

The New **AMERICAN** *Experience*

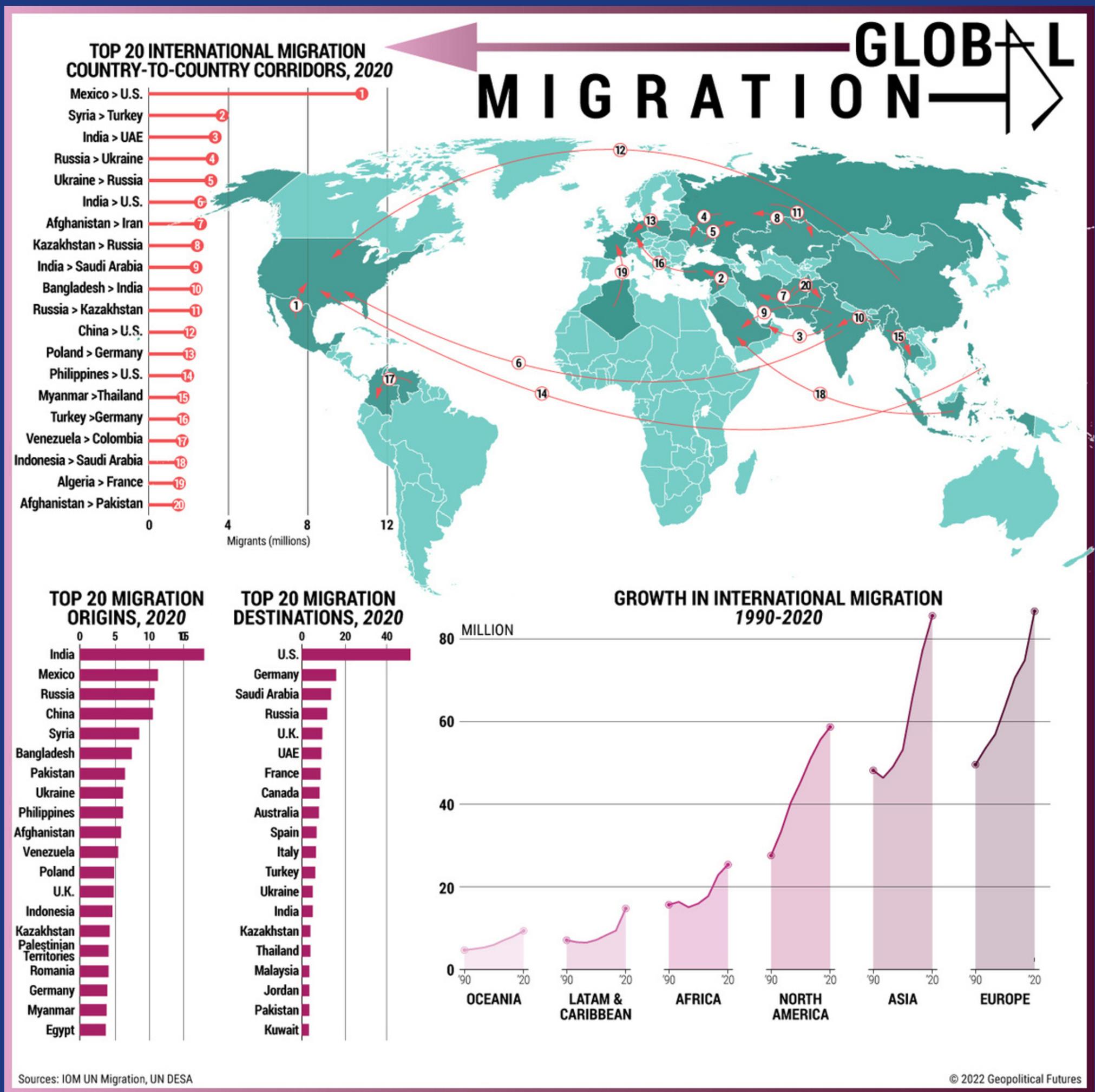
Counseling Through the Lens of Immigration & Refugee Trauma

Presented By

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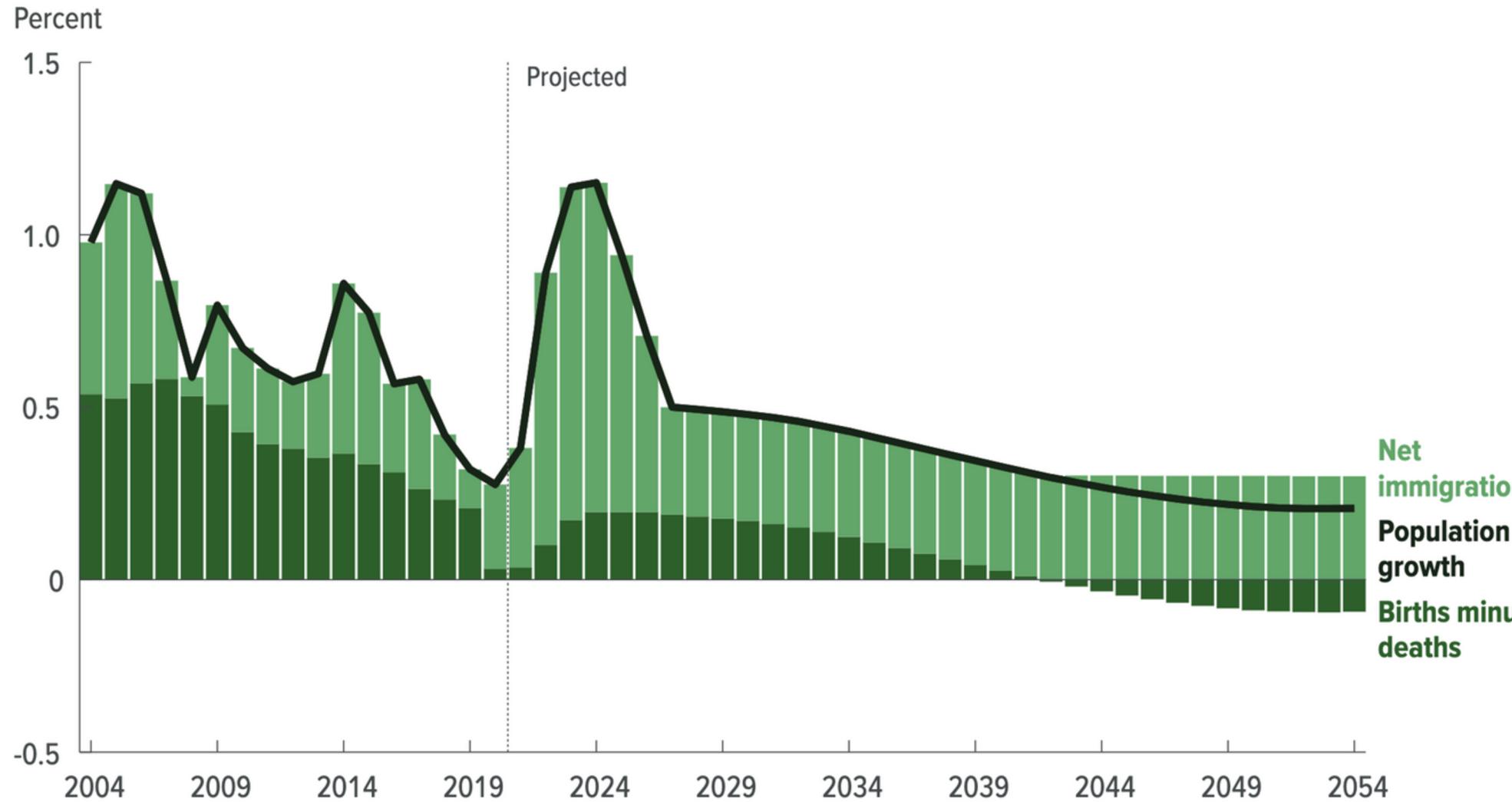


IMMIGRATION IMPACT

No.1

U.S. is a global migration destination; immigrants drive economic growth (Mackie & Blau, 2017).

Demographic Factors That Contribute to Population Growth



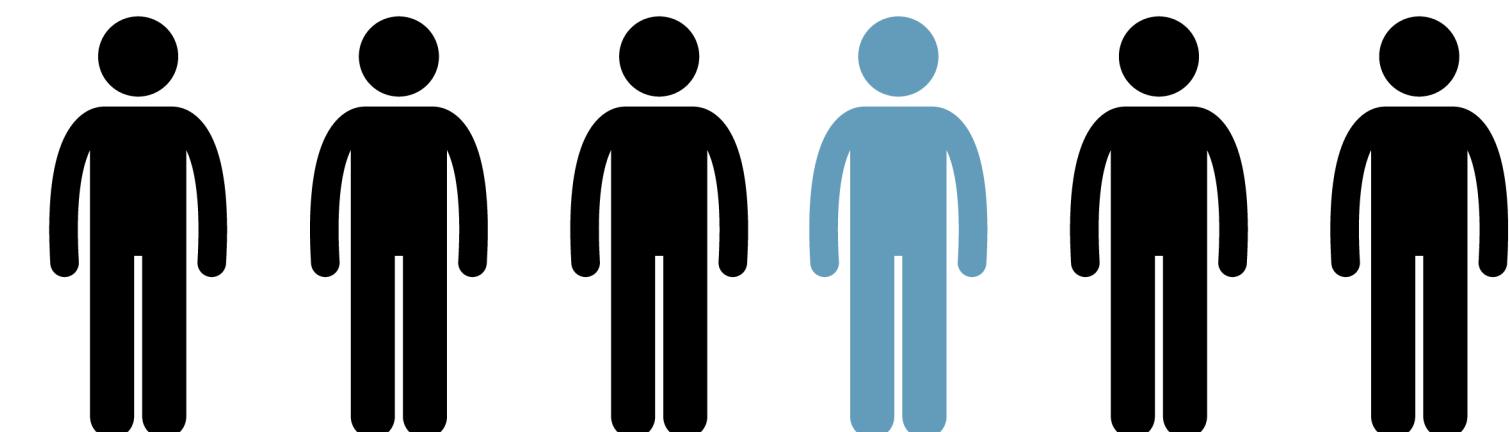
By 2044, the U.S. is projected to become a majority-minority nation (U.S. Census Bureau, 2020).

IMMIGRATION IMPACT

70%

of population growth in the next decade driven by immigration (Congressional Budget Office, 2024).

By 2060, 1 in 6 Americans will be foreign-born (U.S. Census, 2020).



GAPS IN COUNSELOR TRAINING FOR IMMIGRANT



Despite growing needs, counselor education often fails to prepare clinicians for immigrant/refugee realities.

68% of counselors report feeling "unprepared" for immigrant cases (APA, 2023).

Minimal coverage of advocacy/social justice strategies (Snow et al., 2021).

Lack of migration trauma coursework.

PSYCHOLOGICAL CHALLENGES

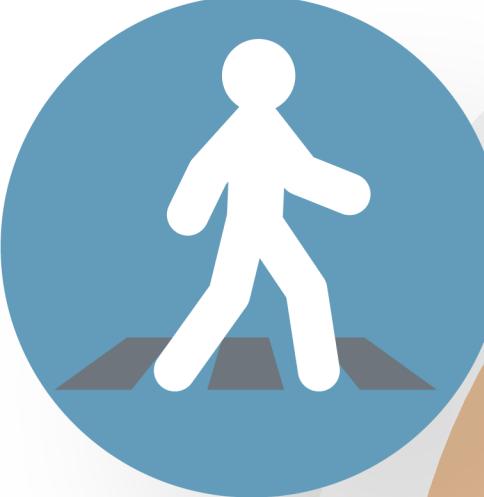
The immigration process leads to stress, anxiety, depression, family separation trauma, and identity struggles (Alegria et al., 2017).

Immigration is ranked among the top 10 most stressful life events (Holmes & Rahe, 1967)

Mental distress increased by **140%**

for recent immigrants (Fricano, 2023).





Crossing of
administrative or political
borders (IOM, 2019)

HUMAN MIGRATION

Refers to the permanent or
semi-permanent movement
of people across
geographical boundaries



Change of residence
(UN Department of
Economic and Social
Affairs, 2021)



Duration exceeding 1 year

HUMAN MIGRATION



Involuntary Migration Refugees

Forced movement due to political conflict, disasters, etc.

Often lack resources.

Higher trauma exposure (war, persecution).



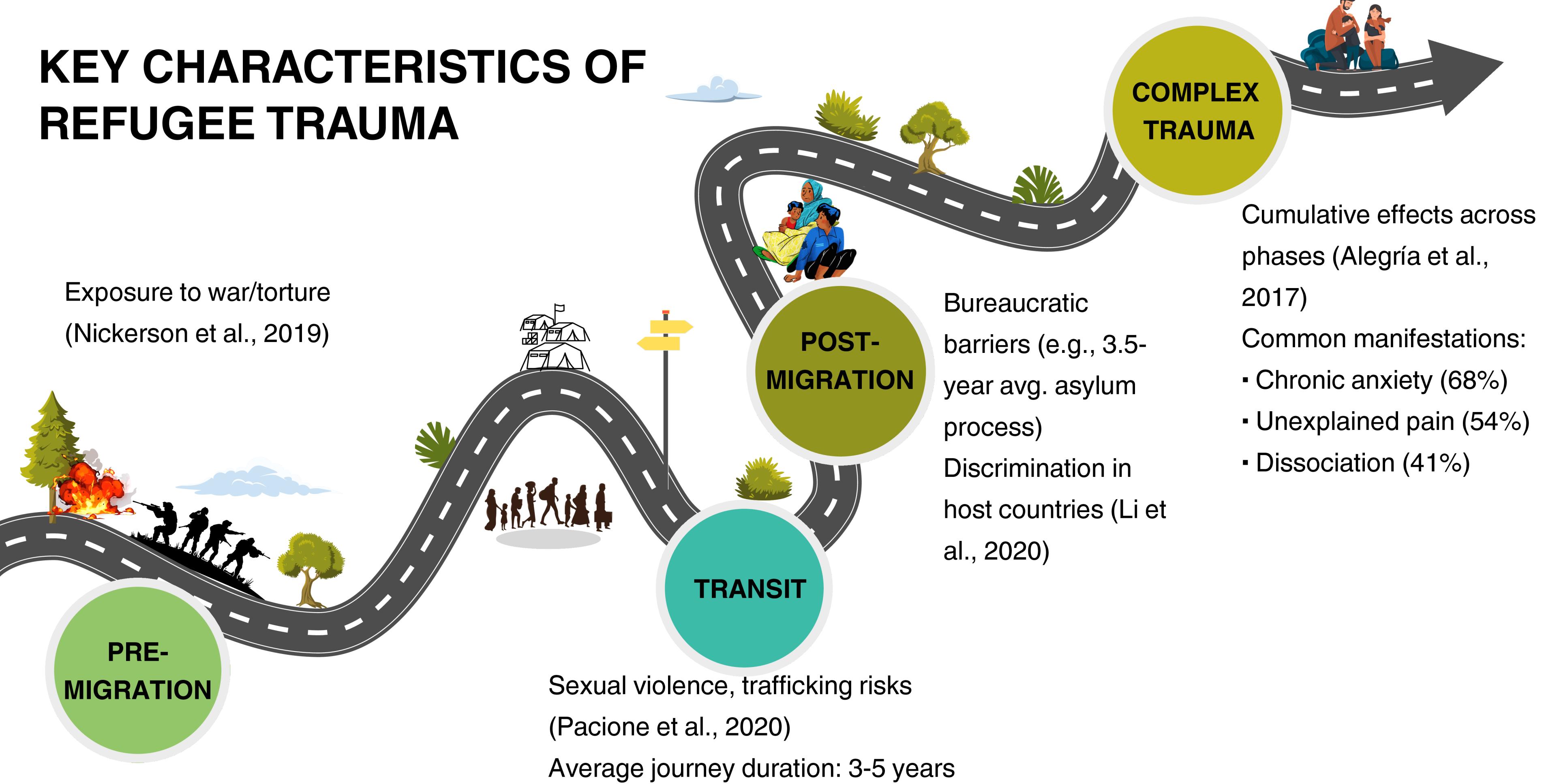
Voluntary Migration Immigrants

Choice-based movement for social/economic reasons.

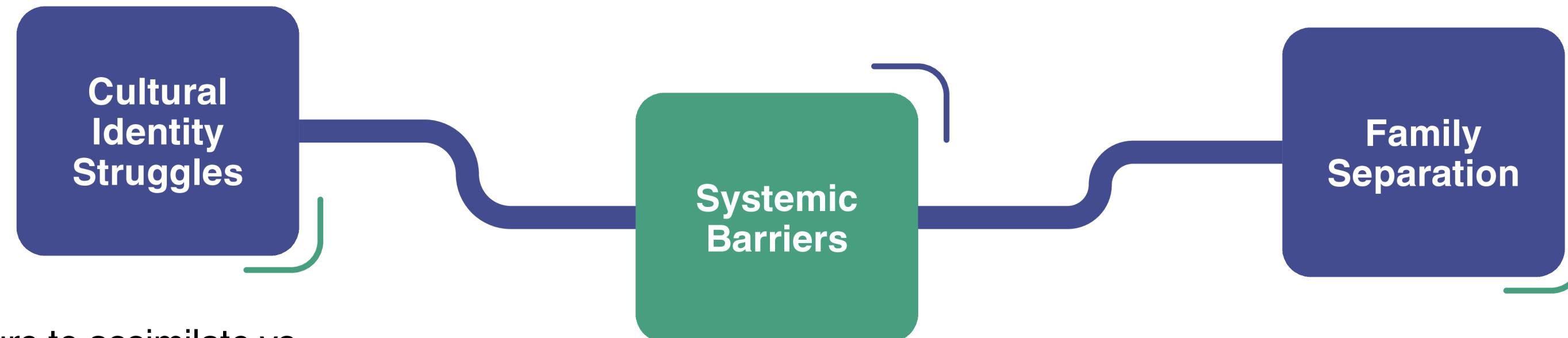
May have pre-migration plans

Acculturative stress from family separation, economic pressures, and discrimination (Tummala-Narra, 2014).

KEY CHARACTERISTICS OF REFUGEE TRAUMA



KEY CHALLENGES FOR VOLUNTARY IMMIGRANTS



Pressure to assimilate vs. preserving heritage (e.g., children of Indian immigrants may reject traditional values such as religious traditions for plant-based eating to "fit in"; Tummala-Narra, 2014).

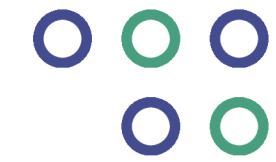
- Visa instability (e.g., H-1B workers facing layoffs)..
- Discrimination

- Economic migrants often leave children/spouses behind, leading to guilt and depression (Fricano, 2023).
- Example: Voluntary immigrant working in construction may hide mental symptoms to avoid job loss, fearing deportation.

Phetnamneunng Pongpittayakorn

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COMMON STRESSORS



**"Refugees may avoid therapy due to distrust of systems;
voluntary immigrants might fear 'burdening'
families with struggles."**

POST-MIGRATION

Acculturative stress, depression, language barriers, academic challenges.

BARRIERS TO CARE

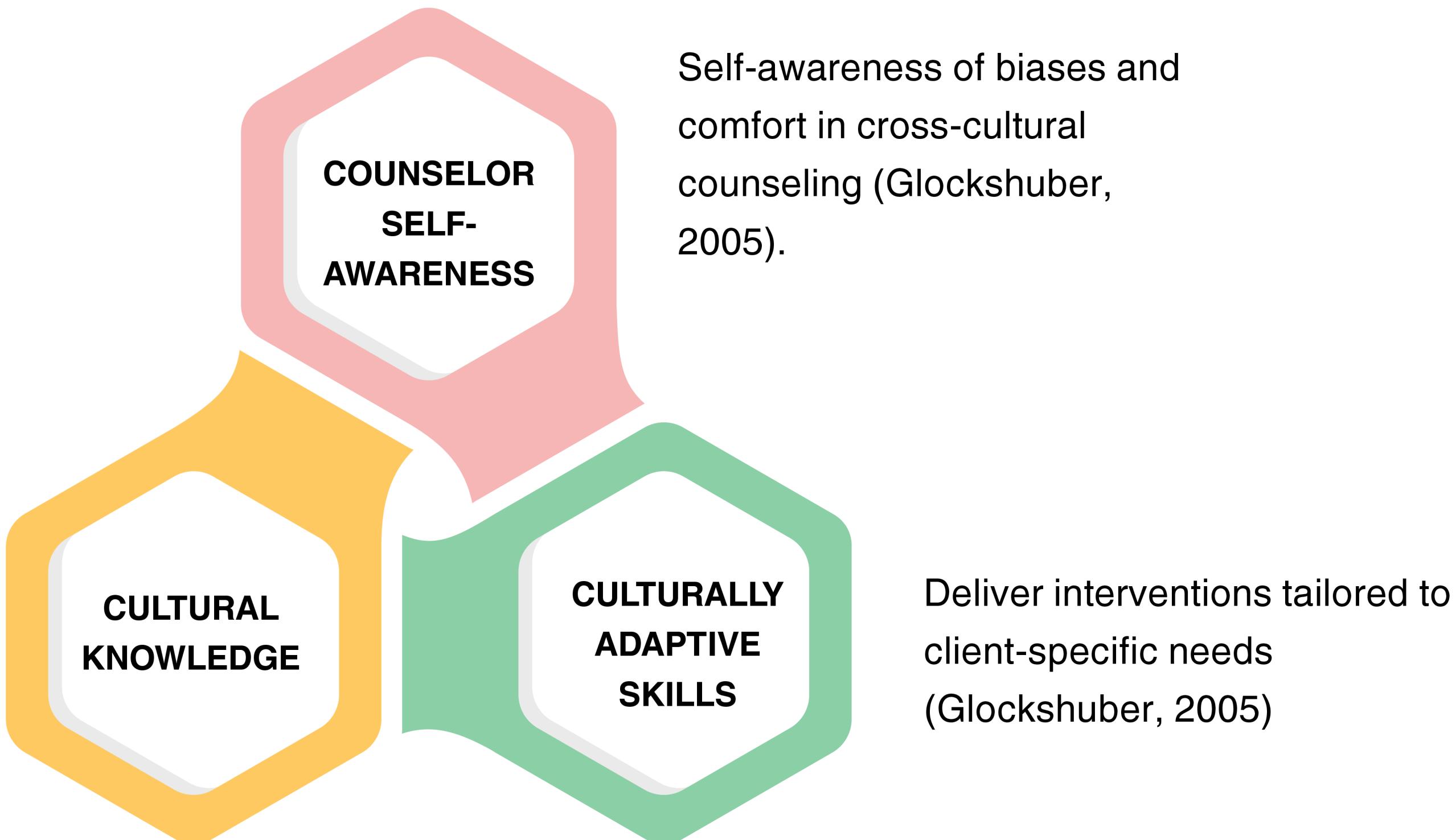
- Stigma, lack of awareness, language barriers, and lack of insurance (Derr, 2016).
- Refugees, in particular, may distrust Western clinical models, preferring informal support from community or religious leaders (Mohammadifirouzeh et al., 2023).

MENTAL HEALTH ISSUES

- Immigrants and refugees are at increased risk for mental health problems, including:
 - Post-traumatic stress disorder (PTSD)
 - Depression
 - Anxiety disorders

MULTICULTURAL COUNSELING COMPETENCIES MODEL

The MCC model is an evidence-based framework developed by Sue, Arredondo, & McDavis (1992) and updated by Ratts et al. (2016) that outlines three essential competencies for effective cross-cultural counseling.



COUNSELOR SELF-AWARENESS

Microaggression types common in therapy

"Where are you really from?"

"How do you identify culturally?"

Assuming undocumented clients
are uneducated.

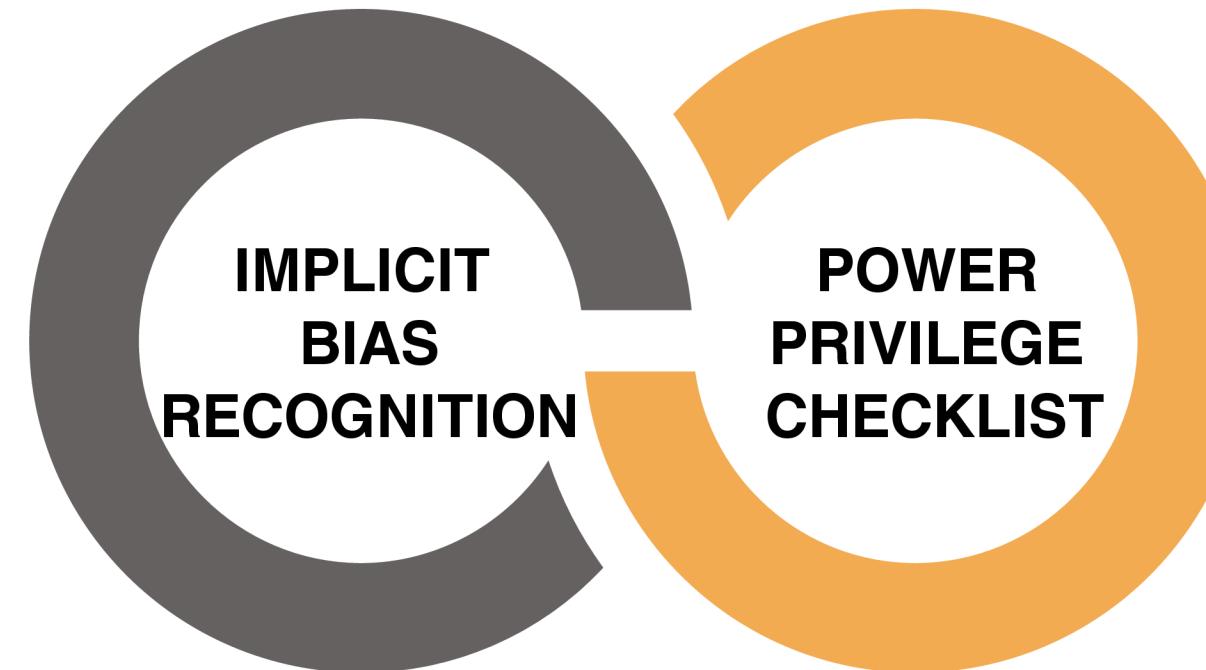
*"Tell me about your training or life
skills."*

"Your name is too hard, can I call
you...?"

*"I want to say your name correctly.
Would you repeat it for me?"*

"You don't seem depressed for a
refugee."

*"Many refugees experience
depression differently. How does it
show up for you?"*



What is your
implicit bias?

[HTTPS://IMPLICIT.HARVARD.EDU](https://implicit.harvard.edu)

Citizenship Privilege

"I can travel without visa restrictions"

"I've never feared deportation"

Clinical Impact: Underestimating immigration
stress

Language Privilege

"I've never been mocked for my accent"

"All my therapy materials are in my first
language"

Clinical Impact: Overpathologizing LEP
communication styles

Socioeconomic Privilege

"I've never skipped meals to pay for therapy"

"My credentials are automatically recognized"

Clinical Impact
Recommending unrealistic treatments

OVERPATHOLOGIZING LEP COMMUNICATION STYLES

Overpathologizing occurs when therapists misinterpret normal linguistic or cultural communication patterns of clients with Limited English Proficiency (LEP) as psychological symptoms or disorders.

This bias stems from:

- Lack of cultural/linguistic awareness
- Overreliance on Western diagnostic criteria
- Assumptions that English-dominant communication is the "standard"

LEP COMMUNICATION

Pauses, limited vocabulary

Indirect storytelling

Avoidance of eye contact

Emotional restraint

MISINTERPRETATION

"Flat affect" (depression/schizophrenia)

"Circumstantiality" (anxiety disorder)

"Defensive" or "disengaged"

"Alexithymia" (inability to describe emotions)

REALITY

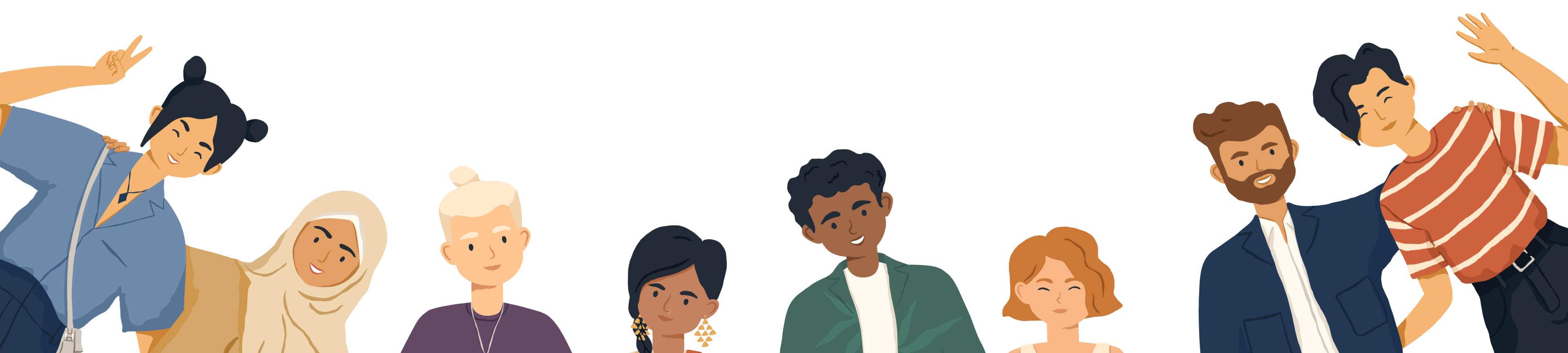
Cognitive load of translating thoughts

Cultural preference for contextual narratives

Respectful behavior in many cultures (e.g., Asian, Indigenous)

Cultural norms around emotional disclosure

SELF-ASSESSMENT CHECKLIST





Counseling Focus:
Address identity loss, feelings of isolation, and pressure to conform. Help clients develop coping strategies for cultural adaptation while exploring ways to maintain aspects of their heritage (Berry, 1997).

Counseling Focus:
Promote balance and stress reduction. Support clients in navigating cultural duality, fostering self-acceptance, and creating a support network in both cultural contexts (Schwartz et al., 2010).

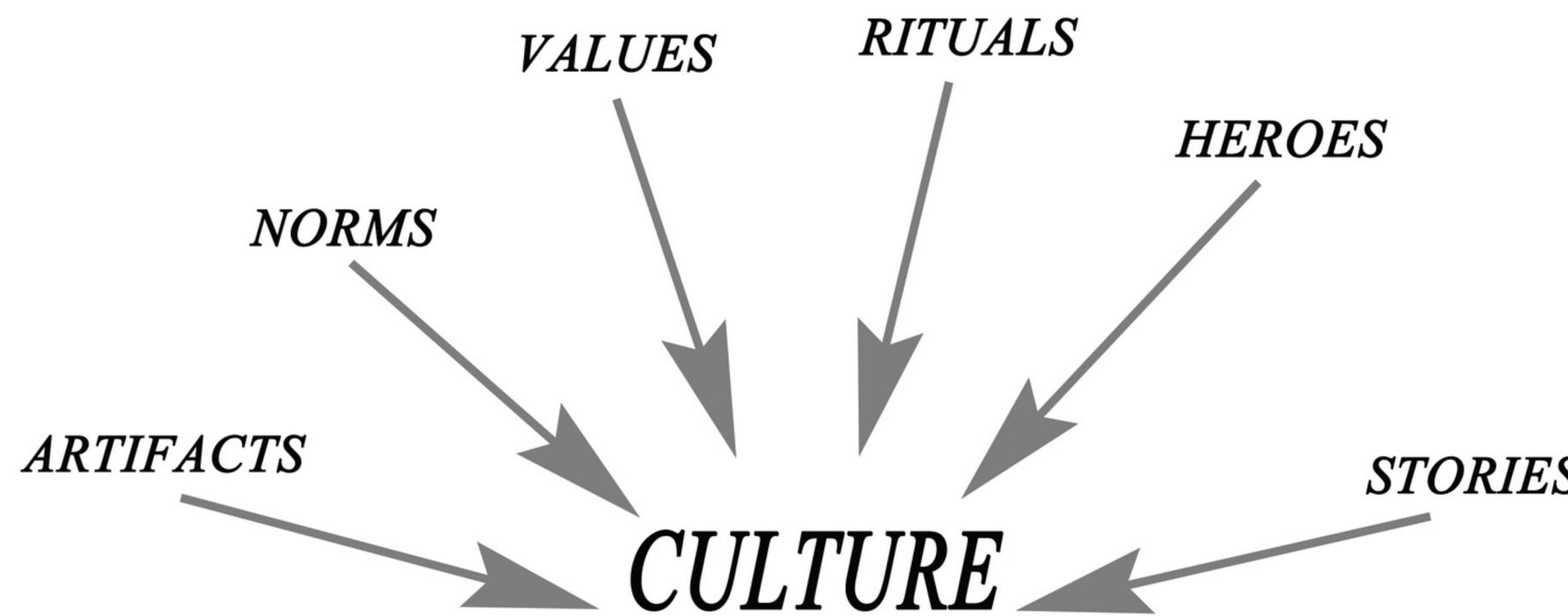
Counseling Focus:
Address social isolation and intergenerational conflicts. Encourage gradual cultural exposure while respecting the client's values and emotional readiness (Berry, 2005).

Counseling Focus:
Address trauma, identity confusion, and loss of belonging. Work on rebuilding a sense of purpose, self-worth, and social support (Berry, 1997; Yakushko, 2009).

IMPLICATIONS FOR COUNSELING



CULTURALLY ADAPTED COGNITIVE BEHAVIORAL THERAPY (CA-CBT)



Modifies traditional CBT techniques to reflect clients' cultural, spiritual, and socio-political backgrounds.

Originally developed to serve refugee and immigrant populations, it addresses trauma through culturally congruent strategies, metaphors, and belief systems (Hinton et al., 2012).

CA-CBT enhances client engagement, trust, and treatment outcomes by aligning with their worldview (Menon, Katona, & Glover, 2024)

CULTURAL CONSIDERATIONS IN CBT: INDIVIDUALIST VS. COLLECTIVIST PERSPECTIVES

The top countries of origin for immigrants were Mexico (23% of immigrants), India (6%), China (5%), the Philippines (4%), and El Salvador (3%) (Migration Policy Institute, 2022)

DIMENSION	INDIVIDUALIST CULTURE	COLLECTIVIST CULTURE
SENSE OF SELF	Independent, self-reliant	Interdependent, group-oriented
THERAPY GOALS	Personal achievement, autonomy	Harmony within family/community
DECISION-MAKING	Emphasis on personal choice and rights	Guided by family or community values
COMMUNICATION STYLE	Direct, assertive	Indirect, respectful, harmony-seeking
STIGMA TOWARD MENTAL HEALTH	Focused on personal struggle; less shame	May be highly stigmatized; fear of "dishonoring" family

CULTURALLY ADAPTED CBT - REFRAME

Taking care of yourself is your personal right.

SELF CARE

Original
(Individualistic)

Culturally Adapted
(Collectivist)

Taking care of yourself is a family duty. When you practice self-care, you maintain your emotional strength and health, enabling you to better support your family and community.

COLLECTIVIST CULTURES

Values family harmony
interdependence
mutual support
shape personal identity and behavior.

Individuals raised within these cultures frequently view prioritizing personal needs or establishing boundaries as acts of selfishness or disloyalty toward family and community.

You have the right to say no to your family's requests.

BOUNDARIES

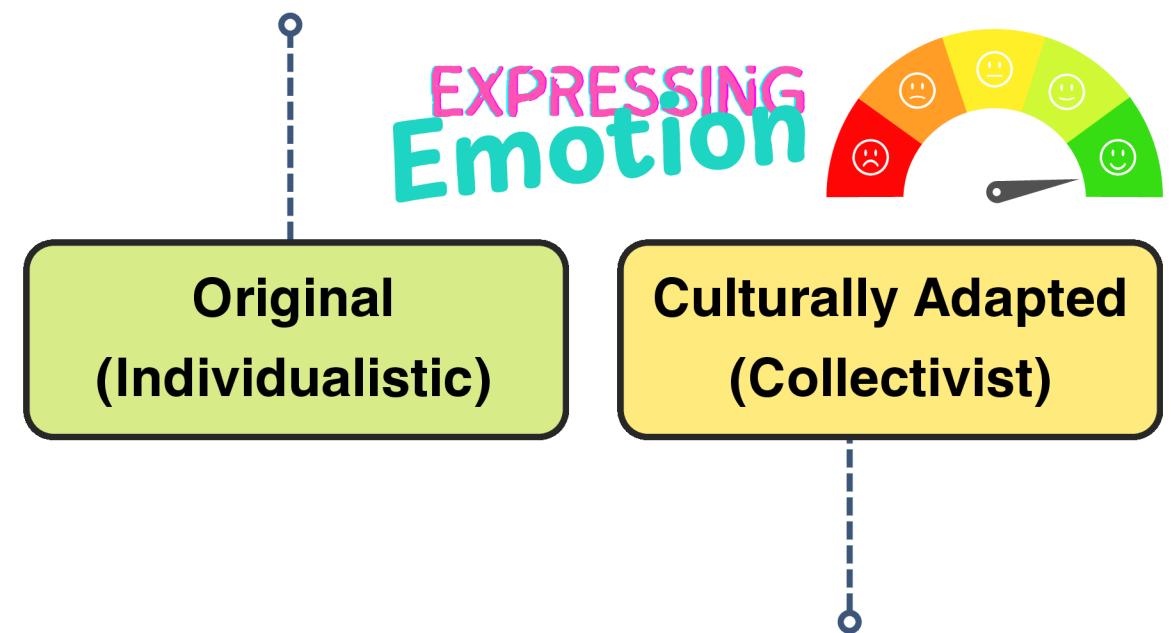
Original
(Individualistic)

Culturally Adapted
(Collectivist)

Establishing boundaries is a respectful way to communicate clearly about what you can realistically contribute, which prevents misunderstandings and maintains harmony in your relationships.

CULTURALLY ADAPTED CBT - REFRAME

Expressing your emotions openly is healthy for you personally.



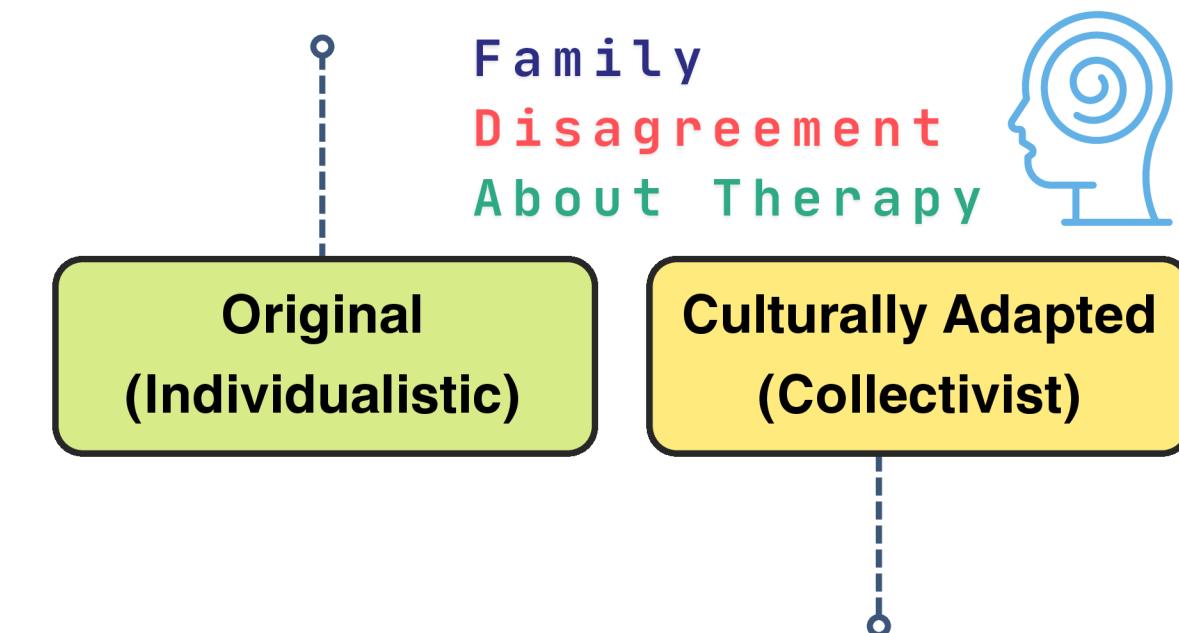
Expressing your emotions respectfully and constructively allows your family to better support you, reducing stress and maintaining overall family harmony and collective well-being.

COLLECTIVIST CULTURES

Clients from collectivist cultures may experience difficulty openly expressing negative emotions such as sadness, anger, or frustration, often viewing these expressions as harmful or disrespectful to family harmony.

Family consensus is often prioritized over individual decisions. When a client considers attending therapy without family approval, they may experience guilt, fear of rejection, or internal conflict.

Even if your family disagrees, you should come to therapy for yourself



Attending therapy—even when your family is unsure—can help you become stronger for them. When they see the positive impact on your well-being and your relationships, they may feel more comfortable participating or supporting you.

MINDFULNESS-BASED APPROACHES IN CULTURALLY RESPONSIVE COUNSELING

- Practice Cultural Humility**
 - Engage in ongoing self-reflection about your cultural biases.
 - Avoid stereotypes or overgeneralizing cultural norms.
- Assess Appropriateness**
 - Evaluate if mindfulness is a fit for the client's worldview.
 - Ask questions such as:
 - "What helps you feel calm or centered?"
 - "Are there any practices from your culture or faith that help with stress?"
 - Tailor mindfulness practices to cultural preferences.
- Language Accessibility**
 - Offer mindfulness in the client's preferred language.
 - Encourage use of native language for affirmations or mantras.
- Flexible Format**
 - Offer alternatives to seated meditation:
 - Walking meditation
 - Drawing or journaling
 - Chanting or rhythmic movement
 - Allow client choice in pacing, posture, and setting.
- Collaborative Meaning-Making**
 - Involve clients in co-creating mindfulness practices.
 - Integrate their spiritual and cultural values.
 - Frame mindfulness as a flexible tool, not a strict protocol.

ADVOCATING FOR CLIENTS' RIGHTS AND ACCESS TO RESOURCES



Familiarize yourself with community resources available to immigrants and refugees.



Develop relationships with key organizations and agencies.



Empower clients to advocate for themselves when possible.

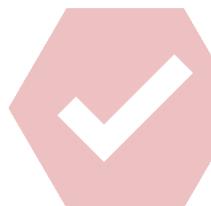


Be aware of ethical considerations related to advocacy.

BEING AWARE OF THE COMPLEXITIES OF IMMIGRATION POLICIES AND THEIR IMPACT ON CLIENTS



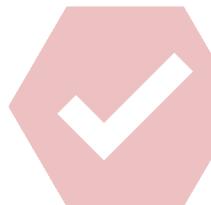
Educate yourself about current immigration laws and policies.



Understand how these policies affect your clients' lives and well-being.



Provide accurate information and resources to help clients navigate the system.



Advocate for policies that support the well-being of immigrants and refugees.



Help clients cope with the stress and uncertainty related to their immigration status.

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