural conflict that characterizes Hispanic/Latino immigrant families provides an excellent example of this type of unique factor. An important finding in work with Hispanic/Latino youth has been that in this population the behavior problem syndrome also includes high levels of adolescent acculturation (relative to their parents) and rejection of the culture of origin. Szapocznik and Kurtines (1980) suggest that problem behavior in Hispanic/Latino adolescents is most prevalent among highly acculturated youth with relatively unacculturated parents. These youths tend to reject their culture of origin and the values expressed by their parents, while the parents tend to reject the culture adopted by their children.

A further complication is the fact that these substantial intergenerational differences in acculturation may either precipitate

or exacerbate intergenerational conflicts which are universally common during the developmental transition to adolescence (Szapocznik & Truss, 1978). In working with Hispanic/Latino immigrant families, Szapocznik and colleagues (Szapocznik, Santisteban, Río, Pérez-Vidal, Kurtines & Hervis, 1986) have postulated a constellation of family variables to account for the unique role that intercultural conflict plays in Hispanic/Latino families. This constellation comprises the high risk syndrome and includes three sets of factors: 1) current maladaptive family interactions, 2) intergenerational conflict, and 3) intercultural conflict. The model states that maladaptive family interactions (as discussed in the high risk section above) represent the necessary condition and family intergenerational and intercultural conflict the added stressors which, when combined, tend to give rise to high rates of behavior problem syndromes in Hispanic/Latino adolescents. They postulate that as a moderator of future family stressors, family functioning can serve to either minimize or exacerbate the effect of these sources of stress.

Family as a Mediating or Moderating Variable

The issue of the unique role that family factors play among Hispanics/Latinos raises the question of the mechanisms by which family functioning impacts upon the emergence of the behavior problem syndrome in Hispanic/Latino families. Kumpfer, in an extensive review of this topic, concluded that "the final pathway in which family factors influence delinquency in the child is the way that the family functions, rather than external demographic variables" (Kumpfer, 1989). In proposing this model, Kumpfer would appear to suggest that family functioning is a mediating variable. In this case, environmental factors are said to impact the family, which in turn impacts the youth. However, in working with ethnic/racial populations, other researchers present family functioning as both a mediating and a moderating variable (Minuchin, Montalvo, Guerney, Rosman & Schumer, 1967; Szapocznik, Santisteban, Río, Pérez-Vidal, Kurtines & Hervis, 1986; Szapocznik, Pérez-Vidal, Hervis, Brickman

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& Kurtines, 1990). As a moderating variable, the family is also perceived as capable of moderating the environment's direct impact on the youth.

Identifying the family's ability to operate as a moderating *or* mediating variable is of critical importance to the design and implementation of effective prevention and treatment strategies. In our work, for example, we have developed prevention and intervention strategies that target family functioning as mediator/moderator of stress and conflict. More specifically, we have found structural family therapy (Minuchin, 1974; Minuchin & Fishman, 1981; Szapocznik & Kurtines, 1989) to be particularly suited for use with Hispanic/Latino families whose children exhibit behavior problems. Indeed, there has been a remarkable convergence (Minuchin, Montalvo, *et al.*, 1967; Minuchin & Montalvo, 1968; Auerswald, 1971; Aponte, 1974; Canino & Canino, 1980; Hardy-Fanta & MacMahon-Herrera, 1981; Falicov, 1982; Bernal & Flores-Ortiz, 1982; Juárez, 1985; Cervantes & Castro, 1985) among practitioners and researchers regarding the utility of structural family therapy among Hispanic/Latino families. This convergence, in our view, takes place because structural family therapy focuses on interpersonal rather than on intrapersonal factors. By focusing on interpersonal interaction patterns, this type of intervention allows the structural family therapist to address maladaptive family functioning within the context of intergenerational/intercultural realities. Specifically, in treating families that show intergenerational/intercultural conflict, the content of therapy may be issues of cultural differences, differences in rates of acculturation, etc. Work at the process level is aimed at changing the manner in which family members interact with each other (see Mancilla, Szapocznik & Kurtines, this monograph).

Knowledge of the interactional characteristics of the family is necessary in both prevention and treatment because family interaction may provide the context in which behavior problems emerge and are maintained. We therefore support the movement toward more complex models which identify family variables that may mediate, moderate, or independently account for the development and maintenance of behavior problems of youth

across social classes and ethnic groups. Research efforts must continue to shed light on protective and high-risk family factors involved in the behavior problem syndrome and to focus on the development of population-specific prevention and intervention approaches.

Discussion

Hispanic/Latino youth are presenting rising levels of behavior problems. In this article we argue that there is a need for a reorientation with regard to how behavior problems are conceptualized, their origins, and the types of interventions that are effective with Hispanic/Latino behavior-problem youth. More specifically, we first present evidence from a growing literature that suggests that "behavior problem" youth often show a cluster of behavior problems and *not* a single problem such as school dropout, substance abuse, teen pregnancy or delinquency. Moreover, recent studies indicate that this finding generalizes to Hispanic/Latino youth. Second, we present evidence that this constellation of behavior problems shares a set of underlying or etiological factors, including family factors. Third, we argue that family factors are among the most important in terms of the origin, prevention, and treatment of behavior problems among youth. Certain family-interaction patterns may provide protection or insulation against high-risk conditions, whereas maladaptive family interactions may contribute to the development of the behavior problem syndrome. Fourth, we argue that because of the unique cultural stressors that confront the Hispanic/Latino family, family functioning plays a particularly central role in moderating behavior problems in Hispanic/Latino youth. In view of the above, in this chapter we argue that there is a critical need for Hispanic/Latino researchers to refocus their research efforts to target more precisely specific family factors as they impact on the family in general, as well as those factors that are unique to Hispanic/Latino families.

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3

Structural Family Therapy

José Szapocznik, Ph.D. and COSSMHO

History and Application

Structural Family Therapy has its roots in the work of a team of *Hispanic/Latino professionals* working at the Philadelphia Child Guidance Clinic in the inner cities of Philadelphia beginning in the late 1960's. The pioneer work of Hispanic psychiatrist Salvador Minuchin (1974); Minuchin, Rosman, & Baker (1978); Minuchin & Fishman (1981), and Hispanic colleagues Harry Aponte (1974) and Braulio Montalvo with inner-city Puerto Rican and African American families gave rise to an approach to family work that has revolutionized the way in which we think about families and the way in which we work with families.

In 1975, the Spanish Family Guidance Center in Miami, Florida, adopted Structural Family Therapy (Szapocznik, Scopetta, Aranalde, & Kurtines, 1978; Szapocznik, Scopetta, & King, 1978). This Center has conducted important clinical, research and demonstration projects showing the effectiveness of the approach with Cubans and non-Cuban Hispanics in the Miami area uninterruptedly since 1975. The Center has also extended and refined

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Structural Family Therapy for prevention and treatment of behavior problems in Hispanic youths (Szapocznik, Hervis, Kurtines, & Spencer, 1984; Szapocznik & Kurtines, 1989; Szapocznik, Kurtines, Foote, Pérez-Vidal, & Hervis, 1983; Szapocznik, Kurtines, Foote, Pérez-Vidal, & Hervis, 1986; Szapocznik, Kurtines, Pérez-Vidal, Hervis, & Foote, 1990; Szapocznik, Kurtines, Santisteban, & Río, 1990; Szapocznik, Pérez-Vidal, Brickman, Foote, Santisteban, Hervis, & Kurtines, 1988; Szapocznik, Pérez-Vidal, Hervis, Brickman, & Kurtines, 1990; Szapocznik, Río, & Kurtines, 1991; Szapocznik, Santisteban, Río, Pérez-Vidal, Kurtines, & Hervis, 1986; Szapocznik, Santisteban, Río, Pérez-Vidal, Santisteban, & Kurtines, 1989). Of great interest is that a number of Hispanic/Latino professionals working with Hispanic/Latino families have endorsed a structural family therapy approach as a service model for Hispanic Latino families (*e.g.*, Canino & Canino, 1980; Collado-Herrell, 1980; Falicov, 1982; Hardy-Fanta, 1985; Juárez, 1985).

More recently, in 1988 a national advisory committee of Hispanic/Latino professionals under the auspices of COSSMHO, the National Coalition of Hispanic Health and Human Services Organizations, chose Structural Family Therapy as conducted in the Spanish Family Guidance Center in Miami as the best-documented model of services for use in the prevention, early intervention, and treatment of behavior problems in Hispanic/Latino youths (COSSMHO, 1988). Subsequently, under a two-year grant from the Office of Juvenile Justice Prevention to COSSMHO, over 100 counselors were trained and hundreds of families served in eight community-based agencies throughout the United States and Puerto Rico. The eight agencies that participated in this program are: Family Services Association, San Antonio, Texas; Fordham-Tremont Community Mental Health Center, Bronx, New York; Instituto Ponceño del Hogar, Ponce, Puerto Rico; La Familia Counseling Service, Hayward, California; Pilsen-Little Village Community Mental Health Center, Chicago, Illinois; Santa Clara County Bureau of Drug Abuse Services, San José, California; The Puerto Rican Family Institute, New York, New York; and Youth Development Inc., Albuquerque, New Mexico. Currently, a major research study on this approach is underway in Tempe/Phoenix through a grant to Joan Koss-

Chioino, Ph.D., at Arizona State University from the National Institute on Drug Abuse. Thus, Structural Family Therapy has received broad support among Hispanic/Latino writers and has demonstrated its wide acceptability and usefulness with Hispanic/Latino populations throughout the United States and Puerto Rico, including its long history of application in Philadelphia (over twenty years) and Miami (over fifteen years) in large community-based inner city programs.

The work presented in this chapter is based on Structural Family Therapy as practiced at the Spanish Family Guidance Center and adapted for national dissemination to the eight sites participating in the COSSMHO national demonstration/replication project cited above. There are two important original sources for the material presented in this chapter, and these are recommended readings for a more comprehensive view of the work presented in this chapter: *Breakthroughs in Family Therapy with Drug-Abusing and Problem Youth* (Szapocznik & Kurtines, 1989), and *Preventing Juvenile Delinquency Among Hispanics: Structural Family Therapy—A Family Strengthening Approach* (Szapocznik & COSSMHO, 1993).

Theory

This chapter presents Structural Family Therapy as a strategy to use in the prevention, early intervention, and treatment of behavior problems that include substance abuse and other related behavior problem disorders. The chapter begins with a discussion of three theoretical aspects which comprise the basic foundation for the Structural Family Therapy approach:

— **Systems**
— **Structure**
— **Strategy**

Systems

A system is comprised of parts that are interdependent or interrelated. Families are systems made up of persons who have become responsive to each others' behaviors. An example of a system from the physical world can be found in a balloon. Start with a

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balloon that has no air in it and blow it up, tying a knot so that the air stays inside. The balloon and the air have become interdependent. If one side of the balloon is squeezed the air escapes to another part of the balloon, overstretching (by putting pressure on) the other side of the balloon. If we squeeze too much of the balloon, the air trapped inside will stretch the remainder of the balloon to the point of making it explode.

In this physical example it is easy to understand that the "behavior" of the balloon and the "behavior" of the air inside the balloon are very much dependent on each other. When the balloon is squeezed it displaces the air to another section of the balloon, which in turn causes that section of the balloon to over-expand.

It is the same way with families. When one member of the family is in pain, other members of the family feel it. When a parent feels unsupported and is stressed, the most vulnerable members of the family—that is, the children—will experience the stress and will develop symptoms. When a parent sets consequences, a child responds.

There are ways in which each family member has become accustomed to behaving within the family: behaviors that have occurred thousands of times over the many years that family members have been together and that have come to fit together like the parts of a puzzle—a perfect, predictable fit. Family members together behave very differently from the way family members behave when they are alone or when they are with individuals (such as counselors) who are not members of their families. This is particularly true of Hispanic/Latino families, in which bonds between family members can be particularly strong.

From a systems perspective, it is possible to think of the behavior problems in adolescents as occurring because other family members are not able (or do not know how) to set adequate consequences and limits to undesirable behavior, or because some family members are too attached or too detached; emotionally too close or too distant. Or, as a result of different kinds of problematic family interactions that are discussed more fully below under the diagnosis section.

The Hispanic/Latino family's "power" can be nearly irresistible when the family learns how to behave in ways that will cause

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a youngster to change to more adaptive or pro-social behaviors. Typically, a family member and particularly a child or adolescent will readily "respond" to the family system's pull to behave adaptively, provided the family knows how to pull in the right way.

In summary, there are two major aspects of systems that are important to remember: 1. Individual behaviors as well as behavior problems are identified as occurring not in isolation, but in the context of the system in which the individuals find themselves. This includes the influence of the family as well as the influence of other social systems on both the family and its individual members. 2. Both family and individual behavior are viewed as interactive and interdependent. That is, each individual's behavior, as well as interactions of the entire family, are quite different from what they would be if it were possible for each individual to act in isolation.

Structure

A systems approach tells us that the behavior of one family member is always influencing the behavior of other family members. There is another word that can be used to explain the relationship between the behavior of one family member and the response to that behavior from other family members. That word is "interaction." When one family member's behavior affects, elicits, impacts a response (or, for that matter, an apparent "non-response") from other family members, we call the interplay of the behaviors of these family members an "interaction." What is interesting in working with established systems such as families is that the interactions that occur are very predictable. What is meant by predictable is that for any given family the kinds of interactions that occur tend to *repeat* themselves.

Families that develop problems have problems precisely because they repeatedly interact in ways that don't get them what they want. They continue to behave in ways that continue to get them the same kinds of unsatisfactory responses from other family members. In fact, if a family member could change her/his behavior in such a fashion as to elicit a more satisfying

response from other family members, then the so-called "problem" would be resolved.

These kinds of *repetitive* interactions are called the family's **structure.** When these *repetitive* interactions are unsuccessful in achieving the goals of the family or of its individual members, then these interactions are said to be at the root of the kinds of problems that we are likely to call "symptoms." Rigid and repetitive interactions that fail to meet the family's goals are called **maladaptive.** It is precisely these kinds of **maladaptive** interactions that are the target of family therapy.

Some repetitive interactions are adaptive when they first occur. Many of these family structures develop at a time when they are adaptive, like when a parent corrects a child's behavior through directive guidance. Directive guidance is adaptive in the case of the child's behavior because children may lack the maturity to respond to more non-directive methods. These patterns of interaction work well for the family when they first emerge. However, sometimes these structures become so ingrained that they become automatic. In these instances families are likely to use these automatic ways of interacting even in situations when they are no longer effective, as when directive methods of guidance (which were appropriate with the child) are used with an adolescent who is becoming more autonomous as a person. If this happens, it means that the structure is no longer functioning in a useful and appropriate fashion. That is, rather than being helpful and functional, the family structure has now become maladaptive.

In summary, the interplay of behaviors among family members is defined as an interaction. The concept of structure teaches that the interdependency between family members is predictable and repetitive. It also teaches that in some instances the repetitive patterns of family interactions may be maladaptive in the sense that the family and its members do not fulfill their most cherished goals. Rather, they only succeed in frustrating themselves and each other, and in eliciting or allowing the kind of problematic behavior which comes to be labeled as the "symptom" of the family's inability to solve its interactional problems.

Strategy

The third fundamental concept of our counseling approach is that of strategy. This means that our counseling is practical, problem-focused, and planful.

Practical. To be practical means that we may make an intervention because it helps to achieve our objectives. In this sense, *practical* can be understood as what we typically think of as *political*. For example, the therapist may choose to emphasize one aspect of reality, rather than portraying the entire reality of a situation, because it serves to move the therapy in a particular direction.

For instance, in the case of a father who is berating his son for doing poorly in school, the counselor may choose to focus on Dad's concern for the future well-being of the son as a way of building a bridge between father and son. On the other hand, the counselor might be more interested in establishing a bond between Mom and Dad and thus may instead focus on how tired Mom is of dealing with this problem and thus encourage Mom and Dad to set up a set of rules together on how to deal with son's poor school performance. Yet, in another instance, the counselor may want to help the son to establish his independence and encourage him to let the father know that how well he performs in school is his own responsibility (his business) and not the father's.

Depending on the specific interactional pattern that the therapist wants to encourage, the therapist will highlight a convenient piece of reality—a frame or perspective—that helps to move the therapy in the desired direction.

Problem-focused. A problem-focused approach first targets those patterns of interactions that are directly related to the presenting problem. Many families have a lot of problems, and such multiproblem families are typically overwhelmed by their problems. When a therapist attempts to intervene with the broad range of problems confronting such a family, the therapist invariably becomes overwhelmed.

A problem-focused approach—somewhat like management by objectives—recommends that the therapist target one prob-

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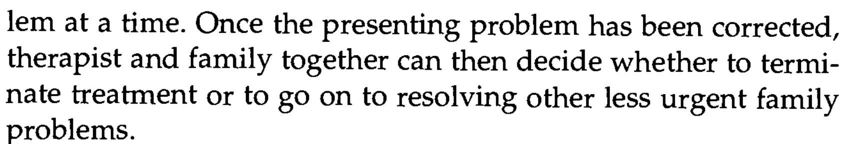

lem at a time. Once the presenting problem has been corrected, therapist and family together can then decide whether to terminate treatment or to go on to resolving other less urgent family problems.

Most families have, indeed, many problems. In these families, it is very important to observe carefully the distinction between process and content. Families presenting with very many different problems (a multitude of contents) may well be families that are unable to take one problem at a time and stick with it until some resolution is achieved (process). These families, instead, move from one problem to another (process) without being able to focus on a single problem (a single content) long enough to bring it to resolution. This is precisely how they become overwhelmed with a large number of unresolved problems.

The therapist's job is to assist the family in tackling a single problem at a time, and to bring that problem to resolution. Then, once one problem has been handled to the satisfaction of all family members, the therapist can allow the family to move to another problem area.

Planful. Planful means that the therapist determines what seems to be the problem with the family—with the "problem" defined interactionally. The treatment plan is designed to help the family to shift from one set of interactions that are problematic to another set of interactions that will cause the problem symptom to disappear or be reduced to an acceptable level. This approach is based on getting a clear understanding of the nature of the interactions in the family that are maladaptive; how these interactions are related to the symptoms that the family is experiencing; and, intervening in a very deliberate fashion to modify those interactions that are maladaptive, while choreographing opportunities for more adaptive and successful interactions to occur.

Defining a Problem

When the family has a problem, the therapist's job is to discover what happens when the family wishes to get rid of a problem and is not able to do so. In an empowerment model such as this one, the problem is re-defined in terms of the family's inability

to reach its own objectives of eliminating a bothersome symptom. The family's inability to eliminate a bothersome symptom is the cue that something is wrong.

The therapist's job is to find out what the family is doing inadvertently to encourage and maintain the symptom. We assume that if the symptom persists, then the family must inadvertently be doing something that keeps the problem alive. We also assume that the family could do something different that would eliminate the problem.

From a family therapy perspective, we are interested in the *interactions* that maintain the symptom. As structural systems therapists, this "something" that the family is doing that maintains the problem and the "something" that the family could do differently to eliminate the problem are by definition an interaction.

By the time a problem is brought to the attention of the therapist, the problem or symptom has become very persistent. By that time we find that the *interactions* that support these problems are equally persistent. In fact, in families with problems, there is a tendency to develop interactions that are repeated time after time in a rather rigid way. The opposite is also true: that those families in which certain interactions become repetitive in a rigid fashion are very likely to develop problems of the kind we call "symptoms."

Process and Content

Process refers to the behaviors that are involved in an interaction. Process refers to what happens and how. Secondarily, process refers to the message that is communicated by the nature of interactions or by the style of communication, including all that is communicated non-verbally such as feelings, tone, and power relationship.

Content refers to the specific and concrete facts used in communication. Content includes such things as the reasons that are given by family members for a given interaction. For example, when I say, "That is a handsome suit you have on today," the content is the suit, and the process is the compliment (i.e., the message; my behavior).

Process and content sometimes can send contradictory messages. For example, I could say, "That is a handsome suit you have on today" verbally, while non-verbally I could be making a face denoting that I am making fun of you. Non-verbal messages always fall under the category of process. So, too, what an actual behavior represents falls under the category of process.

Structural Family Therapy is process-oriented at all times. It focuses on identifying the nature of the interactions in the family (diagnosis) and in changing those interactions which are maladaptive. The therapist who responds primarily to content and loses sight of the process will be unable to make the kinds of family changes that are required in our approach.

Diagnosis

In Structural Family Therapy, diagnosis is the identification of interactional patterns (structure) that are not working for the family (and are creating symptoms in the case of treatment or have the potential for creating symptoms in the case of prevention). We are thus interested in the nature and characteristics of the interactions that occur in the family that cause the family's failure in meeting its own objectives, which are defined by the family as "getting rid of an undesirable symptom."

There are six aspects of the family's interactions that we will examine in detail, and which we review briefly here (For a more detailed presentation of the assessment procedure and diagnostic strategy see Szapocznik & Kurtines, 1989; Szapocznik & COSSMHO, 1991; Szapocznik, Kurtines, Hervis, Río, Faraci & Behar Mitrani, 1991). They are: **1. Structure, 2. Resonance, 3. Developmental Stage, 4. Life Context, 5. Identified Patienthood, and, 6. Conflict Resolution.**

Structure

Structure is the repetitive pattern of interactions that occurs in each family. In assessing structure, three categories of family organization are important for the prevention and treatment of adolescent behavior problems:

Leadership. Leadership is defined by the distribution of authority and responsibility within the family. In functional two-parent families, leadership is in the hands of the parents. In the case of single parents living within an extended family framework, leadership may be shared with an uncle or grandparent. In assessing whether leadership is adaptive, we look at who takes charge of the family's directorship. Is leadership in the appropriate hands? Is hierarchy appropriate with respect to age, role, and function? Who keeps order, if anyone? Are attempts to keep order successful or ignored? Who provides advice and suggestions? Does the advice provided have an impact on family interaction?

Subsystem organization. The subsystems in a family are usually defined so that parents are a subsystem, siblings are a subsystem, and grandparents are another subsystem. Each of these subsystems must have a certain degree of privacy and independence (i.e., boundaries). Boundaries, however, must be permeable and permit communication to enter and exit. When the authority subsystem is not clearly visible, that is, when authority figures are not working together and with some clear separation from the children, and when the children don't work as a team, we are likely to find some underlying problem which may be troublesome for overall family functioning. Of greatest danger for adolescent problem behavior are alliances of one parent figure with a child against another parent figure.

Communication flow. In functional families, communication flow is characterized by directness and specificity of communication. This is the ability of every two family members in the family to communicate directly and to be specific about what they want from each other.

Resonance

Resonance is the sensitivity of family members to one another. Resonance defines the emotional and psychological closeness or distance between family members. Resonance describes how much information, feelings, sensations are communicated from one family member to another. A son who hangs on to his mother's skirt may be said to be overly close. A mother who

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cries when her daughter hurts is emotionally very close. A father who doesn't care that his son is in trouble with the law may be said to be psychologically and emotionally distant.

Resonance is usually described in terms of boundaries. A boundary, just as its name implies, is a way of denoting where one person or a group of persons ends and where the next begins. We set our own boundaries when we let others know what behaviors that intrude upon our world we will allow and which we won't allow. In families, boundaries are established by rules, both those that are discussed as well as those that are never discussed, but which everyone understands.

At one extreme, boundaries can be extremely rigid or impermeable. When boundaries are so impermeable, the emotional and psychological distance between people is great. At the other extreme, boundaries can be far too tenuous. When boundaries are so tenuous, the emotional and psychological closeness between people is too great. BOTH EXTREMES ARE PROBLEMATIC. And as such, both extremes become a target of intervention.

A father may be so distant or disengaged that he is not touched by the needs of his family. On the other hand, a mother may be so close to her son or a father to his daughter that these parents do not give their children enough room to develop independently.

Resonance needs to be assessed with some knowledge of culture because the norms for emotional and psychological distance vary from culture to culture. However, whether or not the distance between family members is dictated by the culture, if a particular interactional style is causing problems for the family, then it may need to be changed. A clear example of this is found in the case in which, in a Hispanic/Latino community, men have a history of drinking, coming home drunk and abusing their wives. Clearly, just because it is part of the culture of *machismo* and *marianismo*, this is not something that we would support.

Developmental Stage

The behavior that is expected from each family member depends on their age and role in the family. Thus, parents are expected to take responsibility for family management; children are

expected to have responsibilities that are adequate for their age, but not more responsibility than that which corresponds to their stage in life. For a child, for example, we would expect a ten-year-old to help with some chores at home (some responsibility), but not to become the mother's confidant about her unhappiness with father (too much responsibility). Similarly, the nature of the positive and negative consequences that are attached to a child's conduct needs to be appropriate in the sense that they need to be both reasonable (i.e., not too extreme) and yet meaningful (be experienced as a consequence by the child).

Again, a developmental stage needs to be assessed within a cultural framework. Some Hispanic/Latino families tend to protect their children longer than would mainstream Americans. Thus it would not be unusual among traditional Hispanic/Latino groups to find a protracted period of dependence for Hispanic/Latino children as compared with white American families. Similarly, among Hispanic/Latinos, extended-family members such as uncles and grandparents are far more active and involved in child rearing. Thus, they may be more involved in providing guidance and leadership than would occur in mainstream American families. This is culturally normative and quite appropriate as long as extended-family members do not usurp or compete for authority with the available and competent parents. However, in those cases in which the child's parents are unavailable, it may be both appropriate as well as constructive for an extended-family member to take on parenting responsibilities.

In cases of behavioral problems, including drug abuse, the two extremes along the developmental stage continuum are found. At one extreme, some families may be too lenient by not providing sufficient supervision and guidance, or providing consequences that are not meaningful. At the other extreme, some families may be too demanding and severe, thus propelling youths to take refuge in the support of their peers, to take strength from their peers, and eventually to rebel against parental authority.

Life Context

The life context of the family includes the extended family, the community, the work situation, schools, courts, and other groups

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that may affect the family, both as stressors and as support systems. The approach to examining the relationship of life context to the family is very similar to that of examining interactions within the family. Thus, for example, we would examine forces that undermine adult authority, forces that ally with the youth in anti-social activities, the interactions between families and other authority figures such as probation workers and teachers, etc.

Identified Patienthood

In some families there may be a tendency to select one family member on whom to blame all of the ills of the family. This person becomes the family's "identified patient" and is at risk for developing substance abuse. If this person is a youth, then there is also the risk of developing other behavior problems as well.

Conflict Resolution

Disagreements are natural. However, families need to find a way of coming to terms with disagreements, particularly in areas of importance to the family. Below are a few maladaptive ways in which conflicts can be handled by a family:

a. Denial occurs when conflict is not allowed to emerge. Sometimes this is done by adopting a Pollyannish attitude that **"everything is just rosy."** At other times conflict is denied by arranging situations to avoid confrontation. For example, the classic denial occurs in the family that says, "We have no problems." The truth may be that Juanito, the son, is in trouble with the law; mother and father drink heavily; Juanito has little daily supervision, and discipline is at best erratic. Yet, the family claims that "all is rosy."

b. Avoidance occurs when conflict begins to emerge but is stopped, covered up, or inhibited in some way. Examples include, "Let's not have a fight now," "You're so cute when you're mad," "That's not really important," and "It would be no problem if we had more money."

c. Diffusion takes place in situations in which family members make it impossible to focus on a particular conflict by bring-

ing up one conflict after another, never letting any of them emerge fully; or making personal attacks which are not part of the conflict issue. For example, mother says to the father, "I don't like it when you get home late," and father changes the topic by responding "What kind of mother are you, anyway, letting your son stay home from school today for no good reason!" A strategy which is frequently used for diffusing is the personal attack. One person begins to talk about the problem and the other person responds with a personal attack on the first person in order to divert attention from the topic of conversation. Cultural differences may affect what kind of conflict resolution style is most prevalent. Certain cultures, like the Asian, are more likely to deny conflicts; others, such as the Cubans, are more likely to diffuse conflict; yet others, like the psychologically-oriented mental health practitioners, are more likely to value full conflict emergence.

In summary, the approach proposed here for understanding families is based strictly on an understanding of the characteristics of the interactions that occur among family members. It is useful to remind the reader about the description of family process presented earlier, and our efforts to make a distinction between process and content. It should be clear that the diagnosis is entirely focused on the identification of the family process—the interplay of behaviors between family members that we have come to label "interactions." Content plays a minimal role in our diagnostic process. In general, the role of content is perceived as providing the family with the excuse or rationale it needs for behaving/interacting in a certain fashion.

Preparing the Terrain: "Joining"

Every farmer knows that the ground needs to be prepared before something can be planted in it; every baker knows that the dough has to be kneaded before it is baked. Therapists need to know that families have to be courted before they can be changed. Families are systems, and all systems have their rules. One of the very important rules that all systems have is that they must preserve themselves, and, even more important, that they must preserve themselves in exactly the same way as they always have.

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How shall a family respond to the therapist who approaches the family with the agenda of changing it? Families respond predictably in the same way all systems respond when they confront an external force that wants to change them. The family runs. It runs as far away from the counselor as it can. In our field we call this "**resistance.**" The family resisted getting well; the family resisted help.

What Causes the Family to Resist?

What causes the family to resist is the nature of the interaction between the therapist and the family. The interaction went sour. The counselor placed all the blame on the family—which after all was the weaker, more vulnerable member in the interaction. Would, however, a baker blame the dough for not rising if he had neglected to knead?

The therapist with a systems orientation would answer with a resounding "NO." As we say in systems thinking, the problem lies in the interaction. There is something—and that something is an interaction—that may have resulted in the undesirable outcome.

What Would Happen If We Approached the Family Differently?

Joining is the process of approaching a family in a way that the family finds acceptable; in a way that causes the family to want to be in therapy, rather than to run from therapy. Gaining a leadership role in the family is not unlike running for political office. Once we get elected we will be in a position to bring about changes; but first, we have to get elected.

Establishing a Therapeutic Relationship

The first step in working with a family is to establish a therapeutic relationship. The therapist and the family need to form a new system, a therapeutic system. *In the therapeutic system, the therapist is both a member and its leader.*

In order to become the leader of the therapeutic system, the therapist needs to *earn* his way into the leadership role. He does

so by accepting, respecting, and earning the trust of the family. *Respeto* is always important with a Hispanic/Latino family. To earn a position of leadership we must show respect for each family member and, in particular, for powerful family members.

The counselor and the family establish an alliance around a common goal—that of ridding the family of its undesirable problem and of the stress that it is experiencing. The counselor learns what the family wants and offers help in attaining the family's goals. For example, the therapist establishes a therapeutic relationship with each family member by finding a way of giving each family member something that they value. In the case of a family with a rebellious adolescent, the counselor may have to offer the mother what she wants: "I'll help you get more support from your husband in handling Juanito"; he may have to offer the father what he wants: "I'll help you handle the rebellious behavior of your son"; and, he may have to offer the son what he wants: "I'll help you get your parents off your back."

By offering each family member something they would like to achieve, the counselor is able to establish a therapeutic alliance with the family—**a governing coalition**—in which they are all committed to working together to improve things. A **governing coalition** is a form of therapeutic alliance in which the family allows the therapist to take a leadership role, and the therapist in exchange agrees to pursue a course of treatment that will give each family member something that they each want. Thus, the therapist weaves together a coalition of family members in which different members strive for different goals, all of which can be achieved through the counseling process. Thus, through negotiation, each family member is able to achieve what s/he wants.

There are a number of specific techniques that can be used in establishing a therapeutic relationship. We describe some of them in this section. The process of joining the family, that is, of establishing a therapeutic relationship, involves all those maneuvers and movements that demonstrate to the family *and all of its members* that the therapist respects and accepts them; and by respecting and accepting them, the therapist eventually earns the family's trust and becomes accepted as their leader. Joining, then, can only occur when the counselor is able to muster

genuine admiration and respect for the family, difficult as that may seem. In order to become a family's leader, that is, to co-opt the family into the therapeutic process, we must be able to muster genuine *respeto* for each family member.

The toughest part of joining, of course, is that it requires of the therapist the mustering of genuine feelings of acceptance for all family members. In our experience supervising therapists over many years, we have learned that therapists in their humanity tend to feel (i.e., have a natural tendency to ally) with some family member, and in the process take a position that labels another family member as wrong. The moment this occurs the therapist has failed, and will be incapable of establishing a therapeutic relationship.

"Wrong or right," "I like or I don't like" are not the guidelines that a therapist uses to determine with whom to ally. The therapist must be able to ally with all, those s/he likes and those s/he doesn't; those with whom s/he agrees and with those with whom s/he disagrees. In fact, frequently, the person with whom it is most critical to establish an alliance is that person who is most despicable and unlikable to us.

The therapist's focus is not on who is "right" or "wrong" in terms of the content of an argument. Rather, the focus is on what are the interactions that need to be changed and how can we help the family to change them. As a rule of thumb, when her or his heart/intuition tells the therapist to support a particular family member, from a strategic point of view that will be the wrong move. Typically, our heart tells us to support the underdog. Typically, if we support the underdog at the beginning of therapy, we will be supporting a family member without power; and the worst error is that we will find ourselves in a coalition with the powerless member of the family against the powerful member of the family.

Because the powerful member of the family is the one that has the power to bring the family to counseling as well as to take the family out of counseling, our alliance with the powerless member of the family as an initial move will "cost us our job." In other words, we will lose the family. We will lose them, not because they resisted, but because we did not understand or

were not willing to "enter" their family system according to their established rules (i.e., respecting the power structure).

If we give ourselves the chance, we may find much with which to empathize in the "despicable person." For example, we may find out that an overbearing father had a rough childhood, and is still having a rough time. Most likely, a little support from us would go a long way in helping him to soften up and to become our therapeutic ally.

Establishing a therapeutic system, then, is the art of politics. We work with all the family members, putting aside our personal values for the benefit of the greater good. We can benefit the entire family by engaging every one of its members in the counseling process.

Tracking

Identifying and then using the family's "ways" is what we call *tracking*. Tracking respects the family's "ways" while at the same time it takes advantage of the family's "ways" for therapeutic purposes. There are two aspects to the term "tracking." One of these refers to the work of the clever hunter who finds the tracks left by an animal and knows how to craftily follow these tracks to take him to his goal—finding the animal. This aspect of tracking involves the skill of following the signs left by the animal in order to learn where the animal went.

In a family, tracking means that we follow—that is, we attend to—how the family interacts. We actually do more than passively follow; we encourage the family to interact in front of us so that we can observe its patterns of interactions. After all, the family's patterns of interactions are the primary target of interest in our work.

How do we encourage the family to interact in its usual way? When the family comes to us, they like to tell us about each other. *For example*, "Mr. Counselor, Juanito did this and that." On the other hand, we are interested in learning what happens in the interaction between mother and Juanito, and thus we ask mother to tell Juanito directly that he "did this and that."

Now we can observe what happens when mother confronts Juanito. What happens in this family is that the mother has a

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grievance and the family is not able to reach some kind of a satisfactory resolution. Most likely, when we let mother confront Juanito, we will also give Juanito an opportunity to voice his grievances. Once this happens, we have quickly moved to the desirable position in which the family is behaving the way it usually would when the counselor is not present. We will watch them interact, fight, disagree, and not resolve their conflicts.

By tracking in this fashion we will be able to identify the interactive patterns in this family, and hopefully to determine which of these patterns may be causing the family's problems or symptoms. The second aspect of the concept of tracking is responsible for its great power in bringing about changes smoothly and quickly. This meaning of the term "tracking" is best explained in terms of the tracks on which a train system rides. For example, if I want to travel from Mexico City to Miami by train, I would need to know about the train routes. I could not possibly attempt to travel from Mexico City to Miami in a straight line, or I would find my train traveling on the waters of the Gulf of Mexico.

Hence, there is a prescribed way in which a train can travel according to how the tracks and train routes have been laid out. If we were traveling in a strange city, we would look at a map and follow the streets and highways in the way they were laid out before we ever got there. If we were traveling by plane, we would do the same. We would have to find out the air routes, connections, and times of departure and arrival. It makes sense that to get from some point "A" to some point "B" we would first need to find out how the streets, or the tracks, or the air routes are organized and then follow the paths that have been already established.

It makes equal sense that, if we want to take a family from point "A" to point "B," we should travel along the routes that a family has established. In the case of families, these pathways take the form of repetitive patterns of interactions that we call "family structure."

If we want to be accepted by a family, we must travel in the family's pathways—which we identified through the use of tracking in its first meaning, of following the family's behavior

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and encouraging family members to behave in their usual way. To change a family, as we will see below, we will orchestrate such changes by following the family's pathways. Just like if we wanted to get from Mexico City to Miami, it would be most expedient if we were willing to use the trains as they operate, or the airlines as they operate—recognizing the way their pathways are laid out, how they operate, and making use of them to get from point "A" to point "B." *For example,* in the case of a father who is overly controlling, we may ask the father to be in charge (in control) of making sure that his son begins to behave like a responsible adult. A responsible adult is one who makes decisions for himself. Hence, the father is asked to use his position of power and authority to encourage his son to make independent decisions. We thus traveled the family's pathways in which father must be in charge, but used them to get us where we wanted to take the family: to a place where the son would be allowed more autonomy.

Orchestrating Change: Restructuring

The previous sections have taught us how to engage families into treatment. We learned the importance of blending with the family; accepting and being accepted; establishing ourselves in a leadership role; and, in general, the central role that joining plays in working with families. Joining is the proverbial "foot-in-the-door." It gives us an entry into the family. In the process of joining, we encourage the family to act and interact the way it usually would when we are not present. This provides us with the opportunity to observe the family's usual patterns of interacting, and in turn allows us to assess and diagnose the interactive problems in the family.

We also assess and diagnose the family; that is, we identify the family's patterns of interaction and make a judgment about the relationship between the family's patterns of interactions and how they may relate to the problems that the family comes to label "symptoms," those problems that are bothersome to the family, which it wants to be rid of, but can't.

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At this point, we are ready to develop a treatment plan. As you will recall, part of our strategic approach is that we plan carefully how to get from point "A" to point "B." How do we intervene to help the family move from its present way of interacting and the undesirable symptoms it produces, to a more adaptive and successful way of interacting that will eliminate these symptoms?

Those interventions aimed at helping the family move from point "A" to point "B" are called **restructuring.** In restructuring, we orchestrate change in the family's patterns of interactions—that is, we change the family's structure. In bringing about these changes, we encourage the family to behave differently. We do so by using a broad range of techniques, four of which are described in this section. They are: 1. Working in the present; 2. Reframing; 3. Working with boundaries and alliances; and, 4. Tasks.

Working in the Present

While some types of counseling focus on the past, the Structural Family Therapy approach described here focuses primarily on the present. However, even our definition of "present" needs to be clarified, because our focus is not on hearing stories about the present, *but rather* on the present interactions that occur between family members in front of the therapist. The initial step is typically to create within the counseling situation the experience that usually occurs in the family—to get the family to interact in the office in the usual way it would at home.

In order to change these patterns of interactions, all of our work will initially be directed at orchestrating new interactions for the family within the therapy session. Thus, the focus of the therapy is to create new interactions in the here and now, created in the presence of the therapist. Later, once the family has learned to behave in a more successful way within the therapy session, we will ask them to try out those new interactions at home.

It is important to remember that in this kind of therapy we are not interested in having the family "talk about" behaving differently. We are interested in getting the family to behave differently within the therapy situation. This will require that

the counselor remain decentralized. The counselor needs to make every effort to have the interactions occur among family members. When the counselor attempts to change the nature of these interactions, s/he will again have to make sure to remain decentralized so that the new interactions occur among family members.

Ours Is an Empowerment Model

The purpose of therapy is to facilitate the process of family members interacting in a new way. Whatever new interactions we want to encourage, we have to help the family to do them in front of us. The therapist's job is to help the family to be successful within the therapy session by behaving in a new, adaptive, and successful way. This means that if you were to watch the therapy session on videotape, and what you saw was the family talking with you and you talking with the family, then you would have been teaching the family the skill of talking with you—not a very useful skill to use at home, where family members must talk with each other!

Again, what is most useful is for family members to learn to communicate in a new way. Hence, if you were to look at a videotape of your therapy session, if the family members were talking, yelling, fighting, nurturing **each other,** you were doing one important part of your job. You were successful in getting family members to interact with each other and *not* with you. The second important part of your job is to help move them from their usual ways of *behaving with each other* to *a new way that is more adaptive.*

Perhaps, teaching a family new skills is somewhat like teaching someone to ride a bicycle. To teach the skills of riding a bicycle, lectures and discussions are not always very helpful. Neither is it helpful if you ride the bicycle for them. Rather, what is helpful is to assist the person to learn to ride the bicycle on his/her own, with your role as the trainer remaining decentralized.

In the same way, in doing family therapy, the role of the therapist must remain decentralized. The therapist's job is to assist the family to develop skills in the form of new behaviors/

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interactions. The therapist's job during the family session is to orchestrate the opportunity for these skills to be practiced.

For example, a sixteen-year-old stays out all night. The stepfather tells the mother that she has to "do something about it." The mother says, "I tell him but he won't mind." The stepfather says, "I can't tell him anything because you won't let me." The therapist's job is to help mother and stepfather to talk about what they would like to do as a team. Mother and stepfather begin to fight about the abuse this child has committed with the younger siblings. (That is, mother and stepfather cannot stay on topic—the youth's staying out all night.) The youth breaks up the parents' fight by getting up and starting to scream that he is tired of being put down.

What is most important about this interaction is that mother and stepfather were not able to stay on topic (that is, they diffused) and that when they started to fight using the youth as content (triangulating the youth), the youth contributed to being triangulated by breaking up the fight and attracting all of the fury of the marital fight onto himself.

The therapist's job is to create a new way of interacting. For example, when the parents start to triangulate the youth by using him as content for their fight, the therapist might focus on the marital relationship (in an effort to detriangulate the youth) by saying to the stepfather, "I notice that when you tell your wife what you think you could both do, she changes the subject. Does she do this to you very often? Does she change the subject when you try to talk with her about something important? Perhaps you could help your wife to come back to how you are going to handle Juanito as a team." This intervention would shift the focus from the content of the youth to the nature of the interaction between husband and wife; and would certainly bring the focus to the present, that is, to what husband and wife are now doing with each other.

There are always many options in how best to intervene. Another possible intervention might target the wife's efforts to change the subject differently by having the therapist say: "I know that what you are saying is very important, but I would like you to stick to this one topic now of how you are going to handle Juanito when he stays out all night."

Yet, another intervention might be to stop Juanito from disrupting his parents' argument. This can be done in a number of ways. One way is to sit next to Juanito and attempt to distract him while his parents argue. Another might be to let the family know that this is something that the grown-ups have to discuss alone. Maybe it would be best if they talk about this by themselves first, before getting into an argument with Juanito. Would they mind continuing to talk with each other, and to ask Juanito to leave them alone now because this is something that they have to decide for themselves.

There are still many other possibilities. Whenever we are confronted with a maladaptive set of interactions, we know that they need to be changed, and we know what the new set of interactions might look like. However, there are many possible ways to conduct an intervention that would achieve our goals. It is important for the therapist to consider a number of different alternatives, and sometimes it is necessary to try a number of different alternatives, until one works.

Reframing

Perhaps one of the most interesting, useful, and certainly subtle techniques used in Structural Family Therapy is **reframing.** Reframing means to create a different sense of reality; to give the family members the opportunity to perceive their interactions or their situation from a different perspective—or, to use our jargon, in a different "frame." For example, in Hispanic/Latino families where an adolescent son is rebellious and oppositional, a parent may be angry and act angry and injured in return. The typical interaction is one in which the parent berates the youth: "You are a good-for-nothing; I wish you were not my son, . . ." etc.

The parent feels frustrated at her/his inability to guide the son down the "right" path and, as a result, frustration gives way to anger. The son, in turn, experiences an uncaring and rejecting parent. The feeling of the interaction is one of fighting with an enemy. Both parties feel that the other is an adversary. Thus, any possibility for genuine dialogue has vanished.

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How to break this impasse? Create a new "frame"; a different sense of reality. The counselor, for example, might say to the parent: "I can see how terribly worried you are about your son and your son's future. I know you care an awful lot about your son, and that is why you are so concerned." With this intervention, the counselor modifies the parent's own **perception** of himself from anger to concern. Typically, most parents would respond by saying: "I am very worried. I want my son to do well and to be successful in life." When the son hears the parent's concern, he feels less rejected. In fact, the parent, instead of rejecting, is now communicating concern, care, and support for the child. Hence, by creating a new sense of reality, the counselor is able to transform an adversarial relationship between parent and child, orchestrating opportunities for new channels of communications to emerge.

Beyond the illustration of how reframing might work, this intervention also highlights a very central aspect of our therapy model: One major goal in all restructuring interventions is to create the opportunity for the family to behave in new ways. *That is,* when the family is stuck, when it is behaving in a rigid, repetitive fashion, when it is unable to break out of its maladaptive interactions, the therapist's job is to create the opportunity for the family to behave/interact in a new way.

Working with Boundaries and Alliances

There are some simple rules about what kind of family organization will be more successful in preventing and controlling behavior problems. Whenever the authority figures in the family—let's say the parents—are allied with each other, they will be in a better position to exercise effective control over undesirable behaviors. *However,* the moment that a rigid alliance is formed between a parent and one of the children against the other parent, we have the perfect formula for trouble—particularly of the antisocial, out of control, behavior problem type of trouble.

How can alliances be harmful? Because a son who is allied with an authority figure has himself a great deal of power within the family system, he has been placed in a role of strength. Conversely, according to the simple but true rule of divide and

conquer, whenever the parents or authority figures (parents, grandparents, probation officers, teachers, etc.) are divided on parenting issues, the child has conquered and will do as s/he wishes. Therefore, it would be difficult to place limits on his antisocial behavior.

Shifting Boundaries

Maladaptive alliances such as those occurring across different generations (parent-child) are reorganized by the therapist. This is called **shifting boundaries.** To explain this term, it is necessary to keep in mind that an alliance basically denotes a subsystem, and that any subsystem has boundaries around it. In order to change the nature of existing alliances, it becomes necessary to shift the boundaries that tie some family members together and keep some family members apart.

Let's take the most common case of a family in which a mother and her children have an alliance with each other against a "no-good stepfather" who is emotionally and psychologically distant from the whole family. In the case, the stepfather has argued for setting limits on the oldest son, and mother has argued that stepfather was a brute. For years this son has usually gotten away with all kinds of unacceptable behaviors because he had his mom's protection and his father's uninvolvement. And, if the father ever attempted to intervene, the mother would take the son's side against dad. This is in fact a very typical pattern of family interactions with acting-out, drug-abusing, behavior-problem boys.

Now the youth is 14 years old and starts getting into serious trouble. He belongs to a gang whose members use and sell drugs, vandalize, carry weapons, and, in general, make a mockery of prosocial behavior. Now mother, by herself, is no longer powerful enough to control him and is going to need all the help she can get. The counselor's job is to shift the alliances that exist in the family, to restore the balance of power to the parents—to empower them to bring their "out-of-control" son back under control.

When the family is referred to therapy by a probation officer, all of the power belongs to the antisocial youth who is doing as

he pleases. In order to join this family, the first step will be for the counselor to *join* the youth, since he has the real power. The next step will be to convince him that he should come into counseling with the family, emphasizing that there is something in it for him. Once the family is brought into counseling and it becomes clear that the problem is one of inappropriate alliances, then we can begin to make a plan for restructuring the alliances in the family.

At the end of counseling, we will want to have mother and father (as well as other authority figures, such as probation officers) allied around all issues pertaining to how they will control their son's behavior.

These delicate politics require the therapist's best political and strategic skills. Rather than directly confronting the mother-son alliance, we may begin by encouraging the stepfather to establish some form of interaction with the son, perhaps by using some excuse about boys needing their fathers at this age. First we would encourage some kind of an interaction to get stepfather and son to communicate (communicate is process; what they talk about is unimportant, since it is content) in the session, and then we would shift the communication to their making plans to do something together outside the session (process)—and for this, we may need to resort to all kinds of excuses or reasons (content) for why we would want them to do something together. As a relationship develops between father and son, the strength of the bond that held mother and son together is somewhat weakened, since the son now has alliances with both parents.

Once the rigid alliance structure that kept father out of the family has been weakened,[1] the therapist can move to the next

[1]It should be noted that from a systems perspective everyone in the family would have to contribute to maintaining the family's organization in which stepfather was excluded from family life, including mother, stepfather and children. Hence, it is not our intent to suggest that it was mother who was keeping stepfather out, but rather that both mother and stepfather as well as the children must have contributed by their behaviors to keeping stepfather out. Stepfather for example, may have behaved erratically, encouraging mother's instinct to protect the children; and stepfather may have enjoyed the freedom of being psychologically and emotionally distant from the family. Of course, there may also have been negative consequences for all family members of such an arrangement, such as a feeling of alienation and constant conflict at home when stepfather was present.

step of encouraging mother and father to do some things together (process) about the problem that they both agree they have with their unruly son (content or excuse used to bring about the desired process/interactional change). In a case like this, we recommend *tracking* the family's content (problem with son) as a maneuver to change the nature of the interaction between father and mother from that of an adversarial relationship to a relationship in which they agree on something.

Once mother and stepfather are brought to the negotiating table, we are ready to begin the tough work of helping this couple to negotiate their-deep seated resentments and grievances against each other. Since ours is a problem-focused approach, we don't attempt to resolve all of the problems encountered by the marital couple. *Rather,* we attempt to resolve only those aspects of the difficulties between the spouses that are interfering with their ability to approach the problems they have with their youth.

If we manage to help the parents to work together around the problems they are having with their 14-year-old son, we have now shifted the boundaries that existed in the family by breaking up the mother-son alliance and creating a mother-father alliance—at least around how to begin to control the adolescent's behavior.

It might be helpful to tie in this example with some of the concepts that were discussed earlier in the section on diagnosis. Clearly, the nature of the alliances is an important aspect of the Structure dimension. Similarly, it is important to detect who holds the power, and what the hierarchy is like in this family. In this case, the hierarchy is inverted and the power rests not with the adults but with the acting-out adolescent. Clearly, these parents also lack the ability to successfully set limits on this powerful 14-year-old. Hence, a number of interactional patterns that are described within the Structure dimension are maladaptive. Alliances also have important implications for the Resonance dimension, since those members inside the alliance are emotionally and psychologically closer to each other, while members of opposing sides of the alliance are emotionally and psycho-

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logically distant from each other. The dimension of Conflict Resolution style is also important in this case, since it appears that there was a difference of opinion between the spouses on how to handle the son, and this difference of opinion went unresolved for years, reflecting an inability to resolve important conflicts.

Tasks

The use of tasks is central to Structural Family Therapy. Tasks are used both inside and outside the counseling sessions. Tasks are the basic tool for orchestrating change. Because our emphasis is on promoting new behaviors and interactions among family members, the assignment of tasks is one of the most important vehicles through which we choreograph the opportunities for the family to behave differently.

In the example above, where the mother and the son were initially allied, and the stepfather was left outside of this alliance, we initially assigned to the stepfather and the son the *task* of doing something together in which they would have a mutual interest. Later on, in attempting a reapproachment between father and mother, we assigned mother and father a *task*. In this case, the *task* was to work together at defining some rules about what type of behavior they would permit, and what contingencies they would assign to the youth's behavior and misbehavior.

As a general rule, a task should always be assigned first within the office, where we have an opportunity to observe, assist, and facilitate the successful conduct of the task. It is important to attempt to give the family an experience of success by assigning tasks that are doable. Tasks are more likely to be doable if they are assigned in small increments. A second general rule with regard to tasks is to never assign a task to be accomplished at home until you have helped the family to do it in the session.

We had the opportunity to observe two different counselors working on the same problem with two very disorganized families. One problem that both of these families faced was the lack of rules about who was responsible for doing what, when, and how. One counselor spent the session telling the mother and her four children that they did not have rules and that they needed

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to make some rules. The family and the counselor were very frustrated as the counselor continued to "interpret" and the family continued to be unable to "perform." At the end of the session, the counselor gave the family the task of preparing a "schedule of assignments" for the next session. This counselor made several mistakes. First, the counselor interpreted rather than orchestrating the opportunity for the family to carry out the task. Then the counselor made an even greater mistake by assigning for homework a task that the family had been unable to perform in the session.

Later we had the opportunity to see a different counselor approach the same problem. This second counselor said, "Let us bring a pad and a pencil. Here it is. We are going to write down the different jobs that need to be done at home, and who is going to do them and when. Who is going to write these down?" With some effort, the counselor encouraged mom to take the pad and the pencil. Then she said to dad, "You sit next to mom to make sure that you agree with what gets written down. Change seats so that you can be next to mom! Now, what are the jobs that you said needed to be done? I remembered you talked about who would clean the bathrooms? Let's see, mom and dad, talk about who you want to assign to clean the bathrooms." (family talks) "OK," said the counselor, "so you want the two girls to take turns. Let the girls know." (family talks) "OK, write that down, mom. Dad, you make sure it is getting written up the way the two of you agreed." Continuing: "Now, what days are they to do this?"

After helping the family through the first set of tasks, at the end of the session the counselor gave the family the task to write at home the responsibilities for their youngest child, who had not been present at this session. Thus, the first step was to orchestrate during the session the actual performing of the task of setting rules, and only then could the same task be assigned for home.

Summary

This chapter presents a Structural Family Therapy approach to the prevention and treatment of behavior problems, including

substance abuse in youths. This approach was developed by Hispanic/Latino professionals and has been widely used with Hispanic/Latino families throughout the United States and Puerto Rico. In fact, there have been at least ten major demonstration sites throughout the country using this approach with Hispanic/Latinos.

The basic concepts focus on the kinds of family interactions that may encourage, maintain, or permit undesirable behaviors. The modality is considered a family empowerment as well as a family preservation approach in that families are given the skills to interact in new, successful ways in order to bring about the outcomes that they desire (such as the prevention or elimination of problem behaviors in youths). In this way, rather than taking the *problem person* out of the family, this approach encourages taking only the problem out of the family. The therapist's work is intended to identify the interactions that are not working for the family, and to orchestrate the opportunity for the family to behave in new ways that will achieve the family's desired outcomes.

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4

Strengthening Families: A Curriculum for Hispanic/ Latino Parents

COSSMHO and José Szapocznik, Ph.D.

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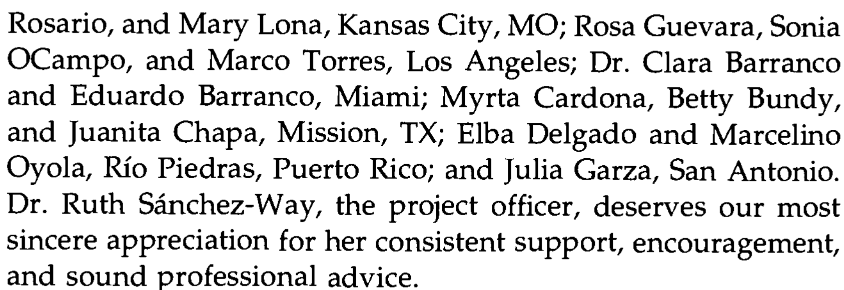

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Historical Background

The STRENGTHENING PARENTS curriculum for parents is the end product of extensive research and training conducted with Hispanic parents as part of COSSMHO's Concerned Parents National Demonstration Project in eight communities representative of Mexican American, Puerto Rican, Cuban, Central and South American populations. The project had as its primary purpose to strengthen the role of Hispanic/Latino parents and other family members in guiding their children, and in helping them to prevent or reduce the serious health and social risks associated with adolescent problem behaviors. Thus, the work presented in this chapter reflects five long years of adapting, testing, integrating, and refining training materials in order to develop a program better suited to address the needs of Hispanic/Latino families in the areas of parenting, communication, and problem behavior.

The Concerned Parents National Demonstration Project was designed as a primary prevention effort, utilizing a community-wide organizational development model that is parent- and family-oriented rather than provider-oriented, and stresses self-help and volunteer action. Project activities in the eight demonstration sites were conducted within the scope of two broad approaches: (1) efforts that concentrated on modifying stress from the environment; and (2) efforts aimed at strengthening each family's ability to withstand such stress. The family component of the program, which is the focus of this chapter, consisted of developing a 12-session parent training program to strengthen parental capacity to guide, direct, and control their children, with particu-

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lar attention provided to: 1) matters of family and traditional values; and, 2) problem behaviors such as adolescent sexual activity, alcohol and drug abuse, and delinquency, among others.

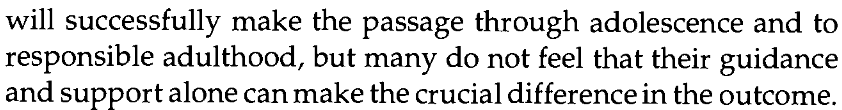
The systems model that was adopted for the demonstration project incorporated parent-child relationships as key elements in promoting the desired outcomes in child values, competence, and behaviors. The program is concerned with strengthening families through empowerment achieved by parental knowledge and skills development. The parent groups were composed of parents recruited specifically for purposes of the project.

An important thrust of the project has been to tap sociocultural resources inherent in Hispanic/Latino family life and natural support systems. These include the concept of *"la familia"* as encompassing nuclear and extended family ties, the value of intergenerational bonding and care, mutual aid, and self-help.

Rationale and Approach

The STRENGTHENING FAMILIES curriculum is based on the assumption that the most effective means of preventing the onset of adolescent problem behaviors is to strengthen families by supporting parents as the natural leaders of the family. The project strengthens and supports families by giving parents information and skills on: (1) how to more effectively provide leadership and direction to their youth; (2) how to enhance family communication; (3) how to regain or maintain their position of leadership within the home; (4) how to explore and communicate values; (5) and, more specifically regarding problem behaviors, how to approach these issues within the framework of the parenting skills taught by the program.

Families with adolescents are at a critical stage of transition in that the roles and responsibilities of both parents and youths are undergoing a process, occasionally a tumultuous process, of readjustment. This is a time when parents feel uncertain, apprehensive, and often powerless to impact their youngsters' behavior outside the home, believing that their youths are influenced more by outside forces beyond their control such as teen peer pressure and the media. All parents hope that their children



will successfully make the passage through adolescence and to responsible adulthood, but many do not feel that their guidance and support alone can make the crucial difference in the outcome.

Hispanic/Latino parents, in particular, might feel even more alienated and less competent in guiding their youth because they confront language and institutional barriers that place them at great odds and, often, make them dependent on their own children to intervene on their behalf. This role reversal between parents and children is commonplace: children and teens are often asked to act as interpreters between the "American world" and their non-English-speaking parents, resulting in increased power and status for the child at the expense of the parents, who in the process become infantilized and find themselves reduced to a passive secondary role.

Although giving this type of disproportionate status and autonomy to children and youth might not necessarily clash within the context of the non-Hispanic/Latino mainstream society, it has a devastating, long-lasting impact on Hispanic/Latino families, especially among the most recently arrived and less assimilated, and ultimately contributes to family disorganization. Traditional Hispanic/Latino culture holds its elders—such as grandparents, parents, aunts, uncles—in high esteem and firmly bound to the family system through a deep sense of "*respeto*" (respect) for their advice, opinions, values, and ability to lead and provide for the family. Thus, by placing children in positions of power over the parents, the traditional parental role is undermined, causing great havoc and considerable damage to the sense of self of adults as well as to their position of authority and leadership within the family.

Parents, however, are not the only ones to suffer loss of self-esteem through this kind of role reversal; children's self-esteem also suffers as they attempt to assume roles and responsibilities that are beyond their capabilities. In addition, their natural role models, their parents, fall short of their expectations and thus fail to provide the leadership, guidance, and stability required for children's own self-esteem to flourish. For these reasons, this program is based on the belief that only by enhancing the self-esteem of parents—through increased knowledge, skills, and

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competence—can we impact the development of positive self-esteem in their children.

More and more studies are pointing to the critical role that self-esteem plays with regard to youngsters' ability to resist the pull of peer pressure toward undesirable problem behaviors. Therefore, our job is much more challenging than simply to encourage youngsters to say "NO." We have the greater responsibility of instilling in children, through their parents, a sense of self-worth, a sense of a productive future, and the knowledge that they run the risk of losing something worthwhile if they move away from pro-social behavior into anti-social problem behavior. In order to help parents to do their job, they need enhanced parenting skills and the conviction that certain parenting styles can promote their children's self-esteem and sense of future (staying in school) and prevent problem behaviors.

Of particular concern to those working with Hispanic/Latino families is the role of changing values in contributing to conflict within the family. Many research studies document that, as youths acculturate to non-Hispanic/Latino liberal peer values, parents remain loyal to more traditional Hispanic/Latino values, and conflict occurs as a result (see Mancilla, Szapocznik & Kurtines, this monograph). This dissonance in values within the family creates severe problems in communication and an equally severe credibility gap across the generations. Because of the cultural and values gap, youths are confused and tend to seek refuge in their peers and to reject parental leadership, guidance, and limits. Under these conditions, youths find themselves without proper guidance at a critical time in their lives and thus may begin to "act out" against parents, traditional cultural values, and social norms.

It is imperative for professionals who work with Hispanic/Latino populations to recognize that Hispanic/Latino youths are in a state of crisis and that they are facing complex problems, with no easy solutions in sight. Interventions to prevent adolescent problem behaviors that are aimed at this population must, therefore, take into account the complex nature of the cluster of problem behaviors that appear to be linked, at least in part, to parenting practices and skills.

Thus, we see Hispanic/Latino children and youth as having complex and diverse needs that can be addressed by supporting and encouraging parents. STRENGTHENING FAMILIES is based on the concept of increasing the self-esteem of parents and children alike by providing parents with increased understanding of their children and themselves, by improving parents' communication skills, and by building a new sense of responsibility in each family member, including the children.

The specific objectives of the training program are as follows:

1. To increase parents' knowledge and understanding of their own parenting style, values, and emotions.
2. To increase parents' knowledge and understanding of their children's behavior, needs, and feelings.
3. To teach parents communication skills that will enable them to become effective listeners and to more adequately express their ideas and feelings to their children.
4. To assist parents in defining and stepping into their special role as the natural leaders in the family.
5. To assist parents in establishing more positive, open, trusting, and loving relationships with their children, based on the concept of mutual respect.
6. To teach parents new methods of discipline that encourage children to take responsibility for the consequences of their actions.
7. To make parents aware of the importance of allowing children to find their place of significance, to experience a sense of belonging; and, to feel competent and productive by accepting responsibility and sharing in family tasks and chores.
8. To increase parents' knowledge and understanding of human development through the childhood and teen years.
9. To assist parents in using effective communication skills in order to communicate with their children about problem behaviors.
10. To sensitize parents to the external pressures that affect their children's lives.
11. To encourage parents to express their values and the importance of staying in school, staying drug- and alcohol-free, and

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abstaining from sexual activity in order to have a positive, productive, and rewarding future.

Adaptation of Materials

The concepts and materials in the STRENGTHENING FAMILIES curriculum have been adapted from various sources on parenting and family communication. The primary source for these concepts and materials, however, is found in the work of Don Dinkmeyer, Ph.D., and Gary D. McKay, Ph.D., published under the title *The Parent's Handbook: STEP—Systematic Training for Effective Parenting* (1982). Hence, most of the basic parenting and communication concepts presented in this chapter are derived from the work of Dinkmeyer and McKay. To a great extent, the selection of STEP as the core parenting/communication material was due to the early involvement in our program of Dr. Clara Barranco. Dr. Barranco is a clinical psychologist who has had extensive experience in leading STEP parenting groups in various countries of Central and South America, and is the official representative and translator for Latin America of the Spanish version of STEP, known as PECES *(Padres Eficaces con Entrenamiento Sistemático).*

Since the adoption of STEP/PECES, however, the material has undergone substantial revisions as a result of the experience in the eight national demonstration sites. The wisdom derived from the application of the program to a broad range of Hispanic/Latino communities in the United States and Puerto Rico was integrated into a national curriculum. This curriculum is an attempt at providing culturally competent and appropriate guidelines for use at the national level, across Hispanic/Latino communities.

The process of identifying, adapting, and testing the training materials has involved numerous challenges. A first concern was to address early complications that resulted from differences among the eight demonstration communities. In developing and adapting training materials, a delicate balance was sought between site-specific materials, which met local needs and concerns, and the more universal constructs and concepts that could address the needs of Hispanic/Latino parents across communi-

ties. The desired effect was achieved by selecting and training local site staff in the original parenting/communication curriculum (STEP/PECES), which would be adapted to meet local needs, and then reintegrated at the national level to incorporate the nuances of application with different Hispanic/Latino populations. The integration of materials was the process that gave the locally developed adaptation a national scope.

As a first step in developing adaptations for the local communities, focus groups were conducted with representative parent groups, prior to the actual administration of the curriculum. These focus groups yielded important data that helped us tremendously in selecting the right approach, promotion strategy, and training materials for Hispanic/Latino parents. The focus group process taught us that while our concern was in providing parents with additional parenting skills in order to improve the quality of family life, parents were typically concerned with far more concrete and urgent needs brought about by the dangers that they confronted in losing their children to substance abuse, gangs and delinquency, and unwanted pregnancies. Hence, parents in fact were eager for skills that could strengthen their abilities to prevent the development of problem behaviors, and particularly drug abuse, among their adolescent children. In some communities in which considerable local attention had already been given to teenage pregnancy, such as Albuquerque and Los Angeles, parents were also concerned about stemming the tide of adolescent pregnancies, particularly by developing skills that could help them to protect their daughters from an unwanted pregnancy.

The actual training program is organized into twelve sessions, of which the first seven provide the adapted STEP program. These initial seven sessions of the program are oriented toward the development of general parenting skills. Most of the remainder of this chapter reviews the basic concepts targeting general parenting skills that are contained in the initial seven sessions of the program. The last five sessions are used to assist parents to integrate what they have learned about parenting and communication into the prevention of specific problem behaviors such as drugs, alcohol, delinquency, and sexual behavior.

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Because the sessions on problem behavior are adapted to the specific problem behaviors that are of concern to parents in each community, they are not presented in detail in the discussion that follows.

A formal manual (COSSMHO, 1990) and a training program are available to teach prospective facilitators in the application of the STRENGTHENING FAMILIES program. It should be noted that while the following section presents concepts, the STRENGTHENING FAMILIES manual provides a detailed curriculum of how to teach these concepts, including a broad range of interesting and involving experiential exercises. The training manual also provides more detailed descriptions of the application of the program to specific problem behaviors.

Basic Parenting and Communication Concepts

Communicate love through what you do.
Allow time with your children.
Respect your children as you would have them respect you.
Encourage your children in everything they do.

This section discusses the basic building blocks of the STRENGTHENING FAMILIES training program. As such, this section presents the basic concepts and skills promoted by the training program as follows: 1) Strengthening Families; 2) Mutual Respect; 3) Values and Sex Roles; 4) Belonging; 5) Goals of Misbehavior; 6) Parents as Leaders; 7) Parenting Styles; 8) Self-Esteem; 9) Encouragement vs. Praise; 10) Effective Listening; 11) Open Responses and Accepting Messages; 12) Problem Ownership; 13) Exploring Alternatives; 14) Family Rules; 15) Natural and Logical Consequences; 16) The Family Meeting; and 17) About Specific Problem Behaviors.

1. Strengthening Families

Strengthening the family is the core concept of this curriculum. Traditionally, family relations and harmony have been very important in Hispanic/Latino culture, but as such they may also

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have been taken for granted. We have led parents to explore their family structures and family atmospheres, and stressed the point that developing positive family relationships takes hard work.

As suggested by STEP, parents (and children) need to communicate love, provide encouragement and build self-esteem, take time to work and play together, and practice mutual respect. Parents are taught that the family is the basic building block of society, and hence the parents' role in developing a well-functioning family is important not only to their children, but also to the future of society. Discussion on family atmosphere begins with a definition of how an atmosphere is created "by the way we relate with each other at home." The link between our families of origin and our current families is made. Parents are taught that they learned to create a certain family atmosphere when they were children, from their parents. Parents are thus encouraged to take a journey to their childhood to remember the atmosphere of their home when they were growing up. Next, parents are challenged to come up with ways to build a happy family atmosphere in their current families. Once parents have brainstormed about ways to bring happiness into their families, they are asked to organize their ideas into the four general areas stressed by the curriculum: mutual respect, taking time to work and play together, encouragement and building self-esteem, and communicating love.

Research has shown that the amount of time that a parent may spend with a child on communications other than instructional ("do this!," "don't do that!") is merely a few minutes per day. It is critically important for each parent to learn that it is crucial to "share together" both as a family and with each child separately. There needs to be time to share good feelings each week, to have fun together, and above all else to let every child know frequently that s/he is loved. And love has to be shown both verbally ("I love you") as well as non-verbally with hugs and kisses.

2. Mutual Respect

The concept of mutual respect, an important element in the STEP approach, has a central role in the STRENGTHENING FAMILIES

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curriculum. Mutual respect means that relationships between parents and children are based on respect for the personal dignity and contributions of all family members, regardless of age. Although Hispanic/Latino parents share the common cultural value of "*respeto*," this generally applies to adults, especially to elders.

Thus, parents are sensitized during the training to the idea that relationships with children and teenagers should also be based on respect for their ideas, their contributions, and simply for their human worth. Mutual respect is critical to the improvement of family relationships.

Children learn by what they see more than by what they are told. When children are treated with respect, they learn to respect others, including their parents. Parents are taught to show respect for their children by: explaining to children why you ask them to do a chore or errand (e.g., for the benefit of the family); using simple rules of courtesy with children as one would with friends or strangers (such as "please," "thank you," "excuse me"); respecting children's privacy for their own space (e.g., by knocking on the child's bedroom door) and their own thoughts; and, of great importance, allowing children to do for themselves what they *can do* for themselves, rather than "doing for them" because they may not be perfect, or ridiculing them when they are not perfect.

3. Changing Values and Sex Roles

The need for a parent training course of this type is introduced within the context of changing values and sex roles. Values are beliefs about what is good: beliefs that are shared by a group of people of the same family, culture, and/or religion. Parents are supported in their belief that they have an extremely important role to play in transmitting values to their children: values that are conducive to positive, productive, and healthy behaviors. Particularly important are values that encourage youngsters to work hard, stay in school, stay away from drugs, and postpone sexual activity.

Because of social and cultural change, traditional values and sex roles today are questioned by children. This problem becomes

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accentuated with the impact of acculturation on families, by which children learn the American values and ways relatively quickly, while parents continue to be faithful to their own traditional cultural values, particularly with regard to parenting and sex roles. The result is that youngsters reject traditional methods of parental discipline and family communication.

Consequently, parenting styles that worked in the past are no longer effective. We stress the importance for parents of continuing to clarify and communicate values to their children, but suggest that new parenting and communication skills may be helpful to parents in setting limits and communicating effectively with children. Much of the STRENGTHENING FAMILIES program is oriented toward giving parents these new parenting skills. However, beyond skills, parental values about traditional Hispanic/Latino sex role stereotypes are (gently) challenged. This is important not only because these sex roles are challenged by acculturated adolescents, but also because sex role stereotypes may interfere with effective parenting. This occurs, for example, when Hispanic/Latino parents fail to perceive until "it is too late" that girls may be exposed to the same dangers as boys, as well as when Hispanic/Latino parents perceive that it is acceptable for boys to engage in risky behaviors.

4. Belonging

The concept of belonging, a central philosophy of STEP, has become an important building block of the STRENGTHENING FAMILIES curriculum. The need to belong and to feel that we have a place of significance in the group is universal. The need to belong refers to a universal motivation underlying all behavior.

For Hispanic/Latino families, we have taken the concept of belonging beyond the child's world and into the world of a Hispanic/Latino parent living in a foreign culture. We thus suggest to Hispanic/Latino parents that the need to belong is a truly universal phenomenon that applies to children and adults alike. The need to belong is particularly poignant to Hispanic/Latino parents who feel estranged from a society with cultural norms and values that are very different from their own. To struggle with the sense of "Where do I belong?" is something that His-

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panic/Latino parents, particularly immigrants, experience day-to-day in their own lives.

As parents understand their own struggle with wanting to feel that they belong to a group—be that their own people, or the American society—parents become better able to understand the special predicament that their children face as they also strive to belong to their peer groups by adopting behaviors, attitudes, and values of the more liberal mainstream society, while rejecting the traditional family values.

What happens to people when they feel that they don't belong? They feel alienated and marginalized from the rest of the group. The Hispanic/Latino families we have worked with have all felt like outsiders on either personal or societal levels. The concept of belonging is thus an excellent context for parents to understand the problems faced by youth. The concept gets to the heart of the need of Hispanic/Latino youths to develop an identity that integrates their need to belong to two cultural systems.

In order to develop a sense of belonging to the family, children need to experience validation and positive reinforcement. In order to avoid internal conflict, children need to feel that parents understand and accept their need to belong, not only to the family, but also to the outside world.

This curriculum provides exercises to help parents develop a personal understanding of the need to belong. Parents, for example, are asked to remember their first memory about belonging to their family of origin. We also ask parents to think through what organizations they belong to, and what feelings they get from belonging. What makes them want to belong? Sometimes as adults we belong because we share something in common such as language, food, music, or religious beliefs. Other times, we belong because we can reap an instrumental benefit. We all belong! And, so do our children.

5. *Goals of Misbehavior*

Behavior and misbehavior stem from the universal need to belong. Although we all try to belong in positive ways, if we do not attain a place of significance, we may try to belong through

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negative behavior. Thus, misbehavior can best be understood by attending to the goals that the child is trying to achieve through her/his misbehavior. STEP identifies four major goals of misbehavior:

- attention
- power
- revenge
- display of inadequacy (which we renamed reinforcement of inadequacy)

In teaching parents this way of understanding misbehavior, we must teach parents first to observe the child's behavior, and later to *observe* the parent's own response to the child's behavior. The parents' capacity to observe their own *feeling-response* to a child's misbehavior is crucial in identifying the reason for the child's misbehavior. We explain below how a parent's feeling-response can be linked to a child's misbehavior in order to understand the reason for the child's misbehavior.

Attention. Parents need to understand that all children want attention, and that if the child doesn't get attention in constructive ways, s/he will seek it through misbehavior. We know that a child wants attention when the child's misbehavior makes us annoyed. The feeling aroused in a parent when a child seeks attention through misbehavior is *annoyance.*

How should a parent respond to a child's attention-seeking behavior? The best way to help children stop misbehavior that seeks attention is by ignoring it (provided that it is not dangerous), and then, later, giving the child attention for constructive behavior—unexpectedly.

Power. Some children only feel significant when they are in charge, and because so often children are not in charge, in order to feel significant these children will challenge authority. When children seek power, when they challenge authority, the feeling aroused in the parent is one of *anger and feeling provoked.* By observing her/his own feeling-response, one of anger and feeling provoked, the parent recognizes that the child is seeking power through her/his misbehavior. The best way to stop this type of misbehavior is for parents to disengage themselves from the power struggle. If parents respond by asserting their power, this only increases the child's desire for power.

Revenge. Children who seek revenge feel that they are not appreciated or loved, and that they can gain significance by hurting others as they believe they have been hurt. These children try to belong by being cruel or disliked; they misbehave in order to prove that they are unlovable. When children seek revenge, the feeling aroused in the parent is one of *hurt and wanting to retaliate.* By observing her/his own feeling-response, one of hurt and wanting to retaliate, the parent recognizes that the child is seeking revenge through her/his misbehavior. The best way to stop this misbehavior is for parents not to retaliate, but instead to remain calm and to show good will toward their children.

Reinforcement of inadequacy. Children who express feelings of inadequacy are discouraged. Such children give up hope of succeeding and attempt to keep others from expecting anything from them. These children misbehave in order to get validated in their inadequacy. When children seek reinforcement of inadequacy, the feeling aroused in the parent is *despair.* By observing her/his own feeling-response of despair, the parent recognizes that the child is seeking to have her/his inadequacy validated. The best way for parents to help these children is not to criticize or give up, but instead to focus on their children's strengths and assets, and to use much encouragement (discussed below).

A most important concept communicated to our parents has been that they cannot always control the misbehavior of their children. However, the parent can influence the child's misbehavior by changing her/his own response to it. This has been one of the most revealing and powerful learning experiences for our parents, who have been traditionally concerned with exerting control over their children.

6. Parents as Leaders

STRENGTHENING FAMILIES advocates building family relationships based on democratic principles—where children are treated with respect, are given the opportunity to express their views, and are presented with choices. This does not imply, however, an absence of parental authority and leadership. Quite the contrary, we fully recognize that parents are the natural

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leaders of the family unit, and as such we advocate a strong leadership role for parents. It is our objective to help parents maintain, and in many cases (particularly where there has been role reversal) regain their position of leadership.

This position of leadership is critical to the well-being of the family and makes parents responsible for a variety of important functions. Parents provide for the physical needs of food, shelter, and clothing, and serve in a supportive role by loving, nurturing, and encouraging their children. As teachers and guides, parents give their children practical knowledge and moral values, and, most importantly, foster responsibility in their children by establishing rules and setting limits.

One- and two-parent families face different challenges in providing leadership. For two-parent families, the greatest challenge is to provide leadership as a united front. Divided parents will fail! In fact, parents who cannot come to terms with providing a united leadership to their household are at great risk of losing their leadership, as a result of which they are at considerable risk for children's misbehaviors to run rampant, and for serious, unmanageable problem behaviors to emerge in the children.

One-parent families, on the other hand, face the challenge of providing leadership alone, without the opportunity to have support within the household, or an understudy to provide occasional relief from family responsibilities.

7. Parenting Styles

The term "parenting style" refers to the type of leadership that parents use in guiding, teaching, caring for, and disciplining their children. Parenting styles described by STEP are the "good" parent and the "responsible" parent. We have renamed these styles, emphasized certain aspects to make them more relevant to Hispanic/Latino parents, and added a third style, the "authoritarian" parent.

The "good" parent, which refers to the parent who over-indulges and pampers children, we have renamed as the

"permissive" parent. These parents live in fear of losing the love of their children. Hispanic/Latino mothers (more often than fathers) often fit into this category, and many readily identify with the stereotypical reactions of the permissive parent. One of the serious pitfalls of the permissive parenting style is that these parents tend to feel trapped in a helpless and victimized position. Permissive parents are so involved with their children that they believe they must do everything for them, including speaking for the child—as if the child did not have her/his own voice. These parents tend to pamper, becoming servants to their children, and may for example select, buy, pick up, and launder teens' clothing. These parents may also allow their children to disregard established family rules such as curfews.

Many parents also find themselves trapped into what we identify as the authoritarian parenting style. An authoritarian parent is concerned with "law and order" and what is "right and wrong." Often these are fathers (more often than mothers) who follow the more traditional parenting style of authority, or single mothers who are attempting to keep their families under control. Today, things are different from when these parents were growing up, and dictatorial tactics may not be as effective, especially when used with youth who are rebelling and acting out.

Authoritarian parents are characterized by their belief that only *they* know what is good for their children, and thus try to force their ideas on the children. These parents tend to be demanding and threatening; are not respectful of their children; try to control their children's behavior through reward and punishment; tend to be critical of their children's performance; and frequently nag their children.

As we noted in an earlier section on "Parents as Leaders," a divided house cannot stand. And, as we have noted in this section, it may be part of our Hispanic/Latino heritage that mothers are more likely to be permissive and fathers to be authoritarian. Thus, we have built into our cultural heritage a tendency for parents to have different parenting styles according to sex roles. This heritage places our families at risk, because our

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families need parents who can adopt a leadership style that both parents will sustain and support.

There is a healthy alternative to the permissive and the authoritarian parent. In STEP it is referred to as the "responsible" parent, but we have renamed it the "balanced" parent. Balanced parents are concerned with building their children's feelings of responsibility and self-confidence. These parents base their relationships with their children on mutual respect. They encourage independence by giving a child choices and letting the child experience the result of those choices; they allow children to assume responsibility for their actions; they set realistic standards, are patient with their children, and focus on their children's strengths.

In our work, Hispanic/Latino parents have accepted this concept once they have been able to see themselves clearly through the stereotypic profiles of the permissive and authoritarian parents; and have been helped to see a very direct and concrete relationship between their parenting behavior and their desire to provide a constructive experience that will lead to desirable behaviors in their children.

Five major points are stressed to parents with regard to parenting styles: (1) that both the permissive parent and the authoritarian parent are well-intentioned, and believe that they want what is best for their children; (2) that both kinds of parents are attempting, through different means, to control their children; (3) while authoritarian parents are more direct in their demand for control, permissive parents are more indirect (perhaps manipulative) in their efforts to obtain control; (4) that this external means of control does not promote development of responsibility in their children, and thus hinders the development of positive self-esteem; and (5) that many parents do not have only one style, but rather they have a composite of different parenting styles. Finally, it is important to highlight that in contemporary society, given the complexities of raising a child, neither the permissive nor the authoritarian parent is likely to be as successful as the balanced parent. Balanced parenting is most likely to give a parent the kind of child that parent wants.

PARENTING STYLES AND THEIR CONSEQUENCES[2]

	PERMISSIVE PARENT	BALANCED PARENT	AUTHORITARIAN PARENT
ATTITUDE/BEHAVIOR			
	Gives in to what the child wants.	Sets fair rules and enforces them, but is always willing to listen to child.	Makes demands threatens child.
	Does everything for child, including make decisions.	Is patient with child, lets child make decisions and experience the consequences.	Gets child to do things by controlling through rewards and punishment.
	Overprotects and spoils child.	Encourages child by giving responsibility and trusting child.	Criticizes and nags child.
REASON	Fears losing child's love.	Believes in, and respects child.	Expects child will never do well.
KIND OF PARENT/CHILD RELATIONSHIP	Parent wants to control child Child may manipulate parent and parent may lose authority.	Mutual respect between parent and child.	Parent wants to control child. Child may rebel and parent may lose authority over child.
CONSEQUENCES FOR CHILD	Low self-esteem, lack of self confidence lack of independence, immaturity, inability to make decisions.	Healthy self-esteem, self confidence, sense of responsibility, ability to make decisions, trust, respect for the inability to make decisions.	Low self-esteem, lack of confidence, lack of independence; immaturity.

[2]Adapted from Dinkmeyer & McKay (1982; pp. 25–26).

8. Self-Esteem

Self-esteem is how people feel about themselves. Many experts believe that a person's self-esteem, that is, the way a person feels about her/himself, has a lot to do with the way that person will behave. It is for this reason that we teach parents how to nurture their children's self-esteem—because if they nurture a child's

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self-esteem, they will have a child who is much more likely to be successful in life.

Children with a sense of self-worth develop a healthy sense of belonging; in turn, children develop a sense of belonging when they are encouraged to feel that they can make a valuable contribution. These children feel that they deserve a productive future, and are thus responsible, productive, and goal-oriented. These children usually do well in school, get involved in sports, help out their families and communities, respect their parents, and look forward to a responsible and worthwhile future. These children learn to value their own opinions and are not easily influenced by what others are doing. For this reason, it is less likely that they will be influenced by other children to engage in undesirable behaviors such as substance abuse, delinquency, and adolescent sexual activity.

By contrast, children with poor self-images are insecure, are confused, and are not sure of who they are or what they want to be. They feel insecure about their own worth, don't see themselves in control of their own lives, and find it difficult to say "NO" to things that might not be good for them. They are easily influenced by others because they don't think that their opinions count. They don't believe in themselves enough to have the courage to be different (i.e., say "NO").

Hispanic/Latino children are at great risk for feeling unsure of who they are. This is particularly the case when, on the one hand, they live in a society that does not fully validate and accept their cultural background, and, on the other, have parents who do not fully validate and accept their need to belong not only to the family, but also to their peer group. Hence, these youths do not find validation from the sources of authority in society or at home, and turn to peers for a sense of significance and belonging: in search of self-worth. Therefore, Hispanic/Latino parents have the very difficult job of helping their youngsters feel accepted even as these youngsters begin to develop a lifestyle that cuts across both cultures: that of home, and that of the world into which they are growing.

When teaching parents to nurture self-esteem in the child, it is important to remember that parents' own self-esteem has

to be nurtured first. It is difficult for a parent who feels inadequate and incompetent to transcend her/his own limitations to nurture self-worth in another. Hence, throughout the STRENGTHENING FAMILIES training, parents' sense of self-worth is nurtured. Thus, as parents' own self-esteem is enhanced, as they learn constructive skills to help their children, they become more effective in nurturing self-esteem in their children.

Linked closely with self-esteem is a sense of hope. A sense of hope is developed by encouraging children to have expectations (dreams) and by helping children to think through how they can achieve their dreams. Parents are encouraged to listen to their children's "dreams" and to help them plan ways to attain those dreams. Hence, parents are given tools for identifying dreams (goals) and developing plans on how these can be achieved. And, they are encouraged to teach these planning tools to their children. In some instances a child's dreams may appear unrealistic. It is important to teach parents to encourage a child's goals for life, even though at the present time those goals appear unrealistic. Rather than negating the child's goals because they are unrealistic, parents are encouraged to work with whatever the child's dream may be and to help the child to plan how such a goal may be achieved. Sometimes, in the process of planning, children recognize on their own that the dream is unreasonable, and readjust their own expectations.

Parents are also helped to separate a child's own dreams from dreams that they as parents may have for the child. This is important because we want to discourage parents from imposing their own dreams on a child, if doing so invalidates a child's own dreams.

9. Encouragement vs. Praise

Encouragement and praise are tools that can be used in building a child's self-esteem. However, these tools have remarkably different effects on a child, and for that reason we strongly recommend one over the other.

Traditional approaches have used praise as the mechanism through which to build self-esteem. Praise is given for accomplishment, as an external reward, and fails to recognize the effort

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and internal satisfaction in the process. Praise is based on competition; it is given for doing well or being the best; and, it cannot be given unless the child has been successful. Praise teaches a child to look for recognition outside, by what others think or say about her/him. Thus, a child will learn to become susceptible to outside influences.

Encouragement, on the other hand, can be given for effort, even when children have not succeeded. Encouragement motivates through internal means because it is given for the child's putting forth an effort. Encouragement strengthens a child's inner motivation to make an effort, to venture, to struggle, and to strive regardless of the outcome. Hence, encouragement does not teach children to compare their behavior with that of other children, but rather teaches children to look inside themselves for reinforcement (e.g., "I did the best I knew how!").

A tremendous advantage of encouragement is that it can be used more easily when children feel discouraged, when they are not doing well, when they are facing failure. These are the most critical times when a child needs to feel the support and validation of a parent. Encouragement also builds on strengths, even when a child is failing. For example, "I see that you studied very hard" is encouragement that can be given even in the case when a child may not be doing well in school; or, "I see you like to bake" emphasizes a child's strength, even if the product itself is inedible.

In our experience, the difference between encouragement and praise is somewhat subtle, and at first it is very difficult for parents to grasp. It is particularly difficult for parents to give up a cherished belief that "praise is good for their children." However, once parents recognize the distinction and the importance of helping children to develop the internal mechanisms of satisfaction, and of encouraging children for their effort, parents become willing to make the change from praise to encouragement.

Teaching parents the use of encouragement requires considerable new learning on the part of the parent. Parents need to become familiar with four sets of rules about the use of encouragement:

Acceptance. Accept your children as they are, not only as you would like them to be. Encouragement through acceptance is found in phrases such as: ''you handled that very well,'' ''you know how to try to solve a problem'' or, ''since you are not happy, what do you think you can do so that you will feel more pleased with it?''

Confidence. Have confidence in your children so that they can believe in themselves. Encouragement through confidence is found in phrases such as: ''knowing you, I am sure you will do fine'' and, ''that is a tough one, but I know you will make it.''

Contributions and assets. Encouragement is experienced by the child when the parent focuses on contributions and assets, such as: ''thanks, that helped a lot,'' ''it was thoughtful of you to. . .'' and, ''you sure have a skill in. . . . Would you do that for the family?''

Effort and improvement. Recognize effort and improvement as well as final accomplishments. Encouragement through recognition of effort and improvement is found in phrases such as: ''it looks like you really worked hard on that'' and, ''I see that you are moving along.''

10. Effective Listening

Communication has to do with the messages that move from one person to another. We are used to thinking about communication in terms of what we say to each other; that is, what moves along the *verbal* channel. However, whenever we use the verbal channel, we are always communicating along another more subtle channel, the *non-verbal* channel. Hence, communication is much more than the words we say to each other. That means that to be effective communicators, we have to learn to receive the information that comes to us from our children along both channels, the verbal as well as the non-verbal.

Effective listening is the art of hearing the message that is spoken as well as the message that is sent but not spoken. That is, effective listening is to listen for the feelings behind the words. Effective listening requires that we grasp what a child **feels** and **means.** This requires that parents listen to more than the words

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spoken by the child. Parents must "listen" to the tone of voice, the look, a smile, silence, the banging of a table or the slamming of the door. These non-verbal communications typically have the truly important messages that the child is trying to get across: messages such as fear, discouragement, frustration, anger, despair, pride, and hurt pride. Effective listening is the art of also hearing these messages that are not spoken.

There are a few rules that will help to improve a parent's ability for effective listening. Among these are: having good eye contact; concentrating on the person doing the talking; not trying to guess what the person is trying to say; allowing the person speaking to finish what they have to say; being non-judgmental; and, demonstrating respect.

11. Open Responses and Accepting Messages

Open responses and accepting messages refer to the next step after effective listening. Once the parent has heard the message, how can the parent respond in a way that fosters the flow of constructive communication between the parent and the child? It is helpful as a next step to reflect back to the child what you think you have "heard," by responding in a way that demonstrates that you understand the full meaning of the child's communication.

At this time, it is important to introduce the concept of **open** versus **closed** responses. An open response encourages additional communication. With an open response, the listener reflects the child's message, indicating that the listener has understood the feelings behind the words, and invites the child to say more. In contrast, closed responses do not recognize feelings, make the child feel rejected, and "close the door" on communication. A simple example may help to illustrate the difference between these two types of responses on the part of the parent:

Child: "I am really upset. There is nothing to do and no one to play with."

Closed response: "Too bad; in life things don't always go the way we want them to."

Open response: "It seems to you as if no one cares and you are feeling left out."

Communication is also helped by the way in which we express our concerns to a child. In this regard, we teach parents that the name of the game is creating constructive communication, and that some ways of expressing concerns tend to close off communication whereas other ways are more likely to encourage the flow of communication. Whether we express our concerns as accusatory or accepting makes a tremendous impact on the quality of the communication that will follow. In particular, when we have a concern, and we express it through a "you message," our concern is likely to be received as accusatory, and hence it becomes an "accusatory message." On the other hand, if we can express the same concern with an "I message," our response is likely to be experienced by the child as accepting of the child, and hence it becomes an "accepting message."

	ACCUSING MESSAGES	ACCEPTING MESSAGES
WHAT THEY DO:	Convey criticism.	Describe how the child's behavior makes you feel.
	Lay blame on child.	Focus on you, not the child; do not lay blame.
EXAMPLES:	"**You** are always late."	"**I** worry that something has happened to you when you are late."
	"**You** are always tying up the phone. Don't you ever think of anyone but yourself?	"**I**'m concerned that someone could be trying to call us. Do you think you could talk for a half hour?

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"Aren't you capable of picking up after yourself?

"It really upsets me when the living room is a mess. I need your cooperation in keeping it neat."

Parents usually need much practice in formulating accepting messages to feel comfortable with them. Parents report that they do not have time to go through the process of effective listening, open responses, and accepting messages in every interaction with their children. We support parents, express our understanding of how very difficult it is to apply all of these new concepts, and recommend that, at least initially, they use them when truly important matters come up. Later, as they get more practice, these skills will come naturally, and will become easier to use.

12. Problem Ownership

While some of the concepts that were discussed earlier are difficult for parents because of their inherent complexity, the notion of problem ownership is difficult for parents for very different reasons. The concept itself is relatively simple to understand. The owner of the problem is the person who is affected by its outcome.

Parents are faced with many parental responsibilities. Some parents, however, have a difficult time drawing the line between the responsibility that belongs to the parent and the responsibility that belongs to the child. Permissive parents, in particular, have great difficulty in drawing the line. Permissive parents in fact believe that *all* of their children's problems are their problems too.

While parents never stop caring and worrying about their children and their children's problems, it is crucial for parents to recognize the profound role they can have in teaching their children to seek solutions to the problems they confront, and to accept responsibility for their actions in response to a problem.

Thus, it is a crucial parental responsibility to teach children to take responsibility for, and solve, their own problems. However, it is not our intent to be extremists on the matter of "who

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owns a problem." Even though a problem might be the child's responsibility, it is natural for parents to be concerned and it is helpful for parents to provide constructive assistance to the child in looking for a solution.

Child ownership of problem. When the child cannot accomplish something s/he wants to do because of some obstacle (which is not under the responsibility or control of the parent), then the child is responsible for solving that problem. Examples may include: a teenager who does not have a date for a prom; a child who does not have a friend with whom to play; or, a child who used his lunch money to buy comic books (more about this example in the section below under natural consequences).

When a child "owns" the problem, the child should take action to solve the problem. The parent can listen, show empathy, and allow the child to face the consequences. The parent can also help the child to explore alternatives (see section on exploring alternatives, below).

Parent ownership of problem. When a child's behavior interferes with a family's space or rights, the parent is responsible for taking action to solve the problem. Examples might include: a child leaves dirty dishes in the living room; the family is going out and the child is either not ready or not properly dressed; the child has a temper tantrum in public. When the parent "owns" the problem, the parent should take action to solve the problem. The parent can: identify the goal of the child's misbehavior and respond accordingly; construct an accepting/ I message; and/or, set limits as described below in the section on consequences.

Joint ownership of problem. There are instances in which the "ownership" of the problem is shared by the parent and the child. The sharing of ownership tends to depend on the age of the child and the severity of the problem. Thus, for example, if a parent finds marihuana in a teenager's room, the problem belongs to both the parents and the youth. One reason that it belongs to the parent is because the child is engaging in illegal activities for which the parent has responsibility. And, certainly, allowing a child to engage in illegal activities makes the parent an accessory to the crime. Other examples in which problem

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ownership is shared by parent and child are: when child misbehaves in school; gets pregnant or gets someone pregnant; or does not do homework. When the problem is "owned" jointly, both parent and child must take action to solve the problem. The parent can listen to the child and recognize feelings; construct an accepting message; allow the child to face the consequences; help the child to explore alternatives; and/or, set limits.

In this controversial area of problem ownership, it is crucial that the concept of problem ownership be framed in the context of a need to foster responsibility in children. Hispanic/Latino parents, especially mothers, are aware of their tendency to assume all of their children's problems as their own. Parents will benefit greatly by learning how their response to children's problems affects the future behavior of their children. Learning to let go of responsibility for their children's problems will, perhaps, be one of the most important growing experiences in the training for parents.

13. Exploring Alternatives

Traditional parenting practices of the past advocated giving advice as the best solution to problem-solving situations with children. This is especially true in Hispanic/Latino families where the authority figure, usually the father or a grandparent, generally gives the advice (which is promptly followed without question).

In STRENGTHENING FAMILIES, consistent with the STEP program, we recommend that parents help their children to explore alternatives as a problem-solving technique that puts the burden of reaching a solution on the child, with guidance from the parent. This approach is intended to foster responsibility and self-reliance in decision-making. Experts agree on the necessity of promoting problem-solving skills in children today, particularly because parents are not always present when children have to make important choices. Much like the concept of encouragement, exploring alternatives strengthens the child's internal mechanism of responsibility and builds a sense of competence, both of which are critical to a healthy self-image.

It is important to note that some of the STEP concepts challenge the traditional authoritarian parenting principles often used by Hispanic/Latino parents. We explain to parents that, given societal changes, it is helpful to learn new skills for effective parenting in a difficult environment. Once parents have a chance to put the new concepts into practice and see positive results, they become true advocates for the concepts. On the other hand, we encourage parents to maintain any traditional values and parenting practices that are still effective and conducive to positive family relationships. Sometimes, it is possible to consider a range of strategies that varies with the age of the child. In this fashion, parents are supported in their use of traditional strategies of directing and instructing with younger children and around dangerous topics, while they are encouraged to practice their skills at exploring alternatives with children initially around less threatening topics such as what a child may want to eat or wear. Then, as the child grows older, and the parent's comfort with this technique increases, the parent is encouraged to make use of the technique more broadly even with more emotionally laden topics.

Six steps are outlined for parents in the application of the technique of exploring alternatives: 1) use effective listening to understand and clarify the child's feelings; 2) explore alternatives through brainstorming—get as many ideas as possible from the child; 3) assist the child/teen to choose a solution—help the child evaluate the various possibilities; 4) discuss the probable results of the decision; 5) obtain a commitment from the child to pursue the child's own solution; and, 6) make a plan for when you would evaluate the outcome.

14. Family Rules

This section on family rules, and the following section on consequences, establishes the framework for limit setting, and provides concepts for the management of certain kinds of behaviors that become a problem for the parent, i.e., in which the parent has ownership.

A set of clearly defined rules will allow parents to consistently and effectively set limits for their children, while permitting

children to express individual preferences within a basic code of family behaviors. Parents want to provide guidance and leadership to the family, and as part of this responsibility they must provide leadership in establishing family rules that will help all family members to get along better, and will also provide the kinds of limits on the behavior of the children that are appropriate to each child's developmental level.

While rules have traditionally been used in all families, they are usually set by the parents alone. Although we agree that parents will, for the most part, be responsible for developing and enforcing the rules, it is important that the children agree to the basic code of family behavior.

There are several guidelines that are useful in establishing effective family rules. These include that rules should be: based on the concept of mutual respect; formulated by agreement of all family members; reasonable, and promote realistic expectations; consistent with parental values; conducive toward promoting positive relationships among family members; foster a sense of responsibility; apply to all family members, although some rights and privileges are granted on the basis of age and generation; enforced in a timely and consistent manner; executed by the parents as the family leaders. In addition, it is of great help if family rules can be kept few and simple, and are written for all to see.

15. Natural and Logical Consequences

The traditional method of parental discipline punishes children when they do something wrong and rewards them when they do something right. This is an **external** method of control that will not help children to develop an internal mechanism for making responsible decisions, and thus it does not foster mutual trust and respect.

The more traditional world of a couple of generations ago made it possible for parents to "lay down the law," with the expectation that children would adhere to the law just because their parents said so. The world then was based on clearly defined rules and expectations. More important, there were relatively few choices available to children and teenagers. Thus, it was not

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as critical for children to develop their own internal mechanisms to make choices and to accept responsibility for those choices. Today, youths are exposed to a complex society in which rules and expectations are often not clear and the range of choices seems endless. Although parents can still control and monitor behavior in the home, it is far more challenging to attempt to control their children's behavior outside the home. In old times, in small towns, the whole town helped to control behavior outside the home. That kind of parental/social support network no longer exists in contemporary society.

In contemporary society, children begin to face difficult choices very early, such as exposure to alcohol and drugs in elementary school and pressures to become sexually active early in puberty. For this reason, today's parents must equip their children with the appropriate internal mechanisms of discipline and control that will enable teenagers to make wise decisions on their own, and enable them to say "NO" to undesirable peer pressures.

It is for these reasons that, for setting limits, STEP and the FAMILY STRENGTHENING program recommend the use of natural and logical consequences. This is a discipline strategy that helps children to develop internal mechanisms by holding them accountable and responsible for the choices they make. Within this framework, rewards and punishments—that is, positive and negative consequences—are not controlled by the parent. Rather, positive and negative consequences are controlled by the choices that the child makes.

Natural consequences are those consequences that will naturally take their course if the parent "gets out of the way." For example, if a child spends her/his lunch money on comic books, the natural consequence is that the child will go hungry for lunch. The child learns in the same way that we, adults, learn by the consequences of our actions. This generally applies to most problems in which the problem ownership belongs to the child. The nature of the consequences that naturally come from the child's behavior will be applied to the child—not by the parent, but rather by circumstances.

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It is correct for children to learn the consequences of their own behavior, and in this fashion they will internalize a sense of responsibility. The job of the parent is to get out of the way and allow natural consequences to take their course. There are of course exceptions, such as in the case when a child's life could be in danger. We would clearly not want to allow a child who walks into the middle of the street to be run over by a car. On the other hand, we have often seen the case of a child who breaks the law and is rescued by a parent who refuses to allow that child to experience the natural consequences of her/his misbehavior. A child who gets rescued will not learn the consequences of behavior, and hence will not internalize a sense of responsibility.

Logical consequences are applied to those items in which the problem ownership is the parents' or is joint between parent and child. In these cases, logical consequences are part of the family rules that we discussed earlier. Logical consequences are the effect of a child's misbehavior. In setting the family rules, the rules involve the nature of the behaviors that are expected, allowed and not allowed, as well as the consequences that the child earns for violating these guidelines. In this kind of thinking, the child knows ahead of time how her/his behavior is linked to a logical consequence, and the child chooses the behavior with full knowledge of the repercussion that accompanies that behavior. In this sense, choosing the consequence is not the parent's responsibility, but rather it is the child's responsibility, since the child chooses to activate the consequences by her/his behavior. It is, however, the parent's responsibility to execute the consequence in a consistent and firm fashion.

Logical consequences are *logically* tied to the behavior that activates them. For example, if a child misbehaves in the market, the logical consequence might be that the child does not come to market for one week.

It is of great interest that the general law of natural and logical consequences applies to children as well as to adults. For example, when a parent chooses not to allow a child to experience natural consequences, or when a parent chooses not to implement in a consistent and firm fashion the logical consequences to a child's misbehavior, then in these cases the parent experiences

the natural consequences of her/his choice. The parent chose not to permit or enforce consequences and thus the parent must take full responsibility for expecting the natural consequences of her/his choice. That natural consequence is that the parent will have a child who is out of control, who is disrespectful, who may engage in alcohol and drug abuse and in early sexual activity. In this view of discipline, the rules of discipline apply therefore to the child as well as to the parent. When parents do not carry out their parental responsibility with regard to consequences, then the parent will have a natural consequence to accept: her/his child's undesirable misbehavior.

Discipline through natural and logical consequences, much like encouragement and exploring alternatives, will give children the internal resources needed to manage themselves successfully in today's world.

16. The Family Meeting

The family meeting is not a new concept to many Hispanic/ Latino parents, who, as we found, were already having family meetings but were unaware of it. Parents welcomed the idea of setting aside a special time for this activity, particularly because the family meeting can be used to support and practice their new parenting and communication skills, and to formulate or clarify the rules of the family.

Having meetings on a regular basis reinforces in children a sense of belonging—the need that children have to feel significant within the family and to make valuable contributions to the group. Family meetings are a time for setting and reviewing family rules on a regular basis, for discussing problems that have come up, and for expressing satisfaction with what is working well with the family. This is also a time when time can be planned for joint fun family activities. Finally, in the family meeting, parents have an excellent opportunity to practice many of the skills recommended in this program, such as effective listening, exploring alternatives, clarifying problem ownership, and, above all else, exercising the role of leaders of the family by chairing the meeting.

17. About Specific Problem Behaviors

As we noted earlier, in our description of the STRENGTHENING FAMILIES program, the first seven sessions are used to teach the general concepts outlined above. The last five sessions are left somewhat less structured in order to give the trainer the opportunity to guide these sessions in problem areas that are of particular concern for parents in each group and in each community. In these sessions, parents are provided with information on some of the very serious behavior problem areas that are endemic in some of our communities, such as alcohol and drug abuse, delinquency, runaways, school failure, teen sexual activity, violence, and gang involvement.

In these lessons, according to the particular interest of the group and the problems within the specific Hispanic/Latino community, the parents will be provided with specific statistical information that highlights the severity of these problems in their community as a way of clarifying to the parents the very real danger that exists for their own children.

As parents begin to recognize the dangers that confront them, and as their concerns about losing their children to these community plagues crystallize, the trainer will re-focus the parents' concerns to the many skills that they have now learned and which they can use to prevent "the worst." Hence, throughout these sessions, all of the concepts and skills outlined earlier are played and replayed over and over again around the kinds of behaviors that parents would like to prevent. The trainer frequently reminds parents that the STRENGTHENING FAMILIES skills are intended to help them save their children from these endemic community problems.

While rehearsal of skills is encouraged beginning with the first lesson, during these last five sessions parents become most concerned and therefore eager and willing to practice the skills that will help them to provide their children with a sense of responsibility and internal direction. It is important to note that *it has been our intent* to leave a full discussion of these emotionally charged topics until the last five sessions of the training program, in a concerted effort to bring them up only after parents have

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been empowered to more skillfully manage their children. We believe that dwelling on these dangers early in the training would heighten in parents their sense of hopelessness and frustration. Thus, making efforts to delay discussion of these topics will permit the trainer to more effectively channel parents' concerns into constructive family interactions.

We have found these sessions to be among the most exciting and stimulating for parents because they are able to confront the fears that have been lurking all of the time, but which they had often not dared express before, perhaps because these fears had been too overwhelming. Now, once parents' own sense of competence has been enhanced, these fears can be managed in a more realistic fashion, and, as indicated, can in fact be channeled to energize the parents' willingness to implement what they have learned as part of this course.

Discussion

STRENGTHENING FAMILIES presents a remarkably different view of interpersonal relationships and parenting. The work presented in this chapter is intended to provide parents with: a very specific view of their own role as parents; a very definite way of understanding children's misbehavior; and, a very specific set of skills to promote successful and effective parenting. This is a program that teaches parents to appreciate themselves and their children; that teaches about mutual respect, compassion, and love; that encourages quality family interactions; and that helps parents to understand that, although they cannot control their children's misbehavior, they can control their own response to a child's behavior, and this in turn has an impact on that child's future behavior. Finally, this program teaches parents that they will experience the consequence of their own parenting behaviors. There are certain parental behaviors that will result in happy consequences for the parent; and there are other parental behaviors that will result in unhappy consequences for the parent. The program emphasizes the link between parental behaviors and their positive and negative consequences. Moreover, the program encourages parents to select parental behaviors that will have positive consequences for themselves, their families, and their children.

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5

Multicultural Effectiveness Training (MET) for Hispanic/Latino Parents

Yolanda Mancilla, Ph.D., José Szapocznik, Ph.D. and William M. Kurtines, Ph.D.

The Multicultural Effectiveness Training (MET) program described in this chapter grew out of our efforts to prevent adolescent problem behaviors, particularly drug abuse, among acculturating Hispanic/Latino families. Our previous work with acculturating Cuban refugee families in the 1970's and early 1980's had led to the development of Bicultural Effectiveness Training (BET). This successful program had been designed to prevent adolescent problem behavior by assisting families in integrating and maintaining their Cuban heritage within a predominantly Anglo-American community (Szapocznik & Kurtines, 1989; Szapocznik, Kurtines, Foote & Pérez-Vidal, 1983, 1986; Szapocznik, Kurtines, Santisteban & Río, 1990; Szapocznik, Río & Kurtines, 1991).

This chapter begins with a brief outline of the origins of our work in teaching multicultural skills to Hispanic/Latino families. We describe some of the changes that have taken place in the

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Miami community since the original BET was developed, and the impact that this context of increasing cultural diversity has had on our understanding of the acculturation process. Finally, we summarize the MET lessons that we have developed to assist Hispanic/Latino immigrant and refugee families in acquiring the skills necessary to succeed and thrive within contexts of cultural diversity.

Acculturation and Hispanic/Latino Families

The earliest work that launched our program of research on acculturation emerged from clinical observations of the impact of the acculturation process on Cuban refugee families in Miami during the early 1970's (Szapocznik, Scopetta, Aranalde & Kurtines, 1978; Szapocznik, Scopetta & King, 1978; Szapocznik, Scopetta, Kurtines & Aranalde, 1978). Adolescents in these families were presenting with high rates of conduct problems (Szapocznik & Kurtines, 1980).

As we began our clinical work, it became apparent that cultural forces were having a very specific impact on the way in which families interacted: cultural conflict emerged that was linked to overacculturation in adolescents and underacculturation in parents. These changes in family dynamics appeared to underlie behavioral problems, and particularly drug abuse, in immigrant adolescents.

In working with Cuban refugee families, the first step was to understand the impact of cultural forces on the family. It was crucial to recognize that the nature of the changes that were taking place in the family could not be fully explained by viewing families strictly within the context of their culture of origin. These families were living in a **multicultural** context and, for this reason, we had to adjust our thinking in order to understand families beyond the framework of their culture of origin and within the context of a culturally pluralistic environment.

The problem we faced was to modify our understanding of the forces that influence the family to include a culturally pluralistic environment (Szapocznik & Kurtines, 1980; Szapocznik,

Kurtines & Fernández, 1980). In the 1970's, our Cuban refugee families were embedded in a culturally diverse context in which parents as well as children were exposed to Hispanic/Latino *and* "mainstream" (predominantly White American) values and customs. As a result of such exposure, children and adolescents *acculturated* far more quickly to the mainstream, whereas parents tended to remain far more attached to their traditions (Szapocznik, Scopetta, Kurtines, *et al.*, 1978). These findings are summarized in Figure 1.

Thus, this view of the Hispanic/Latino family exposed to a culturally pluralistic milieu explained how family dynamics evolved within a culturally diverse environment, and how such changes were linked to the emergence of conduct problems in young people (Szapocznik, Santisteban, Río, Pérez-Vidal & Kurtines, 1986).

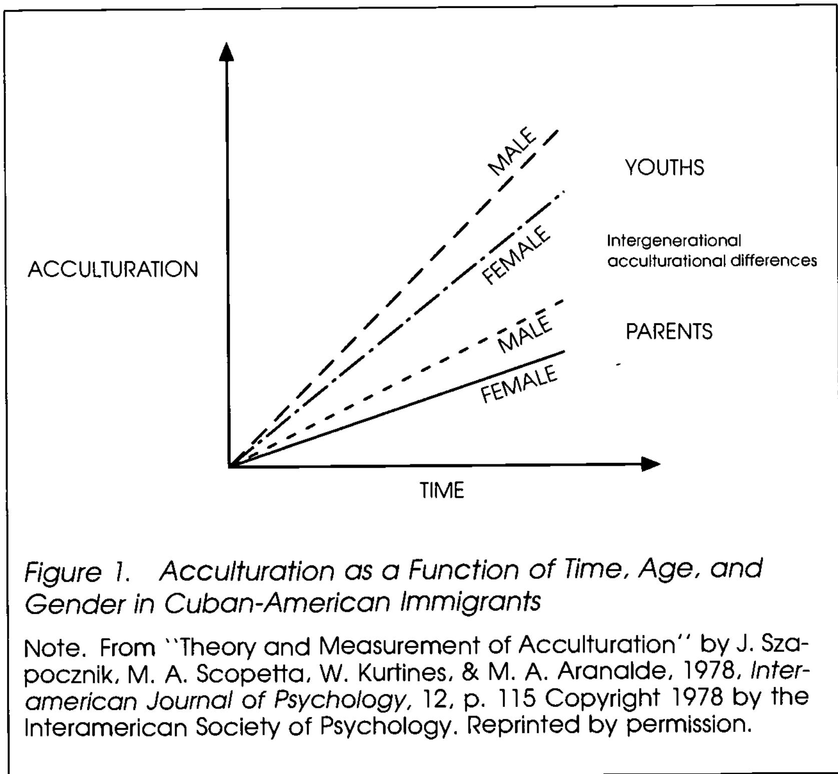

Figure 1. Acculturation as a Function of Time, Age, and Gender in Cuban-American Immigrants

Note. From "Theory and Measurement of Acculturation" by J. Szapocznik, M. A. Scopetta, W. Kurtines, & M. A. Aranalde, 1978, *Interamerican Journal of Psychology*, 12, p. 115 Copyright 1978 by the Interamerican Society of Psychology. Reprinted by permission.

Families exposed to a culturally diverse environment developed a classic Ericksonian challenge: a family struggle in which some family members (the youth) struggled for autonomy while others (the elders) strove for family connectedness. As Figure 2 illustrates, this struggle usually develops in families around the time of adolescence, but in this case the magnitude of the struggle was considerably exacerbated by acculturational differences across generations. As a result of this struggle, adolescents lost emotional and social support from their families, and parents lost their positions of leadership.

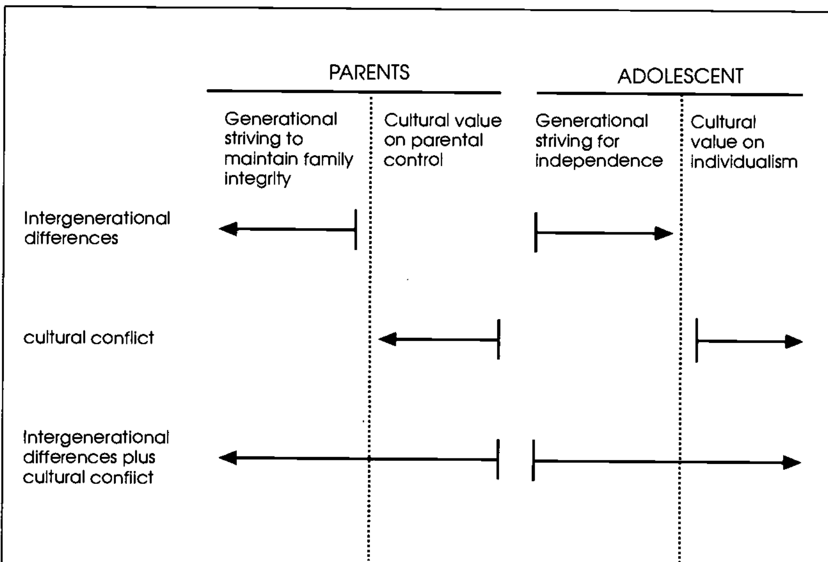

Figure 2. The Additive Effects of Intergenerational and Acculturational Differences in Cuban-American Immigrant Families

Note. From "Bicultural Effectiveness Training: A Treatment Intervention for Enhancing Intercultural Adjustment in Cuban American Families" by J. Szapocznik, D. Santisteban, W. M. Kurtines, A. Perez-Vidal, & O. Hervis, 1984, *Hispanic Journal of Behavioral Sciences*, 6, p. 328. Copyright 1984 by the *Hispanic Journal of Behavioral Sciences.* Reprinted by permission.

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The impact of a culturally diverse environment on these families resulted in the emergence of conflict-laden intergenerational acculturational differences in which parents and adolescents developed different cultural alliances (Hispanic/Latino and Anglo-American, respectively). These intergenerationally-related cultural differences were added to the usual intergenerational conflicts that occur in families with adolescents, and produced a severe intergenerational ***and*** intercultural conflict. As a consequence, parents became unable to properly manage adolescents who made strong claims for autonomy and who no longer accepted their parents' traditional Cuban ways, and this situation gave rise to behavioral problems in these youths.

The Changing Hispanic/Latino Population

The striking shift we have experienced in the demographics of families who seek our assistance reflects the changing cultural context of the Miami community. From a primarily Cuban population in the 1970's, most of the poor inner-city Hispanic/Latino families with which we work in the 1990's are Central Americans (with the largest group being Nicaraguans), and secondarily South American and Caribbean.

Our Cuban families of the 1970's included a broad range of socioeconomic backgrounds, including many middle-class families. This first wave of Cuban refugees tended to be white, a factor which ultimately facilitated their access to and acceptance within White American settings. Moreover, as Cuban refugees, they had immediate access to legal, documented status and to various public assistance and refugee assistance programs. By the time we began to provide services in 1973, many of the adolescents in these families had spent sufficient time in the United States and had had sufficient exposure to American culture to be highly acculturated, while parents and grandparents tended to retain more traditional Cuban values.

In contrast, our Hispanic/Latino families of the 1990's tend to come from rural, underdeveloped areas; many have received little formal education, and they present a different set of world-

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views, personal goals, and life aspirations for their children. They are more likely to work at unskilled, minimum-wage jobs, and to become distressed and disoriented when faced with life in a large city. A large number of the families are undocumented and live in fear of deportation; thus they tend to be more guarded as participants in the helping process, and challenge staff to earn their trust over a more extended period of time. Almost all of the families, and particularly those which are undocumented, are low-income, and many live below the poverty line. Undocumented families in particular lack access to social services, public assistance, and adequate housing. Almost all of the families, regardless of legal status, lack access to adequate health care and health insurance. Further, many families from Central and South America (as well as more recent Cuban refugees) tend to be non-white, facing discrimination and exclusion from both the white Cuban American and the White American communities, thus adding an additional barrier to the process of successful adaptation to their new country.

Multicultural Effectiveness Training (MET)

In the 1970's, our understanding that Hispanic/Latino adolescents are embedded in families that are in turn embedded in a culturally pluralistic context led us to the development of BET, a family-oriented intervention to enhance bicultural skills in all family members (Szapocznik, Santisteban, Kurtines, Pérez-Vidal & Hervis, 1984; Szapocznik, Santisteban, Río, Pérez-Vidal, Kurtines & Hervis, 1986; Szapocznik, Santisteban, Río, Pérez-Vidal, Santisteban & Kurtines, 1989). Our work focused on the bicultural skills that parents and adolescents need in order to successfully negotiate their cultural differences within the family and in a culturally pluralistic milieu.

However, contexts change, and this is particularly true of large, dynamic communities such as Miami. The changes that have occurred in Miami over the past twenty years have once again led us to the need to reformulate our understanding of

acculturation-related processes and of how to help families negotiate the complexities of changing contexts.

Miami's Hispanic/Latino community has grown and changed dramatically in the past ten years. The process of acculturation has taken on new and more complex dynamics as it occurs in the context of an increasingly complex cultural milieu. The original Bicultural Effectiveness Training (BET) was designed to assist Cuban refugee families who were acculturating (or biculturating) into a predominantly White American community. While for generations Miami had also been home to a large African American community, and a smaller Puerto Rican community, during the 1960's and 1970's there was limited contact across African American, Puerto Rican, and Cuban families. As a result, the predominant cultural context which Cuban families faced, both in their daily lives and in the mainstream media, was White American in nature.[3]

The original BET of the 1970's compared and contrasted two specific and clearly defined cultures: the traditional Cuban culture, and a rather unidimensional, "mainstream" Anglo-American culture. Thus, BET was able to include fairly concrete material that taught families specific details about how each of these cultures functioned. Cuban parents and grandparents were specifically taught to understand (i.e., to tolerate, if not to "accept") the White American culture; at the same time, adolescents were taught to value and gain a sense of rootedness in their traditional Cuban culture, while gaining support and validation in their efforts to learn to live and find a place for themselves within the mainstream culture.

However, the increasing diversification of Hispanic/Latino national groups in Miami determined the need to adapt the intervention in order to address a much more complex process

[3]The historical and social factors surrounding the long-standing racial/cultural segregation of Miami's African-American and Puerto Rican communities would provide rich material for a paper in itself, but unfortunately lie beyond the scope of the current chapter. However, issues of race and class, both within the Hispanic community and among Hispanics, African-Americans, Haitian-Americans and Anglo-Americans, continue to emerge as increasingly salient, indeed critical, to our work.

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which goes beyond what we generally think of as "accultura-tion," or even "biculturation." In fact, these families might be viewed as undergoing a process of "multiculturation," a process that occurs in stages.

Specifically, in the *first stage*, Hispanic/Latino immigrant families are initially exposed to a complex "multi-Hispanic/ Latino" or "pan-Hispanic/Latino" community. Typically, the communities where new immigrants live are totally Hispanic/ Latino and are comprised of Hispanic/Latino nationals from every Latin American nation in the continent. These Hispanic/ Latinos number over one million in a county of two million persons.

In the *second stage*, after considerable exposure to a primarily pan-Hispanic/Latino context, immigrant Hispanic/Latino families begin their exposure to the fuller community which now has considerable influence from at least four major cultural groups: Hispanic/Latinos, White Americans, African Americans, and Haitians. Thus, the dominant cultural influence in Miami is no longer White American, but rather a complex mixture of distinct cultures, and of new hybrid cultures that have emerged at the interface between the original cultural groups.

An example might be a Peruvian family which moves to Miami's "Little Havana" upon arriving in the U.S. While still home to many Cubans, including many recently arrived "*balseros*" (Cubans who journey to the U.S. on makeshift rafts), Little Havana is now also home to Hispanic/Latinos from many other countries.

Our Peruvian family finds itself in an environment which in many ways resembles a large Latin American city. English is, at least initially, not necessary to survive. Wherever the family turns, stores and other businesses, schools, most local work settings, and many social services have Spanish-speaking personnel and neighbors who are able to assist them. They need not fear becoming lost in a strange neighborhood and being unable to find their way home, as it is a simple matter to ask for and receive directions in Spanish. To this extent, the family immediately feels comfortable and "at home."

The Peruvian children enroll in the local public school and find that Hispanic/Latino children constitute the majority of the

student body; many of these children are also recent immigrants, and speak Spanish as their dominant language. The Peruvian mother takes on work as a seamstress during the day, while the father washes dishes at a Cuban restaurant; together they also clean office buildings in the evenings. In all of these settings, they find that their co-workers and supervisors are also predominantly, if not exclusively, Hispanic/Latino, and that many are also recent immigrants. While the children begin to learn English at school and soon become bilingual, the parents learn very little, if any, English. Because English is not essential for their daily survival, the parents find it difficult to take time from two jobs and the care of their children to enroll in English classes. The family may continue in this environment for quite some time, perhaps years.

The "acculturation" process during the early years is to a "pan-Hispanic/Latino" environment. The Peruvian parents begin to try foods from a number of other Latin American countries. They learn to dance the Colombian "*cumbia*" and the Dominican "*merengue.*" They notice with some distress that their children are picking up Nicaraguan slang and accents, and report with annoyance that they sound like "Nicas." They find that some white Hispanic/Latinos do not readily accept them because they look too "Indian." Thus, our Peruvian family finds itself in a context of Hispanic/Latino cultural diversity which offers both positive and stressful situations.

The second major stage of "acculturation" involves the family's interaction with non-Hispanic/Latino communities. The Peruvian children and adolescents find that the next largest racial/cultural group in their school is African American, and that few White Americans attend their school at all. As a result, these young Peruvians may begin to enjoy, and to incorporate into their daily lives and language, certain elements of African American culture such as music, dress, and slang. At the same time, their parents find that other than Hispanic/Latinos, co-workers in their unskilled jobs are likely to be African American or Haitian, rather than White American. Further, the media, particularly through cable television (especially channels such as MTV and "The Box"), present a much more diverse picture of U.S. culture than was available to viewers in the 1970's.

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Thus, the immigrant family is no longer exposed to one homogeneous, "mainstream" culture. Rather, they are more likely to be exposed first to a multifaceted Hispanic/Latino community, secondly to African American culture, and perhaps only tangentially to what is usually regarded as "mainstream/White American" culture. In fact, our Peruvian family may live in the United States for quite some time before having any meaningful or sustained contact with Anglo-Americans as neighbors, co-workers or fellow students, let alone as friends.

MET attempts to take into account the complex process of "acculturation" described above: to ask not only "what is the family's culture of origin?" but "to what cultural context is the family, and each of its members, acculturating at different points in time?" MET does not assume that the immigrant family's primary challenge is to acculturate into White American society. Instead, MET assumes that the challenge is for Hispanic/Latinos to acquire the skills necessary to adapt themselves to whatever changing cultural context presents itself. In the current cultural context of Miami, the immigrant family must first overcome nationalistic and racial differences, and learn to live among, and get along with, Hispanic/Latinos from many countries. Only after this is accomplished is the family ready to turn toward non-Hispanic/Latino cultures, and the primary culture of focus is likely to be African American rather than Anglo-American.

Multicultural Effectiveness Training Lessons

MET attempts to address social and cultural factors of special relevance to *immigrant or refugee parents* from Central and South America and the Caribbean. The MET lessons are based on the original BET model. They consist of four two-hour sessions that can be conducted with groups of 8–12 Hispanic/Latino parents. A summary of the lessons follows. A detailed manual for the implementation of these lessons is available from the Senior Author.

Lesson 1, "Orientation/What Is Biculturalism?", is designed to: (1) instruct parents on the overall content and format of the

program; and (2) alert parents to the need for greater understanding of, and appropriate attitudes toward, multiculturalism and family adjustment. Normative family developmental stresses are exacerbated by the process of acculturation. In Hispanic/Latino families, dysfunctions occur when the entire family or some of its members either stymie or precipitate acculturation.

Biculturalism/multiculturalism offers an answer to these stresses, allowing for both a retention of identity and stability plus the benefits of adjustment to a changing society and its new demands. This lesson helps parents to learn how acculturation can exacerbate normal family stresses; to learn how a family can respond effectively to acculturative stress as a bicultural or multicultural family; to develop an appreciation for each family member's "pain" of acculturation; and to develop an acceptance and appreciation for a multicultural way of life.

Each lesson is designed to maximize parental participation through exercises and discussion, and uses the arts (music, literature, poetry, and theater) to enrich and illustrate the content of the presentations. For example, Lesson 1 uses the poem "La balada de los dos abuelos" ("The Ballad of the Two Grandfathers") by the Afro-Cuban poet Nicolás Guillén, along with a "Cultural Family Tree" exercise, to help parents understand that their own culture is a synthesis of different cultural traditions and that they have a "family history" of successful adaptation to new cultures. Lesson 1 also uses musical selections from various Latin American countries (e.g., Caribbean *salsa*, Dominican *merengue*, Mexican *ranchera*, Peruvian *guayno*) along with African American and Anglo-American popular music to help parents think about the degree to which their own cultural identities are already quite complex and multifaceted, and to reassure them that they are not losing their cultural identity, but enriching and expanding it.

Lesson 2 covers the topics "All Families Change," "How Do Families Develop?" and "How Is a Family Stressed?". This lesson teaches parents about the universality of change in families and in society, how families can support their members' growth and successful adaptation to the social environment, and how families can accommodate to new demands while preserving family

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continuity and cultural identity. This lesson also re-labels "family strength" as a family's ability to retain its ethnic identity while adapting to new circumstances. Finally, families learn what constitutes normative family development and developmental stages, what are the family unit's points of stress, and how a family can respond to stress.

Lesson 3, "Family Composition Styles/Family Relationship Styles," helps families learn what constitutes a nuclear or an extended family system and how each functions, and to identify positive and negative aspects of nuclear and of extended family systems. This lesson also teaches parents to identify the various subsystems around which their own family is organized, and how these systems interact within the family. Finally, this lesson provides parents with specific, practical suggestions for managing child and adolescent behavior.

Lesson 4, "How to Deal with Conflict: Steps to Effective Communication and Conflict Resolution," teaches parents that conflict and differences of opinion in a family are normal, and that Hispanic/Latinos, in addition to typical family conflicts, may experience added culture conflict that can be very pronounced. Different styles for handling conflict between parents and their more acculturated children are explored. This lesson provides specific, practical guidelines to help parents learn how to speak more clearly and directly and listen more effectively, and how to negotiate differences to resolve conflicts.

Conclusions

This chapter described some of the changes in the Miami community that have taken place since we developed the original Bicultural Effectiveness Training model, and the impact that this context of increasing cultural diversity has had on our understanding of the acculturation process. It also summarizes the Multicultural Effectiveness Training lessons developed in response to these changes—and, to help immigrant families acquire the skills necessary to succeed and thrive within contexts of cultural diversity.

Our work with MET has had important implications for our work with Hispanic/Latinos in Miami. However, the importance

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of teaching the multicultural skills that MET encompasses takes on an even greater urgency in view of the broader social, political, and historical trends that are taking place. As we have noted elsewhere (Szapocznik & Kurtines, 1993), this is especially the case as we, in the United States, become an increasingly culturally diverse society.

The above leads us to conclude that, if current trends continue, the concepts encompassed by MET will become increasingly important for multicultural communities. If current trends continue, in the United States of the 21st century, cultural diversity will be respected, and perhaps even cherished and nurtured.

To the extent that we nurture cultural diversity, while at the same time promoting inter-ethnic relations, we create a world in which families will be living increasingly at the interface between cultures and customs.

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6

Programa Mamá/Mom's Project: A Community-Based Outreach Model for Addicted Women

Hortensia Amaro, Ph.D. and María Aguiar, M.P.H.

Programa Mamá is a comprehensive community-based program to prevent exposure to drugs *in utero* and the related poor pregnancy and health outcomes for women and their children. The program seeks to engage pregnant women in reducing drug use during pregnancy and to support the process of recovery from addiction in order to improve the health and psychological well-being of women and their children. We view the project's focus on early identification of women who are using drugs during pregnancy as a critical piece of the wide spectrum of prevention approaches needed. Early identification and intervention can be effective in reducing the incidence and negative impact of drug use during pregnancy on both the mother and child (GAO, 1990; Chassnoff, *et al.*, 1989). Thus, intervening with women who use drugs during pregnancy is an important prevention strategy which can help to address family risk factors that place children and adolescents at high risk for drug use. Further, Programa Mamá seeks to appeal to cultural values that highly regard family, motherhood, and the welfare of children as the initial connection to draw women into the program who might not otherwise seek treatment for substance abuse.

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Programa Mamá is affiliated with Boston City Hospital and serves Boston's inner city communities of Dorchester, Roxbury, Jamaica Plain, and the South End, where substance abuse among pregnant women is highly prevalent. These neighborhoods are the poorest neighborhoods in the city and have extremely high rates of infant mortality, low birth weight, HIV infection and AIDS cases, tuberculosis, adolescent pregnancy, and interpersonal violence (Massachusetts Department of Public Health, 1993). The jeopardized health profile of women in these neighborhoods is intimately tied to the high rate of poverty, unemployment, drug dealing, and crime. Approximately 18 percent of women in these neighborhoods are Hispanic/Latino, and the majority of them are Puerto Rican (Gaston Institute, 1992).

While women in these neighborhoods live in close proximity to Boston City Hospital and its network of community health centers, often they do not utilize needed prenatal and substance abuse treatment services. Programa Mamá assists women in initiating and successfully continuing the process of recovery from addiction by addressing the variety of barriers to care that exist. This program teaches clients how to access services, and supports the client through the successful engagement with drug treatment, prenatal care, and other needed services. The intervention consists of a system of comprehensive and coordinated services comprised of: 1) community outreach; 2) case management, referral and advocacy; 3) health education and recovery support groups; 4) parenting skills enhancement; and, 5) other support services such as transportation, childcare, food and clothing. These program components educate participants about the appropriate and effective use of needed services, provide social support during engagements with services, and enhance participants' skills. The philosophy that underlies the program is one of empowerment and participatory education.

Programa Mamá seeks to intervene with women who use drugs during pregnancy, in an effort to minimize prenatal drug exposure and to support mothers in the process of recovery from addiction as a primary strategy in breaking the intergenerational cycle of addiction. Programa Mamá was developed for a racially and ethnically diverse population and is an important model for

working with women addicts and communities of color. The project has identified specific strategies for use with Hispanic/ Latino women.

This chapter begins with a discussion of the effects of drug use during pregnancy and the barriers that pregnant addicted women face in gaining access to needed services. This is followed by a presentation of the history of the project and a description of the intervention components.

Why Intervene with Pregnant Addicted Women?

It is clear that healthy family functioning is an important element in preventing substance use among youth. We also know that substance use and the associated problems in parents create a family context or environment that contributes to a myriad of problems in infants, children and adolescents. The earliest effects of parental drug use can be seen in children who were exposed to drugs during pregnancy (Zuckerman, Frank, Hingson, Amaro, *et al.*, 1989; Kilbey & Ashgar, 1991; McCalla, Minkoff, Feldman, *et al.*, 1991; Petiti & Coleman, 1990; Handler, Kristin, Davis & Ferre, 1991; Kumpfer, 1987; Bateman, Ng, Hansen & Heagarty, 1993).

The need to target pregnant women in prevention and intervention efforts is paramount, given the rise in substance abuse among pregnant women—largely attributable to the introduction of crack-cocaine—during the last two decades (OIG, 1990; U.S. Department of Health and Human Services, 1988; Littlejohn and Thomas, 1989). It is estimated that over 6 million women of childbearing age use illegal substances (U.S. Department of Health and Human Services, 1988), and approximately 11 percent of pregnant women surveyed in 36 hospitals used illicit drugs during pregnancy (Moore, 1989). While estimates of drug use during pregnancy vary, they indicate that between 100,000 and 375,000 women each year use drugs during pregnancy and may give birth to infants exposed to drugs *in utero* (OIG, 1990). These trends are cause for serious public health concern because of the medical complications and health-compromising effects associ-

ated with drug use during pregnancy for both mother and child (OIG, 1990; Littlejohn & Thomas, 1989; Howard, 1989; Zuckerman, Frank, Hingson, Amaro, *et al.*, 1989). The detrimental effects of drugs on the developing fetus are compounded by continued exposure to unhealthy home environments and inadequate parenting after birth (Zuckerman, 1991; Bresnahan, Brooks & Zuckerman, 1991; Parker & Zuckerman, 1991; Kilbey & Ashgar, 1991). Without interventions to help children and families, drug exposure during pregnancy and exposure to parental drug use during childhood can result in long-lasting developmental problems, childhood behavior problems, and adolescent drug use. In addition to the human suffering caused by this problem, the costs of taking care of drug-exposed infants and remediating the long-term effects on children and their mothers is staggering compared to the costs of prevention (GAO, 1990).

While prevention of drug use in women is a key aspect of the long-term response to this public health problem, there is also an urgent need to improve early identification with women who are using drugs during pregnancy. While the focus of this monograph is primarily the intervention with families as a method of prevention of substance use in children and adolescents, it is critical that the value of intervening with women outside of our concerns regarding their reproductive and/or parenting roles also be recognized. The program must achieve a fine balance between engaging women through the window of opportunity represented by pregnancy and their concern for their children, and the message that the program is concerned with them as individuals regardless of their reproductive and/or parenting roles.

Drug Use Among Hispanic/Latino Women

Health care providers and the general public have largely ignored the problem of addiction in women. Idealized gender roles of motherhood and *marianismo* (Comas-Díaz, 1989) have perhaps promoted even more denial regarding the problem of substance abuse among women in Hispanic/Latino communi-

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ties. Recent research on the prevalence of drug use among Hispanic/Latinos indicates that the belief that substance abuse is not a problem among Hispanic/Latino women is not grounded in the reality of Hispanic/Latino women's experience. In fact, it seems that the rates of illicit drug use among some Hispanic/Latino groups may be similar to or lower than those of non-Hispanic/Latino women (NIDA, 1992). However, some studies indicate that in some Hispanic/Latino groups such as Puerto Ricans, drug use among women and men may be higher than among non-Hispanic/Latino whites (Amaro, Whitaker, Coffman & Heeren, 1990). A study of drug use among Hispanic/Latinos showed that 13.6 percent of Puerto Rican women, 2.1 percent of Mexican American women, and 2.7 percent of Cuban American adult women of reproductive age had used cocaine in the prior year. Marijuana use was even more common, with 12.5 percent of Puerto Rican, 6.6 percent of Mexican American, and 3.8 percent of Cuban American adult women of reproductive age having used it in the previous year (Amaro, Whitaker, Coffman & Heeren, 1990). For Hispanic/Latino women, use of cigarettes (Haynes, Harvey, Montes, *et al.*, 1990), alcohol (Markides, Ray, Stroup-Benham & Trevino, 1990; Marks, García & Solís, 1990; Caetano, 1987; Neff, 1986; Gilbert, 1989) and illegal drugs (Amaro, Whitaker, Coffman & Heeren, 1990) increased with acculturation—that is, with increasing adoption of certain U.S. norms and values. Overall, acculturation and/or longer stay in the U.S. has been associated with a host of negative health outcomes such as increased rates of low birth weight (Becerra, Hogue, Atrash & Pérez, 1991; Guendelman, Gould, Hudes & Eskenazi, 1990), infant mortality (Becerra, Hogue, Atrash & Pérez, 1991), adolescent pregnancy (Hofferth & Hayes, 1987) and perhaps depression (Rogler, Cortés & Malgady, 1991). Yet, how or why increased stay in the U.S. brings on greater drug use and other health-related problems is unclear. The stress of cultural adaptation, changes in traditional gender roles, and/or exposure to "toxic" social and physical inner city environments may be factors contributing to jeopardized health among Hispanic/Latino women.

While there are few studies that provide information on Hispanic/Latino women's use of alcohol and drugs during preg-

nancy, some studies suggest that Hispanic/Latino cultural norms may be a protective factor for many women. Our own work with colleagues at Boston City Hospital found that among women attending prenatal care, alcohol and drug use is somewhat less common among Hispanic/Latino women compared to African American and non-Hispanic/Latino white women (Amaro, Zuckerman & Cabral, 1989; Frank, Zuckerman, Reese, *et al.*, 1988). It is possible that Hispanic/Latino women drug users are less likely to attend prenatal care than other women, a fact that would explain the apparent lower rate of drug use among Hispanic/Latino women in prenatal care. This interpretation is supported by our own experience with Hispanic/Latino women, who seem to enter drug treatment at more advanced stages of addiction. On the other hand, the lower rates of prenatal drug use among Hispanic/Latino women may reflect stronger cultural norms against alcohol and drug use during pregnancy. In the context of strong cultural norms against drug use during pregnancy, Hispanic/Latino women who use drugs may by definition deviate more from "the norm," be more aberrant, and be at greater risk for negative birth outcomes because of other factors.

Institutional and Cultural Barriers to Intervention

Addicted women face major barriers to getting the help that they need. Some of the institutional barriers to services are: lack of substance abuse treatment that is appropriate for pregnant women, providers' fears of legal liability, lack of child care, and a fragmented approach to care. For Hispanic/Latino women, the lack of culturally and linguistically appropriate substance abuse and prenatal care services presents a major barrier to accessing needed services. Overall, less than 11% of pregnant women in need of substance abuse treatment receive such services (Littlejohn & Thomas, 1989; GAO, 1990; Chavkin, 1990). For pregnant addicted women, walking through the maze of the numerous services needed is often discouraging, and results in their disengagement from, or an inappropriate use of, these services.

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In addition, Hispanic/Latino women face racist and sexist attitudes and treatment from service providers. This situation not only acts as a deterrent to seeking services but also further undermines the already negative self-esteem that women who are addicted exhibit. For some Hispanic/Latino women, lack of legal immigration status is another major barrier to seeking services. Undocumented Hispanic/Latino women often delay seeking prenatal care and substance abuse treatment for fear that they will be deported. And, it is also a fact that some needed services such as Medicaid are not available to undocumented pregnant women.

Individual psychosocial characteristics of addicted women can also present critical barriers to care. As a direct result of addiction, women who use drugs are often marginalized from mainstream society. Such marginalization often brings with it disengagement from available services such as prenatal care, substance abuse treatment, and social services. This alienation is a result of both the fears associated with criminal prosecution (GAO, 1990) and the psychological profile of low self-esteem, anxiety, depression, apprehension, and suspiciousness (Reed, 1987; Sutker, 1987). The psychological state of women addicts and their well-founded fears of criminal prosecution and of losing custody of their children present major obstacles to early identification and intervention (GAO, 1990; Chavkin, 1990; Sutker, 1987). Denial (Cohen, 1981) is another characteristic of addiction, which further compounds both the institutional and individual barriers to accessing treatment.

For Hispanic/Latino women, cultural values can act as deterrents to seeking treatment for substance abuse. Gender roles in traditional Hispanic/Latino culture can be rigidly defined and demarcated (Comas-Díaz, 1989; Vázquez-Nuttall, Romero-García & DeLeón, 1987), and can promote denial of drug use as a problem since admission of drug use goes counter to the gender norms. Further, submissiveness to the male partner may also prevent some women from making independent decisions regarding their need for treatment and discourage women from seeking services. For most women, regardless of ethnic group, male partners play a critical role in initiation and progression

of drug use, and in involvement in drug-related criminal activities such as prostitution (Anglin, Hser & McGlothlin, 1987; Hser, Anglin & McGlothlin, 1987). When this pattern is combined with culturally sanctioned traditional gender roles that support the power of the male partner, the power imbalance and a woman's submissive role are further accentuated. For many Hispanic/Latino women who are addicted, total reliance on and submissiveness to the male partner and the resulting marginalization and sense of alienation present a major barrier to reaching out for help. For many of these women, drug use occurs in secrecy within the relative "safety" of their home, with minimal interaction with the outside drug world. The strong Hispanic/Latino cultural value for family which has been associated with typically protective family ties can, in the case of dysfunctional families, keep addicted women from seeking help from those outside the family and from divulging to outsiders problems deemed to be the domain of the family. In seeking help, Hispanic/Latino women often experience a deep sense of guilt and betrayal of their partner and family.

On the other hand, these culturally-defined gender roles exhibit the potential for positive characteristics (e.g., the provider and protector role for men and the important contributions of women in nurturing and mothering). If properly employed, the positive characteristics of the traditional gender roles could facilitate Hispanic/Latino women's engagement in services. For example, traditional gender roles place high value and strong emphasis on women's roles as mothers. When faced with conflict in roles, Puerto Rican women often opt for their roles as mothers (Christensen, 1975). Thus, pregnancy and concern for the well-being of the fetus, and eventually her children, can be employed to engage Puerto Rican women in seeking drug treatment and prenatal care. At the same time it is important to not allow Hispanic/Latino women to focus solely on the pregnancy as the reason for abstention from substance use, which can lead to relapse after delivery. Pregnancy and women's parenting role can be employed as an initial motivator for recovery from addiction, but long-term recovery is best supported by a client's belief in herself and in the idea that her recovery is important not only

for her children but also for her own well-being. The social pressure to focus all of her energies on the care of children is augmented by feelings of guilt that Hispanic/Latino women may have due to feelings of failure as mothers. Because of cultural norms, Hispanic/Latino women may be especially stigmatized by family members for not meeting maternal responsibilities, and they internalize this stigma more profoundly. In order to achieve full participation in our program, we have noted that more work is required with Hispanic/Latino women in order for them to value the personal process of their recovery, which requires attendance at counseling and support groups, and to dedicate time to meeting their own needs. The staff must work sensitively to support cultural values that may enhance her recovery and to challenge values that through a dysfunctional family have supported addiction and lack of self-care.

Pregnancy presents a window of opportunity for prevention and intervention because of women's concerns regarding the well-being of the fetus (Chavkin, 1990). Even in the absence of interventions, some women spontaneously reduce use of some substances (e.g., cigarette use) during pregnancy (Quinn, Mullen & Ershoff, 1990; Fingerhut, Kleinman & Kendrick, 1990). Women who are addicted to drugs often report the pregnancy to be an added incentive to enter treatment because of their desire to "start anew" with the arrival of the newborn. Pregnancy can act as a motivator to break through denial and provide a window of opportunity for intervention. The central role of family and the high regard for children within Hispanic/Latino cultural traditions can further motivate Hispanic/Latino women to stop drug use during pregnancy. However, the same cultural factors related to family cohesiveness at its extremes can promote secrecy, denial of addiction, and reluctance to seek help from "outsiders." For these reasons it is important that approaches to reaching and engaging Hispanic/Latino women who are drug users be conducted in a manner that is consonant with cultural values and that women and families find acceptable. This enables the provider to engage women and their families in services rather than having them feel threatened by the approach and rejecting services as a result. Not unlike the process describing

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structural family therapy (Szapocznick and COSSMHO, 1993), this work involves joining and establishing a helping therapeutic relationship with the client and her family.

Programa Mamá/Mom's Project

History

The philosophy and roots of Programa Mamá stem from its origin as a community-based HIV prevention effort employing indigenous women in recovery as educators and outreach workers. The program originally started in 1987 as a response to the rising problem of HIV infection among Latina and African American women and children in Boston. As one of the first prevention outreach efforts of this kind funded by the National Institute on Drug Abuse, the project originally sought to prevent HIV infection among pregnant women at high risk of HIV infection—injection drug users, partners of drug users, and women with multiple sex partners.

Since its inception five years ago, the program has expanded its service scope and changed its focus to include prevention of *in utero* exposure to alcohol and other drugs, with funding from the Center for Substance Abuse Prevention and the Boston Department of Health and Human Services. However, the program's roots in community-based outreach, its focus on staff who are indigenous to the community and women in recovery, and its empowerment-based philosophy continue to be central.

Major Goals of the Program

The major goals of the program are to: 1) decrease the incidence of drug and alcohol use among pregnant women by increasing early entry into substance abuse treatment; 2) facilitate utilization of other needed services into a comprehensive response which will meet the needs of drug-using pregnant women; and, 3) improve the birth outcomes of women who use alcohol and other drugs during pregnancy by ensuring early entry into prenatal care.

Programa Mamá seeks to meet these goals through improving women's access to, and successful utilization of, drug abuse treatment and primary medical care services, thereby enhancing the health status of women and infants in the community. It undertakes this task by serving as a bridge to services for women who face many barriers to access, and by addressing the gaps in services that already exist.

Program Philosophy

Underlying the structure of the program is a set of principles that reflect an overall philosophy in which addiction and recovery in women are viewed within the broader context of gender roles and women's social status.

Women's inequality. As described by Jean Baker Miller (1987), women's "permanent inequality" has a powerful and pervasive impact on women's life experience, including the nature of male-female relationships—which is often intertwined with women's addiction and recovery process. Taking women's social status into account means recognizing the degree to which women have been negatively affected by their disempowered status in society and the ways in which this is manifested in their addiction.

Women's strengths and assets. It is important to recognize the strengths and assets fostered by women's socialization, and it is equally important to employ these strengths constructively in the recovery process. A new body of work on women's psychological development and socialization has demonstrated how women's sense of self and morality revolves around issues of responsibility for, care of, and inclusion of other people (Gilligan, 1982; Miller, 1987; Jordan, Kaplan, Miller, Stiver & Surrey, 1991). The high value placed on relationships and on helping others which is promoted in women's socialization is a strength that can be employed in a constructive way to support the process of empowerment and recovery.

This perspective deviates from the more confrontational style of many substance-abuse treatment programs traditionally directed to males. In these approaches it is deemed necessary to

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tear down the individual's defenses and old behavior patterns prior to building a new and healthier way of functioning.

Empowerment

Programa Mamá is based on the concept of empowerment as defined by Janet Surrey (1991a, p. 165):

> *"the motivation, freedom, and capacity to act purposefully, with the mobilization of the energies, resources, strengths, or powers of each person through a mutual, relational process."*

The concept of empowerment as power through connection differs from the traditional notion of power as control over others (Surrey, 1991a). Power in this model is seen as emerging from interactions and connections in such a way that the personal power of all those involved is enhanced (Surrey, 1991b).

An integrated philosophy: the Freirian approach. Central to this process of empowerment for women in recovery is the building of connections through dialogue. This is also the mechanism for individual and social change employed in the adult education model developed by Brazilian educator Paulo Freire (1970). In the Freirian approach, dialogue is used as the primary means for empowerment through gaining understanding of the problems faced by a community and for developing solutions that are informed by the group's process of discussion, sharing, and analysis (Freire, 1970; Minkler, 1980; Wallerstein, 1992). The idea of building a broader understanding of one's individual experience and of the whole of human experience through taking the views of others and connecting them to one's own knowledge has been referred to as "connected learning" (Clinchy & Zimmerman, 1985; Belenky, Clinchy, *et al.*, 1986) or "relational empowerment" (Surrey, 1991b). Surrey (1991b) and other writers (Miller, 1991) in the area of women's psychological development argue that due to the centrality of relations for women, this form of connection with other individuals becomes especially relevant and powerful for women. In discussing the impact of relational empowerment that can take place in women's groups, Surrey writes (1991a, p.176):

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"Through building the 'we,' that is, 'seeing' together through creating an enlarged vision, participants transform their personal self-doubt and confusion into clarity and conviction. The sense of powerlessness of the individual is supplanted by the experience of relational power."

Programa Mamá was designed with the understanding that the life conditions associated with drug use among Hispanic/Latino women who are poor and the compounded effects of discrimination based on ethnicity and gender leave women marginalized, isolated, with low self-esteem and low self-worth, and fearful of contacting health care and government agencies (Sutker, 1987; Brown, 1989; Cohen, Aguiar, Amaro & Lederman, 1990; Sandmaeir, 1980). Hence, facilitating "connected learning" and "relational empowerment" is central to the approach in Programa Mamá.

Matching staff and clients. Further, in order to effectively reach, recruit, and engage Hispanic/Latino women in the prevention program, active community-based outreach efforts are essential. Staff must be familiar with community norms and with informal and formal community leaders and institutions, speak the language of the women they are trying to reach, and have the trust of the community.

The individuals best suited to do this are those who are indigenous to the targeted Hispanic/Latino communities and are knowledgeable about addiction, including women in recovery. We have found that a combination of staff is needed to conduct outreach and intervention activities, and have included the following in our team: outreach educators, nurse, social worker/counselor, parenting specialist, receptionist, obstetrician/gynecologist, and program manager.

Addressing immediate survival needs. In order to engage them in a process of recovery from addiction, the program must assist women in addressing their most pressing and immediate concerns. Apart from their addiction, most pregnant women who are addicted face many other problems, including poverty; lack of food and shelter; abuse and violence; health problems; legal problems; child custody problems; and many other problems which are more immediate than HIV infection (Weismann, 1992).

The approach of Programa Mamá is to avoid a single-issue orientation and to work with women by first helping them to stabilize their crisis situations and only then addressing addiction and related problems.

Under the right conditions, pregnancy can present renewed motivation and a window of opportunity to reduce risk behaviors associated with HIV infection and to enhance women's connections with the services they need. However, for long-term success in recovery from addiction, the program must support women in recognizing their responsibilities to themselves as well as to their children and families. This responsibility to self includes, but is not limited to, women's roles as mothers, and must also encompass individual psychosocial issues and destructive behavioral and relationship patterns that threaten long-term recovery from addiction. Thus, prevention of *in utero* exposure and family conditions that place children at risk for substance use is best served by attending not only to the well-being of children but also to the well-being of parents, in this case the well-being of the mother. Hence, the work is not narrowly defined as preventing *in utero* exposure or the potentially harmful effect of maternal substance use on the fetus or her children. Rather, the intent is to facilitate a change process for women as well as to help translate this change into healthier family functioning.

Program Components

1) Community outreach. The major function of outreach is to identify women early in pregnancy who are not connected to drug treatment and/or prenatal care. The outreach strategy is developed after information is gathered on the areas of drug-related activity, through which Hispanic/Latino neighborhoods with high drug use are targeted. The outreach educators go repeatedly to the targeted areas and give out program pamphlets and provide information about the program to community members who could refer family members, friends, and clients. By visiting the same places in the community on a regular basis, the outreach workers get to know, and over time gain the trust of, community members. In general, clients are recruited through a variety of community-based outreach activities, including out-

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reach in public housing projects, laundromats, welfare and hang-out areas, and word-of-mouth. These outreach activities are focused on identifying and contacting key informants— informal leaders who broker the natural network of supports in a community. Once the project becomes known in the community, clients are also recruited through referrals from word-of-mouth and recommendations from previous and current clients, who provide many referrals to the program.

We have found that street outreach to Hispanic/Latino drug-using women has to be conducted somewhat differently from outreach to other women. In Boston, Hispanic/Latino drug-using women are not readily found in the street, since many of these women rely on male partners and/or family members for access to drugs. These women tend to travel outside the home accompanied by other female family members and, when approached by an unknown outreach worker, are often not receptive due to the need to maintain consonance with gender norms. The drug-using habits of Hispanic/Latino women and their relationship to male partners for obtaining drugs are two factors that influence their access through street outreach. Unlike African American women in Boston who use primarily crack and cocaine and obtain drugs through dealing or exchanging sex for drugs, Hispanic/Latino women more often use heroin and rely on male partners to supply them with drugs. Neither of these patterns requires that Hispanic/Latino women be out in drug-dealing areas and in hang-out areas, a situation that makes them less accessible through street outreach. Street outreach with Hispanic/Latino women requires getting to know women, their families and friends over time by regularly frequenting the same targeted neighborhood locales.

Other methods of outreach which use individuals and locales in the community known to Hispanic/Latino women are more effective. For example, outreach to neighborhood shops, businesses such as bodegas,[4] and informal helpers have yielded many referrals and walk-in clients. It is important to note that there

[4]The *bodega* is not only a place where women can buy traditional Latin foods but also where checks are cashed and where general socializing takes place.

are relatively few culturally appropriate community agencies, given the size of the Hispanic/Latino community in our city. This lack of formal social services is supplemented through a strong informal support network. In the countries of origin, the informal support network relied heavily on the elaborate kinship network of traditional Hispanic/Latino culture. Informal helpers are known throughout a neighborhood and are trusted and respected members of the community.

In order to attract drug-using women in the Hispanic/Latino community, community-based outreach efforts should be directed to identifying and developing good relationships with, and trust of, key informal helpers. To cultivate these relationships, it is necessary to take the time to talk with, and listen to, the informal helpers. Moreover, in order to prove that they are trustworthy, paid staff must also provide consistent help when contacted. Informal helpers may be found at many of the local Hispanic/Latino businesses such as bodegas and beauty salons. It is critical that the staff become sufficiently familiar with the community locales, especially *bodegas,* chosen for outreach to know whether these are associated with local drug traffic. The local beauty salon is women's territory and is often a safe place for women to share their concerns and seek support and advice with regard to family problems. The beauty salon provides a culturally sanctioned time away from household and childcare duties. Women are often relaxed and talking amongst each other about issues that they may not share in other settings. Developing relationships of trust and respect with beauticians and regular customers can become an effective source of referrals if not direct recruitment.

National marketing studies have found that for the Hispanic/Latino population in the United States, the most widely relied-upon medium is the Hispanic/Latino radio. Presentations on local talk shows as well as announcements and photo coverage in local Hispanic/Latino newspapers and television are critical to the visibility and credibility of the program within the Hispanic/Latino community. These alert the informal helpers and family members to the availability and cultural competence of the program so that they may exercise their function and direct persons

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needing help to the appropriate source. However, visibility merely opens the door, and, without consistent and effective responses of program staff, credibility cannot be established.

Program staff must be alert to the fact that informal helpers or family members may accompany walk-in referrals to the first appointment. Care must be taken to show respect to the informal helper and talk with and through that person, but staff must also understand that initial assessment in the presence of the helper may be restricted. Women will adhere to gender-role expectations and offer limited responses to questions related to sexuality and drug use. Thus, the trusted helper who is key to recruitment may also represent a barrier to engaging the client in appropriate services. It is a challenge for staff to develop ways to follow up with clients without the helper in order to obtain accurate information as to the extent of the person's drug use history.

A great many of our current clients found out about the program through word-of-mouth from other clients or from family and friends. This word-of-mouth is the most effective recruitment strategy and requires a consistent and credible presence in the community over time. The effectiveness of outreach is largely dependent on having staff who are known in the community and who can use their own personal networks that stem from living in the community in order to lend credibility to the program. Staff must be familiar with the basic cultural values that may affect the recruitment and participation of participants. For example, "*simpatía*," a value that emphasizes behaving in ways that promote smooth and pleasant social relationships, is key for outreach and service staff (Marin & Marin, 1991).

2) Case management, referral, and advocacy. The purpose of case management, referral, and advocacy is to create a coordinated and integrated plan of care that responds to the needs of the client. The majority of clients have a complex history of past family problems involving sexual abuse, domestic violence, intergenerational substance abuse, and sometimes a history of political violence and trauma in their countries of origin. Prior to developing and implementing a service plan, it is essential to have a complete picture of the key family relationships that could

assist or undermine the treatment plan. It is important to view the client within the context of her immediate and extended family and friendship network.

The intake process consists of about three meetings with the client in which information is obtained to be used for assessment and the development of the service plan. During the intake process, the following are completed: in-depth client substance abuse history, genogram,[5] eco-map, assessment of client's strengths, challenges faced, and needed services. These clinical tools not only help staff to gather information critical to the development of a comprehensive service plan, but provide specific activities for the staff person to engage with each client in a process of self-assessment and self-awareness during the first month of the program. Establishing the trust of clients prior to the work with the genogram and eco-map is critical to success in the implementation of these clinical tools. It must be clear to the client that these tools are not simply to provide the staff with information regarding her history and relationships, but to engage her in a process to see, talk about, and better understand these relationships and how they may help or hinder her process of recovery from addiction (Gambrill, 1983). The genogram is particularly helpful in working with women to see how the family interacts as a system in which multiple generations are affected by life events that happen to the other members of the system (Hepworth & Larsen, 1982; Holman, 1983). Women see that some behaviors are passed on from generation to generation and thus did not begin and end with her. The eco-mapping technique takes the work begun with the genogram a step further and includes informal helpers, formal service providers, social activities, and formal memberships such as church (Hartman, 1978; Hartman, 1979; Hartman & Laird, 1983). In addition, during the eco-mapping exercise the woman must identify which relationships are a source of support and which are a source of conflict, which are intermittent and uncertain and which are more constant.

[5]A genogram is a family tree through which information is organized on about three generations of the family system. It contains names, ages, and location of family members and dates of major events.

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This combination of data-collection interviews and clinical tools results in a complete psychosocial assessment that allows staff and client to develop together a services plan which more closely meets the needs of each client. For Hispanic/Latino women, this process enables the staff to become familiar with the degree of cultural affiliation, acculturation, adherence to traditional gender norms, knowledge of English, legal immigration status, and familiarity with service systems in the continental United States. The breadth and depth of information obtained throughout the intake process will allow Hispanic/Latino women to be better matched with drug treatment programs that will meet not only their specific treatment needs but their cultural and linguistic needs as well.

When there is a lack of community services that are linguistically and culturally appropriate for Hispanic/Latino women, providing case management and referrals for Hispanic/Latino women is usually much more time-consuming and complex than with other clients. For example, the availability of treatment options for Hispanic/Latino women is severely limited by the shortage of bilingual/bicultural staff in substance abuse treatment programs and by the lack of Hispanic/Latino-focused treatment services for women. For this reason, more staff time is required to make appropriate referrals and find the appropriate match with an outpatient program, and/or to negotiate arrangements for dealing with language barriers in a residential treatment program with limited Spanish-speaking capacity. Case management and advocacy are also more complex and time-consuming because many of the providers with whom women interface do not speak Spanish, and more time is required from our staff to provide interpreter services. While case management and referral services are a key aspect of services in our model, it is even more essential for Hispanic/Latino women because they often lack the most basic resources (*e.g.*, language and cultural understanding) that enable them to negotiate the system of services.

Assisting women to become effective advocates for their service needs is also a part of this component of the program. This is accomplished by supporting women's participation in

the development of their own service plan and by supporting their practice of skills needed to effectively use services. Learning to be effective and assertive advocates for their own needs can be most difficult for Hispanic/Latino women who adhere to traditional cultural and gender roles and for women who feel especially disempowered because of their undocumented legal status. We employ role-playing, the modeling of appropriate behaviors, and didactic sessions to prepare clients' meetings with service providers. This not only helps clients to learn how to manage the system but also helps women to see that although services are fragmented, participants can take an active role in the coordination of needed services rather than perpetuate fragmentation and/or involve multiple providers without gaining any real progress.

3. Health circles. The pedagogical approach of the health circles is based on the model of adult education formulated by Paulo Freire (Freire, 1970). The groups employ an empowerment model of education for personal and social change which has been adapted to health education and disease prevention throughout the world (Wallerstein & Bernstein, 1988; Wallerstein, 1992; Minkler, 1980). Traditional health education approaches often assume that the learner is much like an "empty bank account" into which the educator makes "deposits." On the other hand, the Freirian approach to education for empowerment assumes that people gain control over their lives by increasing their participation in their community and society, by identifying and analyzing the social and historical roots to their problems, envisioning alternatives and acting to overcome the obstacles to social change, and by making social and personal changes (Wallerstein & Bernstein, 1988; Freire, 1970; Wallerstein, 1992).

Guided by this framework, we have developed the basis for health education groups (health circles) and support groups that also address the needs of addicted women and women in early recovery. Based on this framework, we employ the following guidelines: 1) group members must shape their own curriculum to address the problems they identify; 2) group members must define problems and solutions as they experience them, not only as experts define them; 3) the group leader is a facilitator of

learning and empowerment, not the "expert" receptacle of knowledge; her role is to provide information after the group identifies the information they need; 4) participants have strengths, abilities, and knowledge to share with and learn from each other; 5) staff foster empowerment by building on these strengths; and, 6) participants and educators are co-learners creating a new understanding together. The health education support groups take the shape of "health circles" which employ a problem-solving method (Magaña, 1992). In this method, the use of dialogue is central as it focuses on the discussion of a defined problem or issue, with solutions identified by participants and information sought from the educator when necessary. Through participation in this active process of dialogue, the educator can come to understand the issue from the perspective and life experience of the participants, and together they can devise solutions that are more relevant to the community (Magaña, 1992).

This method stresses a learner-focused approach in which the learner and the teacher are equal partners in the learning process, and the learner is seen as the expert with respect to defining her learning needs. Participants' experiences regarding substance abuse, HIV, and other topics are used as the basis for formulating questions, observations, and desired change. The experiences of individuals in the group are used to develop new knowledge and answers to problems that women identify. In this model, individual and group awareness and action are a critical part of the learning process in promoting individual and community change.

Weekly groups are conducted in both Spanish and English, with the Spanish-speaking group comprised of only Hispanic/Latino women. In the English-speaking group, some Hispanic/Latino women participate in the predominantly African American group and find that they are comfortable in attending both groups and obtain support from participants of both groups. The purpose of groups in this project is to provide education and ongoing support to women in the early stages of drug treatment and recovery. While substance abuse treatment services for pregnant women have become more readily available in the last few years, treatment services with bilingual and bicultural

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capabilities are still few. As a result, Hispanic/Latino women often face longer waiting periods to get into treatment. Initially, the groups provide support to women waiting for substance abuse treatment, and, once women have entered outpatient treatment, the groups provide additional ongoing support to stay in treatment, to progress in recovery, to maintain health-enhancing behaviors and HIV risk reduction, and as relapse prevention. Weekly group sessions are organized around topics of interest to group members. The topics of discussion reflect the issues most often confronted by the clients, including among others: addiction and recovery; physical and sexual abuse; pregnancy; labor and delivery; relationships with male partners; sexuality; parenting and custody; housing problems and homelessness; and racism among service providers.

4. Parenting skills enhancement and support. The project offers parenting skills training for groups and individual parent-child support sessions to assist mothers in enhancing positive parenting skills and to help mothers in developing alternatives to physical punishment and other inappropriate forms of discipline within a culturally relevant context. This component is especially needed by women who are faced with loss of custody of their children as a result of child abuse and neglect charges filed because of their use of drugs during pregnancy. The parenting component helps mothers and other primary caretakers of the child with four parenting practices common to parents who abuse and neglect their children (Bavolek, Kline & McLaughlin, 1979): 1) inappropriate parental expectations of the child; 2) parental lack of empathic awareness of children's needs; 3) parental value of physical punishment; and, 4) parent-child role reversals. We employ an approach based on the Nurturing Program for Parents and Children Birth to Five Years (Bavolek & Comstock, 1984; Bavolek, 1991) through which parents are taught new parenting behaviors and are supported in their efforts to replace old, unwanted parenting behaviors. Through the discussions, cultural, familial, and general social expectations and traditions related to parenting and discipline are considered and women are encouraged to choose those that they will adapt for parenting.

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5. Support services. Support services such as transportation and child care are not only critical to removing barriers to access to services through other providers, but are also critical to removing barriers to participation in project services. Support services could be seen by some as "enabling" clients by creating a safety net that would prevent women from "hitting bottom" while they are still actively using drugs. In our experience, there are very few participants who will want to continue to avail themselves of support services without undertaking a sincere effort to reduce drug and alcohol use/abuse and change risky behaviors. In those few instances, we have seized the opportunity to intervene by setting limits and encouraging clients to deal with those behavior patterns that are not leading to positive changes in their lives.

The vast majority of participants are severely deprived financially and emotionally while trying to care for children. We have found that support services help to stabilize the client's situation and create a brief safety zone within which a woman may begin to explore her own drug treatment and mental health needs.

Conclusion

As long as gender roles assign women the role of primary care providers of children, a mother's health and well-being will be intimately tied to that of her children. If we are concerned about the welfare of children and the prevention of substance use, it is essential to also be concerned with the health and well-being of women in general and of mothers specifically. Pregnancy provides an unique opportunity for prevention because of reduced risk of *in utero* exposure to drugs of the fetus but also because of the "window of opportunity" to engage women in a process of recovery from addiction due to the added motivation of having a drug-free child. Especially among Hispanic/Latino women, the importance of motherhood and the high value placed on children heighten the opportunity for intervention and provide an additional incentive for women to address problems of addiction. However, with few exceptions[6] there has been an

[6]One exception to the general lack of concern for providing services to pregnant addicted women has been the programs for Pregnant and Postpartum Women and their Infants under the Center for Substance Abuse Prevention and the Center for Substance Abuse Treatment.

active neglect in meeting the treatment needs of addicted women. This has been especially the case for Hispanic/Latino women whose language and cultural needs are not met by treatment programs. Pregnant women and women with children have faced major barriers to accessing substance abuse treatment because, until recently, very few programs allowed pregnant women and most programs continue to not allow women to bring their children into treatment. In substance abuse treatment, the lack of attention to women's parenting role has made these services ineffective and inaccessible to women, especially Hispanic/Latino women.

While the structure of substance abuse treatment and its many barriers will not change overnight, a program such as Programa Mamá can play a significant role in helping Hispanic/Latino women to effectively use existing services and community resources to the benefit of their families. The focus on participatory education and advocacy skills which support critical thinking, communication, and responsibility also enhances the woman's ability to care for herself and her family.

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7

The Advance[7] Family Support and Education Program: Strengthening Families in the Pre-School Years

Gloria Rodríguez, Ph.D.

For approximately two decades, the Avance Family Support and Education Program has been assuming a leadership role in providing comprehensive community-based services to low-income, high-risk Hispanic/Latino families. Rigorous evaluations have demonstrated that our innovative strategies are effective in strengthening the family unit; in altering attitudes, knowledge, and behavior; and, in ameliorating social problems such as child abuse and neglect, educational problems, and juvenile delinquency. Avance has been recognized as a national model in family literacy by Barbara Bush; as a national collaborative model by the U.S. Inspector General; and, as one of nine national primary prevention programs in child abuse and neglect. It has appeared numerous times in the national printed and electronic media and has been visited by such distinguished individuals as Charles, Prince of Wales, First Lady Barbara Bush, Governor

[7]"Avance" means "advance" or "move forward."

of Texas Ann Richards, and First Lady of Mexico Mrs. Cecilia Occelli de Gortari.

Avance's comprehensive theoretical model evolved in response to the needs of a very high-risk Hispanic/Latino population in San Antonio, Texas. The first Avance program in San Antonio was inspired by my experience as a school teacher as well as by reflections on my childhood background. I grew up in a poor community, but with a strong family who provided a rich early childhood experience. The initial funding for the Avance program was obtained approximately two decades ago by two doctoral students of Dr. Urie Bronfenbrenner (see Szapocznik, Ceballos, *et al.*, this monograph) through a grant from the Zale Foundation.

After college, I was first employed as a school teacher of 35 first-graders whose former teachers "had given up on them." These children had been labeled as "slow learners" and "vegetables" and it had been decided that they were going to be retained in first grade. As a young and idealistic teacher, I considered these children as a challenge that with the appropriate learning environment could be helped. However, it was not long before I, too, became frustrated. Even though the children were not "vegetables" and did indeed learn, they were nevertheless unprepared to meet the academic demands of school. Initially, I thought their shortcoming was just a language problem—English-speaking teachers not understanding their Spanish-speaking students. I soon realized, however, that the children were proficient neither in English nor in Spanish.

I saw a six-year-old child hold a pencil like a dagger; children not being able to construct a circle; children who were inadequately clothed in the winter; hungry children; bruised children; children with lice. Children were being denied an education because of a health problem. I immediately managed to change a school policy that kept children with lice from coming to school.

These children had everything going against them. They were doomed to fail in the first grade because of the conflict between the home and the school; by families and schools that were not familiar with each other's beliefs and expectations. Schools are not designed to work with children who are below the expected

level of development. Schools cannot adequately compensate for what should have been accomplished early in life, or assume the role of parents after the child enters school. Ironically, schools assume that parents have done their part in preparing their children prior to entering school. Unfortunately, in many homes of high-risk children, this is not true.

Children entered my class with limited language proficiency in both Spanish and English. They lacked the mastery of basic pre-readiness skills, and they exhibited behaviors which indicated that physical punishment was the prevalent form of discipline at home. For example, some of the children would shrink back as I approached them, as though I was going to hit them. I was overwhelmed as a teacher when I was given a set of books on handwriting, reading, and math that were inappropriate for the children's stage of development.

Schools are designed for children who come from stable families with adequate resources to provide positive verbal and environmental stimulation. There are many children who come to school with too few relevant experiences to be able to succeed academically. Many also come from families that are not functioning well due to lack of support and education. I learned that we cannot assume that parents know what is expected of them; nor can we assume that parents are stable and in control of their own lives and those of their children.

I administered an informal attitudinal survey to the parents of these children who so bewildered me, their prior teachers, and the school. The results revealed that all the parents wanted better lives for their children than they themselves had experienced. Parents also knew that education was important. However, when asked to indicate when children start learning in life, and who is a child's first teacher, the mothers responded that "children start learning in school, and the first-grade teacher is a child's first teacher." When asked the question, "What do you consider your role as a mother to be?," mothers responded that their role was to take care of their children's basic physical needs. They also indicated that they did not know whether their children would graduate from high school, but they thought that their children would probably go as far as the seventh or eighth grade.

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These mothers definitely knew their children would not be going to college.

The results of my simple attitudinal study some twenty years ago revealed that, paradoxically, while the school assumed that mothers did their part in preparing their children for school, mothers believed that they had no role in the educational process prior to their children's formal education. In this gap of expectations between mother and school, the child became the victim.

Schools have responded to these difficulties by placing children like these into special remedial classes such as: (1) oral language development classes; (2) speech classes; (3) remedial reading and math classes; (4) Limited English Proficiency classes; and, (5) English as a Second Language classes. Schools have migrant and bilingual programs that are essential in trying to address specific needs to help these children make the transition to a regular classroom. There are also extremely dedicated teachers who go beyond the call of duty to help such children.

In spite of good intentions, many of these special classes and programs are of no avail if the family is not stable, if the child does not feel loved and secure, or if s/he is being abused. In many families of high-risk children, much of a child's time and energy are devoted to her/his own struggle with the problems at home.

Even when a child does feel loved and secure at home, the lack of an early stimulating and enriching environment will create academic and developmental obstacles that cannot be easily remedied by special classes and programs in school or by a caring teacher. The fragile gains made by one teacher may be lost if the subsequent teacher does not pick up where the previous teacher left off. Many of these children who enter school with such academic and developmental handicaps will most likely fall behind, be retained several times, be over-age for their grade, and finally drop out of school.

For a year and a half, I worked many long hours trying to enhance students' language skills that should have been acquired early in life. They eventually reached a point at which they were all reading and progress occurred, albeit slowly. Unfortunately, I later realized that their subsequent teachers did not continue

where I left off and that the students would never be able to catch up to those children who came to school adequately prepared with enriched home experiences.

The following year, I had a group of children with characteristics similar to those of my first class of children. I could not visualize myself experiencing another year of frustration. I realized that the school, as it was structured, could not adequately meet the social, academic, and developmental needs of these high-risk children. Overwhelmed and burdened, I decided to search for a better solution.

My training in early childhood education and my own upbringing in a strong extended family led me to believe that a child's education and development need to begin in the home during the child's early formative years, before the child is three years old. It is during this critical period that language development begins, when basic values are formed, when character and personality are shaped, and when the foundation for learning is established. Home, during the first three years of life, is the place where children can develop a positive self-concept and where they can learn to respect and love both themselves and their family's members. The early attachment and bonding to family is the foundation for the more general ability to bond to prosocial groups later in life. This is also the time when children learn through early interactions with their parents about trusting and respecting others. These are the qualities that are the foundation for becoming successful students and responsible individuals. Programs such as Head Start, which work with children at ages three and four, can be remedial for high-risk children, but prevention needs to begin at birth—and preferably before birth.

In order to help children during this vital period of development, we must help parents understand the important role they play in the educational process; and, we must also provide the support they need to become effective parents. It is for these reasons that, twenty years ago, I decided to become a teacher of parents: to help them to learn the skill and art of parenting and to facilitate positive parent-child interactions. I wanted to strengthen the institution of marriage and I wanted to help parents become more effective and successful managers of their

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homes and families. Lastly, I wanted to empower parents with the feeling that they could have control over their lives and over their children's futures, and that they could rebuild their communities.

The Avance Family Support and Education Model

The Avance center and home-based parent-child education program, from birth to three years of age, is the hub of our intervention model for hard-to-reach families. Avance is a one-stop resource center for the family. Parents come in and out of it when they need it and as they need it. It is a comprehensive, community-based program where a caring and sensitive staff become advocates for the family and make the systems and resources that are available in the community work for them.

To prevent many of today's social and educational problems among low-income Hispanic/Latino children and other high-risk children, programs need to: (1) begin at home; (2) be located in the children's neighborhood; (3) begin when children are very young (birth to age three); and, (4) reach the children through their parents (first the mother, then the father.

Avance has evolved into a comprehensive community-based family support and education program with centers located in housing projects, church buildings, community centers, schools, and large houses located in low-income neighborhoods. The first Avance program in San Antonio was originally located in two housing units, and offered only parent education and family support to the mother and her child under the age of three. The Avance centers have expanded to eight housing units offering more comprehensive, continuous services to all family members. The parents and children have their own paths of continuous development. The parents attend a nine-month comprehensive parenting and family support program, and later have an opportunity to participate in a literacy program and job-training activities. Their children's paths go from the core program, where they are enriched through parent-child and child care activities, to a Head Start Program and activities in a formal school setting,

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to receiving a scholarship to attend college. Avance has grown from $50,000 per year in 1973 to approximately $3 million of funding per year in 1992; from a staff of three to a staff of 125; from serving 35 mothers and their children to serving over 4,500 individuals in six community centers and eight schools in San Antonio and in a community center and two schools in Houston, Texas. We are in the process of opening our third area chapter in the border cities of Texas. We have implemented our first certified Avance program in two cities in Puerto Rico.

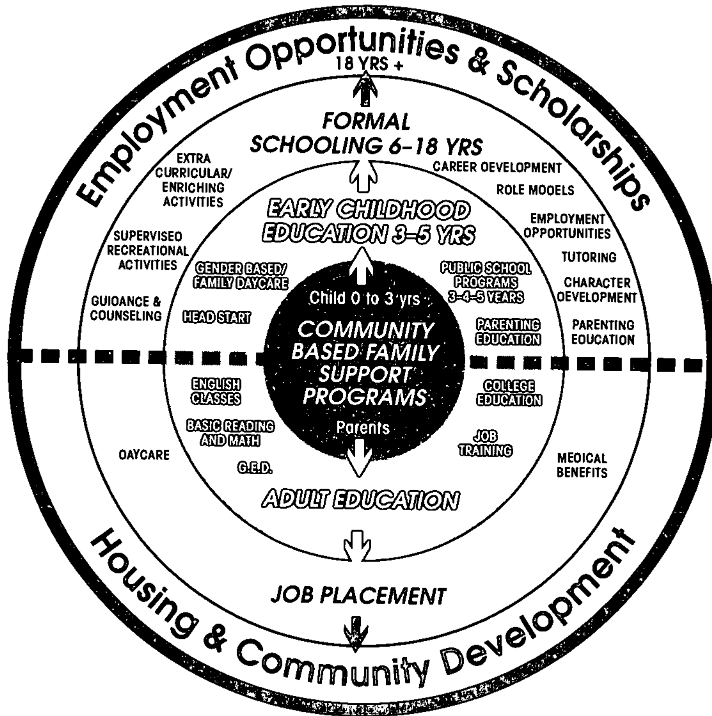
The Avance Parent-Child Education Model

Figure 1 outlines Avance's model for hard-to-reach families. Even though we now offer numerous programs to families, our core program is the Avance Parent-Child Education Program, through which we provide comprehensive education and support services to low-income parents and their children under three years of age. The mother attends the center-based program for three hours, once a week for nine months each year, and is visited monthly in the home. The father is given an opportunity to participate in the fathers' program.

In the mothers' program, *the first hour* of each three-hour period is devoted to classes on child growth and development. Being an effective parent does not come naturally: parents have to be taught the skills and have the opportunity to observe proper role models. Parents must feel good about themselves so that they can, in turn, help their children feel good about themselves.

Avance's curriculum helps parents in life's most critical role. It consists of lessons on the child's physical, social, emotional, and cognitive stages of development; effective discipline practices; personal coping techniques; and decision-making/problem-solving skills. Parents also learn about first aid, nutrition, childhood illnesses, safety and supervision, hygiene and cleanliness, and the importance of demonstrating love and giving attention. These lessons on basic information about child growth and development are presented in a language that is tailored to the parents' educational level. Throughout these lessons, there is a strong

FAMILY INTERVENTION MODEL FOR HARD TO REACH FAMILIES



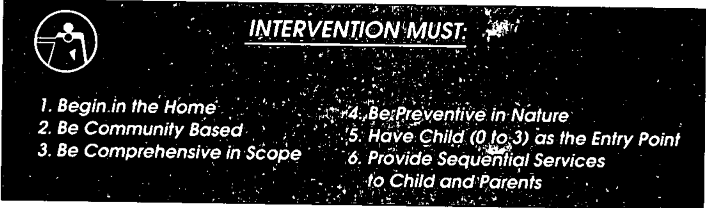


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Figure 2

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and consistent emphasis on the parent as the first teacher of the child, and on the importance of education for the child.

During *the second hour* the parents make educational toys. Approximately thirty different educational toys such as books, puzzles, dolls, and puppets are built by the parents. Parents are then taught how to use these toys to teach educational concepts and skills that will prepare their children for school and for life. Handouts accompany each toy, describing activities children can do with the toy, exercises the parent can use to enhance language development, as well as activities to stimulate the child's senses and her/his learning process.

Avance also offers monthly home visits to record and videotape the parent and child at play with a toy that was made at the center. The videotape is viewed during *the third hour of class*, where parents receive continuous and constructive feedback from both the staff and other participants.

To complement the more structured aspect of the educational programs, Avance brings essential and sometimes under-utilized social, educational, economic, health, mental health, and housing services to the families in the form of referrals or weekly guest speakers. Parents learn to utilize these community resources to alleviate their stress, to enhance their quality of life, to cope with crises, to strengthen relationships, and to develop a broader support system. We make available medical care for both parents and children. This is accomplished by using nursing students to perform screenings and by conducting health fairs where volunteer doctors perform free exams and medical services.

While the mothers attend parenting classes, their preschool children participate in Avance's Developmental Day Care Center. Parents work as volunteers in the day-care center under the supervision of Avance caregivers. In this context, parents are learning basic interactional skills through modeling as well as through supervised interactions. To round out the educational experience, parents and children are taken on field trips to the zoo, circus, Sea World, the rodeo, the grocery store, and the Ice Capades. Moreover, each mother obtains a library card, and the mothers and their children are taken to the library on a monthly basis. Avance wants parents to have positive memorable experi-

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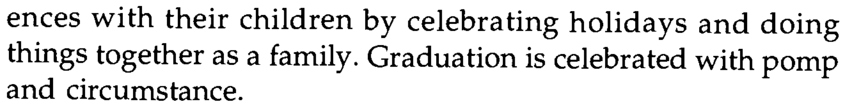

ences with their children by celebrating holidays and doing things together as a family. Graduation is celebrated with pomp and circumstance.

From the hub of the chart presented in Figure 1, the child's growth is illustrated in the upper half of the circle, while the parents' growth is illustrated in the lower half.

Theory

Avance's theoretical model consists of parent education and family support, followed by adult literacy, job training and housing, and community development for the parent. The child follows her/his own path of learning and intervention: early childhood stimulation through Avance at the center and in the home, followed by enrollment in Head Start, school-related activities and scholarships, and/or job training.

A unique feature of the program is our strong emphasis on encouraging positive staff-parent relationships in which family members are treated with dignity and respect. A high percentage of Avance staff are graduates of the program (from 55 percent to 80 percent). These staff members are encouraged to continue their education, and Avance will facilitate their pursuing a higher education by providing flexible working hours and by paying their college expenses. These parents-turned-staff serve as excellent role models for new participants. These are parents who come from the client community, and have succeeded: they have become better parents, have become successfully employed in a position with prestige and stature, and are continuing to pursue their education. This characteristic of the program is critical for giving parents hope that their personal conditions can change.

Evaluation Findings

The Avance Parent-Child Education Center (the nine-month program) was evaluated with a grant from the Carnegie Corporation of New York. Carnegie awarded Avance a four-year evaluation grant in 1987 to measure the effectiveness of the core nine-month program. The evaluation was conducted using mixed experimen-

tal designs where one site used random assignment and the other site used a matched design.

A demographic profile of the population served in 1988 and 1989 is found in Table 1. In addition to the usual demographics, there are other aspects of the experience of these mothers that are relevant to their ability to parent properly. For example, approximately half of the mothers had adverse childhood experiences, such as having been abused as a child, or having a mother that was abused, or living with an alcoholic father. Also, approximately half of the women presented depressive symptoms at the beginning of the study.

Table 1. Demographic Characteristics of Participants in the Avance Parent-Child Education Center

Mother Information		
	Westside	**Southside**
Age	24	25
Number of Children	2.7	2.5
Hispanic/Latino	98%	98%
First Generation	18%	26%
Education	9.2	9.8
High School Dropout	79%	63%
Coupled	45%	74%
Not Employed	96%	90%
Father Information		
	Westside	**Southside**
Age	27	29
First Generation	40%	37%
Education	9.6	9.7
High School Dropout	69%	63%
Employed	78%	82%
Family Information		
	Westside	**Southside**
Annual Income	$4,990	$8,302
Receive AFDC	52%	19%
Receive Food Stamps	71%	42%

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Maternal Changes in Knowledge and Attitudes. We found significant findings in the following maternal outcomes on knowledge and attitudes:

Mothers attending Avance were found to:

- Be more nurturing of child
- Oppose physical punishment
- See self as child's teacher
- Increase sense of parental efficacy
- Increase parental knowledge and skills
- Increase knowledge of contraceptive methods
- Increase knowledge of community resources

Maternal Changes in Behavior. Mothers' behavior also changed as a result of attending the nine-month parenting program.

The experimental mothers were found to:

- Be more responsive to child
- Use toys in teaching
- Structure and mediate child's environment
- Use more positive interaction with child
- Vocalize more with child
- Use more appropriate vocalizations with child
- Be more encouraging of child's verbalizations
- Praise child
- Increase use of community resources

Avance also conducted a 17-year follow-up of the first group of Avance parents and their children who were under three years of age when the mothers started the program. The findings of the 17-year follow-up impressively demonstrated the long-term impact of our programs. We found a complete reversal of adverse conditions from one generation to the next.

*1973: 91 percent of mothers had dropped out of school

*1991: 94 percent of children who attended Avance had either completed high school, received their G.E.D. or were still attending high school

43 percent of the children who graduated were attending college

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57 percent of mothers who had dropped out, returned to complete their G.E.D.

64 percent of mothers had attended college or a technical program.

Discussion and Recommendations

Avance is helping to change attitudes, knowledge, and behavior among very high-risk individuals as well as to create a sense of community, where families work and play together and where neighbor helps neighbor. Avance's motto is that the strength of the community lies in the strength of its families.

Avance has become a needed complement to the current school system by helping to change parental attitudes and behaviors, which in turn help to better prepare children for entrance into school. In this way, Avance has become a community school addressing the needs of all the members of the family within the context of their community.

Traditional schools are unable to address the complex set of problems that children bring to school. Perhaps schools need to change in order to be able to address the needs of high-risk ethnic/racial populations living in poverty. But, that does not mean that school personnel should be entirely responsible for meeting the complex range of needs of these families. A partnership can be created where family support and educational services such as education, social, and health/mental health can be provided by service organizations within the context of the schools.

During these past twenty years, Avance has helped thousand of parents to become productive, contributing members of society. One perspective on our work is that we have helped people who felt alienated from society to become a part of it. In some of the housing projects in which we have worked, we have now strengthened enough families to have created the critical mass of empowered families needed to change the quality of their micro-environment.

Avance can be seen as a solution to the rising juvenile crime and delinquency problem. I strongly believe that the behaviors

which youths exhibit are only symptoms of a society that did not support its families. Too many low-income, high-risk Hispanic/Latino parents have not received the necessary assistance to give them the capacity to raise the next generation. The gang problems that have exploded in major cities throughout the country during the last few years are to a large extent related to the inadequacy of institutions in designing programs to help families. Many of the parents do not know English, are illiterate, lack a high school education and salable job skills, lack health insurance, and face poor housing. These parents are finding it very difficult to provide for their children. Many have been forced to be part of the welfare system that required that the male be absent from the home.

Children have many basic needs: they need to feel loved, wanted, accepted, and they need to feel that they belong to a family. They need to feel secure by having an adult whom they trust and who can provide for their needs. They need to have adequate housing in a safe neighborhood. They need food, clothing, and health care. In order to go to school, children need school supplies and money for fees and field trips. In order to do well in school, children need to have had enriching and stimulating preschool experience where they were read to, talked to, and exposed to many different objects and activities.

There are so many things that children need—from the beginning of life to the time when they are ready to start their own family—in order to grow and develop well, emotionally, socially, physically, cognitively, and spiritually. Children in the womb are dependent on the mother's health and nutrition and prenatal care for their own development. When they are born they are dependent on a parent to set the foundation for learning, to transmit the culture, to shape their character, to teach commonly accepted social mores and values. Parents play a major role in the development of a strong self-concept, in teaching a child to question, to problem-solve and to create. Such values as compassion for people and respect for parents, for the elderly, the handicapped, for property and for authority are to a large extent learned in the home.

However, parents cannot provide these very basic needs for healthy growth and development if society does not help the

family with parenting and comprehensive services that include literacy skills, job training, affordable housing, health care; and, most importantly, if society does not offer jobs with which parents can provide financial security for their family.

A child's feeling of loyalty to family, community, and country grows from a child's experience that her/his needs were met by her/his family, community, and country. If s/he feels that s/he has been ignored by parents, church, school, and community, then her/his allegiance will be to the group (like the gang) where s/he is getting her/his needs met for belonging, protection, love, and a sense of purpose.

Policy Recommendations

Children are like barometers—they measure the strength of the community and the family. They are also a reflection of our responsive actions as adult women and men. Inadequate services offered in a fragmented and bureaucratic manner do not reach the people who need the services most. Insensitive policies like removing fathers from the home in order to receive welfare assistance undermine family unity.

Discrimination and inequality of opportunities are factors that impinge upon parents' ability to parent. Inaccessibility to needed services discourages parents, causing them to lose their confidence and to become angry or depressed, in a way that adversely affects their parenting. Schools must be reformed to address the needs of the whole child and the entire family in a community context. Social welfare delivery systems must change in order for them to become more family-friendly, community-based, comprehensive, integrative, and continuous.

It is critical that programs like Avance are supported and expanded by public/private partnerships, including schools, churches, governments, business, and foundations. National policies need to be established that will strengthen families and facilitate ways for families to stay together. In fact, our country must have a strong national policy in support of the family. Of all the industrialized countries of the world, only the United States and South Africa do not have national policies in support of the family.

I was fortunate to have been selected as a member of a team that spent two weeks in France studying French family policies. Some foreign nations, such as France, see the family as playing a vital role in the development of the nation's human resources. These nations support the family so that children will develop well and become productive and responsible members of society. They do not see children as personal property of their parents, nor is child development left to chance.

Other industrialized nations realize that each child can have a positive or negative impact on others and on the country, depending on how s/he is reared. They see an investment in families and children as critical to the political and democratic strength of the country; to the national defense; to the economic development of the country; and to the stability and quality of life of each community. They believe that investing in preventive programs is less costly and more effective than treating problems after they develop. By investing in the basic unit of society—the family—they strive to build a stronger society.

8

Shenandoah: A School-Based Intervention

José Szapocznik, Ph.D., Alicia Ceballos, Ph.D., Mercedes Scopetta, Ph.D., Hilda Pantin, Ph.D., Daniel Santisteban, Ph.D. and Marisel Elías, M.Ed.

SHENANDOAH is a multi-level, intensive intervention to reduce risk factors and promote resiliency factors for the prevention of alcohol and other drug abuse among 1,200 high-risk Hispanic/Latino children from immigrant Hispanic/Latino families attending an inner-city elementary school, Shenandoah Elementary School, in Miami, Florida.

Shenandoah is located in a district which, as in other Hispanic/Latino inner cities, is a "barrio" with many characteristics that place children at risk, such as high rates of poverty, high rates of academic failure, community disorganization, stigmatization of undocumented migrants, high crime rates, high drug use rates, and extensive gang activity. The multilevel aspects of the program include interventions at five levels: 1) the child; 2) the family; 3) peers; 4) the school; and, 5) the community. Together, these interventions are aimed at preventing the eventual loss of these children to the prevailing community norms

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that support school dropouts, premature pregnancies, drug and alcohol abuse, gang involvement, and a whole host of other behavioral problems.

SHENANDOAH is intended to treat and prevent conduct disorders and other behavioral disorders, including alcohol and other drug use. The conceptual framework used for the proposed work is based on the empowerment of the multiple system levels that affect the child—to provide the child with contextual/environmental conditions that will reduce risk factors and promote resiliency factors. Particularly important is the empowerment of parents, teachers, and community representatives. This chapter begins with a brief overview of the conceptual framework in which two major themes are developed: an emphasis on context, and hence a multisystems approach; and, a philosophy of empowerment. This is followed by a discussion of the context of the intervention defined in terms of the target community and school. The last section represents the core of the chapter, outlining its major levels of intervention (children, parents' families, peers, school, and community) and reviewing literature relevant to targeted risk and protective factors and the corresponding specific intervention strategies.

This chapter differs from most of the other programs introduced in this monograph in that other chapters review programs that have already been implemented, have already demonstrated their success, and in many instances have undergone considerable testing. The current chapter, in contrast, introduces a program plan, which is currently in its infant stages of implementation.

The Conceptual Framework

Theory

The conceptual model for the multisystems, comprehensive intervention proposed in this chapter is based on a **large-scale systems** (Szapocznik, Blaney, Foote & Rodríguez, in press; Boza, 1977) **multi-systems/ecological** (Bronfenbrenner, 1979) conceptualization of childhood problems and their solution. In addition, the intervention is modeled after Paulo Freire's teachings on

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empowerment (Freire, 1983) that have been found effective in work with poor, marginal populations in Latin America.

The ecology of human development. Urie Bronfenbrenner (1979, 1986) has been concerned with both the relationship between family and child functioning and the relationship between familial functioning and environmental conditions. In a nutshell, this thinking reflects the conceptual framework that underlies all of the work presented in this chapter.

Other chapters in this monograph review extensive evidence for the impact of family process on child functioning, and a number of these chapters propose interventions directly aimed at modifying family functioning. The program presented in this chapter is also concerned with the family-child interaction, and in fact proposes a number of interventions aimed at improving family functioning and treating family problems when needed. However, the program presented in this chapter is also keenly concerned with interventions that target other systems which in turn impact on the family.

Bronfenbrenner organized the multiple systems that affect a child into two large classes: the mesosystems and the exosystems. All of those systems that directly touch the child he calls the "mesosystems." In his work, he was concerned with the influences that occur among the various mesosystems, such as school, home, day care, peers, and other settings which have direct contact with the child.

Bronfenbrenner proposes, however, that children are affected not only by what happens in those environments in which children spend their time, but also by what occurs in the other settings in which their parents live their lives. He was concerned especially with the parents' work settings and their social support systems. These larger systems which impact the child—not directly, but through their influence on the family—Bronfenbrenner refers to as "exosystems."

Our concern for the family, then, reveals our profound concern for the primary context in which the child develops. However, the contextualist metaphor has a more profound implication: the notion of the embeddedness of contexts themselves (Szapocznik & Kurtines, 1992, 1993). This means that the family

itself is embedded in a community and cultural context which impacts on its functioning. Such a conceptual frame has important implications for intervention, because it suggests that when children are hurting, their immediate context, i.e., the family, may need to be addressed; and that when families are hurting, their immediate context, i.e., their immediate community, may need to be addressed. The converse is also true—that is, that social and community problems affect the family and the child.

Bronfenbrenner (1986) reviews a number of studies that permit us to better understand the notion of the embeddedness of contexts. For example, he cites research (Tulkin & Covitz, 1975) relating to social class and child achievement which revealed that children from middle class families were more likely to achieve better in school as a direct function of the parenting style (such as degree of reciprocal parent-child interaction) they had received. Hence, social class affects a parent's behavior, which in turns affects the child's ability to achieve. Of significance is that these studies suggest that it is not poverty per se, but rather the culture of poverty that might affect parental behavior, and through it, a child's ability to achieve.

Bronfenbrenner also reviewed work that demonstrated the complex interrelationship between environment and intrafamilial relationships. Crockenberg's research (1981), for example, revealed that the amount of support that a mother received from her social network when her child was three months old predicted the level of a child's attachment to the mother at one year of age. Moreover, this same research showed that the impact of the amount of social support a mother received was even more important in predicting the adjustment of an irritable child than of a docile child. Hence, for mothers with particularly difficult children, the amount of their social support was critically important in raising a better-adjusted child. **EUREKA!** The child is in a context that is in a context. The social support network impacts on the mother, who in turn impacts on the child.

Interventions to remedy this problem, then, can be aimed at all three levels: the child, the mother, and/or the social support network. We could continue to expand this metaphor to demonstrate that the social support network itself is embedded in other

social and cultural contexts which impact its ability to nurture, thus expanding our potential for interventions at broader community levels.

Space in this chapter does not permit us to review comprehensively all of the work that demonstrates the influence of multiple systems such as schools, social support networks, parents' workplace, and other community influences. Rather, our intent is to highlight the importance of a multisystems conceptual model that recognizes the impact on the child of the contexts in which the child is directly embedded (e.g., family, school), and the tremendously important impact that so many aspects of a community (e.g., school, social networks, workplace, formal and informal community systems) have on a family's ability to parent adequately.

Empowerment. Another aspect of our conceptual model warrants discussion under this section. Our program philosophy has been strongly influenced by the methods developed by Paulo Freire (1973) to promote the empowerment of disenfranchised Hispanic/Latino populations. More specifically, in this program we are adapting a **comprehensive/multi-systems and intensive, school-based intervention** to empower a disenfranchised Hispanic/Latino immigrant population. All aspects of the intervention are intended to promote within the target community the capabilities to fight AOD use as part of a coordinated grassroots effort. The proposed program aims at empowerment through skills building and mobilization of parents, teachers, and community resources. The program begins by providing parents and teachers with assistance in identifying their problems, their needs, and their ideas for solutions to these problems. In fact, the specific interventions described below were developed through discussions of the perceived needs and interests of parents and teachers.

While there are a number of interventions that require professional expertise, the bulk of the programs will be constructed through a "community mobilization/empowerment" model, in which project staff facilitates the development of programs that can be conducted by parents and community/barrio members themselves. There are three important reasons for selecting an

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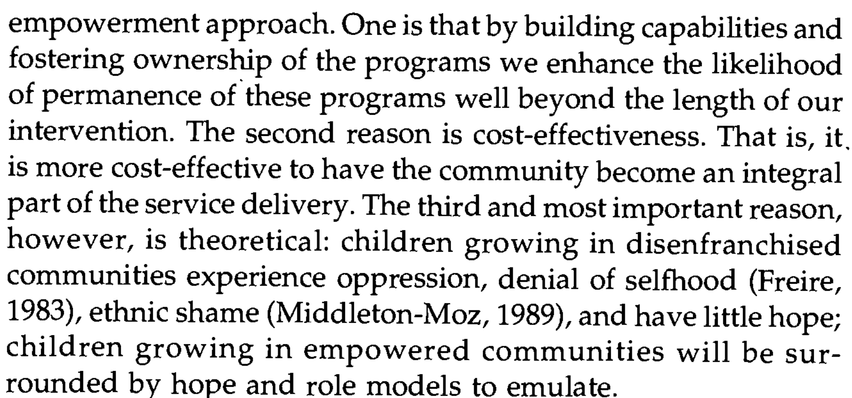
empowerment approach. One is that by building capabilities and fostering ownership of the programs we enhance the likelihood of permanence of these programs well beyond the length of our intervention. The second reason is cost-effectiveness. That is, it is more cost-effective to have the community become an integral part of the service delivery. The third and most important reason, however, is theoretical: children growing in disenfranchised communities experience oppression, denial of selfhood (Freire, 1983), ethnic shame (Middleton-Moz, 1989), and have little hope; children growing in empowered communities will be surrounded by hope and role models to emulate.

Strategy

There is widespread agreement that school-based interventions are highly desirable (Report of the National Commission on Drug-Free Schools, 1990), and that for AOD prevention interventions to be effective they must be intensive and comprehensive (DuPont/OSAP, 1989; Lukefeld & Bukosky/NIDA, 1991; OSAP, 1991; Report of the National Commission on Drug-Free Schools, 1990; Pentz *et al.*, 1989). Although the literature does not always make clear how "comprehensive" is defined, a review of successful programs and of policy documents in this area appears to suggest that comprehensiveness is defined in terms of interventions that target multiple system levels, and in particular the child, the family, peers, the school, and the neighborhood (OSAP, 1991).

Our program strategy builds upon components from the work of Pentz *et al.* (1989, 1990) and Catalano, Chapell, Hawkins, Irvine & Resnick (1991; Hawkins & Catalano 1992), two models of intensive and comprehensive interventions that have received considerable attention in the prevention of alcohol or drug abuse. The work of Pentz and her colleagues (1989) in particular has now been evaluated and found to have significant positive impact in the reduction of prevalence rates of cigarette, alcohol, and marijuana use among adolescents. A number of the specific intervention components used within our proposed comprehensive design have also been found to be effective in previous research,

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e.g., study skills development and remedialtutorial programs (Friedman, 1983; Johnston & Bachman, 1980); Bicultural Effectiveness Training (Szapocznik *et al.*, 1986); Brief Strategic Family Therapy for Hispanic families (Szapocznik, Kurtines, Santisteban & Río, 1990; Szapocznik, Río & Kurtines, 1991; Szapocznik & Kurtines, 1989); Project STAR (Pentz *et al.*, 1990); and, development of comprehensive plans of action to address problems and needs in a local community (Pentz *et al.*, 1989; Catalano, Chapell, Hawkins *et al.*, 1991; Catalano & Hawkins, 1992).

The Community, the School, and the Population

Shenandoah Elementary is in the midst of the Little Havana barrio. This "barrio" is located in the city section which registers the highest number of Part I Crimes (murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft) in the county. There are four organized gangs with over 400 known members or associates currently operating in the Shenandoah barrio, including well-known predominantly Hispanic/Latino gangs such as the Latin Kings (and who in fact recruit at Shenandoah Elementary).

Shenandoah Elementary School is 98% Hispanic/Latino, including Cubans, Nicaraguans, Puerto Ricans, Colombians, Mexican Americans, Salvadorans, Guatemalans, Hondurans, among others. While Cubans are the largest Hispanic/Latino group, *other Hispanic/Latinos have been the fastest-growing group during the past 10 years.* Because Little Havana is a poor inner city barrio, it becomes the entry-way for many poor recent Hispanic/Latino immigrants. It is attractive to recent immigrants because of its inexpensive housing, as well as because of its high density of recent immigrants which makes the area have a relatively familiar Hispanic/Latino feel.

The non-Cuban Hispanic/Latino population includes a large number of undocumented aliens who often find themselves unwelcome and in hiding, although some have recently obtained amnesty. Among these poor, inner-city Hispanic/Latino families who live in the Shenandoah barrio, the role of immigration-

related stressors (e.g., acculturation, culture shock, unemployment, and undocumented alien status) in the emergence and maintenance of drug and alcohol abuse has become painfully clear. Many of these immigrant families were experiencing disorganization and maladjustment problems prior to immigration to the U.S. due to the impact of warfare, political oppression, economic hardships, and the break-up of families in the process of immigration. For some of these families the immigration experience has only exacerbated an already deteriorated family structure.

The School and Its Population

Shenandoah Elementary has 1,350 children, mostly between the ages of 6 and 12. The academic performance of these children is poor. The Hispanic/Latino students at Shenandoah Elementary have median Stanford Achievement Test percentiles of 34 for Reading Comprehension and 45 for Math, as compared to the median Stanford Achievement Test percentiles of white non-Hispanic/Latino elementary students in Dade County, which are 69 for Reading Comprehension and 73 for Math.

These children come from economically disadvantaged families, with 95% of all students at Shenandoah Elementary qualifying for free or reduced lunches. The criterion for qualifying for free lunches is an annual family income of under $17,420 for a family of four.

While all of the children at the school are exposed to substantial risk factors for AOD as a result of community conditions and the extenuating circumstances of their families, approximately 15% of the children are identified as particularly severe problems. These include children who may have been exposed to physical, sexual, or psychological abuse; a substance-abusing parent; severe family conflict; or who may present with conduct problems at school or at home, learning disabilities, attention deficit disorders, or chronic school failure, underachievement, or absenteeism.

Hispanic/Latino Families

We assume that important adaptations are required to successfully reach a population of recent immigrant Hispanic/Latinos

and effectively address their unique high risk and resiliency factors for AOD abuse. How must a comprehensive, intensive, and multilevel intervention be adapted for use with a Hispanic/Latino population? By viewing high-risk children as members of various natural support systems that play particularly central roles in the Hispanic/Latino culture, we explore ways of addressing these naturally emerging support systems, the family (nuclear and extended), the "compadrazgo" system, and the "servidores" system (Valle & Vega, 1980), in a planned and systematic fashion. This approach is consistent with one of the most important lessons we have learned over the past 20 years of working with Hispanic/Latinos, which is the central role that the Hispanic/Latino family must play in all of our work, as well as the importance of other natural support systems that incorporate cultural values and customs (Szapocznik, Scopetta, Aranalde & Kurtines, 1978; Szapocznik, Scopetta & King, 1978; Szapocznik, Kurtines, Santisteban & Río, 1990).

Within our Hispanic/Latino families the presence of several generations within the same household or in close proximity is an accepted norm. Therefore, our concept of family conforms with the existing patterns of extended family/kinship networks in the Hispanic/Latino community in which multiple generations are integral members of the family. In addition, families are organized in complex networks in which parents are not always married, children from several relationships live with stepfathers or stepfather figures, and in which several families of in-laws may be important and will need to be considered in any successful family-oriented intervention program. We have considered this concept of "extended family" in our program by integrating grandparents and other senior citizens to work closely with the children in their activities as a way of supporting intergenerational connections and the transmission of cultural values.

The Program Model

The Program Model, presented in Figure 1, is organized around five levels of activities (AIMS): 1) child; 2) family; 3) peers;

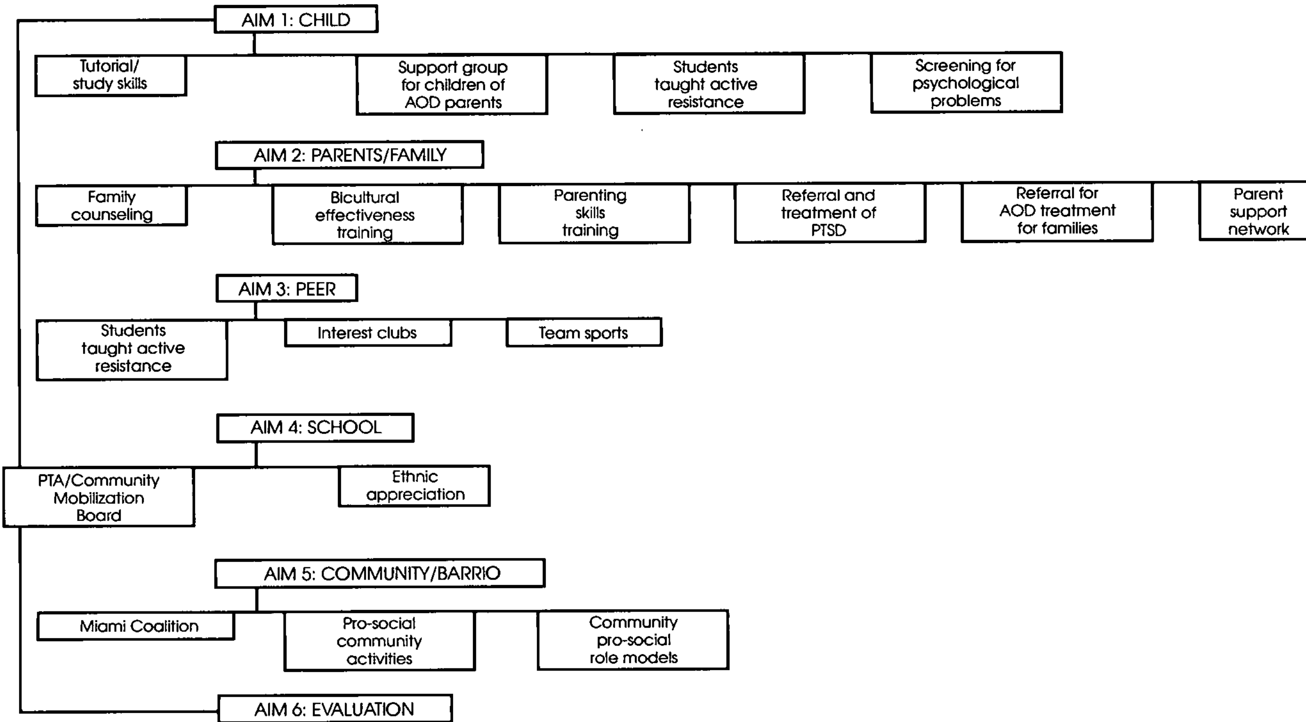

Figure 8.1

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4) school; and, 5) community. In each case, risk or protective factors have been identified that are the target of intervention. As such, in Figure 2, we provide a visual representation of the five levels of activities, the corresponding risk or protective factors targeted, as well as the corresponding interventions and their ultimate expected outcome.

The Child

The literature on "at-risk" and "acting-out" youths suggests that many problem youths *do not show one isolated behavior problem* such as academic failure, drug abuse, delinquency, gang membership, or precocious sexual behavior (teen pregnancy), but *instead, show a cluster of co-existing behavior problems.* A number of behavior problems form part of a syndrome which has been called the "behavior problem syndrome" (Jessor & Jessor, 1977; Hundleby, Carpenter, Ross & Mercer, 1982; Manov & Lowther, 1983; Shaffer & Caton, 1984; Mensch & Kandel, 1988). Our own work (Santisteban, Szapocznik & Kurtines, this monograph; Santisteban, Szapocznik & Río, in press) suggests that the Behavior Problem Syndrome generalizes to Hispanic/Latino youth, and, as will be shown below, the literature suggests links between many of these behavioral problems and risk for AOD abuse.

School problems. Research has shown that there is a very strong association between school performance and AOD abuse. For instance, children who exhibit conduct disorders and have frequent discipline referrals are at high risk for dropping out of school (Spivak, 1983; Rimmer, 1982), which in turn is an additional risk factor for AOD abuse (Johnston, O'Malley & Bachman, 1986). Failure to perform academically is associated with AOD abuse in the general population (Robins, 1980; Anhalt & Klein, 1976) as well as among Hispanic/Latino youth specifically (OSAP, 1990). This link has been found to occur even at an early age, as studies have shown that low academic performance in early grades is closely linked to initiation of drug use (Kandel, *et al.*, 1978; Jessor & Jessor, 1977). It would appear that for some children there is a negative reinforcing cycle in which the child becomes a nuisance at school, which causes the school not to like the child. This in turn increases the child's dislike for school,

RISK/RESILIENCY FACTORS	INTERVENTIONS	EXPECTED CLIENT-ORIENTED OUTCOMES TO BE EVALUATED
Child	*Child*	
1.1 Decrease poor academic achievement/school failure	1.1 Implement study skills/tutorial program	
1.2 Decrease emotional/ behavioral sequelae in children of AOD parents	1.2 "Children are people, too!"	
1.3 Increase skills to resist social pressures to use drugs	1.3 Project STAR	
1.4 Decrease presence of emotional/psychological problems	1.4 Screening assessment and referral for treatment	
Parent/Family	*Parent/Family*	
2.1 Reduce family conflict	2.1 Family counseling	—*Improved academic achievement in middle school —*Reduction in truancy/ absenteeism in middle school —*Reduction of conduct problems in middle school —*Increase in prosocial attitudes twoards substance abuse in middle school —*Reduction in self-reported use of gateway drugs in middle school —*Reduction in self-reported involvement in delinquency and gang activities in middle school —*Reduction in parental report of conduct problems at home and socialized aggression when the children are in middle school
2.2 Reduce stress of acculturation	2.2 Bicultural effectiveness training	
2.3 Increase parenting skills	2.3 COSSMHO parenting skills training program and Dade county public school parenting program	
2.4 Decrease special emotional	2.4 Identification, assessment and referral for family counseling	
2.5 Decrease parental substance abuse	2.5 By engaging and bridging AOD parents to appropriate treatment	
2.6 Reduce family stress as children transition into middle school	2.6 Parent support networks	
Peers	*Peers*	
3.1 Develop peer groups with strong anti-drug nomrs	3.1 Project STAR	
3.2 Increase school bonding, promote prosocial peer group activities and ethnic appreciation	3.2 Promoting interest clubs	
3.3 Increase school bonding and provide quality after-school activities and encourage prosocial peer groups	3.3 Creating team sports	
School	*School*	
4.1 Support and strengthen PTA	4.1 Create PTA/community mobilization board	
4.2 Enhance respect for ethnicity and cooperation among ethnic groups	4.2 Establishing ethnic appreciation events	
Community/Barrio	*Community/Barrio*	
5.1 Promote drug-free barrio	5.1 Forming partnership with Miami Coalition for Drug Free Community to develop and implement a plan of action for Shenandoah barrio	
5.2 Provide pro-social community figures as role models for children	5.2 Promote key leadership community involvement in Shenandoah Elementary	

Figure 2.

which in turn causes further alienation between the child and the school.

To decrease risk factors associated with poor academic achievement and school failure for low achievers, we have implemented a) a study skills development program, and b) a **remedial/tutorial program.** These programs are provided on an after-school basis utilizing Hispanic/Latino tutors who are education students from our local colleges. Because empowerment of the school is central to our philosophy, a school-staffed Child Study Team[8] determines the allocation of tutors to needy students.

A substance-abusing parent. The traumatic experience of living with a substance-abusing parent has behavioral (Kandel, 1982) and emotional consequences (Woititz, 1983) that can place a youngster at risk for substance abuse (OSAP, 1991). To decrease the risk factors associated with the emotional and behavioral sequelae of having a substance-abusing parent, children from these families receive the **"Children are People, Too!" program** (Lerner & Naiditch, 1985) on an after-school basis. This ten-week program is designed specifically for young children of substance-abusing parents. The program aims to assist these children in developing a support system, gaining an understanding of the nature of their circumstances, and a conviction that they are not the cause of their parents' difficulties. Finally, the program provides an opportunity for the counselor to bring the substance-abusing parent into the school during the initial and final sessions, with a view of providing a non-threatening, engaging opportunity between parent and counselor that might later be used to open a discussion privately with each parent about substance abuse treatment.

Child psychological problems. Presence of special emotional and psychological difficulties can also constitute a risk factor for AOD abuse (U.S. Department of Health and Human Services,

[8]The Child Study Team is the school-based mechanism to provide coordinated management of children in need of special services. The team is comprised of the Assistant Principal, the school psychologist, the school counselor, and our Project Coordinator as permanent members. In addition, the child's teacher and parents are involved.

1984). The chaotic events related to the children's immigration experience—living in war-torn countries, direct experiences with violent death or disappearance of loved ones—can result in unique emotional trauma requiring culturally competent services to assist them in processing these highly stressful emotional events.

Screening, identification, and referral of these children is essential. To properly **screen** for these children, we work closely with teachers to **identify** these conditions and refer these children through the school's Child Study Team for psychological evaluation. In those cases in which emotional or psychological problems in the child are confirmed, the family is referred to our **school-based family counseling program** (described below).

Parents and Families

Our work (Río, Santisteban & Szapocznik, 1990; Santisteban, Szapocznik, Río & Kurtines, this monograph; Szapocznik & Kurtines, 1989) as well as the work of others (e.g., Kumpfer, 1989) has focused on the factors underlying a number of behavior problems, including drug and alcohol abuse. Clinical experience with Hispanic/Latinos (Santisteban, Szapocznik, Río, in press) and studies of the cultural characteristics of Hispanics/Latinos (Szapocznik, Scopetta, Aranalde & Kurtines, 1978; Valle & Vega, 1980) suggest that family factors are among the most important protective/resiliency factors.

In order to increase the attractiveness of parent involvement and obtain wider parent participation in our various family-oriented activities, we have found it necessary to develop a range of incentives. Some of these incentives include baby-sitting services and rafflesprizes for participation. Parents qualify for entry into raffles with various levels of prizes, with parents who participate in more activities qualifying for the most desirable prizes. Moreover, refreshments are always provided for large group parent activities. We have found these incentives to be particularly effective in our community in attracting parents with modest incomes.

Adequate family functioning. Among the most important family-related resiliency factors **is adequate family functioning.**

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Our work with Hispanic/Latino youths has shown that successful parental leadership and parent-child communication that is direct and clear are protective factors for AOD abuse (Río *et al.*, 1990). The literature on behavior problems has shown that poor parenting skills, including lack of clear expectations for behavior, little adult supervision and monitoring of the youths' activities, lack of clear and specific consequences linked to specific behaviors, and inconsistent discipline are powerful risk factors for AOD use among youths (Kumpfer, 1989; for a comprehensive review see Kazdin, 1987). A further indicator of lack of effective parental leadership comes from focus groups conducted by one of us (Scopetta) with representative groups of parents. In that informal study, Scopetta found that less than one-third of the Hispanic/Latino parents in her groups had discussed AOD with their children. These data strongly suggest the parents' need for assistance in this area.

To reduce family conflict as a risk factor and to improve protective factors such as family functioning, opening lines of communication in general, and, more specifically, communication about substance abuse and other problem behaviors, we provide two different kinds of interventions. One of these is a preventive intervention to develop parental skills, the COSSMHO STRENGTHENING FAMILIES program (COSSMHO, 1987; COSSMHO & Szapocznik, this monograph). The second, Structural Family Therapy (Szapocznik & COSSMHO, this monograph; Szapocznik & Kurtines, 1989), is provided to families with more serious family conflicts or dysfunctions.

The COSSMHO STRENGTHENING FAMILIES program promotes appropriate parenting skills. This program, offered as a preventive intervention, is described in detail elsewhere in this monograph. The program is intended to teach parents skills in understanding their children's behavior and in responding in ways that encourage constructive behavior and self-esteem. While this parent program itself is based on the concept of empowering families to parent more successfully, our nesting of this program within the school framework is also intended to empower the school natural networks. For this reason, the PTA is an integral partner in the organization of this course,

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both by acting as a recruitment arm of the program and by encouraging participation among its own members. In this sense, it is important that the PTA has ownership of this empowering process, availing itself of the program as well as reaching out to parents who would not usually avail themselves of such programs.

Structural Family Therapy (Szapocznik & COSSMHO, this monograph; Szapocznik, Kurtines, Foote, Pérez-Vidal, 1983; Szapocznik, Pérez-Vidal, Hervis, Foote & Kurtines, 1986a; Szapocznik & Kurtines, 1989; Szapocznik, Río & Kurtines, 1991) is provided to families with more serious conflicts or dysfunctions. Family counseling is provided on a flexible evening and weekend schedule, either at home or on the school grounds, to accommodate to the families' schedules. With inner-city families, interventions targeting the nuclear and extended family as well as other systems that affect the family are provided as per the recommendations of Bronfenbrenner (1979, 1986), Aponte (1974), and Boyd-Franklin (1989).

Consistent with the aggressive outreach model of family therapy that we have developed (Szapocznik, Pérez-Vidal, Brickman, *et al.*, 1988; Szapocznik, Pérez-Vidal, Hervis, *et al.*, 1989), the family therapist works closely with school personnel in reaching out and engaging families, including home visits when needed. Strategies for engaging hard-to-reach families into services must be considered in any intervention that is targeted at high-risk families. We are keenly aware of the difficulties involved in engaging parents into intervention programs. In Hispanic/Latino families, cultural characteristics are intertwined with the usual factors that make high-risk families hard to reach. For this reason we have developed specialized culturally competent strategies for engaging even the most resistant of parents (Szapocznik, Pérez-Vidal, Brickman, Foote, Santisteban, Hervis & Kurtines, 1988; Szapocznik & Kurtines, 1989; Szapocznik, Pérez-Vidal, Hervis, Brickman & Kurtines, 1989). While this work is too complex to review here in detail, concepts of understanding the power structure of each family are crucial to our family-engagement strategies. By identifying each family's most powerful member, and developing a therapeutic alliance with that

individual, we work collaboratively with the family's powerful member in bringing families into therapy.

Acculturation and biculturalism. Another critically important characteristic in adapting a comprehensive model of AOD prevention to Hispanic/Latino populations in the United States is the concept of biculturalism and the need for the children and parents to maintain an appreciation/familiarity with their ethnic rooting while simultaneously learning to function successfully in their new host culture. There are risks associated with lack of bicultural competence, issues that are particularly salient in this population (Szapocznik & Kurtines, 1980). For this reason, we have considered that the provision of training that will assist families to function more effectively in the host culture, as well as the provision of services in Spanish and the use of culturally competent staff, are central elements in our prevention strategy.

Research shows that Hispanic/Latino parents in this country are at an added disadvantage when trying to exercise their parenting functions and communicating effectively with their more rapidly acculturating children (Szapocznik, Scopetta, Aranalde & Kurtines, 1978). Cognizant of the acculturation stresses among Hispanic/Latinos, our group initiated studies on the effects of biculturalism on Hispanic/Latino families (Szapocznik & Kurtines, 1980; Szapocznik, Kurtines & Fernández, 1980; Szapocznik *et al.*, 1984) wherein we demonstrated a link between families' lack of bicultural skills and behavioral/conduct/drug abuse disorders in youths. Enhanced biculturalism (Szapocznik *et al.*, 1986) is a protective factor in Hispanic/Latino families vis-à-vis powerful stressors resulting from the acculturation process.

To decrease the risk factors associated with the stresses of acculturation and lack of bicultural adjustment in families, a **Bicultural Effectiveness Training** (Mancilla, Szapocznik & Kurtines, this monograph; Szapocznik, Santisteban, Kurtines, Pérez-Vidal & Hervis, 1984) program is provided to families. This program is designed to prevent and treat family disruption due to acculturation stress and has been found to be highly effective in work with Hispanic/Latino families (Szapocznik *et al.*, 1986b; Szapocznik, Santisteban, Río, Pérez-Vidal, Santisteban & Kurtines, 1989). By incorporating elements of the host culture, par-

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ents maintain effective communication with their children and conduct their parenting functions effectively as the child moves into the adolescent years (Szapocznik, Scopetta & King/Hervis, 1978; Szapocznik *et al.*, 1986b).

Bicultural Effectiveness Training focuses on issues that have become particularly conflictive between children and their parents, and in which the nature of the conflict can be defined along an acculturation gradient. Family members are taught familiarity with the different cultural positions, empathy for these cultural positions and for the family members that hold them, and very specific skills in negotiating and managing the conflict that arises from these intra-family conflicts.

Bicultural Effectiveness Training is provided in a package of four sessions (one per week) to parent groups of approximately 10–20 parents. Sessions last approximately two to three hours, and include didactic/lecture and discussion sections. Because the Bicultural Effectiveness Training Program addresses some of the most difficult problems that Hispanic/Latino families confront as their children move into the adolescent years and become increasingly acculturated, emphasis is given to ensuring attendance by parents of fifth-graders.

Psychological problems in parents. There is a strong link between parental psychological/emotional problems and children's AOD abuse (Kumpfer, 1989; Kazdin, 1987). The incidence of post-traumatic stress disorder among Central Americans is high (Cervantes, Salgado de Snyder & Padilla, 1990). Many parents in our target population have experienced the trauma of war, kidnappings, torture, and risky immigration, all of which place them at high risk for psychological conflict (Salgado de Snyder, Cervantes & Padilla, 1990).

To decrease risk factors associated with the presence of special emotional/psychological problems in parents, and in particular Post Traumatic Stress Disorders (common in our immigrant population), a mechanism has been established for **identification, assessment, and referral of parents for treatment.** The staff providing the various parent group activities (i.e., Bicultural Effectiveness Training, COSSMHO FAMILY STRENGTHENING) are attentive to emotional/psychological problems in par-

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ents. Teachers are also trained to be attentive to these difficulties in their usual interaction with parents. Moreover, parent outreach workers visit families in which problems might be suspected, to assess the need for psychological care. Parents identified as being in need of help are referred to the Child Study Team to be evaluated for family counseling. In addition, conversation hours are scheduled for parents around specific migration concerns relevant to parents, during which they are helped to process migration-related trauma.

Parental abuse of AOD is associated with severe behavioral (Kandel, 1982) and emotional sequelae (Woititz, 1983) in children. Because parental abuse of AOD directly or through its consequences constitutes a risk factor for AOD abuse in children, both in terms of early initiation (Kandel, 1982) and frequency of use (Zucker, 1979), it is important to target parental AOD abuse directly through treatment interventions.

Often, school personnel have knowledge of substance-abusing parents. The need for treatment of these parents is discussed by the Child Study Team, which in turn assigns a family counselor to reach out aggressively to these parents. The intent is to create a bridge between the substance-abusing parent and AOD treatment, being fully cognizant that simple referral is often ineffective in achieving entry of these individuals into treatment. AOD treatment is provided through a specialized Hispanic/Latino AOD program at a community mental health center located within a mile of the school.

Compadrazgo/Parent Support Networks. When children move from elementary school to middle school, decreased school performance and the potential for delinquency and substance abuse occur (Blyth *et al.*, 1983). For this reason, parents are subjected to increased stress and need culturally relevant sources of support at this time. Well-functioning parents play a critical role in providing a natural support system which can protect and insulate their children from high-risk environmental situations.

To reduce the risk of family stress associated with transition of the children into middle school and to increase family resiliency factors, **Sistemas de Compadrazgo/Parent Support Networks** are organized during the elementary school years with

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the intent that these networks will be maintained as the children (and their parents) make the transition into middle school. Thus, the purpose of the Parent Support Networks is to develop bonding of parent groups that can support each other around parenting issues, particularly at the time of the children's transition to middle school. **Sistemas de Compadrazgo/Parent Support Networks** are promoted among parents of youngsters who are at the same class level.

Parent Support Networks is an empowerment strategy unto itself because it is intended to establish networks of support. However, to further utilize this process as a mechanism of empowerment, the development of the Parent Support Networks is integrated into the functions of the PTA, with considerable assistance from Project staff and the school's Community Mobilization Board (described below under the section on community).

The PTA appoints one parent to represent each class in the school. These parents—consistent with the interpersonal style that our target parents favor—are responsible for recruiting other parents in the class into the Bicultural Effectiveness Training, the Parenting Skills groups, and other PTA/Community Mobilization Board-sponsored activities. There is a system of rewards both for parents who *recruit* and parents who *are recruited* through participation in community-sponsored raffles organized by the Community Mobilization Board in conjunction with the PTA. Parents attending the lectures/groups are encouraged by the PTA members and project staff to exchange addresses and telephone numbers during the small group portion of these groups. Proposals are also floated about setting up the first Parent Support Network meeting to continue discussion of the issues raised, or just to socialize.

In another networking strategy, children are encouraged to identify their closest friends in school. This information is given to parents, who in turn are encouraged to meet the parents of their children's best friends. This strategy has been used with considerable success by Pentz (Pentz *et al.*, 1989).

Peers

Peers have been shown to have a powerful influence on adolescent substance abuse. Some have argued that AOD use by a

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youth's best friend is one of the strongest predictors of that youth's AOD use (Elliott *et al.*, 1985; Kandel, 1985; Jessor *et al.*, 1980). Among the children of recently arrived Hispanic/Latino immigrants, our clinical and community observations confirm the findings of Robins & Ratcliff (1979) that those children for whom peer orientation becomes more powerful than family orientation are at particular risk for serious AOD abuse and other conduct disorders. In our population, such a phenomenon is frequently related to family conflict resulting from both rapid acculturation by the child and parental lack of biculturalism.

Peer pressure. There are two very important peer-related areas that have implications for AOD prevention. One of these involves preventing a youth from being influenced by undesirable peer forces (a risk factor), and the other is to promote youth involvement with desirable peer groups (a protective factor). The first of these, the risk factor, is concerned with the inability of the child to resist the pull of peer pressure, a pull that moves the child away from family and traditional cultural values. Thus, the ability of a child to resist undesirable peer pressure is particularly important for Hispanic/Latino children (Elliott *et al.*, 1985; Jessor *et al.*, 1980).

Training the children in self-management, decision-making and problem-solving skills, as well as specific refusal skills, has been shown to be an effective strategy in AOD abuse prevention and reduction (Pentz *et al.*, 1989). Training the children within the context of the peer group with which they will transfer into middle school offers the advantage of providing a peer network that will be maintained through middle school, with anti-drug values and norms. In fact, transition from elementary to middle school has been documented to be a particularly risky period for initiation of AOD abuse and other behavioral problems (Blyth, Simmons & Carlton-Ford, 1983). For this reason, we emphasize both the learning of refusal skills and the encouraging of the child to stay close to her/his peers who have received similar training in anti-drug values and refusal skills.

Decreasing the risk factors associated with the lack of skills both to resist social pressures to use drugs and to handle the transition to middle school is accomplished through **Project**

STAR—Students Taught Active Resistance (Pentz *et al.*, 1989, 1990) during fifth grade. This program focuses on self-management, decision-making and problem-solving, communication, resisting negative social influences, and a strong anti-drug message. In particular, emphasis is on skills *to resist* social pressures to use *alcohol and other drugs* and to counteract peer, adult, mass media, and other environmental drug use modeling influences. STAR is administered once per week for ten weeks in the fall semester during homeroom period by all fifth grade teachers to all fifth-graders. Booster sessions are administered during the spring semester. STAR is administered to fifth-graders since they will be transitioning into middle school at the end of the year, and will become exposed to greater prevalence of drug-using peers in the next year.

Promoting pro-social bonding. Many of our Hispanic/Latino high-risk children are unsupervised after school hours and are not unlike other high-risk children in the country who increasingly find themselves without the guidance and support of caring adults. This void is being filled by negative peer influences and constitutes a substantial risk factor for AOD abuse (National Commission on Drug-Free Schools, 1990). These unsupervised children are twice as likely to use alcohol as those who are under proper supervision when not in school (National Commission on Drug-Free Schools, 1990). Lack of access to positive social influences and role models, boredom, and sensation-seeking have been postulated as antecedents for drug-related behaviors (Hawkins, Lishner, Catalano & Howard, 1986).

Increasing evidence supports the use of prosocial alternative activities to AOD involvement. For instance, programs that channel the need for excitement and action through physical fitness (Bartha & Davis, 1982) and involvement in activities that provide opportunities for youth to participate in developing new skills (Tobler, 1986) are being promoted in comprehensive prevention programs.

For this reason, our program includes increased after-school adult supervision and opportunities to increase the school bonding through supervised quality activities. This is accomplished through two different kinds of after-school supervised activities:

interest clubs and team sports. Eleven different interest clubs are being promoted. These include: Future Educators of America, Arts, Music, Drama, Newsteam, Academic Cheerleaders, Computers, School Newspaper, Science, Global/Environmental Awareness, and Hispanic/Latino-American Culture. This effort is conducted in collaboration with the local high school group of "Future Educators of America," an interest club of students who plan to become educators. This group provides volunteers to promote the interest clubs.

Supervision and coordination of the high school students is provided by project staff in the initial years of the project, with a gradual transition of supervisory responsibility to the PTA/ Community Mobilization Board, reflecting our philosophy of empowering the PTA. Teachers, parents, and community volunteers are aggressively recruited to become involved in these clubs. Particular emphasis is placed on promoting Hispanic/ Latino activities in all of the interest clubs (e.g., Hispanic/Latino *teatro* for drama club, Hispanic/Latino folklore and *salsa* for music club, etc.), especially those activities which emphasize the Afro-Hispanic/Latino and Amerind contributions to the cultural and artistic achievements. [The broad range of cultures that impact Hispanic/Latino ancestry is emphasized in order to improve inter-ethnic relations, the lack of which is a serious problem in our community.] Senior citizens are also actively recruited through the PTA/Community Mobilization Board to participate in the activities of this club so that intergenerational transmission of cultural values and traditions can be fostered, focusing particularly on the African and Amerind origins of music, crafts, etc. in Central and South America and the Caribbean.

Team sports is the second area in which we are creating an infrastructure for prosocial, after-school, and weekend supervised activities. It should be noted that at the time when this project began, the school had no after-school/weekend sports activities. At the recommendation of the school faculty and administration, three team sports have been selected, to be introduced at the rate of one new sport per year, as follows: t-ball/ baseball, basketball, and soccer. Sports equipment is provided

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through community donations. Parents and senior citizens are encouraged to become involved in all aspects of the team sport activities. Project staff works closely with the PTA/Community Mobilization Board to establish and maintain the team sports program. As in other areas, greater responsibility is taken at the beginning by the project staff, with a gradual phasing of responsibility toward the PTA/Community Mobilization Board, consistent with the Project philosophy of empowering this group.

School

School is a system that impacts directly on the child, and, to the extent that the family becomes involved with the school, the school also impacts on the family. For these reasons, efforts to influence the school environment are inherent in our theoretical framework.

Social development theory (Hawkins & Weis, 1985; Hawkins & Catalano, 1987) and other related literature propose that children who manifest symptoms of poor school bonding such as poor attendance (Kumpfer & DeMarsh, 1986) and tardiness (Holmberg, 1985) are at risk for school failure and dropping out. Children who fail to bond successfully with the school are unable to create the necessary prosocial affiliation and are at increased risk for affiliation with anti-social peer groups, such as gangs, and for initiation of AOD abuse. For these reasons, as already discussed, we have conceived strategies for encouraging bonding of children to the school: (1) through the creation of opportunities for active involvement in pro-social activities (after-school sports and interest clubs); and, (2) by supporting the acquisition of cognitive and social interaction skills (study skills development program, and remedial/tutoring).

While bonding of children to school is critical, bonding of parents and community to school are equally critical. In high-risk, poverty-stricken areas in particular, schools are being challenged to become a safe haven for children and to involve parents and the private and public sectors of the community in the urgent task of improving children's lives (Report of the National Commission on Drug-Free Schools, 1990). Through the Community Mobilization Board the project seeks to involve the school,

the PTA, and the private and public sectors in partnerships for the pursuit of these goals.

Community Mobilization Board. In recognition that most parents of children at Shenandoah Elementary are poor immigrants with rather limited resources, it is crucial to establish a parent/school/community partnership which includes community representatives with professional, financial, and political capital. In order to achieve this objective, project staff works closely with the PTA to develop a partner for the PTA known as the **Community Mobilization Board.** This Board is responsible for linking the school with the private and public sectors of the neighborhood and community at large.

The creation of the Community Mobilization Board is a highly complex task, that in and of itself requires considerable initial political capital (i.e., influence). For this purpose, the project established a partnership with the local CSAP Partnership grant, the Miami Coalition for a Drug-free Community. The Miami Coalition is subcontracted to provide the community mobilization services for the project, with a major responsibility in the creation of the **Community Mobilization Board.** While this might not work in all communities, in Miami the local CSAP Partnership grant is a rather powerful organization with the resources to conduct the desired work. The purpose of this effort is to establish a partnership that includes parents, school personnel, students, and their surrounding community in an alliance to fight AOD by providing services and support to the children and families of the community.

Community

Socio-environmental variables, such as a prevailing coping style within a community that fosters AOD abuse (Dworkin & Stephens, 1980), are believed to constitute risk factors for AOD use (OSAP, 1990). Communities can mobilize their resources to change their prevalent norms and thus promote anti-drug values for their children in a number of creative, culturally competent ways. AOD experts recommend enlisting the public and private sectors in developing programs to promote anti-drug norms as well as to enhance a child's bonding to the community, both

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protective factors. For example, the involvement of a broad range of community sectors in developing an action plan has been proposed as a protective factor that enhances general community bonding and promotes clear norms against AOD abuse (Catalano, Chappell, Hawkins *et al.*, 1991; Hawkins & Catalano, 1992).

To be successful, the mobilization of a community in support of drug-free norms needs to take cultural factors into account. This project addresses Hispanic/Latino natural support systems (cf. Orlandi, 1991; OSAP Technical Report 4, 1990; Valle & Vega, 1980) in a systematic fashion by promoting the development of *"Sistemas de Compadrazgo."*

In a similar fashion, the sponsoring of neighborhood events has been shown to muster great community support in other Hispanic/Latino communities in the United States when those events were carried out by successful Hispanic/Latino adults with a pro-social attitude who serve as adequate role models (OSAP Technical Report 4, 1990).

An action plan. One important role of the Community Mobilization Board is to create a barrio-wide mobilization against AOD abuse. As part of the current project, the local CSAP Partnership grant has assumed responsibility for developing a commitment within the Community Mobilization Board for establishing a drug-free community. As suggested by the literature, once there is a competent and resourceful community group such as that found in the Community Mobilization Board, a mechanism for getting them committed to a drug-free barrio is to involve them in the process of developing a barrio action plan for AOD prevention.

Promoting community-school bonding. The Community Mobilization Board itself represents an important mechanism for promoting community-school bonding. However, beyond instrumental functions, bonding of the large systems that we call "community" and "school" can only occur as a function of specific human bonds that develop across these groups. That is, it is important for children and parents to establish human bonds with successful and competent Hispanic/Latino representatives from their surrounding community, so that these individuals, in addition to providing guidance and support, can also function

as role models. Equally important, for the members of the community to become emotionally bonded to the school and give their very best, these individuals must establish individual bonds with certain parents and certain children. In this way, helping the school and helping to clean up the community "has a face," and is *not* an impersonal involvement.

Conclusions

In this chapter we proposed a model of AOD prevention that is profoundly contextual in its approach. Contextualism refers to a view of the child as affected by the multiple systems in which s/he is embedded. Family and culture represent the core of a contextualist approach. However, beyond family, other important contexts for the child are school, peers, neighborhood, and the various support systems that constitute the social fabric which supports each family. Hence, a broad-ranging multisystems intervention, organized around the school, has been proposed. Moreover, in each case we have been careful to identify specific risk factors or protective factors which are supported by research. And, whenever possible, we have implemented interventions that are well developed and have been tested and found effective. Hence, based on the existing literature, as well as on a theoretical framework that postulates the important role of family, school, peers, and community on child outcome, we have designed a multilevel, intensive intervention to prevent abuse of alcohol and other drugs.

Ultimately, the goal of the project is to reduce risk factors for AOD and increase protective factors for AOD. In a program such as this one, there are certain intermediate outcomes that can be used as proxies for success. For example, the literature would suggest that if we are able to minimize absenteeism and truancy, improve school behavior and academic performance, lessen family conflict, reduce involvement with anti-social peer groups, and minimize use of "gateway drugs" and other "harder drugs" in middle school, we could probably claim to have been successful.

The project presented in this chapter is currently beginning its demonstration phase, and it will be several years before we are

able to make any more definitive claims about its effectiveness. It is presented here as a blueprint for a Hispanic/Latino family-oriented program that—while it has not yet been scientifically tested—is built on state-of-the-art concepts available from the theoretical and empirical literatures.

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Epilogue

José Szapocznik, Ph.D.

The common ground from which the chapters of this book emerge is the underlying philosophy of empowerment.

This monograph presents strategies to be used in the war against substance abuse and against the other ailments that disrupt our social fabric. It is our conviction that strategies for substance abuse prevention require that parents be empowered as leaders. Furthermore, it is our profound belief that they should be leaders not only in their homes but also in their communities, thus enlisting each family as a front-line social unit in that war.

Leaders are not just born. They are made. Leadership skills can be taught and their development can be encouraged through reinforcement of positive efforts.

Hispanic/Latino families have become marginalized and disenfranchised. We believe that Hispanic/Latino parents can become leaders in their homes and in their communities, and that such leadership will help families and communities to develop a sense of belonging. In agreement with our contextual view of empowerment, we believe that by empowering the family and the community, Hispanic/Latino individuals will feel that they need to belong to their families and their communities, and that their families and communities belong to them.

What are the implications of such a philosophical approach for theory, research, services, and training?

For theory. The approaches proposed in this monograph are inherently contextual in nature. We encourage a move toward

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contextual theories in which children are viewed in the context of their Hispanic/Latino families, families in the context of their communities, and all of these in the context of their culture (Szapocznik & Kurtines, 1992, 1993).

For research. The challenges are to accept the increasing complexity of contextual models which consider the embeddedness of children in families, families in community networks, and all of these in culture. The eternal conflict within research is between rigorously designed investigations (internal validity) and studies that are relevant to the nature of the problems and the people studied (external validity). Undoubtedly, contextual models have greater relevance, but are incredibly difficult to investigate. There is an increasing need for achieving a balance between rigor (internal validity) and relevance (external validity). Far too many studies target the individual in a vacuum, without adequate consideration of the contextual variables that affect that person's behavior, and which—we suggest—may comprise one of the most promising areas for future prevention intervention research. Hence, methodological advances are required that will permit adequate rigor in studies that investigate the complexity of contextual influences.

For services. Implicit in the work presented in this monograph is a rejection of paternalistic service models and strategies. In our view, the work of the service provider is to transfer competence onto the context in which the child and family function. Such work requires protection of family integrity and responsiveness (Koss & Vargas, 1992) to cultural influence.

For training. The implicit role of the provider of the kinds of services presented in this monograph represents a considerable challenge to traditional service providers. The role of the service provider requires that s/he act as a midwife, in mobilizing both the family and the community, and facilitating their adjustment. The move is clearly directed toward encouraging providers to transfer their competence onto the traditional social networks: family and community. The future speaks to the need to train and re-train providers in a new philosophy: a philosophy of engaging, mobilizing, and empowering the communities they serve.

Much is said about decentralizing power; about returning to families the ownership of their communities. However, much remains to be done, as we see increasing marginalization and disenfranchisement in Hispanic/Latino communities. Clearly, the work is challenging, both because of the negative experiences of families that have been here for generations, and because of the difficulties inherent in creating a sense of ownership and belonging among families who are recent arrivals. These obstacles notwithstanding, the future of substance abuse prevention among Hispanic/Latino youth lies in building a competent social structure with Hispanic/Latino families as its cornerstone.

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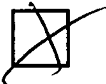

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