Introduction

Family life is vital to most Latinos. Family resilience thus is an important perspective for family scholars working with Latino families to adopt because of its focus on wellness and adaptability, in effect, punctuating the strengths common among Latino families. Toward the latter part of the twentieth century, conversations among family scientists and family therapists more and more included the concept of resilience. Researchers began examining family dynamics that provided a more accurate portrayal of family life, as well as in terms of providing professional support to families. Wolin and Wolin (1993) discussed both the “damage model” and the “challenge model” as they pertained to prevention and intervention, highlighting the significance of identifying and extracting the strengths families possess. Elevating aspects of strength and resilience is particularly important for working with families, who at first glance may be viewed as characterized mainly by needs and deficits, often an inaccurate and skewed portrayal. A strengths perspective views the glass as “half-full” rather than “half-empty.” This is significant because families may present themselves in clinical settings as primarily having deficits rather than as possessing strengths and assets and living everyday life where negative and positive elements intersect.

Additionally, it is important to clarify that although there are distinctions between individual, family, and community resilience and there is substantial overlap, these forms of resilience are not the same (Hawley & DeHaan, 1996). Consequently, it is necessary for professionals and communities to assess how resilience may vary according to specific units of analysis or intervention. For example, the examination of family resilience without considering community resilience (as indexed by social support) leaves out important contexts that clearly influence family well-being (Mancini & Bowen, 2009). We also must assess how the interplay/intersections between these three locales of resilience operate as they relate to Latino families. Although we are primarily focusing on family resilience as the focus of analysis, we also discuss how cultural values, beliefs, attitudes, and practices can be integrated into a resilience framework for Latino families. For example, evidence shows that being bicultural and maintaining original cultural values contribute to positive mental health (Skogrand, Hatch, & Singh, 2009).
Our discussion springs from Hawley and DeHaan’s (1996) assertion that if we emphasize resilience in clients, then we will focus on strengths. Within this primary assertion, one assumes that if families possess qualities that enable them to withstand seemingly insurmountable barriers, then we should focus on the observable cultural norms and behaviors that contribute to Latino families’ well-being. In this chapter, we thus pull together several threads that form a tapestry displaying serta familias fuertes (strong families). Building upon Walsh’s model of family resilience (2002), Hawley and DeHann’s work integrating lifespan and family perspectives (1996), and a review of the literature of family resilience among immigrant Latinos, our chapter provides a preliminary framework for understanding and supporting Latino families in therapy. Our goal in positing this emerging clinical framework is to account for various dimensions of family strengths among Latino families.

The Demography of Latino Families

Latinos comprise the largest and fastest growing ethnic minority group in the United States (14.8 % of total population). Most Latinos reside in California, Texas, Florida, and New York. Overwhelmingly, the majority of Latinos residing in the US are of Mexican origin (64 %), followed by Puerto Rican (9 %), other Hispanic (7.7 %), and Central American (7.6 %). Approximately 60 % are native born and 40 % are foreign born (US Census Bureau, 2006). Latino families in the US are most often younger and larger than their non-Latino counterparts (Ho, Rasheed, & Rasheed, 2004), with approximately 70 % under the age of 40.

With Latinos immigrating to the US from every country in Latin America and all over the world, the US has the most heterogeneous Hispanic population in history (McAdoo, Martínez, & Hughes, 2005). The reasons for immigrating to the US are similar to those of most other ethnic groups: the pursuit of the American dream, escape from economic hardship, political instability, limited opportunities for quality education, employment problems, and healthcare issues, as well as for a sense of safety and stability often lacking in one’s country of origin. Nonetheless, when Latinos come to the US they experience multiple losses (Miller & Gonzalez, 2009), including leaving familiar customs, a dominant language other than English, friend and family networks, and a sense of belonging. Immigrant Latinos certainly enjoy the benefits of living in the US and they also have added to the rich diversity experienced here; however, the rewards have not come without a price and for many Latinos (immigrant and non-immigrant), everyday life continues to be hardship.

Adversity and Vulnerabilities

Given their marginalized status, Latinos residing in the US are especially susceptible to risk factors. Compared to the majority population, they are more likely to be uninsured, have lower socioeconomic status, live in unsafe neighborhoods, have lower graduation rates, less access to medical and mental health services, and quality education (Cardoso & Thompson, 2010; Domenech Rodríguez, Davis, Rodríguez, & Bates, 2006). These factors increase their risk of living in poverty, making it more difficult to rise out of a life of financial struggle for themselves and their families. Economic needs often force families to live apart as parents and partners may only find work in different locations. Family separation is common even when families immigrate together. Indeed, for Latinos, a main risk factor is the effect of immigration, which often creates a loss of familial and cultural support as well as a financial struggle. These challenges are compounded by the stress of navigating a new culture, strained family and work roles, limited access to resources, and a system filled with anti-immigrant sentiment and institutionalized racism (Domenech Rodríguez et al., 2006; Tummala-Narra, 2004).
Of particular note are transnational families (Glick, 2010). Transnational families differ from migrant families in that different family members are dispersed across various countries and borders at different times. Though transnational families are spread apart, they maintain a sense of togetherness and mutual responsibility. The comings and goings of transnational family members mean that transition, uncertainty, and challenges may become a way of life and less resolved than families who emigrate more traditionally. Although there are considerable hardships and challenges for many Latino families, there is also notable resilience that contributes to their sense of wellness and strength.

Common Themes of Resilience Among Latino Families

Cardoso and Thompson (2010) conducted a systematic review of the literature on common themes of resilience among Latino immigrant families. The importance of family and culture was clearly evident across the 42 articles reviewed. Common themes of resilience among Latino immigrant families were identified and four broad domains of risk and protective factors emerged: individual characteristics, family strengths, cultural factors, and community support. Each domain is essential to understanding resilience among Latinos families, despite the stresses of immigration, acculturation, discrimination, and pervasive socioeconomic disadvantage. Below we briefly discuss the four domains in order to help contextualize the formation of our clinical framework for family resilience among Latinos.

Individual Characteristics

Individual-level characteristics of resilience are often a combination of biological and psychosocial influences (Fraser, Kirby, & Smokowski, 2004). Given the above-mentioned risk factors threatening the well-being of Latinos living in the US, qualities such as self-esteem, self-mastery, and personal sense of agency are important attributes of competence that affect the quality of health and interpersonal relationships. Campbell (2008) conducted a study of Mexican immigrant women and found that these attributes led to a strong desire for employment, education, and autonomy. For children and adolescents, many studies have shown the empowering effects of positive ethnic identity. Other individual resilience factors were social competence, intellect, and motivation (Cardoso & Thompson, 2010).

Individual resilience is also reflected and culturally embedded in dichos (popular sayings or proverbs). Dichos are a fundamental aspect of Latino family discourse. They transmit intergenerational values, attitudes, and perceptions rooted in culture, and function as a reservoir of culturally based resilience, allowing family members to resist marginalization and to support and encourage each other (Espinoza-Herold, 2007). Many Spanish dichos reflect the spirit of maintaining a positive disposition, having a sense of determination, and spiritual beliefs that strengthen one’s sense of resilience. They foster a sense of unity in the face of challenge and adversity, and the belief and pride in having the ability to be strengthened by life’s challenges. For example, a common dicho my mother (M. B.) told me was querer es poder, which in English is “where there is a will there is a way.” She had many dichos that encouraged me to reflect on my actions, to believe in myself, and to strive to be and do my best. Overall, it is challenging to disentangle individual traits from those traits embedded in culture and family. The overlap is evident as we discuss the other domains.

Family Strengths

Although family resilience was not the primary unit of analysis in studies examining resilience among Latinos, all of the resilience factors presented in the literature noted familism, family, and/or cultural
factors as being the most salient resilience factors among Latinos. The concept of familismo/familism is a core value and belief in the centrality of family in the life of Latinos. It stresses family loyalty, interdependence over independence, and cooperation over competition (Falicov, 1998; Ho et al., 2004), and is thought to be the basis of the Cuban family structure (Bernal & Florez-Ortiz, 1982), the Mexican American family structure (Falicov, 1998; Mirandé, 1985), the Puerto Rican family structure (Comas-Díaz & Griffith, 1988; Garcia-Preto, 1982), and the Central and South American family structures (Hernandez, 1996; Korin, 1996). In general, Latinos strive to have cohesive families and expect that one’s life will revolve around his or her extended family. The concept of familismo continues to be salient for Latinos living in the US (Bermúdez, Kirkpatrick, Hecker, & Torres-Robles, 2010).

Other key factors related to family strengths are also evident. For example, Cardoso and Thompson (2010) cite family involvement, strong kin networks, and family support as being important resilience factors. Additionally, Latino parents who had a strong relationship with their children, supervised their children closely, and had open communication with them lead to resilience in Latino youth in immigrant families. These families cite cultural traditions as being protective factors. When examining protective factors that promote and hinder academic well-being among middle school children, Martinez, DeGarmo, and Eddy (2004) state that factors such as family pride and support, familism, parental respect, social support, and “familia” were especially important. They concluded that the parental relationship and a cohesive sense of family are key protective factors, and that the concept of familia is the most powerful protective force for many Latino children.

These findings are consistent with McCubbin, McCubbin, and Thompson’s (1993) work related to the concept of family schema, a family’s shared values, goals, priorities, expectations, and worldview. For example, a member of the Alvarez family knows what it means to be an Alvarez, and can likely articulate those collective values, behaviors, and approaches to life. In effect, family members are generally on the same page when it comes to the meanings they have as individuals and as a family group in their approach to everyday life. According to the authors, the stronger a family’s sense of “we-ness,” the stronger their family schema and family resilience.

Assessing for family strengths is also salient for children coping with a parent’s depression. Specific guidelines have been offered for helping children overcome the effects of parental depression and build resilience (D’angelo et al., 2009). These guidelines include the importance of understanding the risk and resilience factors of Latinos in order to offer effective interventions. The authors note the importance of family in the Latino culture and the necessity of family-centered, strength based approaches. They also affirmed the importance of asking about the family’s immigration/migration narrative, their hopes for their new life, and their current circumstances. By understanding the centrality of family and children in Latino cultures, one also can assess the extent to which family separation and the loss of support networks due to immigration and relocation relate to parental depression among Latinos.

There are also important links between resilience, Latino’s cultural characteristics, and health outcomes. Hispanic cultural values (i.e., familism, simpatia, power distance, personal space, time orientation, gender roles) contributed to better health outcomes than for non-Hispanic Whites (Gallo, Penedo, de los Monteros, & Arguelles, 2009). Embracing familism as a value contributed to a familial stability, which was linked to better physical health behaviors, higher likelihood of seeking medical help, better psychological health, and lower perceived burden of stress. Religiosity and spirituality, which are strongly embedded in cultural values, also were associated with better health behaviors.

**Cultural Factors**

The ways in which families espouse resilience varies according to their cultural context (McCubbin, Thompson, & McCubbin, 1996). The role of culture is especially relevant in the development of resilience among Latino immigrant families (Cardoso & Thompson, 2010). Protective factors include the
ideals of *personalismo*, which is an emphasis on positive interpersonal relationships, *respeto*/respect, loyalty, *consejos/advice*, *dichos*, and fatalism, which is a form of acceptance, especially of things that cannot change. Additionally, discussing migration experiences and maintaining cultural traditions are said to foster family resilience among Latinos (D’angelo et al., 2009).

Being bi-cultural also has been found to be an important resilience factor for Latino families. It is critical for Latinos to successfully navigate the norms and values of the dominant culture as well as to maintain the linguistic, social, and cultural aspects of their culture of origin. It is well documented that having a sense of ethnic pride, continuity, and cultural orientation are aspects of biculturalism. Being bicultural is essential for maintaining positive psychological and cognitive development, academic motivation, and successful family and community relationships (Cabrera & Padilla, 2004).

Additionally, education levels and health outcomes for Hispanics have been found to vary by race/ethnicity and country of origin. Kimbro, Bzostek, Goldman, and Rodríguez (2008) reported that Hispanics tended to fare better than other cultural groups despite their lower levels of SES, calling this the “Hispanic paradox.” Consistent with previous research, foreign-born Latinos fare better than native-born for almost all health outcomes across different race/ethnicity groups. The authors state that immigrants tend to have better morbidity and mortality outcomes than native-born, attributing this to the “healthy migrant” effect. That is, people who immigrate may be healthier than those who remain in their home countries. Though not as obvious, socioeconomic status also has an effect on the health of immigrants. For example, in Mexico, the higher the people’s SES, the greater the likelihood that they were linked to smoking, alcoholism, and obesity, with lower income Mexicans being healthier. What is more, lower levels of assimilation in the US also have been linked to better health outcomes. In addition to health outcomes, there are also important protective cultural resources that allow Latino youth to succeed in school despite their socioeconomic vulnerabilities (Ong, Phinney, & Dennis, 2006). Persistent parental support and greater levels of ethnic identity and family interdependence have influenced higher academic achievement.

**Ethnic Identity**

Having a positive ethnic identity is essential to resilience among Latinos. Latinos, especially new immigrant families, may feel recognizably different and many for the first time experience a shift in how others treat them due to their ethnicity, skin color, race, or social location. Not having the benefits of white privilege can be especially problematic for Latinos living in the US (Blume & De Reus, 2009), furthering their sense of marginalization and experiences of oppression. By focusing on risk and protective factors, it is possible to reduce negative outcomes and enhance resilience. For example, Mexican American youth showed how they used energy, creativity, and resilience in order to cope with cultural tensions, role conflicts, and identity formation (Holleran & Soyon, 2005). Keeping strong ties to one’s ethnic culture is a key protective factor, as is a strong, positive ethnic identity; ethnic pride and appreciation of and growing up with traditional Mexican values and beliefs such as *familismo* (family closeness and loyalty) contribute to resilience. Also, focusing on maintaining positive attitudes toward life, even following traumatic events, and having social support are noted as important protective factors. Hispanic adolescents were found to be more resilient, when compared with their non-Hispanic Anglo peers, in response to uncontrollable stressors and parental alcoholism. The strength and availability of the Hispanic community and social support, strong positive ethnic identity, and familism were presented as a major probable explanation for such resilience (Holleran & Soyon, 2005).

Conversely, there is a strong relationship between ethnicity-related stressors and well-being among Latinos (French & Chavez, 2010). Experiences of discrimination have a negative effect on mental health for Latinos, especially as they relate to stereotype threat (confirmation concern) and conforming to the pressure of one’s own cultural group. French and Chavez worked with a compensatory model
and a protective model, focusing on four dimensions of ethnic identity: centrality, public regard, private regard, and other group orientation. They found that ethnic identity was positively associated with well-being and all four dimensions were most protective of well-being, with the fear of confirming stereotypes being the most problematic. Additionally, the centrality of ethnic identity to self-image and the feeling that others believed Latinos were good people also were associated with lower levels of depression, while being comfortable with other ethnic groups was related to lower depression and lower loss of control. Overall, the negative effect of the fear of confirming stereotypes overrode the protective nature of ethnic identity. Additionally, if students felt great pressure to conform around other ethnic groups, then the positives were nullified as well. In order to protect young Latinos’ sense of well-being it is critical to help them overcome the fear of confirming stereotypes and nullify the pressure to conform. Family members, teachers, and community leaders can be pivotal in helping young Latinos strengthen their ethnic identity and lower their risks for confirming negative stereotypes.

**Community and Social Support**

Extended community support and networks are vital for continuity and resilience among Latino families (Hull, Kilbourne, Reece, & Husaini, 2008). Social networks improve overall well-being as well as offer several pragmatic functions such as assisting in food security and housing needs (Greder, Cook, Garasky, Sano, & Randall, 2009). Extended community networks have been found to be key in resilience as neighborhoods and community supports were influential in the psychological and behavioral outcomes of Latinos. Having a church community and extended and community networks also were important.

As with other cultural groups, active church/religious involvement is important and helps maintain cultural ties and offers social support; however, not all family, community, and social support is beneficial for everyone in the same way. For example, Kelly (2007) analyzed the role of religion among Mexican American immigrants and found that religion and religiosity had both protective and risk factors. Traditional strengths of the Mexican family culture, such as collectivism, respect for authority, and loyalty can be harnessed through an immigrant’s religious participation. However, an essential aspect of religion as a protective factor (instead of a risk factor) for Mexican immigrant adolescents is the degree to which he/she shares religiosity with his or her parents.

Community and social support also has been found to be critical for Mexican American women survivors of intimate partner violence (IPV) (Roditti, Schultz, Gillette, & de la Rosa, 2010). Hispanic participants stayed in abusive relationships longer than women from other cultural groups, stating that Marianismo (using the Virgin Mary as a role model of the ideal women) and familismo can be a negative influence in this specific situation because they were often encouraged by their families to stay in the abusive relationship. Resilience in their case was linked more to formal social support from organizational sources (i.e., shelters, counseling) and also to informal social support from friends and neighbors, just not family. The authors note that acculturation decreases resilience, which is common to findings in other studies, and they also link increased resilience to decreased mood disturbance. However, the most important factor they note in relation to resilience is help seeking. Those who were willing to look for help and continue searching for ways out of their difficult situations were the most resilient and often found the most support.

Additionally, Contreras, López, Rivera, Raymond-Smith, and Rothstein (1999) examined the social support and adjustment among Puerto Rican adolescent mothers and the moderating effect of acculturation. They investigated the relationship between grandmother and partner involvement between adolescent mothers during the second or third year of parenting. Unacculturated Latina mothers were protected by their grandmother’s involvement and exhibited fewer symptoms and less
parenting stress. They also were more likely to implement Hispanic values and interdependence on family. Additionally, for less acculturated Latinas, partner support was significantly related to symptomology, but not parenting stress. Those who lived with their partners reported greater symptomology. Acculturated Latinas showed patterns similar to non-Latina Anglo Americans. More research is needed in the area of the role of family and social support, especially for single Latina/os parents living with extended family members.

Overall, the above-mentioned factors contributing to resilience among Latinos are evident across many of the studies reviewed. For example, the factors increasing resilience mentioned by Blanco-Vega, Castro-Olivo, and Merrell (2008) were parental and familial involvement, positive community support, and positive self-concept. The support of the host culture is also imperative in preserving and further developing the protective factors with which families arrive. For adolescent Latinos, positive ethnic identity, parental support and involvement, having a school community that supports and promotes strong cultural values, and community unity all engender a feeling of belonging and the capacity for academic success and community involvement. Latinos were more likely to thrive when they and others believed in their abilities and skills and had high self-esteem.

In summary, the common themes of resilience among Latino immigrant families identified four broad domains of risk and protective factors (i.e., individual characteristics, family strengths, cultural factors, and community support). Below we discuss how these data serve as a foundation for creating a theoretically informed framework for enhancing family resilience among Latinos.

**Organizing Frameworks for Understanding Familias Fuertes**

The primary goal of our chapter is to offer an emerging clinical framework that accounts for resilience among Latino families. Extant frameworks developed by Walsh (2002) and Hawley and DeHaan (1996) have been instructive for our thinking. When considering family resilience, Walsh’s framework offers a sound foundation for adapting this clinical framework for work with Latino families. Her biopsycosocial systems model seeks to identify common themes related to a family’s effective response to crisis. Three major themes are identified: (1) belief systems, the heart and soul of resilience; (2) organizational patterns, family shock absorbers; and (3) communication processes, facilitating mutual support and problem solving.

This framework serves as a conceptual map identifying key family processes that can help families strengthen their abilities to evidence resilience (Walsh, 1998, 2003, 2006). Walsh’s (2002) article on innovative practice applications of her resilience framework notes her basic premise: “…stressful crises and persistent challenges influence the whole family, and in turn, key family processes mediate the recovery and resilience of vulnerable members as well as the family unit” (p. 130). Walsh adds that: “Family resilience involves more than managing stressful conditions, shouldering a burden, or surviving an ordeal. This approach recognizes the potential for personal and relational transformation and growth that can be forged out of adversity” (p. 130). Adversity takes many forms, and some families are faced with multiple challenges, some acute and others chronic. For example, Boss (2006) focuses on loss, trauma, and resilience, and discusses migration and immigration as common situations where families must adapt, adjust, deal with loss, reorganize, and redirect. Of particular importance is Walsh’s exhortation of the importance of using ecological and developmental lenses when examining families, the former paying particular attention to what surrounds families, and the latter accounting for processes as they unfold over time.

A second resource for our own thinking is Hawley and DeHaan’s (1996) work that integrates lifespan and family perspectives into the understanding of resilience. Up until the mid-1980s, much of the discussion on resilience was at the individual level rather than accounting for family systems.
Hawley and DeHaan contrasted individual and family resilience, discussed the merits of family resilience as a viable concept, and also began a discussion of clinical implications. They defined family resilience as “the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families positively respond to these conditions in unique ways depending on the context, developmental level, the interactive combination of risk and protective factors, and the family’s shared outlook” (Hawley & DeHaan, 1996, p. 293).

Over the course of their discussion, they describe an individual resilience perspective as reflecting a pathologically oriented framework, whereas a family resilience approach elevates a wellness and adaptability framework. Hawley and DeHaan’s orientation helps one to stay strength-based and avoid wandering into a family deficit way of thinking, which is particularly important when discussing families from marginalized social positions.

### Toward a Clinical Framework of Family Resilience Among Latinos

Overall, the “common factors” for Latino family resilience offer an essential foundation for creating a resilience framework for Latino families living in the US (immigrant and non-immigrant). Our aim is to offer clinicians and other practitioners a preliminary model that reflects practices and beliefs that may enhance family resilience among Latinos. In our framework (see Table 13.1), we have used Walsh’s three dimensions identifying a family’s effective response to crisis (i.e., belief systems, organizational patterns, communication processes), and have added a fourth dimension, ethnic identity. Suggestions for clinical intervention, highlighting specific Latino cultural values, are embedded in this adapted framework. These cultural values have been noted consistently throughout the marriage and family therapy and the social science literature as being significant factors contributing to family resilience among Latinos. We offer suggestions for increasing attention to family resilience in assessment and intervention, especially as one considers within-group diversity among Latino families. Additionally, we consider future research directions for increasing our understanding of family resilience among Latinos.

### Clinical Implications

There are several considerations we hope will help make our framework most useful to practitioners. First, we encourage therapists to use this framework in a fluid manner. It is meant to serve as a starting point that can be adapted and modified based on a family’s specific context and/or goals for therapy. The four domains are informed by research and theory, however, the suggestions embedded within the framework can be added to extensively. We hope this framework enables therapists to work in a culturally sensitive manner that amplifies family resilience based on the cultural values and nuances unique for each family.

Therapists should be aware that clinical interventions will vary due to multiple contexts, social locations, and intersections of identity. For example, although there are many similarities among US born and immigrant Latinos, there are vast differences in their experiences relative to creating family resilience. Contextual differences are salient when considering the intersections of social locations. For example, US born Latinos/Hispanics/Chicanos may or may not have a strong ethnic identity. Depending on how long their families have been in the US, some US born Latinos may not embrace those values mentioned in our framework, at least maybe not to the extent that foreign born Latinos do. Other intersections of identity to consider are special needs families, gay/lesbian/bi-sexual/transgendered/queer led families, racially mixed families, and Latino families at all socioeconomic levels.
Table 13.1  Framework for enhancing family resilience among Latinos

<table>
<thead>
<tr>
<th>Belief systems</th>
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<tbody>
<tr>
<td>Make meaning of adversity</td>
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<tr>
<td>Understand how fatalistic beliefs help Latinos normalize life experiences with dichos/sayings such as “así es la vida” (such is life)</td>
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<tr>
<td>Understand how spiritual/fatalistic beliefs can help one accept of things that cannot change “que sera, sera” (whatever shall be shall be) or “si Dios quiere” (God willing)</td>
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<td>Positive outlook</td>
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<tr>
<td>Foster an attitude that crisis is manageable; “no hay mal que por bien no venga” (there is always good that comes out of something bad); “querer es poder.” (where there is a will there is a way)</td>
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<td>Assess values, beliefs, and positive influences that are embedded in the Latino culture</td>
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<tr>
<td>Transcendence and spiritualism</td>
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<tr>
<td>Understand the role that religion and spirituality have in each family member’s life</td>
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<td>Understand the cultural value of spiritualism reflected in dichos, church attendance, religious practices, beliefs, and family rituals and routines</td>
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<tr>
<td>Assess for beliefs in saints, spiritual realm, herbal remedies, and folk healers/“curanderos” and how they can be a resource for families</td>
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<tr>
<td>Organizational patterns</td>
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<tr>
<td>Familism, connectedness, and reconciliation</td>
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<tr>
<td>Assess the extent to which each family member feels loyalty to their family, loyalty for a specific family member, and who they define as family</td>
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<tr>
<td>Be prepared to do a cultural genogram that does not reflect traditional family structures</td>
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<td>Assess for family unity, harmony, cut-offs, alliances, coalitions, resentments, family secrets, legacies, etc.</td>
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<tr>
<td>Assess to what degree each family member sees their family as a protective and risk factor for resilience</td>
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<td>Cultural social support</td>
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<tr>
<td>Be aware that many Latinos espouse a collectivistic mindset and expect others to be cooperative, helpful, respectful, and courteous; especially family and friends. They may have a sense of betrayal if their good actions or intentions are not reciprocated</td>
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<tr>
<td>Assess the extent to which family members feel they belong to their community and their sense of agency or ability to voice their concerns and/or make improvements. Not all family members will have the same experiences for a multitude of reasons</td>
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<tr>
<td>Assess the extent to which children are active in school, have a sense of belonging, and their parents feel free and able to participate in school functions and advocate for their children</td>
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<td>Inform families about community resources and encourage them to actively seek support from these networks that they may not feel entitled to</td>
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<td>Flexibility</td>
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<tr>
<td>Use psychoeducation to teach families about life-cycle transitions, and the importance of balancing stability and flexibility during these changes</td>
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<tr>
<td>Note the importance for immigrants to balance assimilation and stability for each family member; they will experience these processes differently</td>
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<tr>
<td>Help family members accept and negotiate how assimilation differences affect their family functioning and relationships and amplify strengths for each one of them</td>
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<tr>
<td>Personalism</td>
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<tr>
<td>Always be mindful of this important cultural value promoting self and mutual respect</td>
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<tr>
<td>Assess for all those in each family members’ life that enhances their feelings of being accepted, cared for, loved, respected, and enables them to reciprocate those positive and respectful feelings</td>
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<tr>
<td>Amplify those aspects of the family’s life that helps them collectively and individually increase their sense of self-worth and contribution toward others</td>
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<tr>
<td>Social and economic resources</td>
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<tr>
<td>Assess for financial stability and family’s risk for poverty</td>
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<tr>
<td>Assess for children’s educational resources and sense of safety, belonging, and support in their schools</td>
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<tr>
<td>Assess the family’s sense of obligation to support and provide for extended family members; be cautious not to pathologize their actions, but seek to understand their values and intentions</td>
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<tr>
<td>Help family identify financial safety nets and the extent of their social capital</td>
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<tr>
<td>Be cautious not to overly focus on materialism, unless this is what they value</td>
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(continued)
Communication/problem-solving

**Dichos**

- Ask family about certain dichos that have given them a sense of strength, motivation, courage, and other feelings and actions that may be positive for them.
- Use these dichos/sayings as possibly relevant or important insights about family and cultural values that give them a sense of strength, perseverance, and overcoming.

**Clarity and open emotional expression**

- Help family members to examine ways in which they may be triangulating others into conflict as a way to decrease anxiety and maintain harmony. Assess how this may be helpful or harmful.
- When appropriate, offer suggestions for being direct in communication without being disrespectful.
- Teach the use of “I language” as a means to communicate needs, thoughts, and feelings in a sensitive and respectful manner.
- When appropriate, help couples and families acknowledge a possible tendency to avoid communications and conflict in order to keep the peace.
- Help family focus on communication that builds upon strengths.
- Understand the use of humor and teasing “choteo”/“bromiar” to decrease anxiety and tension and increase a sense of positive feelings and environment.

**Collaborative problem solving**

- Assess the family’s style of resolving problems; do they have a preferred way? What aspects are culturally informed? What needs to change in order to increase a sense of well-being, family cohesion, and/or desired goals?
- Use the value of family cohesion and interdependence as a means to increase collective problem solving.
- Engage parents, grandparents, or adults as leaders in the decision-making process, while also listening to the input of the children and other family members.
- Help family members identify individual and collective goals and assess how they may or may not be compatible.
- Identify negative or unsupportive influences for family members; a common dicho is “major solo que mal acompañado” (better off alone than in bad company). Assess how these influences may be affecting their resilience.
- Assess ways in which family members are taking a pro-active, assertive stance. Is this stance consistent with their values (i.e., depending on their acculturation level, educational level, adherence to traditional gender roles)?
- Assess if violence, dominance, control, and aggression are means to resolve conflict.

**Ethnic identity**

- Embrace ethnic/cultural roots.
  - Foster ideas, actions, and beliefs that support positive ethnic identity development and maintenance.
  - Encourage family members, especially children and adolescents, to attend ceremonies, events, family rituals, and family gatherings that celebrate their family and culture.
  - Do a cultural genogram that traces history as far back as possible, acknowledging pride/shame in mestizo heritage, and multiple family forms.

**Intersections of identities**

- Assess family differences in acculturation and assimilation and how these differences affect family members’ sense of wellness and resilience.
- Acknowledge transnational families as having a legitimate family form, having unique challenges, and strengths.
- Foster family pride in heritage and bi-cultural or multi-cultural identity.
- Assess for other intersections of identity and social location adding or detracting from family resilience (race, white privilege, class, gender, sexual orientation, age, health problems, psychopathology/addictions, criminal history, employment status, educational level, language abilities).

**Bi-culturalism/multi-culturalism**


**With-in group differences**

- Do not essentialize Latinos as a homogeneous ethnic group.
- Assess how specific cultural traits from their country of origin strengthens their sense of family resilience.
- Be mindful of heteronormative assumptions; assess for similarities and nuanced differences in family resilience among gay and lesbian Latino families.
The list of differences due to varying intersecting identities and social locations is vast, and careful assessments and interventions must be made in the most culturally sensitive and culturally responsive manner possible.

Lastly, we encourage family therapists and other practitioners to consider how our clinical framework for family resilience fits with their theoretical orientation to family therapy. It is our belief that as long as therapists consider their work strength based, they can work from clinical models that were not originally conceptualized as such. Given the focus on resilience, obvious compatible clinical models are the collaborative approach, solution focused, narrative therapy, and feminist informed family therapy. However, when carefully examining the four domains of family resilience among Latinos, we also suggest the use of more traditional models of family therapy that focus on family and cultural context, family process and structure, such as Bowenian family therapy, contextual family therapy, structural family therapy, strategic family therapy, and cognitive-behavioral family therapy. Regardless of the therapist’s clinical approach, we hope our framework can inform clinical assessments and interventions with Latino families that will strengthen their sense of resilience.

Research Implications

There are also several considerations worth noting in regard to how this framework can be used to inform future studies specific to family resilience among Latinos. There is a clear need for social and behavioral scientists, as well as marital and family therapy researchers, to increase their emphasis on accounting for diversity, ethnicity, and family transitions. While we have only discussed migration and immigration factors as they apply to Latinos, we believe particular attention should be directed at those processes and how they contribute to or detract from a family’s ability to have resilience. This is important to note because well-being is often challenged by transitions and changes due to the pressure to adapt and adjust, while at the same time preserving core family values and practices. There is a community context to these transitions that has been discussed by Glick (2010). She notes the significance of both sending and receiving communities for understanding how well or how poorly new immigrants fare. If context is important, and our discipline seems to say this is the case, then the nature of where you leave from and the nature of where you go to have a lot to say about how well you and your family will do. The four dimensions, highlighting clinical interventions, may also serve as an impetus for asking those process-related questions mentioned above.

We also believe there is insufficient research that takes a developmental view of process and progress as it pertains to Latino families, whether they are new to the receiving community or of a subsequent generation. Though this suggestion qualifies as the proverbial beating of the dead horse, there is little longitudinal research; therefore we may over-attribute the effects of new situations because we never had a clear sense of baseline. An important future research suggestion for this moment in time involves research on measurement. Current measures of family strengths, for example, were not designed with diversity in mind, ethnic or otherwise. Consequently, resilience measures, scales, and indicators may be poorly aligned with Latino family characteristics, dynamics, and processes, and therefore are unable to capture functional dimensions of family life among Latinos.

Additionally, there is another significant research implication that pertains to a core aspect of understanding resilience. In fact, this is the core research question: What differentiates families that do well from those that do not fare as well, even when circumstances and conditions are the same or similar? To answer this question requires a valid conceptualization of outcomes for Latino families (in quantitative research this is the effect variable), as well as conceptualizing valid explanations for variety in family outcomes (best suited to qualitative/narrative approaches). To date few research studies have accessed multiple methods to answer the important questions.
Conclusion

Overall, our aim was to pull together several threads that form a tapestry displaying familias fuertes (strong families). We built upon Walsh’s (2002) model of family resilience, Hawley and DeHaan’s (1996) work integrating lifespan and family perspectives, and a review of the literature on family resilience among immigrant Latinos (i.e., Cardoso & Thompson, 2010) to offer a preliminary framework for understanding and supporting Latino families. Our goal was to posit an emerging clinical framework that accounts for significant dimensions of family strengths among Latino families. Our hope is that our emerging framework will help strengthen our capacity as scholars, researchers, and therapists to understand and promote family resilience among Latino families.

References


