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Counseling With Immigrants, Refugees, and Their Families From Social Justice Perspectives



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DEDICATION

*With appreciation to the immigrant agricultural workers who toil
daily to put food on our table.*

—Patricia Arredondo

I dedicate this work to my mother Ann Fawcett Pearce.

—Mary L. Fawcett

*To my sons, Dillon and Cody, and my grandson, Brantley, who have brought
me much joy and inspiration.*

—Dawnette L. Cigrand

*To my loving parents, José and Sandra. Thank you for always looking forward and for
your sacrifice stepping into the unknown. I couldn't have done it without you.*

—Sandra Bertram Grant

*To my loved ones, comrades in struggle and solidarity, and mentors who have gifted me
with the visions for truth and continue to hold me accountable to use my privilege to do the
job while teaching me to practice self-compassion.*

—Rieko Miyakuni

*To my devoted parents, Todd and Tracye, with all my love and appreciation, thank you
for believing in me and encouraging me to always pursue my dreams.*

—Dariyan Adams

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PREFACE

Immigrants, refugees, and their families have been a part of the history of the United States for more than 5 centuries. For many Americans, the arrival of immigrants at Ellis Island is the embodiment of the U.S. immigration experience. Nevertheless, this version is in stark contrast to the experience of African people brought as slaves to America. In the 20th and 21st centuries, millions of people have sought freedom and goals for a better life for themselves and their families. Unaccompanied minors, parents separated from their children at the U.S.-Mexico border, refugees fleeing warfare and other forms of violence and natural disasters, and individuals who arrive with documented status are all part of the immigrant and refugee diaspora of the United States and its territories. From Alaska to Florida, in rural and urban areas, in schools, workplaces, mental health agencies, and other settings, counselors are likely to cross paths with immigrants and refugees of different heritages and generations.

The U.S. immigrant population in 2020 was 44.9 million, a downturn because of the drop-off in arrivals from Mexico, the COVID-19 pandemic, and legislation that limited the number of documented entrants during the Trump administration. The refugee population is smaller and based on annual admissions from specific countries. Between 2020 and 2022, roughly 48,794 refugees were settled in the United States. In 2020, the majority came from the Democratic Republic of the Congo, Myanmar, and Ukraine. In 2021, the primary countries of origin of refugees were the Democratic Republic of the Congo, Syria, and Afghanistan (Baugh, 2022). There are other categories of new arrivals during this period who also settled in the United States. Up to 30,000 individuals monthly were granted temporary protective status. They were from Cuba, Haiti, Nicaragua, and Venezuela. Refugees from Afghanistan and Ukraine were granted humanitarian parole (Ward & Batalova, 2023).

This book is motivated by our long-term interest in and experiences with immigrants, refugees, and families of different ages and generations located in different parts of the country, including northern Minneapolis, northern Ohio, Boston, Phoenix, Milwaukee, Chicago, and Winona, Minnesota. In our encounters through community-based research, counseling, and educational settings, we have been inspired by the resilience, goal orientation, and inner fortitude of migrants. At the same time, the hardships of migration demonstrate

the mental and physical stressors individuals have suffered and may continue to suffer in the postmigration period in the United States. Managing change is an ongoing process for immigrants and refugees, and these changes are often unpredictable, leading to risks, difficult decisions, and impromptu adaptations to keep moving forward.

A second reason for writing this book is the paucity of literature (e.g., books, research articles, book chapters) on counseling with immigrants. More recent research addresses the postmigration mental health symptoms for specific cultural groups such as unaccompanied minors, identity issues for adolescents, family disharmony because of different rates of acculturation between parents and children, economic stressors, and challenges for Deferred Action for Childhood Arrivals, or DACA, students. However, specific attention to the mental health needs of immigrants and affirmative counseling approaches is minimal at best.

In this book, our goal is to provide a balanced presentation contextualized in the systems that impinge on immigrants, refugees, and their families from the premigration to the postmigration periods, describing how individuals and families persist to meet their goals. The primary theoretical frameworks for this book are cultural competence development (Ratts et al., 2015; Sue et al., 1992), the biopsychosocial model (Engel, 1980), and Bronfenbrenner's (1977) ecological model.

All chapters have learning objectives, a reader self-assessment, and a minimum of one case scenario that is a composite of clients and individuals in research studies. The three elements provide structure and focus to various concepts, principles, literature, research, and applications of culturally responsive counseling. Quotes from immigrant participants and examples from our research experiences in different community settings are included as applicable. The glossary provides a compilation of terms most relevant for counselors when working with immigrants and refugees.

Chapter Overview

In **Part I: Context, Competencies, and Data to Ground Counseling Practices**, we describe an integrated framework, which is then referenced throughout the book chapters. This framework is informed by interdisciplinary research, historical events, and knowledge about contemporary immigrants and refugees.

Chapter 1: Social Justice and Cultural Competency Frameworks for Counseling With Immigrants and Refugees

Frameworks to ground our work as educators, researchers, and clinicians in an increasingly diverse society include the Multicultural Counseling Competencies documents (Arredondo et al., 1996; Sue et al., 1992) and the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts, et al., 2015) developed by members of the American Counseling Association (ACA) and the Association for Multicultural Counseling and Development. These frameworks continue to be used as anchors by professionals and students alike working in different contexts, domestically and internationally. In Chapter 1, we discuss the application of social justice principles from different global contexts, including South Africa and Guatemala, and practices in the decolonization of counseling theories and practices that support culturally responsive counseling. ACA ethical principles will be referenced as they also provide guiding principles for culturally responsive practices.

Chapter 2: Historical Context, Legislation, and Trends in the Migration Process

Forced and voluntary migration is historical, beginning in the “Americas” in the 15th century. To contribute to the building of counselor knowledge, in Chapter 2, we describe

the history and evolution of U.S. immigration and the laws that have been used to support or block entry to this country. We discuss the settler colonialism framework given that it has affected the goals of migrants, particularly those perceived as inferior. Concepts such as xenophobia and their effects are explained historically. This chapter will also help counselors recognize language and terms that marginalize and oppress immigrants and refugees and how such terminology may emerge in the counseling process. Because many counselors have an immigrant history, an opportunity to examine one's personal family migration history is provided.

Chapter 3: Stages of Migration, Acculturation, and Identity Challenges

Research has contributed to our understanding about the different phases and conditions of the migration process and the lifelong effects of acculturation processes. The three-stage model of premigration, migration-specific, and postmigration is introduced and referenced in later discussions about counseling applications. Particular topics reviewed include the push and pull factors for migration and how they may be different for immigrants and refugees. In Chapter 3, we discuss the challenges faced by migrants and their families as well as strengths-based perspectives that need to be considered by counseling professionals. For example, migrants have a planning and risk-taking mindset that fortifies how they negotiate a myriad of challenges during their migration journey and once in their new country of residence. They are planners. Other invisible strengths are protective factors, such as their faith and collectivistic mindset and behavior—what they are doing is for others. Research points to immigrants' optimism, hope, and resilience. It is in the postmigration phase that the acculturation process evolves, introducing multiple stressors and changes to the lives of immigrants, refugees, and their families. The adjustments and cultural adaptations are many. Immigrants and refugees must also negotiate xenophobia, racism, and other forms of discrimination and microaggressions because of their color, language differences, country of origin, and immigrant identity status. In this chapter, readers will gain a comprehensive view of different migration journeys and migrants' persistence to arrive in the United States.

Chapter 4: Immigrant and Refugee Identity and Experiences Across the Life Span

Chapter 4 contains a discussion of different developmental task expectations informed by cultural socialization processes and intersecting identities. Immigrants and refugees of different ages, genders, countries of origin, languages, disability, LGBTQ+ status, socioeconomic backgrounds, educational attainment, and skill sets represent a diverse constellation of individuals with intersecting identities who arrive in the United States. Because most immigrants and refugees arrive as adolescents and adults, their sense of identity has been shaped in their country of origin and informed by their cultural values, gender role expectations, and developmental milestones. Examples of socialization experiences from different countries are introduced. From this contextual discussion, identity and role expectation challenges in the host country are described. For counselors, there is a continuing need to be culturally aware and knowledgeable in order to be culturally responsive.

Chapter 5: Disputing Biases and Assumptions Regarding Immigrants and Refugees

Chapter 5 focuses on employment patterns of immigrant and refugee women and men and the types of employment they typically assume. Historically, immigrants have been a source of cheap labor. In effect, wages of most immigrants are low because of their employment

in industries such as agriculture, dairy, meatpacking, fisheries, and the service industry, among others. For example, many Latinx men are found in back-of-the-house restaurant work while others work in landscaping and construction. Women of all nationalities may be found in childcare, hospital service jobs, and hotel cleaning, and, typically, these jobs do not pay benefits, Social Security, or retirement, leaving long-term employees at a deficit when they retire or require disability services.

The prevailing perception is that immigrants are unskilled and therefore cannot do more than manual labor. Another misperception about immigrants is that they are criminals and that they all belong to gangs or drug cartels. Color was the defining factor in limiting access to individuals from Muslim and African countries from 2016 to 2020. Finally, there has always been rhetoric that migrants take away jobs from U.S. citizens although Americans who are White typically do not work in agriculture or in landscaping and other backbreaking jobs. Knowledge about the mischaracterizations of immigrants and refugees in the workforce is necessary in order for counselors to challenge media misinformation and mischaracterizations when they engage with immigrants and refugees working two or more jobs or 16-hour days.

Chapter 6: Mental Health Needs of Immigrants and Refugees

In the previous chapters, the discussion centered on life circumstances, contexts, and the endurance that propels immigrants to seek uncharted territory for a better life. The premigration and migration-specific phases in their journeys leave imprints that do not readily disappear. Thus, it is in the postmigration years that mental and physical health issues will likely emerge for individuals across the life span. In Chapter 6, a biopsychosocial model is referenced to understand symptoms and presenting issues. Emphasized is the identification of strengths, challenges, and resilience that contribute to immigrants' and refugees' abilities to navigate multiple stressors. For the purposes of counselor cultural responsiveness, mental, physical, and spiritual health are described from non-Western perspectives, and relevant theories and models that do not serve as forms of colonization are discussed.

In **Part II: Counseling With Immigrants, Refugees, and Their Families From Generational and Developmental Perspectives**, we provide multiple case examples of counseling with immigrants and refugees across the life span. The case examples are also examined through the integrated framework introduced in Part I.

Chapter 7: Counseling With Immigrant, Refugee, and Birthright Children

In this chapter, we address different developmental needs of immigrant and refugee children from birth to age 12. According to demographic data, the children of immigrants born in the United States are called "birthright" children because, by birth, they have the rights of every person born in the United States and its territories. Technically, they are second generation in the country, and their parents, the immigrants, are first generation; the same can be said of refugees. Birthright and third-generation children and the children of refugees have different mental health needs. There are also children who are born in another country and who are brought or sent by their parents to the United States. These children may have come with their parents but may have been separated at the border as was the practice since 2016–2020, or they may have arrived as unaccompanied minors. However, the majority likely came as adolescents. As discussed in Chapter 6, these children present with different biopsychosocial needs. Birthright children and immigrant and refugee children go to schools, playgrounds, and other settings where children may be taken to or convene. According to the Adverse Childhood Experiences Test (PsychCentral, n.d.), early life stressors leave imprints on children that can then manifest in more concerning ways in relationships at home and school, and through other

unpredictable ways—self-harm, isolation, and so forth. Thus, counselors need to recognize the differences among these children and how federal and state immigration policies may also affect their well-being.

Chapter 8: Counseling With Immigrant, Refugee, and Birthright Adolescents

Chapter 8 focuses on the developmental needs of immigrant, refugee, and birthright children ages 13–18. Age-group differences between those who are children of immigrants and refugees (birthright children) and those who are immigrants are discussed. For counselors, knowledge about cultural socialization practices is essential to understand adolescents' issues to determine the appropriate intervention strategies. Erikson (1967) described identity development as the primary task of adolescence. However, for immigrant and refugee adolescents, identity development is just one of several challenges to be negotiated. For immigrant and birthright adolescents, there are likely different factors affecting how they see themselves. Questions about appearance, particularly color and other physical features, family responsibilities, and demands at school may heighten mental health distress and a sense of belonging. Among the issues that emerge is family discord, particularly if an adolescent is held responsible for younger children or if the adolescent is in a family in which members hold different documentation status.

Chapter 9: Counseling With Immigrant, Refugee, and Birthright Adults

The age of immigrant, refugee, and birthright individuals will present a range of issues and priorities in a counseling setting. A 38-year-old woman born in the United States to immigrant parents may now be a parent herself. Her children are third-generation children. The latter may seek services in college counseling centers as they grapple with issues related to identity, particularly intersecting identities. Birthright young adults have only known the United States as their home, but because of a visible difference of color and other physical features, they may be viewed as foreigners and experience harassment and other alienating behaviors. Adult immigrants and refugees are generally the ones who have had to plan and carry out the migratory processes for themselves and their families. Chapter 3 covers the various stages of the migration process, pointing out that all along, individuals are planful, decisive, and goal-oriented but carry enormous responsibilities on behalf of others. The risk and stress levels are enormous and, understandably, strain the mind, body, and spirit. Refugees may have a different means of entry into the United States; however, extended periods in refugee camps and the loss of family and friends during those confinements are also exhausting. Adults generally do not have time to mourn or reflect on the risks and losses, but this does not mean those events evaporate. Chapter 9 explores these factors, and counselors are encouraged to be mindful of the unspoken issues, as illustrated in the case examples provided.

Chapter 10: Counseling With Immigrant and Refugee Families

Immigrants and refugees are in all sectors of society, and it is in these varied settings where counselors will be called upon to deliver culturally responsive and ethical care. In the acculturation process, many unforeseen situations will emerge for families, and these may contribute to spiritual, physical, and mental health stressors. In our chapters on different developmental periods, we introduce how mental health distress may affect individuals differently within the same cultural group and even the same family. The focus of Chapter 10 is on immigrant and refugee families. Family counseling can be a primary approach in addition to the relational-cultural model because of the collectivistic orientation of many immigrant and refugee families. Students with DACA and undocumented status have additional emotional and pragmatic dilemmas depending on their college and their

state of residence. More often, career counseling becomes important to high school youth, college-age young adults, and adults. The MSJCC (Ratts et al., 2015) are a valuable reference for counseling with immigrant and refugee families because the competencies elevate social justice concerns in different environments where discrimination and hostility may be occurring. Counselors can inquire about situations that immigrant and refugee adults feel powerless to control and simultaneously affirm that they are taking on the responsibilities needed as parents, employees, and individuals supporting family members back home.

How Will This Book Help You?

Individuals become counselors because of their desire to help others, to make a difference in their lives. With immigrants and refugees, there are many opportunities for counselors to facilitate their processes of change and to be part of their journeys in the country where they want to be. The United States is a country built by immigrants, refugees, enslaved Africans brought involuntarily, and Indigenous peoples, the original dwellers and owners of the land. The migrations trends to the United States over the centuries have not abated and will continue into the foreseeable future. Rather than perceive immigrants and refugees as a monolithic group composed of non-English-speaking individuals, counselors will learn about the foresight, persistence, and resilience of these brave people. Curiosity will be heightened as counselors hear narratives of fear, bravery, and faith to achieve one's goals. Counseling often focuses on individual issues; this is not the case with immigrants and refugees. In this book, we will illustrate the interdependence, collectivism, and care demonstrated by immigrants and refugees as they persevere to make the lives of their families back home and in the United States much better. We will also describe the risk-taking of adolescents and adults as they seek to establish better lives in this country. Many counseling practices such as reflection, restatements, and speaking with confidence may not be relevant when working with immigrants and refugees who are more action oriented for the present and the future. Counselors may experience these clients as shy and reticent, but they seek guidance as they try to solve problems.

This book will be an invaluable resource to counselors who encounter immigrants and refugees of different ages, countries of origin, and multiple identities in their practice. At the same time, counselors will be challenged to adapt their thinking and skills so that they can meet the immigrant and refugee clients "where they are." The case scenarios in the book will provide excellent opportunities for counselors to compare the hypothetical situations with their own experiences. Counseling with immigrants and refugees will also provide opportunities for counselors to examine their family immigration history, opening the door to personal revelations that may suggest counselors are more similar to their clients than they first thought. Counseling with immigrants and refugees is inspirational as one learns about how these individuals continue to contribute to the economic well-being of our country, the country they also claim as theirs.

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