
Prized Knowledges: *a study of family support and family counselling services in six immigrant and refugee serving organizations*

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Report Development Committee

Our thanks to the members of this Committee who worked directly with White Rock Family Therapy Institute in the development of this report:

Holly Whittleton Co-Chair
MOSAIC

Patricia Woroch Co-Chair
Immigrant Service Society of B.C.

Baldwin Wong
City of Vancouver, Social Planning Department

Jean Maloney
Pacific Immigrant Resources Society (PIRS)

Steering Committee

Our thanks to the members of the Steering Committee for your input and feedback on the report:

MOSAIC
SUCCESS
City of Vancouver, Social Planning Department
Immigrant Services Society of B.C.
Ministry for Children and Families
United Way of the Lower Mainland
Surrey Delta Immigrant Services Society
Pacific Immigrant Resources Society (PIRS)
British Columbia Settlement and Integration Worker's Association (BCSIWA)
Vancouver & Lower Mainland Multicultural Family Support Services Society
Ministry Responsible for Multiculturalism and Immigration • Community Liaison Division

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EXECUTIVE SUMMARY

Introduction

This report provides an overview of family support and family counselling services offered by six immigrant and refugee serving agencies in the Lower Mainland. Based on Appreciative Inquiry methodology, it examines “promising practices” across the six agencies, compares service delivery models and puts forward a set of “provocative propositions” about future development and transferability of services.

Major Findings

Settlement services incorporate a “natural gate” to family support and family counselling services. Disclosures about family problems are a frequent and understandable development during this vulnerable and transitional settlement period.

In relation to the provision of family support and family counselling services in this sector a new form of social service practice with definable occupational competencies is emerging, referred to in the report as “bi-cultural family practice.”

The emergence of “bi-cultural family practice” marks a shift from an initial phase during which language and cultural competencies were in and of themselves sufficient to a more professionalized era during which skill-based practices, credentials and clearly defined case management, supervisory and accountability structures are required.

Agreed upon “promising practices” across the agencies studied are identifiable. Examples include the availability of an interconnected set of services and cross-cultural practices that conjoin solutions specific to ethno-cultural groups and dominant culture counselling methods. Such practices can be further evolved through evaluation and outcome studies.

“Promising practices” provide a client-centred means of refining services, making funding decisions and transferring knowledge from larger, established agencies to smaller ethno-cultural communities.

The “promising practices” framework is consistent with outcome research in the counselling field. Research has demonstrated that specific, client-centred practices, particularly practices that enhance relationships between clients and service providers, account for a much greater proportion of positive outcomes than service delivery models.

Because of the greater significance of promising practices in accounting for the helpfulness of services and their superiority as a basis for collaboration this study emphasized the identification and description of such practices as opposed to the comparison of service delivery models.

All agencies studied offer a set of interrelated and mutually complementary services to which clients avail themselves simultaneously and/or sequentially. A frequent pattern of service development begins by addressing broader community development issues, continues by focusing on more specific socio-emotional needs and finally, with the provision of family counselling, steps into a more “clinical” arena.

The immigrant and refugee serving sector has prized and extensively evolved knowledge about services to women, especially in relation to spousal abuse.

Promising Practices

“Promising” was selected in preference to “best practices” to reflect the rate of ongoing change in this area of service, in the fields of family counselling and support as a whole, and the relative absence of replicable outcome studies in the area specifically. Based on the Theme Analysis of interview data a number of agreed upon practices emerged.

Promising Practices in both Family Support and Family Counselling

1. First language and Cultural Competency

Facility in communication and cultural understanding is vital in the construction of relationships perceived to be helpful by service recipients. This area of practice also represents a significant contribution by this sector to the fields of family support and counselling as whole.

2. Accessibility of Services to Client Communities

In terms of initial contact the immediate availability of a first language speaker and the issue of cultural affinity is critical. The higher the degree of vulnerability, the more important the safety and comfort afforded by language and cultural affinity.

3. Agency Reputation

Outreach, community development activities and use of first language media assist agencies in becoming known to specific ethno-cultural communities. This engenders an “expectancy” on the part of service recipients and contributes to a “placebo” effect in relation to outcome.

Promising Practices in Family Support

1. Attention to the Position of Women and the Problems of Abuse and Violence

Attention to the position of women and the problems of abuse and violence has resulted in a constellation of practices. Dominant culture social justice practices have been conjoined with an awareness of the history, traditions and preferences of women of particular ethno-cultural communities.

2. Flexibility, Responsiveness and Innovation

Based on a close relationship with constituent communities and traditions of grass roots innovation, this responsive quality is exemplified by the rapid provision of services to recently arriving immigrant and refugee groups, the continual reinvention of existing programs and the adaptation of dominant culture practices to meet the needs of specific groups.

3. Supported Participation

Many agencies offer ways in which clients can become volunteers, supporters and mentors. This reflects a “community creating,” as well as “community serving” capacity.

Promising Practices in Family Counselling

1. Integration of Solutions specific to Ethno-cultural Groups and Dominant Culture Counselling Practices

This practice reflects the cross-cultural conjunction of historic solutions from various cultures and dominant culture counselling practices. Honouring the strengths and resourcefulness of clients, encouraging the expression of emotional states and the ethics of confidentiality are examples of dominant culture counselling practices that have proved helpful in cross-cultural contexts.

2. Complementary and Alternative Programs

Onsite integrated service delivery makes available a range of programs that address issues that arise in the context of counselling, but stand outside its mandate. Pre-employment programs are an example. Immediate and relatively seamless referral is possible when such issues make an appearance.

Provocative Propositions

- ✓ Collaborate further in the evolution of “promising practices.”
- ✓ Goals of collaboration:
 - i) further identify and agree about “promising practices;”

- ii) design and implement outcome studies;
- iii) obtain recognition from educational institutions;
- iv) develop supervisory and accountability structures.

- ✓ Adopt a client-centred rather than model-driven approach to evaluation, marketing and transferring skills and knowledge to smaller communities.
- ✓ Enhance the professional standing of “bi-cultural family practitioners” by forming an alliance with the B.C. Association of Clinical Counsellors.
- ✓ Develop proactive programming for non-abusive, immigrating men.
- ✓ Describe and document culturally unique practices.

INTRODUCTION

Based on a study of six immigrant and refugee serving agencies located in the Lower Mainland, the following report provides an overview of family support and family counselling services. Such agencies have evolved over the past twenty years in response to a range of specific conditions, e.g., changes in patterns of immigration and diverse models of service delivery. Our examination of services to families has been guided by definitions of family support and family counselling adopted by the Project Steering Committee in the context of a discussion facilitated by Adrienne Chan Consulting Services and outlined in the document of June 24, 1999. Family support was viewed as preventive in nature and generally relating to needs after initial settlement issues have been addressed. Support services are referred to as “secondary,” but frequently linked to “primary services.”

Family support services include family life education, support groups, information and referral, interpretation for the purpose of accessing medical and social services and outreach initiatives. The Facilitated Discussion Document of June 24, 1999 mentions that in the context of support, families are seen holistically and services may be long or short term. Collaborations or partnerships with other agencies may be involved. All agencies provide family support services and there are widely divergent forms of support service.

Again, according to the Facilitated Discussion Document of June 24, 1999, family counselling entails the adaptation of a helping model from the dominant culture in conjunction with language and cultural competencies in order to address the therapeutic needs of immigrating and refugee families. Such needs occupy a clinical middle ground between difficulties that can be addressed in a supportive context and those that require psychiatric intervention. As a formal program and according to the working definition adopted by the Steering Committee, three agencies offer family counselling services. An additional agency has a family counsellor. This report is without prejudice in terms of the relative value of family support and family counselling services.

In addition to providing an overview, this report identifies:

- a) *promising practices* specific to providing family support and family counselling services to ethno-cultural communities;
- b) *programmatic strengths* associated with diverse service delivery models;
- c) possible *constraints and limitations* affecting all services and specific to individual models.

The study upon which this report is based does not constitute a program review or evaluation of specific agencies or programs, rather the intention of the study is to be of value to all service providers and to the sector as a whole by identifying and clarifying its unique and necessary contribution to the well-being of immigrant and refugee families and communities.

OBJECTIVES

The objectives of this study are as follows:

- a) to identify and to describe existing family counselling and family support models highlighting unique characteristics, strengths, and differences;
- b) to outline the ways in which the models fit within the context of the ethno-cultural communities which they serve and the professional communities with whom they associate; this will include an examination of various partnerships and initiatives;
- c) to identify indicators of success and provide an assessment of current *promising practices*; this will include reference to outcome studies in the field of counselling in general and in the context of serving immigrating and refugee families in particular;
- d) to provide an assessment of the actual practice of the various models and make specific, concrete recommendations in relation to further development, inter-model exchange, and transferability to smaller, ethno-cultural communities;
- e) to compile a list of resources for future planning, organization, and implementation of ethno-culturally specific family counselling and family support programs.

METHOD

Group interviews were conducted of staff involved in direct service delivery and separate interviews with senior agency personnel, especially those directly supervising family counselling and family support services, using interview questions pre-selected based on Appreciative Inquiry criteria. Interview questions are listed in Appendix I. In the body of the report persons interviewed are referred to as “respondents.” Agencies were asked to select respondents based on the Steering Committee’s definitions of family support and family counselling support programs as outlined in the Facilitated Discussion Document of June 24, 1999 to which we refer in the Introduction of this document.

The Appreciative Inquiry approach (Hammond 1996; Hammond and Royal 1998; Srivasta and Cooperrider 1999) is based on appreciating and valuing “what is” as a step in the direction toward “what might be” and a way to promote dialogue about “what should be.” It focuses on “what is working” as a means of recognizing the value of current work and moving into the future with confidence and optimism. Appreciative Inquiry interviews were recorded, transcribed and subject to theme analysis. Theme analysis summaries by numbered organizations are provided in Appendix II. Interview respondents were also asked to identify restraints and limitations. This information is summarized in Appendix III.

Agencies were also asked to submit documents such as brochures, practice manuals, and evaluations pertaining to family counselling and family support services. Documents were reviewed as a means of further understanding the organization structure and practices within the various agencies. Collateral research of information available through journals, relevant texts, and the internet provided a basis to compare developments in Lower Mainland agencies to reported developments in other regions and in terms of current thinking in the field.

AN OVERVIEW: SERVICE TO FAMILIES IN A MULTI-CULTURAL CONTEXT

Canadian society as a whole is emergent, demographically in flux, and very much composed of different streams of immigration. This has affected and will continue to affect the “shape” of service delivery to immigrant and refugee families. What is immediately significant is the appearance, development, and evolution of agencies, such as the ones in this study, specifically devoted to serving immigrants. All but one of the agencies studied provide what are termed “settlement services” aimed at assisting immigrating and refugee persons with the immediate pragmatic challenges encountered upon arrival. Typically implemented by workers of the same or closely related language and ethno-cultural groups, settlement services often act as a “natural gate” to family support and family counselling services. In the context of this very vulnerable transitional period and the trust and mutual respect arising between settlement workers and clients, disclosures about family struggles are a frequent and understandable development.

This development taken with the language and cultural barriers encountered by immigrating and refugee persons when attempting to access services through dominant culture institutions (*After the Door has Opened*, 1988) helps to account for the preference clients evidence for receiving family support and family counselling services from the types of agencies studied. Specifically, in relation to family support and especially, in relation to family counselling, such barriers go beyond our usual conceptions. It is the case, for example, that many Asian and African cultures do not include traditions of extra-familial, professional intervention. Some agencies provide information about such services and their potential value by including their description in other programs, e.g., family life education and parenting classes in order to counteract the possible effects of this cultural difficulty or confusion.

Dependent upon patterns of immigration, constellations of identified needs and environmental factors, such as shifts in funding priorities a variety of organizational structures and service delivery models have evolved. One of the agencies in the study is ethno-specific, e.g., by and large serving one ethno-cultural community; the remaining five serve an amalgamation of ethno-cultural communities, up to 27 in one case. In two of the agencies, and to a certain extent a third, program descriptions and theme analysis profiles reflect a very strong focus on the well being and empowerment of women. In addition, one of the agencies has specialized exclusively in providing services to women who are experiencing or have experienced violence in their relationship. One of the unique characteristics of the Lower Mainland immigrant and refugee serving sector is the extent to which it has prized and developed knowledges about services to women.

This trend is consistent with the consistently less privileged position of women across cultures and, from the perspective of serving families, the efficacy of serving children through the well-being of women. One of the agencies studied has extensively developed collateral services for children. A number of agencies provide child minding services in association with various programs.

All agencies studied offer a set of inter-related and mutually complementary services. A common example across a number of the agencies is the availability of family counselling following the use of settlement services. Respondents indicated that use of inter-related services is highly valued by clients. This and other factors help to explain the emergence in the agencies studied of “integrated service systems,” i.e., a set of interrelated or interconnected services to which clients may avail themselves either sequentially or simultaneously. This interconnectedness of programs and its value to clients was referred to by respondents in virtually all agencies and highly emphasized in several. Interestingly, it was referenced even in the agency with a more specialized focus. This points to the importance of continuity of service in this sector and possibly to the *community-creating*, as well as *community-serving* aspects of the agencies.

Without question, immigrant and refugee serving agencies in the Lower Mainland have evolved a new form of social service professional, the parameters of which have yet to be defined. The term “settlement counsellor” no longer appears to do justice to the range of activities involved in the area as a whole. “Bi-cultural worker” or “cross cultural worker” may be more satisfactory, although it is tempting to think that some further distinctions may eventually be helpful, e.g., bi-cultural community development worker, bi-cultural family support worker, bi-cultural family counsellor, etc. In the earlier, less institutionalized phase of development of this incipient profession, language and cultural competencies were pre-eminent; in the more refined and institutional era in which we are now situated, more specific skill-based competencies need to be identified. Recent efforts supported by AMSSA (the Affiliation of Multicultural Societies and Service Agencies of BC) and BCSIWA (the BC Association of Settlement and Integration Workers) to define occupational competencies for the settlement and multicultural sector as a part of the work of the Multilateral Task Force on Training, Career Pathing and Labour Mobility are congruent with this point. There are parallels here to other emergent professions, such as child and youth care and, in fact, the counselling profession itself. In this “professionalization,” as necessary as it may be, there is a loss, typically in terms of flexibility, responsiveness, and grassroots sensibility. A process defining the profession in terms of competencies rather than solely credentials mitigates this loss to some extent. In the area of counselling as a whole, and agency funding and recognition in general, professional regulation, standards of practice, and accreditation are becoming increasingly prominent. In summary, a second unique characteristic of the sector as a whole is the emergence of this new tradition of social service practice.

Viewed as a whole, the agencies studied can be seen as a spectrum of approaches to the challenges and dilemmas of an immigrating or refugee person, family, and community in Canada. In addition, they represent a compendium of knowledges. One agency has specific knowledges about the situation of refugees, although most others do as well; one agency has specific knowledges about women who have been subject to abuse, although most others do as well; virtually all agencies have knowledges about providing a set of more or less integrated services; virtually all agencies have extensive community development experience. The latter point is worthy of note: **the degree of engagement with specific communities further distinguishes these agencies from most dominant culture institutions and represents a significant advantage in attuning services to specific and emergent needs.**

For the purposes of this document, in our estimation, family counselling has been quite clearly defined and as we indicated in the introduction, three of the agencies offer family counselling services. The importance of support to families is widely agreed upon among respondents, but the specifics of what constitutes family support in practice remains less clear. A wide range of programs at all of the agencies are seen as supportive of families, ranging from child care services provided in conjunction with ESL programs to flower arranging classes for immigrating women.

Common features of these family support programs include: a focus of breaking isolation, particularly in the case of women and children; tremendous flexibility in terms of “cultural fit” so that programs are designed to suit the identified needs of a particular language and ethno-cultural group; connection to other programs made available by the agency.

PROMISING PRACTICES

“Promising” has been selected in preference to “best practices” to reflect the rate of ongoing change in this area of service, in the fields of family counselling and support as a whole, and the relative absence of replicable outcome studies in the area specifically. Family counselling and family support have been viewed separately in this section. Based on current surveys of outcome studies in the field of counselling as a whole (Miller, Duncan & Hubble, 1997), we are recommending a **client-centred** rather than model-driven analysis.

Outcome research addresses the issue of effectiveness. In other words what factors contribute the most to the helpfulness of the service? Outcome studies have shown that several other factors contribute a great deal more to the efficacy of counselling than the model of service delivery. These factors include extra-therapeutic factors (40%), relationship factors (30%), and expectancy (15%). Extra-therapeutic factors refer to developments in people’s lives that occur spontaneously and have nothing directly to do with the service itself. An example would be an unexpected visit from a caring relative. The usefulness of this finding lies in the service provider’s ability to recognize and celebrate its value to the person(s).

Relationship factors reflect the extent to which clients see the service provider as concerned, understanding and helpful. Expectancy refers to, what has been described as, the “placebo” or “halo” effect. That is to say that the degree to which clients anticipate that the service provider will be helpful at the outset based on presentation or the agency’s credibility will influence outcome. A final 15% is accounted for, not by the model itself, but by its perceived fit with clients’ needs. Accordingly, from the perspective of *promising practices*, it is likely to be much more productive to view family counselling practice in the immigrant and refugee sector from the perspective of what is similarly valued and recognized as useful by respondents rather than what is different about the service delivery models. The result of this analysis then would be a step toward identifying an agreed upon and unifying language for the practice of family counselling and family support. What follows is a first summary of agreed upon promising practices.

1. Promising Practices in both Family Support and Family Counselling

A. First Language and Cultural Competency:

As indicated above, outcome studies in the field of counselling in general underline the importance of the client/counsellor relationship (Miller, Duncan & Hubble, 1997). To the extent to which the counsellor is able to express an understanding of the client’s motivation, goals, and ideas about what might be helpful to them, they perceive the relationship as valuable. This confirms the

widespread consensus among respondents about the importance of speaking the client's first language and evidencing an appreciation and understanding of her/his culture. Clearly, facility in communication and cultural understanding is vital in the construction of relationships perceived to be valuable by service recipients. However, this competency extends beyond being a member of the ethno-cultural group in and of itself and being willing to help out. It entails a reflective capacity, a capacity to understand the relevance of ethno-cultural issues in the specific context of immigrant and refugee life, as an example, an understanding of how differences in cultural values can pit one generation of a family against another, with the younger generation typically, although not necessarily, orienting more rapidly to the dominant culture.

This competency is a significant contribution, as well to the fields of family support and counselling as a whole, since ethno-cultural factors frequently become "invisible" to dominant culture practitioners. Knowledges in this domain offer a linkage to dominant culture knowledges in which bi-cultural practitioners are valued contributors to knowledge rather than recipients. In this context bi-cultural practitioners have a lot to teach dominant culture practitioners and to offer to the field of counselling as a whole.

B. Accessibility:

All six agencies focus on making these and other services accessible to their constituents. Family counselling services are provided at no charge or on a sliding scale basis. First language brochures outlining the nature of the service are available. In the case of the ethno-specific agency, language and cultural compatibility are, to a great extent, guaranteed at every step; in the other agencies, innovations such as multi-lingual voice mail are in evidence.

In terms of the critical "first contact" moment, the availability of a first language speaker and the issue of cultural affinity cannot be overemphasized. The higher the degree of vulnerability the greater the importance is of the safety and comfort provided by language and cultural affinity. Both first language and cultural competency and accessibility constitute "relationship factors" critical to outcome.

C. Agency Reputation:

All six agencies engage in a wide range of outreach and community development activities and make extensive use of first language media. They have made concerted and effective efforts to be known and respected within the communities they serve, the result of which is that community members are aware to a great extent of these services.

The effectiveness of these efforts is reflected in, among other indicators, high rates of self-referral, e.g., 60% plus in two instances reported. Respondents report a high degree of expectancy among clients that the service will be helpful consistent with the “halo” effect in relation to outcome.

2. *Promising Practices in Family Support*

Family support services are widely varied across the agencies. Notably innovative programs reflect an attunement to immigration and refugee life as an unfolding process over time. For example, after providing ESL programs in which immigrating women learn to speak English, one of the agencies studied offers a leadership training program for women to help address the social and emotional challenges encountered following the initial period of transition. A second program assists with the medical issues faced by Somali women. A third program makes use of the custom of women cooking together to put into place a context in which connections between women who might otherwise be isolated are established. In some instances, this provides an environment in which violent relationships can be disclosed and steps toward solutions can be taken. Across this complex and variegated territory, certain *promising practices* stand out:

- A. **Attention to the Position of Women and the Problems of Abuse and Violence:** Across all the agencies respondents frequently identified and described the value and efficacy of programs in support of women. Most agencies have programs for women and, in particular, four agencies have programs for women who are or have been subject to violence. One agency in particular has specialized in and highly evolved such services to women. This has resulted in national recognition and the capability of knowledge and competence sharing on a consulting basis.

A second agency, recognizing the concerns of women for their children, has extensively evolved first language and culturally competent childcare services. While women study English and subsequently participate in leadership programs, they can be confident about the care their children are receiving. In addition, their children’s language skills and ability to cope in dominant culture contexts is being enhanced. Notably, two agencies also have programs for abusive men.

This has been an area of intensive innovation and no small degree of controversy as agencies adapt Western models of responding to spousal violence,

such as the Duluth Model, to specific ethno-cultural histories and preferences. Women working in this area have had to contend with pressures within their own communities from those who see the empowerment of women as disruptive to traditional practices, as well as pressures from dominant culture practitioners who express concerns that the possibility of reconciling previously abusive relationships has been too highly valued.

B. Flexibility, Responsiveness, and Innovation:

The rate of change in patterns of immigration and appearance of entirely new groups, such as Somali and Kurdish refugees at the present, have invited a high degree of flexibility from immigrant and refugee serving agencies. Based on a uniquely close relationship with constituent communities and a tradition of innovation, this flexibility has extended from the rapid provision of issue-centred service for new groups, including refugees to a continual re-invention of service delivery across many different ethno-cultural groups. Some programs involve the use of existing facilities in the community, such as recreation centers and neighbourhood houses and partnerships with dominant culture institutions, such as government agencies. Others are in-house and involve a range of ancillary activities, from cooking to theatre.

C. Supported Participation:

Several of the agencies surveyed offer specific pathways by which clients can become volunteers in the organization. This practice engenders a number of positive developments, including:

- i. continuity in the evolution of practical knowledge about specific domains of immigrant and refugee life, e.g., in the case of the agency that provides child care services, the effects of immigration on mother/child relationships and helpful solutions in relation to these effects;
- ii. community-building in the context of the agency, e.g., the agency itself provides a context in which the sense of isolation and dislocation often associated with immigrating can be broken through;
- iii. inspiration of confidence in the volunteering person himself/herself regarding a sense of value, contribution, and having a place;
- iv. development of skills and competencies in the volunteering person which can provide a basis for further training and, ultimately, employment;
- v. a forum in which current relationships can be supported and evaluated, e.g., current problems with adolescent children at school;
- vi. a model of participation, e.g., participation in the community of the agency, as a first or parallel step to participation in the larger community.

1. Promising Practices in Family Counselling

A. Integration of Solutions Specific to Ethno-cultural Groups and Dominant Culture Counselling Practices.

Frequently respondents referred to the value of making use of certain practices taken from the dominant culture counselling tradition. Honouring the strengths and resourcefulness of clients, providing an expressive context before offering advice or developing solutions, and the ethics of confidentiality are examples. All agencies involved in family counselling work possess operating manuals that reference their philosophy, preferred practices, and ethical and accountability structures. Many bi-cultural practitioners have taken extensive training in dominant culture methodologies, either in North America or in other countries where such practices and training have been introduced.

Two of the agencies studied who offer family counselling provide dominant culture trained family counselling/consultants on site and the third agency's family counselling staff all possess social service qualifications, in most instances, at the Master's level. The latter two agencies have more clearly defined case management, debriefing and supervisory practices. The presence of these practices and competencies facilitates more formal and collegial linkages to dominant culture social service and mental health institutions.

One of the agencies has institutionalized this type of linkage in the form of a "liaison focused" position. This position offers the dual advantage of making dominant culture services more available to clients of the agency and specific ethno-cultural communities, where appropriate, while also educating dominant culture practitioners about the customs and traditions of various ethno-cultural groups. As an example, psychiatric services in the case of psychosis can be a useful dominant culture practice, while communication with the medical community regarding cultural practices may be essential.

B. Complementary and Alternative Programs:

Many critics of dominant culture counselling practices have taken note of their "stand alone" structure. The private practice therapist's office or the large agency counselling department are often the epitome of "stand alone" structures in the sense that they are not connected in any institutional sense to related or alternative services. In contrast, virtually all of the agencies studied have developed an interconnected set of services that can serve as an introduction, support, or alternative to family counselling. Family life education in some instances

includes an introduction to the concept of counselling; family support services at times lead into, and, at other times, complement family counselling, pre-employment services offer a pragmatic alternative to counselling when lack of income and poverty are the sources of depression.

THREE SERVICE DELIVERY MODELS

For purposes of analysis, the six agencies surveyed have been divided into three distinct models and the models have been considered from the perspective of their particular strengths and unique qualities.

Model A

Model A represents a distinct, conscious and ongoing choice by its leadership. The choice has been to address a specific problem within the host of problems and challenges faced by immigrating and refugee persons. This model is gender-specific in that it serves exclusively women, who are or have been subject to spousal abuse and it does not provide settlement services. It serves women across a wide range of ethno-cultural groups over a large geographical area. Specialization and gender specificity enable this model to develop highly defined knowledge and set of skills about the situation of women and abuse in both micro and macro senses.

Model A reflects highly evolved competencies in supporting, counselling, and advocating for women in abusive relationships and reflects a highly developed familiarity with dominant culture institutions, such as transition homes and the justice system, especially the workings of criminal law, treatment of witnesses for the Crown and sentencing practices. Not surprisingly, workers evidence an acute awareness of social justice issues in the broadest sense. The result is a highly evolved resource to the immigrant and refugee community as a whole, with well-defined and potentially transferable skill sets. A further strength of the model is the extent to which it collaborates with and advocates in relation to dominant culture institutions. This model not only provides well-developed services to women, but also, as respondents note, empowers women workers and volunteers as women in a global sense, as women in the world community of women, as well as minority women.

Model B

Model B embodies a multicultural, integrated service delivery system approach; numerous different cultures are served and there is a range of interconnected, closely woven services. It represents, in some sense, an elaboration of settlement and settlement related (e.g., ESL) services and reflects an organic evolution in terms of the expressed needs of clients and particular ethno-cultural communities. Different agencies have translated this model in different ways and have, within it, evolved specific specialties and areas in which they have historically concentrated; one agency, for example, works extensively with the refugee community, another agency with children's programs. Because of its history and the wide range of voices to which it responds, this model is characteristically flexible and community focused. The multicultural dimension of this model is congruent with an anti-racist and inter-culturally collaborative stance.

In this sense, it is an example of what it seeks to communicate to the broader culture, the viability, creativity, and enjoyment of inter-cultural life. In relation to family support and family counselling more specifically, it serves as a constant reminder of the power of history and culture in shaping the practices of family life, and it makes available an extremely rich pool of possibilities in terms of peer consultation and support. The interconnected nature of the services provided offer the advantages previously noted in the family counselling section.

Model C

This model is ethno-specific and, in this way, different than the two previously described models. Like Model B, it constitutes an integrated service delivery system with associated advantages. The ethno-specificity of this model results in a high degree of identification with a particular community and makes possible strong agreement about the particularities of support and counselling methodologies and a potentially seamless movement of clients from one service to another according to their needs. Ethno-specificity has also invited extensive community involvement and support.

These factors taken together taken with first language media promotion have resulted in high degrees of recognition (up to 94% based on one survey) and confidence in the value of its services. This contributes a great deal to the expectancy factor, that is the more people have confidence in the service, the better the anticipated outcome. The internal consistency of this model makes it easier to codify its practices and possibly, offers some advantages in terms of transferability, particularly within service provision to a specific ethno-cultural community.

OTHER VOICES

This section of the report constitutes a summary of program information and theoretical developments available in contemporary journals and the Internet. It presents material gathered from a range of sources that extend, corroborate, and otherwise interact with the voices of our local sources. The organization of this material follows the outline in the preceding section on *Promising Practices*. Accordingly, **this section summarizes current ideas and practices that are congruent with the principles addressed in the section on *Promising Practices***. This section therefore addresses elements of family support and counselling such as first language and cultural competency, the relationship with dominant and mainstream traditions and institutions, program support and accessibility issues. As well, gender concerns and supported participation, are addressed.

About promising practices in family support and family counselling:

- 1. The issue of first language and cultural competency.** One of the generally more promising developments within the field of counselling and social work in the past decade has been the recognition of the reality and centrality of multiculturalism. One manifestation of this recognition has been the development of standards of multicultural competencies and objectives. (Sue, Arrodondo, and McDavis, 1992). As proposed by Sue, et al, such competencies are threefold: counsellor awareness of one's own cultural values and biases; counsellor awareness of client's worldview; and culturally appropriate intervention strategies. Similarly, Valle (1986) has described the elements necessary for the development of what he terms "cross-cultural competence." These include: "a working knowledge of the symbolic and linguistic 'communicational' patterns of the target ethnic minority group(s); knowledge and skill in relating to the naturalistic/interactional processes of the target population; and a grasp of the underlying attitude, value, and belief systems of the target population."

The competencies identified by these authors are applicable to not only the mainstream, but also the ethnic counsellor. This contention arises in response to an understanding of culture as being distinct from ideas of race and ethnicity, implying instead a system of beliefs (itself undergoing ongoing modification) shared by particular communities of persons. Within any ethnicity, within any nation, a multiplicity of beliefs exists. For example, recent immigrants may hold one view of mental illness, while highly acculturated members of the same ethnic group may have a distinctive set of beliefs.

As Vega and Murphy (1990) note, “ethnicity portends a difference in the concentration of beliefs and other qualitative factors. Various historical, social, and personal characteristics tend to influence the extent to which individual members of an ethnic group are committed to one belief system or another.”

Relevant competencies include the “ability to engage in a variety of verbal and nonverbal helping responses. They are able to *send* and *receive* both *verbal* and *nonverbal* messages *accurately* and *appropriately*. They are not tied down to only one method or approach to helping but recognize that helping styles and approaches may be culture bound.” As well, “culturally skilled counsellors take responsibility for interacting in the language requested by the client and, if feasible, make appropriate referral. A serious problem arises when the linguistic skills of a counsellor do not match the language of the client. This being the case, counsellors should (a) seek a translator with cultural knowledge and appropriate professional background and (b) refer to a knowledgeable and competent bilingual counsellor.”

- 2. The issue of accessibility.** Among the positive features highlighted by this consultation are the comprehensiveness and accessibility of the range of service provided. Family counselling and family support services are provided within the context of a range of interconnected services. Vega and Murphy (1990) provide a strong theoretical argument to support this development. They highlight the importance of letting the well-being of one’s clientele, rather than abstract ideas, guide program interventions. “Consistent with what the early Greeks had in mind, intervention that is community-based restores a community to its own sense of well-being, regardless of how this condition may be defined by social gatekeepers. Community-based intervention should not simply occur in the community, but, more important, should foster the *ethos* of clients.” Such community-based methodology is described by Vega and Murphy as “an invitation to dialogue.” They suggest that the engagement with social and cultural meanings that arise from within the community, rather than external norms, should be the thrust of interventions. Vega and Murphy address the historical inability of mainstream structures to adequately engage members of minority communities:

The controversy surrounding the cultural acceptability of services has plagued the community mental health movement from its inception. This issue is related to the discussion of folk practices, but not because practitioners must masquerade as folk healers. Rather, mental health practitioners have failed, in many instances, to understand the expectations that clients have about treatment...Cultural definitions and behaviours, in the context of a static provider system that depends on walk-in business, results in the systematic exclusion of many minority group members from the service delivery process. (pg.71) Related to all of these issues is the general failure of the community health movement to instil as a primary condition, a thoroughgoing desire to

incorporate the element of culture into interventions...The notion of cultural sensitivity in the broadest sense, refers to an awareness of the conscious and subconscious attributes shared by members of an ethnic group...Cultural sensitivity implies the ability to penetrate the symbolic layers of meaning with careful observation and interpretation. These comments provide a theoretical perspective that contributes to an understanding of the success of ethno-cultural delivery of such services and point to the importance of cultural and communicative competence. (pg. 72)

Promising Practices in regard to family support:

- 1. Attention to the position of women.** Issues of linkage between mainstream and ethno-cultural communities would not be complete without a reference to the pioneering work of the Family Centre in Lower Hutt, New Zealand. Formed in 1979 as a family therapy agency, the Family centre added a community development wing a few years later after noticing the impact of extra-familial issues (such as housing, unemployment, racism and sexism) as stressors on their clients. At this point, the community work informed the development of family therapy and vice versa. In 1986, the focus of the community work shifted from an issues driven to culture centred base, after which three cultural sections (Maori, Pacific Island, and Pakeha or European) were created to address the issues in culturally appropriate ways and to further develop their approaches to therapy. The Maori and Pacific Island cultural sections are self-determining, while the Pakeha, though organizing its own affairs, is accountable to the other two sections. The Family Centre features as well a model of gender caucuses.

The Family Centre has adopted these structures while grappling with a central question of accountability: “how do workers, women and men and people of different cultures in an agency or institution, protect against gender and cultural bias in their work on a day to day basis? Furthermore, how do they do this in societies where racist and sexist assumptions are an integral part of the upbringing and way of life, as they are in most modern industrial states?” The cultural and gender caucuses provide “an ongoing process of monitoring against intrusion into the processes of the groups that are dominated in the wider society...when an issue of injustice is felt in staff relationships, models or practice.” They contend that this reversal of traditional notions of accountability to management structures “consists of full recognition of dominated groups to be self-determining, and a requirement of the dominant groups to check out key aspects of their orientation and projects with other groups.” (All quotations from Tamasese & Waldegrave, 1994.)

- 2. Supportive Participation.** In the literature review, one project that stood out was Proyecto Bienestar (described in Vega and Murphy, 1990) in which community members were integrated in service provision by the use of “several types of natural

helpers (who) can be distinguished by the role they play in the community and the kinds of interaction in which they are involved. . . the natural helpers that are most likely to be found in ‘grassroots’ social networks typically address the everyday problems of neighbors, friends, and acquaintances found within their spatial or cultural environment.” These “link person networks” are connected by specialized functions (e.g., herbalists, lay chiropractors, healers) and non-specialists (e.g., grocery shopping, driving, daycare).

The project was designed to assist low-income women of Mexican descent suffering from depression brought on by changing role expectations, declining physical competence, occupational instability and decline in earning power. The solution posited was to create a sense of “empowerment” among these women, so that their problems appear to be manageable, and to provide a model for acquiring specific skills that will increase their ability to manipulate their environment.

The interventions of the project combined principles of social learning theory with cultural adaptations to ensure community involvement, highlighted by an awareness of the need for culturally correct ways to get into the target group. “The common components of such social learning models include the following: (a) modification of the environment as it distresses and supports; (b) provisions of opportunities for strengthening individual capacities for dealing with interpersonal relationships; (c) understanding and coping with anticipated developmental tasks; and (d) understanding and coping with stressful life situations” [Roskin, 1982 (as quoted in Vega and Murphy, 1990)].

A training-mentoring program incorporating these elements of cognitive-behavioural education was developed for the women. It was delivered by culturally based workers found within the Mexican American community who first established *confianza* through culturally sanctioned methods. First, participants were encouraged to think about their past experiences, especially about difficult experiences in their past that they had surmounted and that demonstrated their individual as well as their cultural strengths. Second, techniques of self-assertion were taught, including tactics for accessing information and resources and negotiating with various types of agency or institutional personnel. Third, cognitive coping skills, such as learning how to divide complex situations into manageable units, were emphasized. In addition, participants were taught how to distinguish effective coping response from those that only serve to frustrate the identification of solutions to a problem.

The critical element for the purposes of this consultation is the factor of “communicative competence,” whereby a serving agency can ensure that the programs, which are

developed, do indeed meet the perceived needs of the community that they are serving. As Vega and Murphy (1990, p. 119) assert, “increasingly, practitioners are coming to realize that there is a fundamental distinction between technical and communicative competence. The former refers to the standard set of capabilities that are learned and derived from traditional methodological exercises. One the other hand, the latter pertains to the ability to interact on a daily basis with community residents, and this skill is only acquired through reflexive or self-critical involvement in cultural enclaves, environment settings and interpersonal networks. Clearly both types of competence are required for successful community intervention.”

Recognizing these two aspects of an intervention ensures that the following mistakes are avoided: “many people who plan behavioural interventions with ethnic minorities commonly overlook three important things. First, methods of accessing the target group are often not culturally grounded. Therefore they take little heed of the daily life-style patterns of minorities, which would provide a realistic appraisal of the potential for capturing the members of a target group within a specific domain...Second, educational interventions do not necessarily increase in effectiveness past a certain point of exposure, so there is a danger of being too linear and inadvertently overlooking a community’s sense of time and level of interest. Third, community interventions rarely last long enough to create enduring behaviour change.”

Promising Practices in regard to family counselling:

- 1. Integration of Solutions specific to Ethno-cultural Groups and Dominant Culture Counselling Practices.** As noted in the previous section on *Promising Practices*, respondents noted an appreciation for certain practices brought forward from the “dominant” tradition of Euro-American counselling. Some of the theoretical positions that guide mainstream counselling theory, research and practice can be categorized in several ways. First, there is the traditional distinction between what has been known as the first, second and third waves of counselling practice (respectively, psychodynamic, behavioural and cognitive, and humanistic). Second, there is the distinction drawn between individual and family, or systemic, therapy. And finally, there has been a further distinction, which recognizes a shift in focus from the search for universally applicable truth positions to the post-modern position of the social constructivists which highlights the role of language in the construction of reality and highlights the importance of the context of peoples’ lives in determining their reality.

Currently, the dominant models of family therapy are multigenerational (Bowen), human validation process (Satir), experiential (Whittaker), structural (Minuchin), strategic (Haley, MRI), and social constructionist (White and Epston, de Shazer, Andersen,

and others). The same caveats concerning individual counselling research apply as well to family approaches to counselling and are probably even more pronounced due to the complexities of family work.

Current texts in wide use in post-secondary training programs (e.g., Corey, 1996; Ivey, Ivey, and Simek-Morgan, 1993) contain material designed to highlight the contributions and limitations of particular positions and practices to counselling with non-mainstream clientele. These efforts are generally of a heuristic nature as there has been little research to support the range of speculations developed therein. For example, it has been posited (McGoldrick, Pearce, and Giordano, 1982) that a Bowenian approach emphasizing the individual seems best suited to Irish families, whereas a strategic (paradoxical) approach might be more effective with an Italian one because of its attitude toward authority.

In practice, counsellors tend to develop a “pragmatic eclecticism” in response to these theoretical and practical issues. Nevertheless, the training currently available in post-secondary institutions maintains these distinctions between theoretical positions and technical procedures. As noted above, traditional cultures (e.g., African, Asian) do not have a tradition of extra-familial support and while, at the same time, many bi-cultural practitioners have taken training in these same dominant culture methodologies.

As noted in the body of the text, current meta-analysis of counselling practices (Miller, Duncan and Hubble, 1997) suggest that extra-therapeutic factors, relationship factors, and client expectancy account for a greater amount of outcome difference than differences between models of counselling. This finding is consistent with outcome studies of counselling over the last several decades. These studies have shifted profoundly from initial research concerns with global outcome terms, which could be answered only in exceptional instances. The current approaches to outcome are now “prescriptive” rather than global. “Investigators now seek to discern which type of patient, meeting with which type of therapist, using which type of treatment, will yield what outcome?” (Kanfer and Goldstein, 1991) This research approach is congruent with a client-centred approach to designing support, which could be called a *functional analytic* approach, which is particularly attentive to the contexts in which the problem arises, is defined, and maintained. It is also consistent with the speculations of such authors as Jerome Frank in his seminal work, *Persuasion and Healing* (1974). Frank suggested that the most critical variable in counselling outcome was the healing power of faith residing in the patient’s state of mind, not in the validity of its object.

The importance of the counsellor-client relationship has been noted as a critical variable in the outcome of the counselling process. However, factors contributing to the perception of a positive relationship may vary. For example, even the high regard given to (and inculcated in training programs) the counsellor qualities of empathy, warmth and genuineness must be modified according to the cultural context of the relationship. It is therefore very difficult to provide prescriptions for the relationship. The ethnic identity development model of Morton, Atkinson and Sue suggests that the needs (and perceptions) of ethnic clients vary across time and has a determining effect on whether that client will be more predisposed at a particular stage to either an ethnic or mainstream counsellor. This highlights the importance of collaborative approaches to counselling and the availability of an interconnected set of services.

- 2. Models of linkage and partnership.** There have been a number of formal and program-based efforts to make dominant culture counselling and mental health practices available to ethno-cultural in helpful and accountable ways.

The Australian experience

In response to national initiatives, several states, including New South Wales and Queensland have developed models to integrate mental health services to Australia's multicultural population. The Transcultural Mental Health Centre, in Sydney, NSW, Australia was opened in 1993, with stated purpose of meeting the diverse requirements of mental health consumers within their constituency. While providing services mainly in the context of individual counselling, some of the practices that they have developed may be relevant as well to the provision of family counselling and support. They provide a specialist consultation and co-therapy service, which complements the quality of care, provided by mainstream agencies. Services include provision of cultural, political, or religious aspects of a diagnosis; advice about clients reluctant to work with a mainstream professional, assessment from a cultural point of view, referral to community or bilingual support, consultation on cross-cultural skills, confirmation on diagnoses and care plans. These services are provided via a panel of bi-lingual/bicultural mental health professionals, including psychiatrists, mental health nurses, group supervision sessions provided by psychiatrists, clinical psychologists, and clinical social workers.

The TMHC is managed by a Steering Committee made up of health care professionals, academics and representatives from various ethno-cultural communities and community organizations. It utilizes an extensive sub-committee structure. The sub-committees include the Career Subcommittee whose role is primarily to provide support to parents in the ethno-cultural community who are caring for adult children with mental illnesses. The Clinical Network sub-committee evaluates Sessional Worker interventions in the Clinical Services program; developing diagnostic tools; providing group therapy and educational sessions; supporting a self-help suicide

support group; developing and utilizing a computerized database of bilingual mental health professionals in private practice, among other things. The Clinical Services subcommittee oversees a range of initiatives, including group supervision for sessional workers, a group of 115 bilingual/bicultural professionals who are specialized practitioners in the sector and who represent some 46 different language and cultural groups. The TMHC Clinical Services team offers these individuals' monthly group supervision sessions provided by psychiatrists, clinical psychologists and social workers.

As well, there are subcommittees responsible for consumer advocacy, education and training, ethno specific groups (Arabic-speaking, Chinese, Filipino, Greek, Italian, Maltese, Spanish, Turkish and Vietnamese), mental health promotion (aimed at promoting mental health and reducing stigma attached to mental illness), policy and quality management, and research. Some of the subcommittee positions are made up of paid representatives. Among these various projects, the Centre is also committed to assisting with the training of students in relevant fields and has provided supervision for a number of students doing placements as part of their degrees.

Similarly, the Queensland Transcultural Mental Health Centre (QTMHC), which began operation in 1995, provides an information, referral, resource and clinical consultation service. The QTMHC Clinical Consultation Service is similar in structure to that of TMHC, providing advice on assessment, diagnosis, care plans and different options for referral and community support, as well as providing a specialist bilingual/bicultural consultation service.

Evaluation research at QTMHC has been encouraging. Evaluation of a Chinese Bilingual Mental Health program suggested increases in both practitioner and client satisfaction with mental health services; a decrease in hospital admission rates; an increased access of mainstream Gap's, mental health services, and community services. Evaluation of the Secondary Clinical Support Services was also generally positive. This service used a brokerage model and telemedicine to assist mainstream staff to provide services to people of non-English speaking background. Adequacy of response was generally rated highly and a majority of service providers listed the benefits of the service, including earlier hospital discharge, improved therapeutic relationship and avoidance of unnecessary pharmacology.

Washington State

Closer to home, in Seattle, Washington, the Centre for Multicultural Health sponsors two programs that suggest further ways to integrate ethnic community services with those of the mainstream. The Community Health Services Program is designed to increase access to community health centre services for individuals with limited English proficiency. A pool of four full-time salaried family health workers, who together speak

eight Southeast Asian languages rotate through the six community health clinics of Seattle/King County.

The Community Interpretation Services program supplements this program through the provision of contract interpreters who cover another 30 languages, who receive specialized training before and on the job. The family health workers work in partnership with providers to offer comprehensive, culturally and linguistically appropriate care to patients and are called upon to do health education, outreach and provider education in the culture of their patients. The interpreters, on the other hand, are restricted in their interactions to the actual encounter between provider and patient.

Incidentally, these models provide a location for ongoing evaluation regarding the involvement in the use of (cultural and linguistic) interpreters as a liaison between the ethnic community and mainstream institutions. For example, Kaufert and Putsch (1997) argue that ethical codes presently guiding medical interpreters fail or are frequently inappropriate given the nature of medical intervention. Instead, they argue, interpreters' codes should recognize their role as actors rather than simply witnesses to cross-cultural communications.

ACCOMPLISHMENTS, CHALLENGES, AND NEW DIRECTIONS

Agencies, practices and, in fact, service delivery models have evolved on a community and multicultural basis (rather than as additions to existing dominant culture institutions). As such, they reflect enduring connections to specific ethno-cultural communities and, to a certain extent, retain accountabilities to actual communities of people served rather than to communities of professionals. This makes possible alternative versions of accountability in which clients can have a more direct role. For example, client panels could be included in program planning and review processes.

Given the power of first contact relationships with persons from the same language and cultural group in the context of transitional vulnerabilities, the emergence of family support and counselling services was not a surprising development. Agencies responded by adapting dominant culture family support and family counselling methods to the context of service provision to immigrating and refugee families by same language and culture workers. This has resulted in the inception of a new and unique form of social service practice, the parameters of which are still in the process of being defined. This bi-cultural family support and family counselling practice has been highly prized by workers, and indications are by clients as well. In addition, it has, as in yet fully to be appreciated ways, a rich contribution to make to the field of counselling as a whole, a field which has only recently begun to acknowledge the importance of ethno-cultural issues in working with families (McGoldrick, Pearce & Giordano).

During interviews with family support/family counselling personnel, concern in regard to self-care and working with stress in dealing with challenging cases and overwhelming caseloads was mentioned. Supervision and accountability structures counteract feelings of isolation and uncertainty in the counselling profession. While many times workers feel overwhelmed because of the vast volume of work, they can also feel tense and stressed due to the fear of “working without a net” so to speak, i.e., working without supervision and the knowledge that one has to account for what one is doing in the counselling situation.

Both the client and community-centred history of service provision to immigrating and refugee families and an analysis of the past forty years of outcome research in the counselling field support the conclusion that there are a number of identifiable *promising practices* that can provide a client-centred basis for evaluating the usefulness and transferability of family counselling and family support programs. A client-centred approach to the evaluation and transferability of services proposes that services are likely to be helpful to the extent that they incorporate such agreed-upon promising practices rather than approximate a particular model.

The evolution of service delivery models is seen as a reflection of historical and contextual factors rather than predictive of the usefulness of services. The efficacy of practices can be further refined through experience, collegial discourse and outcome research. Agencies in this area are beginning to evidence an appreciation for the significance of evaluation and an awareness of the value of outcome research has appeared. AMSSA, for example, lists a workshop about outcome measurement in its 1997/98 Annual Report as one of its major accomplishments. In terms of inter-agency cooperation, a client-centred view is also more likely to invite collaboration and in terms of transferability, practices are more portable than models. The identification and evolution of promising practices is also of value to funders in considering the relative helpfulness of programs to client populations.

The legitimacy of immigrant and refugee serving agencies and their workers in the arena of family support and counselling services seems to be a major challenge facing this sector at the present. An assimilative view of immigration suggests a settlement focused approach with services such as family counselling and family support left to dominant culture institutions. There is also a concern that taking on such services will continually be seen by funders as an “add on” or “luxury” and, therefore, under-funded and condemned to “pilot project” status.

In addition, there is some anxiety that dominant culture institutions will not be held accountable for making the changes required to be genuinely culturally sensitive. A related fear is that both clients and workers will be “ghettoized.” An alternative expressed and embodied in the agencies studied reflects a co-participatory view of culture in which the non-assimilated standing of immigrating groups in whatever form is valued as a part of an evolving cultural mosaic and the needs of members for some degree of recognition in cultural terms is seen as part of the way in which personal identity is constructed (Taylor 1994). This is consistent with the *community making*, as well as *community serving* tendencies referred to earlier in this document. In more pragmatic terms, it is likely the case that strengthening families and communities result in a higher degree of participation in society as a whole. Efforts to define more clearly the parameters of this work, providing convincing evaluative and outcome data, and making use of organizations to change organizations are likely to contribute to further evolution of this alternative. Histories of emergent professions, such as social work, counselling and child and youth care provide precedents for such developments.

As we have noted, the support and empowerment of women has been a substantial accomplishment in this area. Two challenges that have been expressed in relation to these developments are:

- a) that professionally trained women from different cultural groups working in this sector will be seen as “cultural experts” in relation to their particular cultural group and not seen as competent in their profession as a whole;

- b) that women working in this field will be undervalued and underpaid by virtue of a combination of “minority statuses,” being a woman plus a person from a non-dominant ethno-cultural group.

PROVOCATIVE PROPOSITIONS

Since this study has been performed and described from an Appreciative Inquiry point of view, it seems appropriate to conclude the research in the tradition of such an Inquiry. The tradition is to provide “provocative propositions” as opposed to “conclusions” or “recommendations.” Provocative propositions are statements for future consideration rather than judgments or pronouncements based on a final assessment of the situation. In this spirit we offer the following propositions.

We propose that:

1. The agencies studied should engage in substantive and protracted collaboration in relation to the evolution of family support and family counselling services with the objectives of enhancing their services to clients, clarifying their position in relation to funders and consulting with other communities that wish to provide such services. *Getting It Together* (1999) the recently published document of the Community Agency Partnership Project outlines three collaboration models for community agencies.
2. These collaborations should result in:
 - a. further identification of and agreement about promising practices in bi-cultural family practice;
 - b. design and implementation of outcome studies (cf. Appendix IV);
 - c. negotiation with dominant culture educational institutions to provide studies in bi-cultural family practice including innovative evaluative and “laddering” practices in relation to credentials from other countries;
 - d. development of agreed upon supervisory and accountability structures.
3. Agencies should adopt a client-centred rather than model-driven approach to their collaboration, marketing to funders and efforts to assist and consult with smaller ethno-cultural communities. Such an approach would emphasize a common language in relation to bi-cultural family practice based on agreed-upon and eventually outcome based practices.
4. Practitioners should approach the British Columbia Association of Clinical Counsellors, the current regulatory body for M.A. level counsellors, with a view to forming an alliance in support of more formal recognition of bi-cultural practitioners and consideration of non-Canadian credentials.
5. A concerted effort should be made to develop proactive programming for non-abusive immigrant men. Apparently immigrant men appreciate the opportunity to participate in group education regarding such topics as the immigration process and cycle, knowledge of the parenting practices of the dominant culture and of the school system.

6. Practices that are unique to the immigrant serving societies such as integrated services or the practice of “graduating” clients to the status of mentor/volunteer need to be described and evolved for use not only in smaller ethno-cultural communities, but also in agencies such as community services. An example of such a practice is the “restorative justice” practices originating in the New Zealand Maori community which have been well described and now are circulating widely in North American social service and correctional contexts.

ORGANIZATIONS THAT PARTICIPATED IN THE STUDY

MOSAIC,
1522 Commercial Drive,
Vancouver, B.C.,
(604) 254-0244.

SUCCESS,
87 East Pender,
Vancouver, B.C.,
(604) 684-1628.

Pacific Immigrant Resources Society (PIRS),
385 Boundary Road,
Vancouver, B.C.,
(604) 298-5888.

Surrey Delta Immigrant Services Society,
7330-137 Street,
Surrey, B.C.,
(604) 597-0205.

Immigrant Services Society of B.C.,
333 Terminal Avenue,
Vancouver, B.C.,
(604) 684-2561.

Vancouver & Lower Mainland Multicultural
Family Support Services Society,
4980 Kingsway,
Vancouver, B.C.,
(604) 436-1025.

INTERVIEW QUESTIONS

What do you feel works the best about your program at the present? Who does it serve the best?

If we were to interview clients of your program, what do you think they would most appreciate about it?

What is it about the program, would they say, that resulted in their choosing it as opposed to other possible alternatives?

Describe a time when you felt proud of the service that you provide? Why did you feel this way? What made this feeling of pride possible?

What limitations or constraints most get in the way of your providing the kind of service you would like to your clients?

If the report we produce is to be helpful to you in carrying out the day-to-day work of serving your clients, what questions will it address?

THEME ANALYSIS AND RESPONSES

ORGANIZATION I

1. Community Agencies

- information about Canada
- reach out to resources in the community
- “collaborate with our system internally first and then the outside”
- partnership with Community Centres
- breaks isolation and introduces concept of Canadian social systems

2. Empowerment of Women

- the word has gotten out to women in the community that this is where you call for help”
- women are referring other women
- she makes the decision
- a decision for herself
- feminist perspective
- helps women get out of the house
- meet the needs of women
- take care of children
- support
- women’s rights

3. On-site Family Counsellor

- working in conjunction with the family counsellor
- mutually learning each others experience
- collaboration across cultures
- consultation
- “...take Euro-centric philosophy, methodology, philosophies, and then adapting them with their own language...”

4. Culture and Language Sensitivity

- availability
- language...group
- accountability, a very culturally sensitive way of counselling
- “there are explanations in our history”
- language
- language and cultural sensitivity

- understanding the nuances of culture and diversity
- find another person from their own culture and language there
- language and cultural sensitive
- language and culture
- language...same cultural group
- “culturally competent, culturally sensitive and...linguistically appropriate”
- bilingual counsellors

5. Other

- respect
- trust
- accessibility, bus ticket, child-minding
- flexibility...accommodation
- adaptability

6. Agency Reputation

- confidence of the community
- 60% word of mouth

7. Interconnection of Programs

- “if somebody comes in very isolated and depressed and not quite ready to work at a later stage, I know somebody upstairs who can help them get connected with employment programs”
- “inter-referrals and inter-support within our system”
- amount of different services
- other programs and projects here at Organization I
- they are all integrated
- integrated services
- client can move through these services

8. Outreach

- go to the home of the people
- advocacy
- “agency also put our eyes and ears and senses on the group to listen from the community”

ORGANIZATION II

1. Interconnection of Our Programs

- there is a progression (from one program to the next)
- interconnectedness

2. Outreach

- “outreach workers actually go to people, phone people, or visit them...”
- “key piece...building community by women who have gone through the experience themselves, supporting other women to work through that whole process of immigration”
- they come with a friend
- coming and going and building trust (especially with Somali & Kurdish families)
- outreach workers who speak the first language

3. Diverse Groups

- “groups programs and each group is really diverse and people in the group learn from each other and with each other...”
- group building
- group at dinner
- friendship
- “people from different countries in the same place doing the same thing, like cooking and studying”

4. Children

- “more confident about separating from their children”
- “children’s programs are doing a lot in terms of kids feeling ready for school, mom’s feeling confident about their kids going to school and their place in the family and their culture”
- “help with the settlement of children and families”
- more than child-minding
- community nurses check teeth and eyes
- support for mother/child relationship
- “When I came as a new immigrant everybody was talking, oh, my goodness, what are you going to do with your child?”
- moms don’t have to worry
- child care provided to immigrant women
- child care and accessibility

- “parents come to the ESL class and the children come to the child care”
- parents learn from day-care
- aimed at young children
- change in children of immigrant and refugee families
- only agency that provides ESL with children

5. Connection to Community Resources

- “Children’s Program staff know very well the community health nurses”
- information about community resources
- food bank

6. Connection to Other Immigrant Service Resources

- “often people think that they can solve things totally themselves or they can solve things with their family and it shouldn’t be out of the family, so it’s another sort of way”
- consultation with other communities implementing similar services

7. Confidence and Support? Women

- “when I walk out of this room I feel like I can do anything”
- confidentiality and support
- supporting, empowering, and helping them incorporate in Canadian society
- “...now she’s got a goal and she knows what she wants to do and her family is growing in every way you can imagine”
- mother is head of the home
- huge success story for women
- many women in the same situation
- “serves immigrant women the best”
- your self-esteem builds
- breaks isolation
- “you strengthen the woman, but you strengthen the children, and then you strengthen the whole family”
- self-esteem
- woman is so important a part of the family
- build up self-esteem and confidence

8. First Language Support

- accessibility
- first language outreach

9. What About Men

- programs for men

10. Volunteer Experience

- job experience
- “I started my career as a volunteer, because I was a teacher back at home”
- will call when they do get a job

11. Kindness

- treated with respect and kindness

ORGANIZATION III

1. Empowerment and Support of Women

- focus on this particular area (violence) and become better and better
- taking course at UBC
- from violent relationship to leadership training
- resilience of women
- exist
- alleviates psychological isolation
- breaking isolation
- exposed to activism
- “very important to develop ourselves”
- specialized in issues of family violence

2. Agency Credibility

- ethnic media
- quality of service
- involved in community
- self-worth

3. Interconnection

- on-going
- “we don’t have time limits”
- holistic approach

4. Connection to Community Resources

- do work within schools
- schools call us for a group
- call from prospective employer
- “sharing our knowledge in the matter of cultural sensitivity, cultural competence, what works if you are an immigrant woman”

5. Connection to Immigrant Serving Agencies

- bicultural parenting manual with ISS
- “direct them to the right agencies for settlement services”

6. Language and Cultural Competency

- understand where they’re coming from
- all 21 languages
- “all cultures feel as if it’s their organization and that it doesn’t tilt in any one culture’s favour”
- different language and culture
- language and culture
- flexible (cultural awareness)
- different languages
- language

7. Children

- able to share their experience
- the child is getting counselling here
- children who witness abuse

ORGANIZATION IV

1. On-site Family Therapist

- conjunction
- recognition from professional community present at national conferences
- professional community
- disseminate to others
- together with Karen
- blend Western counselling methods
- partnership

2. Service with Cultural and Language Sensitivity

- cultural sensitivity
- culture and their understanding
- culture and tradition
- comfortable
- “they open up to you when they see somebody from their own culture, understand the culture, and also on the other hand they also have a lot of information on the mainstream culture”
- from the same country, who speaks the same language
- use their own language
- language...oh, yeah
- language clients appreciate
- in our culture
- at home
- respect use of first language communicates
- culture and language is important
- comfortable in their own language
- role model

3. Agency Credibility

- “an agency that they know of or that is recommended by their friends or relatives...”
- credibility of agency
- reputation of agency
- Korean local newspapers
- reputation

4. Empowerment and Support of Women

- problems around violence
- vulnerability of women subject to violence
- empowerment

5. Diversity of Staff

- learning from other settlement counsellors
- collaborate with ethno-specific counsellors
- multicultural case review

6. Interconnectedness of Programs

- one-stop shopping
- resources on site

7. Non-judgemental Listening or Western Techniques

- you listen to me
- confidentiality
- confidentiality
- listen patiently

8. Community Resources

- resources available (on site as well)

ORGANIZATION V

1. Cultural and Language Competency

- cultural competency
- understand culture
- "...they find that here people do really understand them"
- not just language, but cultural competency
- integrated culturally competent service and environment
- language ability
- building bridges within families
- language and culture
- second and third generation understanding
- cultural values within
- "not tied into a formal definition of counselling"
- language barriers
- language and culture works the best
- "someone to talk to, to understand their problems without a lot of explanation"
- read mind of my children
- mainstream don't have Chinese staff

2. Dominant (or Universal) Culture Counselling Practices and Training

- "over half of our staff members, MSW or Masters in Counselling"
- very specific youth and family counselling department
- regular training...resource manuals
- professional skill in the counselling area

- love and concern
- safe place to express themselves...express true feelings
- process of counselling
- “it’s a whole different model of helping”
- “not tied into a formal definition of counselling”
- quality of counsellors
- introduce mainstream culture
- bringing the best of Western counselling to the Chinese culture
- introduce mainstream to parents

3. Interconnectedness of Programs

- “when necessary, we also provide supportive services”
- emotional support to begin with, later on hooked her up (with various programs)
- refer to a family counsellor
- information through public education workshops
- family life education informs about counselling
- continuity of experience (80% would have used service before)
- settlement counsellor refers a person without a job to an employment counsellor
- settlement counsellor decides if a referral to youth and family counsellor should take place
- integrated services “the whole set of different services tied together”
- “we can refer them to the right place and give them the right support”
- continuity of services

4. Agency Credibility

- well-known in the community
- hooked up somewhere
- trust...acceptability...doesn’t carry a stigma (like going to a mental health agency)
- accessibility?different locations
- 94% of the people in the Chinese community know of us
- trust is there
- Chinese radio
- good relationship with Chinese media
- 50% plus were self-referrals
- some programs on radio and TV
- word of mouth
- different radio and TV programs
- very popular in Chinese community

5. Community Development Advocacy

- advocacy role
- volunteers learn
- “pick up the phone...”
- “I use people of the community to serve the community”
- express themselves
- Organisation 5 group is eight
- counteracting devaluation
- advocacy

6. Other

- participant driven
- share immigrant experience in groups?group work normalizes experience?breaks down isolation
- program outreach

7. Connection to Community Resources

- “refer out...”
- the two systems
- communication with the school...bridges
- “...recently (there is) a little more recognition of the work in the sense that you’re being approached by more people to do things, like being involved”

ORGANIZATION VI

1. Culture and Language Competency

- provide services in first language
- language and culture
- Organisation VI mandate is toward refugees
- provide services in close to 27 languages (including Burmese and Kurdish)
- culturally competent
- understand culture
- staff have gone through similar things I have
- different culture and language
- staff have had similar experience
- gone through it ourselves
- expertise in language and culture
- speaks their language
- have developed on our own expertise

- languages
we're very much like you

2. Interconnectedness of Programs

- programs work effectively as a team
- “build relationships and if they ever need they can come back for other issues”
- provide a whole bunch of services
- “having my team”
- team component
- a lot of them have come to us as immigrants?one-stop shopping
- provide a complete service
- someone they trust

3. Empowerment and Support of Women

- strong focus on women

4. Outreach

- appreciated home visits
- see client first
- support group model

5. Other

- group model
- flexible
- issue based, broad
- innovative
- advocacy

6. Referrals to Community Agencies

- appropriate referrals

7. Agency Reputation

- word of mouth
- reputation

CONSTRAINTS AND LIMITATIONS

- assumptions (cultural)
- racism issues
- overwhelming workload
- workloads
- client reluctance
- funding
- Ministry for Children and Families
- overworking, over-functioning
- racism encountered by workers
- workers experience racism
- overwhelming
- trying to get free space
- “programs should be longer”
- time
- lack of time to meet as a team (so meet on own time, resulting in burn-out)
- schools in denial
- lack of training
- misunderstanding by feminist groups
- justice system
- lack of cultural sensitivity
- delays
- racism in transition houses
- lack of understanding of violence/women
- structure of agency
- court system
- church is competition
- cultural differences in relation to counselling itself
- resources
- centre receptionist does not speak customer’s language
- time
- reception
- burn-out
- transportation
- pilot projects rather than continuity of funding
- waiting list is one to five months
- confusion between value of ethno-specific, multicultural and mainstream or dominant culture services in terms of service
- “some of our clients don’t have the concept of counselling”
- training

- money
- funding
- scattered structure of work
- cannot build on what has been previously done
- make knowledge systematic
- micro/macro connection
- workers overloaded
- collaboration between multi agencies
- multi-year funding
- lack of funding from Ministry for Children and Families
- numbers game
- lack of recognition
- “if you are not a family counsellor working for Family Services or a family counselling services agency, then we still are not recognised as a family counsellor...”
- fundamentally not appreciated

OUTCOME STUDY QUESTIONS

The following are two of the sorts of questions that might guide efficacy oriented outcome studies:

To what extent family counselling and family support programs result in different and preferred outcomes compared to no services or others types of services?

If no services and other types of services result in different and less preferred outcomes what are the long term costs of not making family support and family counselling services available (e.g. social service, medical and correctional costs).

The following are questions that might guide the design and implementation of outcome studies that clarify service delivery from the client's perspective. In general there are already outcome studies which speak to this issue (Miller, Duncan & Hubble, 1997). These studies show that what seems to determine a positive outcome for clients of therapy, i.e., a change for the better, is not any one model or even how the therapist perceives the therapeutic event, but how the **client** perceives the relationship he, she, they have with the therapist.

- *What difficulties occur in immigrating families **from their point of view** that would motivate them to seek professional help to find a solution?*
- *From the point of view of an immigrating family with the above motivation, in what form would help or service delivery most palatable arrive?*
- *What kind of control or reassurance would the family members need from their point of view to engage with such an offering?*
- *How would the family know that the service had been positive, helpful and worth the risk of engagement? What would be signs **to them** of improvement and positive outcome after accessing family counselling or family support services?*

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TOURQUOISE LAKE
Counselling, Coaching and Consultation

Formerly
White Rock Family Therapy Institute

2437 124B Street
Surrey, B.C. V4A 3N5
Ph. (604) 531-7220 • e-mail: wrfti@istar.ca • Fax: (604) 538-3748

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