

Illuminating the Shadows: Sociopolitical and counseling needs of undocumented Mexican immigrants

Carlos P. Hipolito-Delgado¹

California State University, Long Beach

Jolee Mann

University of Colorado, Denver

Abstract

Although undocumented Mexican immigrants live in the shadows of U.S. society, they represent a growing demographic with unique sociopolitical and counseling needs. Due to limited educational achievement, limited economic opportunity, discrimination, and exclusionary policies, undocumented Mexican immigrants live a marginalized existence. Additionally, acculturative stress, changing gender roles, and fear of deportation negatively impact the psychological well-being of undocumented Mexican immigrants. Fortunately, community outreach, rapport building strategies, psycho-educational groups, and brief solution therapy have demonstrated success when working with this community. This article aims to inform counselors and psychologists about the sociopolitical conditions faced by undocumented Mexican immigrants, to explore the mental health needs that result from these conditions, and to propose interventions to address these needs.

Keywords: undocumented Mexican immigrants, acculturative stress, changing gender roles

Iluminando las Sombras: Las Necesidades Sociopolíticas y Psicológicas de Inmigrantes Indocumentados Mexicanos Compendio

Aunque los inmigrantes indocumentados Mexicanos viven en las sombras de la sociedad estadounidense, ellos representan una comunidad creciente con distintas necesidades sociopolíticas y psicológicas. Debido a limitadas oportunidades educativas y económicas, discriminación, y políticas excluyentes, los inmigrantes indocumentados Mexicanos viven una existencia marginada. Además, el estrés aculturativo, cambios en los roles de género, y el miedo de deportación afectan negativamente la psicología de los indocumentados mexicanos. Afortunadamente, reclutamiento en la comunidad, las estrategias para desarrollar buenas relaciones con clientes, grupos educativos, y terapia breve centrada en la solución tienen éxito con la comunidad indocumentada. Este artículo informa a consejeros y psicólogos sobre las condiciones sociopolíticas que enfrentan los inmigrantes indocumentados Mexicanos, explora las necesidades psicológicas de esta comunidad y propone intervenciones para resolver estas necesidades.

Palabras clave: inmigrantes mexicanos indocumentados, el estrés de aculturación, el cambio de los roles de género

Since the passage of Arizona Senate Bill 1070 (2010), the issue of undocumented immigration has received international attention. Despite the increased spotlight and the growth of the undocumented immigrant population in the U.S., there is a void in the counseling and psychology literature regarding undocumented immigrants (Pérez & Fortuna, 2005). Thus, mental health

providers have scant resources on the sociopolitical and mental health needs of undocumented immigrants. Such information is vital to mental health professionals who seek to provide culturally responsive services to this community.

The authors adopt the term “undocumented immigrant”, since “illegal immigrant” is void of meaning—an act can be illegal not a person (Paspalanova, 2008). Further, the term “illegal” is rejected due to its many negative social and political connotations (Yakushko, 2009). We choose the term “undocumented” since it more accurately represents the status of those who have entered the U.S. without authorization or who are not

¹ Correspondence about this article should be address to: Advanced Studies in Education and Counseling; College of Education; California State University, Long Beach; 1250 Bellflower; Blvd. MS2201; Long Beach, CA 90840-2201; phone: 562-985-8646. Email: carlos.hipolito-delgado2@csulb.edu

in possession of residence papers (Paspalanova, 2008). This article focuses on undocumented immigrants of Mexican descent, since they are approximately 59% of the U.S. undocumented community (Passel & Cohn, 2009).

Undocumented Mexican immigrants have a unique experience in the U.S. that distinguishes them from other immigrants and from the U.S. Latina/o community; thus, the undocumented Mexican immigrant community requires special attention. Counselors and psychologists need to understand the social disenfranchisement (Pérez & Fortuna, 2005) and the discrimination faced by undocumented immigrants (Shattell & Villalba, 2008; Yakushko & Chronister, 2005) to understand their worldview and presenting problems. For culturally relevant services to be provided to undocumented Mexican immigrants, it is crucial for counselors and psychologists to learn the sociopolitical needs, the mental health concerns, and what counseling interventions are effective with this community. A case study is provided to help counselors recognize the practical applications of topics discussed in this article. This article aims to inform the mental health providers of the Americas about a community living in the shadows of society, in order to spark greater attention to their needs.

Undocumented Mexican Immigrants in the U.S.

Mexico is the largest sending country of undocumented immigrants, with approximately 7 million undocumented Mexican immigrants living in the U.S. (Passel & Cohn, 2009). The undocumented immigrant community is predominantly male—men between the ages of 18 – 39 account for 35% of the community (Passel & Cohn, 2009). The median household income for undocumented Mexican immigrants in 2007 was \$32,000, as compared to \$50,000 for U.S. born citizens (Passel & Cohn, 2009). A study of undocumented Mexican immigrant workers found that this population had completed an average of 7.7 years of school (Greene, 2003).

Nearly half of the nation's estimated 11.9 million undocumented immigrants live in the states of California, Texas, Florida, and New York (Passel & Cohn, 2009). Although 94% of undocumented immigrants live in urban areas (Passel & Cohn, 2009), there has been a high rate of growth of undocumented immigrant communities in the rural South (Hancock, 2007). Though undocumented immigration is depicted as a recent phenomenon, 66% of undocumented immigrants have resided in the U.S. for at least 10 years (Pew Hispanic Center, 2006).

Reasons for immigration to the U.S. are varied, however, Mexicans are typically drawn to the U.S. by higher wages and the willingness of U.S. employers to hire them (Griswold, 2003). A push factor is the lack of available jobs in Mexico: hundreds of thousands of workers were displaced by the privatization of industries following the North American Free Trade Agreement (NAFTA) and the industrialization of agriculture (Organista, 2008).

Modes of Entry

Approximately 45% of undocumented migrants arrive in the U.S. possessing a visa to visit, work, or reside in the U.S. for some period of time (Pew Hispanic Center, 2006). These folks become undocumented when they remain past the expiration of their visa (Pew Hispanic Center, 2006). The remaining share of undocumented immigrants enters the U.S. clandestinely.

Those who evade inspection do so under extremely risky circumstances—the number of border crossing deaths increased from 241 in 1999 to 472 in 2005 (Government Accountability Office, 2006; GAO). Causes of death include heat exposure, traffic accidents, homicide, and drowning (GAO, 2006). Further documenting the arduous nature of clandestine entry into the U.S., Coffman & Norton (2010) found that 61% of their sample of undocumented immigrants required a day or more to arrive in the U.S. and the median duration of travel was nine days. Immigrants who cross the border clandestinely often do so with the aid of a coyote, or smuggler. The exorbitant prices charged by coyotes often force the separation of families; one parent may cross to the U.S. and save enough money to pay for other family members to cross (Engstrom & Okamura, 2008)—a phenomenon known as serial migration (Cervantes, Mejia, & Mena, 2010). Having coyote fees in hand make undocumented immigrants targets for robbery and assault (GAO, 2006). Females are also at risk of being sexually assaulted. Additionally, there is a risk of violence from anti-immigration vigilante groups who have shot at suspected undocumented immigrants (Chung, Bemak, Ortiz, & Sandoval-Perez, 2008).

Familial Structure

The undocumented community is thought to be predominantly single males; however, single adult males only accounted for 23% of the undocumented population (Fortuny, Capps, & Passel, 2007). Interestingly, of families with at least one undocumented family member, the vast majority (76% nationally) are two parent households (Fortuny et al., 2007). Nationally 73% of the children of undocumented immigrants are U.S. citizens (Passel & Cohn, 2009).

Undocumented immigration can have a negative toll on the wellbeing of a family. This is often due to the negative impact of serial migration on family members (Cervantes, et al., 2010) and the negative impacts of deportation on the family (Chaudry, Capps, Pedroza, Castañeda, Santos, & Scott, 2010). During serial migration families experience an initial disruption when one or more members leave the system to immigrate to the U.S.; secondary disruptions occur each time a family member is reunited and attempts to reincorporate to the system (Cervantes et al., 2010).

As in the case of serial migration, deportation separates families. When one or more members of the family are deported, remaining family members (including those with U.S. citizenship) must decide whether to stay in the U.S. or reunite with the deported family member. Deportation also has economic consequences for the families of undocumented migrants. Typically a deportation happens to a working adult; this results in lost wages and can lead to housing instability and food hardship (Chaudry et al., 2010).

Socio-political Concerns of Undocumented Mexican Migrants

Shelter

Securing safe and adequate housing can be a challenge for undocumented Mexican immigrants. Without a valid driver's license and social security number it can be difficult to rent a house or apartment. Furthermore, some local governments have banned the rental of property to undocumented immigrants. In a Georgia county, legal actions were taken against persons who rented or sold property to undocumented immigrants (Perez, 2006) and in Tennessee undocumented immigrants could have their property confiscated by the state (Associated Press, 2007). Such legislation forces undocumented immigrants to either buy or rent from someone who is willing to break the law, stay in motels that will take cash, or live in overcrowded homes with other families.

Employment

Undocumented immigrants face many struggles related to making a living wage and work place abuse. Since undocumented immigrants have less formal education than the general population, they are more likely to hold low paying and low skilled jobs (Pérez & Fortuna, 2005) that present limited opportunities for career advancement (Hancock, 2007). In fact, 2/3 of all undocumented immigrants in the U.S. work force earn salaries that are less than minimum wage (Passel, Capps, & Fix, 2004). Additionally, undocumented immigrants experience higher levels of poverty than

either documented immigrants or U.S. born citizens, with 21% of undocumented adults living in poverty (Passel & Cohn, 2009).

In a study of the mental health needs of immigrants, Pérez & Fortuna (2005) found that undocumented immigrants were more likely to experience employment problems than documented immigrants. Undocumented participants in the study faced abusive treatment, underpayment, and lack of payment. Lack of legal recourse limits the ability of an undocumented individual to challenge these oppressive and illegal practices (Yakushko & Chronister, 2005).

Educational

The United States guarantees a public education to every child residing within its borders (Green, 2003). However, a study found that the average immigrant child attends three different schools per academic year (Green, 2003). The frequent changing of schools leads to lost instructional time and creates conditions that increase the chances of educational failure, delinquency, drop out and poverty (Green, 2003; Stormont & McCathren, 2008).

Approximately, 13,000 undocumented students enroll in U.S. colleges and universities annually (Passel, 2006). These students are not eligible for most scholarships or government sponsored financial aid (Perez, Espinoza, Ramos, Coronado, & Cortes, 2009). Although laws vary by state, in most states undocumented students are not considered residents and are required to pay out-of-state tuition rates, which can be significantly higher than in-state rates. For some undocumented students, realization of the financial barriers to attending college leads to lowered goals, lack of motivation, and a drop in academic performance (Perez, et. al, 2009).

Mental Health Concerns of Undocumented Mexican Immigrants

Immigration is a highly stressful experience that negatively influences the wellbeing of immigrants and their families (Cervantes et al., 2010; Coffman & Norton, 2010; Yakushko & Chronister, 2005). This is particularly true for undocumented Mexican immigrants, who face a number of unique psychological issues that negatively impact mental health such as changes in gender roles, discrimination and prejudice, the threat of deportation, and social isolation. Changing gender roles can be a source of psychological and emotional stress for undocumented men and women. Immigration can provide impetus for women to challenge traditional gender roles (Yakushko & Chronister, 2005). Undocumented Mexican immigrant women in

the U.S., for example, are likely to experience increased access to resources outside of the home and to have increased participation in decision-making inside of the family (Hancock, 2007). Although this is a positive for immigrant women, changing gender roles potentially disrupt the existing power dynamics of the marital relationship and have been linked to increased incidents of domestic violence (Hancock 2007; Yakushko & Chronister, 2005).

Discrimination and prejudice are another issue that negatively impacts the mental health of undocumented Mexican immigrants. In the U.S. anti-immigrant sentiments appear to be on the rise over the past few decades (Weisman, Rosales, & Navarro, 2007). Although discrimination and prejudice against undocumented immigrants often take the form of micro-aggressions, the lived experience of undocumented immigrants is riddled with these encounters (Pérez & Fortuna, 2005; Shattell & Villalba, 2008; Torres, O'Conner, Mejía, Camacho, & Long, 2011). The experience of micro-aggressions and more blatant prejudice and discrimination have negative effects on psychological wellbeing of undocumented immigrants (Yakushko, 2009). Undocumented immigrants are particularly vulnerable to discrimination, because they lack the legal standing to challenge injustices (Pérez & Fortuna, 2005).

Related to this topic is the ever present and overwhelming threat of deportation (Behnke, Taylor, & Parra-Cardona, 2008; Cervantes et al., 2010). Dozier (1992) found that fear of deportation influenced the decision making of undocumented college students in almost every aspect of their lives. Arbona, Olvera, Rodriguez, Hagan, Linares, and Wiesner (2010) found that fear of deportation was positively related to interfamilial and extrafamilial acculturative stress. Additionally, Behnke et al. (2008) found that fear of deportation limits the willingness of undocumented Mexican men to utilize social services and resources. This apprehension was so intense that fathers feared being active in their children's school (Behnke et al., 2008).

An additional factor that negatively impacts the psychological health of undocumented Mexican migrants is the experience of social isolation. Pérez & Fortuna (2005) described this isolation as severe disenfranchisement. Dozier (1992) discussed that social isolation is often self-imposed, the result of the fear of having their legal status discovered and exploited. Often social isolation is related to a lack of support network in the U.S. and an inability or unwillingness to share stressors with those in the home country (Cervantes et al., 2010). Further complicating social isolation is that undocumented migrants have limited health care literacy: Coffman and Norton (2010) found that recent Latino immigrants had limited ability to

obtain and understand basic health information and services. Given these various psychological stressors it is not surprising that undocumented immigrants are more likely to experience depression, substance abuse, and occupational stress than documented immigrants (Pérez & Fortuna, 2005).

Pre-therapeutic Considerations

It is widely recognized that undocumented Mexican immigrants underutilize health and mental health services (Coffman & Norton, 2010; Dixon Rayle, Sand, Brucato, & Ortega, 2006; Pérez & Fortuna, 2005; Yznaga, 2008). It has been theorized that this is due to a distrust of social services and practitioners (Yznaga, 2008), possibly related to the fear of deportation. Other contributing factors are clients' potential lack of familiarity with counseling services (Yznaga, 2008), their inability to pay for mental health services (Pérez & Fortuna, 2005), not qualifying for government funded services (Hancock, 2007; Pérez & Fortuna, 2005), or inability to navigate the complex health care systems (Coffman & Norton, 2010). To overcome these fears a dedicated mental health professional will need to be proactive in outreaching and developing rapport with the undocumented communities and with other service providers.

To overcome issues related to distrust and the fear of deportation it is essential that a counselor conduct outreach, connect with gate keepers, and spend extended time developing rapport with her/his client (Pérez & Fortuna, 2005; Yakushko & Chronister, 2005). Since members of the undocumented community are less likely to be familiar with counseling, the authors recommend reaching out to the community by providing informational workshops (on topics such parenting, the role of parents in education, and financing college for undocumented students). These workshops provide an opportunity for the mental health provider to be introduced to the community and for the mental health provider to introduce the various services they offer. These workshops can be offered through social service agencies, schools, and religious institutions. An outreach program has been successfully implemented by the University of Texas Brownsville, whose counselors regularly go into community to explain what services are available and to reinforce their lack of affiliation with the INS (Rollins, 2006). The therapist might also seek out gatekeepers to the community, these are prominent figures that are trusted and can provide entree to the community—these might be religious leaders or community elders. Hancock (2007) suggested that outreach efforts might be most successful when the counselor co-presents with Latinas/os who can relate

to the community. In the authors' experience, forming a relationship with a trusted community member made it more likely for others in the community to trust the counselor and to seek out services.

In describing the success experienced by University of Texas Brownsville in serving undocumented clients, Yznaga (as cited by Rollins, 2006) described how they attempt to make their therapy rooms feel like living rooms, removing some of the formality in the counseling process and allowing the client to feel more at home. Further, clients at the counseling center are offered tea and sweet bread—much as they would when visiting relatives or close friends. These simple actions will do much to increase rapport and ease the tensions of an undocumented Mexican client.

Recommendations for Case Conceptualization

Once in the therapy room, it would be wise to understand the worldview of the client, to take extended time to develop rapport, and to understand the etiology of the clients' presenting concern. To provide culturally relevant services it is recommended that counselors and psychologists understand the worldview, cultural values, and needs of their undocumented Mexican clients (Yznaga, 2008). This can be done by understanding the client's personal story (Yznaga, 2008), ethnic identity, level of acculturation, and worldview. Given the wide range of U.S. residence by undocumented Mexican migrants, it is conceivable for a counselor or psychologist to see a client that has recently arrived to the U.S. or a client who has lived in the U.S. most of their life. Although all clients require some orientation to therapy, clients who have more recently arrived in the U.S. are likely to require additional orientation to services (Hipolito-Delgado & Diaz, 2013). During orientation to counseling it is essential to explain the concept of confidentiality and how a counselor will not disclose a client's legal status. This will assuage concerns related to deportation (Yakushko & Chronister, 2005).

It is also likely that a mental health provider will see undocumented Mexican clients at various points on the ethnic identity and acculturation spectrum. Clients with lower levels of ethnic identity and higher levels of acculturation are more likely to have worldview consistent with mainstream U.S. society and are more likely to be responsive to traditional western therapy (Hipolito-Delgado & Diaz, 2013). Clients with higher ethnic identity and lower acculturation are more likely to have a world view consistent with traditional Mexican values and are more likely to respond to more culturally specific treatment interventions (Hipolito-Delgado & Diaz, 2013)—we will focus our attention on the needs of these clients.

In order to develop rapport and to get a better understanding of a client's worldview, a therapist and client might spend time getting to know each other before discussing the presenting problem. During this process the counselor must be willing to self-disclose (Rollins, 2006); this helps to humanize the professional and makes them more approachable. Yakushko and Chronister (2005) recommended that counselors encourage immigrant clients to share their migration story; this will help build rapport and may also provide context for the client's presenting problem. Further, Cervantes et al., (2010) recommended asking the following questions about the immigration experience:

Who left the mother country? Under what conditions did the person leave? Who remained in the mother country? What forms of coping have been observed with [those who left and stayed behind]?...And were there any preexisting difficulties or stressors prior to the migration event?

Aside from identifying the presenting concerns of individual member, these questions help to clarify presenting concerns within the familial unit. These questions are also useful when working with families who experienced serial migrations by allowing family members to reflect on the experiences of the family while they were separated.

We also recommend that mental health providers understand the etiology of their client's presenting concern. As is noted above, undocumented Mexican migrant clients experience a number of sociopolitical barriers (Torres et al., 2011). These barriers can cause stress and can negatively affect the mental health of undocumented Mexican clients. In most cases sociopolitical concerns—especially those related to shelter, employment, and food—must be addressed before psychological concerns can be attended to. In some cases, the most effective way to address concerns related to sociopolitical barriers is often to address the barrier itself.

Therapeutic Recommendations

A number of best practices have been identified for mental health providers working with undocumented migrant clients. These include using genograms, the use of support groups, and brief therapy. When working with undocumented Mexican clients it is recommended that providers take a strength-based approach to therapy. Immigrant clients, both documented and undocumented, likely had a repertoire of successful coping mechanisms before coming to U.S. Those individuals who most easily adapt to U.S. culture and experience the lowest incidents of acculturative stress are those who can best modify their old coping skills for

their new cultural setting (Yznaga, 2008). A tool to help clients identify native coping strategies and for building rapport is the use of genograms (Yznaga, 2008). The genogram helps build rapport by introducing the counselor to the client's family structure (Yznaga, 2008)—it should be noted that this might also provide context that can aid the counselor in understanding the client's worldview and presenting concern. According to Yznaga (2008), the genogram is a tool for identifying resources in the extended family, who the client might reach out to for support. Additionally, the counselor can use the genogram to help the client identifying strengths and coping techniques that other family members employ and that the client might emulate to alleviate stressors.

The use of support groups for undocumented migrants (Dixon Rayle et al., 2006; Dozier, 1992) has also been discussed as an efficacious intervention. Dixon Rayle et al. (2006) stated that support groups might moderate depressive symptoms by offering social support and a sense of community. Thorn & Contreras (2005) found that the creation of a social support network was a vital first step in supporting the transition of immigrant middle school students. Counselors are encouraged to take a psycho-educational approach in these groups to inform clients about their rights (Dozier, 1992) and about available resources (Thorn & Contreras, 2005).

Pérez & Fortuna (2005) recommended using brief therapy with undocumented immigrant clients. They found that patients responded best to a direct, problem solving, supportive and informational approach. Further, they recommended this approach since it did not require an extended period of therapy—which is best considering the limited resources available to pay for therapy and the high mobility rates in the community. By keeping best practices in mind and taking an individualized approach to therapy, counselors and psychologists can provide culturally appropriate services to undocumented Mexican migrant clients.

Case Study

Mr. and Mrs. Vargas (pseudonyms) came into a Family Resource Center seeking help. Mr. Vargas had recently lost his construction job and was having trouble finding a new job because of his undocumented status. Mrs. Vargas was not working and her temporary resident status had expired. They had six children, most of whom were U.S. born citizens.

The counselor they met with discussed the family's needs and realized that Mr. and Mrs. Vargas were in need of rent assistance. They were two months behind on rent and had received an evictions notice. Mr. and

Mrs. Vargas spoke limited English, and they had not been able to communicate with their landlord, who spoke no Spanish. The counselor was able to reach the landlord and explain that the family was working with the Center to resolve their housing problem. The counselor informed the landlord that there was a possibility that the Center could secure the past due rent and asked the landlord not to evict the family. The landlord agreed to give the family two additional weeks. Mr. and Mrs. Vargas agreed to return to the counselor in a couple of days. Between sessions the counselor obtained commitments from a church and two charity groups to supply rent assistance.

When Mr. and Mrs. Vargas returned to meet with the counselor, they told more of their story. Their youngest child, an 8 year old boy, had recently been diagnosed with a brain tumor. Mr. Vargas had lost his job because of his frequent absence due to attending medical appointments with his son. The son's frequent medical appointments and hospital stays made it challenging for Mr. and Mrs. Vargas to care for their other children and hold employment. The counselor worked with the Mr. and Mrs. Vargas, with their children's schools, and with local organizations to assure the family had rent assistance, childcare, and food.

Mrs. Vargas returned to meet with the counselor several more times. Once the Vargas family's sociopolitical concerns were resolved, the counselor learned more about Mrs. Vargas' emotional needs. Mrs. Vargas confided that she was experiencing difficulties in her relationship with Mr. Vargas, whom she felt consumed too much alcohol, was controlling, and did not take enough responsibility for his family. The counselor referred the Vargas family to services for the families of addicts. The counselor also recommended that Mr. Vargas come with his wife for family therapy—unfortunately he never did. Mrs. Vargas and her counselor employed elements of brief solution therapy to assist her in dealing with the stress of her son's illness and the tension in her marriage. Her counselor directed her to a woman's group, which consisted of many recent immigrant women and explored issues of cultural adaptation and gender roles. Mrs. Vargas became very involved in her church, which she stated gave her a sense of purpose and belonging. Mrs. Vargas also expressed a desire to better herself for the sake of her children. She recognized that she would continue to encounter challenges because of her limited knowledge of English. Eventually, Mrs. Vargas began to explore how to remedy her immigration status and get on a track to citizenship. The counselor and other professionals at the Family Resource Center always took a strengths base approach with Mrs. Vargas; they recognized that going from a place of hopelessness to a place of suc-

cess took courage, trust, and tenacity, and they shared with Mrs. Vargas their admiration of her for possessing these qualities.

Mr. Vargas was only seen at the Family Resource Center once more, when he came for advice about wages owed to him by his new employer. He was assisted with completing a formal request for wages, but would not agree to pursue legal action because of his undocumented status. The family found a new home that they could more easily afford. Throughout this period of upheaval and worry Mrs. Vargas, with the assistance of the Center, local organizations and schools, was successful in supporting her children's academic and social needs as evidenced by all of the children doing very well in school and being involved in extracurricular activities.

This case study illustrates several of the factors we have discussed in previous sections. Although the Vargas family heard about the services offered by the Family Resource Center through other members of their community, it took multiple visits for them to fully trust the counselor and other staff enough to tell their whole story. Additionally, we see the importance of addressing the sociopolitical concerns of the family. The basic needs, such as shelter and childcare, had to be secured before Mrs. Vargas was able to discuss her emotional needs. The family also needed help navigating various systems within U.S. society, like medical practices and schools. Collaboration with charitable organizations and schools was paramount to addressing all the needs of this family. This case study also highlights how immigration can lead to changing dynamics in the spousal relationship. The counselor was not aware of what the relationship between Mr. and Mrs. Vargas was like prior to immigrating, but it was evident that Mrs. Vargas was now seeking more independence and more voice in the family. Through her involvement in church, ESL classes, and woman's group, Mrs. Vargas developed a sense of belonging and at the same time developed skills to increase her independence. Mr. Vargas, once the sole decision maker in the household, began to yield some control to Mrs. Vargas—due in part to her more prominent role in community and her motivation to improve the lives of her family.

Conclusions

Undocumented migrants, particularly undocumented Mexican migrants, have a unique lived experience that requires the special attention of mental health providers. While all immigrant groups face challenges in adjusting to a new society and culture, undocumented Mexican migrants are faced with stereotypes, discrimination, and limited access to education, employment

and social services. In order for therapists to provide culturally relevant services to this community they must gain a deeper understanding of the community and efficacious counseling interventions. Although there is a need for research to understand undocumented populations, particularly their mental health issues (Pérez & Fortuna, 2005), it is hoped that this article provided an introduction to the undocumented Mexican immigrant community, the sociopolitical and mental health concerns experienced by this community, and some techniques for providing culturally responsive services. Further, it is hoped that this article might inspire additional dialogue in the counseling profession that might lead to more efficacious and culturally relevant services for undocumented immigrants.

References

- Associated Press (2007, March 8). English-only bill is hollow gesture. *Bismarck Tribune*. Retrieved June 25, 2009 from Access my Library.
- Arbona, C., Olvera, N., Rodriguez, N., Hagan, J., Linares, A., & Wiesner, M. (2010). Acculturative stress among documented and undocumented Latino immigrants in the United States. *Hispanic Journal of Behavioral Sciences, 33*, 362 – 385. doi: 10.1177/0739986310373210
- Behnke, A. O., Taylor, B. A., & Parra-Cardona, J. R. (2008). "I hardly understand English, but...": Mexican origin fathers describe their commitment as fathers despite the challenges of immigration. *Journal of Comparative Family Studies, 39*, 187 – 205.
- Berry, J. W., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review, 21*, 491 – 511.
- Cervantes, J. M., Mejia, O. L. & Mena, A. G. (2010). Serial migration and the assessment of extreme and unusual psychological hardship with undocumented Latina/o families. *Hispanic Journal of Behavioral Sciences, 32*, 275 – 291. doi: 10.1177/0739986310366286
- Chaudry, A., Capps, R., Pedroza, J. M., Castañeda, R. M., Santos, R., & Scott, M. M. (2010, February). Facing our future: Children in the aftermath of immigration enforcement. Washington, DC: The Urban Institute.
- Chung, R. C., Bemak, F., Ortiz, D. P. & Sandoval-Perez, P. A. (2008). Promoting the mental health of immigrants: A multicultural/social justice perspective. *Journal of Counseling and Development, 86*, 310 – 318.
- Coffman, M. J., & Norton, C. K. (2010). Demands of immigration, health literacy, and depression in recent Latino immigrants. *Home Health Care Management & Practice, 22*, 116 – 122. doi: 10.1177/1084822309347343
- Dixon Rayle, A., Sand, J. K., Brucato, T., & Ortega, J. (2006). The "comadre" group approach: A wellness-based group model for monolingual Mexican women. *The Journal for Specialists in Group Work, 31*, 5 – 24.
- Dozier, S. (1992). Emotional concerns of undocumented and out-of-status foreign students. *Community Review, 13*, 33. Retrieved June 4, 2009, from Academic Search Premier database.
- Engstrom, D. W. & Okamura, A. (2008). A nation of immigrants: A call for a specialization in immigrant well-being. *Journal of Ethnic and Cultural Diversity in Social Work, 16*, 103 – 111.

- Fortuny, K., Capps, R., & Passel, J. S. (2007, March). The characteristics of unauthorized immigrants in California, Los Angeles County, and the United States. Washington, DC: The Urban Institute.
- Fields, C. (2005, September/October). Potpourri. *Change*, 4.
- Government Accountability Office (2006). Illegal immigration: Border-crossing deaths have doubled since 1995; Border patrol's efforts have not been fully evaluated.
- Green, P. E. (2003). The undocumented: Educating the children of migrant workers in America. *Bilingual Research Journal*, 27, 52 – 71.
- Griswold, D. T. (2003). Confronting the problem of illegal Mexican migration to the U.S. *USA Today*, 10-13.
- Hancock, T. U. (2007). Sin papeles: Undocumented Mexicanas in the rural United States. *Journal of Women and Social Work*, 22, 175 – 184.
- Hipolito-Delgado, C. P., & Diaz, J. M. (2013). A conceptual approach to counseling with Latina/o culture in mind. In C.C. Lee (Ed.), *Multicultural counseling: New approaches to diversity* (4th ed., pp. 67 - 86). Alexandria, VA: American Counseling Association.
- Organista, K. C. (2008). Mexican migration for dummies: What social workers and the public need to know. *Journal of Ethnic and Cultural Diversity in Social Work*, 16, 189 - 198.
- Paspalanova, M. (2008). Undocumented vs. illegal migrant: Towards terminological coherence. *Migraciones Internacionales*, 4, 79 – 90.
- Passel, J. S., & Cohn, D. (2009, April). *A portrait of unauthorized immigrants in the United States*. Washington, DC: Pew Hispanic Center.
- Passel, J. S., Capps, R., & Fix, M. (2004, January 12). *Undocumented immigrants: Facts and figures*. Washington, DC: Urban Institute Immigration Studies Program.
- Pérez, L. (2006, December 14). En Cherokee los indocumentados viven “escondidos”. *El Mundo Hispánico*, A28.
- Pérez, M. C., & Fortuna, L. (2005). Psychosocial stressors, psychiatric diagnoses and utilization of mental health services among undocumented immigrant Latinos. *Journal of Immigrant & Refugee Services*, 3, 107 – 123.
- Perez, W. (2010). Higher education access for undocumented students: Recommendations for counseling professionals. *Journal of College Admission*, 206, 32 – 35.
- Perez, W., Espinoza, R., Ramos, K., Coronado, H. M., & Cortes, R. (2009). Academic resilience among undocumented Latino students. *Hispanic Journal of Behavioral Sciences*, 31, 149 – 181.
- Pew Hispanic Center (2006). Modes of entry for the unauthorized migrant population. Washington, DC: Author.
- Pew Hispanic Center (2009). Mexican immigrants in the United States, 2008. Washington, DC: Author.
- Porter, E. (2005, April 5). Illegal immigrants are bolstering social security with billions. *The New York Times*.
- Rollins, J. (2006, October). “Border culture” counseling. *Counseling Today*, pp. 1, 28 - 29.
- Scaperlanda, M. A. (1999). Immigration justice: Beyond liberal egalitarian and communitarian perspectives. *Review of Social Economy*, LVII No. 4, 523 – 542.
- Shattell, M. M., & Villalba, J. (2008). Anti-immigration rhetoric in the United States: Veiled racism? *Issues in Mental Health Nursing*, 29, 541 – 543.
- Shin, H. J. & Muñoz, O. (2009). Acculturation: Context, dynamics, and conceptualization. In Lee, C. C., Burnhill, D. A., Butler, A. L. Hipolito-Delgado, C. P., Humphrey, M., Muñoz, O., & Shin, H. J. (Eds.). *Elements of culture in counseling* (pp. 57 – 76). Columbus, Ohio: Pearson.
- Stormont, M. A. & McCathren, R. B. (2008). Nowhere to turn: The young face of homelessness. In D. Capuzzi, & D. Gross (Eds.). *Youth at Risk: A Prevention Resource for Counselors, Teachers, and Parents* (pp. 435 – 455). Alexandria, VA. American Counseling Association.
- Support Our Law Enforcement and Safe Neighborhoods Act, AZ S.B. 1070, 49th Legislature (2010).
- Thorn, A., & Contreras, S. (2005). Counseling Latino immigrants in Middle School. *Professional School Counseling*, 9, 167 – 170.
- Torres, H. L., O’Conner, A., Mejia, C., Camacho, Y., & Long, A. (2011). The American dream: Racism towards Latino/as in the U.S. and the experience of trauma symptoms. *Interamerican Journal of Psychology*, 45, 363 – 368.
- Vontress, C. E. (2009). A conceptual approach to counseling across cultures. In Lee, C. C., Burnhill, D. A., Butler, A. L. Hipolito-Delgado, C. P., Humphrey, M., Muñoz, O., & Shin, H. J. (Eds.). *Elements of culture in counseling* (pp. 19 – 30). Columbus, Ohio: Pearson.
- Weisman, A. G., Rosales, G. A., & Navarro, M. (2007). Personal efficacy, attitudes towards immigrants, and voting behavior among Latino and White university students. *Interamerican Journal of Psychology*, 41, 341 – 348.
- Yakushko, O. (2009). Xenophobia: Understanding the roots and consequences of negative attitudes toward immigrants. *The Counseling Psychologist*, 37, 36 – 66. doi: 10.1177/0011000008316034
- Yakushko, O., & Chronister, K. M. (2005). Immigrant women and counseling: The invisible others. *Journal of Counseling & Development*, 83, 292 – 298.
- Yznaga, S. d. (2008). Using the genogram to facilitate the intercultural competence of Mexican immigrants. *The Family Journal: Counseling and Therapy for Couples and Families*, 6, 159 – 165.

Received 08/28/2012
Accepted 02/21/2013

Carlos P. Hipolito-Delgado. California State University, Long Beach
Jolee Mann. University of Colorado, Denver