

TRANSNATIONAL PRACTICE AS THE CLIENT'S PROCESS

Reorienting Practice With an Integrative Theoretical Approach to Practice With Immigrants and Refugees

MARTA LUNDY AND AIMEE HILADO

KEY TERMS

integrative theoretical framework, transnational practice, solidarity, solidarity movements, pre-and post-colonial perspectives, intersectionality

CHAPTER HIGHLIGHTS

- Definition of an integrative transnational practice, including solidarity, intersectionality and post-colonial perspectives
- Description of benefits and challenges of relevant Western theories as they apply to working with immigrants and refugees
- Description of the perspectives and tasks of providers

INTRODUCTION

The purpose of this chapter is to define transnational practice as it applies to professionals working with new immigrant populations across the globe; specific attention is given to clinical professionals who provide mental health services.

The term *transnational* reflects the expansive populations that traverse countries in the pursuit of new opportunities and a better life. With this movement comes diversity across the dimensions of ethnicities, cultures, and experiences that shape communities and individuals worldwide. By centering the text on the understanding that communities across the world are made of people and cultures whose lives and

values are diverse, complex, and intricately interwoven together by local and global social forces, any intervention to aid those who are new to a country requires careful attention to the complexity of the individual and her community, informed by her beliefs and experiences prior to arrival. This chapter begins the discussion of a transnational practice framework for working with immigrants and refugees and how we can apply such an approach to working with immigrant populations in diverse settings across countries. Integration and critical application and adaptation of Western theories to address the needs of non-Western clients is also presented in this chapter to set the foundation for integrative transnational practice, which is discussed in the remaining sections of the book.

DEFINING TRANSNATIONAL PRACTICE

The term *transnational practice* is one that encompasses a variety of generalist and clinical approaches that can and have been used to support the diverse needs of ethnically, culturally, religiously, and linguistically diverse individuals and communities. We use the term transnational, as opposed to *international practice*, because of the multidirectional nature of connections we have with communities throughout the world. Globalization and vibrant migration patterns have contributed to the need for a framework of practice that reflects the patterns of movement and relationships that exist today. As such, the “practice” that is derived from a transnational orientation requires professionals to honor the culture of our clients, acknowledge and validate the pre- and post-migration experiences that define clients’ sense of reality, and the integration of culture of origin and the culture of the receiving country.

For the purpose of this book, transnational practice is defined as the following:

- Transnational practice includes at its core a commitment to client self-determination, a belief in social justice, and a readiness to adapt Western theory to fully respond to the needs of the immigrant and/or refugee client system.
- A transnational integrative theoretical framework honors the experiences and perspectives of different cultures, migration patterns, and experiences, based in a culturally sensitive, collaborative, affirming, and mutually respectful relationship.
- A transnational theoretical orientation upholds cultural imperatives to bridge, maintain, and connect intergenerational and relocated family systems as desired by the immigrant and/or refugee while facilitating the resettlement of the current client system.
- Transnational practice also is aligned with social change and is cognizant of the reality that providing relevant, culturally sensitive services will likely include an active commitment to social change (Salas, Sen, & Segal, 2010).

RELEVANCE OF A TRANSNATIONAL PERSPECTIVE FOR DIRECT PRACTICE

The broader and deeper inclusion of individual and familial issues in relation to migration and resettlement requires a wide range of clinical theories to choose from in order to adequately respond to the complexity of issues that may require attention from various providers for health and mental health. In addition, it requires the ability to assess overlapping identities and resultant influences.

With few exceptions, immigrants and refugees migrate as family units, although more often as partial family units, and strive to bring other family members along with them as soon as possible. Collective societies generally are comprised of closely aligned and linked family systems across generations, including extended family. These are systems that provide organization, support, and resources, even when they themselves have little. These family systems also carry family traditions and responsibilities and often are the interpreters and arbiters of family history and purpose. In some cases, it may be that only the elders in the family can provide the balm of forgiveness and the approved sanction that will allow the immigrant to successfully emotionally leave their home country and the tragedies experienced there and move on with resettlement. Although providers may collaborate with individuals, the acknowledgement and incorporation of the family system is extremely relevant when working with immigrants and refugees. The transnational model includes a family systems perspective in addition to relevant individual practice theories, all of which may be integrated to adequately respond to individual and family difficulties. The transnational perspective develops and reinforces the need for a both/and approach to physical and mental health practices, including nuanced and subtle as well as sharply defined complex problems, and incorporating shamans, curanderos, doctors, counseling, community leaders and healers, clinical mental health providers, and others who may be needed to fully respond to the needs of the client systems.

The concept of intersectionality speaks directly to the complexities of the lives of immigrants and refugees. Intersectionality provides a lens that identifies the individual (gender, race, culture, disability, sexual orientation, age, ethnicity, religion, etc.), familial (collective and/or individualistic), and sociopolitical position (power, oppression, discrimination, marginalization, voice, poverty, etc.), of each immigrant, emphasizing the multiplicative effects on the functioning of the individual (Kelly, 2011, p. E44). The approach is not only instructive but also facilitative in understanding the complex lived experiences of human beings (Lockhart & Danis, 2010) and as such, greatly contributes to the knowledge and understanding of a transnational integrative perspective. Shields (2008) and Stirratt, Meyer, Ouellette, and Gara (2008) describe intersectionality as a method for understanding the construction of mutual relationships based on different forms of oppression and privilege, which share perspectives and consequences. In addition, intersectionality directs service providers to identify the “intersection of multiple identities and experiences of exclusion and subordination” (Davis, 2008, p. 67). As an example, some

Asian Indian women arrive in the United States with a high degree of education, exceptional marketable skills, but a dark skin tone and therefore a lifetime of marginalization and subordination. In the United States, an Asian Indian woman may be discriminated against for her migration status and marginalized in her own family because of colorism but because of her education, be successfully employed in a career of her choice with the benefits that are derived from that position. Therefore, she experiences and is aware of marginalization and also privilege. It is these intersections that when fully examined help us to better understand the complexities of the lived experiences of immigrants and refugees, making the concept of intersectionality a critical component for our understanding.

The relevance of overlapping identities and intersectionality must be integrated into the framework for delivering culturally sensitive mental health services to transnational populations. Its inclusion emphasizes client-centered practice in a manner that honors the role of culture and the individual's experiences. At the same time, such an approach promotes cultural sensitivity and cultural awareness in the context of a helping, collaborative relationship—a major tenet of what we understand as necessary in culturally responsive transnational practice.

HISTORICAL PERSPECTIVE: A LOOK BACK AT PERSPECTIVES APPLIED TO IMMIGRANTS

The foundation to this idea of transnational practice is not a new phenomenon. There is a history of generalist and clinical practice approaches that have been used with immigrant populations, although not as clearly defined and studied as they are today. The following sections examine several movements that have contributed to how we understand transnational practice in today's modern world.

PRE- AND POST-COLONIAL PERSPECTIVES. The United States has transitioned from an agrarian society, during the time of our founding, to an industrial revolution, which forever changed society, and more currently to a global player in an electronic, post-industrial era in which destructive changes in the environment are challenging every nation of the world. Throughout that time, immigrants and refugees have resettled in the United States in large numbers and for similar reasons—that is, for greater security, more economic opportunity, and to build a safe and secure life for their families. Immigrants and refugees have come from the impoverished and war-torn countries of Europe, the conflicted and exploited Middle East, the oppressed societies in Africa, and the economically insecure Mexico and Central America and South America. And in response, social work began as a profession. “Social work is a profession that began its life as a call to help the poor, the destitute and the disenfranchised of a rapidly changing social order. It continues today still pursuing that quest, perhaps with some occasional deviations of direction from the original spirit” (McNutt, 2013, p. 1). Social work started in response to the needs and economic plight of the poor, expanded and changed to include the psychosocial needs of the troubled and educated, and is

struggling to this day to derive one clear message as the primary purpose: social justice or clinical social work. One of the contributions of this text is the inclusion of both, as each is relevant to the needs of immigrants and refugees, and together they provide a full complement of services from which to draw and expand.

SOLIDARITY MOVEMENTS. There have been many historic and critically important solidarity movements—for example, the union workers solidarity movement in Poland (1980s), which sparked the beginning of a democratic society in Poland; the peoples movement in Czechoslovakia (1950s); the teachers protests in Oaxaca, Mexico (2016); and the student revolution in Egypt, backed by the International Campaign of Solidarity (Tadamon) with Students (2012–2013), (International Union Network of Solidarity and Struggles <http://www.encontrointernacional.com>; Mena International Solidarity www.mensolidaritynetwork.com). However, currently we seem to find ourselves in a crisis, with fewer people and countries willing and/or afraid to take a positive stand on the issue of migration. The current situation is summarized by Ki-moon, secretary general of the United Nations:

More than 60 million people—half of them children—have fled violence or persecution and are now refugees and internally displaced persons. An additional 225 million are migrants who have left their countries in search of better opportunities or simply for survival. But this is not a crisis of numbers; it is a crisis of solidarity. Almost 90 percent of the world's refugees are hosted in developing countries. Eight countries host more than half the world's refugees. Just ten countries provide 75 percent of the UN's budget to ease and resolve their plight. (Ki-moon, 2016)

With the realization of the massive global needs of immigrants, refugees, and asylees, as providers we must become more aware of, recognize, and acknowledge the common humanity of all of us and then speak up. We must realize the contribution that these diverse populations will make to our society, both with their rich cultural heritage and their social and economic achievement. In addition, we need to advocate better methods to assist immigrants and refugees. We must stand up against discrimination and intolerance and hold responsible those who force displacement. And until the situation changes and the world is a safer place for all to live, we must contribute to and enlarge systems that are globally responsible for the care and support of immigrants and refugees (Ki-Moon, 2016).

As immigrants and refugees come to the United States, it is incumbent upon us to be prepared for the stories of their migration journey and the events surrounding their arrival and be open to facilitating their resettlement. We can achieve this by using a nonlinear, transnational, integrative approach that provides great flexibility for offering assistance, while at the same time, the provider is walking in solidarity with newly arrived immigrants and refugees—that is, joining and believing in their process, a perspective that is congruent with successful resettlement and mental health. According to Ki-moon, “Movements of people are a quintessentially global phenomenon that demands a global sharing of responsibility” (2016, p. 3).

CURRENT UNDERSTANDINGS. There is now worldwide recognition of the migration crisis that is impacting countries. The threat of terrorism and ever-changing immigration policies that integrate both pro- and anti-immigrant sentiment are shaping the nature of supports (financial resources and social supports) given to displaced populations globally. Global leaders and leaders in diverse faith communities are calling for unity in addressing the migration crisis but not in uniformed ways, with fear and the threat of unpredictable, violent attacks on citizens as the key informant on immigration policy. As discussed in the introduction

According to Schlueter, Meuleman, and Davidov (2013), it has been hypothesized that many of the immigration policies are decided on by majority members, some of whom may have anti-immigrant sentiments. An examination has shown in cross-national studies found that the perception of threat or fear toward immigrant groups directly influenced the expansiveness of immigrant integration policies; specifically, countries with more permissive immigrant policies were those countries with a lower perception of immigrants being of imminent threat. (Schlueter et al., 2013; see also Hilado & Lundy, Unit I: Introduction).

As such, there is no global unified plan to address the millions of immigrants, refugees, and asylees seeking safety in new countries despite the unified agreement that immigration is a global issue. This leaves vulnerable displaced persons in precarious situations, risking their lives by boat and foot to cross borders in the hope of refuge outside of their home country with no guarantee of help or survival. And for those who are migrating as a result of forced or survival reasons—those who often have been in protracted, uncertain circumstances with exposure to extreme violence and threats to their personhood—the relevance of trauma on health and mental health is both an individual and global health problem. This is of particular importance as we consider the needs of those trauma-experienced persons who seek to integrate and acculturate into new societies.

DEFINING TRANSNATIONAL PRACTICE AS THE CLIENT'S PROCESS

Given this context, transnational practice is seen as an approach to working with new immigrant populations in a manner that recognizes the interconnectedness between country, culture, and individual experience that goes beyond the boundaries of one's country of origin. It is a method of practice that recognizes the impact of globalization on the mindset and perspectives of global citizens who are exposed to more than their own cultural practices. Finally, transnational practice builds on the historical trends and approaches that inform current practice methods but with a greater emphasis on cultural humility and mutual learning and collaboration, given the diversity of populations we now encounter in our practice settings, and with an openness to the potential need for adaptation and integration of theories in order to more thoroughly respond to the needs of a diverse population.

TRANSNATIONAL PRACTICE AS THE CLIENT'S PROCESS. Building upon this definition, we then need to consider the role of the client (individual and/or community) and the client process. As we examine the stages of migration and resettlement, we begin to unwrap the variables and factors that shape the identity and worldview of arriving immigrants. Many arrive with few assets or resources, although some arrive with a referral or an idea of whom to call and where to look for housing. Almost everything is new and unfamiliar, and the necessity of locating secure housing, employment, and food and water can be overwhelming. If not immediately, a bit later most begin to grieve their family, friends, and the familiarity of home, even as they gratefully realize that they are now safe. Commonly, immigrants and refugees need to mourn what they have left behind, and the process of either embracing or denying that will create its own difficulties with adjustment to a new country.

Additionally, immigrants and refugees will need to process their experiences of the migration journey. As described in previous chapters, the five stages of migration include pre-, in transit, detention and/or refugee camp, post-, and resettlement. The push to resettle and become functioning parts of the U.S. economic life often results in a misplacement of the experiences of migration, but it is incumbent on providers to realize the needs for processing this experience and to suggest attention to it. By utilizing the transnational integrative framework, the various aspects of their decision, migration, and resettlement will have been discussed at the very beginning and can be returned to for clarification and discussion. The process of initially joining with the immigrant provides the opportunity to plan for future work and consider items to be discussed in the future after settling in, and it is after settling in that these topics might be addressed and explored.

For those immigrants, refugees, and asylees who have been trauma exposed, there is a need to return to those events and determine a course of action. The impact of trauma does not quietly go away without attention. Indeed, it has a tendency to increase without further attention, erupting in the moments we least expect it, and often derailing the progress of the process of resettlement. The nonlinear, transnational, integrative model provides methods for addressing trauma, responding to it in as brief a manner as possible or with more time to narrate one's personal experiences, and examine the impact. The flexibility of the model increases the providers' ability to respond to the specific needs of the client; the nonlinear construction of the model enables the provider to be open to the possibilities from assessment and for clinical responses derived from the model, while the bond that has been deliberately and diligently formed facilitates the likelihood that this process can provide relief for the client. And this relief can translate to better adjustment to life—social, financial, emotional—in a new country.

WESTERN THEORETICAL APPROACHES: CURRENT FOUNDATIONS FOR PRACTICE

The use of a transnational practice approach to supporting adjustment to life in a new country, while addressing mental health problems that may serve as a barrier

to achieving overall well-being, requires consideration of the current theoretical frameworks that have been used in the field. The use of Western approaches to address psychosocial problems is well documented and present with both benefits and challenges to its participants. The following section gives a brief account of relevant theories (adapted from Barker, 2003 and other cited authors), while Table 4.1 provides an overview of the benefits and challenges of each when applied to newly arrived immigrant and refugee populations.

- **Ecological perspectives/life model:** An orientation in social work and other professions that emphasizes understanding people and their environment and the nature of their transactions. Important concepts include adaptation, transactions, goodness of fit between people and their environments, reciprocity, and mutuality. In professional interventions, the unit of attention is considered to be the interface between the individuals (or group, family, or community) and the relevant environment (Barker, 2003, p. 136). The life model (Germain & Gitterman, 1980) integrates this ecological perspective using an integrated approach to practice, with individuals and groups to “release potential capacities, reduce environmental stressors, and restore growth-promoting transactions” (Barker, 2003, p. 250).
- **Family systems theory:** Family systems theories comprise intergenerational, structural, solution-focused, and narrative family theories, all of which focus on intergenerational and interpersonal relationship patterns, behaviors, and communication styles. Each theory utilizes specific constructs to identify family patterns and problems and works toward resolving family problems. The application of systems theories applies—that is, the reciprocal relationships, patterns, principles, and influence between individual elements that constitute a whole system and vice versa (von Bertalanffy, 1968), and this case systems theory is applied to family units. This approach recognizes that, within each family system, members play distinct roles and there are boundaries that shape relationships (Kaslow, Dausch, & Celano, 2003) and there are collective and individual effects when the family unit is impacted by internal factors (biopsychosocial factors that impact individual family members) and external factors (biopsychosocial factors that come for the larger social environment).
- **Psychosocial approaches:** Psychosocial approaches examine biological predispositions, development in the early years, and psychological processes similar to psychoanalysis (Freud) but also expands the scope of theory to include other factors, such as developmental stages past adolescence, accounting changes through older adulthood, and influences from the larger social environment. The work of Erik Erikson (1902–1994) is most famous within this theoretical umbrella, with the goal of strengthening interpersonal skills, mobilizing resources, addressing mental health needs, and enhancing the goodness-of-fit between the person and his/her environment.
- **Psychodynamic approaches:** An approach to understanding human behavior and motivation that examines unconscious and conscious processes that are the product

of biological underpinnings, past and present experiences, learned and conditioned patterns of thinking and behaviors, and culture.

- **Cognitive-behavioral approaches** (including mindfulness): A psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviors, and cognitive processes and contents through a number of short-term, goal-oriented, explicit systematic procedures that focus on the present. This approach includes selected concepts and techniques from behavior theory, social learning theory, cognitive theory, and task-centered treatment (Barker, 2003).
- **Trauma-focused cognitive-behavioral therapy** (TF-CBT): An evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple, and complex trauma experiences (tfcbt.org, n.d.).
- **Empowerment approaches to therapy**: An approach to practice that focuses on increasing personal, interpersonal, socioeconomic, political, and other related strengths to help improve one's circumstances and ability to thrive across different social systems, including families, groups, communities, and organizations.
- **Narrative therapy**: A psychotherapeutic approach that emphasizes the client's narrative or life story that is captured through written and verbal accounts of one's life, thought processes, and understanding of self and the world.
- **Narrative exposure therapy**: An effective, short-term, culturally universal intervention for trauma victims—including the latest insights and new treatments for dissociation and social pain. The approach focuses on telling the trauma narrative until the story no longer elicits anxiety (Schafer, Schauer, Neuner, & Elbert, 2011).
- **Solutions-focused problem-based theory**: An approach to direct practice, examining how strengths and progress rather than deficits and problems that impact a person's ability to fulfill life roles. The focus is on exceptionality and identifying skills and thought processes that allowed a person to succeed in similar circumstances and then applying those skills/perspectives to current issues.

Examination of Methods for Adapting Practice Methods to Focus on Transnational Processes

Transnational practice—and its focus on the client process—requires a thoughtful reorientation or adaptation of Western theories of practice to be culturally and linguistically sensitive to the needs and beliefs of non-Western participants. Effective practice requires professionals to cultivate critical thinking skills as it relates to the applicability of Western theoretical approaches to the needs of non-Western clients

Table 4.1 Benefits and Challenges of Western Concepts and Theories		
Theory	Benefits	Challenges
Ecological perspectives/ life model theories	<p>Contextualizes the wide range of both positive and negative circumstances</p> <p>Identifies the various systems that influence, enhance, and/or impede functioning</p> <p>Clearly identifies in detail the current situation of the client system</p>	<p>Identifies many different systems and environmental influences</p> <p>Can be overwhelming to hear multilevel, multisystem approaches, potentially creating additional stressors and problems</p>
Family systems theory	<p>Collective societies identify the family as the core-orienting unit of life</p> <p>The family is the primary resource—that is, the family sets expectations, assigns goals, offers support, and provides sanction and solace, which may align with non-Western communities</p> <p>Addresses family interaction patterns, historical messages, communication styles, and so forth</p> <p>Emphasizes strengths and empowerment</p> <p>Builds resources of family system within existing environment</p>	<p>The loss of the family system can create havoc, loss of stability, and emotional vulnerability as well as loss of direction</p> <p>Maintaining and/or reestablishing connections among family systems of transnational families requires professional commitment and creativity</p>
Psychosocial framework	<p>Derived from Freudian theory and based in person in situation</p> <p>Central foci include assessment, relationship, respect, and empowerment; encourages existing strengths, resources and abilities; works to increase functioning</p> <p>Widely applicable</p>	<p>Not a brief form of therapeutic relationship</p> <p>Facilitated through the power of the relationship</p> <p>May be challenging for those who do not desire and are not familial/comfortable with this type of problem solution</p>

Theory	Benefits	Challenges
Psychodynamic approaches	<p>Derived from Freud's psychoanalytic theory but not focused on the id and ego</p> <p>Focus is on attachment theory and conscious and unconscious forces that influence behavior and emotion</p> <p>Change is achieved by working through and gaining understanding of the meaning of feelings and events for the client</p>	<p>May be unfamiliar form of relationship-building for the client and therefore initially uncomfortable</p> <p>The concepts around unconscious and intrapsychic processes may conflict with how other cultures define health and mental health</p>
Cognitive-behavioral approaches	<p>Structured, time-limited and highly collaborative</p> <p>Thoroughly researched and effective</p> <p>Provides a method for examining and refocusing thoughts and beliefs about events and relationships and what they mean</p> <p>Learn methods for gaining a different perspective on the meaning of events, freeing the client from derogatory and self-blaming thought processes that determine negative and undermine behaviors</p> <p>Many different forms and variations in what to do and how to use it</p> <p>Requires a relaxed state of being but with attentiveness</p> <p>May attend to a problem area or situation</p> <p>Engages person in examination of inner self in relation to environment</p> <p>May be empowering as client collaborates and/or instructs provider</p>	<p>Requires committed and thoughtful attention.</p> <p>Energy and resources of the client system may not always be sufficient to respond</p> <p>Requires a relaxed state</p> <p>May feel intrusive to some clients</p> <p>Extremely challenging to accomplish when in high anxiety state of resettlement in United States</p>

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Theory	Benefits	Challenges
<p>Mindfulness practice (related CBT approach)</p>	<p>Engages client in reflecting on the present focusing attention on the issues to which people have control</p> <p>Creates a deeper connection between thought patterns and physical sensations of stress and anxiety, using the process of quieting the mind to calm both mind and body</p> <p>Allows clients to develop the skills of focusing one's attention and actively adjusting thought patterns that do not serve the client</p>	<p>Requires a relaxed state</p> <p>Requires time and consistent practice to fully develop mindfulness skills</p> <p>This method may feel foreign to those who have not integrated mindful medication and relaxation techniques in the past</p>
<p>Trauma-focused cognitive-behavioral therapy</p>	<p>Focused on amelioration of trauma using wide range of theories and therapeutic constructs</p> <p>Flexible utilization of theory, methods, and focus as well as time frame</p> <p>Focus is on children and families in environment</p> <p>Widely researched and effective</p>	<p>Intended to be as efficient and effective as possible</p> <p>Demands attention and commitment, which may be difficult when families have competing priorities of employment, resettlement issues, and so forth</p> <p>Participants may not be accustomed to the techniques involved and the interactive/intense approach to symptom reduction, potentially reducing treatment compliance</p>
<p>Empowerment approaches to therapy</p>	<p>Encourages awareness of individual and family strengths and resilience as well as skills and abilities</p> <p>Affirms capacities often forgotten by immigrants and refugees in the strains of daily living</p>	<p>Works to identify strengths when the hardships have continued for so long that adaptive behaviors to disappointment and failure have been developed</p>

Theory	Benefits	Challenges
Narrative therapy	<p>Every person has a life story, as he or she understands it, and that story often guides the interpretation of all past and future events without reconsideration, often from a negative, self-blaming and derogatory perspective</p> <p>Narrative theory provides guidelines to facilitate client's re-examination and interpretation of life events from a less punitive, more contextual and positive perspective</p> <p>Respective and non-blaming</p> <p>Persons are considered the experts in their lives, and practitioners should honor that knowledge</p>	<p>Changing and/or giving up one's lifelong understanding and/or beliefs about personal events may be frightening and difficult.</p> <p>Requires a description of life story and explanation of meanings and events, which may be extremely challenging for some</p>
Narrative exposure therapy	<p>Immigrants, refugees, and asylees tell their stories as victims of war, armed conflict, and long-term, spontaneous violence</p> <p>Specifically relevant for victims of war, violence, and conflict that has occurred over long periods of time</p> <p>Effective in current level of research trials</p> <p>Effective with refugees and asylees</p> <p>Brief treatment</p>	<p>May need to develop a relationship and/or a certain level of trust prior to initiating this model, however, not included in the discussions as necessary component</p>
Solution-focused problem-based theory	<p>Cognitive approach</p> <p>Focus is on identifying the times when problems do not occur</p> <p>Directs the client system to utilize those times as a method to resolve problems</p>	<p>Often clients want to talk about and receive help with the problems, and examining when problems don't occur may not be easily managed</p>

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Theory	Benefits	Challenges
Other Relevant Concepts		
Intersectionality	Examines the intersection of experiences of marginalization and discrimination in relation to privilege and success, in order to better understand the complexities and ultimate decisions of people's lives	The examination of areas of oppression, discrimination, and marginalization, requires sensitivity and mutual rapport as well as significant trust Relationships may not be able to achieve this degree of closeness
Culture and identity	Defined as "customs, habits, skills, technology, art, values, ideology, science, and religious and political behavior of a group of people in a specific time period..." (Barker, 2003, p. 105, in Denby & Bowner, 2013, p.1). Understood through gender, race, ethnicity, class and economics, religion, sexual orientation, and age Evolves with each new generation Culture and identity shapes meaning and behaviors	Complex and extensive sets of information to identify, assess, and understand Seek greater understanding and clarity from the immigrants or refugee Focus on issues of social justice, using concepts of social justice to facilitate an understanding of the experiences of immigrants, refugees, and asylees, and to work toward greater inclusion (Danso, 2015).

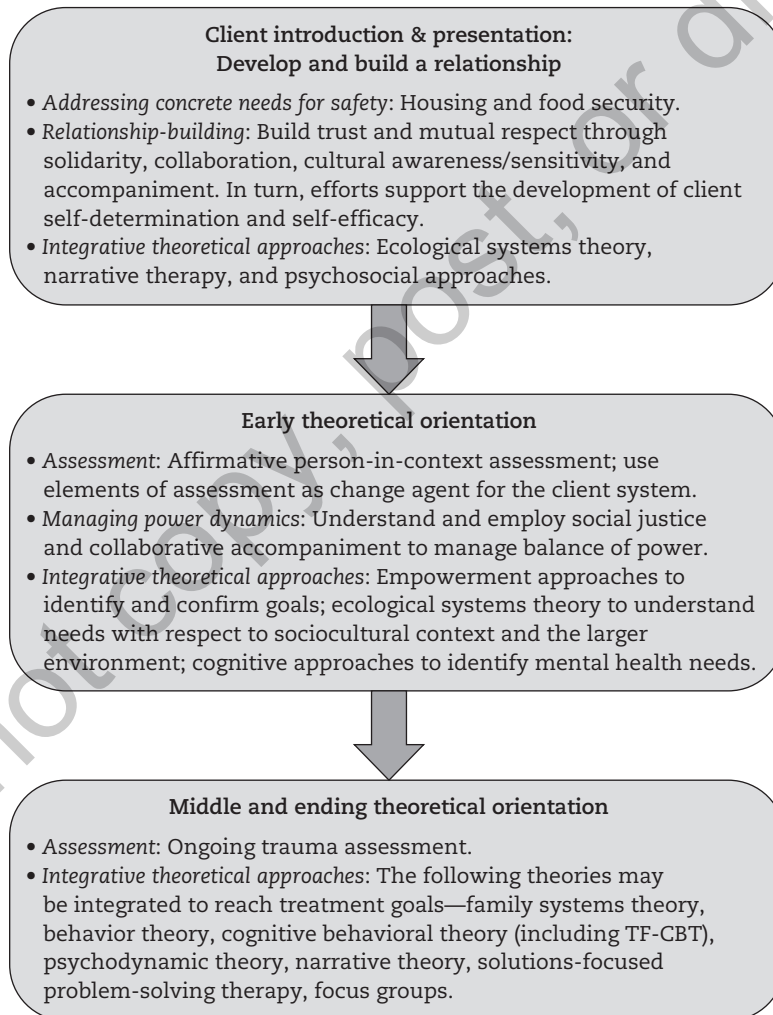
Source: Adapted from the *Social Work Encyclopedia* (2013), Rasheed, Rasheed, and Marley (2011), and Barker (2003).

and conceptualizing theory in a manner that is more sensitive to nuanced beliefs and needs among new immigrants. To achieve this, the provider is required to

- First and foremost, establish a collaborative, affirming, and respectful working relationship
- Integrate the concept of collaborative accompaniment
- Conceptualize transnational practice as relationship based and nonlinear. Cultivate a relationship that builds trust and guides the adaptation process by deeply learning about the client, the client's culture and experiences, and the client's process
- Become a person in solidarity with your client
- Examine strategies for cultivating critical thinking skills

- Examine methods for adapting, adjusting, and applying appropriate theories to non-Western populations.
- Apply relevant concepts from popular education methods—for example, Friere
- Focus on the complex layers of identity of each survivor, exploring intersectionality in relation to how providers might respond with a relevant flexible theoretical framework for services

Figure 4.1 Transnational Integrative Process



The reflective process is nonlinear, recognizing that progress and client engagement must be evaluated and re-evaluated throughout the helping process. As issues arise in the goodness-of-fit between client needs and the approaches used to guide practice, adjustments should readily be made to maintain the relationships. Validation of culture and client experiences must also remain constant throughout the practice to ensure clients remain empowered in the process of addressing issues that impact their ability to thrive in a new setting. And in the process, transnational practice remains client centered, culturally relevant, and theoretically aligned to promote the gains for the client.

To illustrate the application of nonlinear transnational integrative practice, the following flow chart applies. At each stage of the engagement with transnational populations, different theories and considerations may apply based on the client need, the client's pre-and post-migration experiences, and the goodness-of-fit of the selected theories with the client's circumstances.

IMPLICATIONS FOR PROFESSIONALS

Reorienting theory within a transnational integrative practice framework requires a great deal from the professional. In working with immigrants and refugees, the professional is the provider, trainer, facilitator, and coordinator of services. The provider will often be in the situation of simultaneously learning about the circumstances of the client while affirming the various experiences. At the same time, the provider must be mindful of her own demeanor, as she considers theoretical frameworks and their possible adaptation in order to facilitate her client's process and progress through a maze of often life-threatening and traumatic events and certainly continuous, difficult, and demanding circumstances while adjusting to a new society. The ability of the provider to be aware of and to fulfill these tasks at the same time, often while working with an interpreter, and to facilitate the process with immigrants and refugees who have to begin to organize and make sense of their lives immediately is primary to collaboratively facilitating the goals of the immigrant and/or refugee.

The transnational integrative framework requires a full commitment to learning clinical theory, staying abreast with current clinical research, having an awareness and sensitivity to different cultural backgrounds and a self-reflective knowledge of one's own history, embracing the need to stretch and reach out to different cultural groups, a willingness to learn history as it relates to the populations currently migrating to the United States, and to stay informed on the U.S. as well as local policies and laws governing immigrants and refugees. Indeed, there is a need for research that clarifies the utility and potential flaws of this model, and providers need to be exploring methods for conducting research, seeking outcomes for their work.

However, a transnational integrative theoretical approach also provides the flexibility to fully respond to the needs of the client systems. It provides a great sense of purpose and a very extensive repertoire of resources. The theoretical framework allows the provider to assess and then explore the integrative set that will most comprehensively and

fully respond to the stated circumstances and needs of the immigrant and/or refugee system. Ever alert to the cultural influences and the history of the stages of migration, the transnational integrative approach offers above all the flexibility for change and adaptation. It is extremely gratifying to have the capacity to extend oneself with confidence and determination and with the knowledge that if indeed one theoretical construct does not resonate with the client, there may be another that will better address their needs.

REFLECTIVE QUESTIONS

1. Micro practice: What theories would be a guide for the role of the clinical provider when establishing a new relationship with an immigrant or refugee?
2. Micro practice: As a practitioner, how would you describe the lens of intersectionality as it relates to clinical mental health practice?
3. Macro practice: How might agency policy influence the clinical work required when using an integrative transnational practice with immigrants and refugees?

CRITICAL THINKING EXERCISES

1. How would you describe methods for staying critically self-aware while also fulfilling the role of establishing a culturally sensitive, clinically responsive, and collaborative provider?
integrative perspective for working with immigrants and refugees?
2. How would you envision and describe the learning process for gaining a transnational
3. Based on the following case study, how can transnational perspective and integrative theoretical approaches be used to support the mental health and adjustment needs of each family member in the “Abdalla” family?

CASE STUDY

This excerpt is about the Abdalla family, a new immigrant Ethiopian family living in Chicago. In Ethiopian culture, men are typically the breadwinners and lead the household, while the wife is responsible for taking care of the home. Children must respect adults and follow family rules. Each family member has different needs that must be addressed.

(Father) Yussuf, Age 45, unemployed

(Mother) Rabiya, Age 40, full-time employment

(Son) Hajo, Age 16, high school student

(Daughter) Halfiya, Age 10, elementary school student

The Abdalla family moved to Chicago from Ethiopia in 2002. In Ethiopia, Yussuf was a carpenter, while his wife stayed at home and cared for their children. After arriving in the United States, Yussuf had a back injury and could no longer work. Because of rising expenses, Yussuf's wife, Rabiya, accepted a full-time position as a cleaning lady in a hospital. She began working 15-hour night shifts, six days a week, leaving Yussuf to care for the home and the children.

During this time, Yussuf became very depressed and began drinking alcohol heavily. When drunk, Yussuf is physically and verbally violent to the other family members; Rabiya is his main target. When confronted with his drinking issues, Yussuf becomes angry and states it is the family's fault for always irritating him. Rabiya's long shifts at work provide some safety for her, but she worries about the safety of her children. Rabiya often feels guilt for going to work, but she knows she must maintain a job to support the family. To help in the care of the family, Rabiya relies heavily on Hajo to care for the household and the youngest, Halfiya.

Hajo took over the family responsibilities, since his father could not, and his relationship with Yussuf has deteriorated; they no longer speak to each other except when fighting. Hajo prepares the family meals and is the primary caretaker for his younger sister, Halfiya. Hajo makes sure that his sister finishes her homework, acts as the family contact in school, and protects Halfiya whenever Yussuf gets drunk and/or violent. In school and in the community, Hajo is a model teen. He maintains good grades in school and volunteers in after-school programs with children who are exposed to domestic violence in their homes. Hajo remains very close with his mother and they phone each other daily.

Halfiya is in elementary school and struggles to do well socially and academically. On days when Halfiya witnesses violence in the home, she often gets into fights with her peers and becomes disruptive in the classroom. Halfiya is unable to connect closely with Rabiya, since her mother is always at work, but she has a close relationship with her brother. When alone in the house with her father, she locks herself in her room and plays aggressively with her toys. When scared, Halfiya will wet her bed at night and often sleeps with Hajo because of nightmares. She often says she is ugly and that no one likes her, and Hajo works hard to tell her otherwise.

The needs of the family are complex. Yussuf is not included in any decision-making for the family, but the other members are closely involved. Rabiya is considering leaving Yussuf if he doesn't stop abusing the family and if he doesn't address his drinking problems. The children are in agreement and supportive of their mother's position. Ultimately, the family wants an opportunity to thrive in their new home, yet attention is needed on both the individual and family system's needs simultaneously.

SUMMATIVE POINTS

- Establishing a mutually respectful, affirming, culturally sensitive, and collaborative relationship that supports and informs the interests and plans of the client system is the critically most important factor in providing services and working with immigrants, refugees, and asylees.
- The work of a clinical mental health provider must respond to the verbal and nonverbal

needs of the client system. In that capacity, the provider requires a wide range of knowledge about various theories that will respond to and provide for the needs of the client, thus requiring a transnational integrative theoretical framework from which to draw.

- There are both benefits and challenges in applying an integrative approach in direct practice with transnational populations; however, the effort ensures practice efforts remain relevant to the client's culture, identity, and issues of intersectionality that directly influences the presentation of need.

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