IMMIGRATION EXPERIENCES OF LATINO ADOLESCENTS: DEVELOPMENTAL CHALLENGES

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Participants will be able to…

1. Recognize challenges Latino immigrant adolescents face as they adapt to the host culture
2. Identify & assess factors necessary to implement effective treatment
3. Identify treatment and program approaches that address the challenges of Latino adolescent immigrants
Agenda

• What is Adolescence?
  • Developmental Tasks
• Relevant Statistics
• Immigration and Latino Adolescents
  • Key Factors to Consider
• Current Research
  • Effective Treatment Approaches
Adolescence and Identity
What is Adolescence?

- Period of life from about age 13 to the early twenties, during which a young person is no longer physically a child but is not yet an independent, self-supporting adult (Cicarelli, 2009)
Identity:
– A consistent definition of one’s self as a unique individual, in terms of roles, attitudes, beliefs, and aspirations.

Identity versus Role Confusion:
– Erikson’s term for the fifth stage of development

Identity achievement:
– Attainment of identity
  • The point at which a person understands who he or she is as a unique individual, in accord with past experiences and future plans.

Cicarelli, 2009
Adolescence & Immigration

- Adolescence has been conceptualized as a stage involving object loss
  - Similarly, the process of immigration and acculturation often involves separation and loss

- Immigrant adolescents are trying to forge an identity in a “context that may be racially and culturally dissonant (Garcia-Coll & Magnuson, 1997, p.114).”
RELEVANT STATISTICS & UTILIZATION OF MENTAL HEALTH SERVICES

Barriers to Treatment
Relevant Statistics

• Latinos comprised 12.5% of the US population as of the year 2000
  – It is estimated that by 2020 Latinos will comprise 15% of the US population
• 77% of the Latino population (27.1 million people) live in 7 states, each with Latino populations of 1 million or more
  – California, Texas, New York, Florida, Illinois, Arizona, and New Jersey
• 40% of the Latino population in the US is foreign-born and 52% of this population entered the US between 1990 and 2002
  – Many Latino youth are still adjusting to life in the US

• Latino/as face a number of challenges from the moment they decide to move to a new country until 8-10 years later when they are able to master a second language and new culture (Santiago-Rivera, Arredondo, Gallardo-Cooper, 2002).
Relevant Statistic (cont’d)

• More than 55% of immigrant children were born in Latin America
• 50% of Latino youth in the US are first- or second-generation immigrants
• Nearly half of the Latino immigrant population is under 25 years old and more than 1/3 are under 18 years old
  – In 2002, 34.4% of Latinos, were under age 18
• 1 in every 5 students currently enrolled in US public schools is an immigrant or child of an immigrant
• 1 in 5 children, including adolescents, live in an immigrant family
  – 13 million children live in immigrant families
Utilization of Mental Health Services

• Immigrants are much less likely to seek help for mental health problems than their U.S. born counterparts.

• Compared to non-Hispanic White and African American youth, Latino youth have higher rates of unmet mental health needs (Hough et al., 2002; Kataoka, Zhang, & Wells, 2002).
  – Latinos youth are one-third as likely to receive mental health services compared to White children.

• 22% of Latinos likely to use alternative approaches for religious or cultural reasons, compared to 4% of Caucasians.
KEY FACTORS TO CONSIDER IN TREATMENT IMPLEMENTATION
Cultural Beliefs

- Fatalism
- Collectivism
  - Latinos are likely to seek assistance from members of their own cultural group before seeking help elsewhere (Brinson & Kottler, 1995).
  - They may seek help for medical and mental health needs from religious organizations (Altarriba & Bauer, 1998; Frevert & Miranda, 1998). Familism refers to an individual’s strong identification, attachment, and loyalty to his or her family (Hovey & King, 1996).
- Familism
  - Family relationships are very close and are usually the first or main source of help for Latinos - strong support for each other at times of emotional and psychological difficulties
  - protective quality for Latino youth (Vega, 1995).
- Value privacy highly (Frevert & Miranda, 1998)
FIGURE 1  Sociocultural model for explaining the socioemotional needs of Latino immigrant adolescents.

Blanco-Vega, Castro-Olivo, and Merrell (2008)
Immigration Experience

• Type of migration
• Level of danger in the immigration journey

• The migration experience affects the type and degree of acculturative stress that the immigrant will experience
Context of Exit

• Age at time of migration
  – Migrating at an older age (after 12) has been found to be a protective factor for Latino immigrants
  – Migrating at a very young age (before 12)

• Socioeconomic Status
  – Cabassa (2003) reported that socioeconomic status, occupation, and educational background all play an important role in an individual’s adaptation to a new culture.
  – Loss of Status upon arrival to the US
Legal and residency status

- Legal status = protective factor; Living in this country without documentation = risk factor
- Families in which some members have legal status and others do not oftentimes experience maladaptive dynamics of power and abuse
- Undocumented immigrant adolescents may find great disappointment in not being able to enroll in college due to their undocumented status
Material Quality of Life

- Type of Neighborhood
  - Environment
  - Attitudes
- Poverty
- Lack of Insurance
Hardship in immigrant families, 2002

- Living in crowded housing: 26% (immigrants), 6% (natives)
- One or more food-related problems: 39% (immigrants), 27% (natives)
- Rent is greater than 50% of family income: 13% (immigrants), 6% (natives)
- Poor health: 10% (immigrants), 4% (natives)


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Young Children in Immigrant Families
The Role of Philanthropy
Figure 3

Percent of Immigrant and Non-immigrant Children Under Age 18 Living Below the Federal Poverty Threshold, 2007-2008

Note: First generation represents foreign-born children and second generation represents U.S.-born children living with at least one foreign-born parent. Percentages are based on total number of children.

Language Barriers

- Awareness of services
- Difficulty advocating for self and family
- Therapeutic rapport
- Private or personal matters can best be expressed in one’s native language
- Clients who prefer to speak in Spanish and who are allowed to express their emotions in Spanish can experience engagement and a sense of empowerment
- Misinterpretation by the therapist
- Family, specifically children, as interpreters
Social Stressors

- Stigma of Mental Illness
- Discrimination
- Minority status
Discrimination and Identity

- Self-fulfilling truth

 WHETHER YOU THINK YOU CAN, OR THINK YOU CAN'T. YOU'RE RIGHT.

(HENRY FORD)
Acculturation

- The process of changes in beliefs, attitudes, values, and behaviors resulting from contact with another culture

- Because most Latinos tend to maintain a strong cultural identity, it can be a challenging process for them to integrate the cultural characteristics of the majority group with their traditional cultural beliefs and values.
Acculturative Stress

• The stress related to acculturation
• May include issues such as:
  • Language barriers, perceived discrimination, racism, loss of values, and feelings of depression.
• Negative health behaviors, such as substance use, may be used as a strategy for coping with acculturative stress (Gil, Wagner & Vega, 2000)
  • Elevated levels of acculturative stress has been shown to be related to mental health problems
Family Acculturative Gaps

- Parents identifying with culture of origin
- Children adapting to mainstream culture
  - Acculturation
- Acculturative Dissonance
- Family bonds can be threatened by conflicting acculturation responses
Changing Family Roles

- Newly immigrated parents may need to rely on their children to help them manage and navigate the host culture.
- Relying on the adolescent upsets entrenched family hierarchies.
  - Adolescents are frequently exposed to information usually reserved for adults and thus cross the generational line between adults and children.
    - Despite their outward “acceptance,” parents resent both their dependence upon, as well as the involvement of children in adult business.
- Yo-yo’s because parents tend to abruptly change them from an adult role to a child’s role and back.
Family separation

• Only about 20% of children and youth come to the United States as a family unit (Suárez-Orozco & Suárez-Orozco, 2001). In about 80% of cases, children and youth are separated from their family at some point

• Re-unification
  – Contradictory emotions and feelings of disorientation, especially if the absent parent had previously been the primary caretaker
  – Problems between parents and children as adolescent children try to assert their authority (James, 1997; Waters, 1997).
Adolescents’ Conflict

- Acculturation
- Alienation of Family
- Rejection on Host Culture
Intergenerational Conflict and Mental Health

• Rumbaut (1994), in an analysis of middle school minority students, found that parent-child conflict was the strongest predictor of poor self-esteem and depression.
• Low acculturated adolescents in conflict with their parents are at particular risk. They may feel cut off from the host culture while at the same time feeling distant from their parents.
Cultural Identification and Identity

• Both Instrumental culture and Expressive culture together form a person’s sense of self
  • Parents of immigrants, however, encourage their children to adapt to the new culture in an instrumental way, but strongly discourage them from doing so in an expressive way
    • How may this lead to intergenerational conflict?
    • How may this lead the adolescent to experience difficulty with identity formation?
Acculturation & Mental Health

• Both high and low levels of acculturation may produce undesirable results

• More acculturated Latinos display:
  – Higher levels of alcohol use
  – Less consumption of balanced, healthy meals
  – More consumption of marijuana, cocaine or both

• Low acculturation levels are associated with:
  – Depression
  – Social withdrawal
  – Familial isolation, despair
  – Hostility
  – Anxiety

  • Low acculturated individuals may feel cut off from the host culture
Acculturation & Mental Health (cont’d)

- Immigrant Latino adolescents with high investment in Latino culture and low investment in non-Latino culture (e.g., “separation”) appear to experience more internalizing problems
  - Low acculturation = depression and anxiety
Ethnic identity

- Greig (2003) highlights the existence of research demonstrating the protective nature of positive ethnic identity.

- Current research also links self-esteem with ethnic identity.
Identity Achievement

• Bicultural Competency
• Dimensions:
  – Knowledge of cultural beliefs and values, positive attitudes toward both majority and minority groups, a sense of efficacy in both cultures, communication ability, role repertoire, and a sense of being grounded

• An individual must possess competency in these areas in order to manage the process of living in two cultures

• Children need to learn how to renegotiate different identities in their new cultural setting
EFFECTIVE TREATMENT FOR LATINO IMMIGRANT ADOLESCENTS
Treatment Considerations

- Bilingual/Bicultural Therapists
- Many Latinos prefer therapy to be brief, direct, and problem-focused (Sue & Sue, 1990)
- A longer alliance building stage may be beneficial
- Transparency about the intention of the meetings and explanation of procedures
- Family context
Treatment Considerations (cont’d)

- Actively involve adolescents and family members in the therapeutic process
- Link youth and families to natural resources within community
- Strength-based models that emphasize mental wellness and resiliency
Treatment Considerations (cont’d)

• Assess acculturation status
• Assess relevant cultural factors

• Be aware of the impact of the sociopolitical dimensions or the contextual stressors
• Interventions that are contextual in nature, addressing not only an adolescent’s individual factors
• Development of job skills as a motive to participate in programs
• Interventions need to be focused on the first few years that immigrant youths arrive in the United States
• Expand use of alternative medicine and non-Western approaches
In treatment of Families...

• Stress may be exacerbated

• Respect for parental beliefs is key

• Enable parents to experience a sense of control over pace of acculturation of their children
Specific Treatment Modalities

- CBT interventions
- Ethnotherapy
- Structural Family Therapy
- Brief Strategic Family Therapy
- Culturally Informed and Flexible Family-Based Treatment for Adolescents
- Cognitive Behavioral Therapy for Traumatic Stress
- Bicultural Effectiveness Training (BET)
IMMIGRATION FAMILY ASSESSMENT GUIDE

1. Pre-immigration assessment issues
   A. Assess: Family Life Cycle Developmental Stage
   B. Assess: Pre-immigration Family Norms: (Homeostasis/Hierarchy/Boundaries)
   C. The extent of disruption or trauma caused by pre-immigration war, persecution or genocide

   Pre-immigration expectations/reactions to immigrant
   A. Assess: The motivations/reasons for immigration
   B. Assess: The ambivalences surrounding immigration
   C. Assess: How the family functionally/emotionally prepared for the transition.

2. Psychological impact of immigration period
   A. Assess: Family’s strengths/resiliency
   B. Assess: Level of Separation/Loss/Conflict
   C. Assess: Acute Anxiety/Depression/Adjustment Reaction Disorder/PTSD

3. The post-immigration clinical challenges
   A. Assess: Family’s strengths (Motivation/capacity/opportunity)
   B. Assess: Family’s coping and adaptation strengths
   C. Assess: Psychological challenges of loss and adaptation
   D. Assess: Family’s post-immigration structure and patterns (Homeostasis/Hierarchy/Boundaries)
   E. Assess: Family’s unique emotional needs
   F. Assess: The rates of acculturative stress and acculturative dissonance in each family member

Beckerman & Corbett, 2008
IMMIGRATION FAMILY INTERVENTION GUIDE

1. Engage (empathically join) with each family member and with the family system
2. Provide opportunity for ventilation of the emotional experiences around immigration feelings of loss and trauma)
   A. Identify emotional reactions to the immigration experience
   B. Foster alliances and empathic responses between family members about their immigration experiences
3. Identity and reflect on the adaptive family patterns (Homeostasis, Hierarchy, Boundaries, Feedback Loops)
4. Identify and reflect maladaptive family patterns (Homeostasis, Hierarchy, Boundaries, and Negative Feedback loops)
5. Identify alternative ways of interacting that are more adaptive to family (communication tools, behavioral adjustments)
6. Foster the consolidation of new, more adaptive communication and behavioral patterns.

Beckerman & Corbett, 2008
New Jersey Mental Health Institute: Changing Minds, Advancing Mental Health for Hispanics’

• The primary goal of *Changing Minds, Advancing Mental Health for Hispanics* is:
  – *To understand the belief systems, attitudes and barriers facing the at-risk Hispanic population in need of mental health services and to implement effective strategies to address the identified barriers*

  – Resources for Spanish-Speaking People in NJ
New Jersey Immigrant Youth Project

- School-based mental health services, promoting not only improved educational outcomes, but also healthier youth self-images, better family relationships, and stronger bicultural identity.
  - The Project will design *targeted* interventions that will:
    - Facilitate the adaptation of immigrant children
    - Utilize resources in a systemic, preventive manner
    - Generate relevant data for future policy evaluation and reform.
References

- Acosta, H. (2003). Model Mental Health Program for Hispanics: An Overview of the New Jersey Mental Health Institute Inc.’s Changing Minds, Advancing Mental Health for Hispanics project and Recommended Steps to Improve Access to and Quality of Mental Health Services for Hispanic.
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