

School-Based Family Counseling Trainees and their Mixed-Immigration-Status Clients

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Abstract

This qualitative study explores the academic and clinical experiences of counseling psychology trainees called to serve mixed-immigration-status families, and their perceptions of their preparation to work with these families as school-based family counselors. The sample in this study included five school-based counseling trainees who administered counseling to mixed-immigration-status families during their first year of clinical training. To understand the clinical experiences of participants, audio-recordings and transcripts of interview sessions were analyzed using narrative inquiry. Results reveal six themes including: trainees' perception of the detrimental impact of strict immigration enforcement practices on the therapeutic process; their strong personal reactions to the outcome of the 2016 U.S. Presidential election; their difficulties juggling academic and clinical responsibilities; feeling unprepared to work with mixed-immigration-status families; their need and advocacy for training programs to incorporate a course on immigration concerns; and their need for catharsis and self-care in academic and clinical settings. The themes highlight essential directions for training programs working with school-based family counselors. This manuscript offers recommendations for training as a means for supporting and advocating for school-based family counselors.

Keywords: mixed-immigration-status families, counseling psychology students, training, anti-immigrant sentiments, School-Based Family Counseling

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Today, mixed-immigration-status families are experiencing the effects of anti-immigrant sentiments and strict immigration enforcement practices in the US (Chacon, 2017) and around the world (Pottie-Sherman & Wilkes, 2017). As a result, non-citizen family members are increasingly pressured to decide between facing voluntary deportation, pursuing a temporary visa (if eligible), assuming undocumented status for an indefinite period of time; and/or moving his/her/their family to another country, often the non-citizen's country of origin (American Psychological Association, 2012; Domínguez, 2015). Although recent social studies and psychological literature have brought some visibility to the unique challenges mixed-immigration-status families encounter (Alba & Foner, 2015; Chuang, & Gielen, 2009; Domínguez, 2015; Guabernskaya & Dreby, 2017; Sullivan & Enriquez, 2016), research exploring the academic and training experiences of the counseling psychology students that serve them is scarce. This study explores the academic and clinical experiences of five counseling psychology trainees called to serve mixed-immigration-status families during their first year of clinical training and their perceptions of their preparation to work with these families as school-based family counselors (SBFCs). In this manuscript, the authors define *mixed-immigration-status families* as families that include members with different immigration statuses. The authors also define *SBFCs* as advocates for the child, the family, and the school who provide counseling to facilitate the child's academic success and personal development (Gerrard & Soriano, 2013).

The first year of clinical training is a significant phase in the professional development of a clinician in training, and it can be an overwhelming experience. Maintaining a strong academic performance amidst the stressors of clinical training can be difficult for most graduate students "given the time and performance demands of both coursework and clinical placements, and

tensions between them” (Butler, Carello & Maguin, 2016, p. 417). Among these academic demands, students must learn how to be culturally competent clinicians who adequately address the diverse needs of culturally diverse populations. Although multicultural courses are increasingly integrated into counselor training curricula (Pieterse, Evans, Collins, & Mason, 2009), immigration coursework that prepares counseling psychology students to work with immigrant families is rarely offered. Without training in international migration, immigration processes and concerns, it is not surprising that students feel unprepared to work with mixed-immigration status families as SBFCs.

With the extensive focus on immigration enforcement and immigration reform in today’s global political landscape, the researchers of this article explored whether counseling psychology trainees, in particular, those placed in school settings, felt adequately prepared to work with mixed-immigration-status families. This study asks the following two questions: (a) “What are the unique academic and clinical experiences of the counseling psychology students who work with mixed-immigration-status families in school settings?” and (b) “What are counseling psychology students’ perceptions of their preparation to work with mixed-immigration-status families as SBFCs?” Inspired by these questions, this qualitative research study seeks to increase understanding of the performance demands that counseling psychology students encounter in their work with immigrant families; families that often struggle with cruel detention, harmful family separation, and confusing deportation proceedings as a result of current immigration enforcement practices. The authors are also interested in understanding students’ perceptions of their competency to provide clinical services to these families as SBFCs.

This article begins with a discussion on how current multicultural training in counseling psychology programs fails to provide comprehensive education on immigration concerns, laws, and policies. Given the lack of training counseling psychology programs offer on immigration issues, the authors first provide an overview of the landscape of mixed-immigration-status families in the US from a demographic standpoint and then provide context as to why immigrant families are expressing an unprecedented fear of detention, deportation, and family separation in today's global political climate. Subsequently, the results of this study are presented and they highlight the doubt, anxiety, stress, increased self-awareness, and feelings of "being unprepared" that participants experienced. Addressing the results of this study, this article concludes with a discussion on the clinical implications for SBFCs, including the need for mental health educational programs to further train future SBFCs on the individual, cultural, environmental, and legal stressors that impact mixed-immigration-status families and the development of children within those family systems.

Need for Immigration Training for School-Based Family Counselors

According to Gerrard and Soriano (2013), effective SBFCs use a systems-focused, multicultural, and strengths-based approach to counseling that sees family members as partners to promote the child's success in school. Multicultural competence and attention to racial and cultural diversity has become a central construct and core component of training for mental health programs (Abreu, Chung, & Atkinson, 2000), including those that train SBFCs. The need for SBFCs to tailor their mental health services to the needs of various cultural populations, including mixed-immigration-status families, is critical.

Despite a continuing need for SBFCs to engage in work that addresses the mental health needs of immigrant families, there are often limited formalized opportunities for clinical trainees

to receive training in the area of immigration. Although multicultural courses are increasingly integrated into counselor training curricula (Pieterse et al., 2009), most graduate mental health programs do not have access to training specific “to immigrants’ concerns or practice-based interventions” (APA, 2012, p. 70). The American Psychological Association presidential task force on immigration for example, has indicated that graduate training programs in psychology must reflect the diversity of client populations and invest in the preparation of culturally competent future practitioners in the area of immigration. For clinical trainees aspiring to be effective SBFCs, training in immigration concerns is critical to successfully help align the school with the needs of children in mixed-immigration family configurations.

SBFCs will need to know how to respond to the needs of the child when the family system is in distress, especially when the threat of deportation impacts the family system and consequently the child’s mental health and school performance. As mental health programs around the world strive to prepare culturally competent SBFCs, they will invariably need to attend to challenges presented by mixed-immigration-status families given global migration flows, including the possible consequences of strict immigration enforcement practices on children’s ability to focus on school work, the willingness of parents to attend school events, or even the challenges of driving their children to school (e.g., having no driver’s license).

The authors’ literature review suggests that this may be the first school-based family counseling study to explore the training experiences of clinical trainees working with mixed-immigration-status families since the 2016 US presidential election. But, before the study is discussed, it is important to understand the demographics of mixed-immigration-status families in the US, since this is the country in which the study was conducted. Understanding the

demographics of mixed-immigration-status families is especially important because SBFCs will inevitably encounter these families in school-settings.

The Demographics of Mixed-Immigration-Status Families in the US

Given the economic and social requirements to qualify for immigrant visas, immigrants with few economic resources and minimal formal education are forced to enter the US without a valid visa (Horton, 2017; Lopez, 2017; United Nations, 2017). Recent estimates indicate that there are between 11 and 11.5 million unauthorized immigrants in the United States (Capps, Fix, & Zong, 2016); many of them are members of mixed-immigration-status families.

Undocumented immigrants in mixed-immigration-status families include adults pursuing unauthorized entry for the first time to migrants who were brought to the US as young children (Domínguez, 2015).

An estimated 16.7 million people in the US form part of a mixed-immigration-status family (Mathema, 2017). According to the American Communities Survey (2011), 7.8 percent of all married couple households in the US have one U.S. citizen spouse and one foreign-born spouse (Larsen & Walters, 2013). In addition, approximately 3.35 million immigrants are estimated to live with at least one U.S. citizen child (Guabernskaya & Dreby, 2017). In the past two decades, the number of children with immigrant parents in the US doubled to 16.8 million (Fortuny, Chaudry, & Jargowsky, 2010), representing about 25% of all children (Hernandez & Napierala, 2013). According to a recent research study, 79% of children with unauthorized parents are U.S. citizens and it is estimated that 4.1 million U.S. citizen children had at least one undocumented immigrant parent in the 2009-13 period (Capps, Fix & Zong, 2016). About one in 14 students, or 6.9 percent from kindergarten through twelfth grade, have at least one

undocumented immigrant parent (Passel & Cohn, 2014). Most of these children are American citizens, while a much smaller number are undocumented themselves.

Presently, citizen-children and/or other dependents do not have the right to petition for their non-citizen parents to live in the US as green card holders. Even if children gained citizenship at birth, their undocumented parent(s) can still be deported given their unlawful entry and presence in the US. The U.S. Department of Homeland Security estimates that between 1998 and 2007, approximately 100,000 parents of U.S.-born citizens were deported (U.S. Department of Homeland Security, 2012). These removal practices have disproportionately targeted Latino/X families (Sulkowski, 2017). Fearing these removal practices, children may have a difficult time enjoying and learning in school.

Although the former demographic data has brought some visibility to mixed-immigration-status families, statistical data revealing the number of mixed-immigration-status families who pursue school-based family counseling is unknown. Although a greater understanding of this data could contribute to increased awareness of the need for psychosocial services of support, it is important for this information to remain confidential to protect mixed-immigration-status families from detention and deportation.

SBFCs can play an essential role in ensuring that the children and members within mixed-immigration-status families have access to important information and resources to prepare for or to deal with deportation proceedings. Because “the problems in the schools are but a reflection of the problems in society (Dear, 1995),” SBFCs must be knowledgeable of the increasing anti-immigrant sentiments present around the world. With that in mind, the next section briefly touches on global anti-immigration politics and the increasing endorsements in favor of tighter restrictions on immigration flows in developing and developed nations.

A Global Climate of Increasing Anti-Immigrant Sentiments

Based on the principle of family unification, several countries around the world designed immigration systems that prioritize the respect and protection of the family system and human rights. The principle of family unification aspires to facilitate the economic, political, and social integration of migrant families into their host society. Recently however, anti-immigration politics, negative views about key immigrant groups (e.g., immigrants from the Middle East, North Africa, and Central America), and humanitarian crises (e.g., the 2015 refugee crisis) have generated wider support in favor of tighter restrictions on immigration. Negative beliefs against immigrants include the notion that migrants pose security threats, take jobs away from natives, and place a tax burden on the host country due to the cost of immigrants accessing social services. A series of anti-immigrant sentiments and a global climate of increasing isolationism and xenophobia have promoted the use of stricter immigration enforcement practices in developed (Stoyanova & Karageorgiou, 2019) and developing countries (Harris, Findley, Nielson, & Noyes, 2017), including expedited deportation practices and arbitrary removal practices that sometimes deliberately separate children from their parents (Boehm, 2017; Domínguez, 2019).

Some examples of the rise in anti-immigrant sentiments, isolationism, and/or the increased need to regulate the transnational migration of people, include Marine Le Pen of France's far-right Front National's (FN) campaign in favor of stricter immigration enforcement practices (Stockemer & Barisione, 2016); the German Alternative für Deutschland (AfD) (i.e., a party in strong opposition to welcoming policies toward migrants) party's entrance to parliament for the first time in 2017 (Trauner & Turton, 2017); recent decisions by Denmark, Norway, Finland, and Swedish politicians to impose more restrictive migration policies and stricter border

controls (Stoyanova & Karageorgiou, 2019); increasing support in Hungary for the right-wing national conservative Fidesz party of Viktor Orbán (Vegetti, 2018); and the fact that immigration concerns may have driven the British to vote in favor of breaking away from the European Union (Hobolt, 2016). Other less frequently talked about demonstrations of anti-immigrant sentiments include the presence of fear in Latin America that immigrants will impose greater tax burdens (Meseguer & Kemmerling, 2018) on Latin American nations, and the displacement of thousands of immigrants in South Africa in early 2015 (Harris et. al, 2017).

In the US, the use of stricter immigration enforcement practices included executive orders that stepped-up raids and apprehensions in immigrant communities, applied a zero-tolerance policy at the border, sought to defund sanctuary cities, and sealed borders (Chacon, 2017, p. 264; Guabernskaya & Dreby, 2017; Warren & Kerwin, 2017). With the expansion of more rigorous immigration enforcement practices in the US today, the number of immigration arrests of foreign nationals with no criminal convictions has significantly increased (Chacon, 2017). This is because Immigration Customs Enforcement (ICE) can detain individuals apprehended on suspicion [not conviction] of violating federal immigration law, and state and local police can identify and turn over to ICE suspected immigrants by issuing immigration detainers (The White House, Office of the Press Secretary, 2017, para. 7).

Stricter immigration enforcement adds to stressors that impact the well-being of mixed-immigration-status families, including those that present for counseling in school-settings, which in turn may result in economic, emotional, cognitive, developmental and psychological effects, as discussed next. The next section contextualizes the multiple concerns immigrant families experience, and it provides a portrait of the reasons that clinical trainees in school-settings feel overwhelmed when working with mixed-immigration-status families.

The Effects of Immigration Enforcement on Mixed-Immigration-Status Families

Immigrant families have historically been confronted with the stress of protecting against the detention and deportation of undocumented family members (Gonzales & Chavez, 2012). Previous research indicates that when one member of the family is detained by immigration, family members may suffer from depression and social isolation (Koball et al., 2015). In the case of children who are exposed to long periods of toxic stress, this may impact cognitive, emotional, and behavioral functioning (Koball et al., 2015). When one member in the family is deported, family separation disrupts close family ties (Domínguez, 2015), devastates entire family systems, leads to housing instability (Koball et al., 2015), creates emotional and financial hardship (Guabernskaya & Dreby, 2017), and forces family members to navigate ambiguous and complicated detention processes (e.g., working with attorneys, immigration officers, judges, and other individuals).

In the case of children facing the threat of family separation as a result of deportation, studies find significant short-term and long-term economic, emotional, cognitive, developmental and psychological effects including low feelings of social belonging, distrust of authority figures and social institutions, hopelessness, dread about the future (Sulkowski, 2017; Yoshikawa, Suárez-Orozco, & Gonzales, 2016), anxiety (Potochnick & Perreira, 2010), academic underperformance (Brabeck, Sibley, Taubin, & Murcia, 2015), depression, withdrawal, aggression, and acting out (Landale, Hardie, Oropesa, & Hillemeier, 2015). It is not uncommon for children of undocumented parents to experience frequent crying, anxiety, fear, withdrawal, anger, aggressive behavior, and changes in diet and sleep after a deportation event (Brabeck, Lykes, & Hunter, 2014).

The Effect of Strict Immigration Enforcement in the School Setting

According to Gerrard and Soriano (2013), “the negative effects of the family on children extend to the school.” In the case of mixed-immigration-status families, a child who is being impacted by current immigration enforcement practices, may experience problems in the context of a wide variety of interpersonal networks: family, peer group, classroom, school (teacher, principal, other students), and community. This is because the three contextual systems that are critical to optimal child development, the family, the school and the community (Gerrard & Soriano, 2013), are disrupted by fears around removal and deportation proceedings, which may in turn have a negative effect on the child’s ability to function well in school.

When mixed-immigration-status families present to counseling, school-based family counselors may need to be aware of the psychological stressors they may be experiencing as a result of their fear of current immigration enforcement practices and deportation proceedings. Next, the authors’ qualitative study is discussed, which seeks to explore the academic and clinical experiences of counseling psychology trainees called to serve mixed-immigration-status families, and their perceptions of their preparation to work with these families as school-based family counselors.

Method

Grounded in the advocacy and relational tone of a narrative inquiry research study (Labov, 1972), the authors collaborated with five counseling psychology students to understand their individual and collective narratives, perceptions, experiences, and the subjective interpretations of their clinical work with mixed-immigration-status families as SBFCs-in-training. Narratives are personal stories with continuous links between past, present and implied future within the social, cultural, and environmental contexts surrounding them. Narratives are

central to our self-identities and we make sense of them by telling, re-telling, and listening to our own experiences. In other words, the process of telling the narrative is believed to have the potential to transform our own experiences.

Narrative inquiry is a qualitative methodology in which the researcher studies the meaning and content of stories through personal accounts, how the stories are told, as well as the relationships between the deeper dimensions of storylines. When the stories are told, they produce accounts that have a "temporal," "spatial," and "sequential ordering" (Riessman, 2012, p. 369). Through listening to participants' stories, the researcher gains a deeper understanding of commonalities between individuals' experiences as well as shared cultural meanings, norms, and collective practices.

This study attended to how SBFCs-in-training are situated within the context of the classroom and in their clinical placements, but also situated in the wider social-cultural and political landscape. This methodological approach was selected because in contrast to many interpretative methodologies, narrative inquiry does not 'dissect' narratives into smaller units but instead analyses narratives as a 'whole.' Giving participants an opportunity to express their thoughts and past and present experiences, this study resulted in the identification of salient themes that provided insight into their training experiences. These experiences were captured in the living and telling of narratives, and were studied by listening, observing, reading and interpreting participants' transcripts.

Participants

The five participants in this study were all master's level students from one Counseling Psychology Department at a university in Northern California. The participants ($N = 5$) included

2 Latinas and 3 Caucasian students; 4 identified as women and 1 identified as a man. Ages ranged from 25 to 35 years old. All participants were given pseudonyms and all identifying markers were removed from the study. The participants lived in Northern California and were all American citizens. One of the participants identified herself as a “member of a mixed-immigration-status family.” While some researchers may argue that this sample size is too small, it is important to mention that the depth of relational engagement in narrative inquiry is most significant rather than the number of participants recruited (Bowden, Caine, & Yohani, 2017).

Procedure

The researchers of this study first identified which counseling psychology students at a University in Northern California were working at agencies that served predominantly immigrant populations in school-settings. These students were contacted by email and those interested in participating were recruited using the criterion method of sampling (Creswell, 2007). Criterion sampling involves “selecting cases that meet some predetermined criterion of importance” (Patton, 2002, p. 238). The requirements were the following: (a) students that identified as Master’s level counseling psychology students at a University in Northern California [blind to protect confidentiality]; (b) age 25-60; (c) providing counseling services to mixed-immigration-status families; (d) completing their clinical practicum in a school-setting that serves immigrant communities.

Prior to starting the individual semi-structured interviews, the first author presented the objectives and agenda for the interview, encouraged participants to share their thoughts openly, and explained the limits of confidentiality. Participants understood that the researchers would not tie their comments to their identifying information and that audio recordings would be securely

maintained on a password protected external drive and destroyed following completion of the study. The semi-structured interviews were guided by the research questions and were conducted in a quiet room. An interview protocol was used for consistent data collection, and interview questions were read verbatim (see appendix for interview questions). During the interviews, the researchers obtained a comprehensive description of the clinical experiences participants encountered when working with mixed-immigration-status families, as well as their perception of preparedness and competence when working with these families. The two authors of this article were present in the interviews and actively listened to, observed each interview, and took detailed notes on specific areas of interest such as non-verbal communication and overarching themes.

Participants' stories were transcribed and analyzed using a categorical aggregation approach. The research questions that guided the analysis of this study were: (a) "What are the unique academic and clinical experiences and demands of the counseling psychology students who work with mixed-immigration-status families?" and (b) "What are counseling psychology students' perceptions of their preparation to work with mixed-immigration status families as SBFCs?"

Epistemological Position

The epistemological positioning of the authors of this study is based on a social constructionist paradigm. The social constructionist perspective is that all narratives are dependent on the context of the narrator and the listener; and are not intended to represent 'facts' because humans' views of the world are influenced by our history and cultural context, not objective truths. This perspective attends to the relation between the researchers and the

participants during the research phase, as well as how the moral and ethical stance of the researchers influence the co-construction process. In other words, the data collected was examined in relation to how participants socially constructed their SBFC training experiences, how their training experiences transformed and evolved over time, and how participants positioned themselves in relation to clients, clinical supervisors, traineeship instructors, and others.

Analysis

The analysis team included the two authors of this article and one Master's level counseling psychology student. Agreement across the analysis team demonstrates that themes are shared constructs and not the subjective interpretation of a single coder (Kurasaki, 2000). The first coder identified as a 31-year-old Latina, lesbian, cisgender female born in Mexico. The second coder identified as a Latina, cisgender female born in the United States. The third coder identified as a 30-year-old, biracial, Catholic, bisexual, cisgender female born in the United States.

The procedures that were followed to achieve the purpose of this study involved gathering data through the collection of participants' stories and reporting on their individual experiences. To conduct the analysis, Marshall and Rossman's (2011) seven phases of analytic procedures were used: Phase 1. organizing the data; Phase 2. immersion in the data; Phase 3. generating categories and themes; Phase 4. coding the data; Phase 5. offering interpretations

through analytic memos; Phase 6. searching for alternative understandings, and Phase 7. writing the report.¹

The analysis process began with the entire coding team listening to audio-recordings alongside transcripts. Coders individually heard and reviewed each transcript multiple times to summarize each participant's narrative in their own words. During this process, each member of the coding team recorded her own impressions of each participant's experiences as well as reactions, thoughts, and insights into a memo file attached to the participant's narrative file. While initial coding revealed 35 codes, code revisions and final coding produced 14 codes. In the end, a consensus on a final list of six themes was reached.

These six themes identified as part of the analysis process were: (1) counseling psychology trainees' perceptions of the detrimental impact of stricter immigration enforcement practices on the therapeutic process; (2) their strong personal reactions to the outcome of the 2016 Presidential election; (3) their difficulties juggling academic and clinical responsibilities; (4) feeling unprepared to work with mixed-immigration-status families; (5) their need and advocacy for training programs to incorporate a course on immigration concerns; (6) and their need for catharsis and self-care in academic and clinical settings. One these themes were identified, the three coders then read through the data again to confirm these were the most prevalent themes (Hill et al., 2005).

Once the final themes were revealed, the researchers of this study asked an Assistant Professor at the University of San Francisco to conduct an inquiry audit to evaluate the accuracy

¹ The authors of this article would like to acknowledge Stephanie Lopez, a counseling psychology student, who helped with data triangulation.

of the research process and whether the interpretations and conclusions were supported by the data (Lincoln & Guba, 1985). This outside researcher examined the data analysis process and confirmed that the findings were supported by the data collected.

Methodological Integrity

This research study was anchored in the professional standards and ethical principles of the American Psychological Association (American Psychological Association, 2002). Ensuring ethical research practices, responsible conduct, and scientific rigor in research is a critical responsibility due to the need for accurate data that can inform intervention efforts that impact the lives of mixed-immigration-status families. The narrative inquiry research design and procedures in this study, support our research goals and our social constructionist epistemological positioning. To meet trustworthiness standards (Levitt et al., 2018), the techniques for establishing credibility and dependability in this study were: prolonged engagement, peer debriefing, member-checking, inquiry audit, and reflexivity (Lincoln & Guba, 1985).

Prolonged engagement with the phenomenon under study was achieved through the development of rapport and trust with participants as well as deep immersion with participants' responses. Through peer debriefing (i.e., the two authors of this article and a research assistant) and member checking, divergent understanding and biases that might be influencing the interpretation of the data were explored (Lincoln & Guba, 1985). To establish dependability, an inquiry audit was conducted by having an external researcher evaluate the accuracy of the data and research process (Lincoln & Guba, 1985). Reflexivity was managed by intentionally acknowledging and discussing assumptions, biases, and effect on the data and researchers'

interpretations.

Researchers as Instruments

The idea for this research was conceived after the first author had a conversation with the second author in January, 2017. During this conversation, the first author shared that in the context of class lecture, her counseling psychology students had expressed difficulties working with mixed-immigration-status families at their school-based clinical placements. This conversation sparked curiosity and interest in the second author to understand students' perceptions of their preparation to work with these families as "SBFCs-in-training." The second author proposed conducting research with these students to learn about the details of their challenges and experiences.

In addition to the second author's curiosity, motivations and investments in this project included: (1) the authors' identities as mental health clinicians who frequently work with mixed-immigration-status families; (2) the authors' beliefs, based on our volunteer work at migrant shelters, that immigration enforcement practices may cause detrimental psychological effects on immigrant families if children are separated from their parents; and (3) the authors' clinical experiences working with children who express distress after the deportation of a parent(s). The authors' volunteer and clinical work with migrant and mixed-immigration-status families inspired the decision to conduct this study. Although the authors have a special interest in supporting migrant communities, the authors' loyalty to an ethical code of conduct served as a constant reminder that the phenomena under study had to be analyzed accurately to reflect the stories of the participants who were interviewed (Levitt et al., 2018).

Results

All five counseling psychology students interviewed for this study experienced doubt, anxiety, stress, and increased self-awareness when providing school-based family counseling to mixed-immigration-status families. The participants in this study appeared to experience a high degree of stress and anxiety as a result of managing multiple academic and clinical responsibilities while simultaneously being confronted with treating mixed-immigration-status families in crisis (i.e., crises associated with the fears families had around family separation/deportation). Findings propose that participants felt unprepared to adequately address their clients' immigration concerns and therefore, felt incompetent when providing counseling services in school-settings. Six themes were gathered from the narratives of the counseling psychology students in this study: 1) *Stricter immigration enforcement impacted the therapeutic process*: Participants shared that their clients' perceptions of stricter immigration enforcement influenced the reason they sought counseling services and impacted the severity of clients' symptoms, their poor attendance to counseling sessions, and therapeutic outcome; 2) *Participants experienced strong reactions to the outcome of the Presidential election*: Participants indicated that their own negative reactions to the outcome of the 2016 presidential election were influenced by concerns that the outcome of this election would have a detrimental effect on their clients' well-being; 3) *Difficulties juggling academic and clinical responsibilities*: Participants had difficulties managing multiple academic and clinical demands because of the additional responsibilities they assumed when working with mixed-immigration-status families (e.g., researching helpful resources including legal assistance and housing for these families), which led to exhaustion and burnout at times; 4) *Feeling unprepared to work with mixed-immigration-status families*: Participants believed that the doubt, anxiety, and stress they

experienced when working with mixed-immigration-status families were associated with their lack of basic knowledge in the area of immigration concerns. This lack of knowledge in immigration issues made them feel like they needed to invest longer work hours doing research on immigration law to learn and understand the laws, policies, and regulations impacting their clients; 5) *Participants recommend training programs incorporate a course on immigration concerns*: Participants reported a strong desire to receive additional training in immigration laws and policies as well as the cultural, migratory, environmental, and legal concerns that impacted their immigrant clients; and 6) *Need for catharsis and self-care in academic and clinical settings* (i.e., their school placement): Participants felt that catharsis and self-care in academic and clinical settings, were protective mechanisms that helped them cope with stressors during their first year of clinical training.

Aggressive Immigration Enforcement Impacted the Therapeutic Process

All five participants believed that anti-immigrant sentiments were either directly related to the reason mixed-immigration-status families sought counseling services (i.e., both self-referred or referred by staff within the school), or that perceptions of aggressive immigration enforcement practices exacerbated the severity of the symptoms that had brought them to counseling in the first place. Derek for example, explained that their clients' immigration concerns emerged after the election:

I'd say a lot of the immigration topics in the session didn't come up until after the election. The day after the election almost every student at the middle school brought it up and was either teary-eyed or crying or worried. A lot of the worry came down to fear of deportation, fear of someone is going to come knocking on your door. That was most of the fear at that point in time, I guess.

Hannah explained that some students and their parents appeared withdrawn, “sensory avoidant,” and depressed, which concerned her and motivated her to reach out to them to suggest counseling services. She explained:

The two clients of mine who have recently dealt with immigration enforcement, one presented as withdrawn, quiet, played alone, isolated, didn't interact with peers. The mom presented as really depressed during drop off and pickup, which put that family on our radar. With the other one, this child was actually super sensory avoidant and easily overstimulated. He had a hard time in relationships and was very aggressive. It presented in different ways for these two kids but both moms presented as quite depressed.

Participants explained that the children they counseled had low school and counseling session attendance because a member in the family was undergoing deportation proceedings. Carmen, for example, like Hannah, explained that some children appeared withdrawn while some parents seemed to be depressed and helpless, which impacted child-parent interactions. She explained:

It was until recently [after the election] that my clients who have felt secure, suddenly felt really insecure. One of my clients was not at school and the school director shared with me that the mother had pulled her child out of school because her mother, so the client's grandmother, had been arrested and taken into custody at her job and was held over the weekend and later deported-- held for two days, then deported two days later.

It's interesting because I think there's a lot of withdrawal happening. One child that I've seen in playgroup, his mom actually has stopped contacting me and has stopped showing up for meetings. The school director said, "She presents as extremely depressed and anxious." It seems like she is experiencing resignation from trying to find a solution because there is no solution at the moment (i.e., the solution to mother's deportation). It seems like she is accepting the state that their family is in, which presents as very depressed.

These parents, in particular, aren't able to really mirror their little ones who are full of energy and enjoying life. That's impacting the kids too, so there's a lot going on. There are a lot of feelings that the parents are experiencing and they're unable to attune to their little ones and then the little ones do more attention seeking behaviors which makes it more exhausting for the parents and it's a feedback loop.

In addition, participants believed that clients' (i.e., parents in particular) fear of deportation made it more difficult for them to drive their children to school, drive themselves to work, and/or drive the family to counseling sessions, as Roberta discussed next:

I would say in November up until February (i.e., from election to after inauguration), they (i.e., children) were all addressing concerns in therapy about whether or not their parents would be taken (i.e., deported) from them. I remember, during a family session, the mother was debating whether or not to go to work the next day because she had been told that ICE was going to be doing a raid. The mom works in the fields, and so she was very concerned about going to work and other places.

Participants explained that although the clinical interventions they used in sessions with their clients were delivered with the goal of alleviating their symptoms, these interventions were rarely effective because of the seriousness of their clients' immigration concerns. In other words, clients' fear of detention, deportation, and/or family separation, impacted the mixed-immigration-status family's emotional well-being, which complicated therapeutic treatment.

Carmen explained:

It seems, especially as I'm reflecting back to what it was like right after the election. It didn't seem like anything was really working (i.e., referring to her work with clients). In fact, the day after the election, I went to my internship (school-setting) and I had two seminars back to back. In both seminars, I just cried and shared my feelings.

Strong Personal Reactions to the Outcome of the Presidential Election

Participants indicated that they struggled with their own reactions to the outcome of the 2016 Presidential election. Participants expressed fear that the outcome of the U.S. Presidential election would intensify anti-immigrant sentiments in society and perpetuate the suffering of their immigrant clients. They reported experiencing sadness, stress, and anxiety when hearing from clients about their fear that President Trump would step up raids and deportations in immigrant communities. Roberta in particular, being a child of immigrants, indicated that she

experienced “countertransference” when hearing about her clients’ fear of deportation and family separation. She shared:

I would say there is a lot of countertransference for myself, just because-- I myself, I'm in a family of immigrants, and I had my share of immigration stuff. It was really hard when a lot of the families were, especially the parents, would vent to me some of their feelings, and I didn't want my own feelings to sway or to impact how they were dealing with things. I personally knew the fear of possible-- that fear of immigration coming to your home. People that haven't ever experienced that, don't necessarily know what that's like. I know that they were-- and I mean I'll just be honest, in class, a few of my cohort members, they would talk about, "Oh, yeah, they were talking about it but like--" They would just brush it aside just because they didn't have that experience of it.

Shawn labeled the outcome of the presidential election as “traumatic,” and Derek found himself wanting to smoke marijuana more frequently to “numb” the stress responses associated with the outcome of the election and the election’s impact on his immigrant clients. Shawn indicated:

I was pretty stressed out about this and I wasn't sleeping as well. I had trouble sleeping, I was more emotional. It was very hard even speaking with my clients again. It was very hard for me to not get teary-eyed in sessions. It was just very traumatic. I remember my own therapist saying “this is trauma.” It felt that way. I felt trauma before and I think a lot of people don't realize something like this (i.e., the outcome of the election) can be traumatic. But it felt that way and I don't think our society labels it that or gives it the-- what's the word I'm looking for, I don't want to say the credit but the importance or the gravity and how it really affects people.

Derek explained:

It (i.e., the outcome of the election) affected my well-being and I went to therapy more often. Because I was feeling more stress and anxiety... I found myself needing more outlets to cope. I'm being too vague. I don't know how much I need to say. Well, I guess I'd be more honest. I'm not sure it pertains to your study, but I found myself wanting to smoke marijuana more often to numb (i.e., to numb stress and anxiety).

All participants expressed the need for clinical placements (i.e., school settings) and training programs to educate students and future SBFCs on the strategies they can use to better cope with their own reactions to the sociopolitical events that affect them and their immigrant clients.

Difficulties Juggling Academic and Clinical Responsibilities

All participants reported that managing academic coursework and clinical work during their first year of clinical training was overwhelmingly stressful because they were often confronted with challenges and crises associated with their clients' immigration status and/or immigration concerns (e.g., arrest, deportation, and/or family separation). They also felt outraged by the absence of support and advocacy from other classmates and mental health professionals, as Carmen discussed next:

I feel like I have aged like 10 years in the last six months. I feel more tired. I feel more judgmental of the people that are in our field and how they don't realize what's happening. People that get to live and like the blissful ignorance of not having to confront what these families are going through. Jaded, angry, wrinkled, [laughter] tired.

Additionally, they explained that the feelings of helplessness they experienced as a result of feeling unprepared when working with immigrant clients (see fourth theme), impacted their sleep habits, which led to higher levels of exhaustion, fatigue, and later burnout. They indicated that this state of exhaustion and burnout interfered with their ability to be fully focused and energized in their classes and clinical placement. Roberta explained that even clinical directors understood that they (i.e., SBFCs-in-training) were feeling exhausted and encouraged them to self-care before providing care to their immigrant clients. She shared:

I remember coming back to work after the election. At my traineeship, they sent out this big email saying "Prepare for what the clients might be bringing into the room." The email said--"Take care of yourselves this weekend and do some staff care because next week, we don't know how our clients are going to respond or what they're going to say because of the election." Work was really trying to tell us to take care of ourselves because they didn't know how the clients were going to respond, essentially.

Feeling Unprepared to Work with Mixed-Immigration-Status Families

All participants believed they had the social, ethical, and professional responsibility to be well informed about the unique challenges and stressors endured by their clients. They

understood the importance of paying attention to the immigration status of their clients and to integrate counseling theories and clinical interventions designed to effectively address their immigration concerns. However, participants perceived themselves as lacking the necessary cultural and legal knowledge and skills required to answer their clients' questions or design mental health interventions that would address their immigration concerns. Shawn indicated that her clients had many questions that she could not answer. She shared:

The younger kids were actually, not just my client, but the siblings were talking about the fears that they had, and a lot of it was unknown type of stuff, like, "Can they just take my parents and I'll come home and they won't be here?" To the point where one of the-- I had one sibling ask me like, "Can they really just take my mommy? She's a good person. What am I going to do if my mom gets taken away?"

Participants felt "inexperienced" and struggled to understand the structural barriers and complex immigration laws and procedures that often contributed to their clients' stress, anxiety, and fears of detention and deportation. In addition, they felt unprepared to refer their clients to the legal and social services provided by community immigrant organizations. Participants reported feeling confused about how to advocate on behalf of clients that felt excluded and/or oppressed by the current immigration system and the Trump administration. They indicated that they found themselves working more frequently or longer hours (i.e., overtime) to better understand their clients' immigration concerns.

Participants Recommend Training Programs Incorporate a Course in Immigration

All participants stated that they had not received formalized opportunities to engage with immigrant communities in their counseling psychology graduate program. They indicated that although they had briefly discussed immigrant communities in their "Counseling Across Cultures" course, they found the discussions about immigrant families to be a broad overview of their concerns. They recommended that educational institutions modify the structure (e.g., add an

elective on “immigration concerns”) and requirements of counseling psychology graduate programs to educate future SBFCs on the immigration laws and policies that often detain, deport, and separate their clients. Derek explained that these kinds of training opportunities are especially important for students who identify as White, as American citizens, and/or U.S. permanent residents. He explained:

Well since many of us are in our first year of fieldwork, I think a lot of us have experienced shock because not only are these unprecedented events (pause) but this is the first time that we've worked with clients period...(pause) so it's compounded by the things that the families are going through. Also, those of us who are White and have citizenship or permanent residency in the United States, these are things that we've never, ever confronted personally in our lives before, or understand, unless we have friends from school or family friends (i.e., family friends impacted by immigration concerns).

Moreover, they indicated that mental health related graduate programs should teach practical, innovative, and culturally relevant interventions that consider the impact that anti-immigrant sentiments and oppression have on immigrant families. They shared that if they were to receive such training, they would feel more comfortable providing outreach, psychoeducation, and direct clinical services to their immigrant clients.

Additionally, participants believed that in order for them to provide adequate assistance to their immigrant clients, their instructors and supervisors needed to pursue additional training in immigration law and its related concerns. Roberta, for example, described feeling frustrated because her instructors did not fully understand her clients' immigration concerns and could not assist or support her work. She indicated:

To be perfectly honest, it's hard to talk to an instructor that does not understand immigration concerns. Talking about the fears that many of my clients had or what it was like for them to be profiled (pause)...sometimes they just didn't get it.

Participants in this study explained that their instructors and clinical supervisors, although competent clinicians, were not able to offer appropriate assistance or consultations as a

result of their lack of understanding of immigration laws and policies. Although they were able to rely on their supervisors for support as they navigated general challenges faced in clinical training, these students reported feeling vulnerable and under added stress as a result of the limited professional support their supervisors provided in their work with mixed-immigration-status families. Students expressed a desire to receive valuable immigration resources from their supervisors, including referrals to legal organizations where their clients could receive helpful information about the immigration laws impacting them.

Need for Catharsis and Self-Care

Participants often felt the need to reveal their personal feelings, to reflect on the social injustices their immigrant clients experienced, and to process their personal reactions to the work they were doing with mixed-immigration-status families. They explained that their use of catharsis in academic classrooms or supervision settings, served as an important coping and protective mechanism. Hannah indicated that she believes it is important for instructors and supervisors to allow space for catharsis to take place, even if curriculum is not fully covered during that day's lecture session. She explained:

I know people do different things (i.e., to self-care). I think it's very important to talk about it. I think the way that our class (i.e., traineeship class) has been set up it's very much felt like a support group and that's why it does make me think about classroom settings where there isn't that flexibility to dedicate time to do that supporting of each other and kind of catharsis about what it's been like to interact with these families that are going through this. If there's actual curriculum that needs to get covered, I can't imagine that the students are feeling very supported in that setting if they don't have the space to talk about it.

In addition, all participants made a conscious decision to seek out self-care activities that enhanced their well-being (e.g., hiking, spending time with friends, spending time with family, etc.). Three participants benefited from referrals to therapists where they received psychological

services with the goal of reducing stress levels associated with personal, academic, and professional demands. Participants explained that instructors and clinical supervisors should clearly promote the use of self-care activities by future SBFCs working with mixed-immigration-status families.

Discussion

This study shared the academic and training experiences of five counseling psychology graduate students working with mixed-immigration-status families in 2016 and 2017, and offered insight into the students' self-perceptions of clinical competence when working with these families in school-settings. Participants reported that managing academic coursework and clinical work during their first year of clinical training was overwhelmingly stressful because they were often confronted with challenges and crises associated with their clients' immigration status and/or concerns. They believed that as a result of current U.S. immigration enforcement practices, mixed-immigration-status families sought counseling services or experienced severe symptoms during treatment. Participants believed that clients' fears of being arrested, detained, deported, or separated from non-citizen family members, negatively influenced attendance to counseling sessions, therapeutic outcome, and resulted in low school attendance. Additionally, they expressed feeling stressed, anxious, and fearful that the current U.S. President would, through the promotion of anti-immigrant sentiments, continue to perpetuate the suffering of their immigrant clients, which would in turn complicate clinical treatment.

As a result of their own stress, anxiety, and fear, students often felt the need to reveal their personal feelings, to reflect on the social injustices their clients experienced, to process their personal reactions to the work they were doing with their immigrant clients, and to engage in

self-care activities to promote self-healing. Participants recommended that instructors and clinical supervisors clearly promote the use of self-care activities by clinicians working with mixed-immigration-status families.

Participants also believed that their lack of basic knowledge and training in immigration issues, laws, and enforcement impacted their ability to competently help their clients and deliver clinical interventions that would ameliorate the impact of anti-immigrant sentiments on their clients' emotional well-being. Because participants felt the need to invest longer hours at their clinical placement (i.e., the school setting) to gain knowledge in the area of immigration concerns, they expressed a strong desire to receive additional training from university instructors and clinical supervisors in the cultural, migratory, environmental, and legal concerns that impacted their clients. They believe that if this training were available, the intensity of their feelings of inadequacy and incompetence would decrease. They recommended that counseling psychology graduate programs modify the pre-requisites for graduation to include immigration coursework that provides training for future SBFCs on the effective, practical, innovative, and culturally relevant interventions they could use with mixed-immigration-status families.

Limitations of the Study

The results of this study should be understood within the context of certain limitations. The participants that constituted this study's sample were drawn from only one Master's level counseling psychology program. While some researchers may argue that this sample size is too small, the depth of relational engagement in narrative inquiry is most significant rather than the number of participants recruited (Bowden, Caine, & Yohani, 2017). Data from each participant was collected at one point in the research process (i.e., during the individual semi-structured interview). Thus, this study does not report on how their experiences may have changed over

time. Additionally, given the diversity of counseling psychology programs across the US, it is likely that the shared experiences of these five participants do not represent the full range of experiences of counseling psychology students.

It is important to note that clinicians-in-training generally feel overwhelmed when juggling both academic and clinical demands, even if they do not work with mixed-immigration-status families. The results of this study do not imply that it is only those who work with immigrant families that feel overwhelmed. Findings only represent the uniqueness of our participants' training experiences. This study was designed to capture the stories of these particular students in order to better understand issues associated with working with mixed-immigration-status families in the Trump era. In addition, all of these students were working with families in school-settings; therefore, the results may not generalize to other clinical sites. These limitations notwithstanding, the current study provides initial information that can help counseling psychology programs better understand and evaluate their approach to training in immigration issues and related concerns.

In the next section, the authors discuss how mental health practitioners, university instructors, and clinical supervisors can support counseling psychology students who are serving mixed-immigration-status families in school-settings. Additionally, based on the results of this study, the authors advocate for the inclusion of immigration coursework in counseling psychology curriculum to prepare students to work effectively with the mixed-immigration-status families they will encounter in their clinical placements.

Clinical Implications for School-Based Family Counseling

Anti-immigrant sentiments are widely present within the US and throughout the world, therefore future and current SBFCs, university instructors, and clinical supervisors must be mindful of the degree to which these negative views on immigrants contribute to the presenting problems of mixed-immigration-status families. Mental health related graduate programs, including counseling psychology programs, could benefit from educating students on how current immigration enforcement practices may maintain systems of oppression, as well as the effects of nativism on clients' psychological well-being. If current mental health graduate programs ignore contextual influences and the effects of immigration policy on immigrant clients, it is possible that future SBFCs will fail to adequately conceptualize cases and/or deliver culturally sensitive and responsive interventions when working with immigrant families.

Although some mental health programs have begun to actively incorporate multiculturalism and diversity in their curriculum (Pieterse et al., 2009), the results of this study indicate that SBFCs-in-training believe that there is a need for coursework that includes a specific focus in the areas of immigration law, immigration issues, and immigrant families. Based on these results, we recommend that mental health related graduate programs modify curriculum to include training on the effects of current immigration enforcement and anti-immigrant sentiments on mixed-immigration-status families.

Coursework aimed to educate SBFCs-in-training should be designed to (a) stress the importance of being sensitive to the sociopolitical, psychological, environmental, and legal forces impacting mixed-immigration-status families; (b) teach interventions and strategies that help protect the dignity, integrity, and well-being of immigrants; (c) train students on the dynamics of power, cycles of oppression, and gross social inequities that influence the psychological health of immigrant families; (d) inform students about the safe and inclusive

community resources, non-profit institutions, public programs, and social networks that are designed to advocate for immigrants, their families, and their integration into the community; (e) discuss current international and national events that influence the well-being of immigrant families; and (f) train students to engage in self-examination to increase their understanding of how their own sociocultural identities, including their immigration status, shapes their social statuses, privileges, and areas of marginalization and how these may impact their relationship with immigrant clients.

These recommendations are important because without self-awareness, SBFCs-in-training may unintentionally replicate the patterns of discrimination that their clients may already be experiencing from anti-immigrant groups. Additionally, it is important for training programs to provide a safe and brave space for catharsis and group support. Creating a network of support where students can engage in ongoing dialogue, consult with others, share immigration resources, and process the challenges and struggles they experience in their work with immigrant families, may benefit students, instructors, and supervisors.

In conclusion, educators within counseling psychology programs and clinical supervisors must continue to think creatively about how to address immigration issues in classrooms and practicum sites to support students working with mixed-immigration-status families.

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APPENDIX 1. Semi-Structured Interview Questions

- 1) Can you tell us about your clinical placement and the populations that you are currently serving?
- 2) How often do you work with mixed-immigration-status families?
- 3) What kind of clinical services do you provide to the mixed-immigration-status families that you serve at your clinical placement?
- 4) Based on your academic and traineeship experiences, how prepared and competent do you feel when working with mixed-immigration-status families?
- 5) What are the presenting concerns that mixed-immigration-status families most often report and talk about when they are in counseling?
- 6) How would you describe your clients' overall experiences with the existing immigration policies under the Trump administration? What emotions do your clients (i.e., mixed-immigration-status families) feel and associate as they navigate existing immigration policies?
- 7) What are the experiences and/or challenges that future school-based family counselors encounter when working with families who are directly impacted by current immigration policies?
- 8) How do future school-based family counselors work with and manage the feelings, emotions, and experiences their clients encounter in the face of existing immigration policies?
- 9) How does working with non-citizen clients impact your academic performance and personal well-being?
- 10) What kind of activities, resources and support systems do you utilize to function and thrive in the classroom while working with mixed-immigration-status families?