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Immigration, Politics, and Mental Health: An Undergraduate Independent Study

Cover Page Footnote

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Abstract

The implications of a polarizing political climate on the plight of immigrants with disabilities in the United States are physiological and emotional. Rehabilitation and human services professionals are inclined to recognize the intersection of the process of immigration with related legislation and the presence of disability. Undergraduate students of relevant disciplines can benefit from the focused investigation that an independent study can provide – particularly because legislative directives evolve so rapidly, are directly associated with service provision and the availability of resources, and draw upon training and continuing education expectations from a variety of practitioner ethical codes.

Keywords: independent study, rehabilitation, human services, immigrants, politics, mental health

Introduction

The United States has the largest immigrant population of any country in the world, with more than 43 million people comprising the foreign-born population as of 2017 (Center for American Progress Immigration Team & Nicholson, 2017). First and second-generation immigrant children are the most rapidly growing American population according to the U.S. census in 2000 (Kirmayor, 2011). Therefore, as rehabilitation professionals it is important to discuss and understand the issues that are unique to this population. Being an immigrant in the United States is an exceptional experience, and it is an evolving experience that can usher in substantial hardships and methods for coping. Experiencing the traumas of pre-migration, migration, and post migration, building and demonstrating resilience, and navigating immigration politics with their social implications are phenomena that are imperative to understand when providing clinical services to immigrants in rehabilitation settings.

Immigration and Mental Health

Individuals approach obstacles in life in their own unique ways. Resilience is defined as the way one deals with a challenging situation, and can be displayed both internally and externally (Goodman et al., 2017). Internal resilience can be demonstrated through the practice of a religious faith, having edifying interpersonal relationships, and the existence of positive personality traits, such as optimism and self-efficacy. External resilience can be embodied in employment, social capital, access to resources, advantageous family circumstances, or a permanent immigration status. It is not only important to understand resilience, but also the fact that everyone will experience resiliency differently (Barber, 2013; Goodman et al., 2017; Masten

& Barnes, 2018). Knowing and understanding resilience will better equip rehabilitation and human services professionals to serve immigrant and refugee populations more effectively.

Immigrants and refugees can face substantial traumas related to their migration experiences. The traumas can be categorized as sociopolitical-based and structural/situational/psychological (Goodman et al., 2017). Sociopolitical-based trauma can pertain to circumstances such as a lack of healthcare access, political conflict in the country of origin, institutional betrayal, being undocumented, and the arduous visa application process. To obtain a visa in the U.S., immigrants need to go through expensive and extensive processes that do not always lead to desired outcomes (Chang-Muy, 2016). Likewise, obtaining a permanent resident card, or green card, is not as simple as just filling out an application. There are specific categories of eligibility, such as being a direct relative of a U.S. citizen, being sponsored through an American employer, or seeking protection from human trafficking and other violent crimes and abuses (U.S. Citizenship and Immigration Services, 2018). And obtaining a green card is a necessary precursor to attempting to be naturalized as a U.S. citizen. Additionally, the path to citizenship takes a considerable toll on all members of the family. Each person can experience his or her own distinct traumas related to fear, anxiety, isolation, discrimination, or shame (Chang-Muy, 2016; Li, 2015).

An alternate type of trauma is structural/situational/psychological (Goodman et al., 2017). This category can include limited employment opportunities, as well as having trouble keeping employment, experiencing language barriers, discrimination, poverty, family separation, and the emotional toll that the migration process takes on these individuals. Evidences of these traumas are usually presented during post-migration but likely started during pre-migration. For instance, xenophobia is the fear of others and can be experienced by both American citizens and immigrants. It can be manifested by discriminatory acts, micro-aggressions, bullying, or violence (Rodriguez-Hidalgo et al., 2019). People who are not from the United States may be afraid of Americans, by perceiving them as the unknown or due to preconceived notions about Americans that are perpetuated within their home cultures. With both general types of trauma described, the root causes may vary, but the resulting outcome is a deleterious impact on mental health. Rehabilitation, health, and human services professionals must also be aware of the differences in experiences and expressions of trauma that are directly influenced by gender, religion, age, and cultural worldviews (Landau, 2012).

Holistic health services encompasses more than just treating the physical health conditions. The pressures of cultural assimilation also factor into the mental health of immigrants. People who are not originally from the U.S. are typically expected to take on a new culture and comprehend new concepts, and social and linguistic nuances. This adjustment in perspectives and lifestyles is usually very dramatic and can be difficult to reconcile. The degree of reconciliation will vary for everyone and closely impacts emotional health (Pampati et al., 2018; Perreira & Pedroza, 2019; Yu et al., 2016).

Immigration and Politics

Policy plays an integral role in the process of immigrant service provision and the resources available to them. As a result, legislative knowledge and political advocacy are compulsory knowledge domains and job duties for those working with and learning about immigrant populations. For instance, Deferred Action for Childhood Arrivals, more commonly known as DACA, is a temporary policy put into place by the Obama administration in order to protect immigrant youth from being deported, specifically youth who originally came to the United States as children (Gonzales, 2014). Some of these individuals, nicknamed Dreamers,

have no recollections of their home countries. The Trump administration ended this program in 2017 and the Department of Justice determined that it was lawful to do so. The Supreme Court was ultimately expected to resolve this matter, which could have resulted in the deportation of over one million young adults (Bunker, 2019). In the summer of 2020, the Supreme Court ruled against the Trump Administration's efforts (Totenberg, 2020). While DACA currently stands, the issue is not yet settled and has maintained an indeterminate fate. Although, the election of President Biden will likely change this fact.

In 2019, new guidelines were established by the Department of Homeland Security to drastically change existing guidelines regarding which immigrants would be labeled as public charges. Traditionally, under the Inadmissibility on Public Charge Grounds final rule, immigrants could potentially be denied entry into the United States if they would have to rely on the federal government for more than half of their income (Perreira et al., 2018). This included funds received through social welfare programs, such as Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF). Trump administration changes expanded exclusion from entry by also limiting anyone who is the recipient of one or more public benefits – such as the Women, Infants, and Children Program (WIC), Section 8 Vouchers, the Children's Health Insurance Program (CHIP), and Medicaid. These programs provide food, vaccines, and pre- and post-natal care to name a few benefits (Perreira et al., 2018; Vesely et al., 2019). But the stripping away of these resources would have adverse effects on the physical and mental health of immigrants of all ages. An injunction to this rule was issued in early 2020, as a result of COVID-19, but was overturned in September with enforcement retroactive to February 24, 2020. Now the rule stands, and immigrant health coverage and mental health status are threatened during a global pandemic and economic recession.

Additional policies, such as the Violence against Women Act (VAWA) and the Affordable Care Act (ACA) have components that directly affect immigrants and their children's access to healthcare and certain protections. For instance, VAWA protects undocumented immigrant women and men who are victims of intimate partner violence. They are eligible to receive supportive services and reach out for help, without their immigration statuses being used against them in the process (Ingram, 2010). Regarding the ACA, lawfully present immigrants can access health coverage during open enrollment periods. And in certain states, such as New York, California, and Oregon, there are special healthcare programs for undocumented pregnant women and their children (Norris, 2020). According to the Kaiser Family Foundation (2020), 45% of undocumented immigrants do not have health insurance. Political and sociocultural issues such as these can increase traumatic experiences, adjustment disorder, post-traumatic stress disorder, acculturative stress, and acute stress disorder in immigrants (Cano et al., 2015; Chu et al., 2013; Sirin et al., 2013; Perreira & Ornelas, 2013).

The sociopolitical climate for immigrants in the United States has changed dramatically, and for the worse, since the 2016 presidential election season. The growth in expression of extreme, American nationalist and pseudo-Christian ideologies was triggered by heightened anxieties around certain categories of identity, gender, race, and religion that are regarded as "other" by members of majority groups (Bobo, 2017; Landgrave & Nowrasteh, 2017; Major et al., 2016; Whitehead et al., 2018). The presidential campaign and subsequent election of Donald Trump in 2016 have been blamed by many as being the root of an exacerbation of social and political turmoil that has been experienced by certain immigrants in this country. This group includes those who are just perceived to be immigrants of certain countries or believers of certain religious faiths (Lopez et al., 2018). However, a worsening of societal hardships by a

marginalized group can only occur when those hardships are preexisting. In other words, while some attribute these social and political problems to Donald Trump himself, there are many who also acknowledge that the existence of these prejudicial views actually predates the forty-fifth president, are deeply institutionalized, and have persisted now that he has left office (Bobo, 2017; Young, 2017).

Rehabilitation and human services professionals, especially those employed in major cities, will frequently encounter immigrant clients and patients. These clinicians can benefit from knowledge about the intersection of the issues of focus in this paper. Migration, related legislation, and their subsequent impacts on the mental health of immigrants are directly related to rehabilitation outcomes (Jaffe & Jimenez, 2018; Venkataramani et al., 2017; Wong-Hernandez & Wong, 2002). For instance, in 2017 President Trump issued an executive order nicknamed the “Muslim Travel Ban”, where citizens from Iran, Iraq, Libya, Somalia, Sudan, Syria, and Yemen were denied entry into the United States. International students from these countries experienced anxiety and fear about their academic futures (Awaad, 2017; Rose-Redwood & Rose-Redwood, 2017). International students are facing xenophobia on college campuses and prospective students are finding the idea of post-secondary education in the U.S. to be underwhelming. Children who are immigrants or who are first-generation Americans have been bullied and mockingly threatened with deportation by their peers (Artiga & Ubri, 2017; Huang and Cornell, 2019). There is also stress and trauma experienced by children living in fear of the possible deportation of their parents (Akande et al., 2020; Cervantes et al., 2018; Hatzenbuehler et al., 2017). In addition, the family separation policies at the U.S./Mexico border, which precede the Trump administration, can have long-lasting implications on children that include damaged attachment relationships, post-traumatic stress disorder, and impaired development (Cervantes et al., 2018; Wood, 2018).

Undocumented members of immigrant communities, attempting to go unnoticed, were found to report crimes less often – such as domestic violence. They also attended health appointments less frequently and applied less frequently for government support services that even as immigrants they and their children were entitled to receive (Pierce & Selee, 2017). Overall, family detentions at U.S. borders, the propagation of deportation with Immigration and Customs Enforcement (I.C.E.), and the expansion of fear and xenophobia have put the mental and physical health, educational opportunities, and economic security of immigrants of all ages in jeopardy (Cervantes & Walker, 2017; Gostin & Cathoir, 2017; Venkataramani et al., 2017). Having the status of immigrant in the U.S. has presented hardships in many other ways since before the 2016 election cycle that we also must consider as rehabilitation professionals. Matters related to racism, language barriers, limited access, mistrust of service providers and lack of rapport, and the negative cultural implications of femaleness have been pervasive among immigrant communities (Akande, 2017; Sritharan, & Koola, 2019). These are all areas of concern for rehabilitation and human services professionals in the United States.

In this paper, we embrace the theory of intersectionality, which recognizes the overlap of the various aspects of political and social discrimination that marginalized populations face (Viruell-Fuentes et al., 2012). In this case, the process of migration, the existence of inhibitory legislation, and mental illness intertwine as our focus. As rehabilitation and human services professionals and students, it is our duty to be aware of the different stressors and levels of occlusion and ostracism that our clients and patients face in their paths toward their clinical goals and to purposefully integrate learning objectives into academic curriculum and continuing education that address these issues.

Rationale

A 2013 study by Cambridge University researchers reported that 96% of an international pool of professors believed that the ability of a student to effectively engage in self-directed work was the most important personality trait that a student could have (Cambridge Assessment International Education, 2014). Traditional lecturing was the main format for post-secondary academic instruction, until the 1920s when Stanford University introduced the Independent Study Plan (ISP) (Kolomiiets, 2018). This was designated for exceptional upperclassmen who were given the opportunity to learn outside of the classroom, under faculty supervision. Independent Study has evolved over the years and is offered to students across academic disciplines, but the basic tenets are the same.

Independent study courses can inspire undergraduate students to think outside of the proverbial boxes that their majors or general education requirements can put them in. Independent studies encourage novel inquiry, seek answers to relevant questions, support innovation, and pursue the significance of current events in established courses of study. For practical undergraduate disciplines like rehabilitation sciences and human services, independent studies can help to problem solve and bridge the axiomatic research to practice gap by integrating experiential learning. Such problems in these fields include a lack of access to services and limited resources for clients and patients of minority backgrounds. There is an ethical obligation for rehabilitation, counseling, and human services professionals and students to be knowledgeable of laws related to their fields of work, to be conscious of their roles in shaping the political climate where they and their clients live, and to be aware of how that climate directly impacts the mental health of all who are affected by its policies (ACA, 2014; CRCC, 2017; NOHS, 2015).

We authors are the children of immigrants, have lived in very diverse communities, and have worked with immigrants as colleagues and clients. We have witnessed people in our lives navigate the immigration process in the U.S., both successfully and unsuccessfully, while riding the emotional rollercoaster that often accompanies the experience.

We consider ourselves to be global citizens. Reysen and Katzrska-Miller (2013) define global citizenship as “awareness, caring, and embracing cultural diversity while promoting social justice and sustainability, coupled with a sense of responsibility to act” (p. 858). As rehabilitation and human services professionals, we feel compelled to serve and advocate for those within our borders and outside of them. We see how the experiences of an individual, a community, and a country are interconnected with direct and indirect bearings on one another. And we acknowledge the need to design interventions that will continue to support the causes that global citizenship supports. Educators, researchers, and students as future clinicians can benefit from in-depth engagement in novel methods of gaining cultural sensitivity and cultural humility. Global citizenship informs our clinical work and research and led to the development of our independent study experience.

Independent Study Design

The beauty of independent study experiences is the ability of the student and instructor to select a mutual topic of interest to explore. In addition, the one-on-one dynamic allows for a certain flexibility in design, even after the semester has begun, to better suit the interests and needs of those involved. This independent study course was 3-credit hours over a traditional 16-week semester and involved one-on-one meetings, journal entries, a service-learning component, and a “deliverable” – in this case a concluding presentation. The student was a Rehabilitation and

Human Services (RHS) major and in the final semester of her senior year at a mid-Atlantic undergraduate institution. Rehabilitation and human services is a Bachelor of Science degree program that prepares students for a variety of entry-level careers and graduate degree programs of study in the helping fields.

The purpose of the course was to engage the RHS independent study student with immigrant recipients of human services in a major city with a high immigrant population. The student engaged in active Service-Learning projects that worked toward innovative solutions to complex problems with community partners. The student had the opportunity to gain hands-on clinical experience, observe Human Services staff, and obtain first-hand accounts of immigrant needs and concerns. The course objectives were as follows:

- (1) Define key terminology related to providing rehabilitation and human services to immigrant populations;
- (2) Explain the experiential differences between American ethnic minorities and immigrants in America;
- (3) Identify the unique human services needs of immigrants in a major city;
- (4) Describe various community resources for immigrants in the area;
- (5) Describe the differences in perceptions of health, disability, employment, and education through a variety of cultural lenses;
- (6) Describe your own personal experiences with, attitudes toward, and treatment of immigrants in America;
- (7) Examine legislation that directly impacts the immigrant experience in America;
- (8) Apply brainstorming and problem-solving techniques in clinical settings;
- (9) Explain the value of Cultural Brokers; and
- (10) Employ research presentation skills.

The course was designed with the instructor and student meeting every other week, as the off week was left open for student community engagement through service-learning. Mini-lectures were comprised of a number of relevant topics. Weekly journal entries were assigned, which were typically responses to questions that were related to course readings. Critically reflecting on one's own beliefs, as they relate to pertinent issues, can support the process of personal growth and professional development. In addition, journal writing is one of the preferred methods of reflection among college students (Burr et al., 2016; Koole et al., 2011; Toros & Medar, 2015). Self-reflection also leads to better decision-making skills. By connecting knowledge with experiences, reflective students can improve self-directed learning and communication abilities (Tashiro et al., 2013). These objectives are necessary to perform effectively as social services professionals. Instructors must consider providing specific instructions regarding the length and breadth of reflection assignments. Although length is only partially correlated with depth or quality, but requiring a minimum number of words, explicit expectations about the substance of those words, and constructive feedback with improvement strategies can elicit higher quality submissions (Duijnhouwer et al., 2012; Jenson, 2011).

"Social work with immigrants and refugees: Legal issues, clinical skills, and advocacy" served as a valuable source for readings and provided pertinent topics for the course (Chang-Muy & Congress, 2016). A graduate level textbook may not always be ideal to assign in an undergraduate class, but it was certainly an appropriate approach in a 400-level independent study with a graduating senior. Supplemental materials were also provided in the form of peer-reviewed articles, videos, and information from reputable, organizational, and government websites. See Table 1 for a sample course schedule that would be suitable for an independent

study student or small seminar course. The actual course schedule for this independent study experience looked slightly different (i.e. reading assignments, chronology), as contingencies were made for scheduling needs of community-partners, the learning goals of the independent study student, and generalizability of this approach.

Pre and Post-Surveys

The pre and post-surveys were designed to assess knowledge brought into the course and knowledge acquired from the course experience, by asking a similar set of open-ended questions at the beginning of the semester and then at the end of the semester. The following were the questions from the pre-survey, with instructions to respond honestly, thoroughly, without researching the answers, and with the understanding that there were no wrong answers:

- 1) What is your ethnicity and what is your nationality? Do you consider yourself to be a minority? Why or why not?
- 2) If there are any, what might be some differences between being an American ethnic minority and being an immigrant in America?
- 3) What role does culture play in the experience of *receiving* rehabilitation or human services?
- 4) What role does culture play in the experience of *providing* rehabilitation or human services?
- 5) Can you think of any laws or policies that could potentially impact immigrants receiving rehabilitation or human services in the U.S.?
- 6) Why is it important to build rapport with immigrant clients? How might you do that?
- 7) Use three words to describe your feelings toward immigrants in America today.
- 8) Do you currently feel equipped to work with immigrants in an RHS setting? Why or why not?

Reading and Reflection

Over the course of the semester, the student maintained a reflective journal with 10 entries. Readings and videos were assigned and posted into the course's online Learning Management System, along with specific prompts/questions for the student to address in each entry. All journal entries were submitted electronically with due dates, and were required to be minimum of 500 words.

Table 1 also lists some suggested readings for this course. Example journal prompts included general inquiries about impressions and takeaways from assigned readings; and specific reflection questions about readings such as, "How might the Supreme Court's current inaction on DACA impact Human Services Professionals and their immigrant clients?" and "What role do Cultural Brokers play in leveling the inherent hierarchy that exists in the relationship between the helping professional and the client/patient?"

Community Engagement

Experiential learning lends itself well to the semi-structured nature of an independent study. And it is of particular importance to integrate these types of opportunities in a course that explores culture, human needs, and human services. In this independent study, the student was able to engage to two particular community events. The first was the planning and implementation of a free community health fair. The fair was usually medical in nature and provided free screenings and testing for blood pressure, muscle endurance, body fat percentage, and cholesterol and sugar levels. However, as an RHS major, the independent study student brought a unique perspective to the health fair. During a planning meeting, she noticed the absence of any screenings related to mental health and offered to provide assistance at the fair in

a mental health capacity. Without stepping outside of the bounds of her scope of knowledge and skill level, the student staffed a mental health table at the fair, by providing community mental health resources to fair attendees. The resources contained information on free and low-cost mental health services in the area, and some were also printed in Spanish.

Another community engagement opportunity was a fundraising dinner hosted by a cluster of allied local organizations that seek to promote and protect the rights of marginalized populations. This dinner was particularly geared toward raising awareness about and supporting sanctuary families from Honduras and Jamaica. The independent study student was able to hear first-hand accounts of these families' journeys and struggles with being undocumented, while donating her talents as a server at the event.

University support for the community engagement aspect was invaluable. We were able to benefit from pre-established partnerships and were supported when initial community engagement plans fell through. During the semester, planning experiential learning opportunities can prove stressful without this type of support. Seed funding was also made available to purposefully encourage faculty endeavors to engage their students with their local communities. The grant also supported the student's transportation and conference attendance. Initially, there were plans to incorporate a research component into this course, by having the instructor and student conduct qualitative interviews with immigrant recipients of human services in an urban area. Funds had been provided for this task as well. However, returning to this notion of flexibility, we learned that with many of the organizations that we approached, the immigrant clients were protected in such a way so as to not be constantly probed by outsiders, and in some cases to not be re-traumatized. For this reason, we decided to forego the research piece. However, this might be a feasible learning goal at another time and in other settings. Ideally, a professor who is already engaged in such research can include their independent study students in that process.

Presentation

The final project for the independent study student was to present a summary of her semester experiences and knowledge gained. This can be done within the university community or the external professional community. This student had the opportunity to complete this course requirement with a formal poster presentation at a state-wide rehabilitation conference. She presented among fellow rehabilitation students and educators at the undergraduate and graduate levels, as well as rehabilitation clinicians and professionals. Her poster topics included the types of post-migration traumas and related stressors, political and social considerations when working with immigrants, ways for individuals to get involved locally, and a pie graph depicting the growth of the immigrant population locally, over the course of several decades. Engaging undergraduate students in poster presentations support the likelihood that they will pursue a career in the field in question and also ranked as equally or more enjoyable than completing a formal research paper (Deonandan et al., 2013). Conference attendance or presentation is also conducive to networking. As a student planning to pursue a graduate degree, this type of experience would only support her academic and professional goals.

Course Wrap-Up

The end of the course was marked with a series of evaluations, in order to inform future iterations of the independent study and to assess take-aways from the perspective of the student. The student was asked to evaluate the sites with which she worked and to complete a post-survey assessing the course. The following were the questions from the post-survey, with instructions to respond honestly, thoroughly, and without researching the answers. Since the post-survey is

specifically addressing course learning objectives, responses for questions 1-5 should elicit a level of objectivity.

- 1) What are some differences between being an American ethnic minority and being an immigrant in America?
- 2) What role does culture play in the experience of *receiving* rehabilitation or human services?
- 3) What role does culture play in the experience of *providing* rehabilitation or human services?
- 4) What are some laws or policies that could potentially impact immigrants receiving rehabilitation or human services in the U.S.? And how?
- 5) Why is it important to build rapport with immigrant clients? How might you do that?
- 6) Use three words to describe your feelings toward immigrants in America today.
- 7) Do you currently feel equipped to work with immigrants in an RHS setting? Why or why not?
- 8) What are your career goals? How might your knowledge gained in this course serve you in your future career?

Independent Study Outcomes

Responses from the student's pre-survey indicated her self-identification as an ethnic minority, the daughter of immigrants, and American by nationality. Having this identity positioned her uniquely to be able to answer the second pre-survey question, regarding whether there were differences in experiences between being an American ethnic minority and an immigrant in America. This is a critical yet overlooked factor in the rehabilitation literature, which directly impacts the type and nature of services provided to these separate groups (Akande, 2017). "English was my first language, it was my parents' 2nd. Learning english [sic] is not easy and my mom to this day tells me she doesn't understand my 'accent' when I speak too fast." Language anxiety is one of the key elements of difference between American ethnic minorities and ethnic minorities who have immigrated to America (Sevinç & Backus, 2017; Squires, 2017). Practitioners must understand how to navigate limited English proficiency in ethical and culturally sensitive ways (i.e. professional translators vs. family members as translators, avoiding colloquialisms or figures of speech, confirming understanding). Comparison of the student's responses to the pre- and post-surveys showed 1) an enhanced ability to recall legislation that impacts immigrants in the RHS field, 2) a new found awareness of the potential for traumatic experiences in the migration process, 3) the presence of gratitude and pride in her perception of immigrants, 4) a growth in knowledge and perceptions of the significance of unique stressors, and 5) knowledge of the practice of cultural humility.

From the student's perspective, this course was very informative and the hands-on experience proved to be quite beneficial and impactful. Her favorite part of the course was being able to engage with the community, stating, "...the hands-on learning is unmatched." At the fundraising dinner in particular, she learned so much from the sanctuary families and was humbled to hear about their experiences. Although she had a general awareness about existing immigration issues, having even witnessed them within her own family and in her employment setting, this course and experience gave her a new outlook. What stood out to her the most at the dinner was that when the sanctuary families were asked what the community could do for them, the families asked the audience to advocate for legislation. They talked about the importance of calling senators and explained that the more people call, the more importance the issue will hold on their agendas.

The information provided in this class can allow students to explore different topics within the immigration experience – the migration journey, issues related to health and employment, and psychological and sociopolitical consequences. An important concept that really resonated with this student in the course was that of cultural humility. It became imperative to her to practice cultural humility when working with immigrant populations in rehabilitation and human services. To her, the most important outcome of this approach is building a good rapport with clients in order to better serve them.

The journal reflections primarily allowed for an assessment of student comprehension of required readings and provocation of thought. The student's insight and appreciation for her future role as an advocate in the rehabilitation field shone through in statements like "... I find a problem with this data because the women part of the wellness program were never asked about their feelings on social inclusion within the program" and "I learned a lot in this reading that surprised me. I knew that entering America was a long and difficult process but I didn't know the nitty gritty details that followed..." The latter statement is a key learning objective in a course of this nature, as there are pervasive misconceptions about the ease of the path to citizenship or naturalization in the United States (Bishop & Bowman, 2019) and this can contribute to a lack of empathy and lack of support for legislation reform (Capps & Fix, 2013; Kirby, 2011; Lakhani, 2013). This student, being the child of immigrants, was able to reflect on her own family's experiences with a greater appreciation for their journeys and with a newfound understanding that the process was more arduous than she was aware of as a young person. The knowledge that she gained in this course would have been useful to her family, from before their migration experiences began.

Areas needing further instruction can present themselves in journal reflections. Moreover, the nature of the independent study allows for a free dialogue between instructor and student, because of the semi-structured nature of the course experience. For instance, the response "The current inaction on DACA could defund the program and leave several kids with feelings of displacement and/or fear of deportation. This will impact our work as human service workers because this is when our services will be needed the most..." indicated a misinterpretation of the January 2019 Washington Post article, "DACA program that protects young undocumented immigrants not likely to get Supreme Court review this term (Barnes). The Supreme Court's inaction in this case actually kept the Obama era provisions in place, a favorable outcome from the perspective of rehabilitation and human services professionals with immigrant clients. But the word "inaction" seemed to have given the student the impression of a negative impact on Dreamers.

Personally, it was very rewarding to be able to work one-on-one with a student in a teaching, mentoring, and exploratory capacity. The experience was not very different from that of supervisor and clinical student supervisee, who requires specialized training to engage in their communities, one-on-one feedback buttressed by a healthy working alliance, and flexible oversight that adapts to the specific needs of the student (Shelton & Zazarino, 2020). This opportunity is one of the reasons that I pursued a career in academia. I found that there is a level of impact that can be made, from a teaching perspective, in an independent study that is more difficult to accomplish in a traditional classroom setting. There is an opportunity for a safe space to build a deeper rapport, shed insecurities, ask "stupid" questions, and risk being wrong. This is true for student and teacher. One could argue that some level of rapport needs to be present in order for a student to desire or ask an instructor to engage in an independent study in the first place. This rapport can also be established through a formal academic advising relationship. But

now a professional bond has been forged through this process that is likely unique to this experience.

Clinical Recommendations

Teaching aspects of cultural awareness is typically woven through every course in human services related majors. Unique experiences, like this independent study can offer nuanced experiences tailored to student needs and learning goals. However, this training does not end with degree conferment. Effective clinicians are constantly learning and evolving, because evidence-based practices are constantly being introduced. In addition, rehabilitation and human services fields are directly influenced by legislation (i.e. funding, availability of clinical services, advocacy, resources). This mandates politics as a necessary knowledge domain.

Cultural Humility

Cultural sensitivity is a vital area of continual training for RHS professionals that never actually reaches a level that equates to competence. The concept of cultural humility encourages practitioners to assume the role of a perpetual student, constantly learning and appreciating individual identities over collective identities – or worse, stereotypes. The concept embraces “respect and lack of superiority toward an individual’s cultural background and experience” (Hook et al., 2013, p. 353). The immigrant experience is a unique subset of the ethnic minority experience in this country, and the refugee’s perspective is even more inimitable. Practicing cultural humility as a clinician and making an effort to attend to the multiple identities of our immigrant clients, can support rapport-building and positive human services outcomes (Adames et al., 2018; Hughes et al., 2020; Prasad et al., 2016). Furthermore, practitioners who themselves are immigrants or come from immigrant families, should be encouraged to engage in self-reflective practices that can possibly shed light on any biases, post-migration related feelings, opportunities for disclosure with clients, and needs for additional resources and services from which immigrant clients in particular may benefit.

Forde et al. (2015) presented “Interculturalism” as an approach to cultural sensitivity in their case study on a community sport and recreation program for immigrants. Their participatory approach to service provision for immigrant clients took into account the idea that modes of recreation and preferences for sports vary across cultures – as do many other customs. The typical approach is to expect consumers to assimilate or to conform to Western pre-existing programs. After interviewing staff and managers, they became aware of a need to replace this approach with “...a two-way process whereby newcomers learn new activities while teaching native-born residents their cultural traditions...” (Forde et al., 2015, p. 3). Staff participants felt compelled to reduce barriers for future engagement of clients. Seeing rehabilitation and human services clients and patients as resources and sources of information in clinical settings embraces the strengths-based theoretical framework of service-provision (Martin, 2018). It’s simply a respectful and dignified manner in which to engage that problem-solves and builds the capacity of the clients, the practitioners, and the agency all at once.

Another useful theoretical perspective to take when engaging in this work is Ponc and Frisby’s Framework of Social Inclusion (Forde et al., 2015), which categorizes the experience of social inclusion into four, overlapping dimensions or types – *relational*, *organizational*, *participatory*, and *psychosocial*. The theory is based on a qualitative study of marginalized women of low income who identified these dimensions as playing critical roles in the development of their feelings of inclusivity in a community-based organization. In the *relational* dimension, a symbiotic, mutual approach to providing services to marginalized communities should consider the mitigation of inherent power hierarchies. *Organizational* structures and

practices that lead by example and embrace a top-down approach will create and shape a culture of service provision that either fosters and nurtures an inclusive environment or does not. The *participatory* dimension can be a true example of cultural humility in action, as participants/clients are asked to contribute their knowledge and experiences to the formation and establishment of the very services, processes, and procedures that they are expected to benefit from. The *psychosocial* dimension is the product of an effective implementation of the other three – the organization has become a safe place, participants feel valued and respected.

The Impact of Politics

The 2020 U.S. presidential election was arguably the most important in modern history. With the first female Vice Presidential candidate of color on the ballot, who also happens to be an ethnic minority and the daughter of immigrants, we were at a crossroads as a nation. As of 2021, the xenophobic, white supremacist, isolationist narratives on the part of certain individuals that have been emboldened during the Trump-era find, now find direct opposition in the executive branch of government. The impact of this tug of war on the mental health of immigrants over the past four years in particular will need to be a priority for rehabilitation and human services practitioners from state to state.

With the death of Supreme Court Justice Ruth Bader Ginsburg in September 2020, many are also concerned about the potential implications of her replacement, Judge Amy Coney Barrett. Nominated by Trump soon after Ginsburg's death, Barret's conservative statements and controversial stances as a law professor and judge, lead many to believe that certain Supreme Court rulings are now vulnerable – namely *Roe v. Wade* and *Obergefell v. Hodges*, the historical cases that legalized abortion and gay marriage nationwide (Godio, 2020; Reich, 2020). And Judge Barrett's dissent in the Seventh Circuit in *Cook County v. Wolf* exhibited her support for the "public charge" rule, thus raising concern about her potential influence on legislation affecting immigrants (Narea, 2020; Stimson, 2020).

Lastly, the Coronavirus Disease 2019 (COVID-19) pandemic has shone a light on the ever present health disparities faced by immigrants at various developmental stages in this country, in respect to both their mental and physical health (Endale et al., 2020). Fears, anxieties, and stress related to the threat of a novel, relatively unknown disease present risk factors for the development and exacerbation of chronic mental and physical health conditions among immigrants. Federal and state guidelines around social distancing and stay-at-home orders have forced mental health providers to accommodate patients with a reliance on technology and the internet. There are also concerns related to halted immigration proceedings, limited international travel, increased intimate partner and domestic violence, barriers to online learning for children and adults, and widespread unemployment that has led to the greatest economic recession since the great Depression in the United States (Al-Baidhani, 2020; Bastiampillai et al., 2020; Martin, 2020). Even with COVID-19 vaccines readily available, changes for the better will not happen overnight. Emotional support for immigrants and refugees remains of tantamount importance for the foreseeable future.

Additional barriers to treatment involve language, limited access to technology, internet, privacy, and low technological proficiency (Endale et al., 2020). The public charge rule was placed on a moratorium during the pandemic, specifically concerning any immigrants who exhibited COVID-19 resembling symptoms (Page et al., 2020). Yet the recent loss of this small victory highlights a need for practitioner advocacy in the fight for immigration reform, the fragmentation of our healthcare system, and the negligence for the importance of rapport and trust between immigrants and institutions of the American government. Trust in service

providers and government is hard to maintain with consistent legislative uncertainties from administration to administration.

The Biden-Harris administration promised a lot, in regard to several of the issues presented. According to JoeBiden.com, plans for his administration include modernizing America's immigration system by making it fair and humane, reversing the Public Charge rule established by the Trump administration, upholding efforts to protect Dreamers, enhancing training and oversight of ICE, and making the naturalization process more streamlined and accessible, among many other initiatives (Biden for President, 2020).

In addition, President Biden created a coronavirus task force to replace the one that President Trump disbanded, and it is comprised of medical and public health experts (Abutaleb & McGinley, 2020). We argue that mental health experts should have seats at the table. Major depressive disorder, anxiety disorders, substance abuse, grief, anticipatory grief and other mental health conditions are running rampant among people who have lived with COVID-19, are dying from COVID-19, and among those who love them (Akande, 2020; Holmes et al., 2020; Pfefferbaum & North, 2020).

Educational Recommendations

Independent studies offer students unique opportunities to explore niche or specific topics that are not necessarily covered as in-depth in a structured university course. An independent study, such as the one described in this paper, can act as a stepping-stone into a practicum or internship experience for degree programs with such requirements. As an instructor in a Bachelor's-level degree program that requires an internship prior to graduation, I know that it is very common for students to find it difficult to pinpoint areas within which they would like to intern or places that are willing to take them on as interns. Community engagement through Service-Learning, which is mutually beneficial, starts a student on the path of networking and building professional connections that can serve them well professionally and open doors for further experiential learning and employment opportunities.

Independent studies also provide opportunities for aspiring graduate students to develop unique and marketable skills that can set them apart in their graduate school applications (Agre, 1996). The same can be said for undergraduate research experiences. Quantitative and qualitative research projects with faculty, along with data analysis experiences, provide a preview into graduate-level work and a head start at critical skill development. An ideal culmination in the research experience would be co-development of a manuscript for publication and to graduate from college as a published author.

An independent study on topics related to immigration may foster civic engagement nationally, but also internationally. A student may feel compelled to further expand their knowledge and experiences to include perspectives on foreign cultures first-hand and through immersion. Opportunities such as study abroad, Peace Corps., and Virtual International Exchange (VIE) are a few examples of these types of experiences.

The original design of this independent study called for a prolonged engagement of the student with one particular human services agency that served an immigrant population. That proved to be difficult in our case, which led to the subsequent format of engaging with multiple programs for special events and projects. We both found this approach to be more enjoyable and enriching than anticipated, and the student ultimately stated that she was glad that this was the way that it turned out. The types of programs and events available, the cooperation of the stakeholders, and the interests and personality of the student will all dictate which option is best. But either approach can be beneficial as a whole.

Lastly, it would be expected that a senior in an RHS degree program would have a basic knowledge of how culture can play a role in both the provision and reception of rehabilitation and human services, since it is an integral component of the discipline. So if by chance a student was unable to address the pre-survey questions successfully, it should raise concerns about the student's multicultural awareness and knowledge, which should also raise flags about their appropriateness for participating in an independent study on this topic. Perhaps establishing a set of prerequisite courses would prevent a situation like that from occurring.

Partisan Politics

In the modern era of politics, it would be remiss of us to not address the potential difficulties of teaching, researching, and engaging in clinical practice that involves discussing politics in the polarized society that we live in. As an educator, teaching the upsides and downsides of political decisions and legislation pertaining to immigrants is critical. There is no perfect administration, nor law, and certainly no perfect way to address the issues faced by immigrants in this country. No matter the political leaning of the instructor, the classroom must be a safe space for all ideas, ideals, and questions. In addition, they should be relayed with respect. The culture of anti-racism is one that is being wholeheartedly adopted by a number of universities and organizations in the United States, in the wake of the political and social unrest that rang loudly in 2020. In our respective roles, his notion must lie as the foundation of all of the work that we do regarding immigrants and other ethnic minorities.

Additionally, an important conclusion drawn from the literature is that legislation advocating for the strongest interventions in support of immigrant plights and less restrictions for immigrants, is typically proposed and supported by democratic or liberal politicians. Conversely, those most often opposed tend to be politically conservative politicians and they also garner less of the immigrant vote (Fennelly et al., 2015; Grossman & Hopkins, 2015; Mayda et al., 2016; Wallace, 2014). Everyone is entitled to their opinions on the subject, but these opinions do not change the fact that advocating for or teaching about immigrants' rights and needs will require alliance with liberal policies. Interestingly, most health and human services clinicians who support the promotion of immigrant rights, and specifically pursue careers in service to immigrants will have personal political leanings that are considered liberal (Alpern et al., 2016; Sandblom & Mangrio, 2017; Solomonov & Barber, 2018; Tummala-Narra, 2020).

Future Research

The student engaged in this independent study is the daughter of immigrants. There was an inherent empathy in her that compelled her to register for the class and learn more about the course topics. It would be interesting to see how a student without any international ties could benefit from this experience and what their takeaways would be. Likewise, it might be especially critical for a student who identifies more with America-first ideologies to participate in a class such as this. Reflection on and the sharing of ideas, no matter what they are, are central to the experience.

Conclusion

Students aspiring to helping careers cannot forfeit the critical opportunity to learn from first-hand experience. Whether it is a practicum, an internship, an informational interview, or an independent study, the practical application of knowledge coupled with what they witness in the field shape our future practitioners. The experience is not diminished if a student ultimately decides that the experience was not as enjoyable as they would have hoped. Both ways they gain perspective and insight, and that is the point.

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Table 1
Sample Course Outline

<u>Week Number</u>	<u>Topics and Sources</u>	<u>Assignments</u>
1	Orientation	
2	Immigration and Policies as Social Determinants of Health; Human Services Professionals' Knowledge about Immigration Policy (Castaneda et al., 2015; Martinez et al., 2015; Smith & Womack, 2015)	Pre-Survey
3	The Framework of Social Inclusion (Ponic & Frisby, 2010) Interculturalism; Community-Based Programming for Immigrants; and The Assimilation Role (Forde, Lee, Mills, & Frisby, 2015)	Journal 1
4	Immigrant Provisions in the Affordable Care Act (National Immigration Law Center, 2014) Cultural Humility (Chavez, 2012)	Journal 2

	Community Health Fairs (Murray, Liang, Barnack-Tavlaris, & Navarro, 2014) The Public Charge Rule (Perreira, Yoshikawa, & Oberlander, 2018)	
5	<i>Community Engagement</i>	Journal 3
6	Legal Classifications of Immigrants and Paths to Citizenship (Chang-Muy, 2016)	
7	<i>Community Engagement</i>	Journal 4
8	Immigrants and Employment (Hincapié, Lopez, & Stehlik, 2016)	Journal 5
9	<i>Spring Break</i>	
10	Immigrants and Education; and Nativism (Davidson & Burson, 2017)	Journal 6
11	<i>Community Engagement</i>	Journal 7
12	Deferred Action for Childhood Arrivals (DACA) (Chang-Muy, 2016; U.S. Dept. of Homeland Security, 2019)	Journal 8
13	The Deskillling of Migrant Labor (Siar, 2013) Immigrant Mental Health (Berte, 2016; Petersen, Lund, & Stein, 2011)	
14	<i>Community Engagement</i>	Journal 9
15	Undergraduate Research Posters (Deonandan, Gomes, Lavigne, Dinh, & Blanchard, 2013)	Journal 10
16	Presentation Week	Post-Survey
17	Finals Week	Evaluations