

*The New* **AMERICAN** *Experience*

# Counseling Through the Lens of Immigration & Refugee Trauma

## Presented By

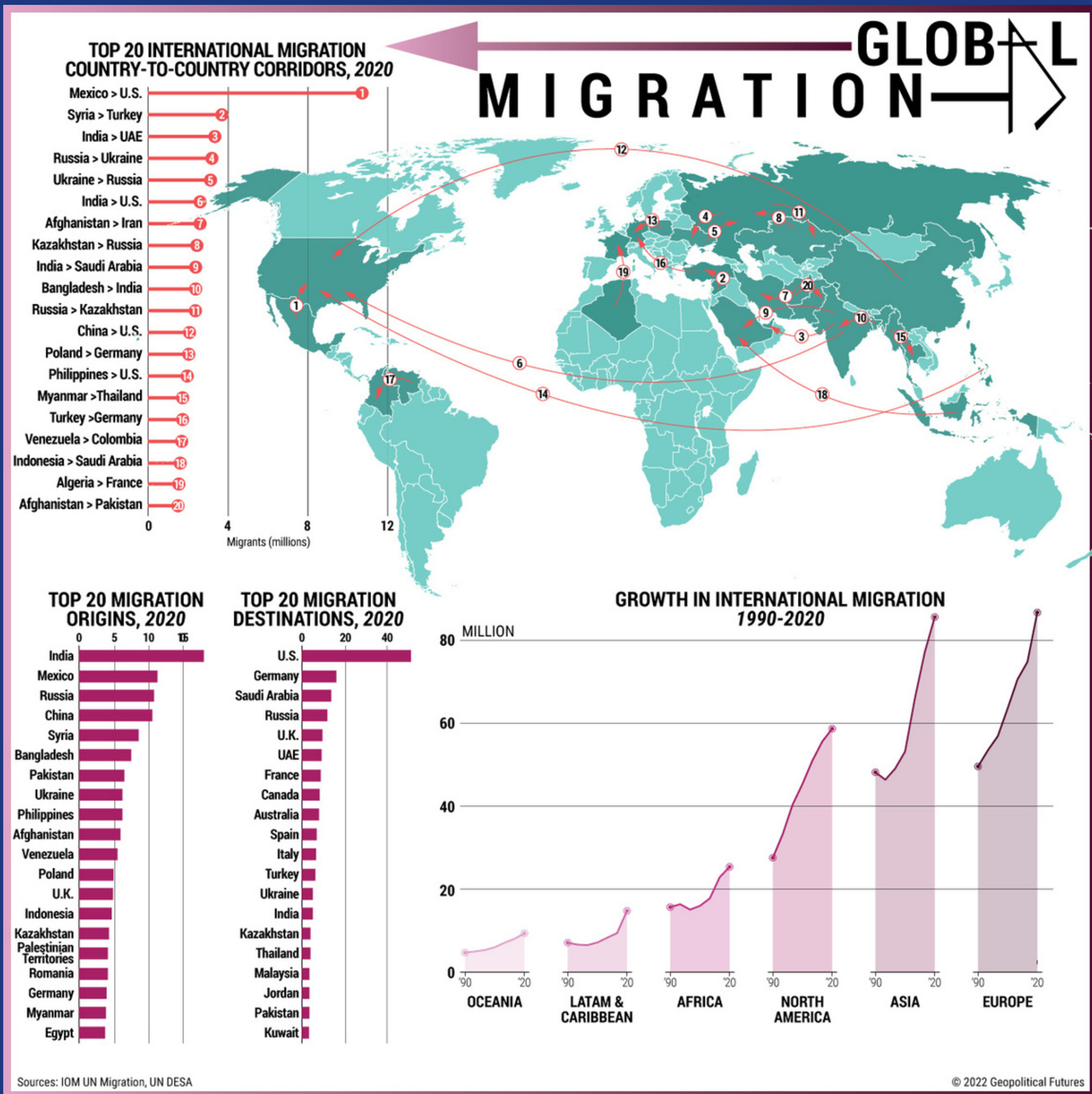
**JaNaè Taylor, Ph.D, LPC & Samantha Redd, M.A.**











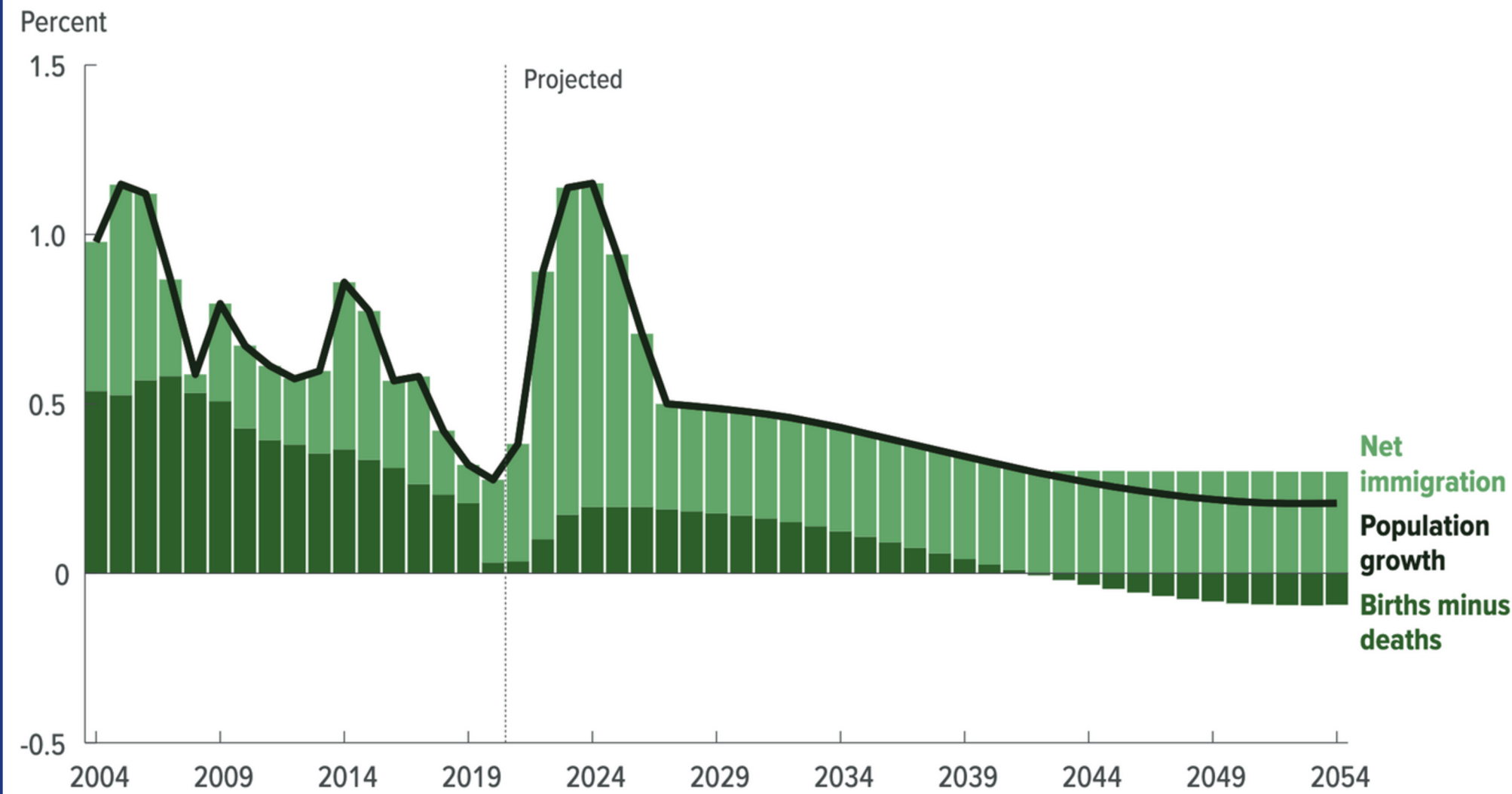
## IMMIGRATION IMPACT

No.1

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



Demographic Factors That Contribute to Population Growth



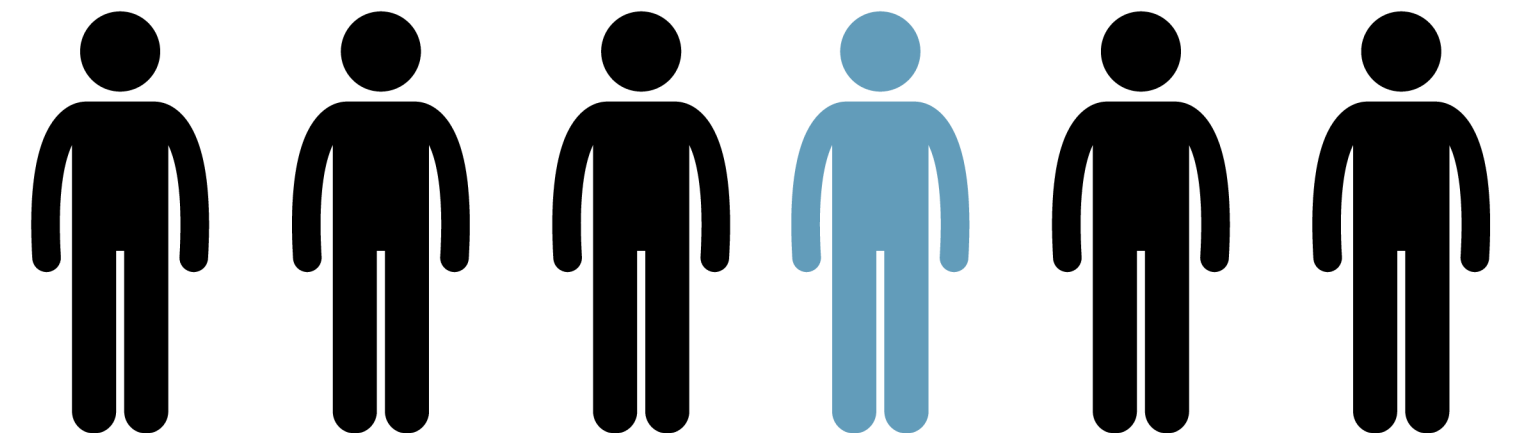
By 2044, the U.S. is projected to become a majority-minority nation (U.S. Census Bureau, 2020).

## IMMIGRATION IMPACT

# 70%

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

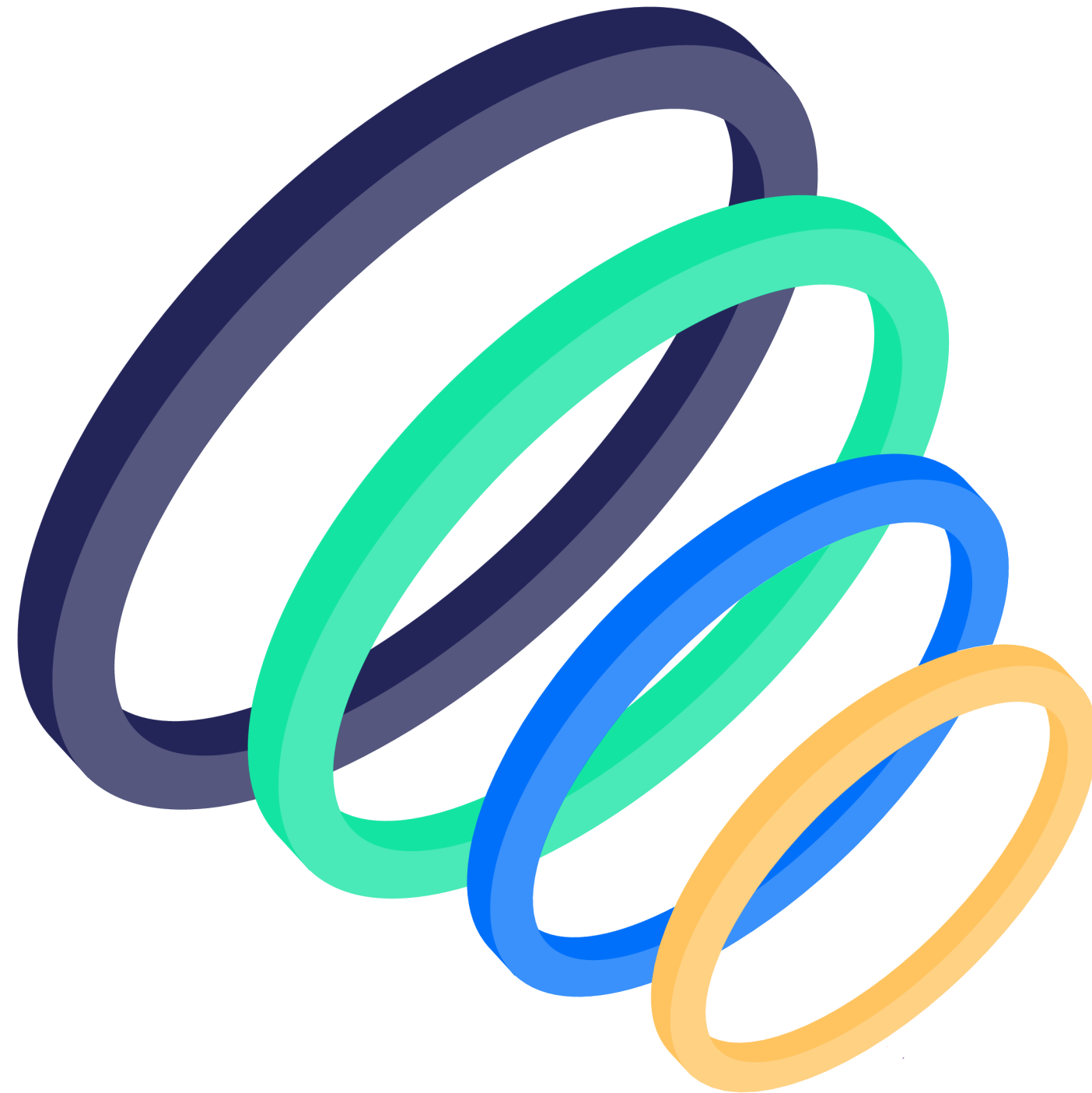
By 2060, 1 in 6 Americans will be foreign-born (U.S. Census, 2020).





# GAPS IN COUNSELOR TRAINING FOR IMMIGRANT

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● 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

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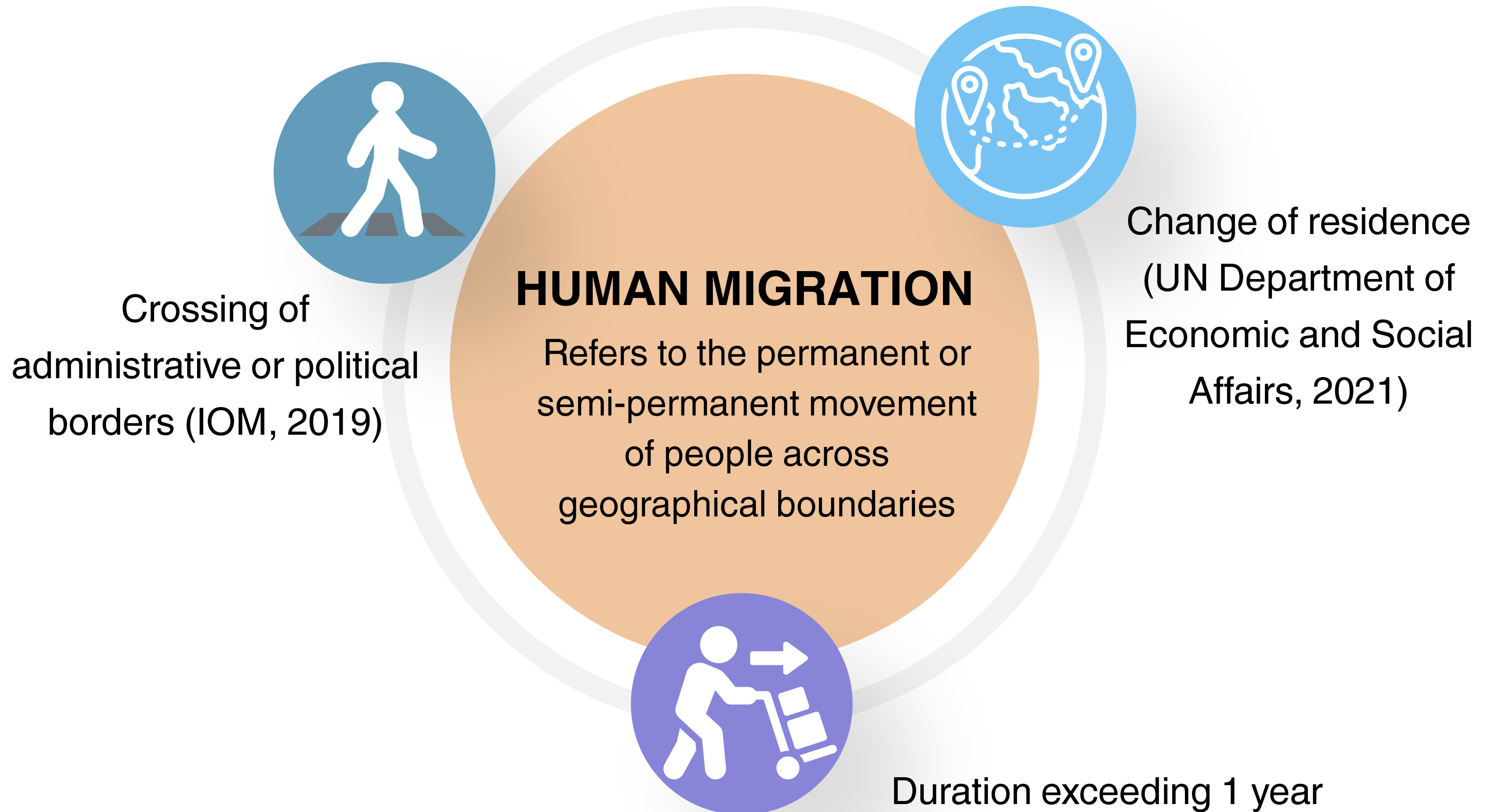
The immigration process leads to stress, anxiety, depression, family separation trauma, and identity struggles (Alegría et al., 2017).

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

Mental distress increased by **140%** for recent immigrants (Fricano, 2023).









# HUMAN MIGRATION



## Involuntary Migration Refugees

Forced movement due to political conflict, disasters, etc.

Often lack resources.

Higher trauma exposure (war, persecution).



## Voluntary Migration Immigrants

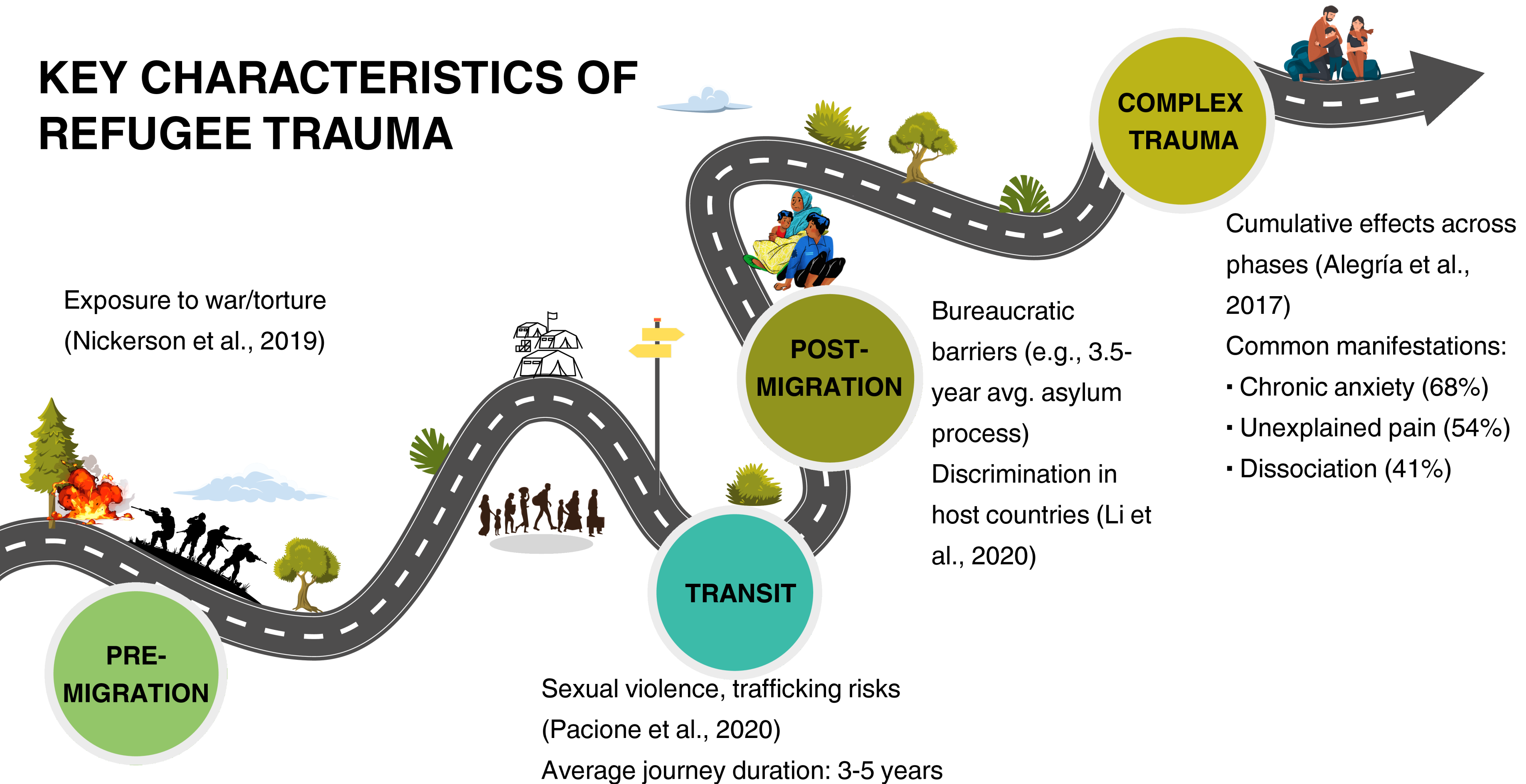
Choice-based movement for social/economic reasons.

May have pre-migration plans

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

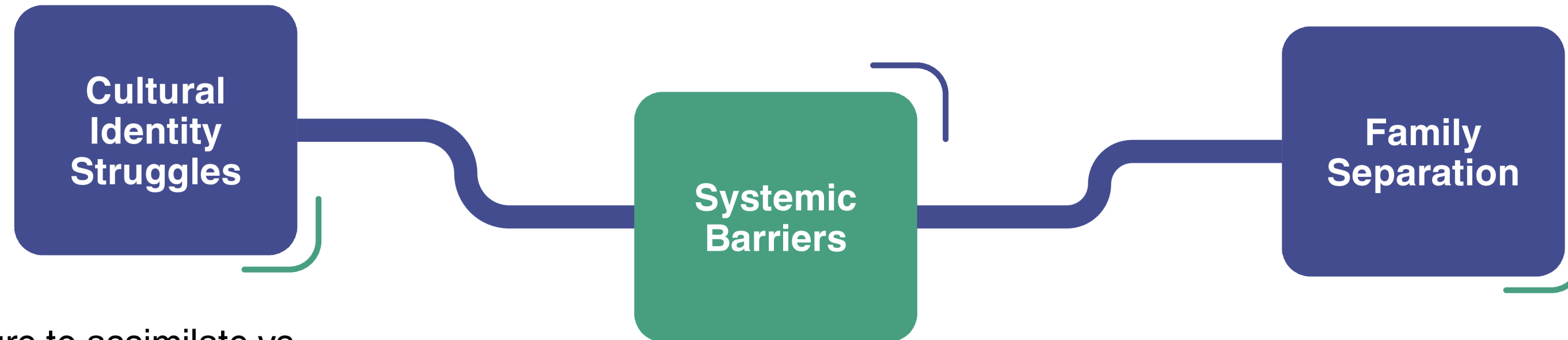


# KEY CHARACTERISTICS OF REFUGEE TRAUMA





# 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.

Phetnamneung 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.

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## 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).
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## MENTAL HEALTH ISSUES

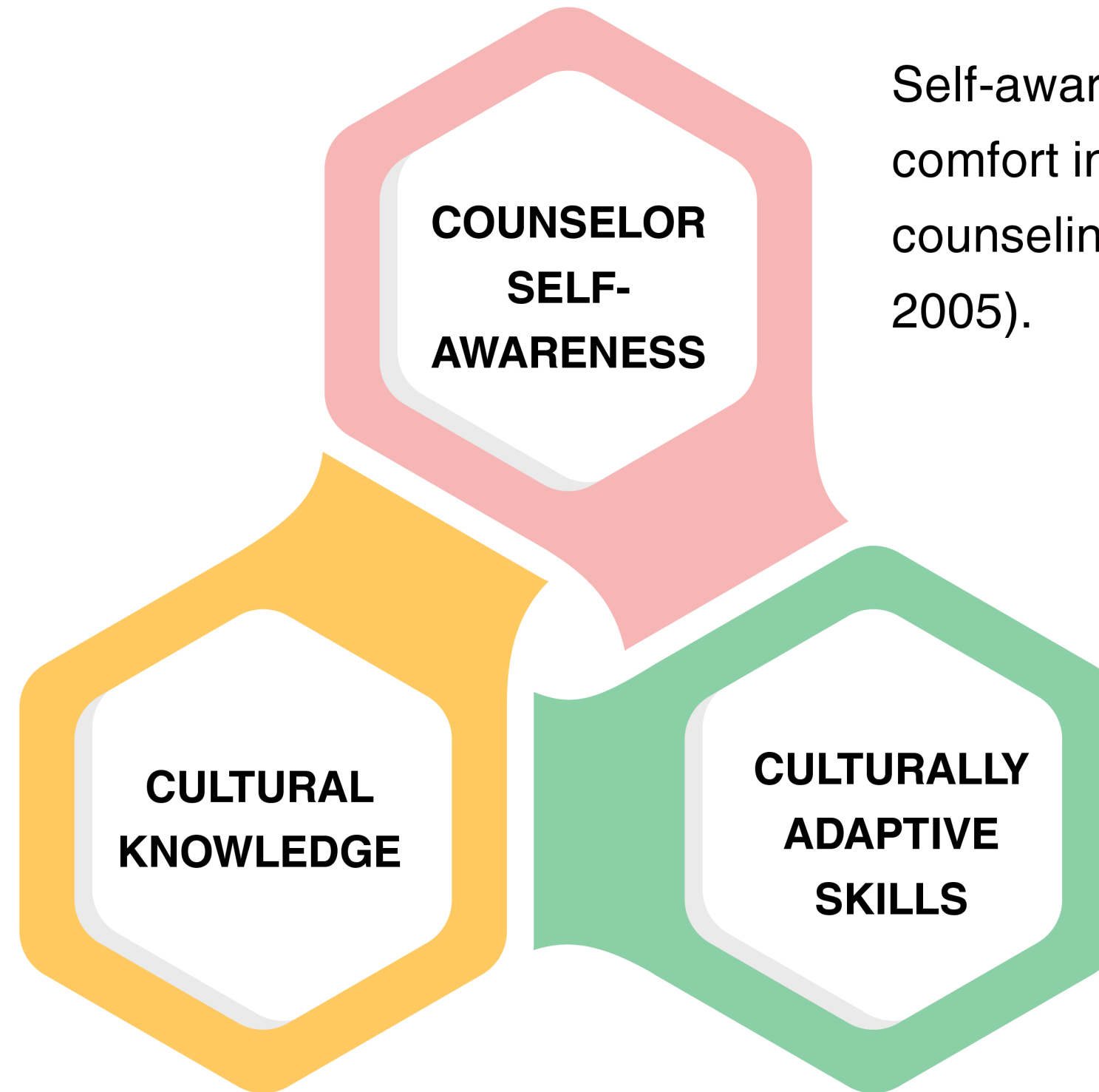
- Immigrants and refugees are at increased risk for mental health problems, including:
  - Post-traumatic stress disorder (PTSD)
  - Depression
  - Anxiety disorders



# 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.

Understand family, community, and socio-political backgrounds.  
Recognize oppression, racism, and acculturation effects (Chi-Ying & Bemak, 2002).



Self-awareness of biases and comfort in cross-cultural counseling (Glockshuber, 2005).

Deliver interventions tailored to client-specific needs (Glockshuber, 2005)



# 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."*

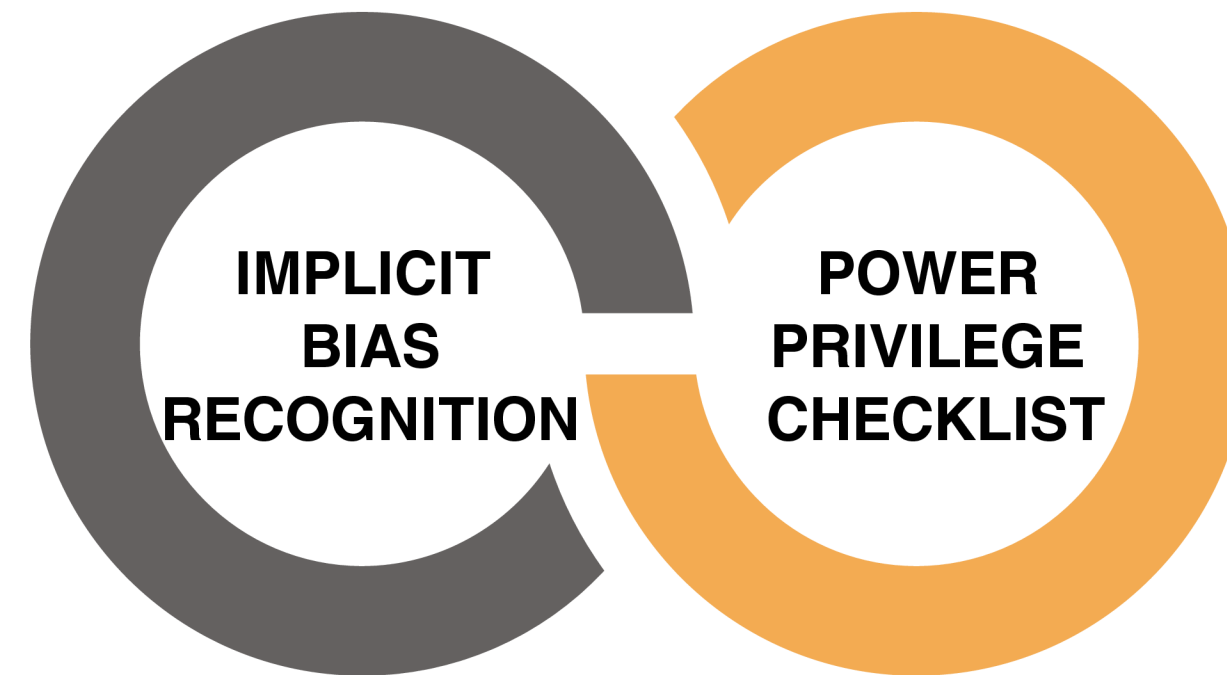
"Your name is too hard, can I call  
you...?"

*"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



## ASSIMILATION

The individual relinquishes their original cultural identity and fully adopts the host culture.

Adopts host culture,  
rejects heritage

### 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).

## INTEGRATION (BICULTURALISM)

The individual maintains their original culture while also engaging with the new culture.

Adopts host culture +  
maintains heritage

### 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).

## SEPARATION

The individual maintains their original culture and resists engagement with the host culture.

Rejects host culture,  
maintains heritage

### Counseling Focus:

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

## MARGINALIZATION

The individual experiences disconnection from both their original and host culture, often leading to alienation and psychological distress.

Rejects both cultures

### 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).

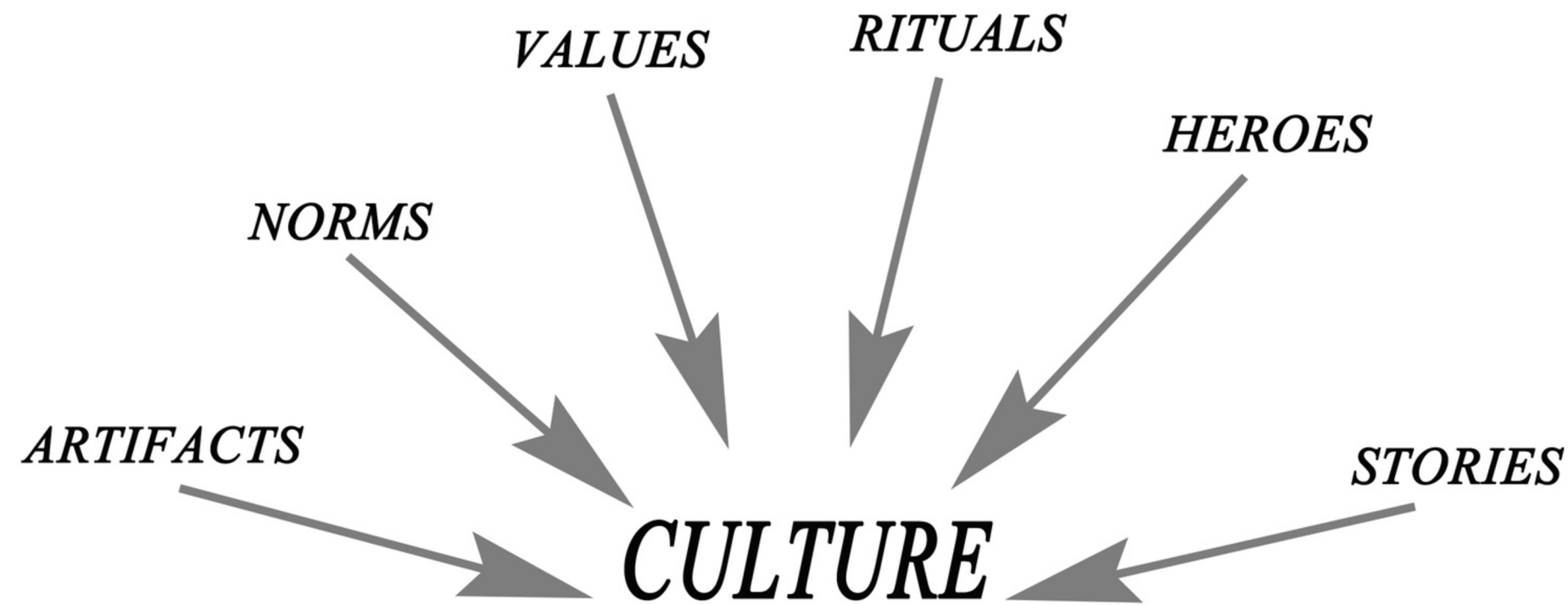
# BERRY'S ACCULTURATION MODEL



# 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

## COLLECTIVIST CULTURES

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.

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  
Emotion



Original  
(Individualistic)

Culturally Adapted  
(Collectivist)

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

Family  
Disagreement  
About Therapy



Original  
(Individualistic)

Culturally Adapted  
(Collectivist)

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.

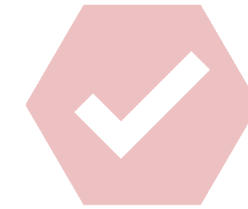


Empower clients to advocate for themselves when possible.

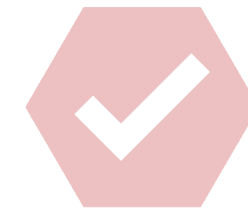


Be aware of ethical considerations related to advocacy.

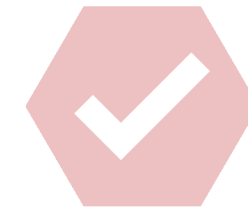
## BEING AWARE OF THE COMPLEXITIES OF IMMIGRATION POLICIES AND THEIR IMPACT ON CLIENTS



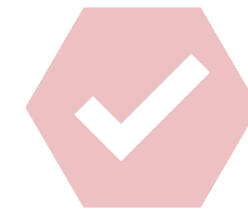
Educate yourself about current immigration laws and policies.



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.

# REFERENCES

- Aikawa, M., & Kleyman, K. (2019). Immigration, coping, and well-being: Implications for communities' roles in promoting the well-being of immigrants and refugees. *Journal of Prevention & Intervention in the Community*, 49, 81 - 92. <https://doi.org/10.1080/10852352.2019.1633066>.
- Alegría, M., Álvarez, K., & DiMarzio, K. (2017). Immigration and Mental Health. *Current epidemiology reports*, 4(2), 145–155. <https://doi.org/10.1007/s40471-017-0111-2>
- American Counseling Association. (2014). ACA code of ethics. American Counseling Association. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- Arredondo, P., Torporek, R., Brown, S. P., Jones, J., Locke, D. C., Sanchez, J., & Stadler, H. (1996). Operationalization of the multicultural counseling competencies. *Journal of Multicultural Counseling & Development*, 24, 42–78.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, TX: Psychological Corporation.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46, 5–34.
- Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and Initial Psychometric Evaluation. *Journal of traumatic stress*, 28(6), 489–498. <https://doi.org/10.1002/jts.22059>
- Chi-Ying, R., & Bemak, F. (2002). The relationship of culture and empathy in cross-cultural counseling. *Journal of Counseling and Development*, 80(2), 154–160.
- Cohen, J. (1992). Statistical Power Analysis. *Current Directions in Psychological Science*, 1(3), 98–101. <https://doi.org/10.1111/1467-8721.ep10768783>
- Cozby, P. C., Bates, S. (2017). *Methods in Behavioral Research*. McGraw-Hill Education.
- Congressional Budget Office. (2024). The Demographic Outlook. Retrieved from <https://www.cbo.gov/system/files/2024-01/59697-Demographic-Outlook.pdf>
- Derr, A. S. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric services*, 67(3), 265-274.
- Fricano, M. (2023, December 18). Recent immigrants saw biggest spike in mental distress as anti-immigrant sentiment increased. UCLA Center for Health Policy Research. Retrieved from <https://healthpolicy.ucla.edu/newsroom/blog/californias-newest-immigrants-had-biggest-increase-serious-psychological-distress-between-2015-2021>Top of Form
- Glockhuber, E. (2005). Counsellors' self-perceived multicultural competencies model. *European Journal of Psychotherapy, Counselling & Health*, 7(4), 291–308. <https://doi.org/10.1080/13642530500367894>
- Greggo, S. P. (2019). *Assessment for counseling in Christian perspective*. IVP Academic.
- Hwang, W. C. (2006). The psychotherapy adaptation and modification framework: application to Asian Americans. *American Psychologist*, 61(7), 702.
- Li, S., Liddell, B., & Nickerson, A. (2016). The Relationship Between Post-Migration Stress and Psychological Disorders in Refugees and Asylum Seekers. *Current Psychiatry Reports*, 18, 1-9.
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *CMAJ : Canadian Medical Association Journal*, 183(12), E959. <https://doi.org/10.1503/cmaj.090292>
- Mackie, C., & Blau, F. D. (Eds.). (2017). *The economic and fiscal consequences of immigration*. National Academies Press.
- Mohammadifirouzeh, M., Oh, K. M., Basnyat, I., & Gimm, G. (2023). Factors Associated with Professional Mental Help-Seeking Among U.S. Immigrants: A Systematic Review. *Journal of immigrant and minority health*, 25(5), 1118–1136. <https://doi.org/10.1007/s10903-023-01475-4>
- Sangalang, C., Becerra, D., Mitchell, F., Lechuga-Peña, S., Lopez, K., & Kim, I. (2018). Trauma, Post-Migration Stress, and Mental Health: A Comparative Analysis of Refugees and Immigrants in the United States. *Journal of Immigrant and Minority Health*, 1-11. [Your paragraph text](#).
- Sedgwick, P., & Greenwood, N. (2015). Understanding the Hawthorne effect. *Bmj*, 351.
- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092–1097. <https://doi.org/10.1001/archinte.166.10.1092>
- Shaw, S., Poulin, P., & Crump, K. (2022). Implementing Psychosocial Support Groups in U.S. Refugee Resettlement. *Journal of Social Service Research*, 48, 593 - 605. <https://doi.org/10.1080/01488376.2022.2096171>.
- Snow, K., Harrichand, J., & Mwendwa, J. (2021). Advocacy and Social Justice Approaches With Immigrants and Refugees in Counsellor Education. *Canadian Journal of Counselling and Psychotherapy*, 55, 7-27.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2022). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons.
- Tenny, S., & Abdelgawad, I. (2023, November 23). Statistical significance. In *StatPearls* [Internet]. StatPearls Publishing. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459346/>
- The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. Available from <https://www.ptsd.va.gov/>
- Tummala-Narra, P. (2014). Cultural identity in the context of trauma and immigration from a psychoanalytic perspective. *Psychoanalytic Psychology*, 31(3), 396.
- United Nations High Commissioner for Refugees. (n.d.). Refugees. UNHCR. Retrieved November 22, 2024, from <https://www.unhcr.org/us/about-unhcr/who-we-protect/refugees>
- United States Census Bureau. (2020). Demographic Turning Points for the United States: Population Projections for 2020 to 2060 (P25-1144). Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>
- Vanek, J., Wrigley, H., Jacobson, E., & Isserlis, J. (2020). All together now: Supporting immigrants and refugees through collaboration. *Adult Literacy Education: The International Journal of Literacy, Language, and Numeracy*, 2(1), 41–47. <https://doi.org/10.35847/jvaneck.hwrigley.ejacobson.jisserlis.2.1.41>
- Vaynshtok, O. (2001). Facilitating Learning and Transition among the Refugee Population. *Adult Learning*, 13, 26 - 28. <https://doi.org/10.1177/104515950101200407>.
- Villalba, J. A. (2009). Addressing immigrant and refugee issues in multicultural counselor education. *Journal of Professional Counseling, Practice, Theory, & Research*, 37(1), 1-12. Retrieved from <https://go.openathens.net/redirector/regent.edu?url=https://www.proquest.com/scholarly-journals/addressing-immigrant-refugee-issues-multicultural/docview/212449396/se-2>
- Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013).
- Williams, N. (2014). The GAD-7 questionnaire. *Occupational medicine*, 64(3), 224-224.