Crossroads: The Psychology of Immigration in the New Century

The APA Presidential Task Force on Immigration

The United States today has approximately 39.9 million immigrants—the largest number in its history (Passel & Cohn, 2012; U.S. Census Bureau, 2011b). As a nation of immigrants, the United States has successfully negotiated larger proportions of newcomers in its past (14.7% in 1910 vs. 12.9% today) and is far from alone among postindustrial countries in experiencing a growth in immigration in recent decades. Notably, nearly three quarters of the foreign-born are naturalized citizens or authorized noncitizens (Congressional Budget Office [CBO], 2011). One in five persons currently residing in the United States is a first- or second-generation immigrant, and nearly a quarter of children under the age of 18 have an immigrant parent (Mather, 2009). As such, immigrants and the second generation have become a significant part of our national tapestry.

Just as this demographic transformation is rapidly unfolding, the United States is facing international, domestic, and economic crises (Massey, 2010). Like other historical economic downturns (Simon, 1985), the current recession has served as a catalyst to make immigration a divisive social and political issue (Massey & Sánchez, 2010). Across the nation, immigrants have become the subject of negative media coverage (Massey, 2010; M. M. Suárez-Orozco, Louie, & Suro, 2011), hate crimes (Leadership Conference on Civil Rights Education Fund, 2009), and exclusionary political legislation (Carter, Lawrence, & Morse, 2011). Given the demographic growth, however, we now face an "integration imperative" (Alba, Sloan, & Sperling, 2011)—not only for the well-being of this new population but also for that of the nation's social and economic future.

Psychologists are, and increasingly will be, serving immigrant adults and their children in a variety of settings, including schools, community centers, clinics, and hospitals, and thus should be aware of this complex demographic transformation and consider its implications as citizens, practitioners, researchers, and faculty. This report aims specifically to describe this diverse population and address the psychological experience of immigration, considering factors that impede and facilitate adjustment. The report, which includes the recent theoretical and empirical literature on immigrants, (a) raises awareness about this growing (but poorly understood) population; (b) derives evidence-informed recommendations for the provision of psychological services for the immigrant-origin population; and (c) makes recommendations for the advancement of training, research, and policy efforts for immigrant children, adults, older adults, and families.

Guiding Frameworks

There are three guiding principles throughout this report. First, immigrants are resilient and resourceful. Second, immigrants, like all human beings, are influenced by their social contexts; the report thus takes an ecological perspective in framing their experience. Third, as it is essential to use the lens of culture with the increasingly diverse immigrant-origin population, the report follows the APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002).

Immigrant Resilience

Within political and media discourse, immigration is generally framed as a social problem in need of solving (M. M. Suárez-Orozco et al., 2011). Yet a careful reading of the research from a variety of disciplines sug-

gests that immigrants demonstrate a remarkable pattern of strengths (APA, 2007; Chiswick, 2011; Hernandez & Charney, 1998). This body of data examining the well-being of immigrant-origin populations across generations reveals a counterintuitive pattern that contradicts conventional expectations: First-generation immigrant populations demonstrate the best performance on a variety of physical health (L. S. Morales, Lara, Kington, Valdez, & Escarce, 2002), behavioral health (Pumariega, Rothe, & Pumariega, 2005; Takeuchi, Hong, Gile, & Alegría, 2007), and some educational (Fuligni & Witkow, 2004; García Coll & Marks, 2011; C. Suárez-Orozco & Suárez-Orozco, 1995) outcomes, followed by a decline in subsequent generations.

Although many recently arrived immigrants face a wide range of stressors and risks (e.g., poverty, discrimination, taxing occupations, fewer years of schooling, and social isolation), they do better than their counterparts who remain in the country of origin, as well as second-generation immigrants, on a wide range of outcomes (Alegría et al., 2007; Corral & Landrine, 2008; García Coll & Marks, 2011). Despite these strengths and evident resilience, immigrants also face a series of challenges in their new land. Thus, while recognizing resilience, this report also considers a number of the challenges immigrants and subsequent generations face across a variety of developmental phases, focusing on the educational and clinical contexts where psychologists are likely to encounter and serve them.

Social-Ecological Framework

The social contexts and resources of immigrants vary widely, and they settle in an array of settings, some more welcoming than others. This report uses a broadly defined *social-ecological* theoretical framework, adapted from Bronfenbrenner (Bronfenbrenner & Morris, 2006) and others (Serdarevic & Chronister, 2005). An ecological framework proposes that the human experience is a result of reciprocal interactions between individuals and their environments, varying as a function of the individual, his or her contexts and culture, and over time. In describing the immigrant experience, this report focuses on the influence of context—in particular,

contextual risks and protective factors that detract from or enhance healthy adaptation.

APA Multicultural Guidelines

Research suggests that culture—in the form of cognitive schemas, value systems, and social practices—powerfully shapes human experience (APA, 2002), including cognition (D'Andrade, 1981; Rogoff, 2003), emotion (White, 2010), and identities (Shweder & Sullivan, 1993). Immigrants who have arrived in the United States over the last 4 decades represent a wide range of cultures, ethnicities, and races. This diversity of cultural values, beliefs, and practices provides a challenge to the practice and science of psychology. Psychologists carry their own sets of cultural attitudes that influence perceptions as they encounter the culturally different (APA, 2002). Further, research strategies including population definition, concept development, measurement tools, and methodology and analysis choices demonstrate cultural limitations (Hughes, Seidman, & Williams, 1993; Solano-Flores, 2008; C. Suárez-Orozco & Carhill, 2008). To effectively and ethically conduct research and provide mental health services to immigrant children, adults, older adults, and families, the lens of culture must be used. The APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002) can serve as a tool in promoting cultural competence in the many roles and contexts in which psychologists work.

Contents and Organization of This Report

This report begins by providing an overview of the new wave of immigration, briefly considering the principal motivations that propel migration as well as demographic profiles of the U.S. immigrant population based on multidisciplinary research from demography, sociology, and economics. Recognizing the significance of the receiving social context to psychological functioning, the report next considers the role of social attitudes toward immigrants, discrimination, and neighborhood contexts in immigrant adaptation.

The next section examines acculturation and identity formation as they relate to immigration

research in the field of psychology and then considers challenges relevant to several vulnerable populations and specific developmental challenges across the life span. Issues of assessment and testing with immigrants and second-language learners, central to the field of psychology, are addressed in educational, clinical, forensic, and legal contexts. The educational setting, a context critical for the well-being and future success of the children of immigrants, is then examined, followed by a discussion of the critical mental health challenges of immigrants in clinical settings, addressing classic presenting problems as well as issues pertinent to diagnosis, assessment, treatment, and intervention.

The concluding discussion chapter reviews the demographic imperative of attending to issues related to immigrant-origin individuals and their families, considers the current implications of the evidence, and draws conclusions about where psychology should be going as a field to better serve immigrant populations. The report provides bulleted recommendations for culturally and developmentally informed services and supports, research, education and training, and collaboration and advocacy. A brief synopsis of the report is presented below.

The Diverse New Immigrant Population

Diverse Origins

While immigrants to the United States come from all over the world, in the last 3 decades migration has primarily originated from Latin America, the Caribbean, and Asia. One third of the foreign-born population in the United States is from Mexico, and a total of 55% originate from Latin America (U.S. Census Bureau, 2010). The four states with the largest numbers of immigrants (California, Hawaii, New Mexico, and Texas) have already become "majority/minority" (less than 50% White) states (U.S. Census Bureau, 2011a).

Educational and Professional Diversity

Immigrants arrive in the United States with varied levels of education. At one end of the spectrum are highly educated immigrant adults (Portes & Rumbaut, 2006) who comprise a quarter of all U.S. physicians, 24% of the nation's science and engineering workers with bachelor's degrees, and 47% of scientists with doctorates. Many highly educated and skilled immigrant adults, however, find a dramatic decrease in employment opportunities when they immigrate (Yakushko, Backhaus, Watson, Ngaruiya, & Gonzalez, 2008) and may experience unemployment, underemployment, and downward mobility (Dávila, 2008; G. Lee & Westwood, 1996; Yost & Lucas, 2002). These issues are magnified for ethnic or racial minority adults (Catanzarite & Aguilera, 2002; Fernandez, 1998; M. C. Morales, 2009).

At the other end of the spectrum, some immigrant adults have educational levels far below native-born contemporaries (CBO, 2011; Portes & Rumbaut, 2006). Some sectors of the U.S. labor market (e.g., unskilled manual and service work), are particularly reliant on "low-skilled" immigrant adults, including agriculture, service, and construction industries (CBO, 2011; Schumacher-Matos, 2011).

Language Diversity

An estimated 460 languages are currently spoken in homes in the United States (Kindler, 2002). The National Center for Education Statistics estimates that between 1979 and 2008, the percentage of children who spoke a second language at home increased from 9% to 21% (U.S. Department of Education, 2010). Of those individuals speaking a language other than English at home, 62% speak Spanish, 19% speak another Indo-European language, 15% speak an Asian or a Pacific Island language, and the remaining 4% speak another language (Shin & Komiski, 2010). Although in the United States there have been recurring concerns about the immigrant population's inability or unwillingness to learn English (Bayley & Regan, 2004), research finds a consistent pattern of language assimilation within a generation (Alba, Logan, Lutz, & Stults, 2002; Portes & Schauffler, 1994; Wong Fillmore, 1991).

Xenophobia and Discrimination in the Social Context of Reception

In the current anti-immigrant climate, xenophobia and discrimination significantly impact the lives of immigrants in the United States (Deaux, 2006). Immigrant adults and their children may be identified by their accented Eng-

lish, "unusual" names, and manners of dress. Because native-born Americans sometimes view immigrants as taking away jobs (Transatlantic Trends, 2010) and bringing undesirable cultural practices (Zárate, Garcia, Garza, & Hitlan, 2004), many immigrants are discriminated against in the workplace (Dietz, 2010) and across a range of other microsystems, including their neighborhoods, service agencies, and schools (Rumbaut, 2005; Stone & Han, 2005).

Immigrants who are racially distinct from the majority are at greater risk for experiencing discrimination than those who are not (Berry & Sabatier, 2010; Liebkind & Jasinskaja-Lahti, 2000). Many immigrants from Asia, Latin America, the Caribbean, and Africa encounter racial discrimination for the first time in the United States, which can have a substantial impact on their health and mental health (Brown et al., 2000). Xenophobia affects both immigrants and U.S.-born minority populations and is an increasing problem for Latinos in the United States (Lopez & Taylor, 2010; Lopez, Morin, & Taylor, 2010). Asian immigrants, often referred to as "the model minority," are perceived as doing well educationally and economically (Fuligni & Witkow, 2004) but also experience negative attitudes (Maddux, Galinsky, Cuddy, & Polifroni, 2008; Zárate et al., 2004). Notably, immigrant Asians report they experience more discrimination than Asian Americans born in the United States (Yip, Gee, & Takeuchi, 2008). As there is clear evidence that there are negative consequences to living with prejudice, this is an issue of grave concern (see Report of the Presidential Task Force on Reducing and Preventing Discrimination; APA, 2012; and the APA Resolution on Prejudice, Stereotypes, and Discrimination; APA, 2006).

Acculturation

Psychological acculturation refers to the dynamic process that immigrants experience as they adapt to the culture of the new country (Berry, 1980). Psychological acculturation occurs against the backdrop of the local community of resettlement (Birman, Trickett, & Buchanan, 2005; Schnittker, 2002), the experience of the immigrant group (Gibson, 2001), and the economic context of the larger society. Immigrants of color in particular may encounter discrimination that limits their acculturation options. The age of immigration is also an important factor that shapes how acculturation unfolds. Children learn the host country's language and culture relatively quickly, while adults take longer, having been fully socialized into their heritage culture prior to migration. Acculturation to the new culture is particularly slow for immigrants of retirement age (Jang, Kim, Chiriboga, & King-Kallimanis, 2007; Miller, Wang, Szalacha, & Sorokin, 2009).

Acculturation is a multidimensional process that involves changes in many aspects of immigrants' lives, including language competence and use, cultural identity, attitudes and values, food and music preferences, media use, ethnic pride, ethnic social relations, cultural familiarity, and social customs (see Yoon, Langrehr, & Ong, 2010, for a review). Acculturation may occur in stages, with immigrants learning the new language first, followed by behavioral participation in the culture (Birman & Trickett, 2001; Gordon, 1964; R. M. Lee, Yoon, & Liu-Tom, 2006). Immigrants who have lived in the United States for a long time and appear to have adopted the American lifestyle may nonetheless continue to maintain strong identification with the values of their culture of origin. This has important implications for providing psychological services to this population.

Acculturation and Mental Health

The process of acculturation may lead to acculturative stress (Berry, 1997; Lazarus, 1997), defined as stressful life events thought to be associated with the acculturation process that lead to psychological difficulties. Increasingly, researchers are using independent or bilinear measures of acculturation to both cultures. They are finding that immigrants benefit from acculturation to both the new and the native culture. From a contextual perspective, there is no "best" acculturative style independent of context (Birman, Trickett, & Buchanan, 2005). Rather, whether a particular way of acculturating is beneficial depends on the kinds of cultural skills needed for successful adaptation within each particular microsystem. Thus, acculturation to both cultures provides access to different kinds of resources that are useful in different settings, which in turn are linked to positive mental health outcomes (Birman & Taylor-

Ritzler, 2007; Oppedal, Roysamb, & Sam, 2004; Shen & Takeuchi, 2001).

Intergenerational Differences in Acculturation

Because parents and children acculturate in different ways and at different rates, immigrant parents and children increasingly live in different cultural worlds. Immigrant parents often understand little of their children's lives outside the home. For immigrant children, it can be difficult to live with the expectations and demands of one culture in the home and another at school. Children may not turn to their parents with problems and concerns, believing that their parents do not know the culture well enough to provide them with good advice or assistance or are already overburdened with the multiple stresses of resettlement (Birman, 2006; C. Suárez-Orozco & Suárez-Orozco, 2001). Extensive research with a variety of immigrant groups has documented the problems caused by acculturation gaps in studies with Asian (Buki, Ma, Strom, & Strom, 2003; Farver, Bhadha, & Narang, 2002; Ho & Birman, 2010; R. M. Lee, Choe, Kim, & Ngo, 2000), Latino (Martinez, 2006; Schofield, Parke, Kim, & Coltrane, 2008; Smokowski, Rose, & Bacallao, 2008), and European (Birman, 2006; Crul & Vermuelen, 2003) immigrant families.

Assessment With Immigrant-Origin Adults and Children

The classic tools of the field of psychology—normed psychological tests and psychological batteries—have a long history of misuse in the field, particularly with minority populations (Strickland, 2000). At the most basic level, the assessment tools at psychologists' disposal are not often normed on the cultural and linguistic populations to which they are applied (Suzuki, Kugler, & Aguiar, 2005).

The challenge of appropriately assessing immigrants and English language learners affects this population in three general areas: placement in special education (Lesaux, 2006; Solano-Flores, 2008); ability, achievement, and aptitude testing (Menken, 2008; Solano-Flores, 2008); and the use of clinical assessment and diagnostic measures (Suzuki, Ponterotto, & Meller, 2008). There are several potential errors that may arise in assessment with immigrants. Content knowledge may go unrecognized, disguised behind language acquisition challenges (Solano-Flores, 2008). Information presented on tests may depend on exposure to cultural knowledge that test-takers have never encountered, deflating test scores (Solano-Flores, 2008). Timed tests penalize second-language learners, who are processing two languages as they settle on an answer (Solano-Flores, 2008). When culturally sensitive approaches are not used, individuals can either be overpathologized or, conversely, their needs may go unrecognized (Lesaux, 2006; Suzuki et al., 2008).

Approximately 20,000 mental, personality, and educational tests are published and developed each year, yet many of these tests suffer from assessment biases that can lead to misdiagnosis and inappropriate interventions (Cohen & Swerdlik, 1999; Suzuki et al., 2005). This is an area of professional practice that has often been criticized for perpetuating the social, economic, and political barriers confronting ethnic minority and immigrant groups (Padilla & Borsato, 2008). For testing and assessment to be culturally appropriate, there needs to be a continuous, intentional, and active preoccupation with the culture of the group or individual being assessed. Appropriate multicultural assessment requires that practitioners "arrive at an accurate, sound, and comprehensive description of the client's psychological presentation" (Ridley, Tracy, Pruitt-Stephens, Wimsatt, & Beard, 2008, p. 27) by gathering data on historical, familial, economic, social, and community issues. This knowledge is critical in choosing appropriate tests and assessment language, as well as in interpreting test results (Suzuki et al., 2005).

Immigrant Populations in Educational Contexts

The size and diversity of today's immigration flow is reflected in U.S. public schools. As of 2011, 23.7% of school-age children in the United States were the children of immigrants (Migration Policy Institute [MPI], 2011), with the majority (77%) second-generation-citizen children and the rest (23%) foreign-born (Mather, 2009). Approximately 10.7% of all U.S. public school students are classified as English language learners (MPI, 2011). These

children, like their parents, represent a tremendous diversity in their socioeconomic, cultural, and linguistic backgrounds. While some do remarkably well in school, many others struggle (García Coll & Marks, 2011; C. Suárez-Orozco & Suárez-Orozco, 1995; C. Suárez-Orozco, Suárez-Orozco, & Todorova, 2008).

The patterns of high achievement among many in the first generation are remarkable given the myriad challenges they encounter, including xenophobia, economic obstacles, language difficulties, family separations, underresourced neighborhoods and schools, and struggles to gain their bearings in a new educational system (Huynh & Fuligni, 2008; Pong & Hao, 2007; Portes & Zhou, 1993). On a number of educational outcomes, immigrant youth outperform their U.S.-born peers (García Coll & Marks, 2011; Perreira, Harris, & Lee, 2006).

First-generation immigrants demonstrate certain advantages; they enter U.S. schools with tremendous optimism (Kao & Tienda, 1995), high aspirations (Fuligni, 2001; Portes & Rumbaut, 2001), dedication to hard work, positive attitudes toward school (C. Suárez-Orozco & Suárez-Orozco, 1995), and an ethic of family support for advanced learning (Li, 2004). First-generation immigrant students show a number of positive academic behaviors that often lead to stronger than expected academic outcomes (García Coll & Marks, 2011; C. Suárez-Orozco & Suárez-Orozco, 1995). On the other hand, immigrant students tend to perform poorly on high-stakes tests of academic achievement because of language acquisition challenges (Menken, 2008).

Newcomer students, and especially students with interrupted formal education, must surmount daunting obstacles, including developing academic English skills (Carhill, Suárez-Orozco, & Páez, 2008) and fulfilling graduation requirements (Ruiz-de-Velasco, Fix, & Clewell, 2000), all in a high-stakes testing environment not designed with their educational obstacles in mind (Hood, 2003; Menken, 2008). Some of these youths may never enroll in school, arriving with the intention to work (C. Suárez-Orozco, Gaytán, & Kim, 2010). Others enroll and quickly drop out, encountering frustrations with language acquisition as well as schools that are not equipped to serve them (Ruiz-de-Velasco et al., 2000; C. Suárez-Orozco et al., 2008).

Immigrant-origin students of the second generation face some of the same experiences as the first generation. Though born in the United States, if they grow up in non-English-speaking homes, they enter schools needing to acquire English just as they are learning to read. This places them at a transitory disadvantage if they are not provided adequate educational supports (O. García, 2009). Compared with the first generation, however, immigrant-origin students of the second generation have some unique advantages. All are automatically U.S. citizens, and some will not have the language acquisition hurdle, particularly if they live in neighborhoods where they are regularly exposed to English-language models (C. Suárez-Orozco & Suárez-Orozco, 2001). Yet the second generation may be disadvantaged, as they are less buffered by immigrant optimism (Fuligni, 2011; Kao & Tienda, 1995; C. Suárez-Orozco & Suárez-Orozco, 2001).

Meeting the needs of immigrant-origin students has not been a national priority in today's high-stakes testing, school-reform environment (Menken, 2008; C. Suárez-Orozco et al., 2008). This population is largely continuously "overlooked and underserved" (Ruiz-de-Velasco et al., 2000). More systematic attention must be focused on their educational needs, and a systematic research and public policy agenda is required to establish efficacious educational practices addressing the specific learning needs of immigrant-origin students.

The successful incorporation of children of immigrants into the educational system is one of the most important and fundamental challenges today, particularly in a knowledge-intensive economy. Understanding the specific needs that different immigrant populations face vis-à-vis the education system is critical to determining appropriate interventions. Given the diversity of the immigrant student populations entering schools, it is clear that a one-size-fits-all model will not work (see C. Suárez-Orozco, Suárez-Orozco, & Sattin-Bajal, 2009). Programs that support newcomer students by creating a community of peers experiencing the same dramatic transitions may provide educational innovations and insights for immigrant students, but further research on their efficacy is necessary (see C. Suárez-Orozco et al., 2009).

Some of the fiercest debates over immigrant education center on the issue of second-

language development. Cross-country comparisons of good practice demonstrate that it is essential to make "long-term investments in systematic language support" (Christensen & Stanat, 2007, p. 2) as well as to provide preservice and professional development training for teachers. To effectively educate and integrate all immigrant-origin students, every educator and school support staff member must consider immigrant children's education as part of their responsibility. These students' needs go beyond second-language development to include cultural adaptation, social support, and assistance in general academic subjects. Therefore, schools should provide ongoing professional development to all faculty and staff on how to work with immigrant-origin children.

Recognizing the varieties of cultural models of family involvement that immigrant families bring with them will reduce the inaccurate stereotyping of immigrant parents' commitment to their children's education that educators often carry with them (Birman & Ryerson-Espino, 2007; C. Suárez-Orozco et al., 2008). In addition, for immigrant families unfamiliar with American higher education, it is critically important to assist them with the process of preparing for college, applying for admissions, and securing scholarships and financial aid. Without such assistance, a generation of youths may end up undereducated, underemployed, and unable to participate optimally in society (C. Suárez-Orozco et al., 2010).

Immigrant Populations in Clinical Contexts

Many immigrants adapt well to their new living circumstances. They do so by navigating multiple sociocultural contexts in positive ways that contribute to their well-being and success in the United States. Studies suggest that immigrants may not experience more mental illness or psychological distress than nonimmigrants (Alegría, Canino, Stinson, & Grant, 2006), though it is important to note that refugees are a particularly vulnerable subpopulation of immigrants (see Resilience and Recovery After War: Refugee Children and Families in the United States; APA, 2010).

When immigrants do experience mental health difficulties, for many it is related to the immigration experience. A wide range of mental health problems, including anxiety, depression, posttraumatic stress disorder, substance abuse, and a higher prevalence of severe mental illness and suicidal ideation have been observed among immigrant populations in the United States (Desjarlais, Eisenberg, Good, & Kleinman, 1995; Duldulao, Takeuchi, & Hong, 2009). The immigration process as a whole—loss of and separation from country of origin, family members, and familiar customs and traditions; changes in social class and/or socioeconomic status; exposure to a new physical environment; and the need to navigate unfamiliar cultural contexts—has the potential to serve as a catalyst for the development of a great variety of psychological problems.

Given such experiences, many first-generation immigrants experience a variety of psychological problems, including stress. The constellation of presenting issues for immigrants tends to fall within the areas of *acculturation-based presenting problems* (see McCaffrey, 2008; Ponce, Hays, & Cunningham, 2006; Tummala-Narra, in press; Vasquez, Han, & De Las Fuentes, 2006), *trauma-based presenting problems* (see Chaudry et al., 2010; Foster, 2001; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003), and *discrimination, racism, and xenophobia—based problems* (see Alegría et al., 2004; Cheng et al., 2010; Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Lopez et al., 2010; Tran, Lee, & Burgess, 2010; Tummala-Narra, Alegría, & Chen, 2011).

It is important to note that immigrant-origin adults, children, older adults, and families also often demonstrate resiliency and benefit from protective factors rooted within their specific cultural contexts, including the greater use of protective traditional family networks (Escobar, Nervi, & Gara, 2000) and collectivistic coping strategies (e.g., seeking help from family or similar ethnic peers). When immigrants require clinical treatment, it is important to incorporate a resilience and coping perspective into the treatment process. Some immigrants may draw strength from family structures that U.S. therapists may judge negatively or misunderstand (Hong & Domokos-Cheng Ham, 2001). It is important to note that what may be considered a strength in one cultural context may be considered deviant or undesirable in another (Harvey, 2007; Tummala-Narra, 2007). Culturally competent treatment attends to culture-specific coping among immigrant clients. Consistent with

the ecological perspective (Bronfenbrenner & Ceci, 1994), this report highlights the interaction of person and environment and related intersections of social identities (i.e., gender, race, ethnicity, age, sexual orientation, social class, disability/ability, and immigration status) in addressing mental health needs among immigrant communities.

A number of barriers to culturally sensitive and appropriate mental health services for racial/ethnic minority and immigrant populations have been well documented in the literature. Both distal and proximal barriers (Casas, Raley, & Vasquez, 2008) have an impact on the effective use of mental health services by immigrant persons:

- *Social-cultural barriers* include differences in symptom expression (e.g., somatic symptoms) (Alegría et al., 2008) and conflicting views about the causes of (i.e., attributions) and ways of coping with mental problems (Atkinson, 2004; Koss-Chioino, 2000).

- *Contextual-structural barriers* include lack of access to appropriate and culturally sensitive mental health services (Lazear, Pires, Isaacs, Chaulk, & Huang, 2008; Wu, Kviz, & Miller, 2009), lack of knowledge of available and existing mental health services (C. M. Garcia & Saewyc, 2007), shortage of racial/ethnic minority mental health workers and/or persons trained to work with racial/ethnic minority persons (APA, 2009a), older persons and culturally diverse elders (APA, 2009b), lack of access to interpreters, and lack of resources (e.g., lack of child care or transportation) for accessing services (Rodríguez, Valentine, Son, & Muhammad, 2009).

- *Clinical-procedural barriers* include the lack of culturally sensitive and relevant services (Maton, Kohout, Wicherski, Leary, & Vinokurov, 2006), "clinician bias" (Maton et al., 2006), communication problems related to language differences and cultural nuances (Kim et al., 2011), misdiagnosis of presenting problems (Olfson et al., 2002), failure to assess cultural and linguistic constructs and procedural appropriateness of tests for targeted populations (Dana, 2005; Kwan, Gong, & Younnjung, 2010; Suzuki et al., 2008), lack of attention to culturally embedded ex-pressions of resilience (Tummala-Narra, 2007), and failure to use the most efficacious mental health interventions (McNeill & Cervantes, 2008) (e.g., evidence-based interventions adapted for use with minority and immigrant populations).

There is a growing body of research that documents life experiences (e.g., the immigration experience itself) and contextual conditions (e.g., poverty and discrimination) that put some immigrants and their families at risk for experiencing diverse mental health challenges. Further, some types of challenges faced by immigrants, such as interpersonal, racial, and political trauma, are especially important for clinicians to recognize, as they tend not to be discussed openly and yet often compromise positive adjustment and well-being (APA, 2010). It is also important to recognize that various factors (e.g., social-cultural, contextual-structural, and clinical-procedural) contribute to an underutilization of mental health services among immigrant populations. Much of what is known about the use of evidence-based treatments with immigrants has been extrapolated from research on ethnic minorities (Miranda et al., 2005), and only a few studies have examined the effectiveness of evidence-based treatments with immigrant populations (Beehler, Birman, & Campbell, 2011; Constantino, Malgady, & Rogler, 1988; Duarté-Vélez, Bernal, & Bonilla, 2010; Kataoka et al., 2003; Santisteban & Mena, 2009).

While research on evidence-based treatments is clearly needed to address the utility of interventions with immigrants, clinicians and researchers can benefit from attending to practice-based evidence that offers important lessons in culturally competent interventions (Birman et al., 2008). To increase the accessibility and efficacy of services, clinicians and practitioners should adhere to the following guiding principles:

- Use an ecological perspective (Bronfenbrenner & Morris, 2006) to develop and guide interventions.

- Integrate evidence-based practice with practice-based evidence (Birman et al., 2008).

- Provide culturally competent treatment (APA, 2002; Birman, Ho, et al., 2005; Marmol, 2003; Nastasi, Moore, & Varjas, 2004; Pedersen, 2003; Vera, Vila, &

Alegría, 2003).

- Partner with community-based organizations (Birman et al., 2008; Casas, Pavelski, Furlong, & Zanglis, 2001).

- Incorporate social justice principles in providing service (Crethar, Torres Rivera, & Nash, 2008).

Additionally, evidence suggests that awareness of context in every stage of planning and implementing assessment and intervention is essential for ethical and effective practice with immigrant clients.

Summary of Recommendations

Recommendations to ensure positive outcomes for immigrant-origin adults (including older adults), children and adolescents, and families are embedded throughout this report. Positive outcomes require stakeholders within clinical practice, research, education, and public policy sectors to become culturally competent as well as cognizant of an array of diverse interacting factors (i.e., immigrant generation, gender, race, age, sexual orientation, religion, social class, education, English language proficiency, and disability/ability) that may influence immigrant mental health and adjustment.

Stakeholders should collaborate with family members, community members, and one another to provide effective and ethical mental and behavioral health and educational support for immigrant-origin adults (including older adults), children and adolescents, and their families.

The recommendations in this report focus broadly on ways in which the field of psychology can address the needs of this population across practice, research, education, and policy domains. These recommendations require further communication and collaboration within the field and in interdisciplinary collaboration with other fields involved in the care and adaptation of immigrants across the life span.

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