THE RETURN OF SATELLITE BABIES: TWO STUDIES EXPLORING AND

RESPONDING TO THE NEEDS OF REUNITED IMMIGRANT FAMILIES

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ABSTRACT

In this era of globalization, transnational families have been found to engage in cultural practices of parent-child separation and reunification, wherein children and parents live continents apart for years, before being reunited as a family. In Canada, these practices are adopted by immigrant families in a number of cultural communities. As the existing literature has found parent-child separation and reunification practices of this nature to be linked to poor socioemotional functioning in children, parenting difficulties, and parent-child relationship challenges, this research aimed to examine and respond to the unique needs and challenges of reunited transnational families in Chinese, African/Caribbean, and South Asian Canadian immigrant communities. Toward that end, this research was comprised of two studies. Study 1 examined the child-focused concerns, parent-focused concerns, and parent-child relational concerns in the context of parent-child separation and reunification by means of focus groups and interviews with parents in three immigrant communities. Study 2 proposed, implemented, and evaluated a brief culturally sensitive intervention tailored to the needs of reunited immigrant parent-child dyads. Results from Study 1 revealed a host of parent concerns about child behaviour, parenting struggles, and parent-child relationship challenges across all three immigrant communities which began during periods of parent-child separation, and generally persisted and/or worsened post-reunification. These findings informed Study 2, the process and evaluation of which revealed similar patterns of difficulties in child and parent socioemotional functioning and parent-child relationships. The quantitative and qualitative results of Study 2 provided evidence supporting the efficacy of an adaptation of the PCIA-II/MAP intervention for reunited transnational families, with participant program satisfaction, and significant improvements in parental report of problems, stress, and negativity in their parent-child

relationship, as well as parental stress-related distress. Positive shifts in child behaviour, parental attributions, and parent-child interactions and relationship quality were also noted from pre- to post-intervention. Together, these studies contribute important data to the literature on the needs of transnational families, and advocate for continued work in this area, in the interest of providing Canadian immigrant families with much-needed supports fostering positive child development, optimal parenting, and healthy parent-child relationships.

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CHAPTER ONE: INTRODUCTION

This dissertation is comprised of two studies designed to shed light on the impact of parent-child separation and reunification in Canadian immigrant families. These studies extend the existing literature by examining the experiences of immigrant families post-reunification, and by evaluating a culturally sensitive intervention for reunited parent-child dyads. Study 1 is based on the analysis of community-based focus groups with immigrant parents who have experienced parent-child separation, wherein the concerns parents reported for themselves and their children upon reunification were explored. Study 2 reviews the implementation and evaluation of a culturally sensitive intervention for immigrant parent-child dyads that had experienced family separation and reunification.

Parent-Child Separation and Reunification in the Process of Migration

In recent years, the challenges experienced by families involved in international migration have been garnering some attention. According to the United Nations' Population Division, there are now nearly 232 million international migrants (United Nations, 2013). Canada has a long tradition of immigration, and continues to welcome a great number of migrants each year. According to the 2011 Statistics Canada census, 20.6% of the total Canadian population is foreign-born (Statistics Canada, 2013). The census metropolitan area (CMA) of Toronto is considered to be the major gateway for immigrants in Canada, with 46.0% of the CMA's total population consisting of foreign-born people. Furthermore, immigrant children aged 14 years and under represent 19.2% of the newcomer population, with over half of these children speaking non-official languages at home (Statistics Canada, 2013).

As a result of ever growing globalization, many migrant families have increasingly been adopting transnational lifestyles, maintaining ties in several countries. In this context, parents

and children frequently are separated, often living continents apart (Bernhard, Landolt, & Goldring, 2005; Bohr, 2010; Global Commission on International Migration, 2005; United Nations, 2005, 2013). In this era of globalization and human mobility, transnational lifestyles are expected to continue to be a feature of Canadian society (Bernhard et al., 2005; Global Commission on International Migration, 2005; United Nations, 2005, 2013). Indeed, 2009 Census Canada data revealed that the family class, with family reunification as the objective of entry, was the second largest category of immigrants entering Canada, with 71,000 immigrants in 2009 alone, representing 25.9% immigrants admitted during that year (Milan, 2011). While transnational families experience greater mobility, they also face greater challenges in the context of serial migration, as they move between countries, and often continents, maintaining ties in both geographic locations and cultures (Bernhard et al., 2005; Kwong, Chung, Sun, Chou, & Taylor-Shih, 2009; Smith, Lalonde, & Johnson, 2004). In the simplest terms, culture can be understood as "a shared way of life of a group of people" (Berry, Poortinga, Segall, & Dasen, 2002). In the process of acculturation to their new country, many transnational immigrant families work hard to bridge the divide between their new and their old cultures.

Transnationalism and associated parent-child separations are widespread in North America. Indeed, in a U.S. study involving 385 early adolescents of migrant families from China, Central America, Haiti, the Dominican Republic, and Mexico, Suarez-Orozco, Todorova, and Louie (2002) discovered 85% of these adolescents had experienced extended periods of parent-child separation from one or both parents during migration. Further, a report by the Global Commission on International Migration (2005) examining patterns of international migration projected that a growing number of migrant children would encounter transnational lifestyles in coming years. That report warned of the potential sequelae of serial migration above

and beyond the challenges experienced by children who are re-settling generally, i.e., adapting to a new cultural environment and experiencing their parents under acculturative stress (Bernhard, Hyman, & Tate, 2010; Chuang, Garces, Rasmi, Kwon, & Friesen, 2010; Georgiades, Boyle, Kimber, & Rana, 2011).

While parent-child separations resulting from migration have been gaining some attention in recent research literature, little is known about the experience of family reunification in immigrant communities. A study examining the impact of separation and reunification in Canadian Latin American newcomer families reported family conflict, estrangement, and attachment difficulties upon reunification (Bernhard, Landolt, & Goldring, 2009). Several of the families involved in that study found the challenges to be so overwhelming that they chose to engage in a second separation, sending the child back to the home country to once again be cared for by relatives. In another study examining the separation and reunification experiences of Caribbean and Filipino immigrant families, the post-migration family reunification experience in the host country was found to be a stronger predictor of youth adjustment than the separation experience itself (Rousseau et al., 2009). Several studies have looked at the impact of family separation and reunification in refugee populations in Canada. Rousseau, Rufagari, Bagilishya, and Measham (2004) for example described strong experiences of loss associated with separation and reunification in Congolese refugee families. Another study found that refugee families from Latin America and Africa reported deterioration in family relationships upon reunification in Canada (Rousseau, Mekki-Berrada, & Moreau, 2001).

In 1997, Skeldon coined the term "astronaut husbands", for adult breadwinners who shuttle between continents and their families. Subsequently, Waters (2002), a social geographer, referred to the children of recent immigrant families with absent parents as "satellite children".

In research leading to the present study, Bohr and Tse (2009) described transnational infants affected by prolonged separations from their parents, naming them "satellite babies".

The Impact of Prolonged Parent-Child Separation on Attachment, Relationships and Mental Health

Much psychological research has been dedicated to the exploration of parent-child separation. The impact of parental loss, or prolonged separations on the mother-child relationship in particular has been addressed in many studies (e.g., Bowlby, 1969; Barth, Crea, John, Thoburn, & Quinton, 2005; Goubier-Boula, 2005; Stovall-McClough & Dozier, 2004). Both theory and empirical research in this area have emphasized the importance of the mother-child attachment relationship and how attachment can be disrupted by loss and separation (Ainsworth, 1967; Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969, 1982; Bretherton, 1980, 1985; Spitz & Wolf, 1946; Sroufe, 1979). Attachment, the strong emotional bond that develops between caregiver and infant, provides the infant with a sense of emotional security, wherein the caregiver serves as a secure base from which the child can explore their world. Attachment scholars have consistently demonstrated how much the quality of early caregiver-infant attachment relationship can influence the development of healthy relationships over the course of the lifespan. The attachment literature identifies attachment as a universal phenomenon, reporting evidence for the cross-cultural validity of attachment relationships, with some variation in the attachment patterns observed across cultures (Arace, 2006; Grossman, Grossman, & Keppler, 2005; Posada, Gao, Wu, & Posada, 1995; van Ijzendoorn, 1990; van Ijzendoorn, Bakersman-Kranenburg, & Sagi-Shwartz, 2006; van Ijzendoorn & Kroonenberg, 1988; van Ijzendoorn & Sagi, 1999).

The study of disruptions to attachment has thus greatly contributed to our understanding of the consequences of parent-child separation on children's socioemotional functioning (Bowlby, 1969, 1988; Karen, 1994; Sroufe, 1979). Studies have underscored the importance of stable, consistent, and reliable caregivers as essential to a secure attachment relationship between mother and infant (Bowlby, 1969; Cassidy, 1999; Karen, 1994). Over the past several decades, attachment quality has indeed been found to be predictive of mental health, and later relationship quality, such as in peer relationships (Berlin & Cassidy, 1999; Suess, Grossmann, & Sroufe, 1992; Wartner, Grossman, Fremmer-Bombik, & Suess, 1994), and romantic relationships (Collins & Read, 1990; Feeney, Hohous, Noller, & Alexander, 2001; Hazan & Shaver, 1987). Poor attachment quality has been linked to the development of psychopathology during childhood and later adulthood, including both internalizing and externalizing symptoms (Baird, Veague, & Rabbitt, 2005; Beckner, 2006; Bögels & Brechman-Toussaint, 2006; Cicchetti & Toth, 1995; Davila, Ramsay, Stroud, & Steinberg, 2005; Greenberg, Speltz, & DeKlyen, 1993; Lewis, Feiring, McGuffog, & Jaskir, 1984; Levy, 2005; Lockwood, 2004; Lyons-Ruth, Dutra, Schuder, & Bianchi, 2006; Myhr, Sookman, & Pinard, 2004; Warren, Huston, Egeland, & Sroufe, 1997). Children deprived of predictable, optimal attachment relationships with their primary caregivers are consequently at greater risk for the development of psychopathology in later years.

As this brief review of the literature demonstrates, prolonged parent-child separations should be of concern. In order to mitigate the potentially detrimental effects of prolonged parent-child separations in transnational families, it is necessary to identify the challenges encountered, and reported by these families. Toward that end, this dissertation is comprised of two interrelated studies investigating the impact of parent-child separation on transnational families after family

reunification. While study one focused on understanding the concerns which result from parent-child separation after family reunification in three immigrant communities, study two aimed to examine how these concerns could be addressed in the context of a culturally sensitive parent-child brief assessment/intervention for families that had been separated and reunited in the context of transnational migration.

CHAPTER TWO: A QUALITATIVE STUDY EXPLORING THE EXPERIENCE AND

CONSEQUENCES OF PARENT-CHILD SEPARATION AND REUNIFICATION IN

IMMIGRANT COMMUNITIES

In recent years, diverse practices of parent-child separation have been examined in the cross-cultural literature, as studies have aimed to understand the context of such separations in transnational families. In many cases, one parent immigrates to a new country, leaving their family behind in their home country, with the expectation that they will establish a home, and subsequently send for their spouse and children to join them in the new country. Alternatively, newly immigrated parents stay in their new country, sending their children back to their native home to be cared for by extended family members for a period of time before the children return to live with the parents, hopefully within a year or two. In reality, these parents almost invariably live apart from their children for much longer than anticipated, in some cases achieving reunification only many years later, or not at all. In addition to economic reasons, immigrant parents often resort to parent-child separation in their attempts to strike a balance between their wish for cultural continuity for their family, and their need to conform to the demands and challenges of their new environment (Bohr & Tse, 2009; Camilleri & Malewska-Peyre, 1997; Sabatier, 1991; Sabatier & Berry, 2008; Youniss, 1994; Zeroulou, 1985).

The Satellite Babies Phenomenon

It is estimated that in Chinese Canadian immigrant communities, hundreds of infants and children are subjected to separations from their parents each year, sent to live with extended family members in the People's Republic of China (PRC), with the expectation that they will return to their families as soon as their parents are comfortably settled in their new country (Bohr & Tse, 2009). Estimations of the number of parents who participate in this practice in Chinese

American immigrant communities are exponentially higher (Kwong et al., 2009; Sengupta, 1999). Recent research has begun to explore Chinese Canadian parent-child separation practices. Bohr and Tse (2009) surveyed the decision-making processes of Chinese Canadian immigrant parents who were considering parent-child separation. Parents in that study reported that economic needs, career needs, and a desire to preserve the norms and traditions of their Chinese culture were the most salient factors influencing their decision of whether to separate from their child. Affective and cognitive schemas guided these parents' decisions; many experienced guilt, sorrow, hardship, resignation, a sense of lack of control, and were concerned about damage to the attachment relationship with their child. The parents considered what they thought would best serve the needs of the family, the potential emotional costs of separation to child and family, and the loss of not having their child assimilate to Canadian culture. Finally, a sense of great ambivalence informed the parents' reflections on separating from their child, resulting in conflicted feelings about the pros and cons associated with the separation (Bohr & Tse, 2009).

A subsequent exploratory study examined child and parent socioemotional functioning, the parent-child relationship, as well as mothers' reflections on their decision to separate from their child in two samples of Chinese Canadian mother-child dyads, half of whom engaged in parent-child separation, while the other half considered separation but opted to keep their child with the family in Canada (Whitfield, 2008). All parents in that study described considerable challenges associated with acculturation, child behaviour, parent-child relationships, and parenting. Chinese Canadian immigrant families who separated from their children to facilitate settlement in their new country described a greater incidence and severity of challenges relating to their child's behaviour, the parent-child relationship, and their parenting upon reunification. However, both those families who separated and those who kept their children with them were

found to be at risk for high stress and other socioemotional difficulties, reflecting the complexities and challenges of migration for young families generally.

Consequences of Parent-Child Separation Practices for Transnational Families

While research in the area of parent-child separations in immigrant communities has largely focused on the context of these separations, a subset of studies has explored their consequences on children, parents, and relationships in the affected families after they are reunited. Studies examining the mental health and socio-emotional functioning of migrant children who have experienced parent-child separations have revealed increased risk for these children as well as their parents, and the dyadic and triadic parent-child relationships. Dreby (2007) reported strong tensions between family members upon reunification of Mexican transnational families. Suarez-Orozco and colleagues' (2002) study examining the experience of separation and reunification of immigrant children revealed that children who experienced separation were more likely to report depressive symptoms than their non-separated peers. Another study by Bernhard and colleagues (2005) noted breakdown and feelings of estrangement in the parent-child relationships of Latin American women who experienced separation from their child in the context of their migration to Canada. These authors noted that, while the separations these mothers and their children experienced were fraught with personal challenges, reunification was accompanied with "…the beginning of new difficulties, rather than a resolution of the old ones" (Bernhard et al., 2005, p.17). It was reported that in the context of separation and reunification, the children experienced several attachment ruptures, as they were subjected to the loss of their primary attachment figure with first, the separation from their mother, then the second loss of an attachment figure as they were removed from the care of their grandmother or other family caregiver, to return to their mother.

As outlined above, research exploring the phenomenon of satellite babies in Chinese Canadian immigrant communities has begun to reveal some of the challenges that are associated with the practice of parent-child separation in these communities (Bohr, 2010; Bohr & Tse, 2009; Whitfield, 2008). Reports of increased depression, adjustment difficulties, and attention disorders have also been reported in Chinese American immigrant children upon initial reunification with their parents (Kwong et al., 2009). In addition, Liu, Li, and Ge (2009) examined a growing practice of parent-child separation in China, wherein parents move to live in urban cities in search of work, leaving their children in rural communities with a single parent, grandparents, extended family, or by themselves, as the cost of living for the whole family to live together in urban areas is too high. Liu and colleagues reported that these children, referred to as *liu shuo er tong* [left-behind children], were often neglected, and were at significant risk for anxiety and depression. Furthermore, children who were three years or younger when the separation began, as well as those children who were separated from their mothers or both parents, were found to exhibit the greatest risk for anxiety and depression.

Several studies have also specifically explored this topic in Caribbean Canadian communities. Glasgow and Gouse-Sheese (1995) described how Caribbean children who were separated, and subsequently reunited, with their mothers who had sought work in Canada experienced attachment loss. Pottinger (2005) reported that Jamaican youth left behind by migrant parents over periods ranging from three to 10 years were at greater risk for struggles with school performance and psychological difficulties. A separate study found that British-born Caribbean children who experienced prolonged separation from their parents were at greater risk of psychosis (Morgan et al., 2007). Furthermore, Smith, Lalonde, & Johnson (2004) concluded that serial migration had negative implications for Caribbean children's behaviour, self-esteem,

and parent-child relationships. Those authors reported that the children identified more strongly with, and had closer relationships with, the non-parental caregivers responsible for their care during the parents' absences than with their parents.

South of the border, Fletcher Anthony (2006) looked at the lived experience of Caribbean youth who were reunited with their mothers in the United States after years of separation. These youth eloquently described the challenges they experienced upon reunification with their parent in North America. Loneliness associated with the loss of friends and extended family, a difficult adjustment period upon arrival in the U.S., broken expectations about the move to the U.S. and the reunion with their mothers, as well as feeling as though they and their mothers were relative strangers to one another were all cited. An additional study examining the impact of parent-child separation and reunification on Haitian adolescents whose mothers migrated to the U.S., and who had joined the latter years later, found them to have greater internalizing problems, particularly withdrawal, than Haitian adolescents whose families had remained intact in the Caribbean (Lemy, 2000).

Last, the impact of parent-child separation and reunification has been explored, albeit minimally, in South Asian families. Srinivasan and Raman (1988) compared a sample of 50 children in India, five through 15 years of age, with emotional, and conduct disorder symptoms, to a sample of matched controls, obtaining the family separation histories of both sets of samples. These authors found that children who had experienced a separation of more than three months from fathers or both parents, and children who had experienced multiple separations, were at increased risk for psychopathology. A separate study by Messent, Saleh, and Solomon (2005) examined the impact of parent-child separations in Bangladeshi families, reporting that separated families exhibited communication difficulties post-reunification.

It thus appears that parent-child separations in transnational families could potentially result in challenges to the child's socioemotional development, parental socioemotional functioning, the parent-child relationship, and the family system. While some attention has been afforded to the study of consequences of parent-child separations in the context of transnational family lifestyles, there is a need for research into the problems experienced by families upon reunification. Moreover, it is important that the challenges that are associated with parent-child separation and reunification practices in different cultural communities be explored, with attention to the unique contexts, experiences, and consequences of separation and reunification practices in each community.

Present Study

The aim of the present study was to determine what concerns exist within transnational families as a result of their experience of parent-child separation, using interviews and focus groups. Three Canadian immigrant communities that have been known to experience parent-child separation and re-unification were involved in this study: Chinese, African/Caribbean, and South Asian. The focus group data were collected in 2011 as part of a larger study examining the consequences of parent-infant separation in immigrant communities (Bohr, Hynie, Shih, Whitfield & Zafar, 2011). The analysis of interview and focus group data was focused on issues of concern to the reunited families, including those issues concerning child behaviours, parenting challenges, and difficulties experienced within the parent-child relationship after family reunification. A community based participatory research approach (Israel, Eng, Schulz, & Parker, 2005; Whyte, 1991) was adopted in the design and execution of this study. Community participatory research is focused on the problem of interest and the needs of a given community from the perspective of community members, rather than from the researchers'

conceptualizations of the problem and needs (Freire, 1970, 1993; Park, 1999). It involves a process of research, education, and action designed to bring about positive social change in communities in need (Brydon-Miller, 1997; Hall, 1981, 1993). In this study, community leaders and practicing clinicians were included as informants and collaborators in the design and execution of the research.

Three sets of questions guided this study:

First, what concerns do parents have with respect to their *child*, in the context of parent-child separation and reunification? What are parents' impressions on the impact of separation on their child? What concerns linger, or newly surface, once the child has returned to the family in Canada?

Second, what concerns do parents have with respect to their *parenting* in the context of parent-child separation and reunification? Once reunited with their child, what challenges do they experience in their parental role?

Third, what concerns do parents have with respect to the quality of the dyadic *relationship* with their child in the context of their experience of parent-child separation and reunification? What characterizes the parent's relationship with the child upon reunion? After a period of time together in Canada, has that relationship changed? What challenges to the parent-child relationship are reported as consequences of the period of separation?

An interpretative phenomenological analysis (IPA; Smith & Osborn, 2003) methodology was adopted in the qualitative analysis of these interviews and focus groups, given the exploratory (as opposed to a hypothesis-driven) approach to understanding the studied phenomenon. Specific hypotheses were thus not outlined for the present study.

Participants

34 immigrant parents who had experienced parent-child separation and reunification were recruited for this study in the Greater Toronto Area, Ontario, Canada in Chinese, African/Caribbean, and South Asian Canadian immigrant communities. All participating parents had separated from their child for a year or longer, during which time the child lived in another country with extended family, friends, or other alternate caregivers. All parents had reunited with their child in Canada. As the larger study from which this focus group data was gathered did not collect detailed information about the participants, no further information is available with respect to participant demographic backgrounds. Of the 34 participants, there were 12 Chinese Canadian immigrant parents, 12 African/Caribbean Canadian parents, and 10 South Asian Canadian parents. In the Chinese community, two focus groups were conducted, with three and eight participants in each respectively, as well as one in-person interview. In the African/Caribbean community, two focus groups were conducted, with two and nine participants in each respectively, as well as one in-person interview. In the South Asian community, six parents participated in one-person interviews, while four parents participated in phone interviews. The focus groups averaged 60 minutes, while the in-person and phone interviews averaged 30 minutes in length.

Both mothers' and fathers' responses were recorded for the purposes of this study. While both fathers and mothers were equally welcome to participate in the study, only one father per community participated, while the other participants were mothers. It should be noted that the fathers who participated were not accompanied by their spouses; therefore, all participants in the study represented the views and experiences of their own families, with no more than one

participating parent from any given family. Additional demographic data are not available for this sample as there were many concerns about privacy and confidentiality in the surveyed communities, and any added requests for information might have hampered the implementation of the project.

Procedure

Prior to all focus groups and interviews, community partners/leaders from each of the three immigrant communities had been interviewed, in order to gain a greater understanding of the context and experience of parent-child separations in each community, and the concerns, if any, they had about this practice. Interviews were then conducted with community workers/clinicians from each of the communities, to explore the questions that they would like to see answered by parents who had experienced a separation from, and reunification with, their child. The results of this aspect of the study are reported elsewhere (see Bohr et al., 2011).

The list of interview questions that were asked of community partners and community clinicians for each community is provided in Appendix A. During the latter interviews, community partners, leaders, and clinicians were provided with the opportunity to suggest questions they would like to see posed to parents who had experienced parent-child separation and reunification. The final questions selected for the focus group and interview participants were generated by researchers based on themes and concerns provided by community partners, leaders, and clinicians. The list of interview questions used for the focus groups and interviews with all participant parents is detailed in Appendix B.

Recruitment flyers were circulated to community agencies in the Greater Toronto Area, including mental health agencies, child and family centres, and immigrant resource agencies. Community partners, leaders, and clinicians also assisted in the recruitment of participant parents

from their respective communities. Parents who were interested in participating in the study left their contact information on the confidential research phone line provided on flyers. A researcher then contacted the parent to confirm that they met criteria to participate (i.e., having experienced a separation from their child for a year or longer, and a subsequent reunion with their child), and to provide details about participation, and focus group dates.

Focus groups and interviews were held at local community agencies, with the exception of the phone interviews, which were conducted from a confidential research phone line at the parent's convenience. The focus groups were moderated by researchers and community clinicians from each of the three communities. At the beginning of each focus group, a researcher welcomed parents, and reviewed the format of the focus group session, as well as the expectations of participant parents. Once all parents had reviewed and signed consent forms and given permission for the session to be audio-recorded, the moderator began the focus group. Moderators read from the script of pre-determined focus group questions, requesting elaboration or clarification of participant responses when warranted (see Appendix B for the focus group script). Once all questions were presented, parents were provided with a final opportunity to share any further thoughts or questions about the topic at hand. The researcher then thanked all parents for their participation, and provided parents with transit tokens and grocery gift cards, as remuneration for their time, travel, and participation. Audio-recordings of all parent interviews and focus groups were then transcribed for the purpose of data analysis. All interviews and focus groups which were conducted in languages other than English were transcribed, and then translated into English, by research assistant volunteers who were fluent in Mandarin, Hindi, and Urdu.

This author's involvement in this larger study included interviewing community partners, overseeing focus groups and data collection in the African/Caribbean community sample, as well as qualitative analysis of focus group and interview data in this same sample. The research team for this larger study included two lead researchers, as well as three graduate student researchers.

Data Analysis

Transcripts from parent interviews and focus groups were analyzed using IPA (Smith & Osborn, 2003), a well-established approach to qualitative data analysis in psychological research (Brocki & Wearden, 2006; Reid, Flowers, & Larkin, 2005). The IPA approach is grounded in phenomenology, with the aim to understand the lived experience and what meaning individuals ascribe to their experiences. IPA is described as a dynamic process, within which a double hermeneutic, or a two-stage interpretation method, is employed, through which participants are observed making sense of their world, and the researcher is trying to make sense of participants' worlds (Smith & Osborn, 2003). The IPA approach to qualitative analysis has been found to be particularly well-suited to research exploring novel and complex phenomena, as well as experiences involving strong emotional and personal content (Brocki & Wearden, 2006; Willig & Stainton-Rogers, 2008). As such, IPA was chosen as the most appropriate approach for the present study. The IPA methodology used for this study is further described in Appendix C.

A computer-based approach, using Microsoft Word, was used for the qualitative organization and analysis of the transcripts, permitting the researcher to become familiar with the content of each individual participant's contribution, and the content of the shared dialogue of each focus group, highlighting and labeling thematic content during the review of each transcript. Following the individual review and analysis of each interview and focus group transcript, the thematic content was organized in a word processing computer program, and

thematic tables were constructed to further explore and organize participant responses' reflecting child behaviour, parenting, and parent-child relationship concerns associated with their experience of parent-child separation and reunification by thematic content. Recurring themes which emerged from participant narratives were retained, while content reflecting individual participant observations which were not echoed by fellow participants others were not reported. Where participant quotes are provided to illustrate themes, there are identified in the text by their immigrant community group and a focus group participant number (e.g., African/Caribbean P1-2) or interview participant number (e.g., South Asian P3).

In order to maintain analytical rigour, repeated comparisons of superordinate and constituent themes were made between the individual transcripts, and across the emergent themes. A second researcher experienced with qualitative research methodologies was also consulted during the final stages of IPA theme review, and her feedback and recommendations were incorporated into the final presentation of thematic data.

Results

Qualitative Analyses

Focus group and interview transcript analyses revealed a number of narrative themes. Themes were extracted from participants' contributions relating to the impact of separation and reunification on their children, parenting experiences, and parent-child relationships. In addition to their prevalence, the themes highlighted here were selected based on the richness of the content, their illustration of the experience of the participants, and the degree to which the theme was echoed by more than one participant. Although not a requirement, resulting themes were found to represent no less than 15% of the participant parents.

Themes were organized in terms of 1) superordinate themes, which represented clusters of themes emerging from parents' narratives which best captured the three outlined areas of concern, and 2) constituent themes, which consisted of the individual themes that formed these clusters. Many emergent themes were found to reflect concerns across more than one superordinate theme, or to reflect aspects of several constituent themes. Rather than impose "an artificial distinctiveness upon what was a complex data set with constantly overlapping and interrelated themes, concerns, and motifs", the blurred lines between these themes were preserved (Grigoriou, 2004, pp. 12-13). These superordinate themes, and their corresponding constituent themes, are presented in Table 2.1.

Table 2.1: IPA Theme Analysis Derived From Community Focus Groups and Interviews

Superordinate Themes	Constituent Themes
Child-focused concerns	Loss and longing
	Difficult adjustment to separation and reunification
	Oppositional behaviours
	Child confusion
	Child withdrawal
	Separation anxiety
Parent-focused concerns	Inadequate caregiving during separation
	Futility of long-distance parenting
	Emotional toll on parents
	Post-reunification parenting learning curve
Parent-child relational concerns	Time and effort required to rebuild relationship
	Importance of being together as family
	Weakened relationship ties and estrangement
	Anger, tension, and resentment
	Missing out

While the superordinate themes were based on predetermined areas of interest outlined to guide this study, the names given to these themes reflect the lived experience of parents, as shared in the concerns they voiced about their family separation and reunification experiences. Thus, three superordinate themes are presented: child-focused concerns, parent-focused concerns, and parent-child relational concerns.

In addition to post-reunification child-focused, parent-focused, and parent-child relational concerns, the concerns parents expressed regarding the separation period and reunification itself were also reflected in the narratives, and were considered in the thematic presentations, as they provided the context, history and development of issues relating to separation and reunification over time.

Child-focused concerns. A number of worries were expressed by parents about the impact of the separation and reunification on their children. While there was variability in the experience of parents across and between groups, several themes were extracted from the parents' reports on separation and reunification experiences. Six constituent themes captured this content: *loss and longing; difficult adjustment to separation and reunification; oppositional behaviours; child confusion; child withdrawal;* and *separation anxiety*.

Loss and longing. The pain of living apart from their parents was implicit in the loss and longing observed in their child's behaviour. Commenting on how much her son missed her, one mother stated, "Often times, [he would say] 'Mommy, I want to go home. Where are you?' … He cried to a point he stopped crying. He always says, 'Mommy, when are you coming back? When are you coming again?'" (Chinese P2-1). As illustrated by one parent, it was sometimes the case that the children were so young when they were first separated from their parent(s) that they longed for the relationship with that parent that they had not yet had the chance to build:

"[they] used to ask, 'When are we going to meet our dad?' They always said, 'We are leaving soon to meet dad'" (South Asian P9).

Some parents saw their children's sense of loss come through in their communication from afar: "My daughter does not want to do this. She says, I don't want to QQ [online chat]. She says it will make her miss us even more" (Chinese P3-5). Reflecting on what she came to see as her child's experience of separation from their parents, another mother noted, "They receive the gifts and the money that you send but they miss their parent, they miss growing up with you… they miss the love and attention" (African/Caribbean P1-1).

A few parents also noted that loss and longing were also observed in the siblings in the family, in those cases where one child was apart from the family while the other child(ren) stayed with the parents. As one mother noted about her daughter's period of separation from the family, "She also used to miss her family a lot, we also missed her very much, was especially hard on her younger brother as they were very close" (South Asian P4).

Difficult adjustment to separation and reunification. Parents reported a wide range of child adjustment difficulties, reflecting concerns and observations they made about how their child was affected at the time of the initial separation, during the period of separation, upon reunification, and in the post-reunification time periods. Several parents reflected on how their child had begun to display difficulties adjusting as early as during the moment they said goodbye to their child. A Chinese mother commented on her daughter's reaction during the moments before she left her: "…She was grabbing my hand tightly all the way. This kind of feeling, I think I will never forget… She didn't know how to speak, but she knew [what was going on]… I couldn't hold her… So she got really mad" (Chinese P1-1).

Even from a distance, it was clear that many parents sensed that their children continued to have difficulty adjusting to the separation, even though a few parents shared their impression that within a few weeks or months, their child adjusted appropriately, as illustrated by an African Canadian father's account: "Then, till after maybe a full two weeks… he get used to it" (African/Caribbean P1-2). In contrast, a greater number of parents reported longer periods of difficult adjustment or children who did not seem to adjust well to the separation at all. One mother commented, "the first year was really tough on him, [he] begged me to call him back, little issues every now and then" (South Asian P1).

A number of parents made reference to specific ways in which their child experienced difficulty adapting to their environment both during the period of separation, and upon reunification with their family in Canada. Adjustment to a new school environment was frequently cited as a challenge, as illustrated by one mother, "However, there were a lot of problems in their schooling… moving between my parents and in-laws house that affected their school, they had to frequently change schools" (South Asian P9). Language was also cited as an area of adjustment difficulties, both during the separation, and upon reunification in Canada. While some children were described as having difficulty adapting to a new language in the country where they lived during the separation from their parents (e.g., China, India, Pakistan), other children who had become accustomed to speaking the language of their family's native country found it difficult to adapt to the English language in Canada. One mother shared, "She stayed there for a year… initially she had problems in Pakistan, in language, in school" (South Asian P4), while another mother remarked, "Still now the way he talks is still a bit messy… After coming back home, he picks up some words from us. So, sometimes he does not quite know how to say… and would say words/phrases the other way around" (Chinese P3-3).

Other parents referred to a host of adjustment difficulties upon the family's reunification in Canada. One mother stated, "In the beginning, children had problems in making friends, they did not like it here in the beginning, the apartment, the food, we did not unpack for one month because [they] wanted to go back" (South Asian P5). Another mother shared, "He had to face a lot of challenges, in adjusting to school, studies - mentally and physically he had to adjust to the new place" (South Asian P3).

Oppositional behaviours. Many parents described how their child was acting out and being oppositional toward parents and alternative caregivers both during and after the separation. Moreover, parents shared their impressions that their child had previously been well-behaved, and had only begun demonstrating these oppositional behaviours over the course of the separation and reunification periods. One mother noted, "My children feel a little different, like I just leave them, and my boys are getting into a lot of trouble" (African/Caribbean P3-4).

Another mother described a situation in which her child, while under the care of the maternal grandmother in the Caribbean, had refused to listen, and had begun pinching herself to the point of producing blood, which she would then smear on the walls. She explained, "I had a call from my mum. She's telling me that my four year old is not right. I don't know what's wrong with her... they tried talking to her. She's just gone off... I feel like it's because she's not seeing me, she's just trying to get attention" (African/Caribbean P3-5).

After reflecting on her own difficulties with her child's behaviour since their reunion, one mother cautioned others: "...because you are distant to him/her, he/she might not be obedient to you. Having to teach him/her after 6 years old would be really troublesome. Every day you will be there preaching, preaching... He/she will even talk back at you" (Chinese P2-1).

Although the separations experienced by the South Asian participant parents generally involved one parent's separation and subsequent reunion from the family, typically the father, rather than the child being apart from both parents, the mothers who remained with their children reported similar difficulties with oppositional behaviours: "He used to be a very obedient child but after his father left he became very difficult, he started to go out alone, he would stay out late in the night, I could not control him" (South Asian P3). Another mother shared, "I felt that boys were getting a little out of my control, became stubborn, especially computer addiction was a big problem. If father was around would not have been this difficult, especially to get them off the computer" (South Asian P7). These mothers strongly felt that their sons' behavioural difficulties were reactions to their fathers' absences.

Child confusion. A great number of parents noted how confusing the experience of separation and reunification appeared to be for their children. Even from afar, the confusion was obvious to some, as illustrated by one father: "I had to talk to her everyday and try to make her understand why we are not together… everybody suffered but I figured out that she was suffering more… at younger age, they do not understand everything" (South Asian P2).

Although concerns voiced about their child's confusion were often based on their observations of their child's behaviour and comments they made, they were at times also based on the parents' musings about how their children might have made sense of the experience of separation in their minds. One mother shared, "I was worried that my daughter wouldn't know that I'm the mom or in time she may resent me" (African/Caribbean P2-1). A father noted similar concerns with respect to his separation from his son:

> I left my child very young. He's going to start talking one day and it's like... if he goes to daycare meeting other kids talking about their parents, like 'I go home I see my dad',

what's he going to say? Oh he doesn't have a daddy. He do have a dad but he don't know

why his daddy is not there. (African/Caribbean P1-2)

While the separation was found to be a confusing experience for these children, parents

noted that the process of reunification was equally confusing for many children. As demonstrated

in one mother's story of her son's confusion during and after the period of separation, this often

included confusion about the identity and role of biological parents in their lives:

Because in the beginning, when people say 'Mom is here', he would look at walls.

Because his habit is to…originally in China, mom's photo and dad's photo were hung

against the wall. So when he is looking, his consciousness tells him that they are over

there [against the wall]. That's why if you say 'Mom is here', he would still go to the

wall to look for mom. (Chinese P1-1)

Another mother, reflecting on the first hours and days after she was reunited with her son,

commented, "On the first night, I slept with him. When he woke up and saw me the next

morning, he cried" (Chinese P3-1). It was clear from many parents' accounts that they had

expected or hoped that their children to recognize and warm to them quickly, and were surprised

to find that their children instead seemed disoriented and confused upon reunion, and often did

not show any signs of recognizing their parents.

Child withdrawal. Parents reflections on the ways in which their children isolated

themselves from their parents and the family, and became more isolated socially, revealed

patterns of withdrawal. Some parents noticed a shift in their child's behaviour during the

separation that demonstrated how their child was gradually becoming withdrawn. One mother,

reflecting on her phone calls to her daughter during the separation period, noted, "And then you

hear her start crying, and I'm like, why you crying? You okay? Yeah, I'm okay. There's a lot

that they want to tell you but because they know that you're far away…" (African/Caribbean P3-6). South Asian parents noted that their child withdrew socially from activities they had previously done exclusively with their fathers. One mother shared, "He would not go to community gatherings, saying all the boys come with their dads, I do not want to go alone" (South Asian P10). Another mother shared a similar story: "Before his father left, he used to go for swimming classes with him, but after he left he stopped going to swimming classes, as he was used to going with his father. He does not go swimming even now" (South Asian P3).

It was most often the case that parents first observed their child's withdrawn behaviour after the reunification in Canada. Wondering why her daughter was so fiercely independent and unwilling to engage with her mother and family in Canada, she speculated, "Probably because other people were strict to her, that's why she is like that. There was no one for her to rely on" (Chinese P3-8). This mother strongly felt that her daughter's experiences with others while in China had led her to become withdrawn from others. Another mother noted a similar trend in her son: "He is used to living independently, so he does not understand why I ask him questions that I feel I should as a mother" (South Asian P1). While these parents described their children as independent, or isolated, their children's behaviour demonstrated patterns of withdrawal from others, socially and emotionally, which often began to emerge shortly after parent-child separations first occurred.

Separation anxiety.   Parents referred to various ways in which their children clung to them, and were fearful of parents being out of their sight post-reunification, behaviour which is often labelled in the literature as separation anxiety. One parent noticed this reaction in her daughter in the hours before she sent her to China: "But on the day I left, her hands kept on grabbing on to you. She didn't want to let you... I can remember that kind of feeling" (Chinese

P1-1). This mother later described her child as "clingier towards me" after they were reunited. Other parents shared similar observations. One mother described her children's behaviour toward their father, upon his reunion with the family: "Kids got so attached with their dad that they practically spent all their time with him, would cling a lot to him all the time" (South Asian P9). A father shared, "My daughter was very clingy to me for a month after she returned, used to sleep with me, did not want me to go to work" (South Asian P2). This father later reflected on his daughter's fearfulness of being separated from him again: "I have noticed that she does not want to go back for a vacation to Pakistan … without me. I think that thing has stayed in her mind" (South Asian P2). A Chinese mother provided an example of a similarly fearful reaction in her son, who had been separated and reunited with the family, when she jokingly threatened to give away her younger daughter: "I said, 'little sister… If you keep on being like this, I will give away little sister to somebody else', as a joke. He would get scared for real. [Laughter] I would say, 'I am really going to give her away to somebody else'" (Chinese P2-1).

Parent-focused concerns. Many of the concerns that parents shared about their experiences of parent-child separation were related to the difficulties they themselves faced during the period of separation, and the ways in which they themselves, and their parenting roles, were altered and shaped by the experience of family separation and reunification. As well, strong apprehensions were raised about the quality of care their children experienced in the hands of other caregivers, and reflections on the consequences of their children being raised without the strong influence and presence of their biological parents. Four constituent themes captured this content: *inadequate caregiving during separation; futility of long-distance parenting; emotional toll on parents;* and *post-reunification parenting learning curve*.

Inadequate caregiving during separation. One of the most salient themes which emerged from parents' narratives was a theme that reflected concerns about the quality of the care their children received during their separation. Most parents reported sending their children to live with trustworthy members of their extended family, typically consisting of grandparents or parents' siblings. However, the parents' satisfaction with the quality of their children's care was generally poor. Indeed, no parent reported positive feelings about the caregiving of their child at the hands of others during their separation.

In particular, parents referred specifically to worries about their child's eating and nutrition, sleeping habits, and safety under the care of others. One mother stated, "The child is not getting the love, the care, maybe the nutrition that he or she needs" (African/Caribbean P3-2). Another mother noted, "Some negative changes that I noticed were that there was no organization in their lifestyle, did not have a timetable or a schedule for their daily activities like meals" (South Asian P7). It should be noted that parents did not report strong concerns about their child's safety or care, but rather, generally seemed disappointed that their children were not adequately monitored while in the care of their extended family members.

Concerns were also raised about the degree to which the remote caregivers either spoiled their child, or at the other extreme, did not provide the child with sufficiently attentive care. Several parents shared their sense that because they sent their child to live with family members who had their own children to care for, the care of their child suffered as a result. Lamenting that her sister did not provide her child with adequate time and attention, one mother commented, "…you expect them to take care of them and then help you out but they complain. So, that's one [problem], because the time they need for your kids, they don't have it" (African/Caribbean P3-5). A different mother noted, "…even though my sister took the job, it still wasn't enough,

because she has her own children" (African/Caribbean P1-1). Similarly, other parents reflected on how these family members were too busy with their own lives to find time for their children.

Some parents also shared their fears that their child's personality might have been shaped by those who cared for them during the separation. After having recently been reunited with their child, one mother expressed worry about this possibility: "Actually, my mother-in-law is a person who is really hard to get along with. She is really noisy. Their family is not very harmonious. So I am really afraid my child's personality will get influenced by her" (Chinese P3-1). Other parents commented on how, after their child's return to them in Canada, the child would point out how their extended family members' habits and parenting approaches differed from those of their biological parents, sometimes provoking conflict between parent and child over these differences.

Indeed, the concept that the biological mother and father are the best caregivers for the child was expressed by many parents. Based on their negative experience of family separation and reunification, some parents expressed strong judgment of their own, and others', decision to allow anyone but the biological parents to care for the child: "The truth is this - if you leave your child, not taking care of your child, not disciplining your child the way you think is going to be better when they become grown, you're the bad woman" (African/Caribbean P3-6). Others compared how a biological parent might care for their child differently than extended family:

> I personally feel that the influence of parents is irreplaceable. For example, if they made
>
> mistakes in some areas, you let them know, in a strict manner, that this should not happen
>
> again. But, if it were grandparents, they may think that 'This is nothing to be concerned
>
> about. She/he is not sensible. This child is only 3 years old'. (Chinese P3-8)

Commenting on the lack of structure her child received while under the care of family members during the separation, one mother concluded,

> ...no one is going to do your job the way you want the job to be done so if it was my child, I would think that I would be the best person. I would be great at what he or she needs. I would be receptive to their need… (African/Caribbean P3-2)

Some cultural meaning was ascribed to the specific and essential roles mothers and fathers play in the lives of their children, as described by a Chinese mother who noted, "I think, in ancient China… Father and mother must be with their children. They play a different role. Father is called *Jiayan* and mother is called *Jiaci*. You must have *Ci* and *Yan*. These two cannot be replaced" (Chinese P3-5). It was revealed that *Jiayan* and *Jiaci* are terms for father and mother, while *Ci* represents love and kindness from the mother, and *Yan* represents strictness and dignity from the father.

The concept of the biological parents being the best caregivers was expressed somewhat differently by South Asian families, in which often only one parent who was separated from the family. For these parents, the concept was best described by one particular parent: "When there is only one parent balance is lost… It's like driving with one wheel, other wheel is missing" (South Asian P7). These parents spoke of the difficulty of meeting the needs of their children, and playing the dual roles of mother and father while one parent was away. As one mother stated, "When their dad was away I had to be very tough to keep them in control and maintain discipline" (South Asian P8). Although the presence and influence of one biological parent was available to the children in these families, it was clear that parents felt there was still a gap in the attention and care that would have been available to their children had both biological parents been present and active in their lives.

Futility of long-distance parenting. While many parents described how they attempted to remain present in their children's lives during the separation period, just as many parents reported feeling powerless and frustrated at how difficult it was for them to parent their children from afar. Although parents described calling and sending emails to their children as means by which they attempted to stay in touch, this was often described as not being enough. As one mother indicated, "Every day you get a call, they're complaining. Your child did this, your child is doing this, frustrated, frustrated. So, sometimes you're like, did you really do a right choice?" (African/Caribbean P3-5). In some cases, parents described how they were unable to reach their child by phone: "For example, every night if I find her not at home, I will worry a lot. I can't find her. She always forgets to call me or not answer my call. So, that night, I was really frustrated and I kept on calling her nonstop" (Chinese P3-4). In other cases, as one mother experienced, the child began to refuse to speak with their parent: "Later, she even stopped answering my phone calls" (Chinese P3-2).

Even among those parents who were able to stay in contact from a distance, many lamented how frustrated they felt about not being able to monitor their child's daily life. As one father described, "Like you're over there [Canada] - you don't know how your child is sleeping, waking up" (African/Caribbean P1-2). One mother shared how, although her husband was able to maintain frequent contact with the children, he was not privy to all the details of their lives: "He would call daily, talk to all the kids each day asking about what you did in school - kids would only tell good things and skip bad ones" (South Asian P10).

Emotional toll on parents. Parents directly and indirectly indicated that the experience of separation and reunification with their children was emotionally difficult. In particular, stress, and feelings of longing, loss, and anxiety were expressed by parents. One mother recalled,

"There were a lot of worries , separation anxiety, used to wake up in the middle of the night with cold sweats thinking how will I stay away from my child" (South Asian P1). Another mother reflected on her observations of her spouse's experience: "My husband was very upset he missed her…" (South Asian P6). Yet another mother described how her spouse struggled with the loss of being apart from his son: "His father used to cry a lot on the phone…" (South Asian P3).

Other parents commented more generally on feeling lonely, and experiencing great sorrow during the separation, as they strongly missed the children. Several parents spoke of breaking into tears when they thought about their children. Simply not being able to be with their children was clearly a source of great stress for several parents during their separation. As one mother shared, "I hardly got any sleep, worried about both kids, as well as mom, managing things in Pakistan as well as here" (South Asian P7). Some parents described feeling torn between their life in Canada and the life they were trying to keep up with their children. As one mother described, "It was really difficult because it's something that I think about daily… you're not able to concentrate fully with your mind and the work you're doing because it's really hard, you know? Living in one place, your child in another..." (African/Caribbean P1-1). She later made reference to the additional stress of leaving her children with others so far away.

Some parents revealed that the emotional toll was so great, that they or their spouses sought support to help them cope: "Like my wife, in the end, when she was still studying at school, she even went to receive some psychological counselling at school. She missed children tremendously" (Chinese P1-2). Similarly, one mother shared, "Parents should spend as much time with their children as possible. Life becomes so tough when the family splits. I went into depression and was on medication for two years…" (South Asian P10).

Post-reunification parenting learning curve. A number of parents described how, after being reunited with their children in Canada, they felt as though they were learning how to be a parent to their child for the first time. For many of these families, the initial separation from the children had occurred in infancy or early childhood, and the parents were removed from everyday parenting roles and responsibilities until their children returned, often years later. As a result, many parents reported strenuous challenges in adjusting to their reclaimed parenting roles. One mother described this period as particularly difficult, noting, "I can't really explain how I felt then but I know that it was extremely, very, very difficult" (African/Caribbean P1-1). Another mother recalled how difficult it was to balance parenting with other existing responsibilities: "We tried to spend a lot of time with our son but it was very difficult as we had to work long hours" (South Asian P3).

For some parents, it was difficult to warm up to their role as a parent, and to know how to interact with their child. One mother noted the following about her husband's demeanour after the family was reunited:

> My husband does not always know how to respond to kids. Many times I tell him that
> you need to talk or guide and step up. He loves them a lot but at times does not know
> what to do how to interact with them. (South Asian P9)

Other parents commented on how their parenting was influenced by the dominant Canadian culture, and shaped the way in which they came to adapt their parenting style, after initial challenges with their attempts at specific parenting approaches:

> If I hadn't come here and get exposed to the way how people raise their children here, I
> would probably follow the style in China to educate/train my own children... Like back
> home … this is how we were raised - it mainly focuses on criticism, preach, 'you have to

be a good kid'. For example, with the things you do, bad parents, they will criticize you.

But here [in Canada], I now become to accept that you should give more encouragements

or you should say some positive things [to your children], this kind of parenting

style…With this style, I think, I personally find it pretty useful... For example, he does

not like to have his teeth cleaned. So I kept saying, 'Our baby is the best. He loves

brushing his teeth the most. Look, his teeth are so white… they are beautiful'… So, I said

a lot of encouraging comments. Later, he was willing to open his mouth and let me brush

his teeth. (Chinese P1-1)

Parent-child relational concerns. Relationship challenges were frequently cited as primary concerns by parents, both in the context of the parent-child separation period and the post-reunification period. These themes were particularly laden with emotional content in parents' reflections on their relationships with their children. Five constituent themes captured this content: *importance of being together as family; weakened relationship ties and estrangement; anger, tension, and resentment; time and effort required to rebuild relationship;* and *missing out.*

Importance of being together as a family. Many parents expressed strong beliefs about the importance of having the whole family together in one country. For some parents, the presence of both parents was seen to be of crucial importance:

So, staying here [in Canada], it is mainly the two of us who educate/train him. Of course,

there are pros and cons. Definitely we would be really tired. But it seems like our

relationship with our child would be better. You get more time to spend with him.

(Chinese P1-3)

Expressing regrets similar to those shared by other parents, one mother made the following comment when reflecting on the relationship she and her husband currently have with their children: "I will never do it again; kids should never stay separated from their parents for so long. It is very important for the kids to stay with both parents" (South Asian P9).

Other parents reflected on the positive relationship benefits of having all family members stay together. As one mother explained, "… the most happiness comes from our peace, the harmony of the family, and the love you have for your children" (Chinese P3-4). While describing the impact of the separation on the family, one father noted that the parent-child relationship played an important role in his children's dreams and futures:

> The separation first is not good for the family… all the kids here have a dream … they're going to be something and any kid that wants to do something in their life they want to have support and the support has to come from both parents, from the mother and the dad. (African/Caribbean P1-2)

Several parents also referred to the role each parent plays in the way they model relationships and everyday living to their children. In particular, several parents emphasized the importance of having parents as role models in this way during different developmental stages, including childhood and adolescence.

Weakened relationship ties and estrangement. Parents overwhelmingly reported distancing and estrangement in their relationship with their child, both during the separation and after reunification. Many referred to weakened ties, lacking a bond with their child, and feeling something missing in the relationship. As one mother put it, "The bond is, you know? You're losing that bond. The tie, it becomes weaker and the time you lost there, the years you lost...you can't get it back… the separation - migration - broke the bond" (African/Caribbean P1-1). One

mother noted how there was a lack of closeness in her spouse's relationships with their children, even though years had passed since he was reunited with them:

> I feel that there is something lacking in my kids relationship with their dad. I feel that there is a distance between kids and their dad, especially when I see my brother-in-law's children interacting with their dad, I get this feeling that something is missing. (South Asian P9)

Reflecting on his own experience, one father recalled, "It was a shock that the baby wouldn't go to me but he would go to my friend that would sometimes help my family, and the baby didn't want to come to me" (African/Caribbean P1-2). This father was one of several parents who admitted that they were envious of the closeness their child had developed in relationships with other caregivers, a closeness which they struggled to find or regain in their parent-child relationships post-reunification.

Several parents likened their relationship with their children post-reunification to that of strangers. One father described his relationship with his son in this way:

> My son was 3 days old when I met him in Pakistan. He was a year old when I met him in Canada. We had a few problems in the first few days; I was a total stranger to him. He did not want to come to me, was attached to his mother. (South Asian P2)

Reflecting on her relationship before and after the separation, one mother noted the following: "Originally, we had a really good relationship foundation but she no longer remembers, all the times before she was 11 years old" (Chinese P3-4). She went on to express that her hopes for a renewed closeness in her relationship with her daughter after they reunited had not materialized:

> At the time when I went back, I didn't feel it strongly… she had gradually become estranged to me. But when she came [to Canada] at the age of 16, I felt really excited

thinking that we can depend on each other. But I never thought that when she later came,

she was so remote to me that I rather live with a roommate. (Chinese P3-4)

Anger, tension, and resentment. Many parents observed anger, tension, and resentment

in their relationship with their child during and after the separation. Although parents most often

described how their child was angry, tense, or resentful toward them, it was clear from their

accounts that the parents themselves struggled with similar emotional reactions toward their

children.

During the separation, parents generally referred to being aware of anger and/or tension

indirectly through reports extended family members shared with them about their child's

behaviour, or directly through their child's contact with them over the phone. One mother

described how she came to interpret her son's refusal to take the phone to speak to his parent

during the separation: "[We] tried to stay involved via technology, telephone, video tapes, but

son at times would not answer the phone because of anger. He suffered a lot because of

separation from his father" (South Asian P3).

Another mother speculated on why her children were demonstrating such anger toward

her: "They're angry that mom, for whatever reason they don't understand, mom had to go.

They're angry. So many things. And they don't know how to deal with these feelings… Mom

take the fault" (African/Caribbean P3-3). One mother attempted to explain how the separation

from her child had resulted in pent-up anger from her child toward her in their relationship:

"Without that love there's a reaction that comes within that they cannot explain it. They don't

know how to put it in words but in their body it's happening... There's a lot of anger inside"

(African/Caribbean P3-6).

While anger and tension were cited as causing relationship difficulties between parent and child post-reunification, resentment from the children was also noted in parent-child interactions upon return to Canada. One mother described at length the difficult interactions with her daughter, and how she finally came to understand that her daughter was angry and resentful toward her due to the separation:

When she is talking to me, she would say, 'I don't know.' When I walk into her room, she would say 'What are you doing?' And when you sit on her mattress, she would say 'No. No. Don't sit on my bed.' This is how it is. You feel really upset. Later one day, she finally said… she said 'Why did you leave me?' I actually came here [to Canada] for her but in the end, I lost her. (Chinese P3-4)

Time and effort required to rebuild relationship. Parents shared many theories about what they felt was crucial to rebuilding or strengthening their relationship with their children post-reunification. The most commonly cited strategies referred to the importance of 'time' in two ways: in allowing relationships between parents and children to grow and strengthen over time, and in recognizing the need to dedicate quality time to bond with the reunited child and family post-reunification.

For some, there was a sense that with the passage of time, parent-child relationships healed: "Because when they really experience it they know the damage it done. They wish you could turn the clock back but when the damage is done, it's done. It took years to repair. Lucky for me it changed" (African/Caribbean P1-1). Another mother suggested that it took a shorter time period to rebuild her relationship with her child: "After a month, [they] got really close to me. I am thinking probably it is because they are still little" (Chinese P1-1).

Other parents shared how they invested time in reconnecting with their reunited child: "We try and do things together, go out a lot, insist that should do things together, find every opportunity to chat and laugh. He also tries stay home with us - we try to connect" (South Asian P1). Meanwhile, some parents described how, even though years had passed since the separation, and they had not yet managed to develop a close relationship with their child, they remained hopeful that there might be further healing in their relationship: "Now, I have lived with her for three years. I am just letting her…I hope one day she can speak to me for a few words, sit on my bed and chat with me. I will be really happy when the day comes" (Chinese P3-4).

Several parents commented on their inability to commit to spending time with their reunited family post-reunification, despite their acknowledgement that it would help rebuild their relationship. As one mother shared, "Back home we were a very happy family, my son was very close to us, but here we had to work very hard, did not have much time for him, me and my husband worked long hours and had little time for our son" (South Asian P3).

Parents also cited a variety of other strategies and approaches to rebuilding their relationship with their child post-reunification. Demonstrating and accepting affection was cited by several parents as a way to reconnect, as illustrated in one mother's reflections on her son's affectionate gestures upon reunification: "When he first arrived not long ago, he loved to touch my face. It seemed like he has to know how it feels [mom]" (Chinese P 1-1). Another mother shared her approach to promoting greater intimacy in her relationship with her son upon his return to Canada:

> You obviously had to be more affectionate towards him. Give him more kisses, more hugs, and more of your time to be with him. You try to do as much… just like as if he had never gone back before [to China]. (Chinese P3-4)

Many other parents spoke about specific approaches they took to reconnect with their children, for example reading books to them.

Daily communication between parent and child was also heralded as an all important means of rebuilding the parent-child relationships. As one mother explained, "I think I just have to take it one step at a time and you just have to show her that you really love her and try to communicate more with her" (African/Caribbean P2-1).

Missing out. The concept of missing out on the experience of being present in the lives of their children, of being a parent, and of witnessing and being an active participant in their upbringing emerged as a theme laced with parents' regrets. Many parents spoke in a general way of how difficult it was to not be there with their children during those years of separation. One mother who remained with her children while her husband was away noted, "It was also very hard on my husband. I had to mail him kids' pictures every month and every night he would look at them and cry" (South Asian P9).

Reflecting on her own experience of separation from her child, one mother offered the following advice for other parents considering similar parent-child separation experiences:

> … If you miss out on this children's critical period, it would be hard for them to follow the rules… If, before the age of 6, you set good rules and good habits for him/her, he/she will maintain and maintain those [good rules and principles]. All you need to do is remind her/him a bit. He/she will follow the right path. Before the age of 6, if you really sent him/her to be taken care of by other people, he/she won't know how to walk his own path in the future. (Chinese P2-1)

A great many other parents spoke specifically of the things they felt they had missed during their physical absence from their children's lives. As one father shared, "You want to see

when he starts crawl, starts walking, talking. Every day when he's going to move, what kind of personality he's going to have, too. You're missing all this from the first year. That's hard" (African/Caribbean P1-2). Several other parents also made reference to missing important milestones in their children's lives. A mother stated, "…I did not intend this. I wanted to be there for her along all stages of her life. I didn't want to miss any parts" (African/Caribbean P1-1). While later reflecting on the times she wasn't present in her child's life as a result of the separation, this same parent later noted, "There's that regret because of time lost. The child is saying things like when they became a teen, and you weren't there…" (African/Caribbean P1-1). Another mother shared her regret at not being present to see her child's personality and worldview form over her childhood years: "You missed the critical time of her life development that her outlook on life is formed" (Chinese P3-8).

Discussion

The purpose of this study was to examine the concerns of parents from three immigrant communities, with respect to the impact of parent-child separation and reunification on their child, themselves, and the parent-child relationship. Several common themes were drawn from the transcripts of focus groups and interviews with parents from African/Caribbean, Chinese, and South Asian immigrant communities in the Greater Toronto Area. In all, 34 parents participated, including one father from each of the above communities.

The community based participatory research approach (Israel, Eng, Schulz, & Parker, 2005; Whyte, 1991) adopted for this study provided an ideal framework from which the experiences of families from these three cultural communities could be explored. The involvement of community stakeholders in the design and execution of the study ensured that the focus of the research was on the experiences, problems/challenges, and needs of the families in

these communities, from the perspective of community members, rather than from researcher conceptualizations of community problems and needs.

The qualitative methodology used in this study yielded a number of important findings. First, the apprehensions parents cited as resulting from their experience of family separation did not typically dissipate upon reunification; rather, the identified challenges often remained, shifted, and grew or faded with time after the initial reunion of parents and children. This was the case for child-focused, parent-focused, and parent-child relational concerns. Participants confirmed that family reunification rarely resulted in the joyous and satisfying experience that the parents had hoped for. Thus, reunited immigrant families appear to be in great need of emotional and psychosocial support from community and mental health resources post-reunification.

Second, while we attempted to present distinct child, parent, and parent-child relationship challenges separately here, these themes were often intertwined. The latter lends credence to the idea that the identified categories of concerns cannot be considered separate from one another; in other words, concerns about the child, parent focused difficulties, and parent-child relationship difficulties are interconnected. For instance, concerns raised about a child's withdrawal from close relationships may lead to post-reunification parenting challenges and difficulty building relationship ties in the parent-child relationship. Similarly, the review of parents' narratives about their difficult experiences resulting from their family separation and reunification suggests reciprocal interactions and bi-directional effects. Findings about the three areas of concerns outlined as points of interest for this study are discussed in more detail below.

Effects of Separation

Child socioemotional functioning. Parents' narratives included descriptions of a number of problematic behaviours in their children, both during and after the period of parent-child separation. Parents reported examples of both externalizing (e.g., oppositionality and adjustment difficulties) and internalizing (e.g., withdrawal, anxiety, and sadness) behaviours in their children. These reports were similar to existing research which revealed similar patterns of externalizing and internalizing problems in children who experience parent-child separation and reunification (e.g., Kwong et al., 2009; Lemy, 2000; Liu et al, 2009; Pottinger, 2005; Smith et al., 2004; Suarez-Orozco et al., 2002). They also noted confusion in children's efforts to make sense of the separation and reunification, and in children's feelings toward their parents, experiences which were also reflected in existing research on reunited youth (e.g., Fletcher Anthony, 2006). While these reports do not provide enough evidence to conclude that all the children presented with serious mental health difficulties, they warrant further investigation and monitoring, and suggest several areas of concern to be targeted in mental health initiatives with children who were separated from and then reunited with their parents.

In addition, it should be noted that as the reported behavioural difficulties occurred in the context of parent-child separation and reunification, these should be considered from an attachment perspective. As such, these behaviours might be considered reactions to multiple attachment relationship ruptures, first the removal from the care of their biological parents, and later, the care of their extended family members, with whom these children developed relationships over the period of their separation.

Parents' own struggles. Parents' narratives describing the parenting difficulties they faced throughout the process of separation and reunification from their children were largely focused on the disappointments and regrets they experienced. Many parents experienced

challenges such as a deep sense of helplessness – in parents' inability to be actively present in their children's lives during and even after the separation, in their lack of power over their children's care and daily lives during the separation, and in the emotional turmoil they endured as a result of missing their children, and missing out on the moments in their children's lives in which they had wanted to be participants.

While many parents gave the impression that they had expected to have a positive parenting experience after their children returned to their care, this was clearly rarely the case. The challenges parents faced in reprising their parenting roles with their children were likely compounded by the emotional and behavioural difficulties exhibited by many children in the post-reunification period. Parents were particularly distressed when they felt that they were a stranger to their child, much like their child was to them. These themes echoed those which emerged from previous research with the parents of 'Satellite Babies', reflecting the hopes, frustrations, and ambivalent feelings tied to the experience of parent-child separation and reunification (Bohr & Tse, 2009; Whitfield, 2008).

Parent-child relationship. The concerns parents raised about their relationships with their children during and after separation represented a wide variety of outcomes. Some parents reflected on their surprise and disappointment at not being able to connect or feel closeness with their child after being reunited, whereas other parents' concerns focused on their child's immediate clinginess. While some parents reported only mild concerns, others reported that they felt completely unable to connect with their child in the way that other parents did. Some parents' worries had apparently dissipated weeks or months after reunification, while other parents described still feeling just as distant from their child years after they had reunited in Canada as they had the day their child returned.

The concerns raised by parents about their relationships with their children offered substantiation that parent-child relationships are very often damaged as a result of separation and reunification experiences. There was also evidence of resilience in parents' reflections on the time and effort they spent rebuilding relationships with their children. Some families related that they felt unable to reconnect and find the time to bond with their children post-reunification, and reflected on feeling defeated in their dream to have strong relationships with their reunited children. However, others shared that they came to develop strong beliefs about the importance of being together as a family, and tackled their worries about their distant or difficult relationships with their children by making a great deal of effort to interact with them, and acknowledging the need to allow relationship ruptures to heal slowly over time.

Evidence of attachment difficulties was woven throughout the concerns voiced about the child, parenting difficulties, and parent-child relationship challenges described by parents. Children's confusion, separation anxiety, and other internalizing and externalizing behaviours upon separation from and reunification with their parents were but some illustrations of the negative impact of separation on attachment relationships. These findings echo what previous research on separated and reunited families has found with respect to reported conflict, estrangement, and attachment difficulties within family relationships post-reunification (e.g., Bernhard et al., 2005, 2009; Dreby, 2007; Rousseau et al., 2004). Indeed, many of the descriptions of relationship challenges upon reunification revealed in parent narratives mimicked the challenges described by attachment researchers following loss and separation (e.g., Barth et al., 2005; Bowlby, 1969, 1982).

Limitations

There were several limitations to this study. First, the qualitative data and results were limited by small sample sizes from each of the three immigrant groups involved in the research, and the limited demographic data that were collected by necessity. While their narratives served as the collective voice of parents' family separation and reunification experiences for each of their communities, the individual experiences and opinions expressed cannot be deemed representative of all parents from these communities.

Second, the parents involved in the study formed heterogeneous groups from each of their respective communities, as their narratives revealed a high degree of variability with respect to separation and reunification experiences (e.g., ages at which their children were separated and reunited from the parents, separations from one child versus all children, etc). While a homogeneous sample might be expected to yield a more focused result, it is felt that the heterogeneity of the present sample may have provided more extensive information on the multi-faceted ways in which parent-child separation plays out in the lives of these immigrant families.

Third, a self-selection bias should be taken into consideration in reviewing the results of this study, as the sample consisted of parents who volunteered to participate in this research. While random sampling was not possible given the difficulties accessing the specific communities targeted for this study, efforts were made to encourage the participation of any parents who fit the selection criteria outlined for this research.

Finally, as the present data was collected as part of a larger study, there were several limitations associated with this use of secondary data. As the research questions which guided the larger study were focused on the general experiences of immigrant parent-child dyads who were separated and reunited in the process of migration, these research questions did not directly include queries regarding the specific research questions which guided this study, bringing into

question the appropriateness of the data in responding to these research questions. In addition, it was not possible to elicit member feedback with respect to the themes drawn from these parent focus groups and interviews, due to the one time involvement of participants from this larger study.

Conclusions and Questions for Future Research

The experiences shared by participant parents in this study revealed a number of concerns about the impact of parent-child separation and reunification practices on families in the Chinese, African/Caribbean, and South Asian immigrant communities. The children who experienced these separation and reunification experiences were noted to display concerning emotional and behavioural reactions over the course of their separation and reunification periods. Notably, parents reported that many problems began or persisted beyond the separation period, leading to increased concerns about their child's emotional and behavioural well-being.

With respect to the parents engaged in these practices, it was clear that they struggled to cope with the emotional toll of being apart from their beloved children, while also wrestling with the helplessness they felt at not having control over the quality of caregiving they received while away, and not being able to maintain a close relationship with their child during the separation. Post-reunification, parenting difficulties were of primary concern, as parents described how they struggled with their parenting role, and mourned the time they lost with their child during the separation period. Finally, the concerns raised by parents about the impact of their separation and reunification experiences on their relationships with their children revealed a host of difficulties. Estrangement and distancing between parents and their children were commonly cited as primary concerns for many of the reunited families.

While not the focus of this study, evidence of resilience in the children, parents, and parent-child relationships was woven throughout parents' narratives, as they made note of positive shifts in their children's behaviour, their ability to respond to their children's needs, and gains in their efforts to rebuild, or develop for the first time, a close relationship with their children. While the concerns cited by these parents were clearly still heavy on their minds, it was heartening to find indications of positive adaptation and resilience in these children and parents, as parents described the successes they were able to achieve in rebuilding their family lives together.

The challenging experiences that families endured as a result of their family separation and reunification undeniably shaped their lives in ways that left many parents with a great many more concerns than commendations about the impact it had on them, their children, and their family relationships. As research exploring the phenomenon of satellite babies and astronaut parents has suggested that these practices appear to be on the rise in immigrant families across North America, there is a need for mental health and social supports which might offer separated and reunited immigrant families the help they need to respond to their many concerns. In particular, child care resources, parenting groups, and mental health services would be of particular benefit to these families.

While it should not be the intention of any of these resources to judgmentally discourage these parents from engaging in practices of parent-child separation and reunification, it is believed that groups which might offer the opportunity to meet with other parents to discuss such plans might provide parents with greater insight into the potential benefits and challenges of these practices so that parents might make informed decisions about what is best for their family. There are examples of such groups in communities like the Toronto Chinese immigrant

community: the Rainbow Group, for instance, has reportedly been a great resource to the families considering separation from their children, seeking information and fellow parents with whom they could connect. Furthermore, should parents then choose to engage in parent-child separation and reunification practices, their exposure to such a group, engagement in discussions about the benefits and challenges associated with family separations, and their introduction to community workers and fellow parents can provide them with valuable resources which could help them face any challenges the separation and reunification might present.

As the primary goal for this study was to gain greater understanding of the concerns resulting from parent-child separation and family reunification practices which might inform mental health services for reunited families, it is hoped that the experiences of the families described here will serve as the foundational bases upon which supportive therapeutic services for separated and reunited families can be built. The challenges reported by the participant parents in this study have provided some insight into the hurdles many immigrant families face in the context of parent-child separation and reunification practices. It would thus be desirable if therapeutic support and interventions could be provided routinely to parents in immigrant communities that engage in the practice of family separation. Excellent therapeutic services should ultimately succeed in helping to further parents' hopes to see their children prosper, to themselves have positive parenting experiences and feel able to fulfill their parenting roles, and to build strong relationships with their children.

CHAPTER THREE: IMPLEMENTATION OF A CULTURALLY SENSITIVE

INTERVENTION FOR REUNITED TRANSNATIONAL PARENT-CHILD DYADS

As the cultural diversity of the Canadian population has continued to grow, greater consideration has been given to the concepts of cultural competency and cultural sensitivity in

the context of mental health service delivery. There is widespread concern that mental health interventions for families and children especially are still likely to be dictated by models that are grounded in First World, Western research and conceptualizations of parenting and child-rearing values (Bohr, 2010; Liu & Clay, 2002; Sue et al., 1998). Accordingly, mental health professionals are increasingly being urged to seek training in cultural competency, and to consider the cultural characteristics of families in the selection of appropriate intervention strategies (e.g., Falicov, 2007; Griner & Smith, 2006; Jackson, 2009; Mistry, Jacobs, & Jacobs, 2009).

In modern day Canada, many immigrants live transnational lives (Milan, 2011; Statistics Canada, 2006), with family members living in separate nation states. This is often a culturally driven phenomenon. The need for culturally sensitive support, and tailored mental health services has been discussed in both the scientific and popular literatures, given that traditional family mental health frameworks may not be as responsive to the idiosyncratic challenges faced by transnational families (Aulakh, 2008; Bernstein, 2009; Bohr, 2010; Falicov, 2007; Leong & Lee, 2006; Roberts, 2005; Stone, Gomez, Hotzoglou, & Lipnitsky, 2005).

Culturally Appropriate Interventions for Reunited Transnational Families

It is evident that there is a need to re-examine traditional, mainstream child and family mental health approaches, including culturally sensitive, strength-oriented approaches with transnational families. Interventions for transnational families should take into consideration cultural idiosyncrasies, and, above and beyond those idiosyncrasies, the many challenges that are associated with parent-child separation and reunification experiences generally. Indeed, scholars have been recommending that careful attention be paid to individual and systemic narratives when counselling transnational families, in order to better understand their distinctive

experiences, and the meaning they ascribe to those experiences (Roberts, 2005; Stone et al., 2005). Although promising models have been suggested for mental health approaches with immigrant and transnational families, the vast majority of studies have focused on the implementation of culturally sensitive counselling services with immigrant populations generally (e.g., Griner & Smith, 2006; Leong, 1986; Leong & Lee, 2006; Moro, 2002; Taïeb, Baubet, Rezzoug, & Moro, 2010). No known studies to date have examined the implementation, or evaluation, of culturally sensitive mental health services specifically focused on transnational families who have experienced parent-child separation.

Culturally Sensitive Mental Health Models for Transnational Families

There is an increasingly substantial body of research to be considered when informing frameworks for wellness and mental health, and associated interventions with this subset of immigrants (e.g., Bohr, 2010; de Jong & van Ommeren, 2005; Hernandez, Nesman, Mowery, Acevedo-Polakovich, & Callejas, 2009; Leong, 1996). Several of the above studies have acknowledged the limits of traditional, mainstream family mental health approaches in responding to the needs of transnational families specifically, and offer culturally sensitive alternatives. Two frameworks in particular may be relevant for transnational families who have experienced parent-child separation and reunification: the Cultural Accommodation Model (Leong & Lee, 2006), and a bi-directional, bio-ecological health seeking model proposed for the study of child development in transnational contexts (Bohr, 2010).

The Cultural Accommodation Model is described as an "enhanced theoretical guide to effective cross-cultural clinical practice and research" (Leong & Lee, 2006, p.410). The Cultural Accommodation Model was developed as an extension of Leong's (1996) integrative model of cross-cultural psychotherapy, aimed at guiding research and clinical practice with culturally

diverse populations. Leong's (1996) integrative model of cross-cultural psychotherapy proposed that the three major dimensions of human personality and identity presented in Kluckhorn and Murray's (1950) tripartite framework of personality (the Universal, the Group, and the Individual) are equally important in understanding human experiences and should be attended to by the therapist in an integrative fashion. In the context of his model, Leong described the Universal dimension as founded on the knowledge-base generated by mainstream psychology, and traditional understanding of human behaviours, the Group dimension as based on cross-cultural, ethnic minority psychology, and the study of gender differences, and the Individual dimension as representative of the unique individual differences and characteristics that are covered by behavioural and existential theories, wherein individual learning histories and phenomenological approaches are proposed in order to understand the behaviours and experiences of an individual.

According to Leong and Tang (2002), the gaps and limitations of existing counselling models can be reduced by introducing culture-specific variables into an accommodated treatment model in order to render it relevant for culturally diverse populations. Furthermore, the Cultural Accommodation Model considers the importance of person-environment interaction models in the lives of culturally diverse individuals, rather than focusing solely on the individual and neglecting to consider the impact of environmental factors in their life (Leong & Lee, 2006). Moreover, the Cultural Accommodation Model considers the culturally unique experiences of racial and ethnic minority groups as major factors in understanding their behaviour (Leong & Serafica, 2001).

Bohr (2010) identified a need to devote attention to the experiences of young children in transnational families. This author proposed a bi-directional bio-ecological model that centers on

adaptive versus maladaptive health seeking behaviour, for research and intervention with infants in transnational contexts. More recently, this model has been expanded to focus on adaptive stress calibration in transnational families (Bohr & Shih, 2014). While the model was originally designed to respond to the needs of infants in transnational contexts, it is equally relevant for all the members of family systems that maintain transnational lifestyles, and can easily be adapted to additional immigration contexts. Bohr suggested that bioecological approaches, such as those guided by Bronfenbrenner's (1979) ecological systems theory, should be integrated with other approaches which take into account risk and resilience factors in the lives of transnational children.

The model proposed by Bohr focuses on the importance of the interaction of several cultural systems, in creating the contexts for both resilience and risks in the developmental trajectories of transnational children (Bohr, 2010). The model further postulates that, in the service of seeking good systemic health (i.e. health for the family as a whole), immigrant families become involved in a series of complex transactions that are designed to calibrate their high stress levels, for example adopting transnational lifestyles to support them in the process of a hopefully successful settlement. While some of these transactions are based on cultural strategies that may have worked in other contexts, these just as often fail to alleviate stress for the family system, and in some case lead to mental health problems for family members. According to this approach, mental health services for transnational families clearly need to take into consideration the health seeking motivations of transnational practices, and need to support families with the management of stress before and during family separations, as well as, almost more importantly, following reunification.

Present Study

In keeping with recommendations gleaned from the literature described above, this exploratory study aimed to evaluate the implementation of a flexible, client-centred, assessment and brief intervention for parent-child dyads who had experienced parent-child separation and reunification, and, as a result, were at risk for significant relationship problems. The Parent-Child Interaction Assessment/Modifying Attributions of Parents approach (PCIA-II/MAP; Bohr et al., 2008; Bohr, Hudson Crain, & Holigrocki, 2005, 2006) was designed to serve as a collaborative assessment and brief intervention approach for parent-child dyads at risk for relationship ruptures (Bohr et al., 2008). Video feedback sessions provide the context for an in-depth assessment of parental attributions (the interpretation of their child's behaviour) and their cognitive flexibility, and the extensive assessment process itself is designed to produce collaborative therapeutic change aimed at improving parental attributions, sensitivity, and reflectivity (see Appendix E for therapeutic session activities).

The PCIA-II/MAP was deemed an appropriate intervention approach for reunited transnational families for several reasons. First, it is a flexible intervention which lends itself well to adaptation for the unique contexts of culturally diverse families such as transnational families. The assessment is designed to focus on the presenting problems of the family, which for these families, are likely to involve concerns about child behaviour, parent-child relationship difficulties, and parenting struggles which are in some way related to their experience of parent-child separation and reunification. Second, this intervention adopts a constructivist approach involving parental collaboration, reflection, and active participation (Bohr et al., 2008). As such, the knowledge, including cultural knowledge, and experience of the parents are valued, and the parent is empowered in their role as parent to their child, while the therapist assumes a co-constructive and collaborative role. Third, this intervention is designed for parent-child dyads,

with the specific aim of improving parent-child relationships. Parental attributions, reflectivity, and sensitivity – all of which are closely linked with parent-child attachment quality and subsequent child developmental outcomes (e.g., Ainsworth et al., 1978; Bigelow, MacLean, Proctor, Myatt, Gillis, & Power, 2010; Fonagy, Gergely, Jurist, & Target, 2002; Moran, Pederson, & Tarabulsy, 2011) – are examined, and targeted as areas to enhance in the context of the assessment and intervention. As outlined above, transnational families who have experienced separations and reunifications are expected to show some challenges within the parent-child relationship; an intervention with a focus on improving interpersonal skills, and supporting caregivers in their sensitivity and responsiveness should thus be considered desirable for this population. Finally, the PCIA-II/MAP supports and emphasizes strengths in the parent-child relationship (Bohr et al., 2008). A strength-focused intervention is fitting for transnational families, with a focus on empowering parents to acknowledge the strengths that exist in their parenting, their child's behaviour, and in their relationship with their child, and building on those strengths in the context of the intervention. This is particularly important as these families often feel guilty and disempowered for many reasons after reunification with their child: as described in Chapter 2, and in related research (Whitfield, 2008).

The adaptation of this brief assessment/intervention was focused on addressing the specific issues of concern to reunited families, as identified in Chapters 1 and 2, concerning child behaviours, parenting challenges, and difficulties experienced within the parent-child relationship. In order to make this intervention accessible to families, home visits were offered to those families as an alternative to attending sessions at the host community mental health agencies.

The socioemotional functioning of parent and child and the quality of the parent-child relationship of six reunited Canadian immigrant mother-child dyads were evaluated pre- and post-intervention. The participants were two Chinese mother-child dyads, three African/Caribbean mother-child dyads, and one South Asian mother-child dyad.

Hypotheses

It was postulated that Chinese, African/Caribbean, and South Asian mother-child dyads who had experienced parent-child separation and reunification would exhibit the following treatment gains from pre- to post-intervention as a result of their participation in the adapted PCIA-II/MAP:

a. Children would exhibit a lower incidence of behavioural difficulties. This would include internalizing and externalizing behavioural problems as reported by mothers.

b. Mothers would exhibit a lower incidence of self-reported socioemotional difficulties, as well as difficulties in their parenting role and experiences as a parent. This would include improvements in depressive symptoms, parental stress, parental distress, parenting confidence, and the parent's positive experience of their child.

c. Mothers would exhibit a lower incidence of maladaptive attributions about their child's behaviour.

d. Mother-child dyads would exhibit a lower incidence of difficulties in their relationships. This would include improvements in the attachment relationship, communication, parenting involvement, relational frustration, and parent-child interactions, as reported by mothers.

Method

Participants

Six families who had experienced parent-child separation and reunification were recruited for this study in the Greater Toronto Area, Ontario, Canada. The recruitment happened shortly after the publication of an article about parent-child separation in the popular press. The participant families were recruited from immigrant communities known to be affected by family separation during migration. Each participant family had sent their child to live with extended family, friends, or other alternate caregivers for a period of a year or longer. In addition, each participant family had experienced at least one family reunification, and had the "reclaimed" child living with them in Canada at the time of the study. Tables 3.1 and 3.2 provide background characteristics and demographic information for the mother-child dyads and their families. While participation of mothers and/or fathers was encouraged, the parents for this study were all mothers, since, as is typical for parenting services and studies, it was mothers who responded to and expressed interest in participation, and met eligibility criteria.

Table 3.1: Background Characteristics of Participant Families

	Group A		
Variable	Range	*M*	*SD*
Age of mother	27-42	33.33	5.68
Age of father	35-49	40.20	5.54
Age of child	4-10	7.83	2.14
Age of child when separation began	1-8	4.67	2.58
Age of child when separation ended	2-9	6.67	2.88
Years of separation	1-4	2.17	1.13
Number of children in family	2-4	2.83	0.75
Years in Canada since initial family immigration	3-7	4.67	2.08

Table 3.2: Mother-Child Dyad Demographic Information

	Mother	Child
Characteristic	*n* (%)	*n* (%)
Gender of child		
Male	-	3 (50%)
Female	6 (100%)	3 (50%)
Marital status		
Married	2 (33%)	-
Single - no partner	2 (33%)	-
Single – separated, no partner	2 (33%)	-
Country of birth		
Canada	-	1 (17%)
China	2 (33%)	1 (17%)
Saint Vincent	3 (50%)	3 (50%)
Philippines	1 (17%)	1 (17%)
First language		
English	3 (50%)	3 (50%)
Mandarin	2 (33%)	2 (33%)
Tagalog	1 (17%)	1 (17%)
Other languages		
English	1 (17%)	1 (17%)
Mandarin	1 (17%)	1 (17%)
None	4 (66%)	4 (66%)
Generational Status		
1st generation (born outside of Canada and immigrated to Canada before the age of 12)	-	-
1.5 generation (born outside of Canada and immigrated to Canada after the age of 12)	6 (100%)	5 (83%)
2nd generation (born in Canada and have at least one parent who was born outside of Canada)	-	1 (17%)
Highest education level		
Some elementary school	1 (17%)	-
Completed elementary school	2 (33%)	-
Some high school	2 (33%)	-
Completed high school	-	-
Some college or university	-	-
Completed college or university	1 (17%)	-
Household Income		
$15,000-$44,999	4 (66%)	
$14,999 and below	2 (33%)	

Procedure

The study was approved by the York Ethics Office of Research Ethics, and data collection took place during 2012. Participants were recruited with flyers circulated to community health, settlement, and mental health agencies. Mothers who were interested in participating left messages on a confidential research phone line for the research project. All mothers were then contacted by a researcher for a phone screening, to ensure that they met research participant criteria for the study. Parents whose primary language was not English were contacted by a research assistant fluent in that parent's primary language for the phone screening. Inclusion criteria for participation included the following: (a) that the parent and child had experienced a separation of a year or more during which time the child lived with extended family members or alternate caregivers in another country, (b) that the child had since returned to live with the parent, (c) that the child was no older than 10 years of age, and (d) that the parent was willing to commit to participating in five sessions, complete pre- and post-questionnaires, and provide consent for participation, as well as for audio-recording and video-recording of session content for research purposes.

For all participant families, interviews and sessions were subsequently held at each dyad's home, as was their preference. During all interviews and intervention sessions with the two Mandarin speaking families, an interpreter was present, providing translation services throughout the meetings. These same parents were also provided with translated versions of consent forms, questionnaires, all study-related materials, as well as of information about community-based resources for their child and family.

All mothers participated in an intake interview, during which the details of participant involvement in the study were reviewed, the clinical nature of the research study was explained,

and the activities which were to take place over the course of the subsequent five sessions were discussed. The intake script used during these interviews is provided in Appendix D. The expectations of participant mothers, as well as the expectations participant mothers should have of researchers and clinicians involved in the research protocol, was also clearly outlined. The researcher then reviewed rules relating to the privacy and confidentiality of participant families, again with the assistance of a language interpreter when required, and witnessed the signing of study consent forms.

The parent-child dyads then participated in the PCIA-II/MAP intervention over five sessions: an assessment session, two interactive feedback sessions, followed by two post-assessment/feedback sessions. More details on the PCIA-II/MAP session activities are provided in Appendix E. During the final session, informational brochures about parenting, child behaviour, attachment, the impact of family separation and reunification on parents and children, and local community mental health and family resources were provided to each mother-child dyad, in their language of choice, and were reviewed by the therapist with the parent together.

Upon completion of the PCIA-II/MAP intervention, a research assistant met with the parent for a brief intervention evaluation interview, to ask about their experience of participating in the intervention. These evaluation questions are provided in Appendix F. The role of this author in the present study was that of lead researcher and therapist for all in-home intervention sessions. A psychologist, as well as several senior therapists, supervised the provision of services, and the review of videotaped mother-child interactions. Research assistants were also involved in the pre- and post-intervention data collection and audio/video transcriptions.

Measures

Child behaviour.   The Child Behaviour Checklist for Ages 1½ to 5 (CBCL/1½ -5; Achenbach & Rescorla, 2000) and the Child Behaviour Checklist for ages 6 to 18 (CBCL/6-18; Achenbach & Rescorla, 2001) were administered in order to assess the participant child's social competencies and behavioural problems, as perceived by the parent. The 100-item CBCL/1½ -5 and the 112-item CBCL/6-18 standardized caregiver-completed measures are widely used behavioural assessment systems. Both the CBCL/1½ -5 and the CBCL/6-18 feature two broad categories of syndromes (Internalizing Problems and Externalizing Problems). The CBCL measures have been found to demonstrate strong content, construct, and criterion-related validity. The CBCL/1½ -5 has internal consistency reliabilities that range from .63 to .95, test-retest reliabilities that range from .68 to .92, and interrater reliabilities that range from .48 to .67 (Achenbach & Rescorla, 2000). The CBCL/6-18 has internal consistency reliabilities that range from .78 to .97, test-retest reliabilities that range from .80 to .94, and interrater reliabilities that range from .63 to .88 (Achenbach & Rescorla, 2001). Examples of items include: "Clings to adults or too dependent", and "Feels or complains that no one loves him/her".

Parenting stress.   The Parenting Stress Index-Short Form (PSI/SF; Abidin, 1995, derived from the PSI; Abidin, 1983) was administered to mothers to assess their levels of parenting stress. The PSI/SF is a brief version of the 101-item PSI self-report questionnaire designed to identify parent and child systems under stress, where dysfunctional parenting is potentially present (Abidin, 1995). It is one of the most widely used instruments to assess parenting stress (Cain & Combs-Orme, 2005). The PSI has excellent psychometric properties (Haskett, Ahem, Ward, & Allaire, 2006), and the PSI/SF has been found to be strongly correlated with, and have strong validity as a direct derivative of, the PSI (Abidin, 1995). The PSI/SF yield scores on a Total Stress scale, as well as the following 4 scales: Defensive Responding (e.g., "I

feel trapped by my responsibilities as a parent"), Parental Distress (e.g., "Since having a child, I feel that I am almost never able to do things that I like to do"), Parent-Child Dysfunctional Interaction (e.g., "My child rarely does things for me that make me feel good"), and Difficult Child (e.g., "My child gets upset easily over the smallest thing"). The PSI/SF has internal consistency reliabilities that range from .80 to .87, and test-retest reliabilities that range from .68 to.85 (Abidin, 1995).

Parental depression. The Beck Depression Inventory (BDI; Beck, Ward, & Mendelson, 1961) is a 21-item self-report measure which was used to assess the potential manifestations of depression of participant mothers. The BDI is widely used as a measure to assess the severity of depression of people over the age of 13, and has strong content, concurrent, discriminant, and construct validity (Beck, Steer, & Garbin, 1988; Richter, Werner, Heerlim, Kraus, & Sauer, 1998). The BDI has internal consistency reliabilities that range from .73 to .95, and test-retest reliabilities that range from .48 to .86 (Becket al., 1988). Examples of items include: "I do not feel sad", and "I am so sad or unhappy that I can't stand it".

Parental attributions. The Parent Cognitions Scale (PCS; Snarr, Smith Slep, & Grande, 2009) is a 30-item measure of parental attributions which was administered to participant parents in order to assess attributional patterns in their parent-child relationships. The PCS includes items reflective of Parent-Causal (e.g., "I don't know how to handle my child") and Child-Responsible (e.g., "My child likes to see how far he/she can push me") attributions for child misbehaviour, and yields scores on each of these two dimensions. This measure has been found to have strong construct validity, and confirmatory factor analyses supported the two dimensions (Snarr et al., 2009). The PCS has internal consistency reliabilities that range from .81 to .90, and test-retest reliabilities that range from .55 to .76 (Snarr et al., 2009).

Quality of parent-child relationship.

The Parenting Relationship Questionnaire (PRQ; Kamphaus & Reynolds, 2006) is a measure designed to capture the parent's perspective on the parent-child relationship. This measure was used in the study to gain a sense of the quality of the parent-child relationship pre- and post-intervention. The PRQ is available in a 45-item Preschool (PRQ-P) form for parents of children 2 to 5 years of age, and a 71-item Child and Adolescent (PRQ-CA) form for parents of children and youth 6 to 18 years of age. Both versions of the PRQ yield scores on the following 7 scales: Attachment (e.g., "When upset, my child comes to me for comfort"), Communication (e.g., "My child tells me about his or her problems"), Discipline Practices (e.g., "I punish my child when he or she misbehaves", Involvement (e.g., "I teach my child how to play new games"), Parenting Confidence (e.g., "I make good parenting decisions"), Satisfaction with School (e.g., "Teachers seem to understand my child's needs"), and Relational Frustration (e.g., "My child is hard for me to handle"). The PRQ has been found to have adequate content and construct validity (Rubinic & Schwickrath, 2010). This measure has internal consistency reliabilities that range from .73 to .95, and test-retest reliabilities that range from .48 to .86 (Kamphaus & Reynolds, 2006). Given the focus of the current study, the Satisfaction with School and Discipline Practices scales were not administered.

In addition, the Parent-Child Interaction Assessment (PCIA-II; Holigrocki, Kaminski, & Frieswyk, 1999; 2002) was administered to all parent-child dyads. This direct observation procedure involved the participation of parent and child in a series of structured videotaped play interactions. The preschool age version of the PCIA-II was administered to the one dyad in which the son was 4 years of age, while the school age version was administered to the remaining participant dyads. The preschool age version involved four structured play interaction

scenarios (free play, novel toy, teaching task, and a snack), while the school age version of the intervention involved structured play interactions in which the parent-child dyads were provided with figures, animals, and blocks for a simulated trip to the zoo together. The PCIA-II provided qualitative data relating to the dyad's interactions, including areas of strength and areas of concern, and served as content for video feedback sessions in the context of the PCIA-II/MAP service delivery.

Data Analysis

Qualitative analyses of individual cases' dyadic functioning from pre- to post-intervention was conducted based on the videotaped parent-child interactions and the transcripts from videofeedback sessions with mothers. Quantitative analyses of pre- to post-intervention parent reports of child behaviour, parenting stress, parenting depression, parental attributions, and the quality of parent-child relationships was performed using the nonparametric Wilcoxon Signed Rank Test. Finally, qualitative analyses of the intervention evaluation interview data was carried out using the IPA (Smith & Osborn, 2003) approach outlined in study 1 (see Appendix C for detailed information regarding the IPA methodological steps).

Results

Individual Case Analyses

Mrs. A and Chan[1].

Family background and presenting concerns. Mrs. A was a married mother with three children between the ages of 3 and 11. Mrs. A reported that she left her two children in China to join her husband in Canada, with the intention of sending for the children as soon as possible. Chan was 4 years of age when he was first separated from his parents, and remained in China

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[1] All names and identifying information have been altered in order to preserve the anonymity of participant dyads.

with his sister, spending the first year apart from his parents at a full-time boarding daycare facility, subsequently living with his maternal grandmother and sister. Mrs. A noted that her mother had complained about Chan not listening while under her care. She also indicated that although she tried to maintain contact with her son by telephone, Chan often refused to come to the phone. She reported that she and her husband were unable to visit their children during the five years of family separation. When Chan was 9 years of age, he and his sister were reunited with their parents in Canada. Chan has reportedly refused to speak with his grandmother since being reunited with his parents. At the time of participation in the intervention, Mr. A had been off work for several months, ordered to rest to heal a leg injury he had suffered. Mrs. A had the responsibility of caring for him and her three children, the youngest of whom required special care for his developmental disability, while she herself was attending ESL classes.

Reflecting on the experience of separation, Mrs. A described Chan as having been a "very good boy" before the separation, but now finding him to be a difficult child. She stated as her biggest concern that "Chan doesn't listen to both parents. Whatever you say he will argue". She rated her concern as very serious (10 out of a possible 10) at pre-intervention. Her goal for her participation in the intervention with her son was for him to "listen more to me".

Intervention sessions. During the initial parent-child interaction videotaping session, Mrs. A displayed many parenting strengths, including positioning herself on the floor and making herself available to join in play with Chan (face to face, smiling, with eye contact), following Chan's lead and "playing along with him" (supporting Chan by rubbing the leg of his play figure when he was hurt, providing blocks for chairs when Chan noted they had no seats on which to eat lunch at the zoo), and modeling expression of emotions during play (her mother play figure commenting on "walking around, looking for him, here and there, worried…" as she

searched for Chan's play figure when he was 'lost' at the zoo). These moments were reviewed with Mrs. A. Moments of challenge were also reviewed during which Mrs. A was invited to put herself in Chan's shoes to imagine his thoughts and feelings and what he might be needing from her, as well as reflecting on her own thoughts and feelings, and what she was hoping for. Examples of challenging moments included: telling Chan's play figure to play on his own, after he invited her play figure to join him in exploring a scary tunnel (it was reflected to Mrs. A on how she might recognize when Chan sought her out for security, comfort, play, and exploration, and wanted to share experiences with his parent); commanding Chan's play figure to "get up", and "listen to me", after Chan's play figure had fallen from the high rock at the zoo (it was discussed how Mrs. A. could join Chan in his play, and attend to his attempts to request help for his injury); and moving the starting block for the race between mother and Chan, after Chan had placed it in an appropriate area (Mrs. A. was encouraged to determine when there are good opportunities to promote independence and agency in Chan, versus having things be arranged the way she feels is best). Through collaborative discussion, both parenting strengths and challenging moments were linked to Mrs. A's counselling goal, "for Chan to listen more to me".

During the second and final set of videotaped parent-child play interactions, Mrs. A was observed to take more interest in joining Chan in his play, and followed his lead in placing the zoo animals in standing positions after they had fallen. While Mrs. A seemed impatient in a moment where she told Chan to "Hurry!" to join her play figure for a pretend race they were to participate in, she later showed greater attunement to her son's needs, noting that he had been ill that week, and asking him whether he wanted to stop the game if he wasn't feeling well. These were several of the moments which were reviewed and discussed with Mrs. A during the final video feedback session.

During the final intervention session, upon reflection on her original goal for her son to listen to her, Mrs. A rated the progress made on this goal as a 5 out of a possible 10 (1 representing no improvement, 10 representing excellent improvement). She noted that her concerns about his behaviour were no longer as strong as before, rating them as now being an 8 out of 10.

Ms. B and Jade.

Family background and presenting concerns. Ms. B was a single mother with three children between the ages of 9 and 12. She shared that she had fled her country of Saint Vincent and the Grenadines to immigrate to Canada two years ago, in her effort to escape spousal abuse from her partner. She reported that she left her children in the care of their maternal grandfather, with the intention of sending for them to join her in Canada as soon as she could afford to do so. Jade, the participant child, was 8 years of age at the time of the separation. Ms. B. noted that she attempted to maintain contact with her children during the separation by calling, however she noted that she wasn't able to do so very often, and that she would often only had a few minutes to speak with each of them during these calls. She indicated that she was unable to visit her children during the period of separation. After a little over a year and a half, all three of Ms. B's children joined her in Canada, where they currently live with another young family who had immigrated from Saint Vincent and the Grenadines. Jade was 9 years of age at the time of study participation.

While Ms. B reported that there had not been any difficulties in Jade's behaviour or her relationship with her daughter before the separation, she noted that since Jade's return to her care, she had great difficulty getting Jade to listen to what she asked of her. She rated her concern as very serious (10 out of a possible 10) at pre-intervention. Her stated goal for her

participation in the intervention was for her daughter to recognize her authority as a mother, and "to listen to me". She also noted that she often became so frustrated as a parent that she became close to striking her children, and suggested that she would like help finding ways to discipline her children without resorting to physical intervention, which she was aware could lead to involvement by local child protective services.

Intervention sessions. Some areas of concern emerged during the first intervention session, during the initial parent-child interaction videotaping session. Ms. B appeared to be very tired throughout the session, drifting off to sleep during her interactions with both the therapist and her daughter. Subsequent discussion with Ms. B about this issue revealed that she was taking prescribed medication for depression which caused her to feel tired. Ms. B was urged to see her doctor to inform him of this issue.

Several areas of strength were identified in the videotaped interactions between Ms. B and Jade, including Ms. B smiling and making eye contact with her daughter during a race between their play figures and following Jade's lead in play by having her play figure follow Jade's figure through a scary tunnel at the zoo. Challenging moments were also identified, including Ms. B calling her daughter "a cheater" after her daughter's figure had won the race at the zoo, Ms. B moving her daughter's figure away from her own without any explanation, and several instances during which Ms. B was completely inactive during the play scenarios, leaving her daughter to play by herself, and act out the role of mother's figure without her. These moments representing strengths and challenges in Ms. B's interactions with her daughter were reviewed during the video feedback sessions, during which time Ms. B was invited to reflect on her daughter's and her own experience (thoughts, feelings, needs and intentions), and these

interactions and experiences were linked to how they might help progress toward achieving Ms. B's goals for her interactions with her daughter.

After Ms. B and Jade participated in a subsequent second and final set of videotaped parent-child play scenarios, some shifts were noted. Although there were some isolated moments when Ms. B appeared somewhat fatigued during the play, these moments were rare, and Ms. B was observed to make greater effort to remain attentive and engaged with her daughter during much of their play time. Ms. B was also noted to use her play figure to follow Jade's lead in exploring a scary tunnel at the zoo, and in play scenarios when Jade's play figure had hurt her arm, and later, became lost at the zoo, Ms. B engaged her play figure in appropriate responses of concern for her daughter, calling for an ambulance to care for her injured daughter, and calling out for her daughter with a tone of concern in her voice when she was lost. These moments were reviewed with Ms. B, who expressed pride in her having been awake and alert during her interactions with her daughter, as compared to earlier sessions.

During the final intervention session, upon reflection on her presenting concerns, Ms. B indicated that she would now rate concerns about her daughter listening to her and her ability to discipline her daughter appropriately as an 8 out of 10. She shared that while she was not as concerned about her daughter's behaviour as she had been previously, she was especially frustrated and overwhelmed with her experience of her sons' misbehaviour, and their refusal to listen to her. Recommendations for additional services available to help with these struggles were discussed with the therapist. Reflecting upon whether she felt there had been any progress made on her goals for this program, Ms. B rated her improvement as a 4 out of 10 (with 1 representing no improvement, 10 representing excellent improvement). She noted that she felt

the program had helped her to learn "things I never knew – learn play, because I never learn to play".

Ms. C and Anna.

Family background and presenting concerns. Ms. C was a mother of three children between the ages of 8 and 14. She lived with her 13 year old son, and her 8 year old daughter, Anna, the participant child. Ms. C reported that her 14 year old son was living with his father within a half hour's distance from their home. She indicated that she and her husband had separated several months prior, and had maintained separate homes and shared informal custody of the children since that time. All family members were born and raised in the Philippines. Ms. C shared that while still living in the Philippines, she had been working in a nearby city as a full-time nurse, where she took up residence due to her inability to commute to and from work. She noted that she was only able to see her family twice a month, as a result of her work commitments. Hoping to be able to work and live with her family together in one city, she had applied to participate in a live-in-caregiver program in Canada, with the intention of sponsoring her family to join her in Canada. She immigrated to Canada to begin work within this program when her daughter was 2 years of age. During this time, Mr. C and the children remained in the Philippines, where the children were under the care of a hired nanny, and at times, their maternal and paternal grandparents. Ms. C noted that she maintained contact by phone during the time she was apart from her family, and that she was able to visit them in the Philippines once during the period of separation, for a 3-week vacation. Ms. C indicated that she was able to sponsor her husband and children's immigration papers in order for them to join her in Canada three years ago, after four years of living apart. Ms. C noted that a year later, she suffered a brain aneurysm, which has led to a number of ongoing health issues, including a second brain aneurysm several

months prior, and difficulties with mental focus and persistent headaches. Despite her health difficulties, at the time of the intervention, Ms. C worked full-time as a medical assistant. She shared that she has struggled with depression in recent months, which she tied to her not wanting "to have a broken family", referring to her disappointment about her recent separation from her husband, and the separate living arrangements currently experienced by the family.

With respect to her experience of separation from her daughter, Ms. C expressed concerns about her "relationship with [Anna]", noting that she wanted to be closer to her, and about whether Anna might not understand "why mom left to work in the city and Canada", referring to the multiple separations she had experienced from her daughter since her birth. She rated her concerns as very serious (9 out of a possible 10) at pre-intervention. Her goals for participation in the intervention with her daughter were "to build more trust in my relationship with [Anna]", "for [Anna] to feel more comfortable to express her feelings to mom", to "get Anna to have a better understanding of why mom went away", and "want [Anna] to feel my closeness".

Intervention sessions. The initial parent-child videotaping session revealed a number of strengths in the play interactions Ms. C had with Anna. Ms. C was observed positioning herself on the floor and wholeheartedly joining in play with Anna, smiling, and making eye contact. She offered comfort and protection to her daughter in the context of their play, taking Anna's play figure into her figure's arms when she had hurt her arm, while making sympathetic vocalizations. She was also noted to follow her daughter's lead in their play, watching as her daughter announced that she was going to take a nap at the zoo on tree branches, then having her play figure offer to watch over her while she slept. Challenging moments were also observed in their interactions, including an instance when Anna's play figure refused to listen to her mother,

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during which time Ms. C did not establish appropriate limits for dangerous behaviour (e.g., pretending to climb on the fence of the tiger pen at the zoo), and gave in to Anna's demands. Ms. C was also noted to discourage Anna from trying new things in her play at the zoo, rather than providing reassurance and encouragement as she explored. A general pattern in which Anna often excluded her mother from her play was also observed. These moments representing strengths and challenges in her interactions and relationship with Anna were reviewed with Ms. C, at which time she was invited to reflect on her daughter's experience as well as her experience during those moments, including their thoughts, feelings, needs, and intentions. These moments were also linked to Ms. C.'s goals for their participation in the intervention.

During the second and final set of videotaped play interactions, a shift toward more collaborative play between Ms. C and her daughter was observed. For instance, in a play scenario when Anna hurt her arm at the zoo, she asked her mother to make a cast for her, to which her mother responded by doing so. Anna then offered to help her build the cast, to which Ms. C replied, "Okay, help me", after which they worked on the imaginary cast together, smiling and laughing at one another. While Anna tested limits once again by engaging in pretend dangerous play at the zoo on the animal fences, Ms. C was noted to make greater effort to speak to her daughter about being safe, encouraging her to climb down, playing the role of a mother setting appropriate limits for her child.

During the final intervention session, upon reflection on the concerns she had expressed about her relationship with Anna, she noted that now felt she would rate her concerns as a 6 out of 10, noting that she was no longer as concerned as she had previously been. Upon review of the goals she had outlined for her participation in the program, Ms. C rated the progress on these goals as a 7 out of a possible 10 (1 representing no improvement, 10 representing excellent

improvement). She noted that she had seen great changes in her communication with her daughter, noting that although there were often moments when she would not listen to her mother's requests, Anna was now sharing her feelings with her mother, something she had not done before. It was noted that Ms. C reported ongoing struggles with her family situation, including having discovered that her former spouse was living with another woman and seeking custody of all three of their children. Ms. C was provided with information about community resources which might help her through her difficulties.

Miss D and Omari.

Family background and presenting concerns. Miss D was a single mother to two children, a 9 year old son, Omari, the participant child, and an 11 year old daughter. Miss D indicated that she and her children were born in Saint Vincent and the Grenadines. She shared that she had come to Canada in order to escape physical abuse she had suffered at the hands of the children's father in her home country. She noted that at the time, she was unable to bring her son and daughter with her, resulting in a period of separation from both children. She recalled that Omari had been 4 years old when she left Saint Vincent and the Grenadines, while her daughter had been 6 years old at the time. Miss D indicated that although she had left her children in the care of a trusted friend, the children's father found them several months later, and brought the children to live with him. Miss D reported that she did not have contact with her children during the period of separation. When Omari was 8 years of age, Miss D had a friend in Saint Vincent and the Grenadines accompany him to Canada, where he joined his mother. At the time Miss D and Omari began participating in the intervention, her daughter had not yet joined them in Canada. During the course of the intervention, Miss D shared with the therapist that she

had often had depressive and suicidal thoughts, and was taking prescription medications to help with these struggles.

While Miss D did not recall having any difficulties with her son before their separation, she noted that since they were reunited, she had found him to be demanding, and described her relationship with her son as "sometimes good, sometimes bad". She described Omari not hearing and listening to her as her greatest concerns. She rated these concerns as very serious (10 out of a possible 10) at pre-intervention. Her goal for her participation in the intervention with her son was for Omari "to hear, to listen, to understand" her.

Intervention sessions. During the initial parent-child interaction videotaping session, moments representing strengths and challenges in Miss D's interactions with Omari were observed. A number of strengths were noted, including Miss D and Omari smiling and giggling with one another during their play, and Miss D following her son's lead, such as by moving her play figure to join her son's as he explored the zoo, and approached a scary tunnel at the zoo. Miss D was also noted to provide comfort to her son during a play scenario when he fell and hurt his arm, and to lead her play figure to search the zoo, calling out for Omari, when the play scenario involved him becoming lost at the zoo. Omari was noted to smile and follow his mother's actions attentively during these moments when she played this nurturing, protective mother role. Challenging moments were also observed in Miss D's interactions with her son, including several instances where Omari was left to play on his own when his mother became disengaged, checking her cellular phone, or staring at the wall or window. There were also several moments when Miss D used a stern voice, commanding her son to "Build a zoo", or to "Go!" into the scary tunnel. During a play scenario when her son was lost at the zoo, Omari called out to his mother "Find me", to which his mother replied, "Find you?" with a scoff and

laugh. These moments representing strengths and challenges in this dyad's interactions were reviewed and discussed with Miss D, while reflecting upon her experience and Omari's experience (thoughts, feelings, needs, and intentions) during these moments. Strengths and challenges noted were also linked to Miss D's goals for her participation in the intervention with her son.

The second and final set of videotaped parent-child play interactions was completed with Miss D and Omari, revealing some noteworthy shifts in their interactions. Although Miss D was observed to become disengaged during play once, and to interact with Omari in a stern, demanding way during two brief isolated instances, she generally demonstrated greater engagement with her son and a more collaborative, lighthearted approach to play with her son. When the play scenario in which Omari was to explore a scary tunnel at the zoo was revisited, Miss D demonstrated appropriate support for her son as he approached the tunnel, praising and smiling at him, stating "You're doing really great!" as he attempted to enter the tunnel.

During the final intervention session, the presenting concerns and goals Miss D had expressed at the outset of her participation were reviewed. Miss D indicated that she would now rate her concerns about Omari not listening to her as a not very serious at all (2 out of a possible 10). When provided with the opportunity to rate the progress that had been made on her goals for the intervention with her son, she expressed that she felt they had made good progress, rating their improvement as a 5 out of 10 (with 1 representing no improvement, 10 representing excellent improvement). Miss D added that she now saw Omari differently than she did before, commenting that she saw his bids for attention as his wanting to be noticed and loved by his mother. Miss D also commented on her regret that her depressive symptoms made parenting difficult for her. The therapist recommended community supports, and urged Miss D to speak

with her physician about these struggles, so that she might get greater support with her depression. During this final session, Miss D was also congratulated on being reunited with her 11 year old daughter, who had finally been reunited with her mother and brother in Canada days prior, after three years of separation.

Mrs. E and Feng.

Family background and presenting concerns. Mrs E. was a married mother with two children: a 4-year old boy, Feng, the participant child, and a 1 year old daughter. She and her husband were born and raised in China, and had immigrated to Canada five years earlier. Mrs E. indicated that Feng was born in Canada within the first year of their arrival in Canada. She reported that she and her husband sent Feng back to China to live with his maternal grandparents, uncle, and aunt when he was 1 year old, so that she and her husband could both work full-time. Mrs. E shared that during the time of separation, she tried to send "hugs" over the phone to her son, and to talk to him using video chat. After a year and a half apart, Mrs. E noted that she returned to China to spend time with Feng and her extended family. She and Feng then returned to Canada together, with no further subsequent separations.

Reflecting on the experience of separation, Mrs. E noted that she had experienced difficulties parenting Feng since his return to her care in Canada. Her greatest concern was that "Feng doesn't listen to me. He doesn't follow my instruction", describing how simple requests for him to get out of bed in the morning or brush his teeth were ignored. She rated her concern as moderately serious (5 out of a possible 10) at pre-intervention. Her goal for her participation in the intervention with her son was for "Feng to be more focused" in listening to his mother.

Intervention sessions. During the initial parent-child interaction videotaping session, Mrs. E was observed to exhibit many parenting strengths, including positioning herself on the

floor and making herself available to join in play with Feng, smiling and making eye contact during play with her son, and offering praise and encouragement when Feng was successful in building wooden blocks, exclaiming, "Very good! You're good at this!". She was also noted to encourage her son to explore and manipulate the play materials, offering a bag of blocks to Feng, noting "Why don't you open it?" rather than opening it herself. Challenging moments were also noted, including instances when Mrs. E attempted to take a toy from Feng's hands even though he was clearly engaged with it, pushing a scary dinosaur toy toward Feng during a moment when he was visibly fearful of it, and moving away from the toy, and failing to follow through in her parental role when Feng refused to listen to her requests to share snacks with his mother and to put away the snacks when asked. Upon review of these moments with the therapist, Mrs. E was invited to put herself in Feng's shoes to imagine his thoughts, feelings, and what he might have been needing from her, as well as reflecting on her own thoughts, feelings, and what she was hoping for in those moments. Through discussion, these parenting strengths and challenging moments were also linked to Mrs. E's counselling goals.

When the second and final videotaped play interactions were completed with Mrs. E and Feng, moments representing parenting strengths and challenges were again noted. Although Mrs. E demonstrated some difficulties responding sensitively to her son's needs, as seen in a moment when Feng asked for her help cutting a shape out of paper, to which she replied, "You cut it yourself. You're this big now! Don't tell me you can't even cut this!", she shifted her approach toward a more supportive and collaborative one moments later, patiently and slowly modeling how to cut the paper within Feng's view, before handing it to him to try, and offering praise when he was partially successful with this task, exclaiming, "Yes, you're really good at this now! You cut really well!". She was also noted to demonstrate greater sensitivity than seen previously

when Feng was again fearful of the dinosaur toy, looking at him, asking "Are you scared?" when he moved behind her to protect himself from the dinosaur, after which she made eye contact with him and reassured him, showing how she could touch the dinosaur. After watching his mother interact with the dinosaur from behind her, he began to touch the dinosaur himself, with mother nearby, no longer appearing fearful.

During the final intervention session, the therapist revisited the presenting concerns and goals Mrs. E had articulated during their first session. She rated her concern as moderately serious (5 out of a possible 10) at post-intervention, noting that Feng was listening to her "a little bit better", while also commenting on additional concerns about her son sometimes having temper tantrums when he became upset. Upon reflection on her original goals for her son to be more focused in listening to his mother's requests, Mrs. E rated the progress made on this goal as a 4 out of a possible 10. Mrs. E also noted at this time that while she had considered sending her young daughter to China for a period of separation, she had now decided against it, a decision she attributed to her not wanting to experience difficulties in her parenting and relationship with her daughter as she had with her son.

Mrs. F and Nina.

Family background and presenting concerns. Ms. F was a single mother of four children between the ages of 7 and 19. She and her children were all born in Saint Vincent and the Grenadines. Ms. F shared that she decided that she wanted to immigrate to Canada with her children when she was not getting along with the children's father, noting that he was physically abusive toward her, although not toward the children. She stated that she tried to "prepare the children mentally" for what she hoped would only be a few months apart before she was able to send for them to join her in Canada. Ms. F immigrated to Canada on her own four years ago,

leaving the children under the care of their maternal grandmother for the first few months, after which time she reported they lived with their father for the remainder of their time in Saint Vincent and the Grenadines. During the period of separation, Ms. F was unable to visit her children, but noted that she tried to call them as often as she could. Ms. F stated that it took much longer than she had hoped to bring her children to Canada to join her, citing financial difficulties and immigration paperwork as challenges at the time. She indicated that she was able to sponsor her eldest daughter first, after two years apart, then was finally able to bring her remaining two sons, and youngest daughter, Nina, to come live with her in Canada two years ago. Nina, the participant child, was 3 years of age when her mother immigrated to Canada, and was 6 years of age when she was reunited with her mother after 3 years apart.

Reflecting on the experience of separation from Nina, Ms. F indicated that she had been "worried about her the most" out of all her children, as she suspected Nina did not understand why her mother had left. She also noted that Nina often cried for her mother during the separation, to the point where they would sometimes try to reach Ms. F by phone in order for her to comfort Nina. She stated that she was now "trying to make up for all that", and that while Nina is "very loving, and listens when I talk to her", she "clings to me a lot". Ms. F noted that she was most concerned about her daughter being clingy with her, and Nina being unhappy, "but she doesn't express a lot". She rated these concerns as fairly serious (8 out of a possible 10) at pre-intervention. Her stated goals for participation in the intervention with her daughter were "for me to be able to understand her more", and "for her to express herself freely".

Intervention sessions. The initial parent-child videotaping session revealed a number of strengths in the play interactions Ms. F had with Nina. Ms. F was observed engaging well with her daughter in play, smiling and laughing, seeming to truly enjoy playing with one another. Ms.

F was noted to follow her daughter's lead in the play, and to play the role of a protective mother who was sensitive to her daughter's fears. For instance, when her daughter made a fearful cry about entering the scary tunnel at the zoo, she offered for her mother figure to go first, to ease her daughter's fears. Challenging moments were also noted, including several moments when Ms. F appeared impatient with her daughter's fears of giraffes and other novel experiences at the zoo, at one point responding to Nina's statement, "It scares me", by stating, "Everything scares you". There were a seemingly equal number of instances when Ms. F was responsive and sensitive to Nina's needs as there were instances when Ms. F was unresponsive or dismissive of Nina's needs and fears. These moments representing strengths and challenges in her interactions with her daughter were reviewed with Ms. F, and she was invited to put herself in her daughter's shoes, as well as in her own, in considering what each of them was thinking, feeling, and needing/hoping for during those interactions. These moments were also tired to Ms. F's goals to better understand her daughter and encourage her daughter to express herself more freely.

The second and final videotaped play interactions revealed more consistent sensitivity and comfort being provided to Nina by Ms. F in moments of distress or fear, as noted in a moment when Nina's figure hurt her arm in a play scenario, and Ms. F looked at her injured arm, offering hugs and kisses to comfort her, leading Nina to express readiness in returning to play, smiling. Although Ms. F demonstrated some insensitivity and impatience with her daughter in a moment when Nina asked for a snack at the zoo, to which Ms. F stated in an irritated voice, "You're always hungry…", she turned this moment around seconds later, suggesting to Nina, "There's a little shop, let's get something to eat", to which Nina smiled.

During the final intervention session, the concerns Ms. F had shared at the beginning of the intervention were reviewed. Reflecting upon her original concerns, Ms. F noted that she

would now rate those concerns as not very serious (3 out of a possible 10). Upon reflection on the goals she had set for herself and Nina for their participation in the intervention, Ms. F rated the progress toward those goals as an 8 out of 10 (1 representing no improvement, 10 representing excellent improvement). She noted that she had seen changes in her interactions with Nina, and that she was "seeing everything in a different light" as a parent, while also helping her daughter "to be able to express herself". She added that she felt very close with her daughter, and that they "have a lot of fun together".

Combined Results of Cases

  Quantitative analyses. Pre- to post-intervention changes in the standardized assessment measures of child behaviour, parenting stress, parenting depression, parenting attributions, and quality of parenting relationship described above were analyzed using the nonparametric Wilcoxon Signed Rank Test. An alpha level of .05 was used for all statistical tests. Effect sizes were calculated using Hedges' g, a variation of Cohen's d that corrects for biases due to small sample sizes, and interpreted according to Cohen's (1988) criteria. The results of these tests are provided in Table 3.3.

  Hypothesis 'a', that children would exhibit a lower incidence of behavioural difficulties post-intervention compared to pre-intervention, as reported by parents, was not confirmed. A Wilcoxon signed-rank test did not reveal a statistically significant change in parent-reported child internalizing behaviours ($Z = -1.625$, $p = 0.104$) or externalizing behaviours ($Z = -.1.367$, $p = 0.172$) from pre- to post- intervention. The Hedges' g effect size associated with the difference in child internalizing behaviours was .50, suggesting a moderate practical significance, while the difference in child externalizing behaviours was .19, suggesting low practical significance.

Table 3.3: Pre-Post Wilcoxon Signed Ranks Test

Measure	Pre-Intervention Median (CI)	Post-Intervention Median (CI)	Z statistic	P value	Hedges' g
CBCL Child Internalizing	12.50 (7, 34)	10.00 (6, 24)	-1.625[a]	.104	.50
CBCL Child Externalizing	17.50 (4, 28)	15.00 (3, 28)	-1.367[a]	.172	.19
BDI-II Parent Depression	26.50 (8, 42)	17.00 (5, 46)	-1.572[a]	.116	.46
PSI/SF Parenting Stress	120.00 (75, 143)	87.00 (59, 127)	-1.572[a]	.116	.64
Parental Defensive Responding	25.50 (15, 27)	19.00 (11, 26)	-2.032[a]	.042*	.91
Parental Distress	41.50 (23, 48)	35.00 (18, 42)	-2.032[a]	.042*	.60
Parenting Confidence	37.50 (2, 19)	45.00 (8, 20)	-1.363[b]	.173	-.49
Difficult Child	38.50 (16, 52)	32.00 (22, 47)	-.105[a]	.916	.36
Child Responsible Cognitions	29.50 (16, 53)	35.50 (9, 43)	-.632[a]	.527	.11
Parent Causal Cognitions	21.50 (13, 33)	24.50 (15, 33)	-.271[b]	.786	-.16
Attachment Relationship	38.00 (11, 22)	45.00 (13, 30)	-1.802[b]	.072	-.51
Communication	44.00 (11, 27)	41.00 (13, 27)	-.406[b]	.684	-.17
Involvement	34.50 (4, 11)	39.00 (7, 12)	-1.214[b]	.225	-.65
Relational Frustration	63.00 (8, 18)	63.00 (4, 16)	-.527[a]	.598	.11
Parent-Child Dysfunctional Interaction	38.00 (23, 48)	24.50 (13, 40)	-1.682[a]	.093	.81

[a] Based on positive ranks, [b] Based on negative ranks, *p < .05, CI: 95% confidence intervals

Hypothesis 'b' proposed that mothers would exhibit a lower incidence post-intervention of self-reported socioemotional and parenting difficulties, as seen in their reported depressive symptoms, stress levels, parenting distress, parenting confidence, and the degree to which they experience their reunited child as a difficult child. A Wilcoxon signed-rank test did not reveal a statistically significant change in parent-reported depressive symptoms ($Z = -1.572$, $p = 0.116$) from pre- to post- intervention. The Hedges' g statistic (.46) suggested a small to moderate practical significance. It is noteworthy that parent depressive symptom scores and parenting stress scores decreased from clinically significant levels of stress pre-intervention to generally high levels of stress post-intervention, suggesting clinical usefulness.

Parental stress was reflected in several scales: Total Stress, Parental Defensive Responding, and Parental Distress. Wilcoxon signed-rank tests did reveal statistically significant improvements in parental defensive responding (Z = -2.032, p = 0.042) and parental distress (Z = -2.032, p = 0.042) from pre- to post- intervention, representing less minimization of problems, stress, and/or negativity in their relationship with their child, as well as reduced stress in their role as a parent, in both of these scales. The Hedges' g effect size associated with the difference in parental defensive responding was .91, suggesting a large practical significance, while the difference in parental distress was .60, suggesting a moderate practical significance. A Wilcoxon signed-rank test did not reveal a statistically significant change in total stress (Z = -1.572, p = 0.116) from pre- to post- intervention, while the Hedges' g statistic (.64) suggested a moderate practical significance.

A Wilcoxon signed-rank test did not reveal a statistically significant change in parenting confidence (Z = -1.363, p = 0.173) from pre- to post- intervention. The Hedges' g statistic (.49) for parenting confidence suggested a small to moderate practical significance. Likewise, no statistically significant change was found from pre-to post-intervention in mothers' perceptions and experiences of how difficult their child was to parent (= -0.105, p = 0.916). The Hedges' g effect size associated with this difference was .36, suggesting a small to moderate practical significance. Positive trends were seen in both of these indices of parental functioning, with trends showing increases in parenting confidence and decreases in mothers' perceptions of their child as difficult from pre- to post-intervention. With respect to parenting confidence, these increases resulted in scores shifting from being in the significantly below average range pre-intervention to being in the average range post-intervention.

Hypothesis 'c' advanced that mothers would exhibit a lower incidence of maladaptive attributions about their child post-intervention, as compared to their pre-intervention attributions. Wilcoxon signed-rank tests did not reveal statistically significant changes in mothers' child-responsible attributions ($Z = -0.632$, $p = 0.527$) and parent-causal attributions ($Z = -0.271$, $p = 0.786$) from pre- to post- intervention. The Hedges' g effect size associated with the difference in mothers' child-responsible attributions was .10, while the difference in mothers' parent-causal attributions was .16, suggesting low practical significance in both cases. Although not statistically significant, the changes in parents' attributions reflected decreases in dysfunctional cognitions attributing responsibility to the child for their misbehaviour, while cognitions attributing the child's misbehaviour to stable, global, trait-like characteristics of the parent did not show much fluctuation.

Hypothesis 'd' suggested that mother-child dyads would report a lower incidence of difficulties in their relationship post-intervention, including positive changes in these dyads' attachment relationships, communication, involvement in mutually enjoyable activities, relationship frustration, and parent-child interactions. A Wilcoxon signed-rank test revealed marginally significant improvements in these dyads' attachment relationships ($Z = -1.802$, $p = 0.072$). The Hedges' g effect size associated with this difference was .51, suggesting a moderate practical significance. These improvements were reflected in attachment scores which were in the significantly below average range pre-intervention shifting to scores in the average range post-intervention. Meanwhile, a Wilcoxon signed-rank test revealed a marginally significant decrease in reported parent-child dysfunctional interactions ($Z = -1.682$, $p = 0.093$) from pre- to post- intervention. The Hedges' g effect size associated with the difference in these parent-child interactions was .81, suggesting a large practical significance. Finally, Wilcoxon signed-rank

tests did not reveal statistically significant changes in parent-child communication ($Z = -0.406$, $p = 0.684$), involvement ($Z = -1.214$, $p = 0.225$), and relational frustration ($Z = -0.527$, $p = 0.598$) from pre- to post- intervention. The Hedges' g effect size associated with the difference in parent-child communication was .17, while the difference in relational frustration was .11, suggesting low practical significance in both cases. However, the Hedges' g effect size associated with the difference in parent involvement was .65, suggesting moderate to large practical significance.

Post-intervention evaluation qualitative analyses. A qualitative review of post-intervention interview data was also conducted, to evaluate the PCIA-II/MAP-II pilot program for separated and reunited immigrant families. The post-intervention interview audio files were transcribed for ease of analysis. Translation of interview transcripts into English was also completed, when interviews were conducted in other languages to best serve the participant mothers' primary language preferences.

Post-intervention program evaluation interview transcripts were reviewed and analyzed following an IPA approach. The program evaluation semi-structured questions explored mothers' feedback about their experience of the program, what changes, if any, they noted in their child, their parenting, or their parent-child relationship over the course of the intervention, whether they found the therapist to be responsive to their concerns and sensitive to their cultural beliefs and traditions, whether they had feedback on what they liked most or least about the intervention, and whether they had suggestions for improvements to the intervention program.

Qualitative feedback provided by the parents to a research assistant was captured in superordinate themes, representing both the foci of the evaluation as well as patterns in mothers'

feedback topics, while constituent themes reflect mothers' views on their experience of the intervention. These superordinate and constituent themes are presented in Table 3.4.

Overall, mothers provided abundant feedback that supported the positive trends in the data derived from the quantitative measures. All mothers felt that their participation in the program had been valuable, and that they had derived positive benefits from the program. Satisfaction with the features of the program and the parent-therapist relationship were also expressed. Specific examples illustrating these sentiments are provided in the thematic review of these interviews.

Table 3.4: IPA Theme Analysis Derived From Program Evaluation Interviews

Superordinate Themes	Constituent Themes
Endorsement of program features	Collaborative parent-therapist communication
	Valued therapist traits
	Parent skill-building
	Video feedback learning experience
	Provision of community resources
Parental observations of program outcomes	Decreased presenting concerns
	Gains in parenting sense of competence
	Child behaviour improvements
	Positive shifts in parent-child relationship
Suggestions for program improvement	Greater involvement of family members
	Greater time allotment for specific program features

Endorsement of program features. When asked about their experience of the intervention, mothers' identified specific program features that they had most appreciated, and which had been of the greatest benefit to them. Five constituent themes captured this content: *collaborative parent-therapist communication; valued therapist traits; parent skill-building; video feedback learning experience;* and *provision of community resources.*

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Collaborative parent-therapist communication. Several mothers expressed their satisfaction with the way in which they felt they were able to communicate with the therapist in a way that emphasized working together in facing the presenting concerns brought by the parent. As one mother stated, "For me, the communication is very important, and I believe the counselor understands my concern for parenting, so for me, if I have a way to communicate, it would relieve my pressure a little bit" (MAP-SB02). Another mother explained how she greatly appreciated being given the opportunity to share her concerns, stating the following as her reason for being pleased with her relationship with the therapist: "I get to talk about my problems" (MAP-SB04).

Valued therapist traits. When mothers were asked about how responsive the therapist was to their worries and concerns, all stated that they had felt the therapist to be supportive in this way. Likewise, when asked about whether they felt the therapist was sensitive and respectful to their cultural beliefs and traditions, all responded in the affirmative. While all mothers were asked whether the therapist could have done anything to be more responsive to their needs and more sensitive and respectful of their cultural beliefs and traditions, no one suggested any need or area for improvement. One mother commented, "she understood where I was coming from, and I found her very compassionate" (MAP-SB06). Several mothers described why they were pleased with their relationship with the therapist: "She really cares about me" (MAP-SB01), and "Whenever I asked any questions, the counselor is very patient, and tries to come back to answer my questions" (MAP-SB02).

Parent skill-building. Most mothers made reference to specific ways in which they had developed new parenting skills as a result of their participation in the program. It was clear from

their narratives that these skills empowered them in their parenting role. One mother described her experience in this way:

> Now, I was enlightened, like the concerns on disciplining, how to discipline my child, how to build trust, it's only a hard time doing the disciplining, maybe because I was not the one who brought her up, and she was more attached to her dad, that's why she doesn't listen much to me. (MAP-SB05)

For several other mothers, the skills they developed involved learning how to connect with their child. One mother, who had commented early in her participation in the program that she did not know how to play with toys, stated the following: "It was good to be involved in the program… it teaches me a lot of things. It taught me how to play" (MAP-SB03). The opportunity to play with her child in the context of the program was a novel experience for her, one which she came to value.

Video feedback learning experience. By and large, mothers expressed not only how much they valued the parent-child videotaped interaction feedback component of the program, but also overwhelmingly credited this experience with their newfound perspective on their child's behaviour, their parenting, and their relationship with their child. One mother particularly appreciated the opportunity to give consideration to her daughter's experience: "It was a very good program… we did a videotaping session, when we reviewed the video tapes, we attempt to think about it, what [child's name] was feeling…" (MAP-SB02). Another mother provided similar feedback: "I liked the whole video and looking back at it and questioning everything… it was very interesting to see how she acts, and to see what's going through her mind, what she's thinking… that opened up a lot for me" (MAP-SB06). For other mothers, the opportunity to monitor their own behaviour and reactions to their child during the video feedback review

provided a welcome opportunity for them to learn what they were doing well versus what they needed to work on. For instance, one mother commented on how she particularly appreciated the opportunity to track changes in her interactions with her child from the first set of videotaped interactions to the second set, while noting aspects of their interactions which could be improved upon, as well as aspects of the interactions which demonstrate areas of strength:

Oh, the video, because there is a part that is first and the second, so they will show what is the difference between the two. And what are the ways that I can improve, and also what are the things that are very nice on their part. (MAP-SB05)

Provision of community resources. Three mothers expressed their appreciation for the parenting and community resource informational brochures and pamphlets which were provided to them by the therapist during the final session of the program. One mother commented on this while describing how the therapist was supportive to her: "She was very open, and she would call and try to find stuff that would help, and she was very helpful" (MAP-SB06). Another mother noted, "Also, those pamphlets that she gave me are very helpful" (MAP-SB05).

Parental observations of program outcomes. During the brief evaluation interviews, mothers described in their words the impact of their participation in the program. Four constituent themes captured this content: d*ecreased presenting concerns; gains in parenting sense of competence; child behaviour improvements;* and *positive parent-child relationship development.*

Decreased presenting concerns. While several mothers noted that some of the concerns they had expressed at the beginning of their participation in the program were still present, most mothers noted that they had seen some positive changes in some or all of the concerns they had previously reported. As described by one mother, "The concern is less than before, it's like 70%

as before, so it has lowered… for example in the morning when I ask him, it's time to wake up, and he listens to me" (MAP-SB01).

Another mother provided similar feedback, while also providing a sense of how she felt the program had changed the way in which she views her original concerns about her daughter:

Well I think that a lot of my concerns have gone down, and looking at it, everything from her, it opened my eyes to a lot of things, and seeing things different, I look at situations differently sometimes before you react, you know. So that whole experience really opened my eyes, so I look at everything from that perspective now. (MAP-SB06)

Gains in parenting sense of competence. While mothers cited different ways in which they felt they had gained or honed a variety of parenting skills over the course of their participation in the program, the common thread throughout their narratives was that of gaining a greater sense of competence in their parenting.

Some mothers described very specific, concrete ways in which their parenting had changed, as was the case with a mother who credited the program with a decreased frequency in yelling at her children. Several mothers made reference to how they had begun to establish consistent routines, expectations, and discipline with their children. To illustrate, one mother shared, "I learned I need to set discipline for my kids and I will have to set up the routine" (MAP-SB02).

Other mothers made reference to how they felt they had become more compassionate and understanding toward their child, and to having greater confidence and patience in their parenting role. As one mother illustrated, this also led to a greater sense of happiness and satisfaction in her role as a mother: "I feel happy, because I was able to get some insight, which

was very helpful to me and to my daughter. Because, like I was able to find ways how to build more trust, how to be a confident parent" (MAP-SB05).

Child behaviour improvements. Many mothers cited specific ways in which they had seen positive changes in their child's behaviour over the course of their involvement in the program. While these improvements generally represented reductions in, rather than complete extinction of, the frequency and severity of behavioural issues, mothers clearly found hope in these positive shifts in their child's functioning after just 5 short weeks of intervention. For instance, in response to a question about the concerns she had first expressed at the beginning of the program, one mother shared, "They're okay now. Still challenging… like sometimes my son doesn't listen to me, or sometimes he listens" (MAP-SB04). Several mothers noted positive changes in their child that were not directly tied to their presenting concerns. One mother remarked that her daughter seemed happier. Another commented, "Yeah, she expresses a lot more, and she's able to talk more about how she's feeling" (MAP-SB06).

Positive shifts in parent-child relationship. Even though mothers were not directly asked about their relationship with their child during the program evaluation interviews, many mothers spontaneously described positive growth in their relationship with their reunited child. One mother stated simply, "This program helped me to improve the relationship with my child" (MAP-SB01). For some mothers, these changes occurred in the context of greater understanding and communication between mother and child, as described by the following mother:

> Yeah, I feel that I understand and I listen more, and I view from her, I don't just react. I try to understand where she's coming from and what's her view, and I see she's more happier. I listen to her and try to see from her perspective, and she becomes more happier. So you know, I see that's changed for the better. (MAP-SB06)

Other mothers described how they learned valuable information about their relationship with their child from the review of their video-taped parent-child play interactions, which led them to take steps toward building a closer relationship with their child. One such mother remarked how she had seen her daughter engaging and bonding with her to a greater degree during their second set of videotaped interactions as compared to the first set, proudly noting what she had observed:

"…on the second video, [my daughter] was able to play, she was able to teach me that [she] was able to be more attached to me, so she feels more secure" (MAP-SB05).

Suggestions for program improvement. No participant mother expressed dissatisfaction with the program, therapist, or any aspect of their participation. While most mothers did not have any suggestions for how the program might be improved, a few mothers voiced their thoughts on how the program might be expanded to provide greater support. Two constituent themes captured this content: *greater involvement of family members and greater time allotment for specific program features.*

Greater involvement of family members. Several mothers suggested that involvement of their other children in the program might offer greater support to their family. One mother noted that she would have liked to have had all three of her children enrolled in the program. While some of these siblings were adolescents, and would likely most benefit from a program tailored to the needs of older children, the need for family supports beyond those offered in this parent-child dyadic program are clear. Another mother noted that she felt that her daughter, who had participated in the program, would benefit from one-on-one time with the therapist, as she felt she herself had received in the video feedback review sessions with the therapist: "My only suggestion is I think it would better if she would talk to [child's name] also, what are the ways

she needs to improve, something like that. And as a kid, what are the things that she needs to do, something like that" (MAP-SB05).

Greater time allotment for specific program features. One mother specifically suggested that the final video feedback review session be longer:

"Since this session is really short, very short, it would really help if we were to have a longer session, I think it would help me more" (MAP-SB02). As this mother had previously stated how much she felt she learned from these feedback sessions, it is felt that this suggestion supported other positive impressions mothers expressed about the helpfulness of these sessions.

Discussion

The purpose of the present study was to examine the usefulness of a flexible, client-centred, brief assessment/intervention for parent-child dyads from Toronto-based immigrant families who had endorsed a transnational lifestyle and experienced parent-child separation and reunification. A mixed methods approach was employed to assess change in parent, child, and parent-child relational variables from pre- to post-intervention. In addition program feedback and recommendations were also collected from all participants, in the form of brief post-intervention program evaluation interviews.

The quantitative and qualitative methodology employed for this study generated a number of valuable findings. First, the experiences of the parent-child dyads involved in this study revealed significant multi-systemic stressors that may have been influencing the socioemotional functioning of the parents and their children. High levels of stress and parental depression, as well as parent-child relationship difficulties, were detailed in mothers' self-report measures and personal narratives in the context of the intervention. These narrative and questionnaire-based findings were consistent with past research on immigrant mothers who had

separated from their children during migration, and had experienced problematic dyadic relationships, as well as higher rates of parental psychopathology (Black, 2006; Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; Lam, Chan, & Tsoi, 2005; Miranda, Siddique, Der-Martirosian, & Belin, 2005). In addition, the evidence that these former 'satellite babies' experience high levels of child emotional and behavioural difficulties upon return, as reported by their mothers, is confirmatory of past research exploring the impact of serial migration on children, who have been found to be prone to emotional and behavioural problems (Brown, Harris, & Bifulco, 1986; Smith, Lalonde, & Johnson, 2004; Suarez-Orozco & Suarez-Orozco, 2001).

Second, positive changes in parent and child socioemotional functioning, as well as in parent-child relationships, were noted over the course of participants' involvement in the PCIA-II/MAP intervention. The quantitative and qualitative data provided evidence for clinically useful reductions in parental report of problems, stress, and negativity in their parent-child relationship, as well as parental stress-related distress. In addition, the data provided evidence for positive changes which approached statistical significance in the reduction of parent-child dysfunctional interactions and parent-child attachment relationship improvements in participant dyads. While quantitative data did not support significant changes in other pre- and post-intervention outcome variables, qualitative data and parent narratives collected over the course of the intervention provided support for overall positive trends in reports of decreased parental stress and concern, as well as decreased child emotional and behavioural difficulties. It is also noteworthy that effect sizes for the reported pre- to post-intervention changes revealed results which were of small to large practical significance in 10 of the 17 variables measured. While it is difficult to assess the magnitude of such effect sizes in the context of real world significance, it is felt that these results

reflect promising positive shifts in parent and child socioemotional health in the participant

dyads involved in this study. Moreover, the clinical value of these positive shifts is also

meaningful in its contribution to knowledge, in an area of research which has not, until now,

included evaluations of interventions for reunited transnational families. Third, positive trends

were observed in mothers' attributional profiles over the course of the intervention. As mothers

learned to put themselves in their child shoes in considering their thoughts, feelings, and needs

during mother-child interactions, changes emerged in mothers' pre- to post-intervention

attributional profiles, reflecting less placing of blame on their children in their interpretation of

their child's behaviours. As research has found mothers who attribute their child's misbehaviour

to internal and stable traits within the child are more likely to be abusive toward their children,

positive shifts like those noted here reflect positive changes in the way in which these mothers

interpreted their child's behaviour and intentions.

Fourth, interviews that queried mothers' satisfaction with the program had participants

express overall strong endorsement of the PCIA-II/MAP intervention, their progress on goals

made in the context of the intervention, and how the therapist and intervention components met

their counselling needs and responded to their presenting concerns. No aspect of the program

was identified by participants as being in need of improvement or change, and the few comments

shared about recommended changes to the intervention program involved requests to expand

upon existing services by increasing the time spent in the final session, and consider additional

involvement of family members in the intervention.

Limitations

While the qualitative and quantitative data presented in this study are rich in content, the

small sample size used for the present study should not be considered representative of the larger

population of transnational families who experience parent-child separation and reunification in the context of immigration. Limited statistical power associated with the small sample size in the present study is assumed to have played a role in limiting the significance of the statistical comparisons conducted. As post hoc power analyses revealed low power for finding small effects, it is believed that the results of the present study might have reached a stronger level of significance given greater statistical power which would have been possible with a larger sample size. However, given the small sample size, the conclusions which can be drawn from these results are limited. As such, these results should be taken at face value, as case studies from exploratory research providing insight into the experiences and challenges faced by separated and reunited transnational parent-child dyads, and as preliminary evidence for a pilot parent-child intervention program tailored to meet the needs of these transnational families.

As well, researcher-research participant biographical differences (e.g., ethnicity, socioeconomic class) may or may not represent methodological issues in this study. While some argue that such differences can generate feelings of insiderness and outsiderness (e.g., Clingerman, 2008; Bhopal, 2001), a wealth of research has suggested that researcher reflexive engagement in such differences should be emphasized as a central component of research methodology (Wray & Bartholomew, 2010). Moreover, guidelines for research with ethnic minority communities have proposed that culturally proficient researchers trained in ethnography and cultural competence should be considered appropriate investigators, capable of engaging with ethnic populations, and producing valid and non-biased research (Myers, Abdullah, & Leary, 2000; Sue & Sue, 2000). As the lead researcher in this study had sought out such training and knowledge, it is felt that biases or researcher-research participant differences are not considered a serious concern in this research.

It is also acknowledged that while efforts were made to maintain analytical rigour in qualitative analyses, by following IPA methodology and by comparing superordinate and constituent themes between transcripts and across emergent themes throughout analyses, ideally, the qualitative data from this study would have been analyzed by a team of qualitative coders seeking strong intercoder reliability. Despite this limitation, the qualitative analyses resulted in a saturation of themes, wherein the data did not shed further light on the topic under investigation, as is typically sought in qualitative research (Glaser & Strauss, 1967; Mason, 2010).

As many parents involved on the study acknowledged pre-existing mental and physical health conditions and life circumstances which contributed to, or exacerbated, the mental and physical stresses in their lives (i.e., marital separation, mood disorders), interpretation of parental stress and depressive symptoms should be made with caution, taking into consideration the contributions of other systemic stressors in their lives. In addition, as the researcher collecting program data was also the primary clinician in this study, it is possible that social desirability may have factored into participants' responses. There may also have been cultural factors involved in positive responding to the researcher. Finally, given that the same play interaction scenarios were presented to parent-child dyads pre- and post-intervention, it is possible that some parents may have demonstrated compliance in these play interactions in order to please the clinician.

Conclusions and Questions for Future Research

The results of the present study suggest that a parent-child therapeutic intervention program tailored to meet the needs of separated and reunited transnational families may provide much needed support and promote positive changes in parent, child, and dyadic relationship socioemotional functioning. While this pilot intervention program only served a limited sample

of families, it is felt that the pervasively positive shifts reported from pre- to post-intervention represent a promising step toward providing relevant services that respond to the complex challenges faced by these families, and may be indicative of the program needs that should be considered when providing services to families that have experienced separations. Indeed, program satisfaction survey results revealed high satisfaction from parents about their participation in the intervention. As such, it is felt that the adaptation of the PCIA-II/MAP intervention for this population served as an appropriate intervention approach for reunited transnational families, and that components from this intervention should be considered useful for building comprehensive support strategies for families who reunite after lengthy separations. In addition, it is felt that the Cultural Accommodation Model (Leong & Lee, 2006) and bi-directional bio-ecological model (Bohr, 2010) ideologies adopted for the present study provided well-matched guidance in the adaptation of this intervention to respond to the unique needs of families in transnational contexts. The ideology behind the Cultural Accommodation Model set the framework for the adaptation of the PCIA-II/MAP in several important ways. First, it reinforced the importance of taking into consideration individual, group, and universal dimensions in both the client and therapist, with particular awareness of how individual unique differences (e.g., a mother's personal narrative about separation and reunion with their child), group/cultural influences (e.g., transnational and cultural identities), and universal commonalities (e.g., challenges in parent-child relationships) all factored into the experiences of the participant dyads. In this way, the experiences of family members across each of these dimensions were acknowledged and valued. Second, the model pressed the need for the adapted intervention to identify cultural gaps reflecting blind spots in current psychotherapy models and theories, incorporating culture-specific variables into the assessment and intervention process to make it a

more relevant and valid paradigm reflecting the culturally diverse families involved in the study. As a result, the assessment process and intervention itself incorporated culture-specific knowledge from existing research, including from study 1 from the present work. Third, a person-culture interaction model is assumed, in which researchers and clinicians are called to focus on cultural context variables, and to incorporate these into the assessment and formulations, with the goal of rendering the intervention culturally valid and effective for the population in question. Consequently, assessment interviews with parents involved exploration of their experience of parent-child separation and reunification between several cultural contexts (i.e., their native country and Canada). In addition, clinical formulations for the participant families took into consideration the health seeking motives of these families, as they adopted transnational lifestyles and engaged in parent-child separation practices in an effort to accomplish personal goals and pursue opportunities for themselves and their families in Canada. This awareness reflects common ground between the two models adopted in this study, as the bi-directional bio-ecological model (Bohr, 2010) provided the framework from which the cultural contexts of these families were considered. Accordingly, the involvement of several cultural systems, the interactions between these cultural systems, and risk and protective factors between these cultural systems and associated variables (e.g., community influence, quality of relationships with proximal and distal family members) were considered in the context of the intervention. With all of the above taken into consideration, it is suggested that these models be considered in the adoption or adaptation of other programs and services for transnational families.

Furthermore, the results of the present study provide support for the adaptation of the PCIA-II/MAP intervention program as a potentially appropriate intervention approach for

reunited transnational parent-child dyads. First, participant families responded positively to many components of the program, including, primarily, having their presenting concerns and goals serve as the focal points of the intervention, participation in the parent-child play interactions, and having the opportunity to review and reflect upon their interactions with their child from their perspective and the perspective of their child, with the support of the therapist. Second, the flexible, client-centred, collaborative nature of the PCIA-II/MAP intervention served as a constructive therapeutic framework from which culturally-sensitive services could be offered to these parent-child dyads. As such, the PCIA-II/MAP should be considered a promising dyadic intervention program for transnational parents and children in crisis.

It is hoped that some of the challenges and questions which emerged from the present study inspire further research with reunited transnational families. For instance, the many stressors present in the lives of the limited sample of participants involved in this study raise concerns about the health of these parents, and the extent to which their needs are being met. As a wealth of research has shown how impaired parent physical and mental health and well-being impact their ability to be accessible and responsive parents to their children, the possibility that parents in transnational families operate with very high levels of stress is of great concern. In addition, given that many participant families were noted to have experienced prolonged periods of separation from several or all of their children before they were reunited in Canada, research exploring how to meet the needs of all family members who have been impacted by family separation and reunification would be of great value to these transnational populations.

As this is the first known study to pilot and evaluate a culturally-sensitive parent-child intervention program for separated and reunited transnational dyads, it is anticipated that this research might serve as an example of how existing mental health services can be tailored to

meet the needs of immigrant families who present with unique experiences, challenges, and

needs. This research, and studies built upon it, may ultimately help provide immigrant

transnational families with much-needed supports fostering positive child development, optimal

parenting, and healthy parent-child relationships.

CHAPTER FOUR: GENERAL DISCUSSION AND FUTURE DIRECTIONS

This dissertation was composed of two studies designed to extend the existing literature on parent child relationships in the context of the transnational lifestyles adopted by some immigrant families. This research examined some aspects of the challenges faced by transnational immigrant families following reunification. It also proposed and evaluated a parent-child intervention approach designed to address the therapeutic needs of these families. In order to mitigate the potential detrimental effects that family separation practices can have on parent and child socioemotional functioning and on parent-child relationships, it is necessary to identify the needs of these transnational families and their children, upon reunification in Canada. Toward that end, this dissertation was comprised of two studies investigating the experiences of transnational families who were reunited in Canada after periods of separation. While the first study aimed to determine what concerns transnational parents reported for themselves and their children upon reunification, the second study was focused on the implementation and evaluation of a culturally sensitive intervention for transnational immigrant parent-child dyads that had experienced family separation and reunification.

Taken together, the results of these two studies contribute useful data to the literature on the needs of transnational families. Given the limited available knowledge about the consequences of separation and reunification practices in transnational families, as well as the dearth of information in the literature identifying needed resources of these families in this context, it is felt that this research has taken a first step in filling these gaps, shedding light on the experiences of transnational families, and the ways in which mental health and community supports can help them post-reunification.

Study 1 confirmed that diverse communities engage in a practice that can be stressful on the family system, and that has multiple repercussions for family life. Families were found to resort to separation in the service of bettering their situation as immigrants in an environment that often presents as extremely challenging, and not always supportive. This study provided examples of the ways in which children, parents, and parent-child relationships are negatively affected by family separation and reunification experiences, supporting the findings of similar research studies (e.g., Bernhard et al., 2005; Bohr, 2010; Dreby, 2007; Kwong et al., 2009; Suarez-Orozco et al., 2002; Liu et al., 2009; Smith et al., 2004; Whitfield, 2008).

Furthermore, the parent narratives from study 1 reflected similar patterns as those of parents in previous research with separated transnational families (Whitfield, 2008), with parents expressing apprehension and concern about the impact of parent-child separation and reunification on their family. While this previous study revealed strong patterns of ambivalence and regret with respect to their decision-making process about separation from their children, as well as challenges relating to the process of separation, these parents expressed hope that they would have joyful reunions with their children upon reunification, once their child returned to their care. Study 1 presented the stories of a more diverse group of transnational parents who endured similar separations, and reflecting upon their experience of reunification, expressed similar ambivalence and regret about separation from their children, as well as a host of difficulties reflecting child adjustment, emotional, and behavioural issues, parent socioemotional challenges, parenting difficulties, as well as relational difficulties between parent and child, and within the family system.

The current research further demonstrated that families do show resilience in spite of the stressors created by strategies that are meant to alleviate stress, similar to past research

(Whitfield, 2008). However, the coping strategies often create increased stress and hardship, particularly emotional hardship. While positive adaptation and relationship rebuilding was described in the post-reunification experiences of some reunited parents and children, such evidence of resilience was presented in the midst of great challenges which these transnational families faced upon family reunification. Study 1 also confirmed the need for focused supports that assist these families. Family narratives provided evidence of serious concerns about children's behaviour, parents' difficult parenting experiences, and significant relational difficulties in the context of their separation and reunification. The challenges described in children's socioemotional functioning and adaptation post-reunification, the accompanying parenting challenges and socioemotional difficulties experienced by parents themselves, as well as the struggles within parent-child relationships serve as important target areas for mental health and community supports for families who have reunited after such separations from their children.

Study 2 has contributed to the literature on tailored, culturally sensitive therapeutic interventions that can help support thriving and resilience in transnational families. This short adaptable intervention may be a potentially useful model for therapeutic interventions that should be carefully developed to meet this growing need and to increase accessibility to community supports for these families. The fact that a very short intervention demonstrated results reflecting positive change is an indicator that such interventions can be useful as long as they are culturally sensitive, accessible, and focused on the relationship needs that are unique to reunited immigrant families. This research provides a promising starting point for the development of more elaborate interventions that may be needed for families where relationship ruptures are extensive.

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In addition, these studies have shown the value of using research models designed to consider and be flexible to the needs of the communities of interest, in this case, Chinese, African, Caribbean, and South Asian transnational families in Canadian immigrant communities. The community based participatory research approach (Israel et al., 2005; Whyte, 1991) employed by the first study involved open collaboration with these local immigrant communities' service providers and families, revealing a number of challenges to the family system as a result of parent-child separation and reunification cultural practices.

Likewise, the cultural accommodation (Leong & Lee, 2006) and bi-directional bio-ecological (Bohr, 2010) models adopted in the second guided the adaptation of a flexible parent-child intervention to meet the needs of reunited transnational parent-child dyads experiencing difficulties with parenting, child behaviour, and poor parent-child relationships. The cultural accommodation model (Leong & Lee, 2006) approach, suggesting that therapists shift (i.e., moving between cultural perspectives, of therapist and client) with their culturally different client in order to recognize culturally relevant factors that distinguish clients on group and individual dimensions, provided the ideal paradigm from which the intervention adopted in study 2 adapted to recognize and respond to the needs of transnational reunited families. Meanwhile, the bi-directional bio-ecological model (Bohr, 2010) highlighted the need for therapeutic services with transnational reunited families to recognize the interaction of several cultural systems in the lifestyles of these families, taking into consideration the health seeking motives inherent in transnational practices. Taking into context the realities faced by transnational families, this model provided guidance in the need to respond to the unique needs of these families in their transnational journeys. These models provided a fitting framework from which the intervention was adapted to respond to the specific and unique needs of each family in the context of their

family separation and reunifications practices, and the ways in which they demonstrated challenges and resiliency in those experiences.

Strengths and Limitations

This pilot research was innovative in its aim to 1) identify the concerns of a small, understudied sub-sample of the Canadian immigrant community: reunited transnational families, and 2) evaluate the appropriateness of a flexible parent-child assessment/intervention program for transnational families who have experienced parent-child separation and reunification. While reports have described some of the challenges faced by Chinese, African, Caribbean, and South Asian families who have experienced parent-child separation and reunification, this study is the first to examine the unique concerns of these families post-reunification, and to offer suggestions for the type of services that might be tailored to the needs of these families. It is expected that the current study will help to inform the literature regarding needs, support, and interventions for these unique immigrant populations.

The generalizability of this exploratory research is limited, as small samples of participants from specific cultural and geographical populations were involved in each study. Furthermore, it should also be noted that the studied samples were relatively heterogeneous in the variability of the experience of separation (e.g., age of child at departure and return, length of separation, care of child while separated, reason for familial separation), mothers' generational status, the gender and age of their children, and other familial factors.

Implications for Future Research and Clinical Practice

This research provides some understanding of the challenges transnational families face after experiences of parent-child separation and reunification, while also profiling the development and implementation of a culturally-sensitive, tailored intervention for transnational

families. It is hoped that the adoption of the Cultural Accommodation Model (Leong & Lee, 2006) and bi-directional bio-ecological model (Bohr, 2010) philosophies considered in adapting the counselling context for culturally diverse populations might provide a valuable framework for the adaptation and/or development of additional culturally sensitive mental health services for transnational families. Moreover, it is hoped that this research will provide psychologists, social workers, and community agencies with greater understanding of the challenges and service needs of transnational families who experience reunification after prolonged separation.

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Appendix A

Community Partner and Community Clinician Interview Questions

Questions asked of community partners:

1) What is the prevalence and nature of parent-child separation in the Caribbean

   community?

2) What is the biggest challenge for families and what determines separation?

3) What questions would your agency want answered to meet the needs of these families?

Questions asked of community clinicians:

1) Do you as a clinician see parent-child separations as an issue in your community?

2) What forms do parent-child separations (living apart for 6 months or more) take in your

   community (the community you serve): e.g. leaving child behind; sending child back as

   infant; sending child back as teen; having child go back and forth between the two

   countries?

   a. What is the prevalence of parent-child separation in your community?

   b. At what age do parents typically separate from their children?

   c. For how long do parents separate from their children, on average?

3) What are the most common reasons for which parents separate from their children in your

   community?

   a. What is the role of cultural or community practices in making this decision? (e.g.

      are there any traditional practices of extended families for care of children in the

      community you serve?)

4) How often do parents accomplish what they had hoped for with the separation?

     a. What factors help to make these hopes materialize?

     b. What factors prevent these hopes from materializing?

5) What are some unexpected challenges that families face?

     a. What are the challenges for the parents?

     b. What are the challenges for the child?

     c. What are the challenges for the extended families and caregivers raising the child while the child is away?

6) In your experience, are there sometimes concerns about the safety & well-being of the child while they are away?

     a. How frequently do you see these concerns?

     b. What forms do they take? (e.g. health concerns, safety, mistreatment)

     c. Whose concerns are these?

7) What do the families' relationships look like upon the child's return?

     a. Can you describe some of the challenges upon reunification?

     b. How prevalent are these challenges?

     c. What are the benefits to family relationships following the children's return?

     d. How prevalent are these benefits?

8) Describe the various strategies families use to work on their relationships during the separation.

9) Describe the various strategies families use to work on their relationships after reunification.

10) What kinds of supports presently exist in your agency, or other community agencies, that could help parents to keep children with them?

a. What additional services should be available to parents in the communities you work with that would help parents to keep children with them?

11) What resources are presently available to families after reunification?

a. What additional resources should families have available to them after reunification?

12) Do you, or does your agency, presently engage in educational activities about parent-child relationship (e.g. attachment)?

a. What else should be done to educate the community about parent-child relationship (e.g. attachment)?

13) Does your agency presently provide any programs to specifically address parents who are thinking about or who have experienced parent-child separations?

a. What is the focus of these programs?

b. In your opinion, what types of programs should ideally be available to parents in these situations?

14) What questions would you like to see answered by the parents whom we are hoping to involve in focus groups?

Appendix B

Focus Group Script

Hello! Thank you very much for meeting with us today. We know you must be very busy, and we appreciate your time.

We are researchers from York University and we are currently looking at conducting a study about parent-child separations in transnational families in the GTA. We are interesting in hearing about your experiences and your views about parent-child separation, as we are trying to understand what decisions, goals, and challenges were involved in your experience of separation in your family.

We have come up with some questions we would like to ask you, and really appreciate your thoughts and views. _____ will be leading you through these questions today.

The discussion we will have today will be completely confidential. We just want to have an open conversation about topics that affect your lives and interest you.

We have a few ground rules for the focus group that we would like to share with you.

Ground Rules:

1. **We want you to do the talking** – we would like everyone to participate.

2. **There are no right or wrong answers** – every person's experiences and opinions are important. Speak up whether you agree or disagree. We want to hear a wide range of opinions.

3. **What is said in the room stays here**. We want folds to feel comfortable sharing when sensitive issues come up.

4. **We will be tape recording the group**. We want to capture everything you have to say. We don't identify anyone by name in our report. You will remain anonymous.

Does anyone have any questions before we begin? (Pause for questions, if any)

Great, let's begin. (Audiorecording begins)

Focus Group Questions

- What are the reasons why you sent or considered separating from your child?

- How is the decision made?

  o Was your child/youth involved in the decision to separate? If so, how?

- What were or are your worries with respect to sending your child back or leaving your child behind?

  o Do or did you foresee any difficulties in separating from your child?

- How do you or did you stay involved in the parenting of your child while separated?

- What is or was your child's experience of separation?

- How old was your child/youth at the time of first separation?

  o How long were you apart from your child/youth?

- If you were living in _____ (country of origin) now, how would raising your child be different?

  o Who would be living in your household if that were the case?

  o Would this be typical of others in your country of origin?

- What would you like your family situation to look like, in Canada, ideally?

- What will or did your family's reunification look like?

- What were your challenges upon reunification?

  o Would these challenges be different at different ages?

- How do you/did you go about re-building your relationship upon reunification?

- How is your relationship today with your child (from whom you were separated)?

- Do you think that you derived the benefits that you were hoping for from the separation?

- Is parent-child separation common in your culture of origin? How common is it?

  o Is the practice increasing or decreasing?

- Knowing what you do now, would you separate from your child again? Would you do things differently? If so, how so?

- Did you/would you do things differently with a second child?

- What could be helpful in supporting you to keep your child in Canada?

- What resources would be / would have been helpful to you upon reunification with your child/family?

Appendix C

Interpretative Phenomenological Analysis Methodology

The method begins with an initial reading and re-reading of the first participant interview transcript, in order for the researcher to become familiarized with the content. During each reading of the interview, the researcher is to record initial notes in the left-hand margin of the text. Initial notes involve an open exploration of the data, without having made any prior assumptions about its contents. Initial notes consist of thoughts and observations that summarize and paraphrase the content, noting connections and associations across the text, and recording preliminary interpretations. Initial notes may include comments on the use of particular language, general themes and concepts, and noteworthy similarities, differences, and otherwise intriguing patterns across the text (Smith & Osborn, 2003; Willig, 2001).

Initial reading and note-taking is followed by the documentation of emerging theme titles, which are recorded in the right-hand margin of the text. The initial notes of the researcher are transformed into more concise sentences that characterize the emerging themes and concepts of the text. Emerging themes are described at a more abstract level, and are often inspired by psychological terminology (eg. grief). Smith and Osborn (2003) caution that themes should be at a level that allows connections to be made with theoretical concepts, while remaining grounded in the data which inspired the theme.

Once emerging themes have been recorded, the researcher reviews and organizes all themes from the interview transcript, looking for connections and associations that form clusters of themes. While some themes will form clusters, others may emerge as 'superordinate concepts' (Smith & Osborn, 2003). Throughout this process, the content of clusters of themes and

superordinate concepts is compared against the primary source material, the interview transcript, to ensure the genuineness of the interpretation.

Following the organization of themes, a theme table is constructed. Themes which best captured the participant's thoughts and feelings on the phenomena explored in the interview transcript are given names, and represent the superordinate themes in the table. Themes may be dropped at this stage if they are not found to be very rich in evidence within the text. Once themes are displayed within the table, identifiers are added to each theme, consisting of strong examples reflecting each given theme. The page and line number are noted for each of these, to facilitate the review of themes within the text (Smith & Osborn, 2003).

Subsequently, the steps followed above in the analysis of the first interview transcript are repeated for each of the remaining interview transcripts individually. The researcher can choose to consult the table of themes from the first interview analysis and subsequent transcript analyses, or to proceed with the analysis without referring to other interview transcript tables of themes. Regardless of which approach is adopted, Smith and Osborn (2003) stress the importance of noting not only the re-occurring themes across transcripts, but being vigilant in looking for new themes, issues, and patterns that are emerging in subsequent transcripts.

The final phase of IPA entails the construction of a final table of superordinate themes that integrates the themes from all transcripts. Themes are selected based on the degree to which they capture "the quality of the participants' shared experience of the phenomenon under investigation" (Willig, 2001, p.59). The master list of themes includes superordinate themes, their constituent themes, and identifiers for each of these that indicate which participants evoked those themes, and where these moments can be found in the transcript. This final table of themes provides the thematic essence of the participants' experience of the phenomenon of interest.

MAP-SB Intake Script

This script has been prepared for use during the in-person intake session for the MAP-SB program.

The program that you have been invited to participate in is a special research program being offered to families who have experienced separation and reunification with their child. This program is part of a York University - Aisling Discoveries Child and Family Centre research collaboration. You will receive the same type of services as offered to other client families, however because you are participating in a special research project, your participation in the program will be time-limited, taking place over 5-6 sessions. You will be paired with a researcher/trained counselor, who will be supervised by a clinician and a registered psychologist at Aisling Discoveries for the duration of your participation in the program.

We have spoken to many families who have experienced separations from their children, and we have learned that separation and reunification often come with challenges in child behaviour, relationships, and parenting. Through this program we will work together to better understand your child and family and support you in your concerns.

This program involves working together to gather information about your child as well as what it is like for you being your child's parent. We learn about your child in two ways. Firstly, we will ask you to complete some questionnaires that will provide information to understand your child's strengths and challenges, compared to other children the same age. There will also be questionnaires for you about how you are feeling as a parent. Secondly, we will ask you to play act a trip to the zoo with your child using dolls, toy animals and blocks. We will ask you and your child to play different scenes at the zoo that are like everyday life for parents and children.

Through this interaction we will learn about your child and help you with your concerns about

_____. To do so, we will make a video of this interaction to watch with you.

As thanks for your participation in this research program, you will be given a $50 grocery gift card. It is important that you know that you can discontinue your participation in this program at any time without consequence. Should you decide to discontinue your participation, this will not affect your ability to access other services at Aisling Discoveries.

In any way, if over these sessions you find that you have areas of concern you would like help with which are not addressed as part of the program, we will consider what other services might help you with these concerns after you have completed the program. Once your participation in the program has ended, we will meet again to review your participation and to provide you with information about other services for families which are available to you at Aisling Discoveries, or in other children's mental health centres in the Greater Toronto Area. If you are interested in other programs, we will help you to sign up for them, and find out about when the programs will be available. Once you begin other programs at Aisling Discoveries, or at another agency, you will be paired with a new counselor.

Do you have any questions?

If you don't have any further questions, let's move on to review and sign the consent form for participation in the research program.

(The research consent form is then reviewed with the parent, and signed. Only once the consent form for the research protocol is signed will the parent go on to complete the Aisling Discoveries Child and Family Centre forms.)

As you know, this research program is in collaboration with Aisling Discoveries Child and Family Centre. As a participant in this research, you and your family will be clients of our agency.

Aisling Discoveries is a child and family centre that provides counseling help to families with young children from babies to 12 years of age. Parents come to Aisling Discoveries for support when their children are having social, emotional or behavioural difficulties. In counseling we join parents in their concerns about their children while building on what is going well in their families. At Aisling Discoveries, we believe that parents know their children best and we learn from them about their families – at the same time we share research and information about children and families that will support parents with their concerns and help them to better understand their children's behaviours.

We start counseling by looking through our agency Welcome Package together with parents. By reviewing this Package, families learn more about Aisling Discoveries and what they can expect from us – and we learn more about parents' concerns about their children and together plan a counseling goal that will help with these worries.

Let's now look through your Welcome Package together.

(The clinician will then review the Aisling Discoveries Welcome Package with the parent (including privacy and confidentiality, risks and benefits of service), and complete the Client Statement and Client Consent forms. Once the forms are signed, and any parent questions about the research or client enrollment at Aisling Discoveries have been answered, the researcher and client will confirm with the client the location and dates of the next session with the parent and child.)

PCIA-II/MAP Session Activities

During the first session of the preschool and school age version of the PCIA-II/MAP

(Bohr et al., 2008; Bohr & Holigrocki, 2005, 2006; Bohr, Hudson Crain, & Holigrocki, 2005,

2006), parent and child will participate in the Parent-Child Interaction Assessment (PCIA-II;

Holigrocki, Kaminski, & Frieswyk, 1999; 2002), led by the researcher.

 A brief interview with the parent will follow, during which time the therapist will ask scripted

questions, such as "How do you think that went?", "How was this similar or different to how

things usually go with (name of child)?", and "Is there any part of the video that you would like

to discuss to help us understand the concerns that brought you here, or anything else you

noticed?". The responses to these questions will be noted by the clinician in order to gain insight

into the parent's perspective of how the session went, as well as to connect the parent's concerns

and service goals to the observed parent-child interaction play scenarios. The parent will then

complete the battery of pre-treatment questionnaires and a demographic information sheet, with

researcher and language interpreter assistance available.

Before the second session takes place, the clinician will review the videotaped parent-

child series of interactions, paying particular attention to four *attachment system activating*

(ASA) scenarios presented during the PCIA-II: *Race, Tunnel, Hurt Arm, and Lost*. The clinician

then reviews the remaining 11 PCIA-II scenarios, selecting four *problem scenarios* (PS) that

represent two *child challenging moments* (CCM) and two *parent challenging moments* (PCM).

The clinician then reviews each of the eight selected scenarios (four ASA scenarios, two

CCM scenarios, two PCM scenarios) three times, viewing them first in their entirety, a second

time with attention to identifying critical parent-child *challenging moments* (CM) in each of the

selected scenarios, and a third time with attention to identifying a minimum of one *identified strength* (IS) in each of the scenarios. The scenarios reviewed include the scenario chosen by the parent (*parent identified challenging moment)* during session one. When possible, clinicians will identify CM or IS moments that reflect the parent's presenting concerns or service goals.

The selection of CM and IS moments identified within scenarios is guided by the PCIA-II Behaviour Spectrum, which provides a dimensional coding system based on two basic themes within the attachment relationship: sensitivity and limit-setting. Both parent and child are assessed based on four dimensions which represent double polarities, challenges and strengths, for two dimensions. For parents, these dimensions are *sensitivity/empathy/involvement* versus *insensitivity/negativity/intrusiveness, and authoritativeness/support* versus *role confusion/disorientation/withdrawal*. For children, these dimensions are *responsivity/involvement* versus *distress/inhibition/withdrawal*, and *reciprocity/compliance* versus *role confusion/hostility.* The clinician completes a Feedback Planning Form, recording the selection of ASA, CCM, and PCM scenarios, and the corresponding IS and CM for each of these scenarios. The selection of scenarios, as well as the identification of CM and IS moments, as recorded in the Feedback Planning Form, set the agenda for the subsequent two feedback sessions with the parent.

During the second session, the clinician meets with the parent in order to review the selected videotaped parent-child interactions. The clinician uses a strength feedback loop to focus on the strengths and challenging moments viewed with the mother. The strength feedback loop is used to bring attention to the strengths and challenging moments observed in the videotaped interactions. The clinician highlights how observer caregiver strengths enhance the interactions of the mother, thus enhancing her relationship with her child, and notes how the

observed strengths can contribute to the eradication of the problems the mother identified during the intake process. Over the course of the feedback session, the clinician asks the mother a series of scripted questions which assess and elicit caregiver attributions, as well as the mother's thoughts on the review of her interactions with her child. Parent-identified and clinician-identified moments of interest from the videotaped interactions are discussed. Before ending the session, the clinician reviews another example of a strength observed in the videotaped interactions. The third session proceeds in the same manner as the second session, with the review of a second set of videotaped parent-child interactions set out on the Feedback Planning Form.

The fourth session begins with a second video recorded administration of the PCIA-II. Mothers are then asked to complete the battery of post-treatment questionnaires, with researcher and language interpreter assistance available as necessary. A brief open-ended interview is then conducted with the mother, during which the following questions are posed: "How do you think that went?", "How was this similar or different to how things usually go?", "Can you choose 5 words to describe your child?", and "Do you have any questions?". The parent is then given the opportunity to review and discuss with the clinician a moment of her choice in her videorecorded interactions with her child from earlier during that session. The strength feedback loop is again used by the clinician to review strengths and challenging moments observed in the parent-child interactions.

Before the fifth session takes place, the clinician reviews the second videorecording of the PCIA-II, and selects an appropriate scenario to review, based on the presenting concerns of the mother and the clinician's assessment of the dyad's interaction challenges. The clinician chooses two scenarios to review for the fifth session, including the moment identified by the

mother during session four. The selection of scenarios to review is guided by a goal to review observed changes in behaviour and cognition which represent shifts in the sensitivity and responsiveness of the mother to their child, preferably during a child challenging moment, as well as a possible shift in the parent's attributions. The Behaviour Spectrum list is again used in the selection of CM and IS moments within these chosen scenarios, and the clinician records the choice of scenarios, as well as CM and IS moments, on a Feedback Planning Form.

During the fifth session, the clinician reviews the selection of two scenarios and the corresponding CM and IS moments with the mother. Shifts or positive changes are discussed, and in those cases when a shift or change has not occurred, the lack of shift or change is discussed. As always, the feedback loop is used to note strengths and to link these strengths to positive shifts in the presenting problem(s). Before the end of the session, the clinician provides the parent with oral feedback about the pre and post questionnaire results, and the parent is provided with the opportunity to ask questions about the results. The parent is then given the opportunity to speak with the clinician about parent, child, and family services available to them at the host community mental health centre.

Finally, a researcher completes a brief post-treatment interview with the parent, providing them with the opportunity to share their thoughts on their experience and involvement in the parent-child intervention. The parent is then thanked for their participation and provided with a token of appreciation in the form of a grocery store gift card. In addition, the parent is provided with a package containing information regarding mental health and community resources available to their family.

Appendix F

MAP-SB Post-Intervention Research Assistant Program Evaluation Script

Now that you have completed the program, we would like to ask you about your experience participating in this program with your child. Please be assured that all of your responses are confidential and will be used for research only. They will not be shared with any of the therapists or staff at Aisling Discoveries, and will in no way affect your services at Aisling Discoveries.

1. *Tell me what it was like for you to be involved in this program?*

2. *How responsive was the counsellor to your worries and concerns?*

3. *How do you feel today about the concerns that brought you in for this program?*

4. *Can you tell me whether you have noticed any changes in your child's behaviour since the beginning of your participation in this program?*

5. *Can you tell me whether you have noticed any changes in your experience of parenting your child since the beginning of your participation in this program?*

6. *Can you tell me whether you felt that your counsellor was sensitive and respectful to your cultural beliefs or traditions, and demonstrated appreciation for your cultural experiences?*

7. *Is there anything your counsellor could have done to have been more sensitive to your needs and concerns?*

8. *Are there any changes you would recommend for the program?*

9. *Were there any parts of the program you particularly appreciated, or found helpful?*

10. *Do you have any questions?*