

Multicultural Competencies and Conducting an Immigration Evaluation for U.S. Citizenship

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Immigrants seeking U.S. citizenship must meet certain requirements, including the ability to read, write, speak English, and have knowledge and understanding of the fundamentals

of U.S. history and government. Severe mental and physical symptoms prevent many immigrants from adequately retaining and retrieving information to pass the English and civics tests (also known as the naturalization test). These mental health issues include memory problems, trauma, depressive and anxiety symptoms, and written and expressive language problems.

Immigrants applying for citizenship are provided a study guide booklet of 100 questions and answers (this booklet is also available on the Immigration and Naturalization Service [INS] website) and are expected to study for the test. Examples of these questions are: What does the constitution do? What is an amendment? What is one right or freedom from the first Amendment? What stops one branch of government from becoming powerful? During the naturalization interview, an immigrant is asked up to 10 questions from a list of 100. The immigrant passes the test if 6 out of the 10 questions are answered correctly and he or she is able to spell basic words verbalized by an immigration officer.

Immigrants who are diagnosed with a psychological or physical disorder that affects the ability to pass the naturalization test can obtain a disability waiver. The waiver form is called N-648. The N-648 form can be obtained from INS office or website. Only a licensed psychologist or a medical doctor can complete the N-648.

A psychologist or medical doctor is required to demonstrate how the immigrant's medical or psychological impairments severely affect his or her ability to learn English or demonstrate English

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proficiency and knowledge of U.S. history and government. With the waiver, the immigrant with a mental health diagnosis or medical condition can have the citizenship test waived and the citizenship interview can be conducted in his or her language with an interpreter.

I have completed many N-648 forms mostly for elderly immigrants. Many of these older adults came to the United States as refugees or political asylees. They were traumatized by war or the threat of persecution and imprisonment or death in their country of origin. In order to complete the N-648 form, a comprehensive psychological evaluation has to be completed. During a psychological evaluation, a female refugee with traumatic experiences similar to many of the immigrants I see in my practice shared that she witnessed militants torturing and stabbing her husband to death because he refused to join a militant group. She walked in a forest for at least two to three days from her country to a neighboring country without food. She slept in the dark forest at night, ate whatever looked like fruits or vegetables, and drank from creeks or rivers along the way. This woman was separated from her family for many years. She was relocated to the United States by the United Nations after living in a refugee camp for 5 or more years. She has been in the United States for approximately 10 years without

her family. The whereabouts of her family is unknown. This female refugee experiences episodes of trauma symptoms such as depression, memory problems, headaches, nightmares, and sleep and appetite disturbances. She also had a mild stroke. Her medical problems include acid reflux, hypertension, and undiagnosed body aches.

The onset of her psychological symptoms started prior to entering the United States and exacerbated at various times in the United States. However, she never sought treatment nor did she share her experience with anyone for fear of negative stigma and superstitious beliefs attached to mental illness. Mental illness is viewed negatively in her country of origin. To further intensify the psychological symptoms of some elderly immigrants, the Social Security Office that issues a monthly income of roughly \$300–\$400 usually shortly upon arrival due to the refugee or asylees status, terminates their monthly income if they have been in the United States for more than 7 years without becoming a U.S. citizen.

In most cases, by the time an immigrant schedules an appointment with me for a psychological evaluation, he or she has been retraumatized by the threat of losing income and fears of facing an immigration officer who might deny his or her petition for citizenship. For many elderly immigrants, Social Security is their only source of income for food and shelter.

Multicultural Counseling Competencies and Immigration Evaluations

Racial minority immigrants represent a significant and fast-growing population in the United States. As of 2007, approximately 12% of the entire U.S. population, or 38.1 million individuals, were born abroad (American Community Survey Reports, 2010). Psychologists providing counseling with immigrants as well as conducting INS evaluations for citizenship must be multiculturally competent. It has been suggested that minority

clients' poor treatment outcomes and high therapy dropout rates may be a consequence of multiculturally inappropriate services (Sue, Fujino, Hu, Takeuchi, & Zane, 1991). Research found that racial minority immigrants are more likely to experience discriminatory practices by health-care providers and lack access to culturally competent health-care providers (Lauderdale, Wen, Jacobs, & Kandula, 2006; Remy, 1995). Sue and Sue (2008) defined a competent helping professional as one who is actively developing ways of becoming aware of his or her own assumptions about human behavior. Multicultural counseling has been conceptualized as having three components: beliefs and attitudes, knowledge, and skills (Sue et al., 1982). A multiculturally competent psychologist conducting immigration evaluations must demonstrate the following competencies:

1. Actively becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, and personal limitations.
2. Actively making efforts to understand the worldviews of the immigrant.
3. Actively practicing and engaging in appropriate intervention strategies and skills when working with immigrants.

Competency One: Psychologist Awareness of One's Own Assumptions, Values, and Biases

A psychologist completing an N-648 evaluation must be aware of his or her own assumptions about immigration policies and issues. An unexamined attitude toward immigration issues can be manifested in transference and countertransference, thereby making it difficult to conduct the evaluation as well as to write the report. Psychologists must become aware of how their own values and biases might affect immigrants. Many immigrants experience biases related to their accent. Reportedly, when immigrants are interacting with nonimmigrants, nonimmigrants tend to tune out immigrants due to their accents and categorize immigrants as uneducated. Consequently, most immigrants report feeling unheard. A psychologist conducting an immigration evaluation who harbors biases or negative attitudes due to his or her intolerance for non-American accents may produce an immigration evaluation

that leans more toward negative conclusions about an immigrant's ability to demonstrate proficiency in English and knowledge of U.S. history as opposed to comprehensively assessing whether the immigrant has mental health issues that may or may not impact his or her ability to demonstrate English and knowledge of U.S. history.

A psychologist doing an immigration evaluation does not have to subscribe to the worldviews of the immigrant; however, the psychologist must be open to accepting the worldviews of the immigrant in a nonjudgmental way.

Competency Two: Understanding the Worldviews of Culturally Diverse Clients

Understanding the worldviews of immigrants is crucial to the immigration evaluation process. In my practice, many of the clients seeking an N-648 evaluation have experienced trauma due to a war that has perhaps influenced their worldview. A psychologist doing an immigration evaluation does not have to subscribe to the worldviews of the immigrant; however, the psychologist must be open to accepting the worldviews of the immigrant in a nonjudgmental way. Sue and Sue (2008) emphasized cognitive empathy. Cognitive empathy involves the psychologist acquiring practical knowledge concerning the scope and nature of the immigrant's experience with war, living in a refugee camp, immigration process to the United States, current living situation, and current and prior level of psychological functioning.

Competency Three: Developing Appropriate Intervention Strategies and Techniques

Developing appropriate interventions and strategies and techniques is also key to conducting an effective N-648 evaluation. Many immigrant clients present psychological symptoms in ways that are different from westernized perceptions

of health, which may lead to inaccurate conceptualizations and ineffective intervention. For example, many immigrant clients might experience psychological trauma as psychosomatic complaints such as headaches, dizziness, and stomachaches. A psychologist conducting an immigration evaluation who may not be aware of the cultural manifestation of psychological symptoms might not explore the trauma symptoms but rather focus on physical symptoms. Consequently, the psychologist might feel incompetent to complete the N-648 or feel that the physical symptoms manifestation is out of a psychologist's scope of practice. Many immigrants in my practice may not seek psychological services except in situations such as getting an evaluation for citizenship. Most immigrants feel like an outsider and having a mental health diagnosis is even more stigmatizing. Many immigrant clients in my practice tend to report having a physical problem that had never been diagnosed by a medical professional perhaps due to the psychosomatic nature of their complaints.

With immigrants increasingly representing a large portion of the U.S. population, psychologists are likely to provide psychological services to immigrants. Enhancing multicultural competencies is instrumental for providing effective clinical service to immigrants to the legal system. ▮

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