Transition Assistance for the Newly Immigrated: The Role of the Human Service Practitioner

Jill C. Dustin, Ed. D.
Old Dominion University
Norfolk, Virginia, USA

Abstract

The newly immigrated often experience acculturative stress when adapting to another social environment. Human service practitioners are in a unique position to aid the foreign born in reducing this stress through transition assistance. This article provides an overview of the newly immigrated population, information on the impact of acculturative stress, a summary of their transition needs, and recommendations on how to assist the newly immigrated through the transition process.

Transition Assistance for the Newly Immigrated: The Role of the Human Service Practitioner

Many immigrants view the United States as a land of opportunity; a land which presents career and life options which may not be available in their countries of origin. Because of economic hardship, political or religious persecution, and/or the desire to reunite with family and loved ones, anticipation of a better life propel some to leave their native lands in search of a better future. Regardless of the motivation to immigrate, immigration can be one of the most stressful transitions an individual can experience. Immigrants often leave behind predictable and familiar environments, community bonds, extended support networks, jobs, customs, living situations, and often language, for a new life of uncertainty and high expectations. This disruption can trigger a number of reactions including depression, anxiety, grief, and anger (Duggan & Jurgens, 2007; Suárez-Orozco, 1998). The human service practitioner is in a unique position to play a vital role in the transition experiences of the newly immigrated.

Overview of the Newly Immigrated Population

The population of the United States increases by approximately 2.8 million people a year at a growth rate of less than 1 percent. Forty percent of the growth is a direct result of immigration. The U.S. accepts more legal immigrants as permanent residents than any other country in the world. From 1990 to 2006 the immigrant population in the U.S. rose from 20 million to 37.5 million (The Urban Institute, 2009). As of 2008, approximately 12.5 percent of the U.S. population was foreign born (American Community Survey, 2008).

The initial wave of immigrants to the U.S. arrived from Europe. According to the 1960 census, 75% of the immigrant populations in the U.S. were born in Europe. Today, European immigrants account for less than 15% of the immigrant population with the majority of recent immigrants coming from Latin America and Asia. The Latino/a population now encompass more than 54% of foreign-born residents while Asians account for about 27% of the immigrant population (de Leon, Maronick, De Vita, & Boris, 2009).
Immigration is also changing the face of American youth. According to The Urban Institute (2009), one out of every five children in the U.S. overall, and one out of every four low-income children in the U.S., is a child of a foreign-born parent. Since many immigrants work without benefits and in low-wage jobs, their children often lack access to health insurance, public benefits, child care, and often face greater risks of economic hardship and poverty (The Urban Institute, 2009).

Historically immigrants settled in California, New York, Florida, Texas, New Jersey, and Illinois. This trend changed between 1990 and 2000 with the immigrant population doubling across a number of states in the Midwest, Southeast, and the Rocky Mountain region (Duggan & Jurgens, 2007). Nationally, immigrants are leaving larger cities for smaller towns and rural areas (The Urban Institute, 2009). As the immigrant population expands throughout the nation, transition assistance becomes a vital need for foreign born residents in cities and towns across the U.S.

**Acculturation and Acculturative Stress**

Acculturation, the process of adapting to a new culture, was once perceived as the immersion of immigrants into a new culture. Today, however, acculturation tends to focus on the multidimensional and selective nature of the immigrant experience. Some investigators contend that immigrants do not simply discard their traditional values for new ones, but rather pick, shift, and adjust to the new environment (Buriel, 1993; Mendoza, 1989, Thomas & Choi, 2006).

Acculturation, therefore, is a learning process whereby some of the cultural patterns of the host country are adopted (Choi, 1997; Khairullah & Kairullah, 1999; Thomas & Choi, 2006). As Barkan (2007) so eloquently stated:

> The points of entry into the host society are not always the same and the outcomes of men’s and women’s experiences are varied and not uniform. They included multiple possible outcomes, because whatever else might be involved central to the process were the attitudes of both the majority (or host) and the minority populations as well as the larger context of socioeconomic and political conditions within the host society. (p. 93)

Individuals adapting to a new culture may experience high levels of stress. Researchers label this phenomenon as acculturative stress, that is, stress resulting from pressure to adopt the culture of the host society while maintaining one’s own ethnic cultural identity. This balancing act requires one to negotiate multiple values, norms, and identities (LaFromboise, Coleman, & Gerton, 1993; Romero, Carvajal, Valle, & Orduna, 2007; Romero & Roberts, 2003). Acculturative stress has also been linked to minority groups’ perceptions of prejudice, discrimination, minority status, and pressure to learn English (Berry, Kim, Power, & Young, 1989; Cervantes, Padilla, Salgado de Snyder, N, 1991; Hovey, 1998).

Acculturative stress has been empirically tested among many immigrant populations in both the United States and Europe (Sam & Berry, 1995). Populations studied include, but are not limited to, Latinos/as and Asians (Chavez, Moran, Reid, & Lopez, 1997; Choi, 1997; Das, 2002; Farver, Bhadha, & Narrang, 2002; Fuligni, 2001; Ghuman, 1997; Gil & Vega, 1996; Hovey & King, 1996; Khairullah & Kairullah, 1999; Noh & Avison, 1996; Thomas & Choi, 2006). The level of acculturative stress tends to be dependent on a number of factors including acculturation attitudes, stage of acculturation, and cultural pluralism in the host society. According to Krishnan and Berry (1992), immigrants who may feel marginalized and maintain a separation from both
the host culture and their own ethnic culture tend to experience higher levels of acculturative stress. Children and adolescents from immigrant families may experience acculturative stress due to a number of factors. These factors include pressure from their peers to reject their own cultural identity and values in order to assimilate into the host society. Peer discrimination may be especially stressful because positive acceptance of peers tends to be of high importance during this age period (Spears-Brown & Bigler, 2005; Sodowsky, Lai, & Pake, 1991).

Other stressors related to acculturation can come from the home (Compas, Davis, Forsythe, & Wagner, 1987). For example, parents may insist on the child adhering to the cultural norms and traditions of their own ethnic culture while the host society may hold expectations of the child conforming to the values and norms of the majority culture. Intergenerational gaps and conflicts within the family may be another source of stress in families where children are acculturating faster than their parents (Gil, Wagner, & Vega, 2000; Jensen Arnett, 1999; Romero, Carvajal, Valle, & Orduna, 2007).

Acculturative stress can lead to a number of physical, mental, and emotional concerns. These include mental distress, physical disease, sexual risk behaviors, substance abuse, and family conflicts (Rhodes, Hergenrather, Griffith, Yee, Zometa, Montañó, & Vissman, 2009; Samarasinghe & Arvidsson, 2002; Samarasinghe, Fridlund, & Arvidsson, 2006). Of particular interest is that research has shown that immigrants to the U.S. are often healthier than native-born residents. These health advantages, however, tend to diminish considerably over time (Fennelly, 2006; Fuentes-Afflack, Hessol, & Pérez-Stable, 1999; Muening & Fahs, 2002; Singh & Siahpush, 2001). Noh and Kaspar (2003) suggest that a possible reason for the dramatic health changes in immigrants may be “the result of the adoption of our poor health behaviors and life styles, leaving behind resources (social networks, cultural practices, employment in their field of training, etc.), and ways in which the settlement process wears down hardiness and resilience.” (p. 25) Since a significant number of immigrants experience acculturative stress, it is essential that human service practitioners develop knowledge, skills, and competencies in providing culture-specific transition assistance to the newly immigrated.

**Transition Assistance Needs and Recommendations**

Support is essential in reducing acculturative stress resulting from transitioning into a new social environment. The transition needs of the newly immigrated are vast and therefore provide human service practitioners with a multitude of possibilities to assist this population. Following is an overview of the most pressing needs of the newly immigrated along with recommendations on how helpers can address these needs.

**Housing needs**

Housing has been listed as one of the foremost needs for the newly immigrated (Fennelly, 2006). Although federal and state fair-housing laws prohibit discrimination against housing based on country of birth or ancestry, housing discrimination against immigrants is a legitimate problem (Duggan & Jurgens, 2007). There is a lack of affordable housing available for the newly immigrated. In addition, landlords often require previous references from other landlords, which many newly immigrated individuals cannot provide. Most documented immigrants with less than five years of residency in the U.S. are ineligible for housing assistance and other federal benefits even though they pay federal and state taxes (National Immigration Law Center, 2002). Regardless of their clients’ eligibility for federal benefits, human service practitioners must
research available resources within their community to assist the newly immigrated. Religious
groups and community organizations often provide housing assistance to individuals who do not
qualify for federal resources. This assistance may be in the form of eviction prevention,
emergency shelters, transitional housing, and assistance paying the first month’s rent.

Physical health needs
The physical health needs of the newly immigrated may first materialize in the U.S. but may also
be provoked by habitation in the U.S. Human service practitioners can assist with the physical
health needs of their clients by improving coordination of healthcare and sharing of information
within communities and across state borders. In addition, helpers can advocate for policy
changes to increase eligibility and access to healthcare for the newly immigrated. Practitioners
can also assist their clients in negotiating the healthcare system, a system which may be
unfamiliar to new immigrants (Fennelly, 2006).

Stress and mental health needs
Concerns regarding finances, safety, and adapting to an unfamiliar society can bring about
emotional stress and mental health issues for the newly immigrated (Fennelly, 2006). Some
immigrants may have experienced the trauma of war and/or forced immigration. These
experiences may lead to post-traumatic stress disorder (PTSD), depression, forgetfulness,
persistent irritability, social withdrawal, increased aggression, apathy, lack of concentration,
substance abuse, fatigue, insomnia, and can damage the physical wellbeing of the client. The
stigma of acknowledging mental health concerns can be a significant barrier to help-seeking
among the newly immigrated. According to the U. S. Department of Health and Human Services
(2004), practitioners should form alliances with existing and trusted community entities and
leaders to gain credibility and acceptance. In other words, helpers must earn the right to serve
their clients. Psycho-education is a core component of addressing the stress and mental-health
needs of the newly immigrated. Culturally relevant brochures and handouts describing common
physical, emotional, cognitive, and behavioral reactions to stressors should be distributed to
clients. These materials should be published in the client’s native language. In addition, all
interventions and mental health screenings must be culturally sensitive.

Language-related needs
According to Capps, Fix, Henderson, and Reardon-Anderson (2005), many immigrants do not
speak English well and therefore have difficulty understanding eligibility requirements and
communicating with helpers in social service agencies. Although state and local governments
have made progress in accommodating non-English speaking immigrants, there exists a gap in
accommodating speakers of less common languages. Human service practitioners must have
available for their newly immigrated clients access to interpreter services and a number of
options and referrals to assist their clients in learning to speak, read, and write in English.
Numerous English as a Second Language (ESL) or English for Speakers of Other Languages
(ESOL) classes are available for both children and adults. Many community colleges, school
districts, religious groups, libraries, and community organizations offer ESL classes and tutoring
services. Some of these services are free or are offered for a nominal fee (Duggan & Jurgens,
2007).

Knowledge of U.S. culture
Because of its rich history, the U.S. encompasses many different ethnicities, classes, groups, and
lifestyles. As such, it can be difficult for the newly immigrated to get a sense of the culture of the
U.S. However, many of the values, traditions, customs, beliefs, and prevalent ideas and ideals are greatly rooted in Northern European culture. As such, human service practitioners can provide their clients with information regarding U.S. cultural characteristics which may assist them in their transition to the U.S. Some of these characteristics include individualism, equality, informality, punctuality, materialism, conversational characteristics and social exchanges, body language, and social relationships. Information regarding U.S. business protocol, ethnic diversity, and holidays, can also be helpful. While sharing information on U.S. culture, it is imperative that helpers simultaneously support the immigrants’ culture-of-origin identity.

**Educational needs**

Many adults who are newly immigrated do not possess a high-school education. There are a number of resources available to assist the newly immigrated with their educational needs. Human service practitioners must be aware of these resources and knowledgeable about the eligibility requirements for such resources. Clients, 16 and older, who have not completed high school, may enroll in Adult Secondary Education (ASE) to prepare them to earn a General Educational Development (GED) certificate. Many communities offer GED preparation classes for little to no cost. In regards to higher education, some clients may qualify for federal financial aid to cover many school expenses such as books, tuition, room and board, supplies, transportation, and fees. Qualifying for federal financial aid is based on needs and not grades. Grantmakers Concerned with Immigrants and Refugees (GCIR) (2008) publishes an online directory of funders who support immigrant issues.

**Knowledge of the U.S. labor market**

Some new immigrants may not understand the U.S. labor market and its expectations regarding the need for additional training and/or education, how and where to obtain employment information, and the concept of career ladders. Human service practitioners can assist their clients by focusing on client-produced knowledge such as knowledge that requires the client to develop networks and locate suitable role models. Client-produced knowledge can enhance the newly immigrated’s self-efficacy and personal involvement in their career development (Duggan & Jurgens, 2007).

**Bridge building**

The newly immigrated often lack access to support networks, job opportunities, and to a range of services that may benefit them. Human service practitioners can assist the newly immigrated in building bridges by searching for possible employment sites that may provide the client with viable work experience and learning opportunities. Providers can also coordinate meetings between their clients and personnel specialists from industries and businesses. These specialists can provide clients with feedback regarding skills and qualifications necessary for success in a particular field. Helpers can also serve as clearinghouses of information to potential employers by familiarizing employers with immigration laws, policies, and procedures regarding the hiring of the newly immigrated. Practitioners can also provide information regarding employer sanctions, Employment Authorization Document (EAD), labor certification, visa information, government agency information, and employer benefits (Duggan & Jurgens, 2007).

**Workplace essential skills**

The newly immigrated may not be knowledgeable about workplace essential skills necessary in order to be successful in most work settings in the U.S. According to a report published by
ACT, Inc. (2000), there are a number of workplace competencies and foundation skills for employee readiness in the U.S. workforce. These include:

**Workplace competencies:**

- **Resources:** Allocates time, money, and human resources;
- **Information:** Acquires and evaluates information, organizes and maintains information, interprets and communicates information, and uses computers to process information;
- **Interpersonal:** Participates as a member of a team, teaches others, serves clients/customers, exercises leadership, negotiates to arrive at a decision, and works with cultural diversity;
- **Systems:** Understands systems, monitors and corrects performance, and improves and designs systems;
- **Technology:** Selects technology, applies technology to task, and maintains and troubleshoots technology.

**Foundation skills**

- **Basic skills:** Reading, writing, arithmetic and mathematics, and listening and speaking;
- **Thinking skills:** Creative thinking, decision making, problem solving, seeing things in the mind’s eye, knowing how to learn, and reasoning;
- **Personal qualities:** Responsibility, self-esteem, social, self-management, and integrity/honesty.

Human service practitioners can share with their clients, these essential workplace competencies and assist their clients in obtaining the needed education, training, and skills in order to be successful in the workplace.

**Job coaching needs**

The newly immigrated client may not be aware of job-search strategies and the U.S. workplace culture. Human service practitioners can serve as job coaches by providing support to their clients and assisting them through the various stages of job seeking. These stages include assessing skills, completing job applications, formatting resumes and job search correspondence, interviewing with employers, and signing contracts. Job coaches can also perform advocacy and mediation with their clients’ employers and coworkers while helping the newly immigrated with problem solving of work-related concerns.

Transitions of any kind can be stressful. Immigration, however, can be one of the most stressful transitions an individual can experience in his or her lifetime. The newly immigrated face the challenge of adjusting to a new social environment while simultaneously facing a number of barriers which may impede their ability to successfully integrate in American society. Human service practitioners can assist the newly immigrated with their transition by remaining sensitive
to barriers which may impede the client’s transition; helping them navigate through systems; assisting them with housing, education, and training; providing support; referring them to appropriate 3rd-party agencies; and by serving as advocates for program and policy improvements.

References

ACT, Inc. (2000). *Workplace essential skills: Resources related to the SCANS competencies and foundation skills*. Iowa City, IA: ACT, Inc.


Samarasinghe, K., & Arvidsson, B. (2002). It is a different war to fight here in Sweden—the impact of involuntary migration on the health of refugee families in transition. *Scandinavian Journal of Caring Sciences, 16*, 292-301.


**Brief Bio:** Jill C. Dustin, Ed.D., HS-BCP, is a faculty member in the Department of Counseling and Human Services at Old Dominion University in Norfolk, Virginia. She received her doctorate degree in Counselor Education and Supervision from the University of Cincinnati. Her research interests are in the areas of diversity issues, career development, and human service education. Dr. Dustin is actively engaged in research and is published in numerous national and international refereed journals. She has presented countless workshops at regional, national, and international conferences and is an active member on a number of professional boards and committees. In 2005 she was awarded University Professor, Old Dominion University’s top undergraduate teaching honor.

Correspondence concerning this manuscript should be addressed to:
Jill C. Dustin, Ed.D., HS-BCP  
Associate Professor  
Department of Counseling and Human Services  
EDUC 110  
Norfolk, VA, 23529  
Telephone: 757-683-4722  
Fax: 757-683-5756  
E-mail: jdustin@odu.edu

This article was published in *Human Services Today*, Spring 2010, Volume 6, Issue 2

http://hst.coehs.uwosh.edu This article may be freely distributed for educational purposes provided above copyright information is included.

Human Services Today is a free, online publication of the College of Education and Human Services, University of Wisconsin Oshkosh. To subscribe, send an email to hst@uwosh.edu. Include the word Subscribe in the subject line. In the body of the email please provide your name, organization, mailing address, email address, telephone number, and job title or position.