

Ethics, Advocacy, and Treatment Considerations

for Serving Clients from Immigrant Communities

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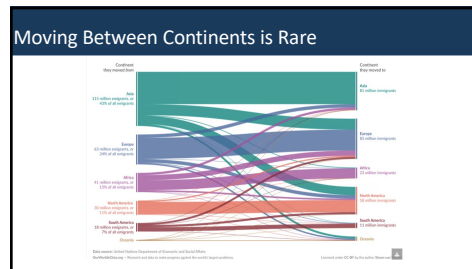


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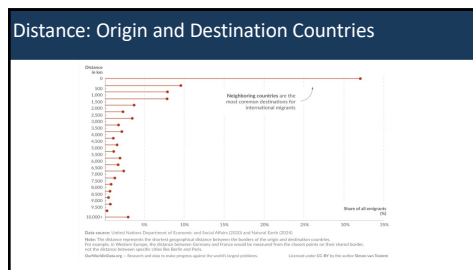
Learning Objectives

- Describe the current U.S. immigration landscape, including demographics, legal statuses, and policy context
- Identify pre-migration, migration, and post-migration stressors that affect immigrant mental health
- Apply ethical standards to our work with immigrant clients
- Demonstrate culturally responsive and trauma-informed treatment approaches grounded in the 2024 APA Presidential Task Force recommendations
- Articulate the mental health professional's advocacy role at the individual, community, and policy levels

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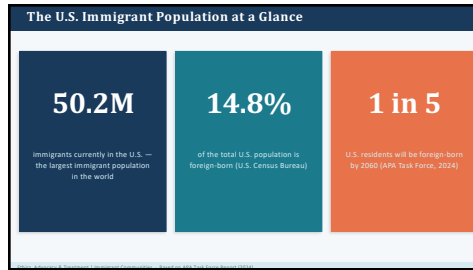
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SECTION 1

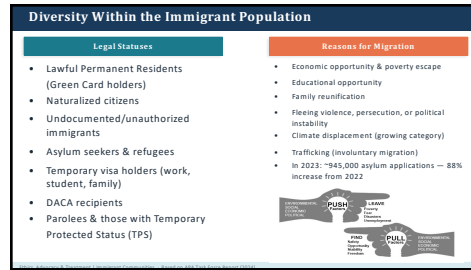
Who Are Immigrants Today?

The U.S. Immigration Landscape & Policy Context

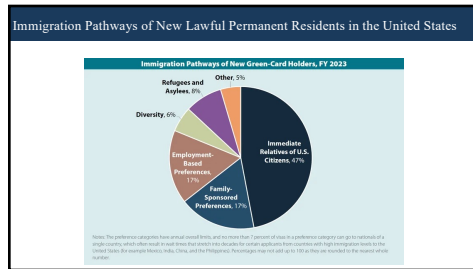
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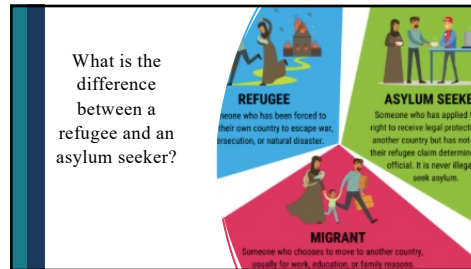
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Historical & Policy Context: A Foundation of Inequity

- The first U.S. immigration law (1790) created inequitable hierarchical systems disproportionately disadvantaging immigrants of color
- Quotas, preference categories, and immigration bans have historically excluded immigrants from non-Western countries (China, Middle East, Africa, Latin America)
- Immigration enforcement has grown increasingly aggressive and stigmatizing over recent decades, especially since the Obama presidency
- Anti-immigrant rhetoric has intensified across media and political discourse, affecting psychological safety
- Changing public sentiment toward unauthorized migrants affects how the immigrant population as a whole is perceived and treated
- Clinical implication: Clients' historical knowledge of exclusionary policy shapes their trust in institutions — including mental health services. Clients' experiences of current policy shapes their psychological adjustment.

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SECTION 2

Psychological Science: Stressors, Trauma & Resilience

What the research tells us about immigrant mental health

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The Three-Phase Migration Stress Framework

PRE-MIGRATION
Exposure to violence, political persecution, poverty, natural disaster, or climate displacement | Family separation | Loss of home, community, identity

MIGRATION JOURNEY
Physical danger, exploitation, trafficking risk | Activation of fight-or-flight that may persist long after arrival | Witnessing trauma to others

POST-MIGRATION
Legal uncertainty, acculturation stress, language barriers, discrimination | Fear of detention/deportation | Economic hardship, housing instability | Loss of social network and cultural identity

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Mental Health Risks & Common Presentations

Key Risk Factors	Common Clinical Presentation
<ul style="list-style-type: none"> Undocumented status — eliminates safety net, intensifies fear Family separation / mixed-status family dynamics Detention history — resembles prison conditions, compounds trauma Prolonged legal uncertainty Limited health care access and insurance Intersecting oppressions: race, gender, class, sexuality Latino immigrant women: heightened vulnerability due to intersecting immigration, trauma, and reproductive health stressors 	<ul style="list-style-type: none"> PTSD and complex trauma (C-PTSD) Major depression and persistent depressive disorder Generalized anxiety disorder and panic Anticipatory anxiety: fear of separation from family Grief and complicated loss (home, culture, relationships) Somatic presentations (culturally mediated expression of distress) Substance use as coping Attachment disruption — especially in children

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The Immigrant Paradox: Resilience as the Baseline

- Definition: Despite facing significant socioeconomic disadvantages, recent immigrants often show better mental and physical health outcomes than U.S.-born individuals from similar backgrounds
- Key finding (APA Task Force, 2024): Immigrants are vulnerable to but NOT inherently prone to mental health concerns — resilience is the starting point
- Immigrants have developed resilience-building strategies that can actively inform U.S. healthcare practice
- Protective factors at the individual level: bilingualism, strong ethnic-racial identity, acculturation to mainstream norms while retaining heritage culture
- Protective factors at the family level: familism (family loyalty and cohesion), ethnic socialization, cultural practices (e.g., traditional food, rituals)
- Protective factors at the community level: multicultural community attitudes, equitable healthcare access, supportive social networks
- Clinical implication: A strengths-based approach is not just politically correct — it is empirically supported

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Barriers to Mental Health Services

- Structural barriers: Lack of insurance or inability to pay | Limited availability of bilingual/bicultural providers | Services not in accessible locations or hours
- Fear-based barriers: Fear of deportation or being reported to immigration authorities | Distrust of institutions, especially government-affiliated ones | Concerns about discrimination by providers
- Cultural barriers: Mental health stigma within the community | Lack of culturally concordant language for psychological distress | Preference for informal/family support or traditional healing
- Systemic barriers: Public charge rule concerns (fear that using services will affect immigration status) | Lack of interpreter services | Short appointment times that do not allow trust-building
- Provider-side barriers: Lack of immigration-specific training | Implicit bias | Insufficient time and inadequate reimbursement

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Social, Political & Structural Determinants of Immigrant Health

- Immigration is recognized as its own Social Determinant of Health (SDOH) with compounding effects on physical and mental well-being
- Five key SDOHs for immigrant families (Figueroa et al., 2020): Health care access · Economic mobility · Education · Housing · Social context
- Structural and systemic barriers create compounded stress that is detrimental to health — beyond what individual-level interventions can address alone
- Anti-immigrant policies are harmful not only to immigrants but to U.S. citizens as well (APA Task Force, 2024)
- The socioecological model: Individual wellbeing cannot be separated from family, community, institutional, and policy-level factors
- Intersectionality: Multiple marginalized identities (race, gender, class, documentation status, sexuality) interact to compound vulnerability and must be addressed in treatment

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SECTION 3

Ethical Obligations

Applying the Ethics Codes to Immigrant-Serving Practice

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Core Ethical Principles in Immigrant-Serving Practice (APA)

- 1. Beneficence & Non-maleficence**
Do good and avoid harm — including the harm of culturally incompetent care, inappropriate disclosure, or referral to inadequate resources
- 2. Fidelity & Responsibility**
Establish trust; uphold professional obligations to clients and community; recognize responsibility to broader societal welfare
- 3. Integrity**
Accurate representation of competencies; transparent about limitations; honest informed consent regarding services and limitations
- 4. Justice**
Fairness; non-discrimination; equitable access to services regardless of documentation status or origin
- 5. Respect for Rights & Dignity**
Self-determination; confidentiality; respect for cultural values; recognition of intersecting identities

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Boundaries of Competence

- APA Ethics Code 2.01(a): Provide services only within the boundaries of your competence, based on education, training, supervised experience, consultation, or study
- APA Ethics Code 2.01(b): Where scientific or professional knowledge recognizes that understanding cultural factors is essential for effective practice, psychologists must establish competence in those factors
- Cultural factors essential for immigrant-serving practice include: language, acculturation, historical trauma, legal context, and community norms
- Competence ≠ being an expert in every culture — it means knowing what you don't know, seeking consultation, and practicing with humility
- Limitations of training: Most curricula focus on race/ethnicity; immigration status and its intersections receive far less attention
- Responsibility to grow: Seek continuing education, supervision, consultation from immigrant-background colleagues, and community engagement
- If you lack competence to adequately serve a client: refer — and assist in finding appropriate resources

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Confidentiality: Critical Dilemmas in Immigrant Practice

- Core rule: Mental health providers have NO obligation to report undocumented/irregular immigration status — doing so without consent violates confidentiality
- Critical first encounter: Clients may directly ask "Will you report me?" — be prepared with a clear, honest answer that reinforces safety
- Informed consent: Clearly explain confidentiality and its limits in language the client understands — including limits (duty to warn, mandated reporting for child/elder abuse)
- Interpreter use and privacy: If using an interpreter, clients may fear their information will circulate in the community — address this proactively
- Dual-role risks: Do NOT use interpreters who have dual roles with the client (family member, community leader) — can compromise validity of assessment and client safety
- Records: Be thoughtful about what is documented — records can potentially be subpoenaed. Consult with legal counsel if uncertain about your jurisdiction's protections
- HIPAA and immigration enforcement: Know your institutional policies; consult your agency's legal/ethics officer about law enforcement access to records

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Non-Discrimination & Language Access

Non-Discrimination (Ethics Code 3.01)	Language Access (APA Guidelines)
<ul style="list-style-type: none"> • Do not refuse services based on immigration status, national origin, language, race/ethnicity, or documentation • Examine institutional policies that may indirectly create discriminatory barriers • Microaggressions in therapy are experienced by up to 81% of marginalized clients (Hook et al., 2016) • Regularly examine your own implicit biases, including media-informed narratives about immigrants • Cultural humility: a lifelong practice of self-reflection and learning, not a destination 	<ul style="list-style-type: none"> • Interact in the language requested by the client whenever possible • If not feasible: refer to a language-concordant clinician • When no provider is available: use a trained interpreter with relevant professional background — not a family member or community acquaintance • Provide informed consent documents in the client's language • Assess acculturation level and language preference — do not assume English proficiency • Document language accommodations made

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Ethical Dilemmas: Case-Based Discussion

Dilemma 1: Maria, an undocumented client, discloses her address during intake. A law enforcement agency later requests your records. What are your obligations? What do you do?

Dilemma 2: A client asks you to write a psychological evaluation supporting their asylum claim. You believe the claim is genuine, but you have limited forensic training. What are your ethical obligations?

Dilemma 3: A 15-year-old client reveals that their parent is undocumented and is planning to move the family to avoid deportation. The teen says, "please don't tell anyone, it could get us deported." What do you do?

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SECTION 4

Culturally Responsive Treatment

Evidence-Based Approaches Grounded in the APA Task Force Recommendations

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Cultural Competence vs. Cultural Humility

Cultural Competence (the old model):
A set of knowledge and skills you acquire — a destination you reach. Risk: false confidence, stereotyping, overlooking within-group diversity

Cultural Humility (the evolved model):
A lifelong commitment to self-reflection, learning, and redressing power imbalances. The client is the expert on their own experience. The clinician's role is to understand, not to pre-know.

In practice — ask, don't assume:
"What does mental health mean in your community?" | "How does your family understand what you're going through?" | "What has helped you before?" | "What would make it hard to come back?"

Latina Therapists Action Network model:
Help clients name what they're feeling in their own language and connect it to their own cultural framework. "If they can name what they're feeling, that has a lot of power." — Francisca Porchas Coronado

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Trauma-Informed Care with Immigrant Clients

- Assume complex trauma: Many immigrant clients have been exposed to violence, persecution, family separation, and conditions of detention — often compounded across the migration continuum
- Core TIC principles applied: Safety first — establishing physical and emotional safety before exploring trauma content | Trustworthiness through transparency | Peer support and community connection | Collaboration and mutuality | Empowerment and strengths focus | Cultural, historical, and gender issues addressed
- Pacing: Do not rush toward trauma processing before adequate stabilization. Many clients need psychoeducation, coping skills, and safety planning before deeper trauma work
- ACEs awareness: Many immigrant youth present with multiple adverse childhood experiences (ACEs) — address through trauma-specific treatment (TF-CBT, CPP for young children, EMDR)
- Detention trauma: Detention environments have been described as resembling prison conditions; experiences of isolation, uncertainty, and dehumanization may require specialized trauma treatment
- Somatic approaches: Given the body-based activation of chronic stress and trauma, consider referring for somatic therapies, yoga, and mindfulness as adjuncts — with cultural adaptation

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Socioecological Model: Treatment Across Levels

Individual Level:
Culturally adapted evidence-based therapies | Psychoeducation about trauma and stress response | Bilingual/bicultural therapy when available | Addressing acculturation stress and identity development

Family Level:
Family therapy addressing reunification stress, role reversals (children as interpreters/navigators), mixed-status family dynamics, and parenting under extreme stress

Community Level:
Partner with community-based organizations, faith communities, and cultural brokers | Wraparound care in accessible locations and hours | Group therapy utilizing community and peer support

Structural/Policy Level:
Address social determinants | Connect clients to legal services, housing, economic support | Advocate for policy changes that support immigrant health | Promote immigrant-friendly institutions

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Practical Clinical Skills for Immigrant-Serving Practice

Assessment Adaptations	Therapeutic Relationship
<ul style="list-style-type: none"> Conduct a full three-phase migration history (pre, during, post) Assess all relevant health determinants: housing, economic stability, documentation status, social support Identify cultural expressions of distress and idioms of distress Validate instruments: Ensure assessments have been normed or validated with this population and language Ask about family structure, roles, and transnational connections Assess acculturation level and generation status Screen for trauma, grief, and loss — but also strengths and supports 	<ul style="list-style-type: none"> Introduce yourself, your training, and your understanding of confidentiality proactively Acknowledge the power differential and the history of institutional distrust Allow extra time for trust-building — particularly in early sessions Be flexible about office vs. community-based settings Recognize that attendance barriers (transportation, work, childcare) are structural — build in flexibility and outreach Consult regularly with bicultural/bilingual colleagues and community liaisons Self-disclose your limitations — and your commitment to learning

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SECTION 5

Advocacy

The Mental Health Professional's Role Beyond the Therapy Room

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Levels of Advocacy: A Practical Framework

Level 1 — With the Individual Client:
Connect clients to legal services, housing, economic support, and community organizations | Provide informed psychoeducation about rights | Write support letters when appropriate and within scope | Assist with safety planning that accounts for immigration-specific risks

Level 2 — With the Community:
Partner with community-based organizations | Provide community education on mental health (reducing stigma) | Consult with schools, faith communities, and social service agencies on immigrant mental health | Participate in community task forces or coalitions

Level 3 — With Institutions & Policy:
Advocate within your agency for language access, inclusive policies, and diverse hiring | Submit public comments on proposed policies | Provide expert testimony | Engage with your professional associations in advocacy campaigns | Support research funding for immigrant health

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APA Task Force (2024): Recommendations for Practice & Field

Clinical Practice	Research, Training & Advocacy
<ul style="list-style-type: none"> Develop a diverse, culturally competent, and bilingual workforce Provide wraparound care in accessible community locations Use culturally adapted evidence-based treatments Integrate determinants of health into assessment and treatment planning Build partnerships with immigration legal services and community organizations Prioritize strengths-based, trauma-informed, intersectional approaches Hire and retain providers with immigrant backgrounds who reflect the communities served 	<ul style="list-style-type: none"> Research: Emphasize cultural humility and implement decolonized, community-participatory research designs Training: Incentivize immigrant-background psychologists; advance culturally relevant knowledge in training programs Training: Include immigration-specific content as a required competency in graduate programs Advocacy: Promote immigrant-friendly policies at local, state, and federal levels Advocacy: Support funding for community-based mental health services for immigrant populations Advocacy: Condemn policies that harm immigrants and their families (e.g., forced family separation)

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Integrative Case Vignette: Discussion

Background:
Camila, 34-year-old undocumented Guatemalan woman referred by her son's school. The school counselor is concerned about her 8-year-old son, Diego, who has become withdrawn and anxious. Camila speaks limited English. She is reluctant to come to the agency because she is afraid of 'the system.'

History:
Camila fled violent gang threats in Guatemala 3 years ago. She and Diego made a dangerous journey through Mexico. Her partner (Diego's father) was detained by ICE 6 months ago and is facing deportation. Since his detention, Camila has had to move in with friends, work two jobs, and has no health insurance. Diego witnessed his father's detention.

Discussion Questions:
(1) What are the priority clinical concerns for Camila? For Diego? (2) What ethical considerations guide your first session? (3) What community resources would you mobilize? (4) Where does advocacy fit in your clinical plan?

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Key Resources for Practitioners

Foundational Documents:
APA Task Force (2024). Psychological Science and Immigration Today. [apa.org/pubs/reports](https://www.apa.org/pubs/reports) | APA Policy Statement on Immigrant Health (August 2024) | APA Guidelines for Providers of Services to Ethnic, Linguistic, and Culturally Diverse Populations

Training & Professional Development:
APA/NLPA Collaborative Immigration Advocacy model | Latinx Therapists Action Network ([latinxtherapists.com](https://www.latinxtherapists.com)) | National Child Traumatic Stress Network — immigrant resource toolkit | National Council for Mental Wellbeing — culturally responsive training

Legal & Community Resources:
CLINIC (Catholic Legal Immigration Network) | NILC (National Immigration Law Center) — [nilc.org](https://www.nilc.org) | ACLU Immigrants' Rights Project | UNHCR/USA: Refugee and asylum resources | Local immigration legal services ([search immigrationadvocates.org](https://www.immigrationadvocates.org))

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Key Takeaways

- Immigrants are a diverse, resilient population — not inherently vulnerable, but subject to compounding stressors shaped by policy and social context
- Ethical practice requires cultural humility, language access, confidentiality protection, and non-discriminatory service delivery
- Effective treatment is trauma-informed, strengths-based, socioecologically aware, and intersectional
- Advocacy is a professional obligation — at the individual, community, and policy levels
- The APA (2024) Task Force provides an evidence-based roadmap: build a diverse workforce, provide wraparound care, pursue culturally-responsive practice, and advocate for humane immigration policy

Questions · Reflections · Commitments to Action

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