Community-Based Applied Research With Latino Immigrant Families: Informing Practice and Research According to Ethical and Social Justice Principles

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This manuscript describes the implementation of two community-based programs of research with Latino immigrant populations exposed to intense contextual challenges. We provide background on our program of research and specific implementation of an evidence-based parenting intervention. We also describe how our research efforts were seriously affected by immigration-related events such as the ICE raids in Utah and a history of discrimination and exclusion affecting Latino immigrants in Michigan. These external political and social challenges have affected the very core principles of our efforts to implement community-based approaches. The current manuscript describes key lessons that we have learned in this process. Finally, reflections for research, practice, and social policy are included.

Keywords: Latino Immigrants; Research Ethics; Community-Based Research


INTRODUCTION

The present-day United States is predominantly populated by descendants of immigrants. In Census estimates for the 2005–2009 years, 74.5% of the population was White American. What has changed, dramatically quickly, is the ethnic distribution of the immigrants arriving in this country (Census Bureau, 2010). In the 1970s, 75% of foreign-born persons in the United States were of European origin (Grieco, 2010). In 2007, Europeans made up 13.1% of immigrants whereas Latinos (53.6%) and Asians (26.8%) comprised the bulk of foreign-born persons (Grieco, 2010). These rapidly
changing demographics among foreign born persons living in the United States have yielded a series of recent changes in the social and political context of the country that have come with challenges and exclusionary legislation (e.g., Arizona SB 1070).

These issues may seem purely political and disconnected to the applied and scholarly work many helping professionals engage with on a daily basis. However, for those of us that conduct our research and practice with immigrants and/or ethnic minorities, these seismic shifts in demographics and their accompanying legislative and social sequelae have deeply affected our research, our practice, and our personal well-being. The present paper documents the intense challenges that we have faced in our research studies, which are applied in nature. We describe how we negotiated these political, contextual, and social challenges from within our research paradigms, which combine a community-based orientation with rigorous scientific traditions. We also discuss the role of our professional ethics and personal integrity in informing how we proceeded. Finally, we reflect on how these experiences and lessons learned can benefit family therapy practitioners and researchers, as well as social policy.

OUR COLLABORATION: THE BASE

Two of the authors (Drs. Parra and Domenech) have been colleagues since the late 1990s when they met and discovered a shared passion for promoting the well-being of Latino families through intervention research. The two met through a common mentor (Dr. Marion Forgatch). Dr. Forgatch is a key Parent Management Training-the Oregon Model (PMTO) treatment developer (e.g., Forgatch, Patterson, DeGarmo, & Beldavs, 2009). With her support, we generated a network of Latino mental health professionals with a common goal to reach Latino families. At present, the three authors are engaged in active collaborations across three sites, México, Michigan, and Puerto Rico. Previously, two of us (Drs. Domenech and Baumann) collaborated on the implementation in Logan, UT, with consultation support from members of the network (including Dr. Parra). Part of the success of our collaboration is that we share a community-based approach to intervention research that is committed to following rigorous scientific methods to test the effectiveness of the interventions.

SHARED RESEARCH PHILOSOPHY

Our community-based orientation is built on the nuanced and critical analysis forwarded by community-based participatory research (CBPR). CBPR is a collaborative approach that prescribes equal participation from researchers and community members in all dimensions of the research process (Israel, Schulz, Parker, & Becker, 1998). Within this tradition, “community” is broadly defined as all those who are affected by the research (Horowitz, Robinson, & Seifer, 2009). While we do not claim that we uniformly follow the methodology, we do adhere to the general value orientation toward science and the requirements for generating new scientific knowledge. For example, a core CBPR principle consists of privileging different ways of knowing, understanding that scientific objectivity is one way of knowing but not the only way of knowing (Horowitz et al., 2009; Minkler, 2004). In our work, this has been evident in

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1 Arizona Senate Bill 1070 gives a great deal of authority to law enforcement agents to proactively seek verification of residency status for any person “reasonably suspected” of being an undocumented immigrant. The full text of the bill is available on-line at: http://www.azleg.gov/legtext/49leg/2r/bills/sb1070s.pdf
the use of combined qualitative and quantitative methods for obtaining feedback from participants.

The CBPR approach promotes trust between researchers and communities through encouraging a colearning and empowering process that attends to social inequalities (Horowitz et al., 2009; Israel et al., 1998). Partnerships between researchers and communities are expected to lead to collaborations that would directly address the fears and existing distrust community members may feel toward researchers. If unaddressed, these issues can constitute critical barriers to participation in applied programs of services research (Corbie-Smith et al., 2003). This orientation is evident in our participation in community events, proactive engagement with community members, and formal and informal contacts to learn about the issues of high relevance to our work. This partnership is also evident in our response to requests from these partners to support their own professional and personal goals.

As research moves from bench to bedside, from clinical trials to research in the community, and from treatment development to the dissemination of best practices, ethical challenges emerge for both researchers and communities (Ross et al., 2010; Sieber, 2010). For example, should scholars limit themselves exclusively to research-related roles if participants are experiencing significant contextual challenges? How appropriate is it for researchers to become advocates for study participants in an effort to help them cope with personal challenges? Should implementation efforts extend beyond research activities and include advocacy efforts? (Horowitz et al., 2009; Schaffer, 2009). Addressing these and similar dilemmas are a necessary step toward developing more grounded social justice-informed approaches, fully informed by the lives of underserved populations (Bastida, Tseng, McKeever, & Jack, 2010).

**SHARED THEORETICAL AND PRACTICE ORIENTATION**

Our shared programmatic research agenda is to culturally adapt, implement, and evaluate an evidence-based parenting intervention known as PMTO™. PMTO™ has been culturally adapted for dissemination among Spanish-speaking Latino families in the United States, Mexico, and Puerto Rico. PMTO™ is an efficacious parenting intervention with an underlying theory, research procedures, and intervention techniques; we all agreed at the outset of our collaboration all three were a good fit for Latino families (e.g., Domenech Rodríguez, Baumann, & Schwartz, 2011).

The theoretical model underlying PMTO™ is the social interaction learning theory (SIL), which is best characterized as a behavioral family systems orientation (Forgatch & Patterson, 2010; Patterson, Forgatch, & DeGarmo, 2010). At the core of this ecological model are the child’s outcomes, which are most proximally affected by the parents’ interaction with the child. Child outcomes and parent–child interactions are, in turn, affected by contingencies outside of the home, such as immigration, discrimination, and language adjustment (Forgatch & Patterson, 2010; Patterson et al., 2010). Problematic behavior is understood to be the result of a cascading effect that begins with stressful contexts that disrupt parenting practices. Low income, immigrant families have a particular combination of stressful factors that affect their parenting practices in the United States, including the migration process, and accesses to resources and privileges (e.g., García Coll et al., 1996; Halgunseth, Ispa, & Rudy, 2006). Such adversities interrupt parents’ ability to engage in positive and nurturing parenting practices; an imbalance of positive-to-negative interactions.
increases the probability of children engaging in or escalating maladaptive behaviors. Neither children nor parents are pathologized, rather, the problem is situated in the interaction between them. Support is provided to parents to learn ways in which they can teach their children most effectively.

The research evaluation for this model is rigorous, requiring detailed behavioral observations (e.g., Domenech Rodríguez, Davis, Rodríguez, & Bates, 2006), and self-report by multiple observers. The effectiveness of the intervention is tested through randomized controlled trials. The multiple observations by multiple observers seem of critical importance when working with Latino immigrant families, to understand not only the child’s behavior, but also the potential stressors that the family may be facing.

The theoretical mechanisms have been studied experimentally. The efficacy of the intervention has been confirmed across cultural (Martinez & Eddy, 2005) and national borders (Ogden, Hagen, Askeland, & Christensen, 2009). Recent 9-year follow-up data have provided robust evidence of the positive long-term effects of the intervention (Forgatch et al., 2009). For reviews of the model and on the findings, please see Forgatch and Patterson (2010) and Patterson et al. (2010). For a review on the fit of intervention techniques to Latino families, please see Domenech Rodríguez et al. (2011).

CULTURAL ADAPTATION FOR LATINO IMMIGRANT FAMILIES

Based on important findings in the literature regarding Latinos’ utilization of mental health services and specific stressors (e.g., acculturation, immigration), the collaborators engaged in a process of cultural adaptation of existing intervention materials with the support and guidance of our mentor (Dr. Forgatch). The cultural adaptation process was theory driven, following Domenech-Rodríguez and Wieling’s (2004) cultural adaptation process model, as well as Bernal, Bonilla, and Bellido’s (1995) ecological validity model (see Domenech Rodríguez et al., 2011, for the application of the cultural adaptation models).

Key components of our model of cultural adaptation involve learning about the most pressing needs from community members regarding issues of parenting and general life challenges. We have accomplished this by learning from community leaders, as well as potential participants, through qualitative studies. The inclusion of key community leaders and members in the research enterprise is essential to ensure the long-term sustainability of applied research projects in underserved communities (Domenech Rodríguez, Rodríguez, & Davis, 2006; Domenech Rodríguez, Davis, Rodríguez, & Bates, 2011). Some of this initial work supported our methods (e.g., Domenech Rodríguez et al., 2006; Parra-Cardona, Córdova, Holtrop, Villarruel, & Wieling, 2008), our a priori cultural adaptations (e.g., language, persons; Domenech Rodríguez et al., 2011; Parra-Cardona et al., 2009), our community-based approach (Domenech Rodríguez, Rodríguez et al., 2006), and also to become familiar with and take into account some of the challenges we would face in implementation. However, some challenges were not predictable. During the implementation of our programs of research in Utah and Michigan, we have faced contextual challenges that have affected our studies in various ways. We have experienced at both sites the serious deleterious effects of current immigration policies, as well as the anti-immigration climate that can be observed in several communities throughout the United States.
The implementation in Utah was supported by a National Institute of Mental Health K01 award to the second author and began in 2005. The grant had multiple projects within it with an ultimate goal of culturally adapting, implementing, and evaluating a PMTO™ based intervention to local Latino immigrant families. The manual was developed and tested through 10 parent groups with 4–15 parents (see Domenech Rodríguez et al., 2011, for more details on the adaptation and development of the manual). The resulting manual, *Criando con Amor: Promoviendo Armonía y Superación* (CAPAS), had eight sessions. Our research team quickly learned during the baseline data collection that an important aspect for developing trust with the immigrant Latino community in Utah was to explicitly state that we were not concerned about their legal status, and this message continued in the group meetings. We emphasized that we were meeting to support parents in strengthening their parenting skills and help them improve their relationship with their children. If parents did not tell us about their legal status, we would not ask. Following legal and ethical guidelines of the profession, we were also upfront about our duty to report evidence of physical or emotional abuse. However, we took great care to differentiate abuse from typical ineffective parenting practices, especially in light of existing dynamics wherein children threatened to call 911 when parents did something that was unacceptable to the children (Domenech Rodríguez et al., 2011; Parra-Cardona et al., 2009).

The participation in community activities by members of our research team led to our integration in the local Latino community. Much like our initial cross-sectional efforts (Domenech Rodríguez, Davis et al., 2006), our groups were being formed through word of mouth, showing that we had successfully gained the community’s trust. We ran three parent groups and were excited with our progress. The third cohort had just finished their intervention and the research team was hurriedly completing postintervention assessment at the same time we were conducting baseline assessment for the fourth cohort. On December 12, 2006, unexpectedly, U.S. ICE carried out a large-scale raid at the Swift meat processing facilities in six states, including Utah (U.S. Immigration and Customs Enforcement, 2008a, 2008b). We learned that 1,297 workers were arrested, including one mother that was participating in our intervention, as well as family members of the parents that had attended our groups.

We felt the impact of the raids immediately in myriad ways. Families with whom we had a great rapport stopped answering our phone calls, and did not come to assessments. Those people who did answer our calls reported being very afraid of leaving their houses. Families that kept their assessment appointments were clearly distressed and we spent considerable time discussing their raid experiences and associated feelings. A couple of the families from past groups called us to ask for help. These families needed groceries, supplies for their children (e.g., diapers), and help collecting the payments for their loved ones who had been arrested, but they did not want to leave their homes. The families were naturally scared and hurt. Added weight hung in the hearts of those affected for December 12 is the Day of the Virgin of Guadalupe, a noteworthy holiday in itself, and a prelude to the Christmas holiday. We had to make a series of difficult decisions about how to proceed within a research context to support our participating families while balancing the broader community that was affected by ICE raids.
The research team, which included a Ph.D. level licensed psychologist and four graduate doctoral students with at least 2 years of clinical experience, had to face ethical and methodological questions. We were concerned about our judgment being clouded as the PI and three research assistants were first-generation immigrants to the mainland United States, the other was the daughter of two international immigrants. This matter was very close to our hearts because in developing relationships with local families, we cared about them. At a personal level we also were managing our experience as immigrants in the United States.

In the ethical realm, we analyzed the balance between legal and ethical mandates. There were no legal obligations that we could identify (e.g., we were not obligated to investigate participants’ legal status, nor were we obligated to intervene to provide aid). We were relieved to not be faced with the dilemmas inherent in either following a just law or choosing to violate an unjust law, especially because one research assistant was in the United States with a student visa and the consequences could be dire. Nonetheless, we decided to be mindful not to violate immigration laws as we proceeded. Instead, we were challenged by the intersection in our researcher–practitioner roles. Intervention research is both research and practice. We examined our ethical responsibility according to the codes of our profession (American Psychology Association [APA], 2010).

We found solace in the guiding principles, specifically, the principle of justice, which states that all persons can have access to and benefit from the contributions of psychology, the principle of beneficence and nonmaleficence, which reminds us to promote well-being and do no harm, and the principle of respect for people’s rights and dignity which reminds us to aspire to protect the dignity and worth of all individuals while considering cultural and social factors when working with others (APA, 2010). These principles, however, are aspirational. The specific standards needed to be evaluated for more specific guidance on how to proceed given the many roles were trying to manage.

We felt obligated to maintain our competence (standard 2.01; APA, 2010) both as researchers and practitioners. As researchers, this entailed maintaining the highest standards and uniformity for data collection. The challenge there was whether to alter data collection procedures so that we could carry out the project, at which point we compromised uniformity. Alternatively we could interrupt the process because it could not be carried out uniformly, at which point the research would be halted and a tremendous amount of resources would be wasted. As practitioners, we recognized that the ICE raids represented a bona fide emergency and our code, mercifully, gives guidance on proceeding with service provision in the case of emergencies (standard 2.02, APA, 2010). Regardless of how we came to know the families, they were in distress and were asking us for help, and our professional training and our relative power and privilege in the community equipped us to provide help. Recognizing the importance of how we came to know families, we attempted to proceed thoughtfully to manage multiple relationships (standard 3.05, APA, 2010).

We approached the immediate needs with immediate action. Where there was a need for groceries and supplies, we provided them. We found resources in the community (e.g., local church) and also personally purchased needed items. We made phone calls, home visits, and participated in community action groups. Mindful not to become overinvolved, we left families with our contact information after the initial outreach and then responded when they called and needed more support. Some families did call, and we responded. For example, the PI transported a mother and her
two young children to the meat packing plant facility to retrieve her detained partner’s payment. In a poignant moment, the mother became very agitated when she saw a white truck that looked exactly like the one that had been used by the immigration officials to detain people. Her breathing became rapid, her speech pressured, and her thoughts reflected a deep fear for serious consequences to her and her children. The PI had to intervene, as a psychologist, to calm and support the mother to a manageable level of anxiety and help problem solve the situation. As a result, the mother opted to remain in the PI’s car with her children, doors locked, and cell phone in hand. She had a plan to call the PI immediately should anyone approach, and to keep doors locked until the PI returned. The PI went into the facility, retrieved the check, and gave it to the mother. The tears that followed were surely a mix of relief, gratitude, and continued fear and sadness.

In terms of research procedures, we decided to privilege continuation of the project over strict uniformity. Previously, the assessments were conducted at the university or at a school setting, where we would have group of parents come, mingle, and complete the assessments (Domenech Rodríguez et al., 2011). We decided to check-in on families that would not answer our calls. Some families wanted to continue assessments, so we did them in their homes where they felt comfortable and safe. The second major decision we needed to make was whether we would continue with the groups or not, especially considering that we were about to start a new wave. We decided to continue with the intervention. We concluded that parenting continues regardless of stressors, and that this could be a wonderful way to continue supporting families. Moreover, a couple of the parents in our groups had assumed responsibilities over the kids of other family members or friends that were arrested, so support for these families on parenting practices was particularly important. The decision to continue with the intervention groups was the correct one, as it served not only to teach and strengthen parenting practices of these parents, but also as an outlet for these families (and for us) to debrief on what was happening, and for us to check with the community on how things were going.

Listening to what the community had to say was powerful. Our hearts sunk when the children would ask us whether their parents would go to jail, as we could not realistically provide soothing reassurance that they would not be detained. We learned that the local community was tight knit. The parents from our study chose to help raise the children of those family members or friends that were detained or deported; there is evidence that not all children of deported parents share this same luck (Zayas, 2010).

After the proverbial dust settled following the raids and the local Latino community began reengaging in the broader community, we were pleased to see that we were invited to quinceañeras, birthday parties, and other social events. We continued conducting assessments at the university facilities, and families were less afraid of coming to the groups. Even now that the intervention study has concluded, we still maintain contact with the families that participated in our groups. Some of those contacts are social, but some are professional; for example, we still receive phone calls from parents asking us for mental health referrals in the community. This was not the result of our actions during the raid alone. We stepped in to support families in other circumstances as well (e.g., a medical emergency; Domenech Rodríguez, McNeal, & Cauce, 2008). We believe that our involvement in the community when the raids were happening was a crucial aspect for such close and positive relationship between researchers and community members in Utah.
Recruitment Challenges

The Michigan program of research dates back to 2004 when we first implemented a series of focus groups to help us inform the cultural adaptation and dissemination of a PMTO™-informed intervention. Since the very beginning, we faced clear challenges as we attempted to recruit parents from community settings and schools. Although many parents would sign up for focus groups, no parents would show up for the groups interviews. This process lasted at least 4 months, until we realized that our recruitment strategies were not culturally sensitive and that we lacked an understanding of the history of the local communities in which we were working.

Based on this, we shifted our strategy to interviewing local Latino leaders in order to learn more about the history of our target communities. Similar to our colleagues (Domenech Rodríguez et al., 2006; Domenech Rodríguez et al., 2011), the leaders in the community were essential for overcoming the research challenges we faced. For example, we learned from our Michigan community colleagues about the painful history of exclusion, discrimination, and exploitation that generations of Latinos have experienced in these communities. Community leaders told us that the deteriorating state economy and the increasing antiimmigration climate were particularly damaging to Latinos’ families. Therefore, fear and mistrust were factors that constituted intense research implementation challenges as parents were not likely to trust interventions delivered in the community.

To reduce fear of potential participants during the recruitment phase, community leaders introduced us to Latino parents at key community events (e.g., religious services, community events). In addition, rather than us proposing sites for focus group interviews, we asked parents about their preference for interviews. Overwhelmingly, parents expressed that churches and private homes were the places where they felt safe. Very few Latino immigrant parents identified schools or community centers as locations where they would like to participate in interviews. By implementing these changes, our recruitment efforts became very successful, to the point that we had to establish waiting lists, as we could not keep up with interviews at the rate that participants were signing up for them. Our recruitment success is attributed to the leadership of our community partners as they have consistently demonstrated to members of their communities a strong commitment to serve and respond to their needs.

Implementation Challenges

Many of our strategies resemble culturally focused engagement and retention strategies that have been successfully implemented in community-based research with underserved populations (see Bernal & Sáez-Santiago, 2006; Liddle, Jackson-Gilfort, & Marvel, 2006; Szapocznik, Prado, Burlew, Williams, & Santisteban, 2007; Tolan, Gorman-Smith, & Henry, 2004). We learned to develop a permanent awareness regarding the various expressions of contextual challenges that impact the lives of participants. For example, in one of the initial focus groups, the participants’ verbal participation was very limited. Even though we had taken care to carefully inform participants about audio taping and obtained their consent to do so, they were clearly not comfortable speaking freely when the recorders were turned on. We observed participants looking at each other as well as the audio recorders. We stopped and asked about their comfort level regarding their answers being recorded. Parents
reported they were afraid of the possibility of any type of involvement with immigration and law enforcement authorities. According to their perspectives, recording their answers could potentially be dangerous for them. To restore trust, we offered to stop recording the interviews. Instead parents requested clarification about handling of the audiotapes and limits to confidentiality. We described in greater detail the safety provisions we had taken to ensure their confidentiality and secure handling of the data. We also provided a more thorough explanation about our role as mandated reporters and our obligation to report to the authorities any instances of child abuse or neglect. We provided detailed examples of situations that would be considered child abuse or neglect to be sure that parents could discern the difference between extreme behavior and typical ineffective parenting behaviors. Finally, we clarified the distinction between mandated reporting and their right to not disclose documentation status. We also reminded parents that they could leave the interview at any time, including after receiving monetary compensation. All parents remained in the interviews and supported the use of the audio-recording devices for research purposes. They told us that a very detailed clarification on confidentiality and reporting procedures were key elements for them to feel safe as research participants.

The successful implementation of focus groups was essential to confirm the feasibility of offering parenting groups in the community. Parent groups are currently underway and parents participate in 12-week parenting groups on a volunteer basis. This preliminary study was also critical to obtain relevant qualitative data aimed at informing subsequent phases of our program of research. A published qualitative article describes key life experiences reported by parents, as well as salient contextual challenges that they experience in their lives (see Parra-Cardona et al., 2008). For example, parents described in detail intense experiences of discrimination that they have faced in the communities where they live. Parents also reported how these experiences of discrimination have had negative influences on their lives and are detrimental to their parenting efforts. These issues can be summarized in one quote expressed by a participant father, “Discrimination is a bitter drink you need to swallow . . . you have to swallow it . . . because you say to yourself, ‘If I get rebellious or do not behave, they can throw me into jail or they won’t help me’ . . . So, you just have to swallow that drink” (Parra-Cardona et al., 2008, p. 163).

An additional finding refers to multiple experiences of discrimination experienced by Latino parents in parenting programs offered in the community and mental health settings (Parra-Cardona et al., 2009). Specifically, parents expressed reluctance about participating in parenting interventions based on previous experiences in counseling or parent education in which they felt disrespected. They also reported situations in which they felt that their cultural values and traditions were not valued by professionals. For example, when referring to her experience in a parenting program, a mother expressed, “They [interventionists] see you like something weird, different, something that can’t be a parent . . . It’s like, ‘You’re different than me so I’m going to teach you’ . . . I don’t want to be judged in a parenting class” (Parra-Cardona et al., 2009, p. 221).

The feedback provided by participants helped us to understand how discrimination is a deleterious factor that negatively affects the lives of Latino immigrants, particularly when they become a “hidden” population for researchers and community providers (Pérez-Escamilla, Garcia, & Song, 2010). Furthermore, the painful life stories shared by Latino parents allowed us to reach a better understanding of the
high risk for researchers to remain in “Ivory towers,” completely detached from the challenging realities experienced by the families we attempt to serve.

Currently, we are in the intervention delivery phase of our program of research, and we continue to face serious challenges as immigration authorities regularly conduct in-home checks of immigrants who have been identified as having pending immigration trials or related immigration procedures. However, because the immigrant population is highly mobile, immigration authorities often times arrive at homes to find out that the targeted individuals have relocated. Once at the home address, authorities can request immigration documents from current tenants. If no proper documentation is presented, immigration authorities can proceed to arrest individuals, which can then lead to their deportation. Naturally, parents sometimes arrive to our group meetings feeling distressed because a relative, friend, or neighbor has recently been arrested. Because some family members have documented status and others do not, often times families experience forced separations where one family member is deported or arrested while others stay in the United States. Participant mobility is not a significant challenge for us because we obtain at least three references from each participant during intake. These references are trusted friends or acquaintances, so that we can contact participants through them should participants relocate.

This context of immigration activities has led to a permanent sense of fear and mistrust among members of the Latino community. Such fear is intensified by experiences of discrimination in various settings (e.g., schools, health care settings), as well as intense work exploitation commonly reported by Latino parents. One participant reflected about the deleterious effects of these contextual challenges:

It is hard to understand all this hate against us [Latinos]. . . . We are just here to work in jobs that nobody else wants to take. . . . I get up every day at 3 in the morning and I do not complain about the long working hours. . . . I just want to do my job and help this country. . . . It hurts because I do not see my kids because of work. I get home tired and angry and just want to be left alone. . . . And then you hear all these comments about us being lazy and causing economic problems. . . . I just cannot understand why they say this about us.

Through our program of research on parenting, we have realized that the contextual challenges faced by the parents we serve widely vary in nature and intensity. Within the framework of Social Interaction Learning theory these contextual challenges impact parenting practices. In fact, our observations bear this out well. Similar to the parents in Utah, parents in Michigan have expressed how parenting groups, in addition to become a place for learning, have become important sources of support to them.

In the Michigan context, the research has been possible partly because of a strong collaboration with the university’s extension professionals. Extension professionals are members of the assessment and intervention delivery team. Extension professionals are trained, knowledgeable, culturally competent professionals that use formal and informal education to accomplish goals (in our case, to recruit and retain parents in our intervention). The extension professionals that work with us live in and are active members of the community, they have a level of moral authority, trustworthiness, and commitment to the community that other members of the research team do not have. For example, parents welcome research assistants to their homes to complete assessment usually around 7–8 p.m. due to the parents’ long working hours.
Assessments are comprehensive and can last 2–3 hours. Despite these implementation challenges, parents have always been supportive toward members of the assessment teams. The extension professionals that are members of our research team have life experiences that lend them credibility and respect from our participants. For instance, one of our parent educators works in construction and landscaping during the day and has been highly influential in the successful engagement and retention of male participants, particularly because he serves as a role model to participant fathers, but also because he has a keen awareness of intense contextual challenges commonly faced by fathers in the community.

Through extension professionals, we also have found alternatives to help participants in a variety of ways, such as referrals to mental health services, immigration counseling, and medical needs, among others. One member of our team also has extensive experience assisting families in crisis (e.g., legal, mental health, job). In addition, two undergraduate students from the College of Education, who are also members of our research team, are implementing free English classes to participants on a weekly basis. Such support has been found to be highly beneficial by participating parents.

Addressing Ethical Dilemmas

Establishing multiple and dual relationships with clients and community members carries the risk of becoming harmful and exploitative. The APA ethics code highlights the need to ensure “the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist” (standard 3.05; APA, 2010). In addition, the code of ethics of the American Association for Marriage and Family Therapists (AAMFT) states that “Marriage and family therapists are aware of their influential positions with respect to clients. . . . Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk for exploitation” (standard 1.3, AAMFT, 2010).

In addition to considering the consequences of actions, we also considered the repercussions of inaction. Not engaging in multiple relationships with a community that has no other resources for support could potentially be even more harmful to our participants. APA standard 3.04 reminds us to avoid harm and, most important of all, standard 8.04(a) tells us that “when psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.” The AAMFT (2010) code of ethics also states that “Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment” (Principle I, Responsibility to Clients; standard 1.11). Therefore, our questions to the scholarly community are: If there is no other place for participants to obtain services, should we stop providing them? Should we avoid having multiple relationships? Considering our experience, we invite the scholarly community to reflect on the contextual factors that affect how these ethical guidelines are applied. We encourage further discussion on how policies and social contexts affect the practice of research and practitioners of minority communities that oftentimes rely solely on a small team of people to obtain several services as mentioned in this article.

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Despite the observed impact in our communities of the current anti-immigration climate, we have confirmed that strong involvement of community leaders and trustworthy team members can secure a level of trust and safety for participants in community-based interventions that university-based researchers are unlikely to provide.

**DISCUSSION**

In this manuscript, we have described challenges and dilemmas as well as solutions that we have attempted when facing intense contextual challenges in two community-based programs of research. A variety of contextual challenges and stressors affecting immigrant families in the United States directly influence our efforts to implement community-based approaches in these studies. An additional and critical layer of complication that we face is that some members of the research teams are also first-generation immigrants themselves and interact with immigration authorities on a frequent basis. We consider this issue to be particularly relevant because there is a risk to overlooking that team members may experience life challenges that are similar in nature to the ones faced by study participants. Therefore, ethical decisions permeate not only the professional issues associated with research implementation but also how these issues have an impact on the personal lives of team members.

Based on the challenging nature of this work, our research meetings commonly focus on in-depth conversations to evaluate the risks that the team faces when helping research participants. For example, in one site a team member is currently struggling with the challenges resulting from deportation of a close relative. In addition to the research implementation challenges that this issue represents, such an event constitutes an intense stressor that negatively affects the morale of the research team, study participants, and members of the community who have been assisted by this team member. Therefore, we consider it relevant to recommend guidelines for community-based work that take into consideration not only the challenges of participants but also the challenges that any member of the research team may experience.

Through our work, we have also confirmed how critical it is to closely adhere to the premises of community-based approaches that highlight the need to listen and learn from members of the community, as well as to engage them in the process of research as active collaborators with key members of the community (Minkler & Wallerstein, 2008). One of the challenges that researchers who adopt a community-based approach have, however, is that the process of establishing and maintaining community trust is often not recognized, despite the amount of work that it entails (Bogart & Uyeda, 2010). While publishing how researchers engaged their target community on the interventions may not necessarily push science further (Bogart & Uyeda, 2010), not publishing challenges faced by researchers, such as the ones presented here, may diminish conversations on how to balance the effects of political context (e.g., raids and discrimination status) when working in minority communities.

Of particular relevance is the approach by which community-based methods are used to establish collaborative relationships with communities. Specifically, Martín-Baró and Blanco Abarca’s (1998) writings on the psychology of liberation highlight that we should always be aware of our positions of power in relation to target communities by knowing their histories, struggles, and the dynamics of oppression that they have endured. Such an understanding should always inform our ethical decisions and research approaches (Trimble, Scharrón-del Río, & Bernal, 2010). A key challenge
posed by Baró also refers to the need to ensure that any scientific endeavor with underserved populations who have been historically oppressed should lead to their liberation by increasing their quality of life as well as recognition of their human rights. Based on these considerations, a permanent and challenging question we ask ourselves refers to identifying the ways in which scientific integrity and rigor can lead to permanent life changes in the realities of injustice of the communities that trust or work.

We recognize that exclusively maintaining a sole focus on strong science can become a sophisticated oppressive tool for scientific imperialism. At the same time, we have confirmed that delivering strong science by listening to the voices of the families we serve and sharing their struggles constitutes a bona fide strategy to help them increase their quality of life. Through these reflections, we express a sincere recognition to the many researchers and interventionists who are committed to making a difference in the lives of populations that have been historically abused and exploited in the United States and abroad.

There have been substantive contributions over decades of scholarship in the family therapy field for integrating immigration context into theoretical and practice conceptualizations (e.g., Falicov, 1995, 2007; Sluzki, 1979). We are particularly well suited to continue building on the accumulated wisdom of our field, while recognizing that there is much more work to be done to deliver and evaluate treatments to underserved populations. Despite our systemic thinking, there are still a limited number of evidence-based programs of community-based research being implemented with hard-to-reach populations. According to Kazdin (2008), approximately 15 million children and youth in the United States are in urgent need of mental health services. Of these, 67–80% do not receive services. Such a drastic figure should constitute a permanent challenge to family therapists to carefully consider whether our clinical and research-related services are contributing, or not, toward closing this dramatic gap. In addition to providing services to those in most need, there is a high need to continue to develop models and guidelines that can help us to disseminate rigorous applied science to populations that are not likely to benefit from these resources.

RECOMMENDATIONS

We outline specific recommendations based on the experiences that we have faced in our programs of applied research. These recommendations range from those specific to science, to practice, and to broader social policy. Overall, a concordance of policies across areas would certainly facilitate smooth transitions for those of us whose work requires a constant crossing over from one arena to the other. However, we are not naive, and the complexity of social systems is precisely what fuels our passion for family-focused intervention research. Short of concordance, more guidance is needed across areas.

Scientific outlets can open more spaces for discussion of important methodological and ethical challenges in research with marginalized groups. Elaboration of how ethical guidelines, theoretical models, and research methods take into account social and political factors could help inform researchers facing these challenges. How can intervention researchers navigate two roles—treatment provider and scientist—and maintain competence in both? How can we balance science and community support? If methodology is changed based on community needs, what are the implications to the
validity of the methods? To the validity of the findings? Preliminary findings in Utah show decreases in internalizing and externalizing child behaviors after intervention (Domenech Rodríguez & Crowley, 2008), how are these to be understood in the context of the events that happened in 2006? Similarly, what happens if study effects are attenuated by extraordinary circumstances rather than by bona fide issues with the treatment and/or implementation?

At a practical level, how can researchers and practitioners manage multiple relationships in situations where the target population has no other source of support? How can research-practitioners most productively face personal issues with immigration while they work with immigrant populations? APA ethics code, standard 3.06 suggests that psychologists should “refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to impair their objectivity, competence, or effectiveness in performing their functions as psychologists” (APA, 2010, p. 6); however, standard 3.04 says that psychologists should “take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable” (APA, 2010, p. 6). If our participants have no other source of support, how should we refrain from helping them?

At the policy level, researchers have a duty to uphold their responsibility to federal and local funding agencies while being affected by federal and local legislation that impedes research activities (e.g., Eggerth & Flynn, 2010). These interruptions can have serious consequences for researchers and programs of research that may be prematurely or problematically discontinued. Consequences are varied. In the moment there are potential missed opportunities to contribute to individual families, communities, as well as the broader scientific community through the process of research and dissemination of relevant findings. In a longer range, frustration can lead to burn out of researchers who may opt to shift their careers instead of continuing to engage frustrating professional contexts, posing a loss of social capital for the scientific community. Finally, long-term losses can come from the result of broader community perceptions that social policies create impenetrable social groups (“us” vs. “them”), where the marginalized will always remain at the fringes while existing social policies only cater to mainstream populations.

At its core, the values that fuel antiimmigrant legislations and that lead to allocation of funding for research with socioeconomically and ethnically diverse communities may be the same (e.g., nationalism, a desire to “better” our communities). The implementation of these values in disparate settings, however, leads to behavioral outcomes that are in direct opposition to each other, such as giving funding for research with diverse samples while literally removing research participants from a community. The National Institutes of Health (NIH) requirement for the inclusion of women and ethnic monitory in research (NIH, 2001) recognizes the need for generalizability in samples in order to strengthen our science and our practice. Yet, antiimmigrant legislation is intended to change the very landscape of diversity in this country. How can research-practitioners navigate the dynamic of “the hand that giveth also taketh away”?

Applied researchers may consider engaging social policy at local, regional, and national levels according to their skills and comfort level. Researchers have a unique perspective that can help inform social policy (e.g., Pumariega & Rothe, 2010). Rather
than “coming out” of the ivory tower or welcoming people in it, becoming involved in social policy rightfully places the ivory tower within the community. Becoming involved in social policy also gives applied researchers an opportunity to return society’s investment in their professional development. Researchers can take this task on directly by communicating to policy makers about their interventions and their effectiveness, or they can work through advocates that are appointed within our professional organizations to shape the agenda for policy changes. In so doing, applied researchers are taking an active role in creating a more cohesive “we” between researchers and policy makers.

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