COUNSELORS' EXPERIENCES WORKING WITH UNDOCUMENTED CLIENTS IN THE NEW LATINO SOUTH: A MULTIPLE CASE STUDY

by

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(Under the Direction of Edward Delgado-Romero)

ABSTRACT

There is a significant disparity in mental health care for undocumented Latinos living in the U.S (Alegría et al., 2002; Perez & Fortuna, 2005; Coffman & Norton, 2010). A significant barrier to services for this population is a lack of culturally competent providers who can meet their mental health needs (Perez & Fortuna, 2005). There is currently a gap in the literature regarding the training, resources, and support that the counselor's who work with this population need in order to provide this care. Therefore, the purpose of this multiple case study was to gain an in-depth understanding of the lived experiences of five counselors who are currently working with undocumented Latino clients within the context of a Latino-serving community-counseling center in the New Latino South. Data collection in this study included focus groups, individual interviews, and document review. The study was informed by LatCrit theory (Iglesias, 1997), in order to intentionally recognize the racism and discriminatory laws and policies that impact the mental health care of undocumented Latinos. Thematic analysis was used in order to identify primary themes for each individual counselor's experience and then all cases underwent cross-case analysis. The following themes were explored: counselors' educational and training experiences, counselors' clinical experiences in session with undocumented clients, how

systemic factors impact counselors' clinical experiences, and the personal impact of this work on counselors. The themes identified through this study have implications for clinical practice and further research with undocumented Latino clients.

INDEX WORDS: Undocumented legal status, therapists' experiences, LatCrit theory

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DEDICATION

To my father, Ezequias Josué Balderas, for teaching me the importance of community.

To my husband, Matthew Paul Shedd, for your unwavering love.

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CHAPTER I

The profession of counseling psychology has a long history of social justice advocacy (Ivey & Collins, 2003). As counseling psychologists we are called to recognize inequity and move to become agents of social change (Vera & Speight, 2003). This is a natural extension of counseling psychology's core values of focusing on strengths and prevention, working from a contextual understanding of the world, and celebrating diversity (Delgado-Romero, Lau, & Shullman, 2012). Further, a social justice perspective in psychology is rooted in the belief that all members of society have a right to the fair distribution of resources, rights, and responsibilities (Crethar, Torres Rivers, & Nash, 2008).

Currently, undocumented Latinos living in the U.S. face significant challenges that threaten to impact their psychological and emotional well-being (APA, 2012). For example, this population is often confronted with discrimination, prejudice, and hate crimes and they must face anti-immigrant laws and sentiment in many parts of the nation (Arredondo et al., 2014). In addition to other stressors, undocumented individuals also face unique psychological issues, such as acculturative stress, the threat of deportation, and social isolation (Hipolito-Delgado & Mann, 2012). For these reasons, undocumented Latinos are more likely to experience depression, anxiety, substance abuse, and adjustment difficulties in comparison to their documented counterparts (Perez & Fortuna, 2005; Ramos-Sanchez, 2010). Despite these challenges, the literature suggests that there are significant disparities in mental health care for undocumented Latinos living in the U.S. (Alegría et al., 2002; Perez & Fortuna, 2005; Coffman & Norton, 2010). One of the most significant barriers to adequate services that this population encounters is

a lack of culturally competent mental health professionals who can meet their needs (Perez & Fortuna, 2005).

From a social justice perspective, it is imperative that mental health professionals work to understand and address the unique counseling and advocacy needs of the undocumented Latino community. In a recent commentary on a report published by APA's (2012) Presidential Task Force on Immigration, Ruiz, Gallardo, and Delgado-Romero (2013) call psychologists to action to work to improve the experiences of Latino immigrants in the U.S. The profession of counseling psychology must continue to act on its values of social justice and culturally responsive practice to address the needs of the undocumented Latino community. In order to do this, we must understand the current experiences of therapists who work this population. This will allow us to learn from their success while also identifying common difficulties that therapists and their undocumented Latino clients face when engaging in the therapeutic process.

Unfortunately, research on counselors' experiences working with immigrant clients is scarce (Singer & Tummala-Narra, 2013), and limited research has examined the particular experiences of counselors who work with undocumented Latino clients. A detailed understanding of this experience is important for building knowledge about the challenges and successes that clinicians are currently experiencing when working with the undocumented community. Therefore, this study aimed to listen to the perspectives of clinicians who work with this population in order to gain a greater understanding about the training, resources, and experiences that counselors need in order to provide culturally competent services to this community. In particular, this study examined the experiences of counselors who work with undocumented clients in a Latino serving community mental health organization in the state of

Georgia. For the purposes of this study, the pseudonym for this organization was Southern Counseling Center for Latinos (SCCL).

Background and Context

In order to understand the mental health needs of the undocumented Latino community, it is crucial to step back and look at this population's experience in the U.S. Latino immigration to the U.S. has a long history that dates back to the nineteenth century and can be closely tied to political and economic policies (Andreade & Viruell-Fuentes, 2011), which have simultaneously recruited and exploited the undocumented population for cheap labor while also insuring that they are not able to advance economically. Unfortunately, Latino immigrants throughout this time have also faced discrimination, fear, and racism (Davies, 2009; Lopez, Morin, Taylor, 2010). Latinos from differing Latin American countries each have their own unique history of immigration to this country. However, they all share a history of political, military, or economic intervention by the U.S. (Andreade & Viruell-Fuentes, 2011).

Historically, immigration policy and discourse within the U.S. has been filled with contradictions (Davies, 2009; Flores & Loss, 2010). During times of economic strain, policy has been largely aimed at restricting immigration and has heightened anti-immigrant sentiment and hate. However, during times of economic growth, national legislation has encouraged Latino immigration and largely ignored unauthorized entry into the country (Davies, 2009). For example, during the Great Depression in the 1930s many Latinos, particularly Mexicans were deported or pressured to leave the U.S. However, after World War II the U.S. experienced a significant farm labor shortage. Therefore, the federal government established the *bracero* (laborer) program with Mexico and opened its borders to millions of Mexican migrant workers

(Davies, 2009). Unfortunately despite active recruitment, these workers often experienced exploitation, poor working conditions, discrimination, and racism (Gutiérrez, 2012).

The bracero program also inadvertently stimulated unauthorized Latino immigration (Davies, 2009). Undocumented migrant workers who were not able to secure contracts through the bracero program were still able to find jobs due to the high demand for cheap labor. Further, many employers encouraged migrant workers to bypass the program all together in order to avoid paying the high fees associated with the program (Gutiérrez, 2012). It was during this time that unauthorized labor became a significant aspect of the U.S. economy. In fact, it is estimated that the number of undocumented workers entering the U.S. during this time was equivalent to the approximately five million official migrant workers in the bracero program (Gutiérrez, 2012).

Since that time, U.S. policies have continued to simultaneously produce migration to the U.S. from Latin America and criminalize migrants (Bacon, 2014). For example, The North American Free Trade Agreement (NAFTA), which was first signed in 1994 by Canada, Mexico, and the U.S. created an economic crisis in Mexico. After NAFTA Mexican producer prices dropped while food prices rose. Mexico experienced high unemployment and low wages (Bacon, 2014). The U.S. has passed similar trade agreement with other Latin American countries. Displaced workers caught in this ongoing crisis feel that they had no other choice but to search for jobs in the U.S. At the same time, anti-immigrant rhetoric and xenophobia has lead to the criminalization of undocumented people in the U.S. and the denial of jobs and other benefits (Bacon, 2014).

A recent report by the Center for Migration Studies (2016) estimates that there are currently 10.9 million undocumented immigrants living in the U.S. (Warren, 2016). In addition, 81 percent of undocumented individuals are from a Latin American country (Passel, Cohn, &

Lopez, 2011). Therefore, undocumented Latinos have a significant presence in the U.S. Unfortunately, conflict over resources following the 2007 economic recession and distorted political rhetoric in the current 2016 presidential election have fueled hateful rhetoric surrounding Latino immigration. The inaccurate perception that the undocumented population is rapidly growing in the U.S. has brought this issue to the forefront of the presidential election (Warren, 2016). Xenophobia has increased because of distorted political and media discourse that frames undocumented Latinos as a drain to public services and the economy (Gutiérrez, 2012). Due to this rhetoric and anti-immigrant sentiment, hate crimes have significantly increased against all Latinos across the nation (Mock, 2007). Ruiz et al. (2013) explain that immigration debates in the U.S. have specifically focused on Latina/o immigrants and this had lead to xenophobia, negative attitudes and increased racism and discrimination toward Latino immigrants.

These national issues take on a unique inflection in the Southern U.S. since larger numbers of both documented and undocumented Latino families have just begun to settle in the area within the last 25 years (Pew Research Center, 2011). Due to the rapidly growing Latino immigrant population in the Southern U.S., researchers and service providers have begun to identify this region of the country as the "New Latino South" (Kochlar, Suro, & Tafoya, 2005). In the last two decades, the Latino population has grown faster in the South than anywhere else in the U.S. (Pew Research Center, 2011). The Latino population began to significantly grow in Georgia in the 1990s due increasing job opportunities in meat processing, carpet, service, and construction industries (Walcott & Murphy, 2006). Between the years 2000 and 2011, the Latino population grew by 103 percent and is now estimated to have reached 880,000 (Brown & Lopez, 2013). Latino immigrants settling in the South tend to be young, foreign-born families (Passel,

2005). In addition, it is estimated that 40 percent or more of the Latino foreign-born population settling in the New Latino South is undocumented (Passel, 2005).

The experiences of undocumented immigrants in the New Latino South are affected by the larger culture and society, as well as the sentiment and reception of the local communities in which they settle (APA, 2011). Those who settle in newer settlement areas, such as Georgia, may experience greater challenges than those settling in traditional settlement states, such as California or New York, where they encounter well-established Latino immigrant communities (Kochlar et al., 2005). In addition, since their arrival in Georgia, Latino immigrants have confronted resistance by native-born residents, including protests by the Ku Klux Klan (Olsson, 2009).

Currently, undocumented Latinos continue to experience racism and discrimination in Georgia. Over the years, Georgia was adopted harsh and discriminatory law aimed at criminalizing immigrants and attempting to force them out of the state (Advancement Project & Georgia Latino Alliance on Human Rights, 2015). For example, in 2007 the state passed SB 350, which made driving without a state issued driver's license a felony. In addition, Georgia law (S 492) bars undocumented students from in-state tuition at universities and colleges. Further, in 2011 the Georgia State Board of Regents passed a rule that does not allow any University System of Georgia institution to enroll undocumented students unless they have admitted all academically qualified applicants in the two most recent years (NCLS, 2015). Georgia law also (O.C.G.A. 50-36-1) requires agencies and political subdivisions to verify the lawful presence in the U.S. of any person applying for public benefits, including health benefits (Attorney General of Georgia, 2012). This requires any mental health agency using federal or state funding to verify lawful presence of their clients. In 2011 Georgia also passed House Bill 87, an anti-immigrant

law that allows police officers to investigate an individual's immigration status and has left many Latinos feelings afraid and isolated (Shahshahani, 2014). Clearly, these anti-immigrant laws create a hostile and oppressive context for undocumented Latinos living in Georgia.

However, pro-immigrant movements that focus on social justice and recognize that immigrants provide positive contributions to the U.S. economy and society also exist (Yakushko, 2009; Davies, 2009). In Georgia, organizations like SCCL aim to provide mental health services for the Latino community regardless of immigration status. This study focused on the experiences of therapists at SCCL who work with undocumented Latinos within this socio-ecological context of the New Latino South. SCCL is one of the few mental health organizations in the New Latino South that specifically aims to provide accessible services for this community, making it a rich source of cultural knowledge for understanding this mental health crisis in the New Latino South.

Ecological Framework

Therapist and client experiences in the New Latino South can be understood through the use of Brofenbrenner's (1994) ecological model. The ecological model provides a comprehensive framework for exploring the contexts in which counselors and their clients experience the therapeutic process. The ecological model (Bronfenbrenner, 1994; Bronfenbrenner & Morris, 2006) suggests that all humans exist within the context of reciprocal and interacting systems. In other words, a person's experience is greatly impacted by the interaction between their personal characteristics (age, race, ethnicity, SES, language, documentation status etc.) and their environment (APA, 2012). Bronfenbrenner's (1994) ecological model describes four major systems, including the microsystem, mesosystem, exosystem, and macrosystem (See Figure 1).

Both the microsystem and mesosystem look at how immediate communities are affected and interact with each other. A person's microsystem involves their immediate environment in which they interact directly with other people, such as their workplace, family, peers, and community agencies (Bronfenbrenner & Morris, 2006). This study focused on SCCL as an important microsystem for both counselors and their undocumented clients. For undocumented Latino clients, their interactions with counselors and SCCL occur within a microsystem and can have a significant impact on their well-being. For the counselors, SCCL serves as a workplace microsystem. Many factors may impact the effectiveness of clinical microsystems, such as SCCL, including, leadership, culture, administrative support, and interdependence of the clinical team (Kosnik & Espinosa, 2003). The quality of relationships within workplace microsystems and the level of support from co-workers and supervisors also have a significant impact on the experiences of workers within these microsystems (Sias, Krone, & Jablin, 2002). In this study, counselors' interactions with co-workers and supervisors on a daily basis have an impact on how they provide services for their clients. In addition, the mesosystem involves interactions between microsystems (Bronfenbrenner & Morris, 2006). For example, this may include a counselor's interaction with an undocumented client's peers or family, which also indirectly impacts the individual.

The exosystem and macrosystem involve larger distant systems. The exosystem involves the social structures that often directly impact a person's access to resources but over which she or he does not have direct control (Bronfenbrenner, 1994). For undocumented Latino clients, this may include access to employment, transportation, and medical benefits as well as immigration laws that impede access to these important resources. It is essential that counselors understand the ways in which these systemic structures impact their undocumented clients, their ability to

access services, and the therapeutic process (Torres et al., 2011). Finally, the macrosystem includes the overarching values and attitudes within a particular setting (Bronfenbrenner & Morris, 2006). For counselors and their undocumented Latino clients, this includes the political rhetoric and social attitudes regarding immigration in the U.S. (Johnson, 2007; Shattell & Villalba, 2008) and the cultural, economic, and historical context of both their home countries and the areas to which they move (APA, 2012). The exosystem and macrosystem provide an important understanding regarding the context of immigration that is essential for counselors to understand.

This study gave careful consideration counselor's perspectives and personal experiences within their ecological context, including SCCL and the New Latino South, in order to explore the challenges and success they encounter while providing services to the undocumented Latino community. Further, examining counselor's perspectives offered essential information about microsystemic and macrosystemic issues relevant to the accessibility of culturally responsive mental health care for undocumented Latino clients.

Statement of the Problem

The undocumented Latino communities in the New Latino South are facing an urgent mental health crisis. In addition to widespread racism and prejudice, they also face unique psychological stressors, such as heightened acculturative stress and the threat of deportation, presenting them with unique mental health challenges (Hipolito-Delgado & Mann, 2012). Currently, their mental health needs are not being adequately met (Alegria et al., 2002; Perez & Fortuna, 2005; Coffman & Norton, 2010). There is a need to build a body of research regarding the difficulties that these communities face in accessing psychological services and the procedures for effective practice with this population. Only then will we be able to consistently

train and provide counselors with the support and resources they need to serve communities in the New Latino South with culturally competent care.

While theoretical and intervention guidelines exist for working with Latino populations (Satiago-Rivera et al., 2002; Delgado-Romero, Galván, Hunter, Torres, 2008; Arredondo et al., 2014), the experiences of therapists who attempt to practically apply these guidelines in practice has received little attention. There is currently a gap in the literature regarding counselors' experiences of working with immigrant clients (Singer & Tummala-Narra, 2013). To my knowledge, this is the only study that specifically explores the experiences of clinicians who work with undocumented Latinos. This knowledge is vital to our understanding of the challenges and success that counselors are currently experiencing when working with this population. This is particularly important because ethical practice requires a multicultural perspective in which the counselor is aware, knowledgeable, and skilled at providing services to culturally different clients (Sue, Arredondo, McDavis, 1992; APA, 2010). Yet, we currently have limited information about the training, resources, and support that the therapists who work with this population need in order to provide culturally competent and ethical services. Therefore, this study attempted to fill this gap in knowledge by providing an in-depth exploration of the lived experiences of counselors who currently serve the undocumented Latino community.

Purpose of the Study

The purpose of this multiple case study was to gain an in-depth understanding of the lived experiences of counselors working with undocumented Latino clients within the context of a Latino-serving community-counseling center in the Southeastern U.S. This study aimed to explore the knowledge, perceptions, and experiences of counselors who prioritize providing accessible services to the undocumented Latino community. Further, therapists' perceptions

regarding their own practices and the ecological context in which they work provided essential data about the ways in which systemic factors impact the therapeutic process with undocumented Latino clients. A multiple case study design (Stake, 1995) was used to focus on therapists' experiences of working with undocumented Latino clients in their real-world context (Yin, 2014), specifically SCCL and the New Latino South. All counselors were asked about their experiences within this context in order to gain an in-depth and holistic understanding of this phenomenon.

This study was informed by LatCrit theory (Iglesias, 1997). LatCrit theory aims to bring greater attention to the adverse social, political, and legal contexts of Latinos living in the U.S. (Valdes, 1997). Further, LatCrit scholars are intentional about recognizing racism and the discriminatory laws and policies that impact the lives of Latinos. Therefore, they work to promote social justice awareness and activism aimed at greater equity (Perez Huber, 2009). Through a LatCrit lens, this study focused on the intersection of race and immigration status and its impact on clinical practice. Specifically, it attended to the experiences of counselors who are attempting to provide culturally responsive services to the undocumented Latino community that counter the Eurocentric paradigms that guide traditional clinical practice. This is important because when dominant values are normalized the experiences and needs of people of color are ignored and marginalized (Parker, 1998). Therefore, this study prioritized the experiences of therapists who intentionally focus on the unique needs of undocumented Latino clients.

Research Question

The overarching research question for this study was: How do counselors describe their experiences of working with undocumented clients in a Latino-serving counseling center in the Southeastern U.S?

Definitions and Operational Terms

A list of operational definitions for the terms and concepts used in this study are included below.

Undocumented Immigrant: For the purpose of this study, undocumented immigrant refers to any citizen of another country who is living in the U.S. without a current valid visa (Gonzalez-Barrera et al., 2012). The term "illegal" is intentionally avoided due to its derogatory connotation and labeling of undocumented persons as criminal (Yakushko, 2009). Further, Paspalanova (2008) explains that the term "illegal" refers to an act and therefore cannot be used to describe a human being.

Latino: For the purpose of this study, Latino refers to any individual living in the U.S. with Spanish-speaking country ancestry (Arredondo et al., 2014). It is important to note, however, that the Latino population in the U.S. is a highly heterogeneous group made up of people from vastly different countries with distinct experiences and characteristics (Arredondo et al., 2014). The broad term, Latino, is used in this study in order to capture therapists' experiences of working with clients from distinct Latin American countries with undocumented legal status.

New Latino South: For the purpose of this study, the New Latino South refers to the rapid growth of Latinos within the last two decades in new settlement areas in the Southern U.S., including Georgia (Kochlar et al., 2005).

Acculturation: For the purpose of this study, acculturation is defined as an ongoing learning process that occurs when individuals come in contact with different cultures (Stephenson, 2000).

Acculturative Stress: For the purpose of this study, acculturative stress is defined as the psychological and emotional strain experienced by immigrants in response to the challenges and stressors that they experience as they adapt to life in a new country (Arbona et al., 2010).

Racism: For the purpose of this study, racism against Latinos in the U.S. will be understood as the way in which "one race maintains supremacy over another race through a set of attitudes, behaviors, social structures, and ideologies" (Barbee, 2002).

Microaggressions: For the purpose of this study, microaggresions are defined as "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group" (Sue et al., 2007, p. 273).

Therapist/counselor/clinician: For the purpose of this study, the terms therapist, counselor, and clinician will be used interchangeably to refer to a licensed or intermediate licensed mental health professional that provides psychotherapy.

Mental health professional: For the purpose of this study, mental health professionals include psychologists, professional counselors, marriage and family therapists, and clinical social workers with a current license or intermediate license that affords them the permission to provide psychotherapy in the state of Georgia.

CHAPTER II

Review of Related Research

Though there is an increasing recognition within psychology of the importance of meeting the mental health needs of diverse clients (APA, 2002), the experiences of the therapists who provide these services has received little attention (Singer & Tummala-Narra, 2013). Further, the undocumented Latino community is highly underrepresented in the psychological literature (Delgado-Romero, Galván, Maschino, & Rowlad, 2005; Perez & Fortuna, 2005; Hipolito-Delgado & Mann, 2012). However, specific knowledge about this population is vital for counselors who seek to provide culturally appropriate services for this community (Satiago-Rivera et al., 2002; Arredondo et al., 2014). This chapter reviews the current research on the conditions that impact counselors' experiences of providing mental health services to the undocumented Latino community.

Counseling Latinos

Scholars (Falicov, 1998; Satiago-Rivera et al., 2002; Lopez-Baez, 2006; Comas-Diaz, 2006; Delgado-Romero et al., 2008; Romero, 2009; Arredondo et al., 2014) have discussed recommendations for providing culturally responsive counseling with the Latino population in the U.S. This section will review several issues that are vital for counselors who work with this population to consider. These issues include: the diversity of the Latino population, cultural values, acculturation, and immigration status.

A Heterogeneous Population

Latinos in the U.S. are a highly heterogeneous group made up of people from vastly different countries with distinct migration experiences, cultural traditions, languages, religious

beliefs, and indigenous roots (Alegria et al., 2007; Arredondo et al., 2014). Therefore, their counseling needs will also be unique. For example, the counseling needs of a Colombian client who is experiencing trauma due to exposure to the civil war in Colombia (Delgado-Romero, Rojas-Vilches, & Shelton, 2008) may differ from the counseling needs of Mexican family who have been separated for years due to due parents immigrating to the U.S. before their children (Cervantes, Mejia, & Mena, 2010). Therefore, it is essential that clinicians who work with Latino clients recognize these differences and refrain from making over simplistic assumptions of Latino panethnicity (McConnell & Delgado-Romero, 2004).

Further, it is important that clinicians carefully assess the way in which their clients self-identify (Delgado-Romero et al., 2008). Latinos may prefer to identify themselves through panethnic terms (Latino or Hispanic) or they may prefer to identify by their country of origin (Mexican or Mexican-American). Individuals may also hold panethnic and national origin identities simultaneously (McConnell & Delgado-Romero, 2004) or chose to use political (Chicana) or racial (LatiNegro) terms (Delgado-Romero, et al., 2008). It is important to note that Latinos may experience a transformation in their identity when they immigrate to the U.S. or feel marginalized and confused by having an ethnicity (Hispanic or Latina) imposed on them by the dominant culture. For many individuals, these identities may also shift depending on the situation or context (McConnell & Delgado-Romero, 2004). For example, a undocumented client who is a recent immigrant may chose to identify according to their country of origin while an undocumented client who has lived in the U.S. since they were a young child may chose to identify simply as Latina. Given these complexities, Delgado-Romero et al. (2008) encourage clinicians to carefully consider the ways that their client's identities impact the issues they bring to counseling.

Cultural Values

Despite significant variability within the Latino population, Latinos share several common value orientations (Santiago-Rivera et al., 2002). A value that is important for many Latinos is *Familismo,* which stresses the importance of connectedness with family (Falicov, 1998). Family issues are often tied to way in which Latinos define themselves (Delgado-Romero, 2001) and can serve as an important protective factor against difficulties, such as racism and acculturative stress (Falicov, 1998). It is important to note that migration can have significant implications for the Latino family, including disruption of family structure, changes in gender roles, and increased responsibility for children (Delgado-Romero et al., 2008). Therefore, it is recommended that counselors give careful consideration to issues of family and conceptualize their more traditional Latino clients within the context of their *familia* (Santiago-Rivera et al., 2002; Delgado-Romero et al., 2008).

Another important Latino cultural value is *personalismo*, which reflects the importance of interpersonal relationships (Añez et al., 2008). Therefore, it is particularly vital that counselors spend time developing a therapeutic relationship with Latino clients. This may be particularly true for undocumented clients who have developed a healthy distrust of institutions. Finally, *respecto,* emphasizes respect for authority and elders (Lopez-Baez, 2006). It is important for clinicians to be aware that Latino clients may perceive them as an authority figure and therefore may avoid disagreeing with, or disrespecting the clinician (Añez et al., 2008).

Though individuals will vary to degree to which they endorse these Latino cultural values (Delgado-Romero et al., 2008), they are important for counselors to understand because they often influence Latino clients' behavior and communication style (Añez et al., 2008). Further, Arredondo et al. (2014) explain that including cultural values in therapy promote cultural

meaning. Integrating these cultural values into practice can increase understanding and communication with Latino clients.

Acculturation

Acculturation is an ongoing process that occurs when individuals come in contact with different cultures (Stephenson, 2000). Though it was originally thought of as a unidirectional process (Gordon, 1964; adopting dominant culture norms while forgoing one's home culture), acculturation is now considered to be a complex process that is impacted by a person's relation to their environment, social messages about inclusion, relationships with others, and perceptions of the self (Arredondo et al., 2014). Unfortunately, Latino immigrants often face significant pressure to conform to the norms of the dominant culture and experience discrimination if they choose not to do so (Delgado-Romero et al., 2008). For a through review of acculturation theory and research see Chun, Organista, & Marín, 2003.

Acculturative stress if the psychological stress that can occur when an individual feels conflicted between two cultures (Smart & Smart, 1995). This is often a pervasive and long lasting process that is heightened by an imbalance between cultural demands and available resources (Smart and Smart, 1995). For Latinos, challenges such as language barriers, separation from family, discrimination, and undocumented legal status can lead to acculturative stress (Arbona et al., 2010). In addition, research indicates that acculturative stress is associated with feelings depression and anxiety (Alderete et al., 1999; Finch et al., 2000). For this reason, it is essential that clinicians understand the impact of acculturative stress on the well-being of their undocumented Latino clients.

Undocumented Immigration Status

Latino immigrants to the U.S. are highly resilient and often find ways to navigate their new sociocultural contexts in successful ways (APA, 2012; Arredondo et al., 2014). However, due to the many stressors associated with immigration, it is often a difficult process with significant psychological consequences (APA, 2012; Augilar-Gaxiola et al., 2012, Ruiz et al., 2013). Further, Latino immigrants who are undocumented face additional stressors associated with their legal status that have the potential to negatively impact their psychological health and emotional well-being (Perez & Fortuna, 2005; Hipolito-Delgado & Man, 2012; APA, 2013). Therefore, undocumented Latinos are more likely to experience depression, anxiety, and adjustment difficulties while also engaging in higher levels of substance abuse than their documented counterparts (Perez & Fortuna, 2005; Ramos-Sanchez, 2010). It is essential that clinicians who work with this population understand these stressors and their psychological consequences (APA, 2013).

Immigration experiences. For many Latino individuals and families, the immigration process is a significant and difficult event that has long-lasting effects (Hernández & McGoldrick, 1999). One prior estimate is that approximately 45 percent of undocumented Latinos living in the U.S. overstayed a visa while the remainder entered the U.S. undetected (Pew Hispanic Center, 2006). The process of traveling into the U.S. undetected is often strenuous and dangerous (Hipolito-Delgado & Mann, 2012). Many individuals and families experience trauma and violence while attempting to cross the border, including robbery, kidnapping, sexual assault, and exploitation by *coyotes* (someone paid to help undocumented immigrants cross the border into the U.S. without detection from law enforcement; Falicov, 1998; Richards, 2004; Suarez-Orozco & Suarez-Orozco, 2001). Satiago-Rivera et al. (2002) urge counselors not to

overlook the high risk of victimization and oppression of those who are undocumented during and after the migration process. Further, these experiences can lead to mental health difficulties, including anxiety, depression, familial stress, PTSD, and substance abuse (APA, 2013).

One particular stressor that requires close examination is family separation, which often occurs during the migration process of undocumented families (Suarez-Orozco, Todorova, & Louie, 2002). In a process termed serial migration, one individual will immigrate to the U.S. first in order to establish a new home base and eventually send for the rest of the family when it is financially possible (Cervantes et al., 2010). Serial migration often separates families (including parents and children) for years and has the potential to disrupt the family unit and result in emotional, behavioral, and psychological symptoms for children separated from their parents (Satiago-Rivera et al., 2002; Cervantes et al., 2010). Unfortunately, reunification is often difficult as both parents and children continue to experience emotional and relational difficulties (Suarez-Orozco et al., 2002; Smith, Lalonde, & Johnson, 2004; Hernandez, 2013) and differing levels of acculturation (Santiago-River et al., 2002).

Racism and discrimination. The pervasive impact of racism on the physical and mental health of immigrants and people of color has been well-documented (Brondolo, Gallo, & Myers, 2009; Carter, 2007; Thompson & Neville, 1999). Racism and discrimination may also be tied directly to way clients seek counseling (Delgado-Romero, 2001). Particularly, in the U.S. undocumented Latinos face both covert and overt racism and discrimination in many aspects of their lives, including in the employment, residential, educational, health, and legal systems they encounter on a daily basis (Torres et al., 2011: Arredondo et al., 2014; Nadal et al., 2014). This cumulative racism may result in the experience of trauma (Torres et al., 2011) and heightened acculturative stress (Arredondo et al., 2014). Further, discrimination within these systems

ensures that Latinos are not able to improve their socioeconomic well-being (Arredondo et al., 2014) and leaves many undocumented Latinos feeling stuck without economic mobility (Perez & Fortuna, 2005).

Undocumented Latinos also face racism and discrimination through the current dominant rhetoric regarding immigration in the U.S (Shattell & Villalba, 2008). As Anti-immigrant and anti-Latino sentiment continues to grow in the U.S., Latinos often face overt racism, racial profiling, hate crimes, microaggressions, and negative stereotypes (Arredondo et al., 2014). In particular, undocumented Latinos are often negatively portrayed as "illegal", uneducated, violent, and criminal (Arredondo et al., 2014). These experiences of racism have emotional, psychological, and physical effects on Latino individuals and communities. Therefore, it is imperative that counselors have the skills to recognize and address the race-based traumatic stress injury that results from these experiences (Carter, 2007; Chung, Bemak, Ortiz, & Sandoval-Perez, 2008; Torres et al., 2011).

Threat of deportation. The threat of deportation is a constant psycho-environmental stressor that greatly impacts the emotional well-being of undocumented Latinos. In a study with Latino immigrants, Cavazos-Rehg, Zayas, and Spitznagel (2007) found that in comparison to documented Latino immigrants, those who were undocumented experienced a perpetual feeling of vulnerability and helplessness and reported higher levels of negative emotions, particularly anger. Further, the fear of deportation is related to increased levels of familial acculturative stress (Arbona et. al., 2010) and greater social isolation (Perez & Fortuna, 2005). The fear of deportation also leads many undocumented families to avoid seeking social services and health care (Berk & Schur, 2001; Ramos-Sanchez, 2009; Ortega et al., 2007; Sullivan & Rehm, 2005).

Further, the fear associated with the possibility of immigration raids and deportation negatively effects children with undocumented parents (McLeigh, 2010). For example, children who have been separated from their parents due to immigration raids have been found to experience feelings of abandonment, fear, depression, isolation, and symptoms of trauma (Capps, Castaneda, Chaudry & Santos, 2007; Chadry et al., 2010).

Clearly, therapists who work with Latino clients must consider a multitude of issues in order to effectively serve this population. When Latino clients are also undocumented, therapists have an added responsibility to negotiate how this status impacts their client's well-being, access to mental health services, and the therapeutic process. This study aims to explore the way in which therapists are currently doing this within the New Latino South.

Barriers to Mental Health Care

Despite the stressors described above, Latino immigrants with mental health needs are highly underserved (Delgado-Romero et al., 2008; Ruiz et al., 2013). When Latinos in the U.S. do receive mental health services they are more likely to receive inadequate and lower quality care (Alegría et al., 2002; Young, Klap, Sherbourne, &Wells, 2001). Further, the mental health needs of Latinos often go undetected in primary care settings (Borowsky et al., 2000). Unfortunately, the literature also suggests that there are even greater disparities in mental health care for undocumented Latinos in comparison to their documented counterparts (Alegría et al., 2002; Kouyoumdjian, Zamboanga, & Hansen, 2003; Perez & Fortuna, 2005; Coffman & Norton, 2010). Given this disparity, it is essential for therapists to understand the barriers to mental health care experienced by their undocumented Latino clients.

Undocumented Latinos report that financial constraints are a significant barrier to accessing mental health services (Perez & Fortuna, 2005). Undocumented immigrants often

experience higher levels of poverty compared to their documented counterparts (Passel & Cohen, 2009) and often do not have access to insurance or subsidized low-cost services (Perez & Fortuna, 2005). Delgado-Romero et al. (2008) explain that having an awareness of Latino client's financial status is particular important in meeting the need of undocumented and/or uninsured clients. As discussed above, fear of deportation has also been reported as a barrier to seeking mental health services among this population (Berk & Schur, 2001; Ramos-Sanchez, 2009; Ortega et al., 2007; Sullivan & Rehm, 2005).

Coffman and Norton (2010) found that low health literacy among Latino immigrants also restricts their ability to seek mental health services. Language barriers, lack of social support, and immigration stress often compound new Latino immigrant's ability to navigate already complex health care systems in the U.S. (Coffman & Norton, 2010; Caldwell et al., n.d.). Further, practical concerns, such as lack of transportation and childcare make it even more difficult to access services (Perez & Fortuna, 2005).

Further, for traditional Latino people there may be a stigma attached to receiving mental health services (Delgado-Romero et al., 2008). For this reason, Latino immigrants often seek help form nontraditional mental health providers, such as priests, medical doctors or spiritual healers, rather than a mental health professional (Vega & Lopez, 2001). In addition, many Latinos are socialized to avoid sharing personal problems outside of the family. This may be particularly true for undocumented clients who may fear that disclosing information that could lead to deportation (Delgado-Romero et al., 2008). Alegria et al. (2008) caution, however, that this reluctance to seek mental health care may reflect an accurate perception of the unavailability of culturally appropriate care. This may be particularly true in the New Latino South, where

there is lack of mental health infrastructure that can respond to the mental health needs of the growing undocumented Latino population.

Many scholars have noted that there is also a lack of culturally and linguistically competent providers who can attend to the unique needs of immigrant clients (Chung et al., 2008; Willerton et. al., 2008; Vontress, 2001; Delgado-Romero et al., 2011; Rastogi et al., 2012; Ruiz et al., 2013). It may be difficult for clients to access therapists who are bilingual and can provide services in Spanish (Vega et al., 2007; Bauer & Alegria, 2010). However, Arredondo et al. (2014) explains that even for clinicians whose native language is Spanish, the complexity of therapeutic discourse with a monolingual or immigrant client may be beyond their skill level. Further, Spanish-language proficiency does not ensure the therapist is able to provide culturally appropriate services to Latino clients (Verdinelli & Biever, 2009). The competent delivery of services to Spanish-speaking clients also requires cultural competence (Castano et al., 2007; Verdinelli & Biever, 2009). Building a trusting therapeutic relationship is highly dependent on the client having the choice to speak their own language and feel culturally understood (Ruiz et al., 2013). Therefore, there is an urgent need for the continued focus on educating and training culturally and linguistically competent clinicians (Ruiz et al., 2013; Delgado-Romero et al., 2011).

Further, when clinicians do not have the skills to competently integrate culture into practice, this increases the likelihood of inaccurate assessments, misdiagnoses and inappropriate treatment (Satiago-Rivera et al., 2002; Arredondo et al., 2014). Intervention and assessment tools that are incongruent with the client's unique contextual factors and Latino culture run the risk of over-pathologizing the client or ignoring signs of distress (Suzuki, Ponterotto, & Meller, 2008). For example, Latino clients who adhere to traditional beliefs may report issues such as *empacho*

(upset stomach), *susto* (fright), or *ataque de nervious* (attack of nerves) that dominant culture clinicians may not recognize or understand (Santiago-Rivera et al., 2002). Culturally inappropriate practice also leads to lower levels of Latino client satisfaction, increased drop-out rates, and poor outcomes (Chapa & Acosta, 2010). The many factors that can impede culturally competent practice with Latino clients further points to the need to explore the role that clinicians themselves play in providing these services.

The literature discussed above clearly suggests that there is an urgent need for linguistically and culturally competent therapists who can meet the needs of the Latino population in general. However, counseling with undocumented clients require additional competencies that are still largely unexamined. Therefore, this study aims to explore the experiences of therapists who may be able to point to the unique skills needed to work with this community and address the barriers the face in accessing these services.

Training and Competencies

The unique circumstances of Latinos in the U.S. described above have resulted in the increased need for counselors who can provide culturally competent care for this population. Despite this need, the current culturally competent mental health workforce is not large enough to serve the large and growing Latino population in the U.S. (Atdjian & Vega, 2005; Lopez, 2002; Vega & Lopez, 2001; Delgado-Romero et al., 2011). Further, if mental health workers are not adequately trained to provide culturally responsive treatment, they run the risk of working beyond their scope of practice and engaging in unethical treatment (APA, 2010). Therefore, Ruiz et al. (2013) emphasize that the field of psychology must continue to focus its attention on the education and training of linguistically and culturally competent mental health providers.

Training Programs

The majority of clinicians who work with Latino clients are being trained in generalist mental health programs (Delgado-Romero et al., 2011). These programs typically have very few Latino faculty (Broussard & Delgado-Romero, 2008) and their commitment to multicultural competence varies greatly by program (Delgado-Romero et al., 2011). The availability to culturally competent faculty and supervisors in graduate programs is critical since both play significant roles in shaping student's clinical skills (Arredondo & Rosen, 2007). Unfortunately, clinicians who work with Latino and Spanish-speaking clients often report that they do not receive the training they need in graduate school to work with these populations (Paynter & Estrada, 2009; Singer & Tummala-Narra, 2013; Verdinelli & Beiver, 2013).

Further, Latinos themselves are highly underrepresented in mental health graduate programs and this creates an exclusion of Latinos in helping build the knowledge base of mental health (Delgado-Romero et al., 2005). However, Latino providers alone cannot be expected to provide services to the large Latino populations in the U.S. In addition, simply being Latino or having the ability to speak Spanish does not automatically mean that a clinician is culturally competent to work with Latinos clients (Delgado-Romero et al., 2008). Therefore, there is a need for both Latino and non-Latino service providers who are linguistically and culturally competent of providing services to the Latino community (Delgado-Romero et al., 2011).

Given this need, Delgado-Romero et al. (2011) provide six recommendations for building the infrastructure necessary to train a bilingual and bicultural mental health workforce. First, the authors explain that dramatic action is needed to increase the retention of bilingual and bicultural students and faculty in the mental health field. This may include collaboration with both Hispanic Serving Institutions (HSIs) and psychologists from Latin America (Delgado-Romero et

al., 2011). Second, the authors suggest that mental health programs must be intentional about recruiting faculty and students from all ethnic backgrounds who are committed to multicultural competence. Third, Delgado-Romero et al. (2011) argue that language and cultural competence of students should be periodically assessed in a standardized way. This is an important step for insuring the competence of all clinicians (Biever et al., 2011).

Fourth, the authors explain that collaboration is needed across and within disciplines in order to build a strong and diverse mental health workforce. Finally, Delgado-Romero et al. (2011) explain that mental health infrastructures must be aimed at the needs of specific places and specific populations taking into account their respective contexts. Due to the relatively recent increase of the Latino population in Georgia there is a need to create new mental health programs and services for the undocumented community. In addition, infrastructures in regions with larger undocumented populations must to take into account the unique challenges and mental health needs of this community (Delgado-Romero et al., 2011).

One particularly successful training program that aims to prepare linguistically and culturally competent clinicians is The Psychological Services for Spanish Speaking Populations (PSSSP) program at Our Lady of the Lake University (OLLU) in San Antonio, Texas. PSSSP is part of an APA accredited graduate program that provides focused training for clinicians who intend to work with Latino and Spanish-speaking clients. It aims to increase both student's language and cultural competence when working with this population (Biever et al., 2011). PSSSP focuses on three main training areas including, language proficiency, cultural awareness and knowledge, and competent and sensitive service delivery in Spanish. In addition, all students undergo formal assessment of their language and cultural competence (Biever et al., 2011).

There is a need for more programs that, like PSSP, are committed to meeting the mental health needs of the Latino community by training linguistically and culturally competent clinicians.

There are currently no formal programs that explicitly train clinicians to work with undocumented clients. This creates an ethical dilemma for clinicians who do choose to work with this population. If clinicians do not provide services to the undocumented community, services may be denied all together. However, without this training clinicians run the risk of practicing outside of their area of competence. This dilemma clearly points to an urgent need for research regarding therapists' experiences working with undocumented clients in order to gain a better understanding of their training needs.

Professional Associations

Professional organizations also have the potential to significantly influence clinician's cultural practice with undocumented Latino clients. Professional organizations, such as APA, impact training through accreditation and foster practice and research through peer-reviewed journals. In 2002, APA published, *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists,* in order to foster psychologist's multicultural competencies. These guidelines are composed of 6 main tenets: 1) As cultural beings, psychologists hold attitudes and belief that can negatively impact persons of color; 2) Multicultural sensitivity, knowledge, and understanding are essential for competent practice; 3) Multiculturalism and diversity must be addressed within education and training; 4) Culturally sensitive research is culture-centered and ethical; 5) Psychologists use culturally appropriate counseling skills, which includes and awareness and knowledge of both one's own worldview and that of the client; and 6) Psychologists are encouraged to participate in processes that encourage culturally appropriate organizational practices and policy (APA, 2002). There are also

several division within APA that that focus on multicultural competence and provide training and mentoring for clinicians who aim to work with diverse clients, including Division 17: Society of Counseling Psychology (for more information see (http://www.div17.org/sections/ethic-and-racial-diversity/) and Division 45: Society for the psychological study of ethnic minority issues (for more information see http://www.apa.org /about/division/div45.aspx).

The National Latina/o Psychological Association (NLPA) is a particularly relevant venue for continued education and discussion regarding Latino immigration (Ruiz et al., 2013). NLPA's mission is to advance psychological training, practice, and organizational change in order to increase the well-being the Latino population ("Our Mission", n.d.). NLPA is particularly welcoming to students and provides opportunities for mentoring and professional development (Consoli, n.d.; Chavez-Korell, Delgado-Romero, & Illes, 2012). This is important because the availability of professional mentoring greatly impact the experiences and socialization of Latino students in mental health fields (Gloria & Robinson Kurpis, 1996; Delgado-Romero et al., 2011).

The theme for NLPA's most recent conference in 2014 was *DREAMers, Immigration, & Social Justice: Advancing a Global Latina/o Psychology Agenda*. During this conference, experts in Latino psychology gathered to present and discuss the psychological aspects of Latino immigration in the U.S. Also, NLPA's new *Journal for Latina/o Psychology* has begun publishing important work regarding Latino immigrants and their families, including articles on acculturation (Lorenzo-Blanco & Cortina, 2013), discrimination (Nadal, Mazzula, Rivera, Fujii-Doe, 2014; Gonzalez, Stein, Kiang, & Cupito, 2014; Varela, Gonzalez, Clark, Cramer, & Crosby, 2013) education (Garriott & Flores, 2013), and religion (Koerner, Shirai & Pedroza,

2013; Moreno & Cardemil, 2013). Research and theory that focuses on the experiences of Latino immigrants is essential for counselors who aim to work with this population in a culturally responsive way. Further, professional organizations, such as APA and NLPA, can have a significant impact on providing clinician's with this information. For this reason, this study aimed to explore the training and professional support that clinicians needs when working with undocumented Latino clients.

Culturally Competent Practice

According to APA's (2012) presidential task force on immigration, culturally competent psychologists recognize that all individuals including themselves are influenced by different historical and sociopolitical contexts. For those who work with undocumented Latino clients, this involves developing knowledge about the sociopolitical influences that impact their client's lives, their ability to access services, and how these factors impact the therapeutic relationship (Perez & Fortuna, 2005).

The multicultural counseling competencies (Sue et al., 1992; Arredondo et al., 1996; Worthington, Soth-McNett, & Moreno, 2007) provide guidelines for working with diverse populations. Further, these competencies served as the cornerstone for the APA (2002) multicultural guidelines described above. The multicultural counseling guidelines emphasize the need for multicultural competence regarding counselors' awareness, knowledge, and skills within three broad domains (Arredondo et al., 1996).

The first domain emphasizes the counselor's self-awareness regarding attitudes, assumptions, and beliefs of the counselor's own cultural heritage (Arredondo et al., 1996). This domain also addresses the importance of the counselor understanding the ways that oppression, racism, and discrimination affect them and their work with clients (Sue et al., 1992). It is

essential that counselors' who work with undocumented clients take to the time to consider their own assumptions and beliefs about this population and how it might impact their clinical work.

The second dimension calls counselors to become aware, knowledgeable, and skilled about specific cultural groups (Sue et al., 1992; Arredondo, 1999). Arredondo et al. (1999) makes it clear that it is the counselor's responsibility to actively engage in a process of knowledge building about the historical and cultural experiences of their clients. Further, Santiago-Rivera et al. (2002) explain that effective psychological practice with Latino populations requires specific knowledge of each Latino group. As discussed above, the Latino population in the U.S. is a highly heterogeneous group made up of people from vastly different countries with distinct experiences and characteristics (Arredondo et al., 2014). Therefore, culturally competent practice with this population requires that counselors acquire the knowledge needed about each group in order to apply interventions that are culturally appropriate (Santiago-Rivera et al., 2002; Alegria et al., 2007).

The final domain involves the counselor's responsibility to develop culturally appropriate assessments and interventions (Arredondo et al., 1996). Culturally competent clinicians respect and integrate their client's cultural, spiritual, and indigenous beliefs into the therapeutic process (Santiago-Rivera et al., 2002). Therefore, counselors' who work with undocumented Latino clients must gain clinical skills beyond those gained in traditional training, which are often based on white middle-class models of human development (Arredondo et al., 1999). These multicultural competencies recognize that counseling is a culture-bound experience that places on the responsibility on the counselor to develop the attitudes, knowledge, and skills to provide appropriate services to diverse populations (Arredondo, 1999).

Latino-Centered Counseling Competencies

The Multicultural Counseling Competencies (Sue et al., 1992) described above provide therapists with a framework for working with diverse clients. However, in 2005 a task force within the American Counseling Association (ACA) was developed to in order to establish Latino-specific counseling competencies (Gallardo-Cooper et al., 2006 as cited in Arredondo et al., 2014). This task force was developed under the leadership of Dr. Patricia Arredondo, who was president of the ACA at the time. Arredondo et al. (2014) explains that these competencies are an expansion of the Latino-specific competencies discussed by Satiago-Rivera et al. (2002) in their book, *Counseling Latinos and La Familia*.

The Latino-specific counseling competencies include the three main constructs from the Multicultural Counseling Competencies (awareness, knowledge, and skills) but also incorporate seven Latino-specific domains (Arredondo et al., 2014). The first domain involves an understanding of the family's and individual members' developmental stage, such as bicultural development and the family life-cycle stage. The second domain, involves issues of personal and ethnic identity, which counselors must recognize as complex and multidimensional (Arredondo et al., 2014). For example, the use of culturally sensitive identity models, such as Arredondo and Glauner's (1992) Dimensions of Personal Identity model, allows counselors to consider the complex systems in which Latino identity develops (Arredondo et al., 2014).

The third dimension of the Latino-specific counseling competencies is an understanding the client's level of acculturation (Arredondo et al., 2014). As described above, the acculturation process is complex and it is essential that counselors understand their clients' level of acculturation, any generational or cross-cultural conflicts, and appropriate interventions (Marin & Gamba, 2003; Hipolito-Delgado & Diaz, 2013). Fourth, it is essential that counselors give

careful consideration to their Latino clients' language needs and preferences (Arredondo et al., 2014). This includes an understanding of the variations in the Spanish language from varying countries (Satiago-Rivera et al., 2002). In addition, the use of *dichos* (cultural sayings and proverbs) have also been found to be an important aspect of culturally responsive counseling with Latino clients (Bernal, Jimenez-Chafey, & Domenech Rodriguez, 2009).

Culturally competent counseling with Latino clients also requires that counselors recognize the many family factors that may impact their clients' lives (Arredondo et al., 2014). *Familismo,* a preference for maintaining a close family connection, is a strong cultural value for many Latinos (Santiago-Rivera et al., 2002). Further, it is essential for counselors to understanding how issues related to this value and that of interdependence, a hierarchical family structure, and changing family roles due to immigration may impact the client and the counseling process (Santiago-Rivera et al., 2002; Falicov, 2006). The sixth dimension involves the many stressors that Latinos encounter in the U.S. (Arredondo et al., 2014). As described above, undocumented Latinos often face stressors, such as the threat of deportation, racism, discrimination, and acculturative stress that may negatively impact their psychological well-being (Cavazos et al., 2007).

The final dimension of the Latino-specific Counseling Competencies urges counselors to recognize and integrate into practice the many protective factors available to their Latino clients (Arredondo et al., 2014). Despite the stressors they encounter, Latino immigrants are often resilient due to protective factors, such as individual characteristics, family strengths, ethnic pride, biculturalism, spirituality, Latino traditions, cultural values such as collectivism, and community supports (Cardoso & Thompson, 2010).

Much of the research literature described above is aimed at helping clinicians understand the experiences of Latinos in general. Though training materials and competency guidelines for working with Latinos will often allude to the needs of the undocumented community, there continues to be a lack of training and competencies aimed specifically at clinicians working with this population. Therefore, this study aimed to explore the experiences clinicians currently working with undocumented Latinos in order to gain greater insight into their training needs.

Latina/o Critical Race Theory

Given the complex context that clinicians must consider when working with undocumented Latino clients, a Latina/o Critical Race (LatCrit) Theory (Iglesias, 1997) framework was used in this study. LatCrit theory scholars aim to increase the visibility of Latinos living in the U.S. and work to promote inter-disciplinary discourse on the adverse social, political, and legal environments in which Latinos often live (Valdes, 1997). LatCrit theory emerged and draws from the strengths of Critical Race Theory (CRT; Solorzano & Yosso, 2002), which places race and racism at the center of analysis and asserts that racism is pervasive and deeply ingrained within the U.S (Solorzano & Yosso, 2002). However, Iglesias (1997) explains that LatCrit extends CRT by:

> exploring how Critical Race Theory might be expanded beyond the limitations of the black/white paradigm to incorporate a richer, more contextualized analysis of the cultural, political, and economic dimensions of white supremacy, particularly as it impacts Latinas/os in their individual and collective struggles for self understanding and social justice (p. 178).

Therefore, LatCrit theory (Iglesias, 1997) was used in this study as a lens to focus on the intersection of race and immigration status and explore its impact on clinical practice. In this

way, the present study aimed to listen to the voices of therapists who are attempting to provide culturally sensitive services that counter the Eurocentric paradigms that guide traditional clinical practice. This is important because as Parker (1998) explains, when dominant groups and institutions "assume normative standards of whiteness" (p. 45) people of color are ignored and further marginalized. For this reason, this study aimed to understand the experiences of counselors who are attempting to provide culturally responsive services to the undocumented Latino community.

LatCrit theory also provided a lens for exploring the ways in which social structures in the New Latino South mediate the lived experiences of clinician's and their undocumented Latino clients. LatCrit scholars are intentional about recognizing the discriminatory laws and policies that impact the lives of Latinos in the U.S. (Valdes, 1997). Therapists' experiences in this study shed light on the ways in which racism, discrimination, and oppression impact their undocumented clients' lives and impede their ability to access appropriate mental health services. Therefore, this study specifically focused on the lived experiences of therapists who are currently working with undocumented Latino clients.

Service Provision

The research on multicultural competent practice with diverse clients has largely focused on providing guidelines and theoretical recommendations while the practical application of these guidelines by therapists in the field has received little attention (Hansen et al., 2006; Maxie, Arnold, & Stephenson, 2006; Worthington, Soth-McNett, & Moreno, 2007). Therefore, this study aimed to explore of the experiences of counselors who are working directly with undocumented Latino clients.

Therapists' Experiences

There is a gap in the literature regarding counselors' experiences providing services to immigrant clients (Singer & Tummala-Narra, 2013). After a thorough review of the psychological research literature, no studies that examine therapists' experiences working with undocumented Latino clients were found. However, several studies do explore therapists' experiences with Latino clients, immigrant clients, and Spanish-speaking clients.

Therapists' experiences with Latino clients. The need for therapists who can provide culturally competent mental health services with Latino clients has received increased attention (Satiago-Rivera et al., 2002). Taylor, Gambourg, Rivera, and Laureano (2006) conducted interviews with nine therapists who worked with Latino families in order to explore they ways these therapists constructed the idea of cultural competence in the counseling room. The authors found that therapists in their study discussed the importance of proficient Spanish language skills when working with Latino families (Taylor et al., 2006). Latino therapists who grew up in Spanish-speaking households felt the most comfortable working in Spanish. However, all therapists discussed the importance and difficulty of recognizing subtle differences in meaning of the language. The therapists in this study also emphasized the importance of recognizing language preferences and differences for clients from differing countries, social class, and age.

Therapists in Taylor's et al. (2006) study also discussed the impact of social class, gender, and power differences on the therapeutic relationship. In particular, Taylor et al. (2006) explain that therapists risk a cultural clash if they are not aware of the ways differing values in these areas impact a trusting relationship. Further, therapists found that the Latino families they worked with often experience cultural clashes within the family due to generational differences. Therefore, therapists found that the concept of biculturalism was meaningful in helping families

adjust emotionally and psychologically to differing cultural values. Finally, Taylor et al. (2006) found that therapists verbalized unique constructions of cultural competence. They conclude by encouraging the reader to consider multicultural competence with Latino clients as a contextual and fluid process with a focus on the therapeutic relationship (Taylor et al., 2006).

Similarly, Paynter and Estrada (2009) describe a White female student counselor's experience of providing bilingual therapy to Mexican immigrant clients. Though the student counselor was in a graduate program that emphasized multicultural competence, she found that during her internship experience she encountered issues not covered in the classroom. First, she explained that it was only through clinical practice and consultation with her supervisor that she gained a more nuanced understanding of the way Latino cultural values (such as *familismo*, *respecto* and family hierarchy) impacted the therapeutic relationship and counseling process. Paynter and Estrada (2009) also explain that the student counselor initial struggled to reconcile her postmodern, client-as-expert approach with the traditional hierarchy often found in Latino culture. Finally, the student therapist credited the availability of bicultural and bilingual clinic staff and supervisors in helping to facilitate her growth as a culturally responsive therapist (Paynter & Estrada, 2009).

Therapists' experiences with immigrant clients. Several researchers have also examined therapists' experiences working with immigrant populations. In a recent study, Singer & Tummala-Narra (2013) explored the perspectives of White clinicians who work with racial minority immigrant clients. The authors interviewed 13 clinicians with at least five years of experience. Participants in this study indicated that their own family connections, interactions with co-workers, and early personal experiences impacted their desire to work with immigrant clients. However, participants varied greatly in their ability to address race and culture in

therapy. While some therapists indicated that they were comfortable discussing race in session, others reported that race and culture were not a central part of their work with immigrant clients. Further, about half of the therapists described a lack of cultural knowledge for specific interventions to use with minority clients. At times, cultural differences were experienced as too divergent to continue therapy. Therefore, the authors suggest that race and culture continues to be a difficult area for some therapists to explore, particularly with immigrant clients (Singer & Tummala-Narra, 2013).

Similar to the literature discussed above, the participants in Singer & Tummala-Narra's (2013) study also emphasized that external and systemic stressors impacted the therapeutic relationship with their immigrant clients, including socioeconomic difficulties, immigration status, traumatic life experiences, and family stress. They indicated that the actual practice of working with immigrant clients and consultation with colleagues and supervisors were important in developing the skills to work with this population. Finally, participants indicated that discussing their experiences with immigrant clients for research contributed to their own growth as culturally responsive therapists (Singer & Tummala-Narra, 2013).

Jones (2012) conducted a similar study with 36 social workers that worked with immigrant clients. The author conducted focus groups with these social workers in order to explore the challenges and success of working with this population. The participants in this study expressed that working with immigrant clients was difficult due to the added stressors and challenges they face. In particular, they discussed the lack of services available to undocumented immigrants and their clients' reluctance to disclose personal information and their immigration status due to fear of deportation (Jones, 2012).

However, the social workers in Jones' (2012) study indicated that they were most successful in helping their immigrant clients by helping organize community advocacy efforts and providing education about rights and access to services. They also found that it was important to help their clients build formal and informal networks of friends and family who could mutually provide support. Finally, they discussed the importance of professional connections between social work agencies (Jones, 2012).

Therapists' experiences providing therapy in Spanish. In order to provide culturally responsive counseling, it is essential for Spanish-speaking clients to have access to services in their dominant language (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera et al, 2002; APA, 2002). However, few therapists report that they receive training in their graduate programs in order to provide counseling in Spanish (Castaño, Beiver, Gonzales & Anderson, 2007; Verdinelli & Beiver, 2013). Rather, therapists who do provide counseling in Spanish seek out training on their own. For example, Castaño et al. (2007) surveyed 127 practitioners who provided therapy in Spanish and found that sixteen percent sought out Spanish classes, 39% had a Spanish-speaking supervisor, and 28% attended Spanish language workshops after graduation. Further, therapists report that they develop their Spanish language skills through their interactions and consultations with bilingual colleagues and supervisors (Field, Chavez-Korell, & Domenech Rodríguez, 2010; Castaño et al., 2007; Verdinelli & Biever, 2009; Rivas, Delgado-Romero, & Ozambela, 2005). In a study with therapists providing cross-ethnic therapy with Spanish-speaking clients, Verdinelli and Biever (2013) found that cross-cultural experiences and learning Spanish early in life greatly contributed to the therapists' desire to provide therapy in Spanish.

However, providing culturally competent services to Spanish-speaking clients requires more than simple acquisition of the language. It also requires knowledge of the Latino culture,

identity development, and country and regional differences of the Spanish language (Biever, Gomez, Gonzalez, & Patricio, 2011; Rivas et al., 2005). Unfortunately, both native and non-native bilingual therapists report concerns regarding their ability to express themselves in Spanish, limited vocabulary knowledge, inability to understand variations of Spanish, and difficulty translating psychological concepts and theories that they originally learned in English (Sprowls, 2002; Verdinelli & Biever, 2009; Castaño et al., 2007; Verdinelli & Biever, 2013). Therapists recognize the complexity of proving services in Spanish and they often worry that they have not received the appropriate training to provide this service (Rivas et al., 2005).

Further, in a reflection on their experiences as bilingual Latino therapists, Rivas et al. (2005) describe the ways in which using Spanish in session can affect the therapeutic process. For example, the authors indicate that the ability to speak Spanish can strengthen the therapeutic bond, particularly with clients who have struggled to find a therapist who can understand them. In addition, one author shared that understanding language switching by clients can significantly inform the therapeutic process. Bilingual clients often choose to use Spanish when they are in distress or discussing emotional content while they use English to communicate cognitive focused expression. However, clients may also intertwine the two languages freely and expect the therapist to do so as well (Rivas et al., 2005). This complexity in language use within session, clearly points to a need for carful training and supervision for bilingual therapists.

The literature also indicates that bilingual therapists often face additional professional challenges and responsibilities in comparison to their monolingual English-speaking counterparts (Rivas et al., 2005; Verdinelli & Biever, 2009). Rivas et al. (2005) explain that as bilingual therapists in a primarily monolingual counseling center they were often asked to do extra tasks (such as translation) without compensation and there was no consideration for the extra time and

energy required to be a bilingual therapist. Further, in an in-depth interview study with 13 bilingual therapists, Verdinelli & Biever (2009) found that therapists felt proud to be able to provide services in Spanish but they also often felt isolated and disconnected as they struggled to effectively use two languages in their professional lives.

Collectively, the findings from the studies discussed above indicate that therapists who work with Latino, immigrant, and Spanish-speaking clients often do not receive the training they need in graduate school to competently work with these populations (Paynter & Estrada, 2009; Singer & Tummala-Narra, 2013; Verdinelli & Beiver, 2013). However, therapists find that actual practice with these populations, consultation with colleagues, and supervision greatly impacts their ability to provide culturally competent services. Further, both native and non-native therapists find providing services to Latino Spanish-speaking clients challenging (Taylor et al., 2006; Verdinelli & Biever, 2009). This study will help contribute to the body of research on how to train bilingual therapists to be culturally sensitive as well, and will be the first significant study on therapists' cultural competency relating to undocumented Latinos.

These studies also indicate that therapists often find that their clients' external and systemic stressors (such as socioeconomic difficulties and immigration status) greatly impact the therapeutic process (Singer & Tummala-Narra, 2013; Jones, 2012). In addition, Latino/a counselors who work with Latino populations may encounter the same discrimination experienced by their clients. As noted above, addressing the socio-political needs of undocumented Latino clients may be a central aspect of therapeutic services (Perez & Fortuna, 2005). Finally, several therapists also explained that early cross-cultural life experiences impacted their desire to work with immigrant (Singer & Tummala-Narra, 2013) and Spanish-speaking (Verdinelli & Biever, 2013) clients.

The current study aimed to build on this research by specifically exploring the experiences of therapists who work with undocumented Latino clients. In particular, this study explored the factors that lead therapists to work with undocumented Latino clients, the challenges and success they encounter, and the impact of the context in which they work on the therapeutic process.

Vicarious Trauma and Clinician Burnout

As described above, the undocumented community faces significant challenges including, trauma, systemic discrimination and oppression, and racism. Therefore, the therapists who work with this population are at risk of experiencing vicarious trauma and burnout. This study aimed to explore the experiences of therapists who work with this highly underserved population.

Therapists who consistently work with clients who have experienced trauma are at risk of experiences vicarious trauma (Newell & MacNeil, 2010). Hernández, Engstrom, and Gangsei (2010) define vicarious trauma as "the cumulative effect of working with traumatized clients: interference with the therapist's feelings, cognitive schemas, memories, self-esteem, and/or sense of safety" (p. 69). By listening and bearing witness to their clients' narratives there is a transmission of traumatic stress to the therapist (Figley, 2002). Vicarious trauma is a natural and internal experience as a result of cumulative stress associated with bearing witness to trauma (Hernández et al., 2010). In addition to vicarious trauma therapist may also experience burnout.

Newell and MacNeil (2010) explain that human service work that requires the consistent use of empathy is the largest risk factor for professional burnout. Burnout has been conceptualized as including three main domains, including emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Maslach, 1998; Maslach,

Schaufeli, & Leiter, 2001; Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). Emotional exhaustion occurs when therapists become emotionally drained due to demands from their clients and work place (Maslach, 1998). Similarly, depersonalization occurs when the exhausted therapists becomes cynical and emotionally detached from clients and other work (Maslach, 1998; Maslach et al., 2001). The final domain of burnout is a reduced sense of personal accomplishment, which occurs when therapists begin to feel inadequate despite their efforts to be helpful to clients (Maslach et al., 2001).

Community Based Organizations

The counseling organizations in which therapists work also have the potential to impact the client's ability to access services and the therapeutic process itself. As noted above, mental health services are greatly underutilized by the undocumented Latino community (Alegría et al., 2002; Kouyomdijian Perez & Fortuna, 2005; Coffman & Norton, 2010). However, mental health programs that are situated within established and trusted community-based centers have been found to increase mental health utilization among immigrant populations (APA, 2013). When therapy is provided as part of a comprehensive care plan that includes educational, health, legal, and other social services, it is seen as less threatening and may carry less stigma, particularly for immigrant minority populations (Casas, Pavelski, Furlong, & Zanglis, 2001; Bridges et al., 2014).

Further, for many undocumented Latinos, therapy may only address one aspect of their current needs and the stressors they face. Therefore, collaboration between mental health and other social services is culturally responsive and able to holistically address the needs of Latino immigrants (APA, 2013). It is important to note that community-based organizations are most successful when all levels of the staff receive training in cultural competence (Casas et al., 2001).

The literature also indicates that when community-based organizations are located in settings where immigrant communities already spend time, such as schools and churches, utilization increases (Birman et al., 2008; APA, 2013). In addition, Hipolito-Delgado & Mann (2012) suggest that informational workshops can be an effective way to outreach to immigrant communities. The authors explain that informational workshops on topics such as parenting and education provide a non-threatening introduction to other counseling services. These workshops may be particularly effective if they are conducted with the help of trusted community gatekeepers, social service organizations, or religious institutions (Hipolito-Delgado & Mann, 2012; Hancock, 2007).

Finally, research suggests that the socio-political needs of undocumented Latino clients may need to be addressed before attending to psychological symptoms (Perez & Fortuna, 2005). In many cases, concerns related to housing, employment, education, financial resources, transportation, and child care may be the clients most pressing concern and a significant barrier to their ability to continue attending therapy sessions (Alegria et al., 2002; Mendez et al., 2009; Hipolito-Delgado & Mann, 2012; Arredondo et al. 2014). Therefore, counselors who work with undocumented clients may be required to engage with their clients in ways that go beyond the traditional counseling role (APA, 2013). Given the significant benefits of providing mental health services within a community-based organization, SCCL was a particularly appropriate context for this study. This study explored the ways in which SCCL as the context of clinical practice impacts therapist's experiences of working with undocumented Latino clients.

Southern Counseling Center for Latinos (SCCL)

As noted above, SCCL provided a unique opportunity to study the phenomenon of implementing mental health services for undocumented Latinos within a community-based

organization in the New Latino South. SCCL's executive director, who is referred to by the pseudonym P. Romano, created SCCL over 17 years ago and has consistently adapted its services in accordance with the demographics, utilization rates, cultural differences, and barriers to access of the Latino community in the South. Today, SCCL is the only licensed and accredited Latino behavioral health facility in the state of Georgia ("SCCL: who we are", n.d.) and in 2015, SCCL served over 1,600 individuals (P. Romano, personal communication, April 30, 2016). This study aimed to listen to the therapists within SCCL who are dedicated to providing culturally responsive counseling to the Latino community in the Southeastern U.S.

As an organization, SCCL specializes in mental health and addiction services. It provides prevention services, diversion services, and direct clinical services. Multiple prevention services are aimed at reducing substance abuse, prescription drugs use, underage drinking, HIV and Hepatitis C, suicide prevention, and smoking cessation. SCCL also runs a prevention program aimed at increasing healthy nutrition. In regards to diversion services, SCCL provides a clubhouse for Latino youth who are receiving counseling services. Clubhouse staff provide tutoring, GED and SAT preparation, employment counseling, social and exercise activities, and peer support services. SCCL also provides direct clinical services to children, adolescents, and adults through individual and group counseling. In addition, a psychiatrist and registered nurse provide psychiatric evaluations, nursing services, and medication management (SCCL: Our services, n.d.). This array of services is important because the research described above suggests that when a variety of services are provided together within a community-based organization, the rate of mental health utilization by immigrant clients increases (APA, 2013). SCCL provides psychological, medical, and educational services in order to holistically address the needs of the Latino community.

SCCL funds its prevention, diversion, and treatment programs through grants, such as a grant through the Substance Abuse and Mental Health Services Administration, donations, and state and federal funding (P. Romano, personal communication, April 30, 2016). The child and adolescent counseling services are funded through insurance reimbursement by Medicaid or Care Management Organizations. The Adult counseling program is funded through Medicaid (about 15%), grants, or private donations (P. Romano, personal communication, April 30, 2016).

SCCL intentionally addresses many of the barriers to adequate mental health care that Latinos encounter in the U.S. First, SCCL does not collect any information regarding documented status in the U.S. (P. Romano, personal communication, April 30, 2016). In order to address the practical barriers to accessible services, SCCL provides extended services hours (9am to 9pm), bus tokens and childcare, and has begun providing tele-counseling (Romano, 2014). As discussed above, undocumented Latinos also report significant financial constraints (Perez & Fortuna, 2005). Therefore, SCCL is dedicated to providing sliding scale or free services to those who are unable to afford services (Romano, 2014). There are about 30-40 other providers who speak Spanish in and around the metropolitan city in which SCCL is located. However, the majority of these providers are insurance based or fee for service (personal communication with Dr. Romano, 2016). Unfortunately, many undocumented families are not able to afford these rates. Due to the low health literacy among Latino immigrants (Coffman & Norton, 2010), SCCL also provides community education that addresses the myths and realities of mental health counseling (SCCL: Our services, n.d.).

Finally, due to the lack of culturally and linguistically competent providers who can attend to the unique needs of immigrant clients (Chung et al., 2008), SCCL is committed to providing culturally competent services to the Latino community (Romano, 2014). A clear

example of this is that all of SCCL's services are available in Spanish and all employees who interact with clients are bilingual (SCCL: who we are, n.d.). Bilingual counselors are financially compensated for their linguistic and cultural knowledge, including the extra time that it takes to complete English language documentation for a session conducted in Spanish (Delgado-Romero, 2014). In addition, SCCL provides training opportunities for student counselors completing practicums and newly licensed therapists. For counseling services, SCCL has a Child and Adolescent Clinical Director who supervises ten therapists and an Adult Services Clinical Director who supervises seven therapists (SCCL: who we are, n.d.).

This research project was the continuation of a long-standing community-university partnership between SCCL and the Counseling Psychology program within the University of Georgia. Specifically, my advisor, Edward Delgado-Romero, and the ¡BIEN! research team have engaged in research and service with SCCL for over ten years. This long-standing relationship provided an important foundation for this study and contributed to the trust and active engagement needed for the current study. This is important because as Toporek et al. (2010) explains, community engagement is often an essential aspect of working toward social change that is relevant to those who are most affected by inequity. SCCL and the ¡BIEN! research team share common core values that include social justice, advocacy, and service to the Latino community.

SCCL provides an invaluable service the undocumented Latino community in Georgia that holistically addresses the needs of this community. This study aimed to explore the vast the cultural knowledge that SCCL has developed and to understand the challenges and success that therapists within this organization have encountered when working with the undocumented Latino community in the Southeastern U.S. The findings of this study provide a detailed

understanding of counselors' experiences at SCCL and are an important starting point for research and work with undocumented communities throughout the U.S. This study gives a clear picture of the type of resources, training, and support that counselors who work with this population need. From a social justice perspective, the ultimate goal was to develop a deeper understanding of culturally responsive and ethical practice with undocumented Latino clients in the U.S.

CHAPTER III

Methods and Procedures

This chapter will outline the methods and procedures utilized in this study, including research design, case selection and recruitment, and data collection and analysis. The trustworthiness and limitations of this study will also be discussed.

Research Design

This qualitative study utilized a multiple case study research design (Stake, 1995) and was guided by LatCrit Theory (Iglesias, 1997). Qualitative research is concerned with the meaning people ascribe to social or human problems (Creswell, 2007). The openness and flexibility of qualitative research allows the researcher to make new discoveries and identify unanticipated aspects of a phenomenon (Maxwell, 2013). In addition, it is also particularly useful when a complex and detailed understanding of an issue is needed because it allows for exploration without the use of predetermined categories (Creswell, 2007). Due to the lack of research and foundational understanding currently available about counselors' experiences working with undocumented Latino clients, a qualitative approach was essential for this study.

Further, Merchant and Dupuy (1996) explain that qualitative research is particularly appropriate for the study of multicultural issues because it is congruent with the holistic and nonlinear worldviews of many non-European cultures. Both qualitative research and a multicultural paradigm recognize nonlinear causality, focus on making contexts explicit, and value subjectivity (Merchant & Dupuy, 1996). These assumptions are essential for this study because many of the common training and practices followed by counselors are based on western

cultural assumptions (Casas et al., 2001). This study aimed to explore counselor's experiences serving undocumented Latino clients beyond standard European American centered psychological practice.

In line with these qualitative research assumptions, social constructivism (Crotty, 2003) served as the epistemological underpinning for this study. Social constructivism assumes that individuals construct subjective meaning of their experience through interaction with their social and historical contexts (Creswell, 2007). Therefore, it is assumed that different people will construct meaning of the same phenomenon in different ways (Crotty, 2003). For this reason, this study relied on participant's subjective views as knowledge and gave careful attention to the context in which they are situated.

An interpretive lens further guided this study, which is congruent with a social constructionist epistemology (Creswell, 2007). Specifically, a Latina/o Critical Race (LatCrit) Theory (Iglesias, 1997) framework was used to engage informants and interpret the data. As discussed in chapter two, the use of LatCrit theory in this study allowed me to explore how issues of race, ethnicity, immigration status, and the social structures in the New Latino South impact the therapeutic work of clinician's and their undocumented Latino clients. Parker (1998) argues that CRT and qualitative research are congruent because the narratives generated through qualitative interviews can directly challenge dominant ideologies. This study aimed to attend to the perspective of counselors who work in ways that may disrupt narrowly defined ways of conducting therapy and lead to a more complete understanding of the undocumented community's mental health needs. Perez Huber (2009) explained that the ultimate goal of LatCirt scholarship is to create a reality that is more equitable than the one in which we now live. Lastly,

the use of LatCrit theory in this study was important because the theory's tenets are congruent with my own personal assumptions and values described below.

Researcher Assumptions

In this study, I attempted to be self-reflective about my own subjectivity throughout the research process (Morrow, 2005). This required an exploration of my own background and how it has shaped the person, researcher, and counselor I am today. My personal identity, experiences, and assumptions impacted this study as I co-created knowledge with the participants.

I identify as a documented, biracial (Latina/white) woman. I was born in Pomona, CA, which automatically granted me the unearned privilege of U.S. citizenship. Six months after I was born my family moved to Oaxaca, Mexico. As a biracial person, I feel that my identity has been continually shaped by a negotiation between two cultures. *La frontera* (the border) between Mexico and the United States has been a powerful symbol in my life. It represents the divide and connection between the Mexican and white American parts of who I am.

I grew up in in the southern state of Oaxaca, far from the U.S. and Mexico border. However, many of the families we knew sent their young men to *la frontera* in search of work. Even as a young child, I knew that the U.S. was seen as an opportunity to provide a better life for one's family. I also remember hearing stories of young people who had disappeared somewhere in their journey to the U.S. For my family, *la frontera* was easily accessible, and we were able to travel across the border to visit friends and family. At that time, I had a sense that I was privileged, but I did not yet have the knowledge or language to fully understand or articulate it.

As a child, traveling to the U.S. was very exciting for me because we would visit family. However, I also remember fear associated with crossing the border. As we approached the border

checkpoint, my father would often remind my sister and I to only answer questions in English and smile. He would prepare us to seem as though we "belonged" in the U.S. During one particular border crossing, the border guard stole my passport. He checked and returned the passports of my family members but kept mine. I can see now that he took my passport because of the immense value and privilege of my U.S. citizenship. On another occasion, as my family drove into the U.S. after crossing the border, another vehicle attempted to run our car off the road. We later learned that the man driving the other vehicle assumed that we were a Mexican family that had just "snuck across the border." I felt very frightened when this happened. However, my documented family was able to seek help from law enforcement without fearing deportation. These early childhood experiences began shaping my ideas of inequity, discrimination, and the privilege that comes from simply being born on particular side of *la frontera*.

When I was fifteen years old, my family permanently moved to California. This was a difficult transition for me but also a time of growth as I continued to negotiate multiple aspects of my identity. Later, I attended a small liberal arts college and majored in psychology without knowing where this degree would lead me. After graduation, I began working as a Behavioral Health Aid for a mental health organization that placed me at a predominantly Latino elementary school in Anaheim, CA. I was placed at this school because I spoke Spanish. It was during this experience that I began to understand how my professional life might connect with my identity as Latina. I enjoyed working with the Latino families at this school, many of whom were undocumented, and it provided me with a sense of community in my work life. However, this was also a school with very limited financial resources. Many of the families I worked with were not getting the mental or physical health services that they needed. This experience had a

significant impact on my understanding of the lack of accessible of health services for the undocumented community in the U.S. It was during this time that I chose to apply to graduate school in mental health.

I attended the University of Oregon master's program in Couples and Family Therapy. During my first semester as a practicum counselor, I had the opportunity to work with an adolescent Latina whose parents were undocumented. This was my first experience working with an undocumented family as a mental health counselor. My supervisor at the time encouraged me to turn to the psychological literature for guidance. However, I was surprised to find that there was very little research on the mental health needs of the undocumented community. I felt anger and sadness about the lack of attention in this area. I was also left unsure about how to proceed with the undocumented family I was working with in counseling. As a student counselor, I was searching for guidance on working specifically with undocumented families, but I did not find what I needed.

Due to this lack of research, my supervisor encouraged me to conduct my own study. The faculty members that I worked with at the University of Oregon encouraged me to be an active member of the psychological community and taught me that I could be a part of developing research aimed at increasing the well being of undocumented Latinos. Therefore, I began the process of designing a study aimed at understanding how parents speak with their children about their undocumented legal status. Through this process I began to recognize the power of research as a tool for understanding the experiences of underserved communities. I also began to see myself as a Latina researcher and advocate.

When I applied to PhD programs, I looked for a counseling psychology program with a social justice foundation and the opportunity to focus on Latino psychology. I found a home at

the University of Georgia with the ¡BIEN! research team. My current advisor, Dr. Delgado-Romero, and the other graduate students helped me to see clinical work and research as tools for social justice. I also began to volunteer with Freedom University, which provides college-level courses free of charge to those who are undocumented in Georgia. The undocumented students I got to know clearly articulated the significant negative impact that Georgia's anti-immigrant laws have on their daily lives. These experiences have shaped my values of social justice and advocacy for the undocumented Latino community living in the Southeastern U.S.

Through my current advisor, I was also introduced to NLPA. As described above, the theme for NLPA's 2014 conference was *DREAMers, Immigration, & Social Justice: Advancing a Global Latina/o Psychology Agenda*. At the conference, I was encouraged to see so many psychologists who not only cared deeply about the mental health of Latino immigrants but who were also actively engaged in both practice and research with this population. During this conference, I organized a symposium introducing the idea of "documented privilege" that explored ways psychologists can advocate for those who are oppressed because of their legal status. This conference allowed me to see that there is a community of psychologists who are engaging in research and clinical practice with the undocumented community. The values of *familismo* and *personalismo* were present throughout the conference as presenters and conference participants discussed the psychological wellbeing our Latina/o community. I had the opportunity to hear from pioneers in Latino psychology, such as Melba Vasquez, Manuel Casas, and Carola Suárez-Orozco among others who have made significant contributions to the literature regarding undocumented mental health. Experiences like these as a graduate student have motivated me to believe that equitable, accessible, and culturally appropriate services for the undocumented Latino community are not only necessary but also possible.

It is also important to note that I wrote the findings of this study with news of the 2016 presidential election season in full swing. The hateful rhetoric that I have heard from presidential candidates regarding undocumented immigrants has saddened and angered me. Similarly, news of the Atlanta, GA immigration raids in January and March 2016 left me with a sense of fear and sadness for our community. However, this is also what fuels my determination to continue to engage in research and clinical practice with the undocumented Latino community. Counseling psychologist, Tania Israel (2011) stated "The ability to see privilege presents us with choices—will I shield my eyes or will I expose myself to awareness of injustices? (p. 161). It is clear that undocumented people continue to live in oppressive social and political contexts that negatively impact their mental health. Therefore, this dissertation study is a choice to recognize my documented privilege and act in response to injustice.

My personal and professional experiences have shaped my understanding of documented privilege and the assumption that the mental health community has a responsibility and the ability to address the unique mental health needs of the undocumented Latino population. This assumption is congruent with my values as a counseling psychology student, which emphasizes multiculturalism and social justice. I strongly support those who immigrate to the U.S. in search of a better life, and I consider this dissertation a small form of activism aimed that joining a larger struggle to fight for the rights of undocumented Latino communities and equitable mental health care for all people.

Multiple Case Study

Case Study research involves the exploration of a phenomenon through one or more cases within a bounded system (Creswell, 2007). This study explored the phenomenon of counselors' experiences working with undocumented clients within the bounded system of an

outpatient-counseling center in the Southeastern U.S. In particular, this study was a descriptive case study (Yin, 2014) because its purpose was to describe the phenomenon of interest in its real-world context. A descriptive framework was essential for this study due to the lack of research currently available for understanding the experience of working with undocumented Latino clients.

Merriam (2009) explains that case study research is characterized by the cases themselves. The cases being studied are the units of analysis (Patton, 2002). Therefore, the cases in this study consisted of multiple counselors who have experienced the phenomenon of interest. The purpose of a multiple case study design is to investigate several cases in order to understand a common phenomenon (Creswell, 2007). Stake (2006) explains that the individual case is of interest because it is part of a larger collection of cases that are bound together (Stake, 2006). Therefore, this study explored the experience of working with undocumented Latino clients across different cases (counselors) within SCCL in order to gain a more in-depth understanding of this phenomenon (Merriam, 2009).

Yin (2014) provides three essential conditions for case study research. First, he argues that case study research is best suited for answering "how" and "why" research questions because they tend to be explanatory and lead to an in-depth exploration. The research question for this study asks how researchers describe their experiences working with undocumented Latino clients and is well suited for an in-depth case study of this phenomenon. For the final two conditions, Yin (2014) explains that case studies are preferred when the researcher explores a contemporary phenomenon and when that researcher does not manipulate the behavior of the people involved. The experience of counselors' working with undocumented clients has gone largely unstudied. However, the mental health needs of the undocumented population are a

contemporary demand that the counselors at SCCL are currently attempting to meet. Further, the aim of this study was to understand this experience without direct intervention.

The final product of case study research is an in-depth holistic description and analysis of a specific phenomenon (Merriam, 2009). For this reason, case studies that are done well are holistic and context sensitive (Patton, 2002). Further, Yin (2014) explains that case study research is particularly useful for situations in which the context is essential for understanding the issue of interest. He explains: "phenomenon and context are not always sharply distinguishable in real-world situations" (p. 17). Therefore, a case study design considers context essential to understanding each case. In this study, careful consideration was given to the context in which the counselors work, including SCCL and their larger context of the Southeastern U.S, in order to provide an in-depth holistic description of their experiences.

Case Selection and Recruitment

In a multiple case study design, cases are chosen because they provide an opportunity to study the phenomenon of interest (Stake, 2005). In order to provide an in-depth understanding of each case, Creswell (2007) suggests not including more than four or five cases within one multiple case study. A small sample size is important in case study research because it allows the researcher sufficient time to concentrate and learn from the experiential knowledge of each case (Stake, 2005). At the same time, data from multiple cases allows the researcher to understand the experience from different perspectives, noticing similarities and variations, in order to form a rich description of the phenomenon (Polkinghorne, 2005).

After IRB approval, I used a combination of purposive and typical case sampling (Patton, 2002) to recruit five counselors or cases from SCCL for this study. Purposive sampling involves developing specific criteria for participant selection in order to choose individuals who can

meaningfully inform the understanding of the phenomenon (Polkinghorne, 2005; Patton, 2002). Typical case sampling is a strategy for purposive sampling that intentionally samples typical cases within a culture or program in order to describe an average experience of the phenomenon (Creswell, 2007). Patton (2002) argues that typical case sampling is helpful for describing what is typical within a particular context to those who are unfamiliar with it. For this reason, cases are typically selected with the help of gatekeepers or key informants who are familiar enough with the setting to identify what is typical. The executive director of SCCL served as an important informant regarding participant criteria for this study.

In order to achieve purposive and typical case sampling for this study, participant criteria included counselors who (1) have worked as a licensed mental health professional or as a paraprofessional counselor within a community counseling center for at least one year; (2) report a consistent average caseload of 2 to 3 undocumented Latino clients within the last year; and (3) on a subjective scale from one to five (1-Not a priority; 2-Low priority; 3-Neutral; 4-Moderate priority; 5-High priority), prioritize providing accessible services to the undocumented Latino community as part of their work at a level of four or higher. After generating these participant criteria I shared them with SCCL's executive director, who ensured that these criteria represented a typical case at SCCL (Patton, 2002).

It is important to note that I made a change in the participant criteria shortly after the recruitment process began for this study. In the participant criteria, I originally specified that participants must include counselors who have worked as a licensed mental health professional within a community-counseling center for at least one year. However, as I began the recruitment process, several potential participants indicated that they were working at SCCL under an intermediate license following graduation from a master's program in Social Work or Mental

Health Counseling. As mentioned above, an important aspect of SCCL is supervision of new clinicians in the mental health field. Therefore, after consulting with the faculty committee for this study and institutional IRB approval the participant criteria for this study was adjusted to include both counselors who have worked as a licensed mental health professional or as a paraprofessional counselor within a community-counseling center for at least one year, as specified in the final criteria indicated above.

Recruitment for this study included a recruitment email and oral presentations. First, I provided information about the study through an email (see Appendix A) sent to all SCCL counselors. Counselors' emails were acquired through the SCCL website. SCCL's executive director also provided me with permission to attend two regularly scheduled SCCL staff meetings, one for the Child and Adolescent team and one for the Adults Services team. I provided a brief oral presentation (see Appendix B) at the beginning of each meeting. In both the email and oral presentations, I provided potential participants with my email and phone number and asked that interested counselors contact me directly.

After recruitment, eight potential participants contacted me through email. I called each participant back and completed a brief phone screening to assess appropriateness for study participation (see Appendix C). Five of these individuals met participant criteria and accepted my invitation to participant in this study. Each participant received a monetary incentive of a 50-dollar visa gift card and light refreshments during interviews.

Participant confidentiality was an important focus for me throughout this study. As I began to meet with participants, I realized that they knew each other well. Several participants shared that they spend time getting to know other SCCL staff both in and outside of work. In addition, several participants asked to meet with me at a location outside of SCCL in order to

protect their confidentiality within their workplace. Following the first group interview for this study I wrote the following excerpts in my reflexive journal:

> I did not realize that participants would know each other so well. They seemed to really care about each other and know each other's personal stories very well. The values of *familismo* and *personalismo* seemed to be very present today.
>
> None of the participants I interviewed today want to have their individual interviews completed at SCCL. Did I make an assumption that participants would feel safe discussing their experiences at SCCL? As a researcher am I adequately protecting their confidentiality at work?

It was important that participants' identity remain confidential from not only the general public but also other SCCL staff who may recognize case narratives or other information about specific counselors.

In order to address this concern about confidentiality I spoke with members of the faculty committee for this study. Faculty members recommended that I use broad language to describe counselors and present demographic information in aggregate. One faculty member also encouraged me to consult with an IRB Compliance Associate. Therefore, after completing the findings section of this study I consulted with a UGA IRB Compliance Associate (see Appendix H) regarding the confidentiality of participants in this study. The compliance associate indicated that there was no need to make any IRB changes. However, she recommended the following: (1) use broad, vague language when describing participants; (2) conduct member checks and ask participants if they are concerned about their confidentiality; and (3) make changes to the study report as needed after member checks. I followed the above recommendations, which will be described throughout this report.

In order to protect confidentiality, participant demographic information is reported in aggregate. All participants identified as women. Three of the participants identified as Hispanic, and two counselors identified as Latina. All counselors identified that they fluently spoke both

English and Spanish. All counselors have a minimum of a master's degree in Professional Counseling, Social Work, or Mental Health Counseling. Finally, all counselors reported a consistent weekly caseload of undocumented clients, which they estimated to range from four to 20 clients weekly.

As discussed above, all of the individual cases (counselors) for this study were recruited from SCCL, an outpatient community-counseling center in the Southeastern U.S. SCCL was chosen as the site for this study because of its unique mission to provide affordable and culturally competent mental health services to the Latino community in Georgia (Romano, 2014). Therefore, SCCL served as the context that binds together the experiences of the individual case study counselors in this study (Stake, 2006).

Data Collection and Analysis

In qualitative research, it is essential that the data collection and analysis process be carried out recursively (Hays & Singh, 2012; Merriam, 2009). This is important because what is learned from data analysis can be used to modify and improve subsequent data collection and may impact the way in which the researcher thinks about the research design as a whole (Maxwell, 2013). Starting data analysis from the first data source also allows the researcher to attend to emerging research questions and follow-up with participants in order to validate findings (Patton, 2002). Hays and Singh (2012) explain that it is essential to think of qualitative data analysis as influencing research design throughout the study. In this study, a recursive data collection and analysis process was an in important part of the research design.

This section will first detail the data collection and analysis methods that were used in this study. It will then outline how the steps of the recursive process were carried out. Consistent

with case study research, data collection in this study included multiple sources of information (Creswell, 2007), including focus groups, individual interviews and document review.

Focus Group and Individual Interviews

In this study, both focus group and individual interview data was collected. Lambert and Loiselle (2007) explain that the combination of these two data collection methods can enhance the understanding of a phenomenon because it allows for the exploration of different representations of the experience. The integration of focus group and individual interview data in this study allowed for a complex understanding of the experience of working with undocumented Latino clients by providing the opportunity to search for differences and similarities in the data across the two methods while also recognizing the ways in which each method presented a unique understanding of the experience (Hays & Singh, 2012).

Further, Lambert and Loiselle (2007) identify three main benefits of triangulating focus group and individual interview data. First, they argue that this kind of method integration leads to an iterative process in which focus group data reveals an initial model of the phenomenon and then individual interview data is used to guide further exploration of the experience. They go on to explain that due to the interactive nature of focus groups, they are particularly helpful for determining the most important questions to be further explored during individual interviews (Lambert & Loiselle, 2007). Second, the combination of individual interview data and focus group data can lead to a fuller understanding of the contextual dimensions of a phenomenon. Focus group data tends to provide a broader understanding of the context while the details surrounding the experience can be fully discussed during an individual interview (Lambert & Loiselle, 2007). Third, Lambert and Loiselle (2007) explain that corroborating findings across these two methods can strengthen the trustworthiness of a study. In this study a non-hierarchical

comparison of focus group and individual interview data produced rich complementary findings that led to a more nuanced understanding of the phenomenon of working with undocumented clients (Lambert & Loiselle, 2007).

It is important to recognize, however, that focus groups and individual interviews are two distinct data collection methods and each method impacts how the phenomenon is described (Hays & Singh, 2012). The primary goal of focus groups is to capture interaction data from the discussion of several informants with similar backgrounds (Patton, 2002; Duggleby, 2005). Focus group interviews provide a naturalistic environment in which informants influence each other and have the opportunity to discuss disparate and shared experiences (Litosseliti, 2003). These discussions may bring attention to informants' similarities and differences and provide a range of perspectives (Lambert & Loiselle, 2007). For example, in this study the focus groups with case counselors explored how the social context of working at SCCL impacted their work.

In addition, Kress and Shoffner (2007) explain that due to the social context of focus groups, they are particularly useful for research in counseling settings. They go on to argue that focus groups are helpful for investigating counseling constructs that have not been thoroughly operationalized. In this way, focus groups provide the opportunity to generate new data from the interaction of informants who share a particular background or experience (Patton, 2002). In this study, the counselors' interpersonal interactions in the focus groups revealed shared and distinct experiences of working with undocumented Latino clients at SCCL.

Hays and Singh (2012) emphasize that during a focus group it is important to create an environment in which participants feel safe to disclose information. For this reason, group participants should share similar power in relation to the phenomenon of interest (Hays & Singh, 2012). Therefore, two focus groups were conducted in this study to ensure that the counselors in

the groups shared a similar status at SCCL, particularly in terms of supervisor-supervisee relationships.

In a focus group interview, the researcher takes on the role of a moderator whose non-directive style of interviewing creates an open atmosphere that invites differing viewpoints (Kvale, 2007). Due the complexity of focus groups, Patton (2002) suggests that a team of two researchers conduct the group. While one researcher moderates the group, the other researcher is free to take notes on nonverbal cues from participants and any other important contextual information (Patton, 2002; Hays & Singh, 2012). Therefore, in this study I, as the primary researcher, took the role of group moderator while a second researcher took the role of observer. The observer was a graduate student in Counseling Psychology who has been trained in qualitative research and group process and who also conducts research with undocumented people.

Finally, Patton (2002) explains that an interview guide is essential for focus groups because it helps the researcher to keep the interactions of the informants focused while also allowing individual perspectives to surface. An interview guide for a focus group typically includes three to eight interview questions (Hays & Singh, 2012) that focus on a particular theme but allow the moderator to explore, probe, and ask questions (Patton, 2002). An interview guide for the focus group in this study was created from a review of the literature on counselors' experiences in therapy and the mental health needs of Latinos and the undocumented community in the U.S. (See Appendix D).

Individual interviews were also conducted with each case in this study. Qualitative interviews provide the opportunity to explore the "richness of personal experience" through dialogue (Berrios & Lucca, 2006). Therefore, this study utilized semi-structured individual

interviews to provide a rich description of counselors' experiences of working with undocumented Latino clients. Rather than attempting to quantify or categorize these experiences, interviews describe the individual lived experiences of participants in their own words (Ponterotto, 2002). The individual interviews took place after the focus group and allowed the opportunity to ask additional questions in order fill in, expand, and challenge initial impressions and descriptions from the focus groups (Polkinghorne, 2005).

The individual interviews in this study were modeled after Kvale's (2007) semi-structured life-world interview. Though there are no set rules for conducting qualitative interviews, Kvale (2007) suggests that interviews focus on rich descriptions of the interviewee's "life world." This primarily involves a descriptive form of "what" and "how" questions. The aim of the interview is to evoke spontaneous descriptions rather than intellectualized explanations of why something happened (Kavle, 2007). In addition, semi-structured interviews use open-ended questions to focus on a particular theme while allowing the interviewee to describe what is important to them within that theme. Similarly, they allow for the possibility of multiple and contradicting lived experiences (Polkinghorne, 2005), which is congruent with social constructivism. Finally, Kvale's (2007) life-world interview allows the flexibility to accommodate counselors' suggestions and feedback. An interview guide for the individual interviews in this study was created from a review of the literature on counselors' experiences in therapy and the mental health needs of Latinos and the undocumented community in U.S. (See Appendix E).

As described above, both focus group and individual interview data was collected in this study in order to capture interactive data within the counselors' social context as well as gain in-depth descriptions of their experiences through individual interviews (Lambert & Loiselle,

2007). In order to accurately capture the descriptions of participants, both the focus groups and individual interviews were audio-recorded and transcribed (Polkinghorne, 2005). Because data collection and analysis were conducted simultaneously, the interviews were transcribed immediately after they were collected and transferred to NVivo10, a computerized qualitative data management program, for analysis.

Document Review

Data collection for this study also included a review of documentation from SCCL. Document review is a common data collection method in case study research involving organizations because it provides the researcher with a rich source of information about processes within that organization (Patton, 2002). Miller (1997) argues that "texts are one aspect of the sense-making activities through which we reconstruct, sustain, contest, and change our senses of social reality" (p. 77). Therefore, I asked SCCL's executive director to provide documents that would highlight the context in which the counselors in this study work. These documents included: the SCCL Team Member Handbook (2011), SCCL's Notice of Privacy Practice paperwork, a blank SCCL Biopsychosocial Assessment, and a blank copy of SCCL's intake paperwork (General Information Sheet).

It is important to remember that organizational texts are inextricably linked to the social context in which were created (Miller, 1997). This provides the unique opportunity to understand a form of local knowledge within the organization. However, documents should not be treated as truth. Rather, they should be treated as clues that lead to further investigation while acknowledging that they will likely be interpreted in disparate ways by different people within the organization (Miller, 1997; Yin, 2014). For this reason, Yin (2014) argues that documents are particularly useful for strengthening evidence from other sources of data. For example, this study

data from documents was compared with interview data (Patton, 2002) as a way of getting a more in-depth understanding of what it is like to provide services for undocumented Latino clients within the context of SCCL.

In this study, documents also provided information about the phenomenon of interest that informants did not think to discuss in interviews (Yin, 2014). In this way, document review led directly to valuable information about the phenomenon. However, the documents also pointed toward information that needed to be further pursued and explored in detail through interviews (Patton, 2002). For example, I explored how certain organizational assessment documents impact the counselor's work with clients during the individual interviews. Therefore, document review was an important aspect of the recursive data collection and analysis process in this study.

Within Case and Cross-Case Analysis

This study followed Stakes (2006) guidelines for cross-case analysis. This process involved two main steps. First, each individual case was analyzed through thematic analysis and then all cases underwent cross-case analysis. It was important to identify findings for each individual case first because a thorough cross-case analysis requires that the researcher first have an in-depth understanding of the individual cases (Stake, 2006).

This study followed Braun and Clarke's (2006) guidelines for conducting thematic analysis in psychology. They define thematic analysis as a technique for identifying patterns or themes within data. Thematic analysis is an inductive approach in which the themes are strongly linked with the data itself. Therefore, thematic analysis was useful for analyzing individual interviews, focus groups, and text (Braun & Clarke, 2006). Further, thematic analysis is congruent with social constructivism because it allows the researcher to examine the ways in which the context impacts subjective meaning (Braun & Clarke, 2006). Though Braun and

Clarke (2006) provide six phases of analysis, they make it clear that thematic analysis is not a linear process but rather a recursive process in which the researcher moves back and forth between phases as needed.

For each interview and document, I began thematic analysis by immersing myself in the data in order to gain an in-depth understanding of the content (Braun & Clarke, 2006). This first step was foundational to the rest of the analysis and included actively reading through the each data set multiple times. In this study transcription was an important part of this process (Braun & Clarke, 2006). Bird (2005) argues that transcription is a key aspect of analysis because it gives the researcher the opportunity to be truly immersed in the data. During transcription I began to take notes on initial meanings and patterns (Braun & Clarke, 2006).

The second phase of thematic analysis involved the production of initial codes from the data (Braun & Clarke, 2006). This was done by working systematically through the entire data set and giving equal attention to each data item while also identifying repeated patterns. During this phase I also noted contradictions in the data (Braun & Clarke, 2006). Once all of the data was coded, the third phase involved re-focusing the analysis at the broader level of themes. This involved categorizing the different codes into potential themes and aggregating all coded data relevant for each theme (Braun & Clarke, 2006). The fourth phase involved the refinement of these themes by reviewing the supporting data for each theme and either keeping themes, collapsing themes into each other, separating themes, or discarding themes (Braun & Clarke, 2006).

During the fifth phase of thematic analysis, I began to define and name each theme (Braun & Clarke, 2006). I also made note of how each theme fit into the data as a whole. Braun and Clarke (2006) explain that the last phase of thematic analysis involves providing a report

with a “conscious, coherent, logical, non-repetitive, and interesting account of the story the data tells” (p. 93). Therefore, I create a report for each individual counselor that includes evidence directly from the data to substantiate each theme (Braun & Clarke, 2006).

Once I had a clear understanding of each individual case and its findings, I conducted a type of cross-case analysis that Stake (2006) identifies as merging case findings. According to Stake (2006) merging case findings is particularly useful for researchers who are interested in generalizing findings across cases. The purpose of this approach is to describe the phenomenon of interest as it occurs across the cases being studied (Stake, 2006). In cross-case analysis it is assumed that the complexity of the phenomenon is better understood through the context of each individual case. Therefore, the researcher takes evidence from the individual cases to show how differences and similarities characterize the phenomenon they have in common (Stake, 2006).

I followed Stake’s (2006) guidelines for merging case findings. First, I clustered themes on the same topic from the individual cases together. Next, I named clusters according to their content. In this step, I carefully identified the cases contributing to each theme in the merged findings (Stake, 2006). I also noted themes that could not be merged across cases. Single themes with strong evidence from the data were noted in this report while weaker themes were put aside. In the next step, I considered the evidence for each merged finding one at a time. In order for a merged finding to be kept it had to have strong evidence from the data transcript across multiple cases (Stake, 2006).

At this point, I began to think about assertions that could be made about the multiple case study as a whole (Stake, 2006). Assertions may describe a single merged finding or several. Stake (2006) explains that each assertion should include a single focus for understanding the phenomenon and evidence to support it. Finally, I reviewed the individual cases to determine if

any information found within the cases could modify the assertions. I completed the cross-case analysis by thinking about what could be said about the research question given the assertions identified and the individual cases (Stake, 2006).

Recursive Process

The data collection and analysis procedures described above were carried out in nine main steps. A recursive process was incorporated by using data obtained at each step to inform the following steps (Hays & Singh, 2012). Further, before any data was collected the participants were invited to complete a consent form (See Appendix F) and a brief individual demographic questioner (See Appendix G).

First, I conducted a focus group with the three counselor participants who did not hold supervisory roles at SCCL. Following the focus group, I met with the focus group observer for peer debriefing (Morrow, 2005) and to discuss initial impressions (Patton, 2002). I then conducted a second focus group with the two counselor participants who did hold supervisory roles at SCCL. In the second step, I transcribed the focus groups and began analyzing the data separately using Braun and Clarke's (2006) guidelines for thematic analysis. As described above, NVivio10 was used as an organizational tool for the analysis. Third, I gathered documents for review, scanned them into the NVivo10 program, and began coding the data through thematic analysis (Braun & Clarke, 2006).

In the fourth step, I conducted the first individual interview with Maribel and immediately transcribed the interview. Fifth, I transferred the transcribed interview to NVivo10 in order to begin within case analysis using thematic analysis (Braun & Clarke, 2006). In the sixth step, I sent the initial themes to Maribel for respondent validation. Seventh, I engaged in steps four through six for each subsequent case: Susana, Adriana, Teresa, and Patricia. Data

collection with each additional case was impacted by previous individual interviews, the focus group, and document review. For example, during the first focus group participants discussed differences in how they identify which of their clients are undocumented. Therefore, during the individual interviews I asked each counselor about her assessment process with undocumented clients. In the eighth step, a cross-case analysis was conducted across all cases using Stake's (2006) guidelines for merging case findings. The final step in this process included a formal review of the previous steps by an external auditor (Rogers, 2008). The external auditor was a graduate student in Counseling Psychology who has been trained in qualitative research and has conducted researcher regarding undocumented people but was not involved in this study.

Trustworthiness

Wolcott (1990) argues that the essence of validity is whether the researcher is measuring what they intended to measure. The aim of a descriptive multiple case study is to describe a phenomenon as it is experienced across more than one case (Yin, 2014). Therefore, this study utilized respondent validation, triangulation of data methods, triangulation of investigators, and a reflexive journal in order to increase the possibility of accurately describing the experience of working with undocumented Latino clients for five counselors at SCCL.

First, Maxwell (2013) argues that respondent validation is the most important way of assuring that the researcher is not misinterpreting what the participants have said. Similarly, Stake (1995) explains that participants should have a significant role in directing the case study. In this study, four out of the five participants indicated that they wanted to be contacted in order to provide feedback on initial themes generated. Therefore, I emailed each of the four counselors with initial themes from their within case findings. One counselor returned my email and provided additional feedback, which was incorporated into this report. This study also utilized

triangulation of data collection methods (Patton, 2002). The combination of focus groups, individual interviews, and document review was used to examine the consistency of findings across these methods. It is important to note, however, that both consistent and inconsistent findings were important and incorporated within this report as a way of understanding different aspects of the phenomenon (Patton, 2002).

I also utilized triangulation of investigators (Patton, 2002) in this study by involving an observer during the first focus group and inviting an external auditor to review the study after analysis. As described above, immediately following the first focus group, I met with the group observer for peer debriefing (Patton, 2002; Morrow, 2005). During this meeting, we discussed potential biases and initial impressions. Morrow (2005) suggests that peer debriefers should serve as "a mirror, reflecting the investigator's responses to the research process" (p. 254). Therefore, I asked the observer in this study to actively challenge my assumptions and decision-making. I wrote the following two excerpts in my reflexive journal following our discussion.

> [Process observer] and I discussed our surprise at the differences in how counselors identify which of their clients are undocumented. I made the assumption that counselors will always make a clear distinction between their documented and documented clients. I will follow up on this during the individual interviews.
>
> [Process observer] emphasized that all participants had a significant reaction to Susana's statement that undocumented clients present with more trauma. She noticed that they all seemed to emphatically agree both verbally and nonverbally that their undocumented clients are presenting with high levels of trauma. This may be important to explore further during the individual interviews.

In addition, an external auditor (Rogers, 2008) was asked to take part in this study. In qualitative research, external auditing involves a formal review of the process and decision making of the research by a person who is not directly involved in the study (Rogers, 2008). As recommended by Hays & Singh (2012) I maintained a careful audit trail for this study, including a timeline of research activities, informed consent forms, interview protocols, transcripts, and

documents. The external auditor for this study reviewed this audit trail in order to endorse the credibility of the findings and the rigor of the study.

Finally, as discussed above I kept a reflexive journal throughout the study in order to record personal experiences, reactions, assumptions, and biases (Morrow, 2005). Qualitative researchers acknowledge that both the process of collecting data and the data itself are bound in subjectivity (Morrow, 2005). However, it is also important that qualitative researchers manage their subjectivity in order to present the participant's viewpoints as accurately as possible. Therefore, I utilized a reflexive approach (Landgridge, 2007) in order to explore my own bias and assumptions throughout the study process. Patton (2002) explains that reflexivity allows the researcher to be intentional about being attentive to the sociopolitical context of one's own perspective. Further reflexivity emphasizes the importance of self-awareness and acknowledges that the investigator is a co-constructor of the knowledge gained in research (Landgridge, 2007).

I began my reflexive journal for this study by giving careful consideration to my role as an investigator in relation to both the research topic and study participants. Tinker and Armstrong (2008) encourage qualitative researchers to carefully consider how varying aspects of their identity and experiences are different and similar to the people they are researching. They argue that researchers are "always both insiders and outsiders in every research settings, and are likely to oscillate between these positions as they move in and out of similarity and difference, both within and between interviews" (p. 54). I completed the *Being on Insider and Outsider* chart below in order to consider my own position as an insider and outsider in this study. I then completed the researcher assumptions section included above.

Being an Insider and Outsider (Hays and Singh, 2012 p. 144)

	Insider	Outsider
Research Topic	I have spent the past six years in graduate school doing research and reading the literature on the mental health of undocumented communities. Currently, my academic advisor is an expert in Latino psychology. In addition, professional experiences (such as NLPA) have shaped my expectations and my belief that culturally competent care for the undocumented Latino community is both necessary and possible. I have spoken with both family and friends who are undocumented about their experiences living in the U.S.	I identify as documented. I have experienced discrimination but I do not fear deportation. I have access to both medical and mental health services due to my documented status. I consider myself to be relatively new to the Southeastern U.S. I have lived in GA for approximately three and half years. Many of my ideas and assumptions about living and practicing psychotherapy in this part of the country come from antidotal descriptions.
Research Question	I am a student therapist who works with undocumented clients and mixed status families. During these experiences I have searched for guidance in the literature. I have found the current literature to be scarce. However, I have also found the guidance of faculty and supervisors to be helpful. These experiences have fueled my desire to conduct this dissertation study.	I have never worked at a Latino-serving counseling center. In fact, I have been the only Latina or Spanish-speaking counselor or staff member in the majority of my workplaces. These experiences have significantly shaped my ideas regarding the lack of accessible mental health care.
Participants	I am undergoing training to provide psychotherapy and I have intentionally sought out training in Latino psychology. I prioritize providing accessible services to the undocumented Latino community. I identify as Latina and working as a counselor with the Latino community is an important part of both my personal and professional identity.	I do not have a license or intermediate license to provide psychotherapy. I do not have a consistent caseload of 2-3 undocumented clients. I am a student while the participants in this study are all professional counselors. Therefore, doing this work is their job and a way of earning a living. Given these differences, I may have preconceived ideas about what practice with those who are undocumented "should" look like due to my familiarity with the psychological literature in this area but lack of practical experience.

Access to research site	I have interacted with SCCL's executive director on several occasions as part of the BIEN research team. I have also helped to create a research protocol for SCCL as an organization. I have been impressed and it has been exciting to hear about the work that SCCL does. These prior experiences increased my access to the site but may have also created a positive bias, assumptions, and expectations about the site.	I have not had the experience of working at SCCL as an employee. I do not have direct experience with its culture, workplace relationships, and expectations.

Limitations

Though this study was carefully designed, all research has its limitations (Merriam, 2009). First, due to the lack of research in this area this study was designed as an exploratory case study, which aimed to describe the experience of five counselors working at SCCL. Therefore, the data is limited to describing this phenomenon rather than predicting or interpreting future behavior.

Further, this study intentionally focuses on the experiences of five counselors within SCCL and the data is not intended to be generalized beyond these cases. Yin (2014) explains that the units of analysis in case studies should not be thought of as a sample but rather as an opportunity to explore a specific phenomenon in-depth. Further, case study research aims to understand the particularity of the case and it is from this knowledge that the reader, not the researcher, determines what can be applied to their particular context (Merriam, 2009).

Similarly, this study focused on the experiences of counselors in a particular context: an outpatient counseling center in the Southern U.S. Therefore, their experiences are intrinsically tied to this context and this data is not intended to be generalized beyond this situation. Readers should recognize that the context in which the undocumented community lives and the counselors who work with them is greatly affected by community sentiment and state laws

regarding legal status (Arredondo, et al., 2014). Therefore, the experience of providing services for this community will also likely vary significantly from area to area.

Further, all of the participants in this study identified as either Latina or Hispanic woman. Therefore, this study does not capture the experiences of non-Latina/o counselors who work with undocumented Latino clients. Given the need for a diverse set of clinicians who can work with this population, further research could focus on the experiences of diverse counselors who do this work. Finally, this study did not include the perspectives of undocumented Latino clients. This study aimed to understand the experiences of counselors working with this community in order to contribute to the knowledge needed to better serve this population. However, future research could include interviews with undocumented Latino clients in order to gain a better understanding of their experiences in counseling.

CHAPTER IV

Findings

The findings of this study are presented in two main sections in accordance with Stakes (2006) guidelines for a multiple case study. The findings for each of the five individual cases (counselors) will be presented first, followed by the cross-case findings. The cross-case findings are an in-depth, holistic description and analysis of the experience of working with undocumented clients at SCCL in the New Latino South as it is experienced across the five counselors in this study.

Within Case Findings

A multiple case study requires that the researcher first have a thorough understanding of the individual cases (Statke, 2006). The five counselors in this study, who are referred to by the pseudonyms Maribel, Susana, Adriana, Teresa, and Patricia each provided a unique description of their experience working with undocumented clients. These experiences are bound together by the counselors' most immediate context, SCCL.

The Case of Maribel

"I see individuals in my community that are hurting…and I want to help." (Maribel)

Maribel is an advocate at heart. She became particularly interested in working with the Latino population in graduate school when she began reading about the systemic oppression of the undocumented community, particularly in Georgia. Currently at SCCL, she is keenly aware of how oppression impacts her individual clients. During the focus group interview, the other counselors noted Maribel's resilience despite the difficult work she does at SCCL. Maribel spoke

confidently about her work with undocumented clients and her continued desire to advocate for this community. I identified the following themes in Maribel's experience: (1) Maribel learns to work with undocumented client on her own, (2) Maribel experiences role strain when working with undocumented clients, (3) Maribel prevents burnout in her job with undocumented clients, (4) Maribel indirectly assess documentation status, (5) Maribel recognizes stressors and facilitates protective factors when working with undocumented clients.

1. Maribel Learns to Work with Undocumented Client on her Own

Maribel shared that she did not receive the training needed to work with undocumented clients in graduate school. Therefore, she has been intentional about engaging with the current research on the undocumented community, drawing on her personal experience as a Latina immigrant, and learning directly from her undocumented clients.

Maribel enjoyed her experience as a graduate student but the limited multicultural training in her program and the little training she received regarding the experiences of Latino clients disappointed her. She shared that discussions about multiculturalism typically centered on cultural sensitivity overall or the experiences of African American clients. She could not recall a single instance in which a professor discussed documentation issues.

Despite the lack of attention to the counseling needs of undocumented Latino clients in her program, Maribel took it upon herself to gain this knowledge. She did this by intentionally doing research and giving class presentations on these issues. She explained:

> I was in grad school, and no one was talking about any of these [documentation] issues expect for me. I felt like the only person who cared. Whenever I had a class presentation, I would present on issues related to Latinos and the DREAM act, the driver's license problem, and immigration laws and stuff like that. All my presentations were about that

> stuff. They [my classmates] were probably sick and tired of me, but I felt like it was important. It was when I was researching all of the [immigration] laws, especially since Gwinnett county was so involved, and I was seeing how stigmatized and oppressed this population was and I think that is when I really decided that I wanted to work with Latinos.

Maribel's passion for working with undocumented Latino clients developed as she began to understand their experiences of discrimination and oppression. In fact, the more that Maribel understood the psychological impact of undocumented status, the more committed she became to advocating for this community. Although there was a lack of attention to the counseling needs of undocumented people in her training program, Maribel took it upon herself to learn as much as possible on her own and this further fueled her desire to serve the undocumented community.

Maribel also shared that she often draws from her own experiences as a Latina immigrant living in the U.S. when working with undocumented Latino clients. Maribel explained that she relies on her ethnic background and personal experiences as a "Spanish-speaking Latina" when working with clients at SCCL. She shared:

> Well, being Latino really helps. I think that I would have a very different experience if I were a different ethnicity or race. It's the fact that I know the language, the culture. I have learned from my family's experience, from friends, from others who are undocumented so I didn't feel a culture shock. People I know have these struggles. These are my people.

Maribel shared that working with Latino families comes very naturally to her because she herself grew up in a Latino immigrant family in the U.S. She shared that her own immigration story provides her with a way to empathize with her clients. For example, Maribel shared that she experienced family separation during her immigration process.

> I can totally relate with the teenagers and kids that I work with. My parents moved here before I did, I moved afterwards, two years after. So I have experienced a lot of the same things that they have experienced… Also, when I work with them I am able to say, 'Yeah I came here when I was young too. Yeah, it was very difficult. Let's talk about it.'

For Maribel, her knowledge of the Latino culture and her ability to empathize with some of the experiences of her clients has been helpful in her work with undocumented Latino clients at SCCL.

Maribel also shared that she has gained much of her clinical knowledge and skills through working directly with undocumented clients at SCCL. She shared that "just working with [undocumented] clients over the years has helped a lot because I am always learning so much from them." Maribel shared that through her work at SCCL she has worked with many undocumented individuals and learned about the specific stressors that they face. Maribel shared that she is consistently learning more about the mental health needs of the undocumented community.

Maribel has also learned more about the diversity within the Latino community from working at SCCL. She said that she is aware that being Latina does not provide her with an understanding of all Latino people. She indicated that she has learned a lot about the experiences of the Latino community in the U.S. by speaking with her clients from distinct countries and with differing immigration stories. She communicated how much she has learned at SCCL when she said: "I have gained a deeper understanding of my community. There are so many different experiences from my own, so many different stories. I have really gotten a broader understanding of my own community." For Maribel, working at SCCL has allowed her to learn about the wider Latino community in the U.S.

2. Maribel Experiences Role Strain when Working with Undocumented Clients

Maribel described feelings of role strain associated with her job due to working with undocumented clients who often experience systemic discrimination and oppression. In her role as a counselor at SCCL, Maribel often works with undocumented clients who experience many stressors but have access to few resources. Maribel explained:

> It's hard. It's hard working this this [undocumented] population because of everything that they don't have access to and because of everything that they face. It's very stressful…The lack of documentation is so stressful. They should qualify for so many services, but they don't or they are afraid to [access services]. But they still have the same needs as [documented] immigrants or people living in poverty so we are stuck trying to figure out a way to help them. And we are not just treating the mental health piece but the whole systems thing. The bigger systems are so oppressive and discriminatory. I often feel very helpless because I can't change it for them. And that adds to my own stress.

Maribel indicated that as a counselor at SCCL she witnesses first hand the detrimental impact of systemic oppression and discrimination on individuals. She said, "I'm seeing all the time how immigration laws really impact people. I can really see how a law impacts little Juan. These are real people. This is not just some abstract community somewhere." In fact, due to her first hand experience working with undocumented clients, Maribel shared that in the future she would like a job aimed at addressing macro-systemic issues that negatively impact undocumented Latinos living in the U.S.

Maribel also emphasized the importance recognizing how this systemic discrimination directly impacts individual client's lives. Maribel provided the example of working with a 19-year-old client who received inaccurate information from a school counselor about the resources

he had access to as an undocumented student. Maribel's client had recently failed out of high school and staff at his high school told him that he would qualify for JobCore, a federal program that offers free vocation training for young adults. Unfortunately, Maribel had to tell the client and his mother that he did not qualify for the program due to his undocumented status. Maribel then helped the client consider other options. For Maribel, her experience with this client underscores the importance of counselors having a thorough understanding of the many ways in which undocumented clients lives are impacted by immigration law.

Many of the clients that Maribel sees at SCCL are experiencing significant mental health concerns due to the stressors associated with undocumented status. For example, she indicated that up to half of the clients on her current caseload have been suicidal or are actively suicidal. She also provided the example of a ten-year client who began to experience symptoms of depression when his parents were served with a deportation order. She indicated that the family is currently in deportation procedures and that this young client has gone from experiencing depression to active psychosis due to the stress of this process. Maribel also described working with children who are severely anxious because they have recently witnessed a parent being deported and speaking with undocumented clients who have been victims of a crime but do not receive the same legal protection as their documented counterparts. Maribel explained, "The police just don't treat them correctly, and they are not able to get a lawyer because they don't have the means to pay for it." Maribel described a feeling of helplessness when she works with clients who experience this kind of systemic oppression and discrimination. In Maribel's experience, undocumented clients tend to have higher mental health needs than their documented counterparts due to the added stressors they experience.

In addition, during the focus group interview, several counselors discussed that many of the families that eventually do come to SCCL consider counseling to be a "last resort" option due to the stigma associated with mental health care in the Latino culture. Maribel further explained that many of her clients have waited for years before coming to counseling or have attempted to address their mental health concerns in other ways, such as visiting a *curandero* (a traditional healer) or other spiritual leader. Therefore, many of Maribel's clients have been dealing with significant mental health concerns that have been exacerbated over time due to the lack of treatment.

3. Maribel Prevents Burnout in her Job with Undocumented Clients

Despite the role strain and emotional difficulty of her work, Maribel expressed excitement about her job and a strong desire to continue serving the undocumented Latino community in Georgia. She shared that she is able to prevent burnout by minimizing the amount of work she does outside of counseling sessions, receiving support from her SCCL colleagues and supervisors, and having a desire to serve the Latino community.

Maribel limits the amount of case management that she does. She noted that this is a difference between the way she works and the way that many of her SCCL colleagues work. She explained:

> A lot of people [other SCCL counselors] are very concerned about it [case management]. They will call the school—talk to the probation officers; they will be talking to someone at all times. And I will, if I absolutely have to, but I'm not going to prioritize it. Maybe if I was at a different agency with a smaller caseload and if I were compensated for that time then I might be more willing to do it. But I just don't have that luxury here, and I'm not going to stress about it.

Maribel described this as setting appropriate boundaries for herself given that DBHDD or SCCL do not compensate counselors for case management. In addition, she indicated that SCCL has a Community Support Individual (CSI) who is able to help clients find resources and support clients outside of the SCCL office. For example, the CSI may accompany a mother to school meeting, help a parent find low-cost extracurricular activities for their child, or attend a probation officer meeting with a client. Maribel made it clear that she manages her emotionally demanding job by minimizing her work outside of sessions.

Maribel also made it clear that she relies on the SCCL clinical directors and her colleagues for support. She indicated that SCCL counselors will often work together as a team, particularly when a crisis occurs. She also described the significant emotional support she receives from her colleagues. She explained:

> The clinical directs, my co-workers, they just make a world of difference for me. If we didn't have each other I don't think any us would be here. Period. Because you just can't work under that much stress without the huge support that we have. Otherwise we would just feel so drained. But we have each other.

Maribel feels connected and supported by her co-workers and this helps to prevent burnout.

Finally, Maribel expressed a strong desire to serve the Latino community in Georgia. As a Latina, Maribel expressed a desire to serve her community. She said, "I'm Latina myself, and I want to help my own community. I see individuals in my community that are hurting or are not doing well in this moment and I want to help." For Maribel, service to her community through her job at SCCL is a significant part of her work.

Maribel became a counselor because she was passionate about advocacy for the Latino community, particularly regarding immigration issues. As described above this passion began

when she was in graduate school and she learned more about the oppressive immigration laws being passed in Georgia. She described her passion for advocacy as a "fire" that fuels her desire to make a difference in the Latino community not only at the individual level but also the macro-systemic level. Maribel's face lit up as she spoke about her desire to contribute to the well-being of her community. For Maribel, a desire to be an advocate is key to what motivates her work with undocumented clients.

4. Maribel Indirectly Assess Documentation Status

Maribel is aware that each new client she sees at SCCL could be undocumented. Therefore, she indirectly assesses for this information. Maribel indicated that first she will typically notice if a client was born outside of the U.S. and is uninsured by looking at the client's intake paperwork. Once she has noticed these indirect proxies she begins to look for other clues that may give her information about the person's documentation status. Maribel indicated that it is the client who typically firsts discusses their undocumented status through a discussion about stressor during the initial biopsychosocial assessment. She explained:

> It [undocumented status] is something that I am always paying attention to. I will typically know in the first three sessions, if not the first session. Being undocumented creates so many barriers that I will know in the first few sessions. They will usually bring it up when we are talking about barriers, like they can't get a driver's license, or its difficult to get a job, they are pursing DACA, or they are not able to visit family in their home country. I'm always listening for it. But I really have not had to ask because it impacts their lives in such significant ways that it will come up during our conversation. It comes up in different ways for each person, but it will come up.

Maribel's indirect assessment, particularly of the client's stressors, provides clients with an opportunity to disclose their documentation status without asking them directly about it. Maribel emphasized the importance of recognizing the significant impact that undocumented status has on clients. She explained: "It really has such a deep impact. It colors their whole experience. It influences everything." Maribel emphasized the importance of not only assessing for documentation status but also recognizing the significant stressors associated with undocumented status.

5. Maribel Recognizes Stressors and Facilitates Protective Factors when Working with Undocumented Clients

Maribel described that many of her undocumented clients experience multiple stressors associated with their legal status, including an inability to obtain a driver's license, discrimination, and a consistent fear of detention or deportation. In Maribel's experience, however, the intersection between low socioeconomic opportunity and documentation status is particularly difficult for her clients. She explained: "They experience so many stressors at once but the [lack of] documentation mixed with poverty is what seems to be really hard." She described the difficulty of working with families where one or both parents work multiple jobs or long hours and continue to struggle financially. Maribel shared: "When they [undocumented clients] don't know how they are going to pay for rent or feed their children, they are not going to be as worried about their mental health care." Although SCCL is able to provide services according to a reasonable sliding scale, Maribel emphasized that undocumented clients are often dealing with multiple stressors that can make it difficult for them to be completely engaged in counseling or continue services over a longer period of time.

Maribel recognizes that the stressors associated with undocumented status tend to impact clients differently depending on their age and developmental level. She explained that a particularly difficult time for undocumented youth is the transition from childhood to adulthood.

> I think that being undocumented becomes harder when you graduate from high school. I have seen that that is when it hits them. They ask: 'What am I going to do now—now that I'm an adult, what am I going to do? Well, I want to get a job, but I don't have papers. I want to go to school, but I don't have papers. I want to get a driver's license but don't have papers.'

When undocumented adolescents are preparing to graduate from high school they are unable to get a driver's license, qualify for financial aid for college or legally get a job. Maribel indicated that undocumented youth may begin to experience depression and hopelessness during this time because they are not able to engage in the same developmental milestones as their documented counterparts. For these reasons, Maribel stressed the importance of recognizing the many ways in which undocumented status impacts client's lives.

Despite the stressors they encounter, Maribel emphasized that many of her undocumented clients are very resilient. She explained, "They aren't just sitting at home scared not able to do anything… They are going to school or work or doing what they can." Maribel attempts to support this reliance by helping undocumented clients build unofficial networks with other undocumented people, support family cohesion, and help clients focus on the aspects of their lives that they can control.

From Maribel's perspective, one particularly important protective factor for her undocumented clients is a network of other undocumented and documented individuals that they can depend on for support and help navigating systems. Maribel explained:

> Most of my undocumented clients have [extended] family, and if they don't have extended family members, then they make extended family members. I have a client who literally only has her mother, and they don't have any other family members here at all. But she talks about her uncles and her aunts, her cousins. They are all friends, but she considers them family…and that makes a big difference as far as who they can talk to and who they can rely on.

Maribel also described ways in which undocumented individuals help each other navigate difficult systems. For example, she explained that many of her undocumented clients either know someone themselves or their parents or friends know someone who is working without documentation and can help them get a similar job.

> We will talk it out together about whether they know someone who is working without papers. Do their parents know someone who is working without papers? So then we talk about getting connected and talking to that person and having them help you with the job.

Maribel shared the story of an adolescent undocumented client who wanted to go to college and was experiencing significant levels of depression. For this client, connecting with a cousin with similar struggles was very helpful. She explained, "Thankfully she has an older cousin who was able to go to college so that gave her hope. And that really helped with her level of hope and perseverance." Maribel attempts to help her undocumented clients tap into informal networks for practical help navigating systems but also for additional support and hope.

Similarly, during the focus group interview, several counselors discussed the importance of including the family in counseling when working with undocumented clients, particularly children. Maribel shared:

> When the parents are involved, it makes a big difference. I see a change in the kids. When the parents are involved, when the parents bring them, when the parents are coming and following up, I see a big difference for the whole family. You can't just work with the kids. You have to work with the family. You see them [child clients] one hour a week, and they are home the rest of the time. So if things don't get better at home nothing is going to change.

Maribel also made it clear that undocumented status impacts the whole family regardless of which individuals are undocumented or documented. This may be particularly true for children of undocumented parents who rely so greatly on their parents both practically and emotionally. In addition, Maribel shared that many of the undocumented families she works with have experienced high levels of trauma. Therefore, she often encourages parents to attend their own counseling.

> I think that this [undocumented] population is highly traumatized. They often come with multiple traumas. I see it with the kids but also their parents often have their own trauma. So, we have to encourage the parents to get their own counseling.

For undocumented clients, the support of a healthy family unit is an important and significant protective factor.

However, it is important to note that Maribel also discussed some of the difficulties and frustrations she encounters when attempting to include parents in her work with children or adolescents. As discussed above, undocumented parents often experience various stressors, such as multiple (and dangerous) jobs or long hours, limited resources to pay for their own counseling, existing stigmas regarding mental health care, or past trauma and mental health difficulties. Maribel shared, "Sometimes the parents can be a barrier to getting the kids in

consistently. They may also not want to come for themselves." In regards to family counseling, she shared that parents may indicate that they do not have time to attend counseling or they do not believe they need counseling. When Maribel encourages parents to get their own counseling, some parents indicate that they do not need counseling or that they do not have the finances to pay for counseling. For Maribel, including the family in counseling is important, but it can also be difficult due to stigma and the multiple stressors often experienced by undocumented families.

Finally, Maribel shared that she focuses on the "here and now" during counseling sessions with undocumented clients. She explained that many undocumented Latinos live with a lot of uncertainty about the future. Therefore, Maribel explained:

> In session, I focus on the present and what is happening right now. Who knows what is going to happen in two years or even next month. There is no point in focusing on what we can't change right now. I try to focus on what they can do.

Individuals who are undocumented live with the possibility that they or someone in their family may be detained or deported at any moment. In addition, as discussed above undocumented adolescents must often live with the uncertainty about how they will pay for college, find transportation, or get a job in the future without legal documentation. However, Maribel finds that it is helpful to focus counseling sessions on the present moment and what the client can currently control. For example, this may include looking for jobs the client can currently attain through informal networking or connecting with outside opportunities, such as DACA. Maribel explained:

> There is always the option of doing DACA, which is something that I do ask: 'Do you know about DACA?' 'Have you applied?' or 'Are you interested in doing it?' So then we can talk about it. A lot of the times they will say, 'No, not really.' So there have been

times when I have printed out the application so that they can look it and take it with them. DACA is an opportunity for them to have papers for a least a couple of years. They may be able to get a driver's license or a job.

Despite the uncertainty of the future, Maribel's focus is on helping clients recognize the options and choices that they do have in the current moment.

The Case of Susana

"Its very clear to me that this job is very serious" (Susana)

Susana feels a deep commitment to her work as a counselor. Throughout our conversations she communicated a sense of responsibility not only for her clients but also for the Latino community as a whole. Susana is also very aware of the lack of available counseling resources for immigrant families, particularly those who are undocumented, and this fact seems to have deepened her sense of commitment for her work. During our individual interview she said, "If we don't take them [undocumented clients], who will?" This sense of responsibility and commitment to the Latino community has prompted Susana to work hard but has also caused work-related stress. I identified the following themes in Susana's experience: (1) Susana learns by working directly with undocumented clients, (2) Susana's work with undocumented clients is emotionally taxing, (3) Susana addresses documentation issues and intersecting stressors in session, (4) Susana identifies with clients and serves her community.

1. Susana Learns by Working Directly with Undocumented Clients

Susana described a process of slowly learning to work with undocumented Latino clients by working directly with them. She feels as though the multicultural training that she received in graduate school was very superficial. In addition, there was very little covered in her graduate training regarding Latino psychology and training around issues that impact undocumented

individuals was completely absent. Susana made it clear that graduate school did not prepare her to work with the undocumented Latino clients she serves at SCCL. In fact, Susana explained that the little information discussed in her program regarding Latinos was not representative of the Latino population as a heterogeneous community. Susana noted:

> The multicultural training was very superficial overall, but then for the training on working with Latinos, it was nothing. I don't remember discussing a single case in which the client was Latino. I remember our textbooks, and I think we went through a chapter on Latinos because I thought it was funny. It was not really representative of all Latinos. And at that point I didn't have the experience that I have now, but still I felt like this is kind of funny.

Susana expressed disappointment in the lack of Latino psychology training she received in graduate school.

Despite the lack of attention to the needs of Latino and undocumented people in graduate school, Susana shared that she understands the issues associated with legal status in the U.S. on a personal level.

> I came here first and then my mom came two years later. But also this is a topic that is very familiar to me. I have heard so many stories in my community, the [country in South America] community. I was familiar with people being undocumented from stories of people I know in my community.

Susana shared that she has an immediate family member who is currently undocumented and that she has heard many stories about others in her community who are also undocumented. However, Susana's personal familiarity with undocumented status seemed to have initially made it more difficult for her to recognize its impact on clients. Below Susana explains that before

coming to SCCL she did not fully understand the importance of assessing the impact that undocumented status could have on her clients.

> I think I was not really aware for a long time [about the impact of undocumented status]. It's interesting because I should have been. But I was not really aware for a long time…But also these stories are very familiar to me. And maybe that is why they didn't particular stick out to me because in my community I have heard so many of these stories.

Susana explained that it was not until she began to work with undocumented clients at SCCL that she began to learn and think more specifically about the impact of undocumented status on clients.

> It was only when I was working here at SCCL that I began to see the impact. I think it was the transportation issue that really caught my attention. I realized, *Oh, this is a big problem because they are undocumented.* Or hearing stories from my clients about crossing the border. The parents would tell me that they came first and what happened when they were crossing. And then I began to realize how much these families had gone through.

For Susana, it was the actual experience of working with undocumented clients that helped prepare her for ongoing work with this population. Further, Susana explained that even though she was familiar with the difficulties associated with living in the U.S. without documentation, she was not prepared for the intensity and high acuity of the stories she heard from her undocumented clients at SCCL. She described her experience of listening to the stories of her undocumented clients:

> I was familiar with people being undocumented from stories of people I know in my community. I had heard many stories of people crossing the border and coming to the United States and of children and kids staying, parents here and all the mess, and deportations. But still, the intensity of what I saw at SCCL was shocking to me… With the adults I was very familiar with their stories based on my personal experience in the [country in South America] community. But working with the adolescents is even more painful, I would say. Their experiences are more traumatic and the separation, the disruption of the family because of the geographical changes. In order to understand, I think it's required to actually be there in the room with them. There is nothing that could actually prepare you, especially hearing from the kids. They don't have a voice on the outside. I really didn't understand until they were right there in front of me.

Susana described her main education as experiential learning from her clients themselves. Toward the end of our individual interview, Susana shared that her confidence has grown as she has worked with undocumented clients. However, she was quick to add that she is continually learning from her undocumented clients. She explained, "I'm still learning everyday. Everyday I feel like I learn something new, specifically about working with this pop [undocumented population]."

Due to the lack of formalized training that Susana received, she described reading articles on her own and keeping current on recent trends through resources, such as the Pew Research Center. Susana also indicated many of her undocumented clients identify as Mexican and she does not. Therefore, she listens to the local Spanish radio stations as a way to continue improving her Spanish language skills, Mexican cultural knowledge, and to keep current on immigration laws that might impact her clients. She explained:

> One thing that I do everyday when I am driving here [to SCCL] is I listen to the radio stations in Spanish and this is to help my Spanish and also to help with Mexican culture. And the stations where they call in to participate are especially good. And I'm understanding more and more how they are thinking, their attitudes and beliefs…Like they often talk on the radio about the new immigration laws that will be possibly passed—if someone has documented children and they have been here for at least 5 years and they have children who were born here and are documented, they can sponsor their parents. So this is going to be really helpful because many of our clients who were born here they could help sponsor their parents.

For Susana, understanding how immigration laws impact her clients in both positive and negative ways is important. However, she also expressed concern that these laws are consistently changing and that it is often difficult for her to keep up with these changes. She felt that there was much left for her to learn about working with undocumented Latino clients and that this would require her to constantly learn directly from her clients while also listening to the news and reading about changing immigration laws.

2. Susana's Work with Undocumented Clients is Emotionally Taxing

Toward the beginning of the counselor focus group I asked participants to share what first came to mind when thinking about their experiences working with undocumented clients. Susana described her experience as highly stressful. She became tearful as she explained:

> It's hard. It's stressful. When you started asking the questions, I was not very aware of how emotional it would be for me. I really feel like—and I'm not a dramatic person, like emotional at all, but now when I'm thinking about it—it's really hard. It's highly stressful.

Susana described multiple ways in which her job working with undocumented Latino clients is stressful, including working with high acuity cases and working within oppressive systemic structures.

Susana explained that by the time clients come to counseling at SCCL they are often of high acuity. Undocumented clients may put off going to counseling due to the financial costs, fear of interacting with an unknown system, or the stigma associated with mental health care in the Latino culture. For example, Susana described that it is common for her to have to hospitalize clients for suicidal ideation or report child abuse to the Georgia Division of Family and Child Services (DFCS) on a weekly basis. This creates a work environment in which Susana must be consistently working with clients in crisis situations. Susana described this to be very emotionally difficult for her.

In addition, she reported that many of her undocumented clients have experienced significant or multiple traumas. Below she describes the difficulty of listening to these stories of trauma, particularly from young children.

> The things we hear are highly intense. Even when they are not our clients, when we are just doing an assessment. The first time we meet them during the evaluation we always ask about trauma. In many cases I remember working with children as young as three years old who have watched their parents be deported. Or horrible stories of crossing the border, being caught at the border, police stops while driving and seeing the parents being deported. And there is so much fear, its intense fear of the uncertainty.

It was particularly hard for Susana to listen to her child client's experiences of trauma. She described feeling emotionally affected by the intensity of these stories and the high acuity of her clients concerns. Susana reported believing that she and her colleagues experience "secondary

PTSD" from hearing their client's stories of trauma. She described a time in which she was a new therapist at SCCL and was spending close to an hour at home writing a single session note. She explained, "I was emotionally re-experiencing the session just by writing the notes. I was re-experiencing every single thing, every single word, and that was unbearable." Susana went on to explain that with experience and time she is learning to manage her anxiety and she in now writing her notes at the office before going home. However, she expressed that learning to manage the stress of her job is an ongoing process. She finished the anecdote above by saying, "But that anxiety—I'm still working on it."

Further, Susana shared that although the high acuity clients who present at SCCL might benefit from higher levels of care or more specialized treatment, SCCL is one of the only counseling resources available for Spanish-speaking Latino clients without insurance. She expressed that this reality is a significant stress for her:

> Sometimes the needs are above what we can offer. But at the same time we don't have anywhere else to send them. So that leaves us in a situation were we try to do our best to offer what we can, the maximum that we can. Because we know that there is nowhere else were we can refer them. We could give them names, give numbers. But if they are undocumented, we know that there is nowhere else for them to go. And it's just because of that—because of the undocumented piece. There are no other resources out there for them. It's just us. For me that's the biggest stress. There is a fear that you are doing your best but it's not enough. But you take the risk because there is nothing else to offer. They need more than we can do. But if we don't take them, who will? So it's highly stressful.

Susana expressed a high level of stress at being part of one of the only organizations within the State of Georgia that is able to provide services to undocumented Latino clients who are uninsured and speak only Spanish.

Susan also described the emotional impact of working within a broader oppressive context. Susana spoke specifically of Gwinnett County, the county in which SCCL is located, as being particularly oppressive and dangerous for undocumented clients. She explained:

> A lot of Latinos live here and I think that they are very anxious because they live here. And they can't even drive five minutes away because this is a zone that is very dangerous for those who are undocumented. Everyone knows. All my clients say the same thing. This is not a safe county. The police will check papers here… I have many clients that report, or their parents report, 'You know, I'm driving here, but I wish I didn't have to."

Susana is working within a county in which Latinos experience high levels of discrimination and racial profiling from law enforcement on a consistent basis. For Susana's undocumented clients, just driving to counseling can pose a significant risk.

In particular, Susana expressed frustration regarding her experiences interacting with DFCS. She explained that her undocumented clients were often hesitant to report instances of abuse because they fear being involved with government agencies. Further, even if clients do report abuse, Susana reported that in her experience undocumented Latino clients often do not receive equal treatment or consideration from governmental agencies. Susana shared a recent experience, in which she helped an undocumented mother report to DFCS that her five-year-old daughter had been sexually abused. Susana expressed frustration because the case had dismissed by DFCS.

> The case that was the most highly frustrating for me was one involving a mom and her child. They have only been in the U.S. for about one year. They are very new. They don't speak any English and the child is only five…I was so frustrated that DFCS closed the case, they dismissed the allegations of sexual abuse. The mom didn't have a voice in the whole thing…and the detective wanted to hear the child specifically saying 'private parts' in English, but the child doesn't even speak English!…So this happened in March and the child is still at risk. DFCS knows it. I got the name and the address of the person, and I gave it to DFCS. I did everything I could! It's now closed and the child is still at risk. And I think this is a case where being undocumented is a factor in them not getting appropriate services. If it was a white family with papers I believe this would have been handled very differently…DFCS always asks what their ethnicity is. They always ask. And it seems that many times when they hear that they are Hispanic and especially if they don't speak English, they don't have the same attitude. They are not as receptive.

It is difficult for Susana to observe the ways in which her undocumented clients are discriminated against, particularly for clients who already experience so many barriers to accessing social services. Susana indicated that experiences like these have left her feeling both angry and saddened.

Due to the oppressive environment and significant stressors that her clients experience, Susana takes her job very seriously and feels a sense of responsibility for her clients. She explained:

> Of course I need money. I need this job. I rely on this money, but it's very clear to me that this job is very serious, and I cannot put that first, ever. So if I have a client, and there is a crisis, and I have things to do but I have an hour free—I will spend my free

> hour without getting paid to help this client, if it's needed. And I don't feel bad about that. I don't feel like, *Oh my gosh! I didn't get paid.* I understand that it is part of my job. I already accepted that.

Susana recognizes that her job can have a significant impact on her undocumented clients' lives, and she is willing to work hard for them even when she does not get paid. However, this commitment to her work also creates anxiety and stress for Susana. Susana is passionate and committed to her work with undocumented clients, and this also seems to have a personal impact on her.

3. Susana Addresses Documentation Issues and Intersecting Stressors in Session

Susana speaks directly with her clients about their undocumented status in session. She explained that typically the clients themselves disclose their documentation status when she speaks with them about their current life stressors during an initial biopsychosocial assessment.

> We do a biopsychosocial evaluation. We have to do a diagnostic impression. So that is when we ask lots of question about everything, including stressors… It will, almost always, come up during the evaluation because there will always be a problem related to that, like lack of transportation. Things like the parents came first and the children were left behind, trauma crossing the border, or they are talking about the separation of the family.

In Susana's experience, her clients tend to bring their undocumented status into the therapy room when she asks them about their significant stressors.

The SCCL Biopsychosocial Assessment is a form that all counselors complete during their initial meeting with a client. During documentation review for this study, I identified that this assessment does not specifically ask about a client's documentation status. However, it does

include a wide range of questions about the psychological and emotional symptoms that clients may be experiencing such as “depressed mood” or “emotional trauma victim” that may be exacerbated by undocumented status. For example, Susana told me the story of a young adolescent boy who discussed his undocumented immigration status with her during the initial assessment.

> When he came for the evaluation he mentioned that his family was undocumented, that they were immigrants, that his mother could not drive, and how all this was contributing to his depression. He was able to say that he was feeling less than, feeling inferior.

The biospychosocial assessment also includes questions regarding employment and involvement with the criminal justice system, which may also prompt conversations about legal status in the U.S. Undocumented status has a significant impact on a person’s daily life and often comes with both significant practical and emotional consequences.

Susana also shared that once a client has shared their immigration status with her during the biopsychosocial evaluation, she will continue to discuss its impact in future sessions. I asked Susana who typically brings up the issue of undocumented status in session, and she shared the following:

> The client, mostly the client [brings it up]. But if they don’t, then I will—especially to validate. I might use it and say, ‘Listen, how difficulty it must be. It makes sense that you are feeling this way. It’s so uncertain. And this happened, and it’s so hard.’

During session, Susana speaks with her clients about their documentation status by normalizing and validating the emotional difficulties and daily stressors in creates.

One way in which Susana directly addresses documentation issues is through helping clients cope with the deportation process. Susana explained that as a therapist who works at

SCCL she often works with clients who have been personally impacted by deportation or the threat of deportation.

> I have had so many child and adolescent clients who have actually witnessed their parent or parents being deported. Or one of their parents is in jail and it's related to immigration. I have 4 or 5 clients just right now who are in this situation… They [their undocumented parents] get pulled over for a minor traffic violation, and now they are in immigration detention, and they don't know if they are going to be deported. They don't know how long; they don't know what is going to happen. I have many clients who are experiencing that right now.

Susana went on to describe her experience and own feelings of anxiety while working with two separate families dealing with the possibility of deportation.

> For example, I have an adolescent girl and she is 15, and her father has a possible deportation order. She has become much more depressed… And I think that family is going to hear what is going to happen with her dad at the end of May. He has been in jail for three months already, and she is very very connected with him, even more than with her mom. And now he is not there so she is very depressed. She was already experiencing some depression, but now it is much more out of control. And she is experiencing anxiety. She went to visit him, and they couldn't even talk. She was just crying so much that they couldn't even talk. She is very fearful…And this family has a court date, and it makes us anxious about the date when they are going to hear something about the case. Because then what if it's deportation? We know the client is probably going to go into crisis. So that raises our anxiety, and it raises my anxiety personally.

Susana went on to describe a similar situation with an adolescent client whose undocumented mother had recently been pulled over while driving without a license. She described needing to be "on alert" in case his mother was given a deportation order.

> I'm working with an adolescent who is very depressed, anxious, and worried about his future because he is undocumented. He was also worried about his parents not having documents, and then his mom got pulled over…I really don't know what is going to happen if she is deported. So I have to be on alert. The court date is on the 27th so I have to schedule a session with him on the 28th.

In Susana's experience, helping undocumented client emotionally cope with the process of deportation is an important aspect of her work.

In addition to documentation issues, Susana also recognizes that her undocumented clients encounter many other stressors. The vast majority of clients at SCCL are newly arrived immigrant families with multiple stressors, such as financial strain, language barriers, traumatic immigration experiences, and family separation. These families also face systemic oppression and racism. Throughout our conversations, Susana described the impact of the many external stressors that her clients encounter and the resulting strain on her job as a counselor.

Susana described her undocumented clients at SCCL has having increased levels of anxiety and uncertainty about the future in comparison to her documented clients. However, she also resisted my request to focus exclusively on how undocumented status impacts her clients by sharing that it is the culmination of multiple stressors that makes the biggest impact on her undocumented clients. She explained:

> Of course documentation provides peace. It's a huge load of their shoulders…But even if they become documented, they get papers, they typically don't shift in their economic

> status. It's not a huge shift. So they are still in about the same place. I know many people in the [Latino] community who got their citizenship and they are still doing the same jobs. They are still cleaning houses, or painting or doing construction work. They are still driving the same cars. They are still living inside the community. Because even though they have citizenship, they don't speak English fluently; they are not acculturated; they are still not comfortable or included in the larger community.

Susana emphasized that her clients at SCCL often have intersecting identities of not only being Latino and having undocumented status, but also being newly arrived immigrants, often being monolingual Spanish speakers, and typically having low socio-economic status and low levels of education. Susana wanted me to understand that while documentation status has a profound impact on her client's lives so do the other aspects of their identities. Susana also explained that many of her clients are affected by the undocumented status of a family member, friend, or person in their community even if they themselves are documented. She indicated that this is particular true for children of undocumented parents.

> I have noticed that even if my child clients are born here, and they are documented—their parents are most likely not. So for me, I guess I don't see a big division. Like, *oh you're the documented one in your family, yeah for you*. I don't see that. Their life is just the same.

In Susana's experience, children of undocumented clients are greatly impacted by their parent's legal status. When Susana works with her clients at SCCL, both documented and undocumented, she is highly cognizant of the many stressors that impact their lives.

The two most significant stressors that Susana's undocumented clients face are a lack of transportation and limited finances. She indicated that because undocumented individuals are not

legally permitted to obtain a driver's license in Georgia, many of her clients drive without a license or pay a taxi to get to counseling. This is a significant stressor for families that struggle financially. Susana describes the difficulty of having to recommend that an adolescent client with undocumented parents come weekly to counseling even though the family would have to bare the financial burden of paying for a taxi:

> I have a client who's high intensity—high risk. And her mom didn't want to come every week. She wanted to come every other week because only the dad drives. But I had to say, "I'm sorry, but it's important that you come every week because of the high risk." So now they have to pay a taxi to come to counseling every week. And it's so hard to say that because you know that it's so hard for them to even pay for counseling!

In the passage above, Susana is struggling between providing her client with the counseling resources she needs while also being aware of the family's transportation and financial limitations. Susana is aware of the significant stress that her clients experience on a daily basis and she often described going out of her way to make sure they were able to attend counseling. For example, during our individual interview she described consistently changing her own work schedule in order to accommodate undocumented clients who were only able to come to counseling after work. She has even spent her lunch hours looking for resources for clients with limited options due to their undocumented status. For Susana, seeing the external stressors that her clients experience has led her to accommodate her own schedule and spend her free time helping her clients.

Despite these significant stressors, Susana expressed admiration for the resilience of her undocumented clients.

> I am very positively surprised with the clients who we see. They overcome all of these barriers. They pay a taxi to go to counseling and everything. It's amazing! Wow! It's amazing what they are able to do.

One of the most important protective factors that Susana recognized for her undocumented clients was the support of family.

> I think one of the biggest things I have learned and that I have seen is how they [undocumented clients] support each other as a family. Even when there is conflict in the family, at the end of the day, they are there for each other. At the end of the day, it is the family that supports each other.

In Susana's experience, family provides an important support system for individuals who are often attempting to adjust to their new environment in the U.S. Susana expressed that undocumented parents in particular tend to "put their kids first" and are committed to their children's well-being.

4. Susana Identifies with Clients and Serves her Community

Susana described her job as an important part of her personal identity and a way to give back to her community. Her identity as Latina provides her with a personal connection to her work and her clients.

> For me, I think it's a lot about identity and this being familiar. I really relate because of my personal experience. I really relate to my clients…The stories I hear are very familiar, and I know this is the community—*my community*—that I want to work with. And that is why I am here.

Susana also specifically shared that she feels a personal connection to the struggles experienced by those who are undocumented. She has listened to others in her own community share their own stories about being undocumented.

> In my community I have heard so many stories about being undocumented. My [personal relative] came here [to the U.S.] in 1996 with a visa, and she overstayed so she is undocumented. So I feel…the same stress sometimes that my clients feel. For example, when they fear that they are going to be pulled over by the police, I fear that my [personal relative] is going to call me and say something happened. She has actually already pulled over twice. So I know that fear.

Susana understands on a personal level the emotional and practical implications of undocumented status and this motivates her to work with this community.

Despite the stress associated with her job, Susana is making an intentional choice to work at SCCL because she believes that she is part of a bigger effort to serve the undocumented Latino community.

> I even ask myself, or people ask me, "Why are you coming back?" "Are you sure?" "You're crazy! Why are you coming back?" And it's hard, but I'm consciously making that choice, and I know it's hard, but I'm still motivated by the belief that something can be done. It's bigger that just me.

Susana recognizes the significant mental health needs of undocumented families living in the U.S., and she feels a sense of pride and determination to help provide this services to the undocumented community.

The Case of Adriana

"At the end of the day, this is my community." (Adriana)

Adriana is passionate about serving the Latino community. She expressed pride in her role as a SCCL therapist and the unique services that the organization provides for Latinos in Georgia. Adriana is confident in her skills and abilities to work with a variety of clients, handle crises, and support other counselors at SCCL. This confidence has developed with experience and on several occasions she expressed surprise at her own growth over the yeas and comfort in doing this work. I identified the following themes in Adriana's experience: (1) Adriana learns to work with undocumented clients through experience, (2) Adriana's work with undocumented clients is impact by immigration laws, (3) Adriana's clinical experiences with undocumented clients: Addressing stressors and trauma in session, (4) Adriana views SCCL as part of the community, and (5) Adriana is Motivated at work by Support from Colleagues and a Desire to Serve the Latino Community.

1. Adriana Learns to Work with Undocumented Clients Through Experience

Adriana shared that she did not receive the specific training for working with undocumented clients through her graduate training. Rather, she gained the knowledge and skills needed to do this work from working directly with undocumented clients. As an SCCL counselor, Adriana has also been involved in helping to create new services for undocumented clients, and this has also helped her gain insight into the mental health needs of this community.

Although her graduate program did include training on multicultural issues, she indicated that she received very little training on working with Latino clients specifically. In fact, she reported that she was the only person who identified as Hispanic in her graduate cohort and she told me that she often shared her own experiences and knowledge about the Latino community

with her classmates. As a graduate student Adriana was educating her classmates about some of the cultural values that they might encounter when working with Latino clients. Similarly, Adriana's program did not include training on working with undocumented clients.

The majority of Adriana's training has come from working directly with undocumented clients at SCCL. She explained, "I think that my clients gave me a lot of knowledge, experience wise, and just by being with them." Adriana shared that it has taken her many years of listening to her clients' stories and life experiences to truly understand the implications of living in the U.S. without documentation.

In addition, Adriana also provided several examples in which she has helped to create new services for undocumented clients at SCCL. Adriana and other clinicians are providing the undocumented community in Georgia with mental health services that are needed but have not been provided in the past. Adriana provided the example of a therapy group that SCCL started at a local high school for undocumented and unaccompanied minors. Adriana explained that she helped start this group because one of the local high schools had identified a large group of these minors among their student population.

> I really didn't know what to expect and it was just so much. The amount of trauma we heard about because of gang involvement, because of substance abuse, the poverty and violence in their [home] countries and their struggles here with language, with acculturation, etc. etc. Everyday was like a new day. I would think to myself, 'Well, what are we going to do today? I have no idea.'

Adriana went on to explain that they only ran this group for four weeks due to the complexity of presenting issues and difficulties complying with standards for funding. As a clinician at SCCL, Adriana is helping find new ways to provide services to the undocumented community in

Georgia. Counselors at SCCL are learning what is going to be most helpful for this community by providing the services themselves.

Adriana also shared that her supervisors over the years at SCCL have had a significant impact on her ability to work with undocumented clients. Adriana named two particular supervisors who she considers mentors. She shared that they trained her in play therapy, provided her with extra readings, and encouraged her to continue to her education and provide new programing at SCCL. However, what she learned most from them was a passion for serving those who are underprivileged.

> They both have a huge huge heart. They are always asking, 'Hey, what can we do for the community? What is it that you need?' For me, having those people in my life, those two wonderful ladies, I think that's what made the difference for me.

Adriana attributes the knowledge and skills for working with undocumented clients that she has gained over the years to her direct experience with undocumented clients and the support of her mentors.

2. Adriana's Work with Undocumented Clients is Impact by Immigration Laws

Adriana spoke about the many ways in which immigration laws impact her clients and her clinical work. In Adriana's experience, two of the most significant legal restrictions include the inability to legally get a job or a driver's license. For example, Adriana described a client who walks between 2 to 3 miles with her daughter in order to get to counseling because she is undocumented and unable to get a driver's license. Adriana shared that undocumented families experience these stressors simultaneously, and this can make it difficult for them to access mental health resources. For example, she described the experience of attempting to provide

services for an undocumented woman and her children whose husband had passed away a year before and whose teenage son had recently committed suicide.

> We were trying to do everything we could to get this family counseling services. We were fast tracking them [through our intake system]. But the mom was working, cleaning houses—working and working to support the family. And she drives without a license so that is very stressful. And eventually she called and said, 'You know what? Cancel everything. I just don't have time. I can't drive that far [without a license]. It was just very heartbreaking because we know this family needs services. And we are here saying, 'How can we help them?' But we can't. So it is very frustrating. I experienced a lot of different emotions—hurt and frustration—not with the family or with us here but with the bigger system that has put them in this position.

Unfortunately, Adriana and the other SCCL counselors were unable to provide services for the family described above. Adriana expressed disappointment at the "bigger system" that has created barriers to mental health counseling for this family by restricting access to legal employment and a driver's license.

Due to immigration laws, Adriana described 2009 and 2010 as particularly dangerous and difficult years for undocumented people in Gwinnett County. In July 2009, the Department of Homeland Security approved Gwinnett County's application to participate in the 287(g) program, allowing local law enforcement to enforce federal immigration laws (American Civil Liberties Union of Georgia, 2010). Adriana indicated that there was a significant increase in the number of road blocks in Gwinnett County during this time that were used to identify people driving without a license, and subsequently, undocumented. Adriana indicated that

undocumented clients would often cancel their counseling appointment because they were afraid to drive to SCCL.

> That was during the time when a lot of deportations started. They were stopping people. I think it was around 2010. They had a lot of road blocks they used to set them up around here close by. The clients would call and say, 'Listen, I can't make it. There's a roadblock.' In the Latino radio stations they would announce, 'Oh, they are having a roadblock here and there.'

Adriana described increased levels of fear and feelings of hopelessness among undocumented clients during this time. She shared, "I remember that there was a waive of suicides within the Latino community. And we don't know for sure, but it might be that hopelessness, and of course, mental health and substance abuse goes in hand with that." Adriana made it clear that immigration policy in Gwinnett county has a significant impact on undocumented clients' well-being and their need and ability to access mental health services.

Another significant challenge that Adriana discussed is the legal restriction of subsidized health care for undocumented people in the U.S. Therefore, SCCL is one of the only providers of low-cost mental health care for the undocumented community. She indicated that clinicians at SCCL often carry a caseload of between 40 and 50 clients and that there is consistently large number of clients seeking services at SCCL. Further, when SCCL encounters undocumented clients who need higher levels of care they struggle to find agencies that will accept them. For example, Adriana explained: "We have one client right now that we don't have anywhere to send him. We have been calling agencies; they ask, 'Does he have documentation? No? Well, sorry. We can't take him." This reality leaves the clinicians at SCCL in a position of caring for the

mental health needs a large number of people without the option of referring them to other agencies, which has ethical and professional ramifications.

Adriana also expressed frustration about the ways in which governmental agencies have treated her undocumented Latino clients. She described several cases in which both DFCS and law enforcement have closed cases and left victims of domestic and sexual violence vulnerable.

> We do get very frustrated, very discouraged with DFCS and with the police. There was a case this morning where we reported sexual abuse and nothing was done. The perpetrator is still out there. And you know, sometimes I just have to wonder, 'Is it because his parents do not have any documents?'

Adriana stated that these instances often leave her wondering if the outcome would have been different if these clients were documented. Adriana's experience working with undocumented clients is impacted by their interactions with other institutions.

However, Adriana did describe the positive impact that immigration laws, such as DACA in July 2012, has had on young undocumented clients at SCCL. She provided several examples of working with clients before DACA was introduced who experienced feelings of depression, uncertainty, and hopelessness about their future because they did not qualify for funding for college or they could not legally get a job. However, DACA has provided many of these same clients with the ability to get a job.

> They come in and they were not born here, but they have the opportunity to apply for DACA. And whether it is substance abuse or mental health, we see that they do much better with DACA. Before DACA, it was just so hard. I mean—what do you tell them as a clinician?

SCCL provides clients with help applying for DACA and Adriana indicated that she has seen this have a significant impact on client's level of hope for the future.

Despite the many ways in which immigration law impacts undocumented clients, Adriana also spoke about the difficulty of keeping up with these changing laws and the complexities of each individual case.

> I think each case—each family—is so different. We have all of these laws, but you know each family brings their own special piece to it. So what do we do now? How do we help these families? We could take classes about the laws in school, but they change so much and they will continue to change as we progress. They are going to continue to change.

Adriana argued that simply learning about immigration law in a class or continuing education workshop is not enough for counselors who work with this population. She explained: "So I have to be constantly reading, watching the news, reading the paper—just staying on top of the changes in immigration policy." Further, Adriana explained that she attempts to work with each new client or family with a fresh perspective in order to understand the barriers that are uniquely impacting their situation.

3. Adriana's Clinical Experiences with Undocumented Clients: Addressing Stressors and Trauma in Session

When I asked Adriana to discuss how her experience as a counselor differs when she works with undocumented clients, she explained that she does not differentiate her caseload between those who are undocumented and those who are documented.

> I don't think that we look at our caseloads like that, unless we need to refer the client out. Well, they have no resources. Ok well, what can we do? Or the client can't come because

> it's raining and they are walking. But I don't sit down and think, 'Is this client documented or undocumented?'

Rather Adriana is consistently looking for the stressors that each client may be experiencing. She indicated that undocumented clients typically experience significant stressors that impact their day-to-day lives and it is these needs that Adriana is watching for.

> I do take into account their needs. So for example, the family that I said always walks. If its raining and they can't come I would say, 'Oh, don't worry. You won't get any charges, you don't have to pay, its okay.' But, unless it comes out like, so obvious…I don't think its something that we, or I, think about everyday or look at the schedule [and distinguish between documented and undocumented clients].

Adriana shared that undocumented clients often experience significant stressors that impact their daily lives. In particular, Adriana discussed the most significant stressors and trauma that her undocumented clients experience.

Adriana discussed the importance of recognizing the stressors that undocumented clients face and helping clients meet as many needs as possible. As mentioned above, Adriana indicated that her undocumented clients experience many stressors including fear of interacting with governmental agencies, significant financial constraints, and difficulty with transportation. Due to these stressors, Adriana shared that her undocumented clients experience higher levels of anxiety, fear, and general tension in comparison to their documented counterparts.

> Those who have documents usually have more time. They seem to be a little bit more relaxed even if they have a world of problems, bills to pay and so forth, because they have that tranquility to know that at least they will not be deported.

Adriana recognizes that her undocumented clients live with an added fear of being detained or deported.

Adriana also described the depression and anxiety that many of her young undocumented clients have experienced as they transitioned into adulthood, unable to legally get a job or get funding for college. She provided the following example of a young man who began to feel hopeless about his future.

> He was very depressed, and he was starting to act out. He was an excellent student. I think he was in the 10th or 11th grade. He was about to graduate in a year or two. And then he started acting out, decreasing his grades. He started getting in trouble, and the issue was, you know, 'What am I going to do? I'm going to graduate from high school, and then what? Go work in construction without papers?' So, there was no motivation for him. And at that time, back in the day before DACA, what do you tell them? I mean, you have options, and this and that, but [what he said] it's the truth! Or it was the truth at the time. And before all this, he actually had really incredible grades. He probably could have gotten a scholarship. So what do you do? You work, you get arrested, and then you get deported.

Adriana described the difficulty of working with undocumented clients who encounter significant barriers and stressors in their day-to-day lives.

In Adriana's experience, lack of transportation is one of the most significant stressors that undocumented clients face. Adriana shared that the inability to get a driver's license not only impacts clients' ability to get to counseling, but it also significantly restricts their movement on a day-to-day basis. For example, undocumented people may experience anxiety due to driving without a license. Basic tasks, such as driving to work or the grocery store, put undocumented

people at risk of being deported. Therefore, the counselors at SCCL are flexible when working with undocumented clients with transportation difficulties. Adriana reported that undocumented clients might cancel a session at the last minute because they walk to session and it is raining that day, or they have received information of a police roadblock on the way to SCCL.

Adriana also discussed the importance of recognizing undocumented clients' strengths and protective factors. She spoke specifically about the incredible resilience that she has observed in undocumented clients despite the many challenges they face. She said, "It really is amazing to me how much they have gone through and how much they have overcome. It's resilience." Adriana provided the example of a young undocumented client who began counseling at SCCL due to drug abuse and failing grades at school. Adriana indicated that this client was in engaged in counseling and involved in the SCCL prevention clubhouse. This client was able to successfully complete her treatment goals, apply for DACA when it later became available, and acquire a job with the Department of Behavioral Health were she currently works. Adriana credited this success to the clients' personal resiliency, early engagement in counseling, and the support of her family.

Similarly, Adriana described family as an important protective factor for many of the undocumented families she works with.

> Family is really important for this population. Most of the time the parents also need their own counseling because of trauma. But I have seen that both the kiddo and the parent do better when we work with them together.

Adriana was quick to say that many "undocumented parents will do anything for their children." She indicated that SCCL provides parenting classes for parents and highly encourages parents to be engaged in their children's counseling and their own counseling.

Adriana also explained that many of the undocumented clients she works with at SCCL have experienced significant trauma. Adriana explained that undocumented clients are often forced to leave their home countries due to extreme poverty and violence and many experience trauma during their journey to the U.S. For example, Adriana described a 13-year-old client who left her home country of Guatemala due to threats that she would be raped and/or killed by a local gang. This client traveled alone without an adult guardian for a month through Mexico to the U.S. Adriana explained that, like this teenage girl, it is common for undocumented clients to have experienced significant and multiple traumas by the time they arrive at SCCL.

Adriana also discussed the importance of recognizing how trauma associated with undocumented legal status impacts people at differing ages and stages of their development. Adriana described working with children, as young as age five, who have experienced significant traumatic experiences.

> I work a lot with the little ones—play therapy. And I have heard horror stories…some of them had to literally cross [the border]—see people dying because they say that it is very very dangerous. They don't know what is going to happen; 'Hide! Hide! Run! Run!' In play therapy, the kiddos will play the scenes…: 'The coyote is going to get me,' or 'The police is going to get me. Hide! Hide! Run! Run!' It's mind blowing.

Adriana shared that she often uses play therapy to work with young children who have experienced trauma. She described working with another young child from an undocumented family: "He would play that he was hiding—there was no safety around. When we would build sand trays there would always be people out to get you, or animals out to get you. You were never safe." Adriana explained that very young children have often experienced trauma through

watching their undocumented parents interact with law enforcement. These children are often left with intense fear for their own safety and that of their family.

Adriana uses Trauma Focused Cognitive Behavioral Therapy to work with undocumented adolescent and their parents who have experienced trauma. However, Adriana made it clear that the 12-week Trauma Focused CBT curriculum is often insufficient when working with undocumented clients who have experienced such high levels of trauma and who may need extra time to build trust with their counselor. Adriana expressed frustration when she said:

> Most of the time it is not an easy, clean-cut process—okay? In 12 sessions, they can complete this [Trauma Focused CBT curriculum]—not for the populations that we work with, which is always my struggle when it comes to Medicaid or when it comes to DBH[DD]. They say, 'You have to stabilize them.' Yeah, well, okay, I hear you, and I know we can't keep him [the client] here forever, but I can't tell you I'm going to stabilize this client in 12 weeks. I don't care what kind of curriculum you show me.

Adriana made it clear that traditional psychological practice is often inadequate for working with clients who have histories of complicated multiple traumas. Adriana described the experience of listening to her clients' stories of trauma as heart breaking. However, she also believes that addressing trauma is an essential aspect of working with undocumented families.

4. Adriana views SCCL as Part of the Community

Adriana expressed pride in her involvement with SCCL, and its central role as a community-based organization. She explained that she has worked with her colleagues to develop essential services for the Latino community that she hopes will stay in place long after she leaves the organization.

> It's the legacy…We have interns lining up because they want supervision for play therapy because they know what we do. That is just amazing. With [name of counselor] we have the DBT program that is very unique. It is very hard to find, but especially in Spanish. And for teenagers, the adaptation that one of the clinicians here has done is just amazing. So we have a lot of potential, and we have that legacy that I think that eventually when the time comes for all of us to move on, I think—my hope is that there will always be play therapy, that there will always be DBT, that there are always those components that are so important. Not only to SCCL, but for our clients. So that is what has helped me to be here and to support me through my journey.

Adriana shared that SCCL has been a trusted part of the Gwinnett County community for over 15 years because as an agency it has been responsive to the needs of the Latino community. She said, "It has been here, seeing the needs of the community and asking, 'Well, what can we do to help?'" Adriana explained that SCCL's presence in the community for such a long period of time has garnered trust from both individual Latino community members and other agencies. She explained that undocumented clients often seek out services at SCCL because they have known friends or family who have received services there.

In addition, Adriana explained that SCCL provides multiple services, in addition to mental health counseling, that are needed by the undocumented community. These services include psychiatric evaluations, addiction recovery programs, youth substance abuse prevention programs, medication management and nursing services. Adriana explained:

> We are the everything for the community. For some clients, especially undocumented adult clients, we are the only place that they can get a [physical] checkup. And when they come to SCCL, they haven't seen a doctor in years and years and years, but here they are

> able to get labs done and get a physical with a nurse. Otherwise, they don't have access to any medical care—ever.

Due to their undocumented status, many undocumented clients cannot or do not feel safe accessing these essential medical services. SCCL also helps clients access legal services, such as a lawyer that provides guidance on applying for DACA. In addition, Adriana explained that as a counselor she often helps clients or parents find extracurricular activities to attend such as free soccer leagues in the area.

Adriana explained that SCCL is unique in its ability to provide these reduced cost services that are also linguistically and culturally congruent. Adriana indicated that other agencies in the area may offer fee for service counseling for uninsured clients, but they are not able to offer services at the low price of 10 to 15 dollars that the undocumented community in Georgia often needs. In addition, these services are often not available in Spanish. Adriana explained that working at SCCL provides her with the opportunity to work with the Latino community in Georgia, both documented and undocumented, that she would not be able to afford to serve at another agency or in private practice.

5. Adriana is Motivated at work by Support from Colleagues and a Desire to Serve the Latino Community

As described above, Adriana encounters many challenges in her job at SCCL, including working with a population who encounters discriminatory laws and restrictions, significant stressors, and trauma. Due to the difficulty and intensity of working with this population, Adriana indicated that many clinicians find this job too challenging.

> I don't think SCCL or this kind of work that we do is for everybody. We have a lot of clinician turnover. They will go other places were it is not as challenging. Whether it be

> documentation, whether it be funding, whether it be clientele: it's just not for everybody. It takes special people to be able to do the work. It is also very frustrating, not because of the clients, but because of bigger things—because of society, because of oppression, because of the system.

Despite some of the difficulties of her job, Adriana is motivated and passionate about working at SCCL due to support from SCCL colleagues and a desire to serve the Latino community.

Adriana describes SCCL as a family. "We work as a team. We work as a family. And we rely on each other. There is no independent work here." Adriana said that she feels supported by her colleagues and that she provides support and guidance for others as well.

> Here [at SCCL] you have all the resources that you have: you have the psychiatrist, you have the nurse, you have the PA, [and] we used to have a psychologist. So I know I don't have to do it on my own. If we have a crisis, well, I don't have to do it on my own. I can rely on other people.

This support from colleagues is important for sustaining Adriana's passion for this work. Adriana further explained that in the last two years SCCL has restructured its leadership in order to provide a more supportive and healthy environment for clinicians. This restructure included adding two clinical directors who can be available to clinicians for supervision and support.

Throughout our conversations, Adriana also reflected on the ways in which her personal identity as Latina has influenced her decision to work at SCCL. Adriana made it clear that she feels passionate about providing mental health services to the Latino community. She shared, "At the end of the day, this is my community." Adriana feels a sense of responsibility to care for her own Latino community. Adriana specifically described her work with the undocumented community as a "hard privilege." She recognizes the incredible challenges that the

undocumented community faces and she described wanting to use her own privilege as a documented and educated Latina to give back to this community.

> I think it is a privilege to be able to come [to the U.S.] the way that some of us did. You know? We don't have to struggle in comparison to our clients or others who don't have papers. So for me it's a privilege, and so it's so important to reciprocate. Okay? For me, to come into the U.S. it was easier so what am I going to do now for my community? Now that I have this education, now that I have this status—what can I do to give back?

Adriana shared her own personal story of immigrating to the U.S. Though she experienced many challenges in this process she also spoke about how "humbling" it has been for her to work with clients whose immigration stories are filled with such significant hardship and trauma. Adriana expressed a desire to help other Latino families who have experienced oppression due to their undocumented status. For Adriana a sense of community seemed to be at the center for why she has chosen to work at SCCL.

The Case of Teresa

"I see SCCL as a place were people can come to build community." (Teresa)

Throughout her years as a therapist, Teresa has been intentional about working for organizations that serve the Latino community. She often referenced own Latina identity and a desire to serve her community as a primary reason for choosing to work at SCCL. Teresa was emotionally impacted by witnessing the discrimination and oppression of her undocumented clients but this experience has also strengthened her desire to service this community. I identified the following themes in Teresa's experience: (1) Teresa learns from working with undocumented clients, (2) Teresa witnesses discrimination and oppression of undocumented clients, (3) Teresa is motivated by contributing to the Latino community, (4) Teresa addresses the impact of

undocumented status in session, and (5) Teresa views SCCL as providing community for undocumented clients.

1. Teresa Learns from Working with Undocumented Clients

Teresa described her experience in graduate school as positive, and she said that she received multicultural training during this experience. However, her graduate education did not include any training on working specifically with undocumented clients.

Teresa explained that she has gained the majority of her skills for working with undocumented Latinos from doing therapy directly with clients at SCCL. She explained, "I think just doing the work has taught me a lot." For example, Teresa shared that one of her first clients at SCCL was an undocumented teenager who was having attachment difficulties due to being separated from his parents during serial migration. Teresa explained that she consulted with a colleague who provided her with several journal articles on the impact of serial migration on Latino families. Similarly, Teresa shared that she has learned to complete immigration evaluations while working at SCCL.

> We are often asked to do immigration evaluations for our clients who may be applying for different kinds of visas like the U-visa. Before I moved to Georgia and started working at SCCL, I had never done one of those before and I for sure had never been educated on how to do them. But we just have to do them! So I guess learning to do these kinds of things is just an ongoing process.

The U-visa is a specific visa for victims of a crime who have suffered mental of physical abuse and agree to help in the investigation and prosecution of that crime. For example, if a client is mentally or physical hurt by domestic violence and that person helps law enforcement with the prosecution of the perpetrator, they may qualify for a U-visa (U.S. Citizen and Immigration

Services, 2015). Teresa has learned to complete these evaluations and to work with undocumented clients over time through these kinds of direct experiences.

A particular challenge for Teresa is learning about and keeping up with the immigration laws that impact undocumented people.

> I think one of the things that we need is to be more aware of all of the different [immigration] laws. There are a lot of changes happening. For me, I often think, 'Okay, what can my client benefit from?' or 'What is going on politically?' I try to keep up to date with all of the different things that impact the immigrant community. I think that it's important…But I'm not always sure what all is happening politically because its changing everyday. Keeping up with that is hard, and that's a big thing that impacts our clients.

Teresa indicated that she would like more training on specific immigration laws and the psychological evaluations that her undocumented clients may request. Teresa is aware that changing immigration laws impact her clients in significant ways. However, due to ongoing changes in both state and federal law, Teresa said, "Honestly, I don't feel fully prepared to work with this population. No matter how much experience you have, it's always a challenge." Though Teresa has worked with undocumented Latino clients for many years she recognizes that she must continually work to develop new knowledge and skills for serving this population.

2. Teresa Witnesses Discrimination and Oppression of Undocumented Clients

Teresa shared that as a counselor at SCCL, she has witnessed first hand how undocumented clients experience discrimination and oppression. In particular, she shared that undocumented people encounter many systemic barriers to mental health care. Teresa indicated that when she first began working at SCCL she was surprised by the high acuity of clients who

come to the organization for services. She attributed this to the barriers that undocumented clients encounter to mental health services. Teresa explained that many of the clients she has seen at SCCL have avoided seeking services for long periods of time due to fear that their legal status will be reported to Immigration and Customs Enforcement (ICE). Teresa also indicated that undocumented clients often report that they did not look for mental health services earlier because they worried that they would not be able to afford it or that services would not be available in Spanish. For these reasons, Teresa explained that many of the clients who come to SCCL have avoided seeking mental health services for as long as possible and have often been suffering from significant symptoms for many years.

> It seems to me that we see such high acuity clients that aren't documented or so many clients who are in crisis because these are people who are not getting the services they need when they first start getting ill. Instead they are coming to us when they are already at their breaking point. We have people who will come in for their first evaluation and they have been suffering from their symptoms that are pretty severe for a long, long time…They are experiencing severe symptoms, even psychotic symptoms. Or they need to be hospitalized. Or they have been involved with law enforcement, which has triggered an immigration case being opened and possible deportation. So they come to see us when they are already very, very sick—when they are in crisis.

Teresa explained that counselors at SCCL are often working with clients with severe symptoms. Teresa described her job as "intense," and she shared that it was hard for her to see the significant needs of the clients coming to SCCL for help.

Due to this high acuity of symptoms, Teresa explained that clients often present to SCCL needing a higher level of care than the outpatient services that the organization is set up to

provide. Unfortunately, for many of these clients, particularly undocumented adult clients, SCCL is their only resource. Teresa explained:

> On the adult side, we have clients with organic problems like Alzheimer's, and they don't have the money to be assessed by a neurologist. They can't afford the care they need because they don't have insurance and without a social security number they don't qualify for other resources. So they come to us asking, 'Can you help me?' And it is so hard because we know they need more care but there is really nowhere to send them.

Teresa explained that as a therapist at SCCL she is often working with clients who need a higher level of care than she can provide, but can't access that care.

> We have clients who come here [to SCCL], or their family comes to us saying, "Help us." They are really just so desperate for anyone who will help and listen because they are trying to get help for really difficult situations. The families are calling us asking for help. They are really reaching out to us.

As Teresa spoke I could hear the frustration in her in her voice. She expressed that she cares deeply for these clients, and it is difficult for her to see that they are not getting the care they need. Teresa shared that one of the biggest barriers that undocumented Latinos face to adequate mental health is a lack of qualified professionals who are bilingual and are able to provide culturally appropriate care. She indicated bilingual professionals are needed at all levels, including psychiatrists, nurses, therapists, and psychologists. SCCL is providing care for a population who is greatly underserved for both their mental health and physical needs. Therefore, Teresa explained that the counselors at SCCL are often caring for clients with significant mental health needs because they do not have the option of being referred to specialized care.

Teresa also shared that another difficult part of her job is observing the ways in which other institutions, such as law enforcement, the court system, and DFCS often discriminate against undocumented clients. She shared:

> The way things are handled by law enforcement, the courts or DFCS, the different institutions, is not consistent. There are situations in which undocumented people are still in danger, unsafe—both children and adults. A crime is reported but nothing is done. But then you see other situations that are not as intense and the [documented] person gets a restraining order, or the perpetrator goes to jail and all this stuff happens. Its extremes and its just not consistent. And it's so hard when you see a client that it not safe.

Teresa went on to say that she has worked with several clients who have been victims of crimes, such as domestic violence or child abuse, and who have not received the protection they need from these institutions. Teresa shared that she is often left with an unsettled feeling that the outcomes of investigations and assessments conducted by these institutions might have resulted in a more just outcome if her clients would have been documented.

Teresa shared the story of a young undocumented adult client who was suffering from mental illness but was treated and processed as a criminal in the legal system. Teresa explained that this client had recently turned 18 years old when her parents brought her to SCCL. The client had been suffering from schizophrenia for several years and at the time was experiencing suicidal and homicidal ideation and psychotic symptoms. The client's symptoms were so severe that she was admitted to the hospital on several occasions. During one of these hospitalizations the client assaulted a hospital staff member and was subsequently arrested and tracked for deportation. Teresa shared her feelings of sadness, frustration, and helplessness.

> This was a case that really impacted me. I was left wondering if that was a strategic way to keep her out of the hospital because they were not getting paid for each time she was in the hospital because there was no funding source. And now the family is left wondering what they are going to do if she is deported back to Mexico. Here she is a young adult psychotic with no family over there. And her parents are undocumented with young kids in the home so they can't just pick up and go with her to Mexico. It is so sad for me to see this family going through this, and I feel like there is nothing that I can do. I mean we did get legal aid involved, but I don't know what is going to happen…And they [undocumented individuals] are not criminals; they are very ill, but because they don't have papers they end up in the legal system, which is very hard to get out of. So that is really heartbreaking to see. And not being able to help, what can you do?

As Teresa shared this story she expressed that she is often left with a feeling that her clients are being mistreated because they are undocumented. However, this does not occur in obvious and blatant ways. Therefore, she is left with just a feeling that the outcome might have occurred differently if her clients were documented. She expressed a feeling of being "stuck." She attempts to advocate for her clients within the legal system or other institutions as best she can, but there are often decisions over which she does not have control.

Due to the intensity of this work, Teresa explained that she often feels tired and frustrated. She also shared that, like many community mental health agencies, SCCL has a high counselor turnover rate. She explained, "I think here we do see that as soon as people get licensed they look for more money or less stress." In fact, Teresa explained that she had recently done some research on her own regarding burnout because she noticed SCCL's high turnover rate. Teresa expressed the need for additional funding for self-care. She explained: "The work we

do is really tough…The work we do is so intense and so difficult and so important, and we don't really have the money for self-care." Teresa did share that SCCL has recently created two clinical director positions that are available to provide support and supervision to SCCL counselors. Teresa compared SCCL to other community mental health agencies that work with populations with high levels of stress and low access to resources.

3. Teresa is Motivated by Contributing to the Latino Community

Despite the high intensity of her job, Teresa shared that she loves her job, and she described SCCL as her family. She indicated that despite the emotionally demanding aspect of her job she wants to continue working with SCCL staff and Latino clients. She explained that the people she encounters every day, whether staff or clients, sustain her passion for this work.

Teresa feels a personal connection to her job as a counselor at SCCL. She shared that when she first moved to Georgia she was very intentional about finding a counseling job in which she could work with the Latino immigrants.

> I have always wanted to do something to contribute back to the community that I came from because I come from a family of immigrants…When I moved to Georgia, that is one of the first things I did: I tried to find agencies that were providing services to this community.

Teresa shared that her family immigrated to the U.S. from a Latin American country and that her identity as an immigrant has always been very important to her. She described the Latino community at SCCL as "my community" and emphasized the importance of contributing to the well-being of her own community. Teresa has chosen to work at SCCL because she is passionate about working with undocumented Latinos who may not have access to resources anywhere else.

Teresa also shared that working at SCCL has had a significant impact on her own identity as a documented Latina immigrant. As she has worked with undocumented clients, she has reflected on her own privilege and immigration experience:

> I'm like, well, if I had stress and it was hard for me to adjust within the United States being American and speaking English and having an education, having so many more resources than most people, then I think about what it must be like for someone who comes [to the U.S.] who doesn't speak the language, has very little education, doesn't know anyone, has no resources, and is not here legally.

Reflecting on her own privilege has strengthened Teresa's passion for working with the undocumented population. She described wanting to help and be an advocate for those who are undocumented. For Teresa, working at SCCL is an important part of her own identity as an immigrant woman.

4. Teresa Addresses the Impact of Undocumented Status in Session

Throughout our conversations, Teresa discussed how she works with undocumented clients in session, including discussing confidentiality for legal status, recognizing associated stressors, promoting protective factors, and helping clients address trauma and attachment difficulties between parents and children.

Teresa shared that she does not assess for the documentation status of each client. However, she is aware that many SCCL clients are undocumented so when she speaks with all clients about confidentiality she makes it a point to explain that SCCL does not report on legal status to ICE.

During the document review for this study, I did not find any mention of legal status in the SCCL Notice of Privacy Practices paperwork. SCCL counselors are required to communicate

that they will disclose private health information in response to a court order and that counselors are mandated reporters regarding child abuse and the intent to harm self or others. However, I did not find any mention of privacy regarding legal status. When I mentioned this to Teresa she said:

> That is interesting that you bring that up because that isn't something we have written down or make sure that there is script and that we tell people right from the beginning. But I do know that the counselors here talk with individual clients about how we don't report on legal status. We all know that this is the population that we work with. But I don't know if the way we talk about it is consistent between counselors.

As we continued to talk, Teresa described an unspoken understanding among her colleagues that many of the clients who present at SCCL will be undocumented, and it is, therefore, important to emphasize that confidentiality covers legal status. However, as an organization SCCL has not outlined procedures for how to speak with undocumented clients about confidentiality regarding legal status.

Teresa also mentioned that SCCL employs intake coordinators who initially meet with clients in order to discuss confidentiality and gather information for the counselors. She mentioned that she was unsure if and how the SCCL intake coordinators discuss the confidentiality of legal status.

Teresa shared that many of her undocumented clients live with significant stressors that not only impact their daily lives but also their emotional well-being. Teresa shared that her clients often live in fear of being detained by law enforcement and deported. In fact, Teresa shared that undocumented clients will often avoid seeking mental health services due to this fear.

> Well, I think that [undocumented] people are afraid to get services or reach out. We sometimes have people that we talk to, and they come in for their first evaluation, and they have been suffering from symptoms that are pretty severe for a long, long time—even, like, psychotic symptoms. And we often ask, 'Why didn't you seek services earlier?' And they often say that they were not aware of services. And then sometimes people are afraid to ask for services because they think it might trigger a report to ICE. You know they are afraid of being reported. They are afraid of the information they have to give. I have often had to tell people that this is confidential…'We are not here to report that you are undocumented. That is not what we do here.' Undocumented people worry about those things so they don't reach out for help for long periods of times.

Due to this fear, Teresa emphasized the importance to speaking with all clients about the confidential aspect of counseling. This is important for Teresa even thought legal status is not included the limits of confidentiality for mental health professionals.

Another significant stressor experienced by undocumented clients is a lack of transportation. Teresa explained that because undocumented people cannot legally attain a driver's license they must either risk driving without a license, find a ride from someone else, or pay for a taxi to come to counseling.

> Clients come here in taxicabs. They will tell me, 'I spent a hundred and something dollars to get here'… And it is really tough for an individual to put up that amount of money when they are barely making ends meet. And they come from all over. Some of them live way out bordering other states, and they still come all the way here for their appointments. So transportation is a big problem for those who are undocumented.

Therefore, Teresa said that she makes it a point to speak with her clients about their transportation to SCCL. Unfortunately, she explained that some clients come to counseling less often than is clinically optimal due to transportation issues.

Teresa also said that SCCL is able to provide financially affordable counseling services in Spanish to undocumented clients. However, clients often avoid seeking out mental health services altogether because they assume that they will not be able to afford it. She provided the following example:

> I did an interview this week with a teenager who has had behavioral issues since he was in the 4th or 5th grade, and now he's going to be going into high school next year. He has been having these issues all those years, but it's not until now that he has actually been kicked out of school that he started coming. His mother said, 'Well, I should have looked for services before, but I really wasn't sure what was available. I didn't know if it was something that we could afford.' People often think that it is going to cost a lot of money so they don't even bother to look.

Teresa explained that many of her undocumented clients live without insurance and with extremely limited funds so they assume that they will not be able to afford mental health services. Further, Teresa indicated that many of her undocumented clients are working multiple jobs in order to provide for their families and this leaves them with limited availability for counseling. Teresa stressed the importance of speaking with clients about the ways in which limited finances may impact their decision to come to counseling so that the counselor and clients can work together to solve these issues.

Teresa also spoke about the resilience and protective factors that she has observed when working with undocumented clients. She shared that she sees a lot of personal resilience in many

of her undocumented clients despite the stressors that they face. In particular, Teresa shared the story of an undocumented client who initially presented to SCCL due to difficulties with alcohol abuse and depression. However, through counseling she was able to reach all of her treatment goals. Teresa explained, "She was very resilient, incredibly resourceful, and worked very hard." Teresa smiled as she spoke the personal strength of this client. Throughout our conversations, Teresa talked about the resilience of many of the undocumented clients at SCCL.

Teresa also described a sense of community as a significant protective factor for many of her undocumented clients. She indicated that clients who have a network of family members or friends find it easier to overcome many of the daily stressors associated with being undocumented, such as difficulties with acquiring jobs and transportation. For example, Teresa shared that the resilient client she described above also created a supportive community.

> She was incredible resourceful. She was so good at getting rides, finding people to give her rides, building those relationships, connecting with others that she could depend on. I think that was just a part of who she was but that community helped her be successful in her recovery.

Similarly, Teresa also described involvement in a "community of mental health recovery" as a significant protective factor.

> Those that I have seen really flourish and that are able to maintain their gains from treatment are the ones who become involved in a community…They may still have trauma or other stuff coming up for them, but they have a community. They create a community and feel like, 'This is my family; this is my home; this is my community.'

Teresa explained that involvement in a community of mental health recovery provides clients with a sense of belonging. Those who are undocumented have often lost significant relationships

with family and friends when they immigrate to the U.S. Therefore, Teresa emphasized the importance of helping undocumented clients feel connected and start building a sense of community in the U.S.

Teresa also explained that the vast majority of undocumented clients that she has worked with have experienced significant trauma.

> This population [undocumented clients] is just coming in with so much trauma. They are fleeing from countries in which they have already experienced poverty and trauma…I did a diagnostic last week with an undocumented woman from Honduras. I said, 'Why did you come?' And she said, 'Because my daughter is turning into a teenager and there were signs that she was being targeted by the gang members and the drug people in Honduras. If we didn't leave, they were going to rape her, and I didn't want that to happen.' So the things that they are seeing and going through are just so horrifying.

Teresa shared that undocumented individuals may experience trauma in their home countries, during the migration journey to the U.S., and while in the U.S. As noted above, many undocumented clients are fleeing from extreme violence or poverty. For those entering the U.S. without documentation, the trip is often very dangerous and they may experience exploitation, rape, and traveling for many days without shelter, food, or water. In addition, Teresa shared that undocumented clients may hesitate to report experiences of trauma, such as domestic violence or child abuse, that occur once they are in the U.S. due to fear of being identified as undocumented. In Teresa's experience, undocumented clients experience higher levels of trauma than their documented counterparts.

Finally, Teresa shared that when she first started working at SCCL she quickly realized that many of the undocumented families that she was working with were experiencing intra-

familial stress due to family separation. She explained that through serial migration some undocumented parents chose to come to the U.S.—first in order to establish a home base for their children, and then send for their children once it is financially possible. Teresa indicated that she was unaware of this phenomenon before starting to work at SCCL and that it took her by surprise. Teresa turned to a colleague for consultation who worked at SCCL at the time as a psychologist. She indicated that consultation with her colleague along with reading the research on serial migration was greatly beneficial for her in building knowledge about this experience.

Teresa explained that through her research and work with these families she learned that this kind of family separation often leads to disrupted attachment between child and parent. For example, Teresa shared that she has worked with undocumented parents who have not seen their adolescent children since they were very young.

> I have worked with kids who have been separated from their mom or their parents for many years. They can experience trauma from being left behind and then there is typically tremendous attachment issues when they reconnect because so many of the kids have been separated for a very long time. Like, some adolescents come to the U.S., and they haven't seen their parents since they were 6 months old or two years old. So then you have attachment issues. And it's so hard for the kid and the parent.

Teresa indicated that these families often present to SCCL because an adolescent is behaviorally acting out or having other emotional difficulties. Teresa also explained that she has worked with parents who are disappointed to find that it is difficult for them to connect with their children after years of separation. Teresa emphasized that when she works with these families she focuses on helping build family cohesion and attachment between parent and child.

5. Teresa Views SCCL as Providing Community for Undocumented Clients

Teresa described SCCL as a community.

> I know that when families immigrate and they are undocumented, they often lose a lot of resources in that process, one of them being the support of family and community and that itself triggers a lot of difficulties. They lose the people that they spend time with and engage in rituals and other cultural practices for the holidays. So here, actually, one of the things we do is we have a client party every year around Christmas time. For the kids especially, we do a gift exchange and games. We decorate the clinic with *papel picado* (decorative colorful paper) and other colorful stuff. We play *La Loteria* game. So it's that kind of stuff that is also important. I see SCCL as place were people can build community.

Teresa conceptualized an important part of her job as helping undocumented clients build a sense of community. For Teresa, individual and family counseling is an important function of SCCL, but other services, such as the prevention clubhouse, are also part of what makes SCCL so successful. She indicated that the prevention clubhouse provides services for kids who have substance abuse issues and also provides community activities and presentations. Though Teresa is not directly involved with the prevention clubhouse, she described this service as very important to her job with undocumented clients because the clubhouse provides additional support for undocumented families with access to few resources.

Teresa also indicated that SCCL is known in and around Atlanta as an organization that will serve undocumented clients. Teresa indicated that SCCL does not advertise but rather receives all of its referrals through word of mouth. She explained that other social service organizations, counseling agencies, churches, and local schools often refer clients to SCCL.

Throughout the years, these organizations have heard that SCCL provides services to Latino families, including those who are undocumented. Teresa also said that when she asks undocumented clients how they heard about SCCL they often report that they where referred to the organization by other clients. She explained that clients will comment, "[Clients will say:] 'Well, my neighbor told me,' or 'Somebody at church told me,' or 'Someone at work told me,' or 'My sister, or my aunt or whatever person that used to come here." Through word-of-mouth SCCL has become an important resource for the undocumented Latino community.

The Case of Patricia

"Self-care is really important for this job." (Patricia)

Patricia has a deep respect for the undocumented Latino community. Her past experiences of witnessing others discriminate against those who are undocumented has strengthened her desire to provide a healing and therapeutic environment for her undocumented clients. Patricia is emotionally impacted by her work with undocumented clients at SCCL. However, she has been resilient because she strongly advocates for her own self-care, and she seeks support from her SCCL colleagues. I identified the following themes in Patricia's experience: (1) Patricia learns to work with undocumented clients by drawing on past experiences, (2) Patricia is emotionally impacted by her work with undocumented clients, (3) Patricia is resilient in her work with undocumented clients, (4) Patricia addresses documentation issues when it impacts the client's presenting concern.

1. Patricia Learns to Work with Undocumented Clients by Drawing on Past Experiences

Patricia emphasized that Latino mental health issues were largely ignored in her program curriculum. She did have a class on multicultural issues but she expressed disappointment in the depth of the material covered. She also indicated that the majority of her program classmates

were White and that she did not have any professors who identified as Latino/a. Patricia's program did not include training on working with undocumented clients.

Patricia shared that she learned to work with undocumented Latino clients through her work at SCCL while also drawing on her own experiences as a Latina immigrant and on a past work experience with undocumented individuals. Patricia believes that having an understanding of the Spanish language and Latino culture has been particularly helpful as she has learned to work with clients at SCCL. Also, when Patricia moved to the U.S. from a Latin American country, she experienced her own period of adjustment and acculturative stress. She explained:

> It's nothing like what some of my clients have gone through, but I do understand what it's like to be in a new place—to be an immigrant. I can empathize with that part. And I think that has helped me in my work with clients.

Patricia shared that she often draws on these experiences when working with newly immigrated clients.

What was particularly important to Patricia, however, was her experience working with undocumented Latino families outside of the therapy context before she chose to become a counselor. Patricia spent several years as a volunteer for a local church with a predominantly Latino congregation, some of whom were undocumented. During this time, she lead the children's Sunday school class, and through her interactions with both the children and their parents she began to understand some of the intra-familial and external stressors that immigrant families encounter. In particular, Patricia worked with family members experiencing differing levels of acculturation and children who were experiencing acculturative stress due to a lack of identification with either the American culture or the culture of their countries of origin.

During this time, Patricia also understood on a deeper level the ways in which Latino immigrant families often experience discrimination. For example, she shared that the children in her Sunday school classes often expressed surprise that they were allowed to speak Spanish at church because they were not allowed to speak Spanish in their public school classrooms in Cobb County. She also worked with children who talked about fear that their parents would be deported or detained by law enforcement. For Patricia, these experiences were formative for her understanding of some of the stressors that undocumented Latino families face while living in the U.S.

Patricia also emphasized the importance of consultation and supervision as she has learned to work with undocumented clients at SCCL, particularly in crisis situations. Patricia shared that the undocumented clients who present to SCCL have often experienced high levels of trauma and this increases the possibility of a crisis. Patricia said that she readily consults with her colleagues and her supervisor.

> I know that no matter what happens there will always be someone I can talk to, especially if it's a new situation I haven't been in before and I'm not sure what to do. I will talk it over with my clinical director and ask for help.

Patricia relies on her colleagues and supervisor for help when needed.

2. Patricia is Emotionally Impacted by her work with Undocumented Clients

Throughout our conversations, Patricia shared that she has been emotionally impacted by her work with undocumented clients at SCCL. Patricia shared that the undocumented population at SCCL is "highly traumatized" and often present with serious mental health needs.

> The amount of trauma that this population has gone through is so significant. I have seen children and their parents who have been traumatized by violence in their country of

> origin and then again when they are crossing the border to get here [to the U.S.]. These families have already been through so much when they get to SCCL.

Patricia shared that her job at SCCL involves working with undocumented clients who have experienced high levels of trauma.

Patricia shared that her job was particularly stressful when she first began working at SCCL because she was not used to listening to other peoples' stories of significant trauma. In addition, she was immediately given a full caseload of clients, and Patricia was struck by the trauma and high intensity of the stories that she was hearing. Patricia was intentional about mentioning that she first began working at SCCL before the organization decided to implement two clinical director positions that would be available to clinicians for support and supervision.

Due to the stress that she encountered when she first started her job, Patricia shared that she experienced anxiety. Soon after Patricia began working at SCCL she met with a young undocumented woman whose boyfriend had recently committed suicide. She shared her experience of meeting this young woman:

> When I went to meet with her, she immediately vomited [metaphorically] everything that she had just seen because she was there when he committed suicide. She vomited her own trauma…and I got it all at once. I didn't even digest it because right after meeting with her I had another client who was also part of that family.

Due to experiences like these, Patricia shared that she has experienced "second hand PTSD" associated with the stress of working with clients with significant trauma. Patricia emphasized that as a counselor at SCCL she is working with a large caseload of clients with significant trauma and stressors and this often translates to significant stress for her as the counselor.

Another significant stressor that Patricia discussed was unpaid case management. Patricia shared that her undocumented clients often have needs beyond counseling that require case management. Undocumented families may need help negotiating transportation to get to therapy, help with navigating the school system due to language and culture differences, or help accessing other services or agencies. For example, Patricia told me that she has had school counselors call her about a mutual client and ask if she can help the client's family find psychological testing.

> A main barrier that I have seen with kids who are undocumented is that they don't have access to psychological testing. For example, they may not be doing well in school, and the teacher thinks they need psychological testing. But going through the school and getting it approved takes like two or three years before they get it because it costs like $3,000 per child. So a lot of teachers actually call us. They say, 'Hey, can you get her tested? Because I cannot get her tested here or it will take a long time, and she needs the services now.' Then I end up looking around for them, but if they don't have Medicaid, it's impossible.

Unfortunately, psycho-educational testing in Spanish is often difficult to find and very expensive, particularly for those who are uninsured. Searching for such services takes time and energy and currently SCCL counselors are not paid for these case management services.

During her first year at SCCL, Patricia described feeling frustrated about this unpaid work. However, she told me that with time at SCCL she learned to "let it go." She went on to say, "There are times now when I spend a lot of time helping a client and I don't get paid, but that's okay with me know." Patricia said that she has come to recognize that being a counselor at SCCL requires a lot of emotionally demanding work but that she was willing to do it because she feels passionate about working with the Latino immigrant population.

3. Patricia is Resilient in her work with Undocumented Clients

Despite the emotional stressors described above, Patricia expressed a "strong passion" for her work with the immigrant Latino community. Patricia attributed her resilience at work to her focus on self-care, support from SCCL colleagues, and a desire to serve the Latino community.

Due to the emotionally demanding aspect of her job, Patricia emphasized that she prioritizes her own self-care.

> I think self-care is so important for this work. What we see and hear is so hard that there should be something dedicated, like a space or time or even some counseling for the counselors. I would really like to see something in place to help counselors take care of themselves.

Patricia shared a desire for SCCL to provide additional funding or time for self-care. On her own, however, Patricia shared that she exercises regularly, travels as much as she can, and spends time with loved ones outside of work.

Patricia also feels very supported by her colleagues and supervisor at SCCL and this greatly eases the amount of stress she feels at work. She described SCCL as her family and expressed that she was grateful for their support:

> I have never, ever found a place with a team like this. Ever! For me, this is priceless…I know that I can count on [counselor] and [counselor]. The whole team, really. I learned that during my first crisis situation here. The crisis was assigned to me, but I asked [counselor] if she could take it while I shadowed her because I wasn't sure how to handle it. So our team at SCCL, we are just available for each other no matter what. And that is something that I am so thankful for.

Patricia emphasized that her colleagues work together as a team. She described a particularly difficulty session with a child client whose documented aunt threatened to report her client's undocumented parents to ICE. Understandably, when Patricia's young client heard this threat he immediately became very frightened. Patricia explained that while she spoke with her distressed client she was able to rely on multiple colleagues, including her supervisor, to work with the adults in the family in order to mediate the argument and devise a plan. She explained, "They all jumped in and did what needed to be done, and they looked out for the best benefit of my client. I really appreciated that." For Patricia, support from colleagues and her supervisor have a significant impact on her day-to-day work with undocumented families.

Finally, Patricia expressed a love and passion for her work with the Latino immigrant community. She shared that as a Latina woman she feels committed to contributing to the well-being of her own community. Patricia indicated that even though she has watched other colleagues burnout due to the intensity of the work at SCCL, she feels that her passion for the work sustains her.

Patricia also shared that she has witnessing discrimination against undocumented people and that this has fueled her passion for working with this community. Before Patricia began working at SCCL, she worked in a corporate environment where documented Latinos made direct statements about being "not the same" and "better" than undocumented Latinos due to their legal status, education, and socioeconomic status. She described a previous boss who discriminated against those who were undocumented.

> He would say to me, 'You are not the same as people who are undocumented. You are here legally.' But I would say, 'Yes, I am. I am [from a Latin American country], and I am not any better or worse than anyone else. For me, that has always been very clear.

Patricia indicated that even at that time she consistently resisted this discriminatory rhetoric. Now as a counselor, Patricia feels passionate about creating a healing and empowering environment for her undocumented clients.

4. Patricia Addresses Documentation Issues when it Impacts the Presenting Concern

Patricia stated that she only speaks with her clients about their undocumented status when it impacts their reason for coming to counseling. However, Patricia did share how she works with undocumented clients in session, including treating clients with respect, recognizing stressors, facilitating protective factors, and addressing intra-familial stress.

Patricia indicated that she only addresses documentation issues with clients in session when it is related to their presenting concern. When I asked her if she speaks directly with clients about their undocumented status, she replied:

> Not directly, no. Unless it is the cause of them coming to counseling. Like, I saw a boy that was brought by his parents due to insomnia because he was having anxiety about his parents getting deported. Or I worked with a family where the aunt of my client was threatening to call the cops and have his parents deported. He started crying and then I addressed it with him right then because it was specific to the case.

Patricia does not assess for legal status when working with clients. Further, during the focus group interview, Patricia said that she believed that all of her clients who use the funding for uninsured clients were undocumented. However, another participant in the interview group quickly explained that the use of this funding does not necessarily indicate that a client is undocumented but rather that the client does not have other insurance and does not qualify for Medicaid. Patricia seemed surprised to learn about this important distinction. Despite this

confusion, Patricia did identify specific ways in which undocumented status impacts her clients' lives and their presenting concerns for counseling.

When Patricia and I spoke about her work with undocumented clients, she made a point to emphasize the importance of treating all of her clients, but specifically her undocumented clients, with respect. She explained:

> Undocumented people have been mistreated over and over in their home country and in this country. So the way to relate to them—to help them heal—is to treat them with respect. When they are in my office, there is no one more important in this world but them right now.

For Patricia, one of the most important aspects of working with undocumented clients is providing an environment in which they can begin to heal from years of mistreatment. She shared that she learned this from the SCCL psychiatrist, who exemplifies this quality as a mental health professional. When she first started working at SCCL, Patricia was struck with the kindness and respect that the psychiatrist showed to all clients. For Patricia, treating her undocumented clients with respect means being completely present with them in the moment, listening and addressing their needs as best as possible. When Patricia works with undocumented clients, she focuses on empowerment and the client's own agency within the session.

Patricia also described the significant stress that undocumented clients encounter and how she helps foster protective factors. Patricia spoke about the increased level of stress that her undocumented clients experience on a daily basis. She explained that, over the years, many clients have shared that their undocumented status is a constant worry:

> The level of stress they go through on a daily basis is totally outrageous. Even if they are not thinking about it, it is a stressor that is in the back of their heads. It is consuming the

> back of their minds. I think that is especially true for parents because they also worry about their children. And even if they don't talk about it, I have seen that this stress translates to their children.

As Patricia works with these clients, she is aware that they experience chronic stress.

One of the most significant stressors that Patricia has observed her clients experience is the inability to acquire a driver's license. She indicated that this makes it difficult for parents to provide daily transportation for their families, including going to therapy. For this reason, Patricia attempts to accommodate undocumented families whenever she can by scheduling sessions for multiple family members at the same time and, when possible, giving undocumented clients priority in scheduling. Patricia provided the example of helping a single, undocumented mother schedule her individual session at the same time as her child's counseling session:

> At the beginning, she was very inconsistent because she just had so much going on and multiple taxis were too expensive. But now, her therapist and I try to coordinate our schedules so we can see them at the same time so they don't have wait longer or spend more money on taxis. We are really making a major effort to serve them…I understand that this mom has been through a lot and she is by herself. She has the church resources, but it's really hard for her to manage everything. So we have been accommodating for her.

For Patricia, small accommodations in scheduling can help undocumented clients, particularly those who use a taxi to get to SCCL, have greater access to counseling.

Another significant stressor that Patricia identified was anxiety experienced by children of undocumented parents. She explained:

> I do see a lot of behaviors appearing in children due to anxiety and stress about their parents' undocumented status—especially when children start realizing that their parents are undocumented, or if they see their parent get pulled over by the cops. They start having a lot of behaviors, like insomnia, enuresis, being afraid of the dark. I see a lot of behaviors appearing due to anxiety and stress about their parents' undocumented status.

Patricia provided the example of a young child who found out her mother was undocumented during a contentious divorce. Patricia explained that the child became very fearful that her mother would be deported and began experiencing symptoms of anxiety, including insomnia and enuresis. For young children, anxiety and fear associated with undocumented status may be exhibited behaviorally.

Despite these stressors, Patricia also identified spirituality and family cohesion as important protective factors for her undocumented clients. She shared that religious faith provides some of her undocumented clients with an important source of support. Patricia provided the example of an undocumented mother who was very resilient despite experiencing multiple stressors. Patricia explained:

> She is undocumented so there is so much unpredictability, but with her religion, she can hand it over to a higher power. She is a Jehovah's Witness so she puts God first and that keeps her going. She doesn't give up. So anyway it's the religion piece that really seems to be important.

Patricia explained that religion may be a predictable and dependable support for undocumented clients who often live in uncertainty.

Patricia also identified family cohesion as an important protective factor for many of her undocumented clients, particularly children. At SCCL, Patricia works primarily with children and adolescents. Patricia often encourages parents to engage in their children's counseling.

> I think that working with the parents is so important. All of my sessions with parents are always so fruitful. The longer I work with children the more I realize how important it is to work with the children and parents together—especially these families who have been separated [due to serial migration] for a long time so they need to connect again. If they are connected, the child does better.

However, during the focus group interview Patricia also expressed that encouraging parents to come to family counseling can be struggle. As discussed above, undocumented parents often experience multiple stressors and this can make it difficult for them to prioritize counseling. In addition, Patricia shared that undocumented parents may focus on providing their children with the material goods that they did not have as children, such as clothes and electronics, rather than focusing on the child's emotional or mental health. For this reason, Patricia will often encourage parents to engage in counseling. Patricia explained, "I will often say [to parents], 'This is teamwork. I will only see your child once a week so we have to work together. It's like we are partners." For Patricia, including parents in counseling is important because stressors associated with undocumented status can have a significant impact on the entire family.

When working with undocumented families Patricia identified intra-familial stress due to serial migration as a common and significant presenting concern. Patricia indicated that many of the undocumented parents she works with immigrated to the U.S. first and then sent for their children years later when they were financially settled. In fact, Patricia estimated that 20 to 30 percent of the current families on her caseload were at some point separated due to serial

migration. During their years apart, it is common for both parents and children to build strong relational bonds with other people. For example, parents may meet new spouses and have additional children and children often form attachments with their caregivers, including grandparents and other extended family or friends. When families are reunited, Patricia shared that both children and parents are often surprised by the difficulty they encounter in attempting to feel connected to each other.

Patricia shared that when families are experiencing familial stress due to serial migration she will often encourage both parents and children to recognize that reunification is a process that takes time.

> Many parents will bring their kids that they have left in their home country for a long time, like some for 13 years, [with them to the U.S.]. And the parents love their kids and really want and expect their children to love them. They will say, 'I worked to send him money, and he went to private school, and he was able to do this and that. And he has always had what he needed because I sent him money.' So it is hard for the parents to understand sometimes. They haven't seen these children in years and they cannot expect to have that connection over night. You know it's a process. So I work a lot on that with parents.

Patricia shared that she often encourages parents to be patient as they begin the process of strengthening their attachment bonds with their children. Patricia also encourages children to connect with their parents.

> I address it with both the parent and the child. And the children also discover stuff about their parents that they didn't know. A lot of times they are learning for the first time how much their parent went through to bring them here.

Patricia provided the example of an undocumented family where the father immigrated first, followed by the mother, and then followed by Patricia's 14-year-old client many years later. Patricia indicated that both parents in this family were surprised by the sadness and anger their child expressed when she arrived in the U.S. They had sent her as much money as they could over the years and expected that she would be grateful. These parents expressed frustration that their daughter did not understand the sacrifices they had made in order to provide her with material gifts and with the opportunity to come to the U.S. However, Patricia's client had been raised by her grandmother in Mexico and was now grieving the loss of that relationship and experiencing the stress of adapting to her new environment.

As Patricia worked with this family she encouraged both parents and the adolescent to appreciate each other's perspective as they learned to once again live as a family. Patricia also provided psycho-education to the parents regarding their adolescent's experience of attempting to adapt to both her parents' expectations and the expectations of her new American environment. She encouraged both parents to spend time with their child, rather than providing her with gifts, as a way of rebuilding their relationship. Patricia shared that with time this family was able to reconnect. In Patricia's experience, interfamilial stress due to serial migration is a common experience for many undocumented families that she works with at SCCL.

Cross Case Findings

After completing the analysis for each individual case described above, I followed Stake's (2006) guidelines for merging case findings. This analysis describes the differences and similarities in each counselor's experience of working with undocumented Latino clients. The purpose of this approach is to describe the experience of working with undocumented clients as it occurs across the counselors being studied (Stake, 2006). Through cross-case analysis, I

identified four primary themes: (1) Counselors gain knowledge and skills through experience, (2) Counselors vary in their engagement with documentation issues in session, (3) Counselors experiences are impacted by systemic oppression and racism, and (4) Counselors are personally impacted by their work with undocumented clients.

1. Counselors Gain Knowledge and Skills through Experience

All counselors in this study shared that they gained the knowledge and skills needed to work with undocumented clients through experience. I identified three sub-themes for counselors about this process: (a) Counselors did not receive training in graduate school for working with undocumented clients, (b) Counselors learn by doing therapy with undocumented clients, and (c) Counselors draw on personal experiences when working with undocumented clients.

1 a. Counselors do not receive training in graduate school for working with undocumented clients. All counselors in this study have acquired a minimum of a master's degree in a mental health field. Unfortunately, counselors discussed that they did not receive training in their graduate programs regarding therapy with undocumented Latino clients. In fact, all counselors expressed disappointment at the minimal attention given to the mental health needs of Latino clients in general. None of the counselors in this study received the preparation they needed for working with Latino or undocumented clients in graduate school.

Due to the lack of attention to the mental health needs of the Latino community in their programs, both Adriana and Maribel shared that they took on the responsibility of sharing information about the Latino community with their cohort members. Maribel in particular did a lot of her own research on the needs of undocumented Latinos and shared this information with her classmates. She explained:

> I was in grad school, and no one was talking about any of these [documentation] issues expect for me. I felt like the only person who cared. Whenever I had a class presentation, I would present on issues related to Latinos and the DREAM act, the driver's license problem, and immigration laws and stuff like that. All my presentations were about that stuff. They [my classmates] were probably sick and tired of me, but I felt like it was important. It was when I was researching all of the [immigration] laws, especially since Gwinnett county was so involved, and I was seeing how stigmatized and oppressed this population was and I think that is when I really decided that I wanted to work with Latinos.

1 b. Counselors learn by doing therapy with undocumented clients. All counselors in this study shared that they have developed the majority of the knowledge and skills they use when working with undocumented Latino clients from directly doing therapy with clients. For example, Susana explained that she learned from listening to the stories of undocumented clients themselves.

> In order to understand, I think it's required to actually be there in the room with them. There is nothing that could actually prepare you, especially hearing from the kids. They don't have a voice on the outside. I really didn't understand until they were right there in front of me.

Susana is impacted by listening to the stories of her undocumented clients, and she feels that this kind of experiential learning is essential for her understanding of her clients' experiences. Teresa also shared that she has learned most of what she knows from working directly with undocumented clients. For example, she shared that since arriving at SCCL she has learned to do immigration evaluations (see her quote about this experience on page 123) due to demand from

clients. Similarly, Adriana shared that listening to her undocumented clients' stories over many years is what has provided her with greater insight into the experiences of the undocumented community and how she might best serve them in counseling.

In addition, both Patricia and Adriana discussed the importance of supervision as they work with undocumented clients. Patricia shared that she consistently consults with colleagues or her supervisor when working with undocumented clients, particularly during crisis situations. In particular, Adriana emphasized that she is grateful for the SCCL supervisors hat she has had over the years. She spoke of these supervisors as mentors, and she shared that they have consistently encouraged her to continue developing her skills for working with undocumented clients.

1 c. Counselors draw on personal experiences when working with undocumented clients. In addition, though all counselors shared that they were familiar with immigration and documentation issues before starting to work at SCCL this knowledge impacted them differently. Each counselor identifies as Latina and shared personal experiences of either her own immigration story or immigration stories of family and friends. It was Maribel and Patricia, however, who specifically said that they draw on their personal experiences as Latina immigrants when they work with undocumented Latino clients. Maribel and Patricia believe that their personal knowledge of the Latino culture and Spanish language have been foundational to their ability to work with undocumented Latino clients. In addition, Patricia shared that she is able to empathize with her immigrant clients because she experienced her own period of adjustment and acculturative stress after immigrating to the U.S. Patricia also shared that before coming to work at SCCL she spent several years volunteering for a predominantly Latino church, whose members where largely undocumented. She credits much of her knowledge about the experiences of the undocumented community to this time.

For Susana, however, this familiarity with immigration issues seemed to initially impede her work with undocumented clients. She also spoke about understanding the impact of undocumented legal status on a personal level because a member of her own immediate family is currently undocumented. However, she shared that her understanding about this issue on a personal level seemed to normalize the experience for her.

> I think I was not really aware for a long time [about the impact of undocumented status]. It's interesting because I should have been. But I was not really aware for a long time…But also these stories are very familiar to me. And maybe that is why they didn't particular stick out to me because in my community I have heard so many of these stories.

For Susana, personal experience initially made it difficult for her to see the significant impact that undocumented status has on her clients and the importance of assessing and addressing this impact in counseling sessions.

In my review of SCCL's Team Member Handbook, I found that culturally competent care is central to the organizations mission. SCCL's mission states, "Our mission is to provide affordable, linguistic, and culturally appropriate substance abuse and mental health counseling and prevention services to the Latino community" (SCCL Team Member Handbook, 2011) The handbook also states that cultural competency is an ethical requirement of all counselors:

> **iv. Cultural Competence and Social Diversity:**
>
> (a) SCCL Team Members should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
>
> (b) SCCL Team Members should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

> (c) SCCL Team Members should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, *immigration status* [emphasis added], and mental or physical disability.

Though counselors in this study did not receive the training they needed to work with undocumented clients in graduate school, they gained knowledge and skills from directly working with clients and from their personal experiences as members of the Latino community.

2. Counselors Vary in their Engagement with Documentation Issues in Session

In this study, counselors varied in the degree to which they assessed for documentation issues. However, all counselors indicated that their clients' undocumented status impacts their clients' lives and the therapeutic process. Therefore, all counselors identified ways in which they help undocumented clients cope with the impact of undocumented status. I identified four sub-themes for counselors regarding how they address documentation issues in session: (a) Counselors vary in their assessment of documentation issues, (b) Counselors recognize stressors and facilitate protective factors, (c) Counselors address trauma with undocumented clients, and (d) Counselors address intra-familial stress with undocumented families.

2 a. Counselors vary in their assessment of documentation issues. Each counselor in this study varies in her approach to assessing documentation issues when working with clients. Methods range from indirectly but intentionally assessing their clients' documentation status to not differentiating between documented and undocumented clients. None of the counselors in this study reported directly asking clients about their documentation status.

Of the counselors in this study, Maribel is the most intentional about assessing for documentation status. Maribel shared that she will review the client's intake paperwork, conducted by intake staff. If the client was born outside of the U.S. and is uninsured, she will

begin looking for other signs of the client's documentation status. Below are the questions on SCCL's intake paperwork that Maribel reviews:

General Information Face Sheet

Metodo the de Pago/Methods of Payment 18. Otro metodo de Pago/Other method of Payment: 19. Me gustaria aplicar para asistencia gubernametal/I would like to apply for governmental assistance:	Questions regarding method of payment or the need to apply for governmental assistance or other funding.
Otras Preguntas/Other Questions 41. Nacio en EE.UU/Born in the U.S.? 42. Pais de Origen/Country of Origin: 43. Cuanto tiempo tiene viviendo en los EE.UU/How long have you been living in the U.S.?	Questions regarding country of birth and time in the U.S.

If a client was born outside of the U.S. and is uninsured, Maribel continues to indirectly assess for documentation status. In Maribel's experience, the client will typically discuss their undocumented legal status when she engages them in a conversation about the significant stressors in their lives. She shared:

> It [undocumented status] is something that I am always paying attention to. I will typically know in the first three sessions, if not the first session. Being undocumented creates so many barriers that I will know in the first few sessions. They will usually bring it up when we are talking about barriers, like they can't get a driver's license, or its difficult to get a job, they are pursing DACA, or they are not able to visit family in their home country. I'm always listening for it. But I really have not had to ask because it

impacts their lives in such significant ways that it will come up during our conversation. It comes up in different ways for each person, but it will come up.

Maribel provides the opportunity for the client to discuss their documentation status without asking them directly about it. She also emphasized that knowing a client's documentation status is very important because "It really has such a deep impact. It colors their whole experience. It influences everything." For this reason, Maribel is intentional about speaking with her clients about their documentation status. She indirectly assesses for this information by looking for indicators of documentations status, such as country of origin, insurance coverage, and stressors.

Similarly, Susana also indirectly assesses for her clients' documentation status by using the biopsychosocial assessment, the initial assessment completed by counselors, to discuss stressors. She shared that on most occasions a client will discuss their documentation status during this assessment because undocumented status creates significant barriers and hardships in a client's life (see her explanation of this process on page 99). In my review of SCCL's biopsychosocial assessment I did not come across any questions that directly ask about a client's legal status. However, the chart below identifies question about stressors on the assessment that counselors throughout this study identified as impacting their undocumented clients.

SCCL Biopsychosocial Assessment

5. Presenting Problems (What brought client into SCCL?: be specific)	Counselors discussed that for some undocumented clients, stress associated with their undocumented status may contribute to their presenting problem.
List of additional presenting concerns (sample of listed concerns; these are concerns mentioned by counselors throughout the study) 6. Depressed mood 8. Sleep disturbances 17. Irritability	Counselors identified symptoms that their clients have experienced, which may be associated with the stress of being undocumented and exacerbated by barriers to services.

18. Generalized anxiety 19. Panic attacks 24. Somatic complaints 25. Emotional trauma victim 26. Sexual trauma victim 27. Substance Use 37. Conduct Problems 41. Hopelessness 42. Social isolation 47. Physical trauma victim	
For children and adolescents: 71. Who did the baby interact with in early childhood? Or spend the most time with? 72. Where there any disruptions in the child's caregiver relationships?	Counselors discussed attachment difficulties associated with serial migration or parent-child relationship difficulties exacerbated by the stress of being undocumented.
Employment 122. Vocation/Employment (current and history, if any: 123. Longest job:	Counselors discussed the significant stress clients experience because they are not able to attain legal employment
Legal History 124. Has client been involved with criminal/juvenile system in past year? (includes arrests, probation, parole, commitments, adjudications or awaiting sentences)	Counselors discussed the discrimination that their clients have experienced in the U.S. immigration system and criminal justice system.

When I asked Susana who typically brings the issue of documentation status into the counseling room, she shared:

> The client, mostly the client [brings it up]. But if they don't, then I will—especially to validate. I might use it and say, 'Listen, how difficulty it must be. It makes sense that you are feeling this way. It's so uncertain. And this happened, and it's so hard.'

Like Maribel, Susana is also intentional about assessing and integrating a client's documentation status into the counseling process.

Teresa shared that she does not assess for each client's documentation status. However, she interacts with each client at SCCL with the awareness that a large portion of the organizations clientele is undocumented. Teresa shared that in her experience clients will typically discuss their legal status in counseling because it often has a significant impact on their lives and impacts their presenting concern. For example, Teresa shared that she has helped clients process trauma associated with crossing the border and helped undocumented parents and their children reestablish their relationship following serial migration.

Further, Teresa is the only counselor in this study who indicated that during the informed consent process she specifically explains to clients that counselors at SCCL will not report on legal status. In my review of SCCL's Notice of Privacy Practice paperwork, I found that SCCL's confidentiality statement indicates the following limits of confidentiality:

> We may disclose PHI (personal health information) to government law enforcement agencies in the following circumstances:
>
> - In response to a court order, warrant, subpoena, summons or similar process issued by a court.
>
> - If a psychotherapist believes that it is likely that you present a serious danger of violence to another person.
>
> - If we believe you have committed or have been a victim of a crime, and you are currently hospitalized, disclosures must be limited to information that directly relates to the factual circumstances of your treatment.

No mention of documentation status is included in SCCL's written confidentiality paperwork. However, Teresa specifically includes this as part of her verbal confidentiality statement.

Adriana shared that she does not differentiate her client caseload between those who are undocumented or documented. Instead Adriana is consistently looking for each client's individual stressors or needs (see her explanation of this page 114). When I asked Adriana if she explicitly speaks with her clients about their undocumented status in session, she indicated that it

depends on the client's age. However, Adriana did indicate that even with young children the trauma or stress of either their own undocumented status or that of their parents comes out during session.

> Well, with the younger ones, cognitively and developmentally, you don't really talk with you them like that. However, I will tell you that it always comes out in their play. They will play a lot with the handcuffs and [say,] 'The police is going to get you so hide! Hide!'

Though Adriana does not speak with her young clients about undocumented status, the trauma and fear associated with undocumented status if often an important part of counseling sessions. For older clients, Adriana indicated that she will discuss the client's undocumented status if it relevant to their presenting problem and congruent with the therapeutic modality she is using. She provided the example of helping an adolescent client process crossing the border with Trauma Focused Cognitive Behavior Therapy. Adriana does not assess for undocumented status when she works with clients. However, she is processing the trauma and other pain that is associated with undocumented status with her clients in treatment.

Patricia also indicated that she does not necessarily distinguish between her documented and undocumented clients. In fact, during the group interview, Patricia realized that her assumption that all SCCL clients who use the funding for uninsured clients are undocumented was false. Patricia and another participant had the following exchange during the group interview.

Patricia: All clients who use [the funding for uninsured clients] don't have any documents.

Maribel: Oh no! That's not true.

Patricia: No?

Maribel: No. That's not true. No. No. I have plenty of clients who use [the funding for uninsured clients] that are born here.

Researcher: Maribel, do you mind saying what [the funding for uninsured clients] is?

Maribel: So for the clients that don't have Medicaid, the state funds their treatment…So maybe the client doesn't have Medicaid because the client wasn't born here and is here undocumented, or maybe the client doesn't have Medicaid because they just didn't qualify for it, the parents make too much money or another reason. I would say the kids that I have that are [uninsured], at least a good 30% of them are born here, but they just don't have Medicaid. So, no, that's not accurate.

Patricia was under the impression that all of her clients who use the funding for uninsured clients at SCCL were undocumented.

In addition, Patricia shared that she will typically only speak with clients about their undocumented status when it is directly related to their presenting concern.

> Not directly, no. Unless it is the cause of them coming to counseling. Like, I saw a boy that was brought by his parents due to insomnia because he was having anxiety about his parents getting deported. Or I worked with a family where the aunt of my client was threatening to call the cops and have his parents deported. He started crying and then I addressed it with him right then because it was specific to the case.

Patricia described working with undocumented individuals and families who have experienced trauma, intra-familial stress due to serial migration, difficulties with transportation issues, lack of employment and access to funding for medical care or higher education, and anxiety due to fear of parental deportation. Though Patricia does not directly assess her client's documentation status she is addressing difficulties associated with undocumented status with her clients in therapy.

Each counselor in this study differed in her approach to assessing clients' documentation status. No counselor asks clients directly about their documentation status and only Maribel and

Susana indirectly assessed for this information. However, all counselors indicated that they do address the consequences that are often associated with undocumented status with their clients in session, particularly if it is related to the clients' presenting concern.

2 b. Counselors recognize stressors and facilitate protective factors. All counselors in this study spoke about the many stressors that their undocumented clients' encounter and how this impacts the clinical process. The most common stressors identified across counselors in this study were limited finances, a lack of transportation, and fear of detention and deportation.

Undocumented people do no have access to lawful employment in the U.S. Therefore, counselors in this study shared that their clients often have difficulty finding employment, work multiple jobs, or work long hours at low paying jobs. Undocumented parents may find that they have little time after working long hours to spend with children and take them to extracurricular activities. Similarly, Maribel said, "When they [undocumented clients] don't know how they are going to pay for rent or feed their children, they are not going to be as worried about their mental health care." In addition, Teresa shared that in the state of Georgia, SCCL is one of the few organizations that provides low cost services in Spanish. Therefore, she has worked with clients who assumed that these services did not exist before being referred to SCCL by another person. Concern about finances is often a worry that clients discuss in session. Though SCCL is able to provide low-cost services, finances continue to be a significant stressor impacting undocumented clients in many areas of their lives.

Counselors also discussed the lack of transportation as a significant stressor for their undocumented clients. Because undocumented people cannot attain a driver's license in the state of Georgia, they must either find alternative transportation to counseling or risk driving without a license. For example, Adriana shared that she works with a client who walks between 2 to 3

miles with her daughter in order to get to counseling. Other counselors indicated that their clients pay a taxi to get to therapy. Susana shared that when she first arrived at SCCL it was her clients' transportation difficulties that first opened her eyes to the significant impact that undocumented status has on her clients' daily lives. She shared that Gwinnett County law enforcement in particular is known in the Latino community for detaining Latino drivers and checking for lawful presence in the U.S.

> A lot of Latinos live here and I think that they are very anxious because they live here. And they can't even drive five minutes away because this is a zone that is very dangerous for those who are undocumented. Everyone knows. All my clients say the same thing. This is not a safe county. The police will check papers here.

Lack of transportation impacts undocumented clients' access to counseling but also other vital activities, such as going to the grocery store or taking children to school. Counselors discussed that they often speak with their clients about their transportation to counseling. In order to ease this stressor, counselors may schedule counseling for multiple family members at the same time or waive fees for late cancellations. All counselors discussed transportation as a significant stressor for their undocumented clients.

All counselors also indicated that their undocumented clients experienced feelings of anxiety and fear that they would be detained by law enforcement or deported. Counselors reported that young children may worry about their parents being detained. For example, Maribel, Patricia, Susana, and Adriana all shared stories with me about working with children who have experienced trauma due to witnessing their parents being detained by law enforcement. Patricia specifically described working with children with symptoms, such as insomnia, enuresis,

and being afraid of the dark due to anxiety associated with their parents' undocumented status (see her quote about this experience on page 148).

As undocumented children grow older and become adolescents they may begin to worry about their ability to get a driver's license, attend college, or get a job. Maribel explained that the transition into adulthood is particularly difficult for undocumented youth (see her quote on page 86). Undocumented adults also often live in fear of law enforcement, and this may impact their willingness to seek mental health care (see Teresa's explanation about this on page 125). Counselors shared that this fear takes an emotional toll on their clients and may lead to anxiety, depression, and hopelessness.

Due to the significant stressors that undocumented clients experience, counselors in this study were also intentional about recognizing and promoting protective factors. The Biopsychosocial Assessment, which SCCL counselors complete with all clients, includes multiple sections outlined below for counselors to note client resiliency and strengths.

Biopsychosocial Assessment

Individual Resiliency Plan List
150. Issue #1
151. Status
152. Issue #2
153. Status
154. Issue #3
155. Status

S.N.A.P. (Strengths, Needs, Abilities, and Preferences)
160. What are your strengths? What are your positive qualities? (Natural positives: supportive family, good health, literate, etc.)

Family Strengths: Use 3-5
168. Family Strengths by Client:
169. Family Strengths by Parent(s)/Guardian:

Maribel, Adriana, Susana, and Teresa all spoke about the personal resilience that they have observed in many of their undocumented clients. For example, Maribel shared, "They aren't just sitting at home scared not able to do anything…They are going to school or work or doing what they can." These counselors spoke about their undocumented clients' incredible ability to build a life in the U.S. despite the many stressors they face.

One of the most significant protective factors that counselors discussed was the support of family. All counselors discussed the importance and benefits of including the whole family in counseling if possible. Adriana shared:

> Family is really important for this population. Most of the time the parents also need their own counseling because of trauma. But I have seen that both the kiddo and the parent do better when we work with them together.

This seemed to be particularly true for counselors who worked with children.

However, counselors spoke differently about their experiences of attempting to include undocumented parents in counseling sessions. Adriana and Susana emphasized that undocumented parents seem to work particularly hard to provide their children with care, including the counseling services they need. During our individual interview Adriana said, "Undocumented parents will do anything for their children." These counselors emphasized the support that family and parents provide. However, it is also important to note, that Patricia and Maribel expressed frustration at how difficult it can be for them to encourage parents to be a part of their child's counseling sessions or to engage in their own counseling. They reported that some parents worry that they do not have the time for counseling, do not believe they need it, or have concerns about the stigma in the Latino community associated with mental health care. In fact, Maribel said, "Sometimes the parents can be a barrier to getting the kids in consistently.

They may also not want to come for themselves." Patricia and Maribel shared that they often struggle to engage undocumented parents in counseling. All counselors in this study reported that they attempt to facilitate family relationships and encourage family counseling. However, they varied in their experiences of this of this process.

Another important protective factor that Maribel and Teresa discussed was the benefits of helping undocumented clients build community and a strong network of both undocumented and documented individuals (see Maribel's explanation on page 87). This kind of community provides undocumented clients with both emotional and practical support. Both counselors discussed clients whose social networks were vital in helping them navigate day-to-day practicalities, such as finding a job or accessing mental health treatment.

In addition to the protective factors described above, Patricia also identified religion and spirituality as an important protective factor for many of their undocumented clients (see her explanation on page 148). Due to the possibility of deportation or detention, Patricia shared that undocumented people often live with a lot of uncertainty. Religion and the ability to trust in God can provide clients with a constant support.

Similarly, Maribel has found that due to this uncertainty about the future it is helpful to focus on the "here and now" in counseling sessions with undocumented clients (see her quote on page 89). Maribel helps clients determine what they can control in their lives so that they can set realistic and achievable goals. All clinicians in this study recognize the significant stressors that their undocumented clients encounter, but they have also found protective factors that are helpful for their clients.

2 c. Counselors address trauma with undocumented clients. All counselors in this study described that the majority of their undocumented clients at SCCL have experienced high

levels of trauma. Undocumented clients may be fleeing violence in their home countries, experiencing trauma during the immigration process, or experiencing trauma in the U.S. All counselors reported that helping clients cope with traumatic experiences is often a part of their work with undocumented clients. Unfortunately, counselors also reported that even when clients experience violence or trauma in the U.S. they do not report these experiences to law enforcement due to fear that they will be identified as undocumented.

For some undocumented clients, detention by law enforcement and deportation or the threat of deportation can cause significant emotional trauma. In Susana's experience, this may occur when undocumented parents are pulled over while driving without a license or detained at work. These individuals are then held in a detention center or tracked for deportation. She shared that families are typically given very little information about how long the person will be detained or if they will be deported.

> I have had so many child and adolescent clients who have actually witnessed their parent or parents being deported. Or one of their parents is in jail and it's related to immigration. I have 4 or 5 clients just right now who are in this situation… They [their undocumented parents] get pulled over for a minor traffic violation, and now they are in immigration detention, and they don't know if they are going to be deported. They don't know how long; they don't know what is going to happen. I have many clients who are experiencing that right now.

Clearly, these experiences have a significant emotional impact on the entire family and many clients discuss this in session.

Counselors shared that their undocumented clients of all ages, from young children to adults, present to SCCL with trauma. Adriana shared several stories of working with young

children who had experienced trauma from either watching their parents interact with law enforcement or having their own experiences of trauma associated with being undocumented (see her quote about this experience on page 117). Similarly, Patricia shared that she has worked with children who have exhibited anxiety and behavioral problems like insomnia and enuresis due to trauma associated with witnessing their parents being detained or deported. All counselors in this study identified that addressing trauma is an essential aspect of working undocumented families.

2 d. Counselors address intra-familial stress with undocumented families. Two counselors in this study, Teresa and Patricia, specifically discussed that their work with undocumented families often involves addressing intra-familial stress. Undocumented families may experience intra-familial stress for many reasons, including acculturation differences between parents and children or the impact of external stressors like lack of transportation and limited finances. Both Teresa and Patricia also identified serial migration as a significant cause for intra-familial stress. Serial migration occurs when parents immigrate to the U.S. for several years and then send for their children once they are settled in the U.S. Teresa spoke about the attachment difficulties that may occur between parents and children who have been separated for years (see her explanation of this experience page 136). Similarly, Patricia shared that both parents and children are often surprised by how hard it is to emotionally reconnect. Teresa and Patricia both shared that for them helping undocumented families ease intra-familial stress following serial migration is an important part of their work.

3. Counselors' Experiences are Impacted by Systemic Oppression and Racism

All counselors in this study discussed how oppressive systemic structures and racism impact their clinical experiences with undocumented clients. However, Maribel, Susana, and

Adriana also described how SCCL is able to provide services despite these systemic structures. I identified three sub-themes for counselors regarding these systemic structures: (a) Counselors' experiences are impacted by immigration laws, (b) Counselors witness discrimination within governmental institutions, and (c) Counselors view SCCL as a community-based organization.

3 a. Counselors' experiences are impacted by immigration laws. Counselors shared that their undocumented clients are greatly impacted by both federal and state immigration laws and that this often has implications for their clinical work. Maribel shared, "I'm seeing all the time how immigration laws really impact people. I can really see how a law impacts little Juan. These are real people. This is not just some abstract community somewhere." Maribel in particular emphasized how important it is for counselors to understand immigration laws. Counselors shared that these laws have practical implications, such as limiting clients' ability to obtain a driver's license or to access some social services. The stress associated with these practical limitations may lead to mental health consequences like anxiety and depression. Through their work at SCCL, the counselors in this study witness first hand the effects of immigration law on individuals.

Adriana seemed particularly knowledgeable about Georgia immigration law and how it impacts clients in both positive and negative ways. For example, she discussed the impact of Gwinnett County's participation in the 287(g) program starting in 2009, which allows local law enforcement to enforce federal immigration laws (American Civil Liberties Union of Georgia, 2010). During this time, there was a significant increase in roadblocks set up by police officers aimed at identifying and detaining undocumented immigrants who were driving without a license (see Adriana's quote about this experience on page 111). Adriana shared that this greatly

impacted undocumented clients' willingness to drive to counseling and negatively impacted the undocumented community's sense of safety and hope.

On the other hand, counselors also shared the positive impacts of DACA, which was introduced in 2012. Counselors shared that DACA has given many young undocumented clients the opportunity to pursue education and jobs previously out of their reach. Maribel, Adriana, and Susana all shared that they regularly provide their clients with information about DACA. For counselors at SCCL, their work is directly impacted by the limitations and benefits afforded to their clients through these laws.

However, all counselors also expressed that it is challenging to keep up with the constant new legislation that impacts their undocumented clients. Teresa shared:

> I think one of the things that we need is to be more aware of all of the different [immigration] laws. There are a lot of changes happening. For me, I often think, 'Okay, what can my client benefit from?' or 'What is going on politically?' I try to keep up to date with all of the different things that impact the immigrant community. I think that it's important…But I'm not always sure what all is happening politically because its changing everyday. Keeping up with that is hard, and that's a big thing that impacts our clients.

Counselors expressed concern that immigration policy is consistently changing and often difficult to understand. Therefore, Adriana and Susana indicated that they are intentional about staying aware of current immigration laws through watching the news and reading articles. Adriana explained, "So I have to be constantly reading—watching the news, reading the paper—just staying on top of the changes in immigration policy." Similarly, Susana listens to the local Spanish talk radio station on her way to work in order to get information about immigration laws

and also to understand what the local Latino community thinks about these laws. Counselors expressed not only the importance of understanding the impact of these laws but also the challenge of keeping up with the details of new and changing laws.

Another significant stressor for counselors in this study and the clients they work with is the legal restriction of subsidized health care for undocumented people in Georgia. Undocumented people do not qualify for any state or federal funding for treatment, including Medicare or Medicaid. Therefore, SCCL is one of the only low-cost counseling resources available for Spanish-speaking Latino clients in Georgia. For this reason, counselors in this study shared that they are unable to refer undocumented clients who might benefit from specialized treatment or a higher level of care to other agencies.

Similarly, Adriana shared that other agencies and hospitals will hesitant to accept undocumented clients because they do not qualify for subsidized services. Therefore, this often leaves SCCL as the only mental health option for undocumented clients. Further, Teresa shared that SCCL will also often work with clients who have organic difficulties because they are not able to attain treatment elsewhere (see her explanation of this experience on page 126). Several of the counselors expressed a feeling of added stress due to the lack of mental health resources beyond SCCL. Given this lack of resources, Teresa explained that therapists at SCCL are often working with undocumented clients with high mental health needs.

3 b. Counselors witness discrimination within governmental institutions. The counselors in this study also discussed difficult experiences of working with institutions, such as DFCS, law enforcement, and the justice system. Teresa, Susana, and Adriana all shared experiences in which they believed that their undocumented clients received discriminatory treatment from one of these institutions because of their legal status. For example, Teresa shared

the story of a young adult undocumented client who was hospitalized on several occasions due to symptoms of schizophrenia. During one of those hospital stays, the client assaulted a hospital staff member and was immediately arrested and tracked for deportation. Teresa shared that watching her client and her family go through this experience was emotionally difficult for her.

> It is so sad for me to see this family going through this, and I feel like there is nothing that I can do. I mean we did get legal aid involved, but I don't know what is going to happen…And they [undocumented individuals] are not criminals; they are very ill, but because they don't have papers they end up in the legal system, which is very hard to get out of. So that is really heartbreaking to see. And not being able to help, what can you do?

Undocumented immigrants in the U.S. cannot legally be denied emergency care at a hospital, but they are not eligible for Medicaid or Medicare. Teresa shared that she was able to help the family connect with legal services. However, it was difficult for Teresa to not be able to change the unfair treatment she witnessed her client experiencing.

Similarly, both Susana and Adriana shared experiences in which DFCS and law enforcement did not adequately protect their undocumented clients after they had reported instances of child abuse or domestic violence. For example, Susana shared her experience of helping an undocumented mother report to DFCS that her five-year-old daughter had been sexually abused. After an investigation, DFCS dismissed the allegations of sexual abuse and closed the case. Susana shared that the case was closed because the child could not describe what had occurred in English. Susana expressed sadness and disappointment at the way in which DFCS handled this case (see her quote about this experience on page 98). Counselors in this

study reported that it was difficult for them to interact with institutions that seemed to consistently treat undocumented clients unfairly or not provide them with adequate services.

3 c. Counselors view SCCL as a community-based organization. All counselors in this study expressed a desire to specifically work with the Latino community. Maribel, Susana, and Adriana shared that SCCL provides them with the opportunity to work with a part of the Latino community that often has difficulty accessing mental health services due to language and financial barriers and fears about documentation status. Teresa shared that through word of mouth SCCL has become well known in the community for serving all Latinos, including those who are undocumented and uninsured.

Many of SCCL's referrals come directly from individuals who have received services at SCCL. Teresa explained that when she asks clients how they heard about SCCL they will often comment, "[Clients will say:] 'Well, my neighbor told me,' or 'Somebody at church told me,' or 'Someone at work told me,' or 'My sister, or my aunt or whatever person that used to come here…" Given the limited resources for undocumented people in Georgia, SCCL has become well-known within the Latino community for its accessibility. In addition, Teresa specifically described SCCL as a place for undocumented Latino clients to build community.

Counselors also shared that SCCL often receives referrals from other community agencies, churches, and local schools. Adriana shared that SCCL has been present in the Gwinnett County community for over 15 years and has gained trust from other community partners. In fact, SCCL's Team Member Handbook identifies partnership as one of it core values. The handbook states (p. A-2):

> **Partnership -** We are committed to pursue close partnership with key government departments, agencies, corporations, and individuals in order to promote and enhance the image of SCCL.

For example, SCCL works in partnership with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) in order to provide financial assistance to low-income clients. Counselors also discussed that they often received referrals from local schools and work with school counselors to help clients succeed academically. Counselors also shared that they receive referrals from other local social service organizations such as Tapestri—a local advocacy organization for survivors of human trafficking, domestic violence, and sexual assault. SCCL aims to work closely with other community agencies and organizations.

Further, all counselors also discussed that their undocumented clients often need additional services beyond counseling. SCCL provides multiple services including psychiatric evaluations, addiction recovery programs, family and parenting classes, medication management and nursing services, and prevention services—including a youth club house, after school programs, and a summer camp (SCCL Team Member Handbook). The nursing services at SCCL include a thorough nursing assessment, laboratory analysis, TB testing, drug testing, and voluntary HIV/AIDS testing (SCCL Team Member Handbook). As Adriana explained, many undocumented clients at SCCL have not received these services for many years. In addition, counselors also discussed helping clients access legal services, such as finding a lawyer through Legal Aid or consulting with a lawyer at SCCL when applying for DACA.

Counselors in this study shared that these services are vital to many of her undocumented clients and these are often the services that first bring undocumented people into SCCL. For example, Teresa explained:

> We have a prevention clubhouse that is down the road and then we have this other clubhouse (points next door) for kids who have substance-abuse issues. And we get referrals from the prevention clubhouse as well. They have community activities [and]

> presentations, and they are open to the community… They see the kids that we would identify as at-risk and then we get referrals from them. So people know about us [counseling services] through them, and they might be a little more willing to come because of them [the clubhouse].

SCCL's presence within the community as a place where undocumented clients can receive multiple services allows the counselors in this study to work with a community that often has difficulty accessing mental health care.

4. Counselors are Personally Impacted by their Work with Undocumented Clients

All counselors in this study described being personally impacted by their work with undocumented clients. I identified two sub-themes for counselors regarding this experience: (a) Counselors experience emotional difficulties and role strain and (b) Counselors are supported and motivated by community.

4 a. Counselors experience emotional difficulties and role strain. All counselors in this study expressed that they have been emotionally impacted by their work with undocumented clients. As discussed above, undocumented clients experience significant stressors associated with their legal status, high levels of trauma, intra-familial stress, and systemic oppression, racism, and discrimination. These challenges have practical, emotional, and mental health consequences for undocumented clients and this in turn creates emotional stress for the counselors who work with them.

Due to the challenges that their undocumented clients face, the counselors in this study explained that they are often working with clients with high mental health needs. For example, Maribel shared that up to half of the clients on her current caseload have experienced active suicidal ideation and Susana indicated that it is not uncommon for her to report child abuse to

DFCS or to hospitalize a client for suicidal ideation on a weekly basis. Counselors at SCCL are often working with clients who are experiencing a crisis.

In addition, both Susana and Patricia specifically discussed the emotional impact of working with undocumented clients who have been highly traumatized. Susana shared:

> The things we hear are highly intense. Even when they are not our clients, when we are just doing an assessment. The first time we meet them during the evaluation we always ask about trauma. In many cases I remember working with children as young as three years old who have watched their parents be deported. Or horrible stories of crossing the border, being caught at the border, police stops while driving and seeing the parents being deported. And there is so much fear, its intense fear of the uncertainty.

Both Susana and Patricia described experiencing "secondary PTSD" after listening to their clients' stories of trauma. Patricia indicated that listening to her clients' stories had such a significant impact on her that she experienced her first panic attack shortly after staring her job at SCCL. Counselors at SCCL are working with a population that has experienced significant trauma and hearing these stories has a direct emotional impact on them as well.

The counselors in this study also described role strain as a result of wanting to meet all of their clients' needs but confronting external barriers beyond their control. As described above, counselors at SCCL are often unable to refer undocumented clients to other services due to their legal status, and they witness other institutions, such as DFCS and law enforcement, discriminate against their undocumented clients (see Maribel's quote about this experience on page 80). Counselors described their experiences as "stressful," "intense," "hard," "frustrating," "heartbreaking," and "disappointing." They care deeply for their clients, and this also creates emotional stress for them as counselors. Adriana shared:

> I don't think SCCL or this kind of work that we do is for everybody. We have a lot of clinician turnover. They will go other places were it is not as challenging. Whether it be documentation, whether it be funding, whether it be clientele: it's just not for everybody. It takes special people to be able to do the work. It is also very frustrating, not because of the clients, but because of bigger things—because of society, because of oppression, because of the system.

Due to the challenges associated with this job, Adriana shared that it is common for a clinician to begin looking for another counseling job after a couple years at SCCL.

Counselors in this study varied in their response to the emotional difficulty and role strain described above. For Susana and Patricia, these experiences seem to have created an increased sense of commitment and responsibility to their undocumented clients. Both Susana and Patricia expressed a willingness and commitment to spend extra time and energy helping their clients with case management, advocacy in the community, managing a crisis, or accessing other services—even without getting paid for this time. These clinicians described that they are often engaging in uncompensated case management work for their undocumented clients. However, they also seemed to be the most emotionally impacted by their work. Patricia said, "I don't mind going through a lot, but you know it does weigh on me." Both clinicians discussed that over time they have learned to manage their stress through self-care and accepting emotional stress as a part of their work.

Maribel shared that she manages the stress associated with her job by greatly limiting her work outside of session. She explained that this approach differs from some of her other colleagues at SCCL.

> A lot of people [other SCCL counselors] are very concerned about it [case management]. They will call the school—talk to the probation officers; they will be talking to someone at all times. And I will, if I absolutely have to, but I'm not going to prioritize it. Maybe if I was at a different agency with a smaller caseload and if I were compensated for that time then I might be more willing to do it. But I just don't have that luxury here, and I'm not going to stress about it.

Maribel manages the intensity of her work by focusing on client's needs within the session. While Susana and Patricia spend extra time on case management for their undocumented clients, Maribel described out-of-session-work as a luxury that she does not have due to her large caseload and the lack of compensation for this work.

Teresa and Adriana, the counselors in this study with the most years of experience, seemed the most confident in their work with undocumented clients. They did describe the difficulties associated with working with clients with high mental health needs and limited resources. However, they both discussed how this stress might impact clinician burnout and SCCL as an organization as whole rather than personally. Neither of these clinicians indicated that they spend a lot of time doing case management. Both Teresa and Adriana described that time and clinical experience has increased their confidence in their work and their ability to help new clinicians at SCCL. Though all counselors in this study experienced emotional stress and role strain they differed in their response to these challenges.

4 b. Counselors are supported and motivated by community. In addition to their individual responses described above, what all counselors in this study did have in common was the support of their SCCL colleagues and a personal commitment to serving the Latino

community. Each counselor shared that this support and personal identification added to their ability to prevent burnout.

All counselors reported feeling supported by their SCCL colleagues and supervisors. Both Teresa and Adriana described SCCL as a family. Counselors seemed to rely on each other both emotionally and practically. They spend time getting to know each other at SCCL, and they also work as a team to manage work crises and provide each other with consultation.

Finally, all counselors also indicated that their personal identity as Latina and a desire to serve their community was vital in sustaining their passion for their work at SCCL. For example, Susana shared:

> For me, I think it's a lot about identity and this being familiar. I really relate because of my personal experience. I really relate to my clients…The stories I hear are very familiar, and I know this is the community—*my community*—that I want to work with. And that is why I am here.

Susana and the other counselors in this study, feel a personal connection to their clients and to their work with the Latino community. Maribel specifically spoke about wanting to be helpful to other Latinos who are in pain. She said, "I'm Latina myself, and I want to help my own community. I see individuals in my community that are hurting or are not doing well in this moment, and I want to help." Though their work is emotionally taxing, the counselors in this study expressed that they are motived to do this work as a way of giving back to their own community.

In addition, Patricia, Teresa, and Adriana spoke about their own privilege as documented individuals and how this motivates them to be helpful to those in the undocumented community. Adriana explained:

> I think it is a privilege to be able to come [to the U.S.] the way that some of us did. You know? We don't have to struggle in comparison to our clients or others who don't have papers. So for me it's a privilege, and so it's so important to reciprocate. Okay? For me, to come into the U.S. it was easier so what am I going to do now for my community? Now that I have this education, now that I have this status—what can I do to give back?

For all counselors in this study, their personal identity as Latina and a desire to serve those with less privilege was an important part of their work with the undocumented community at SCCL.

CHAPTER V

Summary, Implications, and Conclusion

Through this multiple case study (Stake, 1995), I explored the lived experiences of five counselors who work with undocumented clients within the context of a Latino-serving community-counseling center, SCCL, located in the Southeastern U.S. Therapists' experiences in this study demonstrate that racism is pervasive and deeply ingrained in the current mental health system in the New Latino South. Participants described systemic discrimination and oppression that has practical, emotional, and mental health consequences for their undocumented clients and this in turn creates emotional stress and role strain for them as counselors. Despite these challenges the counselors in this study described a strong commitment to providing culturally responsive counseling services to their undocumented clients. Clearly, there is currently a mental health crisis occurring for the undocumented Latino community in the Southeastern U.S. The findings in this study point to the need for psychologists and counselors to act in order to create culturally responsive and accessible counseling services for those who are undocumented as a step toward creating more equitable mental health services for all people.

Implications for Counselor Education, Clinical Practice, and Research

This was the first study to focus on counselors' experiences working with undocumented clients in the Southeastern U.S. The findings identified through this study have implications for counselor education and training, clinical practice, and further research with both undocumented clients and the counselors who work with them.

Counselor Education and Training

A primary theme identified in this study was that all counselors developed the knowledge and skills needed to work with undocumented clients through personal and professional work experience. The counselors in this study all have a minimum of a master's degree in mental health counseling but they shared that they did not receive training for working with undocumented clients in their graduate programs. The mental health needs of undocumented people are being ignored in graduate school programs and this serves to further marginalize the undocumented community. Similar to the majority of clinicians who work with Latino clients, the participants in this study were trained in generalist mental health programs (Delgado-Romero et al., 2011). All counselors in this study expressed that they received little training in Latino psychology overall in school and that the mental health needs of undocumented clients were completely absent. This finding adds to the literature on clinicians who work with Latino, immigrant, and Spanish-speaking clients, who also report that they do not get training for working with these populations in graduate school (Paynter & Estrada, 2009; Singer & Tummala-Narra, 2013; Verdinelli & Beiver, 2013). It is essential that mental health graduate school programs begin to recognize the impact of documentation status on clients' well-being and train student counselors to work with the undocumented community.

The current literature also indicates that both Latino faculty (Broussard & Delgado-Romero, 2008) and Latino students (Delgado-Romero et al., 2005) are largely underrepresented in graduate mental health programs. In this study, Adriana shared that she was the only person who identified as Hispanic in her graduate cohort and Patricia indicated that none of her professors identified as Latina/o. This study highlighted to experience of Latina counselors whose voices are often silenced or ignored. They clearly expressed frustration at the lack of

Latino representation and the lack of focus on Latino psychology in their training experiences. Counselors who work with Latino populations are clearly articulating a desire and need for more Latino focused training in graduate school programs. In order to provide equitable mental health care for all people, graduate school programs must train student counselors to work with undocumented Latino clients.

Due to their lack of training in graduate school, all counselors in this study emphasized direct practice with undocumented Latino clients as important in developing the skills to work with this population. This finding is similar to research on clinicians who work Latino (Taylor et al., 2006; Paynter & Estrada, 2009; Verdinelli & Biever, 2013) and immigrant clients (Jones, 2012; Singer & Tummala-Narra, 2013), who also report learning to work with these populations through direct practice. Further, Adriana specifically discussed her role at SCCL in creating new programming for undocumented clients, such as a group for unaccompanied minors. This finding suggests that counselors who work with undocumented clients may be developing new ways of working with this population that have not been done before. As counselors work with undocumented Latino clients, they are gaining valuable knowledge about therapeutic interventions that do and do not work well with this population. Through future research, it is essential that these new therapeutic strategies be studied for their effectiveness and communicated with other counselors who may also work with the undocumented population.

Also, all counselors in this study discussed the benefits of consulting with colleagues, and Adriana and Patricia specifically discussed supervision as essential for their work with undocumented Latino clients. A unique aspect of SCCL is the availability of bilingual clinical staff from diverse Latin American countries and ethnic backgrounds for consultation. For example, in this study, four out of the five counselors identified as immigrants from four distinct

Latin American countries. Research with counselors who provide services to Spanish speaking populations, in particular, points to the importance of interaction and consultations with bilingual colleagues and supervisors in developing effective skills for working with these clients (Field et al., 2010; Castaño et al., 2007; Verdinelli & Biever, 2009; Rivas et al., 2005). Similarly for counselors who work with undocumented clients, consultation with bilingual and diverse colleagues may help support and enrich the process of learning to work with this population through direct practice.

All counselors in this study identified as either Latina or Hispanic and reported that their personal identity impacted their desire to work with the undocumented Latino community. Maribel and Patricia discussed that they often draw from their personal experiences as Latina immigrants when working with undocumented Latino clients. For example, Maribel discussed that it has been helpful to have a personal understanding of Latino cultural values and the Spanish language. Culturally responsive counseling with Latinos requires the ability to provide services in the client's dominant language and an understanding of the Latino culture (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera et al, 2002; APA, 2002; Verdinelli & Biever, 2009). Further, both Maribel and Patricia indicated that at times they disclose their own status as immigrants in order to build rapport and trust with clients. In a meta-analysis on ethnic matching between clients and their therapists, Cabral and Smith (2011) found that ethnic minority clients tend to prefer therapists of their own race or ethnicity. In this study, Maribel and Patricia shared that they use their personal experiences as Latina immigrants to build trust and connection with their undocumented Latino clients. Future research is needed in order to develop an understanding of how undocumented clients, in particular, respond to therapists of similar ethnic backgrounds or immigration experiences.

It is important to note, however, that the ability to speak Spanish or being Latina/o is not synonymous with the ability to provide culturally competent therapy with Latino clients (Delgado-Romero et al., 2008; Arredondo et al., 2014) and ethnic matching has not necessarily been found to be indicative of successful outcomes in counseling (Cabral & Smith, 2011; Arredondo et al., 2014). Further, Latina/o identified counselors alone cannot be expected to serve the entire undocumented Latino population. Future research is needed in order to fully understand the experiences of non-Latina/o identified counselors who work with undocumented Latino clients. There is a need to recruit and train a diverse set of counselors who are culturally competent to work with undocumented Latino clients.

Further, the Latino population in the U.S. is a greatly diverse group made up of people from distinct Latin American countries with differing cultural traditions and values (Alegria et al., 2007; Arredondo et al., 2014). In fact, Maribel shared that speaking with her clients at SCCL from varying countries and with differing immigration stories has allowed her to learn more about the diversity of the Latino community. In addition, Susana indicated that she is not Mexican while many of her undocumented clients do identify as Mexican. Therefore, she consistently reads articles on trends within this community and listens to the Mexican radio station in order to continue learning about the Mexican culture and Spanish language. This study supports the importance of clinicians recognizing the vast differences within the Latino population (McConnell & Delgado-Romero, 2004), particularly when working with newly arrived immigrants from varying countries.

As described above, the findings from this study suggest that counselors who work with undocumented Latino clients may not be receiving the training they need in graduate school. Rather, they are developing these skills through direct practice and by drawing on their personal

and professional experiences. The counselors in this study expressed a desire for more training on working with undocumented clients. In fact, several counselors indicated that they were participating in this study as a way of contributing to the research on counselors who work with undocumented clients that they would like to see for themselves. In order ensure that the undocumented community in the U.S. has access to culturally responsive counseling, the field of psychology must continue to emphasize the education and training of the counselors who are doing this important work (Ruiz et al., 2013). There is an urgent need to continue to recruit, educate, and train clinicians who can help provide services to this community.

Clinical Practice with Undocumented Latino Clients

The findings in this study also have important implications for clinical practice with undocumented Latino clients. An important finding from this study was that each counselor varied in how she assessed for documentation status when working with clients. Maribel and Susana indirectly assess for this information while Teresa, Adriana and Patricia speak with their clients about documentation issues but do not necessarily assess for this information. This finding suggests that counselors' who work with undocumented clients may vary widely in how they assess for this information and how they speak with their clients about documentation issues. Currently, there is no standard practice on how to assess for a client's legal status. This study provides initial information about how some counselors are currently engaging in this process. Further research should be conducted in order to better understand the impact of differing assessment approaches, including undocumented clients' perspectives and comfort level with these conversations.

None of the counselors in this study ask their clients directly about their documentation status. In addition, clients are not asked to provide this information on any written document at

SCCL. The research indicates that undocumented people may avoid seeking health care due to fear that their documentation status will be disclosed (Berk & Schur, 2001; Ramos-Sanchez, 2009; Ortega et al., 2007; Sullivan & Rehm, 2005). All counselors in this study attempt to minimize this fear by allowing time for clients to gain trust and build rapport with them until the clients themselves disclose their undocumented status. This is congruent with the Latino value of *personalismo*, which emphasizes personal relationships. It may also be particularly important for undocumented clients who may have a healthy mistrust of institutions due to past discrimination (Alegria et al., 2008). Further research is needed on how differing communication from therapists regarding legal status impacts undocumented clients' level of trust, including both direct and indirect styles of communication. It is essential that counselors who work with undocumented clients be thoughtful about how they speak with their clients about their documentation status and cognizant of the fear that these conversations may produce (Cavazos-Rehg et al., 2007; Ramos-Sanchez, 2009).

All counselors in this study shared that undocumented status has such a profound impact on their clients' day-to-day lives that they will typically know that a client is undocumented when they speak to them about their stressors. It is important to note that undocumented clients' presenting concerns are not always associated with their legal status. However, counselors in this study recognize the significant stress that undocumented status has on clients' lives. All counselors in this study are aware that a large percentage of the clients at SCCL are undocumented and they focus on assessing for the resulting consequences. The current literature on undocumented immigrants indicates that this population encounters serious stressors, such as the threat of deportation, difficulties with employment, and acculturative stress (Hipolito-Delgado & Mann, 2012) that may lead to mental health difficulties, including depression, anxiety

and substance abuse (Perez & Fortuna, 2005; Ramos-Sanchez, 2010). Therefore, Latino-specific Counseling Competencies (Gallardo-Cooper et al., 2006) emphasize the importance of recognizing and addressing these stressors with clients in session. It is important for counselors who work with undocumented clients to be aware of and recognize the stressors that are specific to those who are undocumented.

All counselors in this study identified stressors experienced by their undocumented clients and the protective factors that help support their resilience. The findings in this study clearly demonstrate that racism, systemic oppression, and discriminatory laws and polices negatively impact the mental health of undocumented Latinos living in the U.S. The most common stressors discussed by counselors were limited finances, lack of transportation, and fear of detention and deportation.

Counselors indicated that low socio-economic status is a significant stressor for many of their undocumented clients. They reported that due to discriminatory laws that prevent undocumented people from legally attaining employment, their clients often have difficulty finding employment, work multiple jobs, or work long hours at low-paying jobs. Unfortunately, the research confirms that undocumented immigrants often experience higher levels of poverty compared to their documented counterparts (Passel & Cohen, 2009). Counselors in this study shared that limited finances impacted clients engagement in counseling. For example, Maribel said, “When they [undocumented clients] don’t know how they are going to pay for rent or feed their children, they are not going to be as worried about their mental health care.” This statement is congruent with research that suggests that the practical needs of undocumented Latino clients, such as concern about finances, may need to be addressed before attending to psychological symptoms (Perez & Fortuna, 2005). Current state and federal law deliberately prevents

undocumented people from attaining employment and ensures that they are not able to advance economically.

In addition, undocumented immigrants often do not have access to insurance or subsidized low cost health services (Perez & Fortuna, 2005). Federal law simultaneous prevents undocumented families from earning the money they need to pay for healthcare while also excluding them from accessing lows cost services. Due to the limited health services available to the undocumented community in Georgia, Teresa shared that she has worked with undocumented clients who simply assumed that affordable mental health care in Spanish did not exist before learning about SCCL. Unfortunately, undocumented individuals may hesitate to seek mental health services due to an accurate perception about the inaccessibility of culturally responsive services (Alegria et al., 2008). In the U.S., Latinos encounter systemic discrimination in many aspects of their lives (Torres et al., 2011: Arredondo et al., 2014; Nadal et al., 2014) and this may discourage them from searching for the few services, like SCCL, that are available to them. Counselors in this study shared that this may be particularly true in Georgia, were there are very limited mental health services for those who are uninsured and only speak Spanish.

Also congruent with the current literature, counselors in this study discussed lack of transportation as a significant stressor for their undocumented clients (Perez & Fortuna, 2005). Due to the inability to legally obtain a driver's license, undocumented clients must either risk driving without a license or find alternative transportation. Susana shared that many of her undocumented clients view Gwinnett County as a particularly dangerous place to drive because law enforcement have been known to detain Latino drivers and check for lawful presence in the U.S. Discriminatory driver's license laws criminalize undocumented people by barring them from attaining a driver's license and puts them at further risk of detention and deportation when

they must drive without a license. As mentioned above, the research confirms that practical concerns, such as employment and transportation, may need to be addressed with undocumented clients before therapy can continue or begin (Alegria et al., 2002; Mendez et al., 2009; Hipolito-Delgado & Mann, 2012; Arredondo et al. 2014).

Counselors in this study also indicated that their undocumented clients of all ages experienced feelings of anxiety and fear that they would be detained by law enforcement or deported. Undocumented people are terrorized by the threat of being deported to countries that they often fled due to violence and poverty and the threat of being separated from their families. As noted in the literature, concerns about potential deportation can lead to feelings of vulnerability, helplessness, and anger (Cavazos-Rehg et al., 2007). Congruent with present research, counselors in this study identified that young children's anxiety, particularly about their parents' safety, was often expressed through behavioral difficulties (McLeigh, 2010). Counselors shared that as undocumented youth transition from adolescence to adulthood they begin to worry about their ability to get a driver's license, find a job, or attend college. Several counselors mentioned that young adulthood is a particularly difficult age for undocumented clients because they begin to personally experience the limitations for their legal status. This is congruent with the current literature on undocumented youth, which indicates experiences of increased mental distress (Gonzales, Suarez-Orozco, & Dedios-Sanguineti, 2013) and concern about barriers to college and job attainment (McWhirter, Ramos, & Medina, 2013).

Despite these significant stressors, counselors discussed the resilience of their undocumented clients. Latino immigrants are often highly resilient and find many ways to overcome the significant stressors they face (APA, 2012; Arredondo et al., 2014). One the most of important protective factors that counselors discussed was family cohesion. This is congruent

with the Latino value of *familismo*, which emphasizes family connectedness and interdependence (Falicov, 1998). Counselors in this study discussed the importance of including the whole family in counseling when possible and the positive impact that this has on the well-being of both parents and children.

It is important to note, however, that Patricia and Maribel also expressed frustration that it can be difficult to encourage parents to be a part of their children's counseling or to seek their own mental health treatment. This finding suggests that even when undocumented parents are willing to bring their children to counseling there may be additional barriers for them seeking their own mental health treatment. The stressors associated with undocumented status, such as limited finances and time (Perez & Fortuna, 2005) may create barriers to family counseling. In addition, barriers such as stigma in the Latino community regarding mental health (Delgado-Romero et al., 2008) may be more difficult for parents to overcome for themselves than for their children. Further research is needed in order to gain a deeper understanding of how undocumented parents make decisions about and prioritize their children's mental health care and their own.

Another threat to family cohesion is the stress associated with serial migration, or family separation during the migration process (Suarez-Orozco et al., 2002). Both Teresa and Patricia identified serial migration as a significant cause for intra-familial stress within undocumented families. Given the importance of *familismo* for traditional Latino clients it is important that counselors conceptualize these clients within the context of their *familia* (Santiago-Rivera et al., 2002; Delgado-Romero et al., 2008) and help support both parents and children during the reunification process (Suarez-Orozco et al., 2002; Smith, et al., 2004; Hernandez, 2013). It is essential that counselors who work with undocumented Latino families understand the stress

associated with family separation during the immigration process and how to support family cohesion.

Another important protective factor that counselors discussed was helping clients connect with an extended network of both documented and undocumented individuals. For example, Maribel and Teresa discussed ways in which they encourage clients to connect with their social networks for help with day-to-day practicalities, such as finding a job or accessing mental health treatment. This is congruent with the Latino cultural value of collectivism, which emphasizes group interest and provides a sense of belonging and connectedness (Furman et al., 2009). The literature indicates that immigrants who move to newer settlement areas, such as Georgia, may experience more challenges than those who move to states with larger Latino immigrant communities (Kochlar et al., 2005). Therefore, it may be particularly important for counselors in the New Latino South to not only encourage clients to connect with these extended networks but to also help build them if they do not already exist.

In addition to family cohesion and support from an extended network, Patricia also discussed religion as an important protective factor for undocumented clients (Koerner, et al., 2013; Moreno & Cardemil, 2013). In addition, Maribel discussed the importance of helping undocumented clients focus on the "here and now" due to the fact that undocumented clients' futures are often unpredictable. Both of these protective factors are congruent with the Latino cultural value of *fatalismo*, acceptance of one's lack of control over God's will (Arredondo et al., 2014). Due to the external stressors they encounter and the possibility of deportation, undocumented Latinos often live in a state of uncertainty. However, the ability to trust in God and an acceptance of the unpredictability of the future may be important protective factors for undocumented clients living with this uncertainty.

Another important finding from this study is that all counselors indicated that the majority of their undocumented clients have experienced high levels of trauma. The participant counselors were greatly impacted by consistently listening to their clients' stories of both physical and psychological violence. The current literature indicates that undocumented Latinos often experience multiple traumas (Fong & Earner, 2015) due to traumatic experiences in their home countries, during the immigration process, and once they arrive in the U.S. (Satiago-Rivera et al., 2002; Brown & Hyatt-Burkhart, 2013; Levers & Mancilla, 2013; Arredondo et al., 2014). These experiences of trauma clearly profoundly impact immigrants' mental health and well-being (APA, 2012, Jaycox et al., 2002; Levers & Hyatt-Burkhart, 2012).

The counselors in this study shared that many of their undocumented clients have come to the U.S. fleeing violence or extreme poverty in their home countries. Fong and Earner (2007) explain that undocumented families are prompted to come to U.S. for many different reasons and they urge therapists to have a clear understanding of these circumstances when working with them in counseling. Many of the undocumented clients at SCCL have been forced to leave their homes in order to protect their own safety. In addition, many undocumented individuals also experience trauma and violence during the immigration process (Falicov, 1998; Richards, 2004; Suarez-Orozco & Suarez-Orozco, 2001; Hipolito-Delgado & Mann, 2012). It is essential that counselors understand their undocumented clients' historical context of loss and trauma associated with fleeing violence and poverty in their home countries and the process of arriving in the U.S. (Arredondo et al., 2014).

Unfortunately, many undocumented clients continue to experience trauma once they are in the U.S., including racism, systemic discrimination, and oppression (Torres et al., 2011). For example, the counselors in this study shared that for many of their undocumented clients,

detention by law enforcement and the threat of deportation can cause significant emotional trauma for the whole family, including young children (McLeigh, 2010; Levers & Mancilla, 2013). Susana specifically stated that a significant part of her job at SCCL is helping undocumented families emotionally deal with the threat or actual process of deportation. In January 2016 as I was writing the findings of this study, the news broke of large-scale immigration raids occurring in multiple states across the country, including Atlanta, GA. These raids targeted 121 undocumented men, women, and children. According to a report by the Southern Poverty Law Center (2016), the officers who carried out these early morning home raids in Atlanta were unnecessarily aggressive, often did not provide warrants, and did not allow immigrants to contact lawyers. Unfortunately, many of those detained during the raids were deported within three days (SPLC, 2016). This is the reality of the undocumented Latino community living in the New Latino South. Experiences like these leave immigrant communities feeling increasingly fearful and traumatized. Counselors who work with this population are encountering families who have not only confronted trauma in their home countries but who also face significant trauma once in the U.S.

All counselors in this study identified that addressing trauma is an essential aspect of working undocumented families. Santiago-Rivera et al. (2002) emphasize that culturally responsive counselors are aware of the circumstances that put the Latino family at risk for stress, including trauma. Therefore, counselors who work with this population must be prepared to help undocumented clients address multiple and significant trauma.

Systemic Factors that Impact Clinical Practice

An important theme identified in this study was that counselors often find that their external and systemic contexts greatly impact the therapeutic process. Counselors in this study

described many of their clinical experiences in session with undocumented clients, which occur in their most immediate context, SCCL. As an organization, SCCL impacts the experiences of counselors in this study. However, factors within their exosystem (immigration laws), macrosystem (discrimination and oppression) and mesosystem (interaction with other institutions) also impact counselors' clinical experiences.

In regards to their most immediate environment, Maribel, Susana, and Adriana shared that SCCL provides them with the opportunity to work with a part of the Latino community that they otherwise might not be able to access. The undocumented community is often difficult to access due to language and financial barriers and fears about documentation status. A trusted community-based organization, like SCCL, located in a neighborhood with large numbers of undocumented people may help to break down some of these barriers (Birman et al., 2008; APA, 2013). SCCL provides multiple needed services, including medical services, prevention services, and substance abuse treatment, which has been found to increase mental health utilization among immigrant minority populations (Casas, Pavelski, Furlong, & Zanglis, 2001; Bridges et al., 2014). This study adds to this literature by emphasizing the positive impacts of a community-based organization for undocumented clients in particular. The individual counselors in this study are not involved in all of the different services that SCCL provides. However, they reported that these additional services are essential for the well-being of their clients. This finding suggests that effective treatment for those who are undocumented should include the development of community-based organizations. Preparing individual clinicians alone may not be sufficient to meet the needs of the undocumented community. Rather, community organizations that are easily accessible, include multiple services, combine physical and mental health care, and are staffed by bilingual staff should be emphasized (Norris & Alegria, 2005).

In regards to exosystemic factors, all counselors in this study shared that their undocumented clients' lives are greatly impacted by both state and federal immigration laws and this impacts the therapeutic process. For example, counselors shared that their clients became increasingly fearful about driving to counseling after Gwinnett County began participating in the 287(g) program in 2009. A report by the American Civil Liberties Union of Georgia (2010) clearly identifies consistent racial profiling by Gwinnett County police officers targeting people of color and immigrants. This report indicates that police officers disproportionately single out Latinos in the county for immigration stops. Clearly, racism is at the center of undocumented people's fear that they will be pulled over while driving. However, the counselors in this study also described the positive impact of laws, such as DACA in 2012, which provided some of their clients with temporary relief from deportation. These exosystemic factors impact counselors' experiences in session. For example, Adriana shared "Before DACA, it was just so hard. I mean—what do you tell them as a clinician?" As counselors work with undocumented clients they see the direct impact of these immigration laws on their clients' well being and mental health. Counselors described feeling constrained, frustrated, and angered due to witnessing the significant impact that these laws have on their clients.

Counselors in this study also discussed the impact of the legal restriction on subsidized health care for undocumented people. As mentioned above, state and federal law intentionally excludes undocumented people from receiving the mental health care they need. SCCL is one of the only low-cost counseling resources available to uninsured Spanish-speaking Latinos in Georgia. Those who are undocumented cannot receive insurance through an employer, and both undocumented people and DACA recipients are barred from receiving financial assistance for health insurance through the Patient Protection and Affordable Care Act (Stone, Steimel,

Vasquez-Guzman, & Kaufman, 2014). Therefore, many of these individuals are uninsured and do not receive the health care they need, or they must depend on organizations, like SCCL, that provide low-cost services. These laws exclude undocumented people from the mental health system, which exacerbates the needs of this community and further marginalizes them.

The counselors in this study discussed the added stress that they feel due to being part of one of the only organizations that provides services to the undocumented community in Georgia. Susana clearly stated that this was the most stressful aspect of her job when she said: "For me that's the biggest stress... They need more than we can do. But if we don't take them, who will?" This finding suggests that counselors who are choosing to work with the undocumented population may feel significant pressure to provide services to every undocumented person who presents for counseling. If they do not provide these services, the undocumented person may be denied services all together. This dilemma places clinicians at risk of practicing outside of their areas of competence and clearly adds a significant amount of role strain and stress to their jobs. A few organizations, like SCCL, cannot be expected to care for the mental health needs of the entire undocumented population in Georgia. There is a clear and urgent need for immigration reform so that the undocumented community is not barred from receiving the care they need from varying specialized providers.

Similarly, counselors in this study described their experiences of witnessing their undocumented clients receiving discriminatory treatment from other institutions, such as DFCS, law enforcement, and the justice system. For counselors, this is a mesosystemic factor (Bronfenbrenner & Morris, 2006) because they are indirectly impacted by the interactions of their clients with other institutions. Due to these experiences counselors described feeling frustrated, angered, and saddened. Unfortunately, research confirms that Latinos (Church, Gross,

& Baldwin, 2005) and undocumented people (Furman et al., 2009) are often mistreated and discriminated against in institutions, such as the social welfare system. Further, counselors in this study shared that their undocumented clients hesitate to report abuse or crimes to these institutions due to fear that their immigration status will be revealed, which is congruent with current research (Berk & Schur, 2001; Ortega et al., 2007; Ramos-Sanchez, 2009). In fact, in a recent a recent survey of 2,004 Latinos living across the U.S., 70 percent of undocumented respondents indicated that they were less likely to report instances in which they were a victim of a crime due to fear that they would be asked about their immigration status (Theodore, 2013).

The outcome of the current 2016 presidential election will also likely impact future immigration law, undocumented individuals, and the counselors who work with them. Immigration issues have been at the forefront of this presidential election season (Kehaulani, 2015). Unfortunately, several presidential campaigns have fueled hateful rhetoric regarding undocumented Latinos living in the U.S. Most prominently, Republic candidate, Donald Trump, has threatened to build a wall along the U.S.-Mexico border and deport all of the current undocumented immigrants in the country. This kind of hateful rhetoric escalates xenophobia and anti-immigrant sentiment and in turn heightens the level of anxiety and fear within immigrant communities (APA, 2012; Massey & Sánchez, 2010; Lopez, Morin, & Taylor, 2010). Further, the next president of the U.S. will help determine and shape immigration law. As noted above, these laws have significant impact on the day-to-day lives of undocumented people, including their access to mental health care. Currently, the majority of these laws and policies dehumanize, criminalize, and exclude undocumented Latinos from mental health care. The outcome of the election matters greatly to the well-being of the undocumented community in the U.S. It will also

impact the counselors who work with this community as they do their best to support their clients' mental health in an increasingly hostile environment.

Personal Impact on Counselors

One of the most powerful findings from this study was how the counselors were personally impacted by their work with undocumented clients. This is the first study to specifically document counselors' personal experiences working with the undocumented community. The counselors in this study described both role strain and emotional difficulty due to listening and witnessing the challenges of their clients. Racism, systemic discrimination, and oppression are not only damaging to the well-being of undocumented clients but also indirectly impact the counselors who work with this community. Despite the personal impact, counselor also described a sense of pride, resilience, and commitment to serving the Latino community.

Counselors in this study described the challenges of working with undocumented clients who experience systemic discrimination and oppression, who are greatly impacted by changing anti-immigrant laws, who are often discriminated against by other institutions, and who are barred from accessing mental health resources. For these reasons, counselors shared that they often work with clients who have high mental health needs or clients who are in crisis. They described their work with this population as "stressful," "hard," "frustrating," "heartbreaking," and "disappointing." The counselors in this study care deeply about their undocumented clients and they are emotionally impacted by witnessing the difficulties that they encounter.

The counselors in this study also described the impact of working with undocumented clients with high levels of trauma. The literature is clear that therapists who work with large caseloads of traumatized clients are prone to vicarious trauma (Newell & MacNeil, 2010). This study adds to this literature by including the experiences of counselors who work with

undocumented clients. As described above, those who are undocumented are at risk of multiple traumatic experiences in their home countries, during the immigration process, and in the U.S. (Fong & Earner, 2015). The counselors in this study, however, indicated that this trauma often goes untreated for many years due to the lack of mental health care for the undocumented community in the U.S. They described working with clients whose symptoms of trauma have been exacerbated by years of living without treatment. By the time these clients arrive at counseling centers, such as SCCL, their symptoms are severe or they are in crisis. To make matters worse, counselors in this study indicated that they are often unable to refer undocumented clients with severe symptoms to a higher level of treatment or specialized services due to lack of insurance.

Counselors in this study described experiencing their own anxiety, panic attacks, and stress from working with undocumented clients whose trauma has been exacerbated by lack of treatment. Similarly to the literature on vicarious trauma, counselors in this study described cognitive and emotional stress over time as they have witnessed the trauma of their clients (Hernández et al., 2010). However, for counselors in this study vicarious trauma is heightened because their undocumented clients have often not received treatment for many years and clients cannot be referred to higher levels of treatment. The lack of available resources for undocumented individuals who have experienced trauma is detrimental to their mental health. This, in turn, also adds emotional stress, role strain, and negatively impacts the well-being of the providers who work with this population.

Given the emotional challenges that counselors described in this study, it is essential that the psychological community continue to find ways to support counselors who work with the undocumented community. The day-to-day stress associated with working with populations with

high needs and low services has the potential to lead to clinician burnout (Newell & MacNeil, 2010). In fact, one aspect of burnout includes emotional exhaustion that comes from attending to the demands of clients and the work place (Maslach, 1998). The counselors in this study described feeling emotionally exhausted and witnessing the burnout of other colleagues. This finding suggests that future research should not only focus on best practices for counseling with undocumented clients but should also include studies that focus on the well-being and sustainability of the counselors who do this important work.

For the counselors in this study, support from their SCCL colleagues and a personal commitment to serving the Latino community contributed to their ability to prevent burnout. A positive relationship with co-workers is one of the most influential factors in a workplace microsystem (Sias et al., 2002). In fact, relationships with co-workers have been found to significantly impact job satisfaction and decision-making about whether to stay or leave a particular job (Sias et al., 2002). All counselors described the significant benefit they received from working with supportive colleagues, which is congruent with the current research on preventing burnout (Barak, Nissly & Levin, 2001). In this study, both Teresa and Adriana described SCCL as a family, which in congruent with the Latino value of *familismo* (Falicov, 1998). Similarly, in accordance with the Latino value of *personalismo* (Añez et al., 2008) all of the counselors in this study spent time getting to know each other and supporting each other both personally and professionally. For the Latina counselors in this study, the values of *familismo* and *personalismo* served as important protective factors against burnout. This finding points to the importance of clinician support and connectedness with colleagues for counselors who do the emotionally demanding work of serving the undocumented Latino community.

In addition, for the counselors in this study, their personal identity as either Latina or Hispanic and a sense of connection to the Latino community were important antidotes to burnout and instrumental in their desire to work with undocumented clients. This sense of service to one's community is congruent with the Latino cultural value of collectivism, which focuses on group interest and interdependence (Furman et al., 2009). The counselors in this study provided narratives of pride for their Latino community, which serves a counternarrrative resisting the master narrative that often silences Latina/o voices and experiences (Solorzano and Yosso, 2002). The counselors explored how their Latina or Hispanic identity and connection to the Latino community contributed to their desire to work as counselors at SCCL. In addition, Patricia, Teresa, and Adriana all described wanting to use their privilege as documented individuals to serve the undocumented Latino community. In fact, all counselors described understanding how documentation issues impact the Latino community on a personal level due to their own immigration process or through speaking with friends and family who have struggled with documentation issues. Overall, this finding suggests that Latino counselors may be more drawn to work with the undocumented Latino community due to a sense of personal connection.

However, Latino providers alone cannot be expected to provide counseling services to the entire undocumented Latino community in the U.S. Given the lack of linguistically and culturally competent providers currently available, there is a need to continue to recruit and train both Latino and non-Latino therapists who can provide these services (Delgado-Romero et al., 2011). Further research is needed to in order to gain a deeper understanding of the factors that contribute to both non-Latino and Latino counselors' desire to work with the undocumented community. It is essential that the field of psychology focus on recruiting, training, and

supporting counselors who are culturally competent and passionate about working with undocumented clients.

A Call to Counseling Psychology

A core principle of counseling psychology is a commitment to social justice (Vera & Speight, 2003). This study highlights the current inequity in mental health care for the undocumented community in the New Latino South. As counseling psychologists we are not only called to recognize inequity but we must also act as agents of social change (Vera & Speight, 2003). As the first study to specifically explore the experiences of counselors who work with undocumented clients, this study draws attention to how counseling psychologists can contribute to the well-being of undocumented clients and the counselors who work with them.

From a social justice perspective, it is essential that counseling psychologists continue to work to understand the counseling needs of the undocumented Latino community through research. The findings from this study point to the need for counselors to both recognize the stressors that undocumented people encounter and support the protective factors and resilience of undocumented clients. Beyond individual or family counseling, however, the findings in this study point to the significant impact of context and systemic factors on the therapeutic experiences of undocumented clients and their counselors.

Counseling Psychology takes a holistic and contextual understanding of the world. It aims to understand the person-environment interaction, including the social and structural systems in which clients live (Delgado-Romero, Lau, & Shullman, 2012). The findings in this study highlight the systemic conditions that often serve to disadvantage and exclude undocumented people from mental health care. There is a need to continue to understand and highlight the systemic factors that negatively impact the lives of undocumented people so that

counseling psychologists can advocate for greater equity for undocumented Latinos within the U.S. I urge counseling psychologists to use a critical lens in both their research and clinical practice that acknowledges the racism and discriminatory laws and policies that impact the lives of undocumented Latinos (Perez Huber, 2009). It is essential that counseling psychologists raise awareness of the problems common to the undocumented community and advocate for immigration reform that will no longer dehumanize, criminalize, and oppress this population.

In addition, the findings from this study point to the need for recruitment, education, and training of counselors who can competently work with undocumented Latino clients. It also highlights the importance of supporting the well-being of the counselors who do this important, rewarding, and often emotionally challenging work. This is an important step toward ensuring that the undocumented community has access to culturally competent mental health care.

Counseling psychology can play a significant role in training and supporting counselors who work with undocumented Latino clients. For many years, counseling psychology has been a leader in addressing multicultural concerns and developing competencies and guidelines for working with underserved populations (Munley et al., 2004). Further, Lau, Forrest, & Delgado-Romero (2012) have called for the Society of Counseling Psychology to partner with Ethnic Minority Psychological Associations, like NLPA, in order to promote social justice efforts. Both counseling psychology and NLPA are committed to the mentorship and development of ethnic minority psychologists and graduate students and seek to improve the mental health of underserved populations (Lau et al., 2012), such as undocumented Latinos. Collaborations with organizations with similar values, such as NLPA, have the potential to increase the needed research on undocumented populations and enhance the diversity and richness of the experiences of counseling psychologists who aim to work with undocumented Latino clients. Through efforts

such as these, counseling psychology must continue to focus on training and supporting counselors who can competently provide services to the undocumented Latino community.

Due to a focus on social justice, a holistic understanding of the world, and the ability to collaborate with other professional organizations, counseling psychologists have a unique opportunity to contribute in meaningful ways to the well-being of those who are undocumented. As a field we must engage in research, training, and clinical practice that focuses on providing the undocumented community in the U.S. with more equitable mental health care.

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Appendix A

Recruitment Email

Greetings,

My name is Carissa Balderas, and I am a Counseling Psychology doctoral student at the University of Georgia. My dissertation research (University of Georgia Institutional Review Board Approval #STUDY00001646), under the advisement of Dr. Edward Delgado-Romero, will explore the experiences of counselors who work with undocumented Latino clients in the Southeastern U.S. As a counselor at SCCL, I would like to invite you to participate in my study. The criteria to participate includes counselors who:

1. Have worked as a licensed mental health professional or as a paraprofessional counselor within a community counseling center for at least one year

2. Report a consistent average caseload of 2 to 3 undocumented Latino clients

3. On a subjective scale from one to five, prioritize providing accessible services to the undocumented Latino community as part of their work at a level of four or higher (1-Not a priority; 2-Low priority; 3 Neutral; 4-Moderate priority; 5-High priority).

The selected participants will be asked to participate in a focus group interview (with four other SCCL counselors) and an individual interview where we will discuss your challenges and successes providing counseling services with undocumented clients at SCCL. I approximate that the focus group interview will last between 60 to 90 minutes and the individual interview will last between 45 to 75 minutes depending on the length of your answers. Pseudonyms will be used during the interviews to protect your confidentiality. Participants may withdraw from the study at any time, and those who are chosen to participate will receive a $50 gift card for their

time. If you are interested in participating, please feel free to email (balderas@uga.edu) me or call my personal cell phone (562-652-3744) so that we may further discuss your participation in this study. I will complete a brief (5-10 minute) phone screening with you to ensure that you meet participant criteria for this study.

I thank you in advance for your willingness to participate in this study.

Regards,

Carissa Balderas, M.Ed.

Appendix B

Recruitment Oral Presentation

Hello! My name is Carissa Balderas, and I am a Counseling Psychology doctoral student at the University of Georgia. You recently received an email from me regarding my dissertation research study entitled, Counselors' Experiences Working with Undocumented Clients in the New Latino South: A Multiple Case Study. Through a focus group and individual interviews, I am interested in exploring the experiences of counselors who work with undocumented Latino clients in the Southeastern U.S. and particularly here at SCCL. This is important because very little research has explored what counselors can do to provide accessible services to the undocumented community. As a counselor at SCCL, I would like to invite you to participate in my study.

The criteria to participate includes counselors who:

1. Have worked as a licensed mental health professional or as a paraprofessional counselor within a community counseling center for at least one year
2. Report a consistent average caseload of 2 to 3 undocumented Latino clients
3. On a subjective scale from one to five, prioritize providing accessible services to the undocumented Latino community as part of their work at a level of four or higher. (1-Not a priority; 2-Low priority; 3 Neutral; 4-Moderate priority; 5-High priority).

The selected participants will be asked to participate in a focus group interview (with four other SCCL counselors) and an individual interview where we will discuss your challenges and successes providing counseling services with undocumented clients. I approximate that the focus group interview will last between 60 to 90 minutes and the individual interview will last between 45 to 75 minutes depending on the length of your answers. Pseudonyms will be used during the

interviews to protect your confidentiality. Participants may withdraw from the study at any time, and those who are chosen to participate will receive a $50 gift card for their time. If you are interested in participating, please feel free to email (balderas@uga.edu) me or call my personal cell phone (562-652-3744) so that we may further discuss your participation in this study. I will complete a brief (5-10 minute) phone screening with you to ensure that you meet participant criteria for this study. Thank you for allowing me to share the details of my study with you during your staff meeting.

Appendix C

Pre-screening Consent Script

Thank you for calling to find out more about this research study. My name is Carissa Balderas, and I am a doctoral student at the University of Georgia's Department of Counseling and Human Development Services.

The purpose of this research study is to explore the experiences of counselors who provide mental health counseling services to undocumented Latino clients in the Southeastern U.S. I hope that this study will help the psychological community have a better understanding of the experiences of therapists who work with undocumented Latino clients. Do you think you might be interested in participating in that study?

{If No}: Thank you very much for your time.

{If Yes}: But before enrolling people in this study, I need to ask you some questions to determine if you are eligible for the study. And so what I would now like to do is to ask you a series of questions about your education and experience as a counselor. This should only take about 5 to 10 minutes of your time.

There is a possibility that some of these questions may make you uncomfortable or distressed; if so, please let me know. You don't have to answer those questions if you don't want to.

All information that I receive from you during this phone interview, including your name and any other information that can possibly identify you, will be strictly confidential and will be maintained on a password-protected computer, which will only be accessible by the co-investigator (Carissa Balderas, M.Ed.). Remember, your participation is voluntary; you can refuse to answer any questions, or stop this phone interview at any time without penalty or loss of benefits to which you are otherwise entitled. At the end of this interview, I will tell you if you qualify or not to participate in the study. If you don't qualify, all the information you gave me will be immediately destroyed.

Do I have your permission to ask you these questions?

Thank you. If you have any questions about this research project, please feel free to call me at 562-652-3744. You may also call my faculty advisor, Dr. Edward Delgado-Romero at 706-542-1812 or email him at edelgado@uga.edu. Questions or concerns about your rights as a research participant should be directed to Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Pre-screening Questions:

1. Are you a counselor who has worked as a licensed mental health professional or as a paraprofessional counselor within a community-counseling center for at least one year?

Yes No

2. Are you a counselor who has consistently had an average caseload of 2 to 3 undocumented Latino clients with the last year?

Yes No

3. Are you a counselor who on a subjective scale from one to five (1-Not a priority; 2-Low priority; 3-Neutral; 4-Moderate priority; 5-High priority), feels personally committed to providing accessible services to the undocumented community as part of your work at a level of four or higher?

Yes No

Non-Eligible Participants

Thank you again for your interest in participating in my study. Unfortunately, you do not fit the criteria needed to participate in my study because [include exclusion criteria here, such as you have not worked as a licensed mental health professional for at least one year]. However, I thank you for your interest and I hope you have a great day.

Eligible Participants

Thank you again for your interest in participating in my study. You fit the participant criteria and you are eligible to participate! As a reminder, we will begin the study with a focus group interview with the other participants. I know that as a counselor you are very busy. However, please provide me with several interview dates and times during which you would be available. Thank you! I will contact you soon with the exact date and time of the interview. Please provide me with a pseudonym of your choice and a phone number were you can be reached. I look forward to speaking to you soon and thanks again for agreeing to participate in my study!

Appendix D

Focus Group Interview Guide

Welcome and thank you for being here today. My name is Carissa Balderas and I am a Counseling Psychology doctoral candidate at the University of Georgia. Assisting me today is Jennifer Merrifield, who is also a doctoral student at UGA. Jennifer will be a silent participant in our focus group today and will take notes about what she observes. The purpose of this group is to gain a better understanding of your clinical experiences working with undocumented Latino clients at SCCL. For the purpose of this focus group, an undocumented Latino client is any individual that you have provided mental health services for; self-identified as Latino or Hispanic; and who at the time of service was living in the U.S. without legal authorization.

During this focus group interview I will be asking you questions about your personal experiences working with undocumented Latino clients. All points of view, both positive and negative are important. There are no wrong answers but rather different points of view. Please feel free to share your point of view even if it differs for what others have said. Please let us know if you would like to skip any of the questions. Also, feel free to let us know at any time if you would like to stop the interview or take a break.

We will be audio recording this session in an effort to maintain the integrity of your dialogue. However, only the researchers will have access to this recording and any identifying information will be deleted from the transcripts. Audio recordings will be destroyed immediately following transcription. This discussion is to be considered confidential, and we hope that you all will respect the privacy of the other group members by not repeating any portion of this discussion outside of this session.

Before we begin the interview, I ask that you carefully read and sign this informed consent form [pass out informed consent]. Informed consent is information about your rights as a participant of this study. Do you have any questions?

We will now also pass out a short form asking about demographic information that you may choose to or choose not to fill out. This information will be used in the study but will remain completely confidential. [pass out demographic information sheet]. Do you have any questions?

Let's get started with the interview.

Opening Questions
At this time, we would like each of you to say your first name, how long you have worked at SCCL and why you are interested in participating in this study.

Please give us a general description of your experiences providing mental health services to the undocumented Latino community?

Interview Questions
1. How have you developed the skills needed to provide services for undocumented Latino clients? Did you feel prepared when you first began to work with this population?

2. What challenges have you encountered in providing services for your undocumented Latino clients?

- How have racism, discrimination, and oppression of the undocumented Latino community impacted your work with clients?

3. How have you overcome these challenges? What strategies/resources have you (or SCCL as a center) used to make sure services are accessible to the undocumented Latino community?

4. How does your work with the undocumented Latino community differ from serving other Latino clients?

- How does your work differ from traditional psychological practice?
- How does your role differ?

5. How does working at SCCL impact your work with undocumented Latino clients?

- How would you describe the culture of SCCL?
- What makes SCCL unique compared to other outpatient counseling centers in Georgia?
- How does SCCL's location in the Southeastern U.S. impact your work with undocumented Latino clients?

6. How does working in the Southern U.S. impacted your work with undocumented Latino clients?

7. What additional support/training/resources would be helpful for you in successfully providing services to the undocumented Latino community?

Closing Questions
1. Is there anything that we did not cover today that you think is essential for counseling undocumented Latino clients?

2. Today, you shared several experiences of working with undocumented Latino clients. I heard some of you say… What are some themes that you heard from other's experiences?

Appendix E

Individual Interview Guide

Thank you for meeting with me today for an individual interview. The purpose of this interview will be to continue discussing your clinical experiences working with undocumented Latino clients. For the purpose of this focus group, an undocumented Latino client is any individual that you have provided mental health services for; self-identified as Latino or Hispanic; and who at the time of service was living in the U.S. without legal authorization.

During this interview I will be asking you questions about your personal experiences working with undocumented Latino clients. All points of view, both positive and negative are important. There are no wrong answers but rather different points of view. Please let me know if you would like to skip any of the questions. Also, feel free to let me know at any time if you would like to stop the interview or take a break.

I (the researcher) will be audio recording this session in an effort to maintain the integrity of our dialogue. However, only I (the researcher) will have access to this recording and any identifying information will be deleted from the transcripts. Audio recordings will be destroyed immediately following transcription.

Before we begin the interview, I ask that you to carefully read and sign this informed consent form [provide informed consent]. Informed consent is information about your rights as a participant of this study. Do you have any questions?

Let's get started with the interview.

Opening Question

Take a moment to recall the focus group interview you participated in ____ months ago. Is there anything you would like to add to that conversation now?

Interview Questions

1. I'd like to ask you about one or two specific clients. Think about a specific undocumented Latino client (or two clients) with whom you had a successful/positive therapeutic experience.
    - Can you describe personal or cultural characteristics of the client that led to this successful outcome?
    - Describe what this experience was like for you?
    - What emotions/responses did you have?
    - How was this experience impacted by your location in SCCL?
    - How was this experience impacted by your location in the Southeastern U.S.?

2. Can you tell me about an experience working with an undocumented Latino client in which things did not turn out well?

- Describe what this experience was like for you?
- What emotions/responses did you have?
- How was this experience impacted by your location in SCCL?
- How was this experience impacted by your location in the Southeastern U.S.?

Probes:

- How did issues of race/ethnic identity or legal status come into your clinical work?
- What were some ways that you dealt with that experience?
- What do you think are some barriers that may interfere with your work with undocumented Latino clients?
- What resources have been helpful to you in your work with the undocumented Latino community?

3. What do you consider vital for a successful outcome in therapy with an undocumented Latino client?

4. What factors have impacted your decision to work at SCCL?

- What factors have led you to work with the undocumented Latino community?

5. In what ways do you think that working with undocumented Latino clients influences your view of yourself? How has this work personally impacted you?

Closing Questions

1. What was it like for you to participate in this interview today?

2. Is there anything you would like to add to this conversation? Is there anything I left out?

Appendix F

IRB Consent Form

UNIVERSITY OF GEORGIA
CONSENT FORM

Counselors' Experiences Working with Undocumented Clients in the New Latino South: A Multiple Case Study

Researcher's Statement
I am asking you to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. This form is designed to give you the information about the study so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called "informed consent." A copy of this form will be given to you.

Principal Investigator: *Edward Delgado-Romero, Ph.D.*
Counseling and Human Development Services
706-542-1812; edelgado@uga.edu

Purpose of the Study
The purpose of this study is to investigate the experiences of counselors who provide mental health counseling services to undocumented Latino clients in the Southeastern U.S.

Study Procedures
If you agree to participate, you will be asked to:

- Participate in a focus group interview (with four other SCCL counselors) that I approximate will last between 60 to 90 minutes. The focus group will be audiotaped.
- Participate in an individual interview, which I approximate will last between 45 to 75 minutes. The individual interview will be audiotaped.
- Your total participation is expected to be between 1 hour and 45 minutes and 2 hours and 45 minutes.
- In these interviews you will be asked to answer questions and discuss your experience of providing therapy to undocumented Latino clients. Among other questions, you may be asked about your experiences of challenge and success providing therapy to undocumented Latino clients, how working at SCCL impacts your work, and how this work impacts you personally. I have provided several example questions below:
    - Please describe an experience with a specific undocumented Latino client with whom you had a successful/positive experience.

    - What challenges have you encountered in providing services for your undocumented Latino clients?
    - How does working at SCCL impact your work with undocumented Latino clients?
    - How has this work personally impacted you?
- If you choose, the investigator will follow up with you after the individual interview. You will be asked to review and provide any necessary changes to the interview transcript and initial themes.

Risks and discomforts
I believe that the risk of participating in this study is minimal. However, the subject matter may be difficult (for example the challenges of providing counseling services to undocumented clients) and, consequently, participating in the interviews may be uncomfortable. To minimize this risk, mental health referral sources are available on the provided resources sheet.

Benefits
There are no direct benefits from participating in this study. However, your participation in this study may help the psychological community have a better understanding of the experiences of therapists who work with undocumented Latino clients.

Incentives for participation
You will receive a $50 gift card for your participation in the study. Even if you decide not to complete the study or ask that your information be withheld, you will still receive the monetary gift.

Audio Recording
All interviews will be audio recorded and transcribed (typed out exactly). This will allow the investigator to carefully review the comments. If you do not wish to be audio recorded, please inform me now. I will ask you not to participate in this study. Once transcripts are created, the audio recordings will be destroyed.

Privacy/Confidentiality
Pseudonyms will be used to protect your privacy during this study. Electronic information, including digital voice recordings, transcripts, and personal notes will be maintained on a password-protected computer and will only be accessible by the co-investigator (Carissa Balderas, ME.d.). All information that can be used to identify you will be removed from the research record after data collection has been completed. Digital recordings will be erased after the transcription is created. Researchers will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law.

A condition of participating in the focus group interview for this study is your agreement that you will not reveal the identity or information discussed of any group interview participant to anyone outside of the group. In other words, you agree to keep private the identity and information discussed of the other interview participants. Despite these precautions we cannot guarantee that your identity and the information you discuss in the focus group will be kept

confidential by all of the other group participants. Due to the limited control of confidentiality in a focus group there is a potential risk of breach of your confidentiality.

Taking part is voluntary
Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to stop or withdraw from the study, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the study and may continue to be analyzed. You will receive the gift card even you if you choose to end your participation in the study prior to completing all questions or interviews. In addition, your participation in this study will not have any affect on your employment status.

If you have questions
The main researcher conducting this study is Carissa Balderas, a graduate student at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Carissa Balderas at balderas@uga.edu or at 562-652-3744. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Research Subject's Consent to Participate in Research:
To voluntarily agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

_____	_____	_____
Name of Researcher	Signature	Date
_____	_____	_____
Name of Participant	Signature	Date

Please sign both copies, keep one and return one to the researcher.

Appendix G

Demographic Questioner

1. Pseudonym: _____

2. Gender: _____

3. Race/Ethnicity: _____

4. Country of Origin: _____

5. Number of years in the U.S. _____

6. What languages do you speak? _____

7. Highest Educational level attained: _____

7. Degree type: _____

8. Mental Health License type: _____

9. Number of years providing mental health services since licensure: _____

10. Did you receive multicultural training in your graduate course work? _____

_____

11. On average, how many undocumented clients do you work with per week?

_____

12. After the data of this study has been transcribed, would you like to be contacted to provide feedback? Y N

If yes, how would you like to be contacted?

By Email Email address: _____

By phone Phone number: _____

Appendix H

Consultation with IRB Compliance Associate

Consultation with IRB Compliance Associate, Tammi Childs
February 8, 2016 10:00am

I called Tammi Childs in order to consult regarding the study, *Therapists' Experiences working with Undocumented Clients in the New Latino South: A Multiple Case Study.*

I reported to Tammie that I had completed data collection for this study, including all interviews. I told her that I had not anticipated that the counselors in this study would know each other so well. I also indicated that I wanted to ensure that I was taking the necessary steps in order to ensure the confidentiality of the participants in this study not only to general readers but also to other SCCL staff.

Tammi Childs indicated that it was my responsibility to ensure the participants' confidentiality in their workplace and she recommended the following steps:

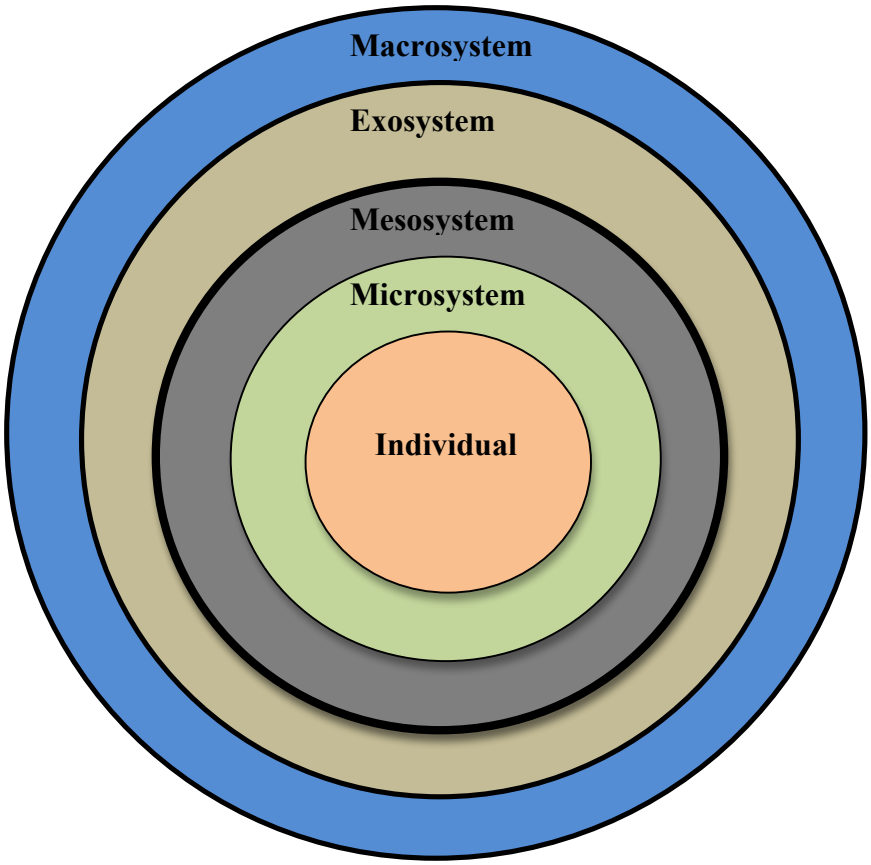
1. Use broad, vague language when describing participants
2. Conduct member checks and ask participants if they are concerned about their confidentiality
3. Make changes to the study report as needed after member checks

I indicated that I would follow these recommendations.

Tammi Childs indicated that I did not need to make any changes to the IRB protocol at this time.

Figure 1

Ecological Model of Counselors Working with Undocumented Latino Clients in the New Latino South



Individual	Microsystem (SCCL)	Mesosytem	Exosystem	Macrosystem
Age, Ability, Religion, Social Class, Sexual Orientation, Gender, Latina/o Ethnic Identity, National Origin, Documented Status	Workplace, community-based organization, interpersonal relationships with colleagues	Interactions with DFCS, law enforcement, court systems, ICE Interactions with other SCCL staff	Federal and state immigration laws, client's lack of access to employment, transportation, medical/mental health benefits	Xenophobia, anti-immigrant sentiment, historical context of immigration to the U.S., 2007 economic recession, 2016 presidential campaign