A School-Based Group Intervention for Immigrant Adolescents: Addressing Acculturative Stress and Facilitating Ethnic Identity Development, School Connectedness, and Related Psychosocial Outcomes

Mark W. Kiang
Montclair State University

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A SCHOOL-BASED GROUP INTERVENTION FOR IMMIGRANT ADOLESCENTS:
ADDRESSING ACCULTURATIVE STRESS AND FACILITATING ETHNIC IDENTITY
DEVELOPMENT, SCHOOL CONNECTEDNESS, AND RELATED PSYCHOSOCIAL
OUTCOMES

A DISSERTATION

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MARK KIANG

Montclair State University

Upper Montclair, NJ

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Dissertation Chair: Dr. Amanda Baden
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THE GRADUATE SCHOOL

DISSERTATION APPROVAL

We hereby approve the Dissertation

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ADDRESSING ACCULTURATIVE STRESS AND FACILITATING ETHNIC IDENTITY,
SCHOOL CONNECTEDNESS, AND RELATED PSYCHOSOCIAL OUTCOMES

of

Mark Kiang

Candidate for the Degree:

Doctor of Philosophy

Graduate Program:
Counseling

Certified by:

Dr. M. Scott Herness
Vice Provost for Research and
Dean of the Graduate School

Dissertation Committee:

Dr. Amanda Ė. Baden
Dissertation Chair

Dr. Harriet L. Glosoff

Dr. Michael Hannon

Dr. Jamaal Matthews

Date

1-5-20
Abstract

Immigrant adolescents account for an ever-increasing portion of middle school and high school populations. In addition to experiencing stress related to typical adolescent development, immigrant adolescents are exposed to immigration-related and acculturative stress, which can lead to compromised mental health (Takeuchi, Alegría, Jackson, & Williams, 2007). Unfortunately, immigrants as a group tend to underutilize mental health services due to a number of cultural and economic factors (Saechao et al., 2012). Schools offer an ideal setting for services that address immigrant student stress (Gonzalez, Eades, & Supple, 2014). Ethnic identity and school connectedness are two constructs that have been linked to positive psychosocial outcomes for immigrant and minority adolescents.

In this study, I investigated the effectiveness of a school-based, short-term group counseling intervention for immigrant adolescents, consisting of five 60 minute sessions, that addressed acculturative stress and ethnic identity development in comparison to a non-intervention control group, based on measures of participants’ school connectedness, ethnic identity, and psychological adjustment (i.e., self-esteem and general distress). Additionally, I explored the role that an immigrant adolescent’s ethnic identity played in predicting psychological adjustment outcomes and in moderating intervention versus control group assignment. In total, 89 immigrant adolescents (44 in the intervention group and 35 in the non-treatment control group) from a variety of ethnic backgrounds at a single public high school in the Northeast participated in the study.

One-way ANCOVA results indicated significantly better posttest measurements for both psychological adjustment measures (self-esteem and general distress) in the intervention group as compared to the control group, after adjusting for pretest measurements, however this was not
the case for ethnic identity or school connectedness. A hierarchical multiple regression indicated that pretest ethnic identity was a significant predictor of higher posttest general distress, but that it did not significantly moderate the relationship between group assignment and posttest general distress. The results of this study suggest that the group counseling intervention is promising, particularly in terms of improving psychological adjustment above and beyond non-treatment. Further investigation regarding how counselors and educators can address and improve school connectedness is recommended. Ethnic identity appears to have important links to positive psychological adjustment, but it is a complex construct that may require more holistic and culturally-appropriate forms of measurement for immigrant adolescents. I have delineated the goals and strategies of the intervention so that they may inform future practice.

**Keywords:** immigrant students, immigrant adolescents, immigrant mental health, immigrant interventions, immigrant counseling, acculturative stress, ethnic identity, school connectedness
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Chapter I: Introduction

Immigrant adolescents account for an ever-increasing portion of middle school and high school populations. The number of foreign-born young adults (ages 18-34) in the United States (U.S.) has more than doubled since 1980 (U.S. Census Bureau, 2014). About one in four young adults speaks a language other than English at home, while in New Jersey and New York, that number is about one in three (U.S. Census Bureau, 2014). In addition to experiencing stress related to typical adolescent development, immigrant adolescents are subjected to a unique set of stressors prior to, during, and following the immigration process, which can lead to compromised mental health (Takeuchi, Alegria, Jackson, & Williams, 2007). Unfortunately, immigrants as a group tend to underutilize mental health services due to a number of factors, including a lack of access and culturally-based stigma (Saechao et al., 2012). Schools offer an ideal setting for services that address immigrant student stress (Gonzalez, Eades, & Supple, 2014) and can help offset many of the hurdles that prevent such students from accessing mental health resources. Schools also represent an environment in which much of immigrant students’ acculturative issues emerge and unfold (Birman, Weinstein, Chan, & Beehler, 2007).

In this study, I investigated the effectiveness of a school-based, short-term group counseling intervention for immigrant adolescents that addressed acculturative stress and ethnic identity development in comparison to a non-intervention control group, based on measures of participants’ school connectedness, ethnic identity, and related psychological adjustment in terms of self-esteem and general distress. Immigrant students at a large public high school in the Northeast who completed required consent/assent forms, participated in an intervention group (group counseling) or control group (no group counseling). Effectiveness was determined by
comparing scores on posttest measures from the intervention and control groups after accounting for pretest scores.

**Problem Statement**

In addition to stress related to typical adolescent development, immigrant adolescents experience a unique set of stressors prior to, during, and following the immigration process (Yakushko, Watson, & Thompson, 2008). This may include pre-migration exposure to trauma such as war, violence, and persecution, a dangerous immigration journey, forced separation from family members, and current refugee status (Pumariega, Rothe, & Pumariega, 2005). Some immigrant youths leave behind family and social support networks to live with distant relatives, while others, upon arrival, find themselves living with parents with whom they did not grow up and have little connection. Often, these youths must assume additional responsibilities such as caring for younger siblings, working to earn money for their families, and acting as an interpreter for their parents (Goh, Wahl, McDonald, Brissett, & Yoon, 2007). The fact that many immigrant families arrive with limited economic resources and live in poverty-stricken neighborhoods (Birman et al., 2007) can compound this stress.

Once they have arrived in the United States, immigrant adolescents experience acculturative stress, or the psychological and social difficulties associated with adapting to a different culture (Takeuchi, Alegria, Jackson, & Williams, 2007). This may encompass attempting to navigate a dominant culture that may, in many ways, be incongruent with that of their families. Acculturative stress also includes encounters with culturally-based discrimination, racism, and xenophobic attitudes (Yakushko et al., 2008). Ultimately, such migration and acculturation stressors can have a harmful effect on psychosocial outcomes, including an increased risk for posttraumatic stress disorder (Pumariega et al., 2005), depression, anxiety, and
withdrawn symptoms in immigrant adolescents (Potochnick & Pereirra, 2010; Sirin, Ryce, Gupta, & Rogers-Sirin, 2013).

Immigrant adolescents may struggle to feel a sense of belonging in their school communities due to cultural differences, language barriers, discrimination (Kia-Keating & Ellis, 2007), and a contrast between the cultural values of the student’s family and those of the school (McIntyre, Barowsky, & Tong, 2011). Feelings of school connectedness and positive relationships with peers and adults in school are critical for an immigrant student’s success. Lack of positive peer relationships can lead to isolation and antisocial behavior (Rossiter & Rossiter, 2009), while a greater sense of belonging is associated with higher academic motivation and school attendance (Sanchez, Colon, & Esparza, 2005).

Ethnic identity in minorities has been positively associated with various dimensions of wellness (Martinez & Dukes, 1997) and has been identified as a protective factor for at-risk adolescents (Holleran & Waller, 2003). Furthermore, positive ethnic identity has been associated with increased school engagement (Shin, Daly, & Vera, 2007). Unfortunately, immigrant adolescents may experience a compromised ethnic identity as they attempt to navigate a new society that can exhibit discriminatory and xenophobic attitudes (Yakushko et al., 2008).

Despite the apparent need, immigrants from a variety of backgrounds are less likely to utilize mental health services than nonimmigrants (Derr, 2016). Barriers to mental health services may be rooted in immigrants’ cultural values and a lack of access. Immigrant families may associate stigma with mental health issues and treatment and have had little or no exposure to such services in their country of origin. Additional barriers include lack of affordability and proximity to services and limited English proficiency (Saechao et al., 2012).
The current social and political climate regarding immigration issues in the United States underlies the urgency with which counselors and educators must purposefully act in addressing the needs of immigrant students. The federal Deferred Action for Childhood Arrivals (DACA) program has sought to allow undocumented immigrants who arrived to the United States as children to apply legally to avoid deportation and have access to work permits, driver’s licenses, and bank accounts (Shoichet, Cullinane, & Kopan, 2017). DACA is currently being phased out (U.S. Citizenship and Immigration Services, 2017), and whether it will be replaced with a similar iteration remains unclear. DACA represented hope for undocumented immigrants of all ages and a spirit of compassion for the vulnerable people it seeks to serve. In the 2016 presidential election, immigration policy was at the forefront of issues debated and has continued to be a widely debated issue within the government and national media in the months and years following the election. These dialogues have shed light on and perpetuated anti-immigration sentiment held by some White Americans; political science researchers, Hooghe and Dassonneville (2018), have suggested that anti-immigrant sentiment was a significant determinant for votes cast for President Donald Trump in the 2016 presidential election. Such attitudes emphasize a lack of belonging and “otherness” of immigrants, documented and undocumented, which may have a deleterious effect on the self-esteem (Bankston & Zhou, 2002) and sense of identity (Martinez & Dukes, 1997) of young immigrants.

Immigrant adolescents represent a particularly vulnerable population due to the array of stressors they encounter and their lack of awareness and access to appropriate services. Schools receiving immigrant adolescents have the personnel and frequent contact required to attend to the mental and socio-emotional health needs of this under-resourced population. The group counseling intervention implemented in this study aimed to address issues related to ethnic
identity, school connectedness, and the effects of acculturative stress on immigrant adolescents in an accessible and efficient manner.

**Statement of Purpose**

My purpose in conducting this study was to contribute to the body of knowledge pertaining to immigrant adolescent mental health, ethnic identity, and acculturative issues and to benefit immigrant adolescents by providing school personnel and mental health professionals with potential strategies for enhancing their well-being. The intervention utilized in this study may serve as a model for a time-efficient and cost-effective means for improving the mental health and school experience of immigrant adolescent students. This is important because immigrant adolescents, as a group, experience compromised mental health and underutilize mental health services (Saechao et al., 2012). Another objective of the intervention was to provide a welcoming and affirming environment for immigrant students in which coping mechanisms could be developed.

I also aimed to gain insight into the unique role that immigrant adolescents’ ethnic identity plays in their school and psychological adjustment. Immigrant adolescents are at risk for diminished ethnic identity and decreased school connectedness as they are minorities who may experience prejudice and discrimination and must navigate a majority society and school system that differ in many ways from those of their home country. The construct of ethnic identity has been the subject of extensive research with minority youths and, to a lesser degree, with immigrant youths. Positive ethnic identity has been associated with beneficial mental health outcomes for minority adolescents and may influence how well they are able to adjust to schools (Holleran & Waller, 2003; Rayle & Meyers, 2004). The findings of this study can inform school
personnel and mental health professionals’ understanding of ethnic identity and approaches for addressing it within the school setting.

**Current Study**

Considering the growing number of immigrant adolescents in our schools, the detrimental impact of the range of unique stressors that they endure, and the population’s underutilization of mental health services, there is a clear need for therapeutic initiatives that purposefully and effectively cater to this group. In this research study, I investigated how a short-term, school-based group counseling program, using purposeful semi-structured activities, impacted the school connectedness, ethnic identity, and psychological well-being (self-esteem and general distress) of immigrant adolescents compared to participants in a control group. The activities and goals employed in the intervention were informed by theory related to culturally responsive schools, acculturative stress, school connectedness, ethnic identity, and therapeutic factors of group counseling theory.

**Research Questions and Research Hypotheses**

This study sought to investigate the following research questions:

1. *Is there a significant difference in school connectedness, ethnic identity, and psychological adjustment (self-esteem and general distress) at posttest between immigrant adolescent students who participate in a short-term, school-based group counseling intervention and those assigned to a control group, adjusting for pretest scores?*

2. *Does pretest ethnic identity moderate the impact of group assignment on posttest general distress after controlling for pretest general distress? That is, is there a*
significant interaction effect between group assignment and initial ethnic identity on posttest general distress after controlling for pretest general distress?

I hypothesized that:

1. *At posttest, participants in the intervention group will report higher levels of posttest ethnic identity, school connectedness, and self-esteem and lower levels of psychological adjustment than participants in the control group, after adjusting for pretest levels.*

2. *There will be a significant interaction between group assignment and pretest ethnic identity on posttest general distress after controlling for pretest general distress. Ethnic identity will moderate the effects of group assignment on posttest general distress. At higher levels of ethnic identity, there will be a stronger relationship between assignment to the control group and posttest general distress.*

**Overview of Methodology**

I employed convenience sampling to recruit participants, based on potential participants’ availability and willingness to attend informational sessions about the study and intervention. Participants were not randomly assigned to the intervention or control groups. I recruited participants during two different time periods—those recruited in the first time period were assigned to the intervention group while those recruited in the second time period were assigned to the control group. This was done due to logistical constraints as I was the only researcher as well as the facilitator for the group counseling intervention.

The group counseling intervention consisted of five weekly 60-minute group counseling sessions that met in the school setting, during nonacademic school hours. In total, there were five group counseling cohorts consisting of eight to ten immigrant adolescent participants. All groups were of mixed gender and ethnic background. I, the primary researcher and a licensed
school counselor in the Northeastern state in which the study took place, facilitated all group sessions. Participants in the intervention group were asked to respond to written questionnaires prior to the first group session and following the final group session, while participants in the control group were asked to respond to the same questionnaires, approximately five to six weeks apart. Questionnaires contained measurements for ethnic identity, school connectedness, self-esteem, and general distress. A survey containing questions about participant demographics was only included in initial questionnaire.

**Study Rationale**

Schools are the primary environment in which immigrant students engage in social and institutional acculturation, while education represents a means by which immigrant families can access upward mobility (Bal & Perzigian, 2013). Immigrant students experience loss and upheaval when they must leave their countries of origin. In addition to this upheaval, they are tasked with adjusting to a new school system with different academic and social processes, behavioral expectations, and cultural practices. Therefore, schools must be proactive in promoting the acclimation of their vulnerable immigrant students (Suarez-Orozco, Onaga, & de Lardemelle, 2010).

Perceived school connectedness has been identified as a protective factor for adolescents against several risk factors including substance use, violence, and maladaptive emotional health (Resnick et al., 1997) and has been linked with lower levels of depression, increased self-efficacy (Kia-Keating & Ellis, 2007), higher academic motivation, and lower prevalence of absenteeism (Sanchez, Colon, & Esparza, 2005). For immigrant students, school engagement is closely related to academic success (Motti-Stefanidi & Masten, 2013). While school connectedness may develop naturally over time for new students, there is evidence that school
programs aimed at increasing connectedness can yield positive behavioral results (McNeely, Nonnemaker, & Blum 2002). The provision of the current intervention, specifically for immigrant students by a school counselor: a) communicates that school personnel care for their immigrant students, b) presents immigrant students with an opportunity to become involved in an extracurricular activity, and c) can enhance bonds between immigrant students and their peers as well as their school counselor. All of these factors can help to increase school connectedness (McNeely, Nonnemaker, & Blum, 2002).

Ethnic identity is of particular importance to minority and immigrant students (Helms, 1996; Phinney & Ong, 2007) and has been positively correlated with several aspects of minority adolescent well-being such as self-esteem (Martinez & Dukes, 1997), overall wellness (Rayle & Myers, 2004), and school adjustment (Phinney, Horenczyk, Liebkind, & Vedder, 2001). While recent immigrants may arrive with a high degree of association with their ethnic culture, they may be forced to contemplate their ethnic identity for the first time as they navigate a foreign culture (Matsunaga, Hecht, Elek, & Nidaye, 2010). Several factors can cause immigrants to disassociate with and/or develop a negative perception of their ethnic identity. Attitudes towards immigrants in receiving communities vary greatly, and immigrant adolescents may encounter messages that devalue their ethnic group and/or immigrant status. Perceived discriminatory or unaccepting attitudes towards immigrants within receiving communities and in the media can lead immigrants to feel they must choose between cultures and can negatively impact ethnic identity should they choose to assimilate to the majority culture (Brown & Chu, 2012; Phinney et al., 2001).

The concentration of an immigrant’s ethnic group in the receiving community can also impact ethnic identity (Phinney et al., 2001). An immigrant adolescent entering a school in
which there is little or no representation of his/her ethnic group may move towards disassociating with his/her culture. Meanwhile, environments that embrace cultural pluralism promote positive ethnic identity (Phinney et al., 2001). The presence of services that specifically serve immigrant students, such as the intervention utilized in this study, can communicate such a welcoming attitude.

Ethnic identity is a critical component of healthy acculturation (Phinney et al., 2001). Identification with the culture of origin and identification with the host/dominant culture constitute the two central dimensions of Berry’s (1997) model of acculturation (Phinney et al., 2001). According to Berry’s (1997) model, the healthiest acculturation outcome is high association with both the native and host culture. Further, studies have suggested that a strong ethnic identity is associated with more favorable mental health outcomes for minority and immigrant adolescents (Martinez & Dukes, 1997; Rayles & Myers, 2004). Therefore, promoting both a strong ethnic identity as well as the acquisition of the new culture should be the goals of receiving schools and was an aim of this intervention.

While immigrant adolescents undergo an array of stressors, it is vital that educators recognize and utilize the unique strengths and resiliencies that they possess, which often derive from their cultures and immigration experiences (Bal & Perzigian, 2013). By exploring ethnic identity in a safe group setting, participants may become more aware of cultural resources and coping mechanisms. Encouraging students to share their culture can engender pride while equipping them with the confidence to employ their cultural strengths (Holcomb-McCoy, 2005).

Several authors (French & Chavez, 2010; Iturbide, Raffaelli, & Carlo, 2009; Umaña-Taylor & Updegraff, 2007) have suggested that ethnic identity may act as a moderator or buffer between acculturative stressors such as discrimination and their harmful effects on psychological
adjustment for minority students. In the current group intervention, my goal was to intentionally foster a welcoming and supportive environment for immigrant students- one which was not guaranteed in the students’ typical day to day school experience. I predicted that for participants in the control group who did not experience the intervention, higher initial levels of ethnic identity would equate to higher levels of resilience and better psychological adjustment over time, as measured by general distress. Hence, this study aimed not only to determine the effectiveness of the group counseling intervention but the influence of ethnic identity on psychological adjustment and whether ethnic identity moderated the effects of group placement.

A number of researchers have called for group interventions at school and community levels that serve the needs of the immigrant adolescent population (Shi & Steen, 2012; Smith & Khawaja, 2014). Group counseling can be a time and cost-efficient method of delivering services to disadvantaged populations and a means of providing therapeutic elements that individual counseling cannot, such as group belonging and universality. For immigrant students, groups can provide an environment in which acculturative issues are normalized, and social networks can expand (Shi & Steen, 2012). Social support can be particularly powerful for immigrants from collectivistic cultures and researchers have highlighted social support as a buffer against acculturative stress (Poyrazli, Kavanaugh, Baker, & Al-Timimi, 2004). Katsiaficas, Suarez-Orozco, Sirin, and Gupta (2013) discovered that perception of social support was associated with reduced effects of acculturative stress on depression and anxiety for first-generation immigrant adolescents. Rossiter and Rossiter (2009) pointed out that an immigrant adolescent’s lack of positive social connections can lead to high-risk behaviors, including criminal activity.
Schools provide an ideal environment for providing services for immigrant students as school personnel maintain consistent contact with students and the setting can reduce some of the barriers to services that the population faces such as accessibility and cost (Miller, Bixby, & Ellis, 2016). Moreover, since schools are a familiar, everyday setting, some of the cultural stigma surrounding mental health services that immigrant families may harbor can be diminished (Sullivan & Simonson, 2015). School personnel such as school counselors working in diverse communities are in a prime position to identify and deliver services to immigrant adolescents (Goh et al., 2007) and promote ethnic identity development (Gonzalez, Eades, & Supple, 2014). There is evidence that group counseling can effectively promote ethnic identity development and address acculturative stress (Malott, Paone, Humphreys, & Martinez, 2010).

**Relevant Prior Research**

Though not prevalent, there is research that examines the impact of group interventions designed for immigrant students. Shi and Sheen (2012) implemented a small group intervention using an existing model called Achieving Success Everyday (ASE) with low-income Hispanic ESL middle school students. The participants reported significant increases in self-esteem. However, there were only 16 total participants, and the model is not explained in great detail. Smith and Khawaja (2014) studied the effects of a small group intervention patterned after the manualized “strengths transitions, adjustments, and resilience” (STAR) program featuring four weekly two hour sessions with international college students. The intervention was found to be effective in increasing participants’ self-efficacy and psychological adaptation. The strength and generalizability of the study are questionable as it only included 16 participants, 12 of whom were from Asia.
Kataoka et al. (2003) examined the effects of the Mental Health for Immigrants Program (MHIP) with 152 Latino immigrant students in third to eighth grade with clinical levels of posttraumatic stress disorder (PTSD), one-third of whom met criteria for clinical depression. The intervention utilized cognitive behavioral group therapy that was facilitated by bilingual social workers. The results indicated significant improvements for PTSD and depressive symptoms as compared to participants in the control group.

Researchers have correlated ethnic identity with favorable psychological outcomes for immigrant adolescents, and there is evidence that it may be nurtured in a group counseling setting. In a study by Malott, Paone, Humphreys, and Martinez (2010), the researchers designed and implemented a psychoeducational group counseling intervention aimed at facilitating the ethnic identity development of Mexican-born adolescents. Qualitative data from focus groups with participants yielded themes indicating the intervention’s effectiveness such as “ethnic identity,” “ethnic pride,” and “White group perception,” which entailed viewing White Americans in a more positive light. This particular study was significant in that it demonstrated that ethnic identity could be promoted with immigrant students in a small group setting, and it outlined some of the intervention strategies used to achieve this. However, the study was limited in that it did not produce quantitative data, it only included 23 participants, and that it targeted only Mexican American immigrants.

While it is promising that social science researchers have begun to investigate group interventions for immigrant students, the studies discussed are limited in several ways. First, the study interventions targeted middle school and college students, not high school students. High school represents a crucial developmental period when much of identity exploration and formation (including that of ethnic identity) occurs and when immigrant adolescents have
developed the ability to verbally process immigration and acculturation-related stress. Second, the interventions tended to focus on specific ethnic populations of immigrants (often Latino/Hispanic) and/or particular segments of immigrant needs, such as refugees experiencing PTSD, or low-income Chinese immigrants seeking career exploration. More specialized interventions were not reviewed here as they have limited applicability to the population targeted by the current study. Third, in most cases, the studies of such interventions included little to no information about the actual interventions procedures, limiting their replicability for further research or practice.

Given the influx of immigrant adolescents of various backgrounds and their unique needs, high schools are challenged with providing services to these students in a time and cost efficient manner. In implementing the current group intervention, I aimed to address the needs of immigrant adolescent high school students, regardless of their ethnic background, by addressing common immigrant issues, namely ethnic identity, acculturative stress, and school connectedness. An additional goal was to provide a model for developing group counseling goals and techniques for educators and practitioners working with immigrant adolescents by offering a detailed outline of the intervention in addition to data regarding its effectiveness.

**Role of the Researcher**

The study took place in a large public suburban high school located in the Northeast, at which I, the primary researcher, currently work as a school counselor. I played a primary role in developing the study design, planning the group counseling intervention format, and implementing therapeutic activities and techniques informed by prior research. I recruited participants for the intervention and control groups in person at information sessions and classroom presentations. In the role of “counselor,” I facilitated all of the intervention
counseling groups in this study. Finally, I administered paper questionnaires to participants before and after the complete intervention/control group time period.

My interest in working with immigrant adolescents is rooted in my identity as a Chinese American man as well as my work and volunteer experience. I have served as a school counselor with a specialty in English language learner (ELL) students for the past three years and have been active in working with immigrant adolescents at a church in Manhattan’s Chinatown. Witnessing the unique challenges related to immigration, acculturation, and discrimination experienced by these young immigrants as well as my relatives has led me to consider and research strategies for addressing their acculturative and psychological needs. My desire to advocate for immigrant adolescents is all the more urgent due to the economic and cultural barriers to mental health resources that I have witnessed as well as the current cultural climate in the United States, in which pro and anti-immigrant attitudes are becoming more prominently voiced in public discourse.

**Researcher Assumptions**

As a high school counselor, I specialize in working with English language learning students, a group that accounts for a large portion of the immigrant adolescent population in high schools. I believe it is important to address the needs of this vulnerable and underserved population. I also believe that immigrant adolescents and children, regardless of their citizenship status, deserve to be welcome in public school systems and have equal access to educational and psychological resources in schools.

The experiences of immigrant adolescents can range greatly depending on a variety of factors including, but not limited to, country of origin, pre-migration circumstances, age at immigration, socioeconomic status, and English language proficiency. The intervention that I
implemented and examined in this study was designed for an ethnically heterogeneous group of immigrant adolescents from various backgrounds and acculturation levels. Despite the vast diversity of immigrant adolescent experiences, I assumed that immigrant adolescents from different backgrounds commonly experience acculturative stress as well as ethnic identity issues. Acculturative stress is common to ethnic minority individuals attempting to navigate a majority society. I also assumed that a culturally homogenous counseling group would be beneficial for participants’ ethnic identity development as sharing one’s culture with those who are unfamiliar with it as opposed to those of the same cultural background could engender additional ethnic pride. Culturally homogeneity may also promote universality and the development of bonds among immigrant students from various backgrounds, which could lead to greater school connectedness.

Participants in the study were required to speak English at an intermediate or conversational level as determined by ESL class placement, as I assumed that those who spoke English at beginner levels were not able to fully benefit from the group counseling intervention in English. Another condition for participation was immigration to the United States at age ten or older, as I assumed that acculturative issues that were discussed in the group were more likely to be relevant to those who immigrated to the U.S. at more advanced ages.

**Definition of Important Terms**

**Ethnic Identity**

Ethnic identity is the degree to which an individual values and identifies with an ethnic group, including its values, customs, language, and history (Phinney & Ong, 2007). The construct of ethnic identity can be conceptualized as a developmental process consisting of stages or on a continuum (Phinney & Ong, 2007). It is typically applied to the development of
ethnic minorities and can be understood in the context of pressure to conform to a dominant culture (Helms, 1996).

**Acculturative Stress**

Acculturative stress refers to stress associated with psychological and social difficulties that individuals undergo as they attempt to navigate and adapt to a different culture (Takeuchi, Alegria, Jackson, & Williams, 2007). Acculturative stress includes encounters with discrimination, attempting to adopt new cultural practices, and having to negotiate cultural conflicts as the values of one’s family is often at odds with those of the dominant society (Motti-Stefanidi & Masten, 2013). Studies indicate acculturative stress in adolescents is correlated with negative mental health outcomes such as depressive symptoms (Romero, Martinez, & Carvajal, 2007).

**School Connectedness**

School connectedness is the degree to which students feel they are cared for by adults and other students at school and that they belong to their school community (McNeely, Nonnemaker, & Blum, 2002). In this study I was concerned with perceived school connectedness from the student perspective, rather than actual school connectedness, which would entail an evaluation of student relationships in the school setting.

**Immigrants**

In this study the term “immigrant” refers to foreign-born individuals living in the United States as opposed to immigrants in other countries. The term may be applied to several generations of individuals who were born in foreign countries themselves or who were descendants of those who came from foreign countries to settle in the U.S. In the context of this
study, “immigrant adolescents,” including those who participated in the study, referred strictly to those who are first-generation immigrants, meaning they were born outside of the U.S.

**Organization of Dissertation**

In Chapter I, I present an overview of the current proposed intervention study and important related topic. This entails a detailed description of the study including the research questions it seeks to address, my hypotheses, the definitions of key terminology, and a research-guided rationale for the importance of the study and the strategies to be employed in the group counseling intervention. Relevant prior research is briefly discussed, which helps to highlight gaps in the literature that this study strived to address. Chapter II features a discussion of the theoretical underpinnings that supported this study and a summary of existing literature related to this study. Topics and key variables covered in the literature review include the characteristics of immigrant adolescent population, stressors they experience (including acculturative stress), mental health characteristics of the population, immigrant utilization of mental health services, acculturative stress, ethnic identity, school connectedness, and previous interventions that have been used with immigrant adolescents. In Chapter III, I detail the methodology of the school-based group counseling intervention for immigrant adolescents utilized in this study. This includes participant criteria, recruitment methods, measures used, data collection, details of the group intervention design, and a description of data analysis techniques. In Chapter VI, a summary of the results as they relate to the research questions is presented. Included in this chapter are descriptive statistics, and results from one-way ANCOVAs and a hierarchical multiple regression. Finally, Chapter V features a discussion of the results, entailing a summary of findings, an interpretation and explanation of the findings in the context of existing literature, and concludes with implications for future research and practice.
Chapter II: Literature Review and Intervention Details

In this section, the key issues and concepts related to the study are reviewed in greater detail with supporting literature. First, I provide an overview of the immigrant adolescent population and the stressors they commonly experience before, during, and after migration. Following this, I critically review extant studies featuring school-based group interventions utilized with immigrant students and present a case for the current study. Next, I describe the theoretical underpinnings of the current study- culturally responsive schools, acculturation/acculturative stress, school connectedness, and ethnic identity- and their associations with psychological outcomes. Finally, I present the goals of the intervention along with the strategies and techniques meant to achieve those goals.

Background: The Immigrant Adolescent Population

The current study focused on immigrant adolescents because they represent a growing population with unique and critical needs. About 13% of the U.S. population is foreign-born (U.S. Census Bureau, 2012), while one in four Americans is an immigrant or the child of an immigrant (Pew Research Center, 2013). Immigrant adolescents account for a substantial portion of American middle school and high school populations and represent the fastest growing population among youth segments in the United States (Sirin, Ryce, Gupta, & Rogers-Sirin, 2013). The increased prevalence of immigrant adolescents is further supported by U.S. Census Bureau (2014) findings that 18% of young adults (ages 18 to 34) in the Northeast and 15% of young adults across of the U.S. were born outside of the U.S; figures that have more than doubled since 1980.

There is vast diversity within the immigrant population in terms of origins, cultures, values, and socioeconomic classes. In the U.S., 53.1% of immigrants hail from Latin America and the Caribbean, 28.2% from Asia, 12.1% from Europe, and 4% from Africa (U.S. Census
The circumstances under which immigrant families undergo the immigration process encompass a wide range. Some families may be of high socioeconomic status and educational attainment and have come to the United States seeking access to prestigious colleges and job markets (Yakusko et al., 2008). However, many other immigrant families arrive under more desperate conditions, with little social or financial capital, seeking economic security or even safety, and are willing to take on low-paying menial jobs. Recent findings indicate that 29% of immigrants ages 25 and older lacked a high school degree, versus only 9% of their U.S.-born counterparts (Zong & Batalova, 2017).

In the current study, immigrant adolescents from a variety of regions (including Central America, South Asia, the Caribbean, South America, and Southeast Asia) were targeted to participate in the current intervention. Most participants were on free or reduced lunch (86.4% intervention, 91.4% control, and 88.6% overall). The intervention topics and goals centered on common immigrant adolescent experiences rather than those pertaining to a particular immigrant group, thus making it applicable to a broader range of immigrant students.

**Immigration Stress**

Immigrant adolescents experience stressors before, during, and after the migration process that can have a profound effect on their psychological well-being. Some immigrant families leave safe, financially stable conditions with optimistic hopes to attain even greater economic, educational, and professional success (Yakusko et al., 2008), which presents its own unique stressors. However, for many immigrant families, the decision to leave is predicated on difficult or even dangerous conditions in their homelands. Pre-migration stressors include limited job opportunities that pay living wages and inadequate living conditions, which can drive families to seek safer neighborhoods and relatively better paying, albeit menial work in the
United States. In their exploration of the stressors endured by recent immigrants and refugees, Yakushko et al. (2008) identified additional pre-migration stressors including political threat, poverty, and intense planning. More severe pre-migration stressors are traumatic experiences such as exposure to war, persecution, and political violence (Saechao et al., 2012). In the current intervention, the primary focus was on acculturative stress related to post-migration adjustment as well as migration stress. While there was not an explicit emphasis on pre-migration conditions, discussions related to pre-migration naturally emerged in group sessions. It is important for educators to recognize the impact that pre-migration conditions can have on immigrant students’ current well-being, particularly when students are coming from conditions such as war, political unrest, persecution, or poverty.

The migration process itself can be a stressful and anxiety-inducing experience for adolescents. Leaving their home country often means separation from friends, social networks, family, and the only culture that they have known (Pumariega, Rothe, & Pumariega, 2005). In some more desperate cases, the journey itself can be dangerous and can entail traveling on rough waters in small boats, walking outdoors for many days, exposure to elements, going without food and water (Pumariega et al., 2005), and coping with the threat of being caught and detained by authorities.

The disruption of social networks may impact children more profoundly because it was not their decision to leave and they may have learned of the migration with very little time to prepare (Birman et al., 2007). Some immigrant children leave behind their biological families to live with relatives that they may hardly know. Meanwhile, the loss of peer groups may be particularly impactful during adolescent years when there is an increased emphasis placed on identity development and social belonging. While educators may tend to focus on the post-
migration adjustment of immigrant students, it is important to acknowledge the upheaval, loss, and migration journey they have also experienced. In the current intervention, participants were given the opportunity to share and process these challenging experiences. The stress that immigrant adolescents face after the migration process is complete (post-migration and acculturative stress) is discussed in detail in the “Theoretical Underpinnings of Current Intervention” section in this chapter.

**Serving the Needs of Immigrant Adolescents**

Researchers have noted the need for the provision of culturally competent and accessible mental health services within immigrant communities. In a systematic review of 62 empirical studies that focused on immigrant mental health service utilization, Derr (2016) found that non-Western immigrants used mental health services less frequently than non-immigrants. The author cited both structural and cultural factors associated with such underutilization. Stigma surrounding mental health issues was the most common cultural barrier to utilization of services, while structural barriers included lack of economic resources, language barriers, and accessibility. Similarly, in a qualitative study with immigrants from a variety of backgrounds, Saechao et al. (2012) found primary barriers to services to be cultural stigma, lack of a perceived norm for utilizing services in the country of origin, competing cultural practices, a lack of information, language barriers, and cost. Additional constraining factors include limited transportation options and a lack of free time.

The school-based group counseling intervention utilized in this study attempted to overcome several of the barriers that prevent immigrant students from taking advantage of mental health services. The issues of access and cost are alleviated as the intervention was designed to be offered during non-academic school hours and to be implemented by school
counselors at minimal cost. As most students attend school regularly, an intervention offered during school hours is not an imposition on immigrant students with obligations outside of school, such as work or household duties. In addition, offering services in a school setting can help mitigate the cultural stigma and hesitancy that immigrant students and their families may harbor regarding mental health services, as school-bound services may be perceived as “academic” or “practical.” Sullivan and Simonson (2015), in their review of school-based counseling interventions for refugee youth, noted that schools are an ideal setting for the provision of group services because refugees often resettle in clusters and that the school setting can alleviate stigma associated with treatment. While the intervention in this study was not specifically designed for refugee students the aforementioned resettlement patterns and stigma apply to immigrants as a whole.

The addressing of acculturative issues in school has also been supported by multicultural literature. Gonzalez, Eades, and Supple (2014) noted that schools offer an ideal setting for services that address immigrant student stress, while Birman et al. (2007) have asserted that schools represent an environment in which much of students’ acculturative issues emerge and unfold. The intervention being offered and facilitated by a school counselor, who has privileged and regular contact with immigrant students and the training to provide culturally competent services (Orozco, 2007), also increases the likelihood of immigrant student participation, as some immigrant groups such as Latinos and Asian Americans tend to hold school professionals in high regard and trust in their educational decision making (Suarez-Orozco, Onaga, & de Lardemelle, 2010).

The current group counseling intervention may also increase the likelihood that immigrant students partake in mental health services due to the format in which it is being
offered, which features a familiar informal setting among peers. Derr (2016) noted that immigrants on the whole shy away from formal mental health care providers while preferring to seek social support from informal sources such friends and family or religious leaders. Immigrant students may be at least moderately familiar with their school counselor who facilitates the group, further reducing the formality of the service, thereby increasing their comfort and likelihood of participation.

**Literature Review: School-based Group Interventions for Immigrant Students**

**Search Strategy**

I utilized an intentional search strategy for identifying school-based interventions specifically for immigrant students using Montclair State University’s Harry A. Sprague Library database search engine, which compiles 236 databases in addition to using Google Scholar. The search was limited to journal articles from 1997 to 2017. Selection criteria entailed articles containing group interventions for immigrant students in elementary school, middle school, high school, or college in the United States, Australia, and Canada. Interventions for very specific populations (e.g., “group counseling for traumatized Haitian refugees” or “career exploration group for urban Chinese immigrant youth”) were not included. If an article referenced a prior article containing a school-based intervention for immigrant students, that article was reviewed and included if it met selection criteria. Articles that contained recommendations for interventions but did not detail actual interventions were not included. The search subject terms “immigrant,” “school,” and “intervention” resulted in 77 matching articles in the Harry A. Sprague Library database, but none met selection criteria. The search subject terms “immigrant,” “school,” and “group counseling” together yielded 13 results, one of which met the selection criteria. Several searches were conducted in Google Scholar using variations of similar search
terms and additional terms; however, all searches resulted in more than 10,000 results. Due to the high volume of results in these searches, article titles were browsed, and if the title indicated the article might meet selection criteria, the article was examined more closely. Ultimately, six articles met the selection criteria. See Table 1 for a summary of the six studies reviewed.

For the sake of comparison, Sullivan and Simonson’s (2015) recent review of studies involving school-based mental health interventions for refugee or refugee and immigrant youths, yielded 13 results. Only one was a group intervention for students in North America. That study featured a cognitive behavioral therapy group counseling intervention that entailed eight weekly one-hour group sessions targeting depressive symptoms in Vietnamese and Cambodian immigrants and refugees (Fox Rossetti, & Popovich, 2005). Fox, Rossetti, and Popovich’s (2005) study did not meet the selection criteria for my literature review, as the intervention utilized in the study targeted a very specific population (Vietnamese and Cambodian refugees). The six studies that met selection criteria are discussed in the following section.

**Six School-Based Interventions for Immigrant Students**

Of the six studies that met inclusion criteria, one was a study by Rousseau, Drapeau, Lacroix, Bagilishya, and Heusch (2005), in which the authors examined the impact of a creative expression classroom workshop intervention for 138 immigrant and refugee students of various cultures, ages 7 to 13 in Montreal, Canada in terms of emotional and behavioral adjustment, including self-esteem. The study featured a quasi-experimental design with an intervention and control group, however, participants were not randomly assigned due to scheduling constraints. The authors described three creative arts activities that comprised the program that were inspired by several other programs for refugee children, but not previously evaluated.
<table>
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<tr>
<th>Authors</th>
<th>Design &amp; Theory</th>
<th>Intervention</th>
<th>Activity details</th>
<th>Participants</th>
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<th>Outcome</th>
<th>Limitations</th>
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<tr>
<td>Rousseau et al. (2005)</td>
<td>Quasi-experimental; theory not discussed</td>
<td>Creative arts workshop; 12 weekly 2-hour sessions</td>
<td>3 major activities described</td>
<td>South American &amp; Asian refugees and immigrants, ages 7-13 (n = 138)</td>
<td>Emotional &amp; behavioral adjustment, self-esteem</td>
<td>Increased self-esteem and decreased mental health symptoms</td>
<td>Lack of supporting theory; non-random group assignment</td>
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<tr>
<td>Shi &amp; Steen (2012)</td>
<td>Pre-post; theory not discussed</td>
<td>Achieving Success Everyday (ASE) manualized group; 5 weekly 1-hour sessions</td>
<td>One session outlined</td>
<td>Low-income Hispanic middle school students (n = 16)</td>
<td>Self-esteem &amp; GPA</td>
<td>Increases in self-esteem; GPA inconclusive</td>
<td>Lack of supporting theory; only 16 participants; no control group used</td>
</tr>
<tr>
<td>Smith &amp; Khawaja (2014)</td>
<td>Pre-post; Based on acculturation models and CBT</td>
<td>“Strengths, transitions, adjustments, &amp; resilience” (STAR) group designed by authors; 4 weekly 2-hour sessions</td>
<td>Basic outline of sessions</td>
<td>International college students (n = 16)</td>
<td>Coping &amp; social self-efficacy, psych. adaptation, and distress</td>
<td>Increase in psychological adaptation &amp; coping self-efficacy. No change in social self-efficacy</td>
<td>Only 16 participants (12 from Asia); no control group used</td>
</tr>
<tr>
<td>Kataoka et al. (2003)</td>
<td>Quasi-experimental; CBT group w/ ecological framework</td>
<td>School-based CBT group; 8 sessions</td>
<td>Basic outline with limited details</td>
<td>Latino immigrants in grades 3-8 with clinical PTSD (n = 152)</td>
<td>PTSD &amp; depression</td>
<td>Lowered PTSD and depressive symptoms compared to control group</td>
<td>Non-random group assignment; optional family &amp; educator components not evaluated</td>
</tr>
<tr>
<td>Thakore-Dunlap &amp; Van Velson (2014)</td>
<td>Qualitative reflection; relational-cultural theory</td>
<td>Group facilitating school adjustment and identity development</td>
<td>Topics shared, but not structure or activities</td>
<td>South Asian immigrant females in high school (no n given)</td>
<td>Promotion of self-confidence</td>
<td>Authors report open discussions of sensitive topics</td>
<td>No quantitative or qualitative data provided; study design not discussed</td>
</tr>
<tr>
<td>Malott et al. (2012)</td>
<td>Qualitative focus group feedback; theory not discussed</td>
<td>Psycho-educational group targeting ethnic id development; 8 sessions</td>
<td>Session topics presented; 2 activities discussed</td>
<td>Mexican immigrants in middle school (n = 23)</td>
<td>Ethnic identity development</td>
<td>Themes emerged: “ethnic id” &amp; &quot;ethnic pride&quot;</td>
<td>Lack of supporting theory; 4 different group facilitators</td>
</tr>
</tbody>
</table>
The first activity was one in which children were prompted to create a story and picture depicting a character that undergoes migration. The second was an exploration of myths belonging to minority cultures, and the third involved children discussing myths and stories derived from their families and communities. The authors piloted the activities prior to the study, however they did not discuss the outcomes of the pilot studies or explicitly discuss the theory supporting the activities. The intervention consisted of 12 weekly two hour sessions and its aim was to allow children to process their immigration experiences, promote appreciation for different identities, and better connect home and school.

Participants in the intervention group self-reported significantly lower levels of internalizing (depression, general anxiety, separation anxiety, and phobias) and externalizing (attention deficit, hyperactivity, conduct, and opposition) mental health symptoms and significantly higher self-esteem at posttest compared to those in the control group. Mental health symptoms were measured using a computer-based version of “Dominic,” a program that features 90 pictures depicting a character named Dominic demonstrating different behaviors (Valla et al., 1994). Children respond with the frequency with which they feel or act like Dominic. Valla, Bergeron, and Smolla (2000), in a study with 340 children ages six to 11 in lower-middle class Montreal, found Dominic’s reliability to be .89 for both internalizing and externalizing scales. In the same study, the authors tested for criterion validity against clinical judgment, which yielded κ values ranging from .64 to .88 between Dominic assessments and DSM-III-R diagnoses. In addition to self-reported measures, teacher evaluations were used to measure mental health symptoms, which yielded mixed results in regards to the effectiveness of the program.

Rousseau et al.’s (2005) study was unique in that it featured one of the few quantitative assessments of a creative expression program for immigrant and refugee children in terms of
mental health. Similarly, the current study presents one of the few quantitative assessments of a school-based group counseling intervention for immigrant adolescents. Additionally, Rousseau et al.’s (2005) intervention was designed for a heterogeneous group of immigrants as was the intervention in the current study, albeit for a different age group. Rousseau et al. (2005) provided adequate detail of three central activities to the degree that they could serve as a model for subsequent study or practice. The investigators did not, however, provide a theoretical basis for the activities. As in the current intervention, Rousseau et al.’s (2005) intervention aimed to facilitate the processing of acculturative issues for immigrant children, albeit for a different age group (pre-adolescents) and through a different medium (creative arts activities). Rousseau et al.’s (2005) intervention demonstrated the benefits of allowing immigrant youths to process their migration experience and to share stories from their families and cultures. Both of these activities were adapted for the population and goals of the current study and implemented in the current group intervention.

Shi and Steen (2012) implemented a small group intervention for low income Hispanic ESL middle school students using an existing group model called Achieving Success Everyday (ASE) that met weekly, for five one-hour sessions. The outcome goals of the intervention were to increase self-esteem and academic performance (GPA). The authors described the ASE as a semi-structured model for addressing personal, social, and academic development of students in schools using psychoeducational and group processing. Shi and Steen’s (2012) study demonstrated that minority and immigrant adolescent students’ personal and social development could be addressed in an efficient short-term group counseling format. Similar to Shi and Steen’s (2012) intervention, the current intervention aimed to address (among other factors) the self-esteem of adolescent minority students in five weekly one hour semi-structured group
counseling sessions. Unlike Shi and Steen’s (2012) intervention, the current intervention was
designed to address acculturative and ethnic identity issues and targeted an ethnically
heterogeneous immigrant high school population.

Shi and Steen (2002) provided a detailed example of one session’s activities, but did not
present theory supporting activities or objectives. The study included only 16 participants and
no control group. Participants were split into two intervention groups facilitated by either a
school counselor or by a counselor education doctoral candidate, both of whom were trained by
the developer of the ASE. The participants reported significant increases in self-esteem, as
measured by the Coopersmith Self-Esteem Inventory-School Form, a 50-item instrument for
children and adolescents (Coopersmith, 2002), that was read aloud to participants by group
leaders. Overall there was not a significant increase in participant GPA. The relatively small
sample size increases the likelihood of Type 2 error and decreases the generalizability of the
findings. And, as there was no control group, it is difficult to ascertain whether observed
changes could be attributed to the specific features of the intervention or other factors such as
maturation.

Smith and Khawaja (2014) studied the effects of a small group intervention for 16
international college students in Australia following the manualized “strengths transitions,
adjustments, and resilience” (STAR) program developed by the authors. The intervention
featured four weekly two-hour sessions designed to enhance coping and social support to combat
acculturative stress and result in improved psychological adaptation. Using acculturative theory,
the authors identified cognitive appraisals (e.g., appraising whether an acculturative life change
is a stressor or an opportunity), coping self-efficacy (i.e., the resources to cope with a stressor),
and positive coping strategies as important factors to target. Subsequently, they presented the
rationale that a cognitive behavioral approach could address these factors. The authors’ conceptual framework for the intervention appears to revolve around targeting unhelpful thoughts and behaviors and engaging in cognitive restructuring. Smith and Khawaja (2014) discussed a qualitative needs assessment they previously conducted with international students and university staff to explore acculturative issues and attitudes towards group counseling among international students. They found that participants generally supported a psychological intervention in a group counseling format as it would allow for the sharing of coping skills and the development of social networks. While I targeted a different age and ethnic demographic of immigrant students in the current intervention, group learning and the development of peer relationships factored into my decision to utilize a group counseling format.

The 16 participants in Smith and Khawaja’s (2014) study were all Australian university students and ranged from 19 to 40 years of age. All 16 participants took part in the intervention as the authors did not employ a control group for comparison. Participants reported increases in both coping self-efficacy, measured by the Social Self-Efficacy Scale (Fan & Mak, 1998), and psychological adaptation, measured by the Depression, Anxiety, Stress Scale-21 (Lovibond & Lovibond, 1995). There was not a significant change in social self-efficacy or psychological distress. The strength and generalizability of the study are weak as it only included 16 participants, 12 of whom were from Asia (Smith & Khawaja, 2014).

Kataoka et al. (2003) examined the effects of the Mental Health for Immigrants Program (MHIP) with 152 Latino immigrant students from nine schools in third to eighth grade who had been exposed to community violence and displayed clinical levels of posttraumatic stress disorder (PTSD) and/or depression compared to 47 participants in a waitlist control group. The intervention entailed eight sessions of cognitive behavioral group therapy that were facilitated by
bilingual social workers. The authors stated that the intervention was based on a previously unpublished group intervention that targeted inner-city students who experienced trauma, but they do not provide information in regards to the effectiveness of the original intervention. According to the authors, the CBT intervention utilized psychoeducation and homework assignments for technique building. Specific activities included relaxation training, social problem-solving, and exposure.

The implementation of the intervention incorporated an ecological framework, which took family and school environments into account (Kataoka et al., 2003). Families were offered four two-hour optional multifamily sessions to complement the student intervention, while educators were offered in-service training about the effects of trauma on students. The family and school components of the program were not evaluated. Prior to the intervention, potential participants were evaluated for clinically significant symptoms of PTSD using the Child PTSD Symptom Scale (Foa, Johnson, Feeny, & Treadwell, 2001) and/or depression measured by the Children’s Depression Inventory (Kovacs, 1992). In total, 198 students met criteria and participated. For logistical reasons related to school schedules (Kataoka et al., 2003), some participants were randomized and some were not, with group assignments resulting in 152 participants in the intervention and 46 in the waitlist control group.

The results indicated significant improvements in PTSD and depressive symptoms between baseline and three month follow-up scores for participants in the intervention group, as compared to those in the waitlist group. It should be noted that symptom changes in the intervention group were modest and remained within clinical range, on average, at the three month follow-up (Kataoka et al., 2003).
Thakore-Dunlap and Van Velson (2014) reflected and commented on a group counseling intervention for first and second-generation South Asian immigrant female high school students, which was facilitated by the first author who was a school-based mental health counselor and identified as South Asian. The purpose of the group was to provide a safe space for South Asian female students in which they could explore acculturative issues and issues of identity development while balancing two cultures. The authors’ rationale for the group counseling format was that it was consistent with collectivistic values characteristic of South Asian culture. The first author’s approach to group counseling incorporated relational-cultural theory and multicultural counseling theory. The authors briefly described relational-cultural theory in one sentence, and generally explained how it guided the group philosophy without providing concrete details. According to the authors, a desired outcome was increased self-confidence for participants. No quantitative or qualitative data from the participants were yielded from this study. And, while the authors did not explicitly discuss the effectiveness of the group, or lack thereof, they highlighted the creation of a safe space in schools for immigrant students to have open discussions about sensitive topics.

While Thakore-Dunlap and Van Velson (2014) provided limited details about the group counseling activities or the outcomes of the intervention, they touched upon themes that were pertinent to the current study. As in their study, a central goal of the current intervention was to provide a safe space for immigrant students to discuss and process acculturative issues. The participants in the current study were primarily from non-Western collectivistic cultures, and the group format allowed for group sharing and camaraderie as opposed to individual counseling. Similar to Thakore-Dunlap and Van Velson’s (2014) intervention, I targeted identity exploration and development as critical goals for the immigrant participants.
As previously discussed, Malott et al. (2010) utilized a phenomenological qualitative approach in designing and analyzing an eight session psychoeducational group counseling intervention for 23 Mexican immigrant middle school students. The phenomenological qualitative method entailed eliciting verbal and written feedback from participants to gain insight into the meaning of the targeted phenomenon (group counseling exploring ethnic identity) and the impact of that meaning on participants (Malott et al., 2010). The school-based intervention was designed by two of the authors and its aim was to address stressors specific to Latino adolescents, enhance decision-making, and strengthen the ethnic identity of participants. The authors presented the group topics for each session, and described both didactic psychoeducational activities and creative art activities, with an example of each.

Participants were split into four counseling groups. Groups were facilitated by three White females who spoke varying degrees of Spanish and were all second year students in a school counseling masters program. The authors did not discuss how many facilitators led each group. At the end of the final group session, participants responded to written questions and took part in a focus group in order to provide data regarding their perception of the group experience and what they found meaningful. Four research team members independently reviewed the data to identify themes and then reconvened to reach a consensus regarding about emergent themes. Themes indicating the intervention’s effectiveness were “ethnic identity,” “ethnic pride,” and “White group perception,” which entailed viewing White Americans in a more positive light.

Malott et al. (2010) demonstrated that ethnic identity was not only germane to immigrant adolescents, but that it could be explored and promoted within a group counseling setting. The goal of promoting ethnic identity and some of the activities Malott et al. (2001) employed informed the development of the current intervention. As in Malott et al.’s (2010) intervention,
activities in the current intervention involved addressing stressors specific to the immigrant population, such as discrimination and other forms of acculturative stress, as well as identifying cultural role models and allies.

**Gaps in Reviewed Studies and the Current Study**

All six of the studies discussed employed thoughtful and unique school-based group counseling interventions for immigrant students and yielded important findings. Each study had individual strengths, however each also exhibited at least one of the following characteristics: a) critical study design flaws, b) a lack of adequate intervention description, and c) addressed a particular, narrow segment of the U.S. immigrant student population, rather than the adolescent population at large, regardless of origin. In the current study, I intended to implement a school-based group counseling intervention for immigrant adolescents in the U.S. with a study design that distinguished itself from previous studies in several ways.

In the current study, I sought to develop an intervention that: a) could be relevant to all or most immigrant adolescents in the U.S. regardless of country of origin and specific circumstances, b) was clearly informed by theories relevant to immigrant adolescents, and c) was delineated in a manner that could be replicated by researchers and practitioners. In addition, I aimed to employ a quasi-experimental study design that could yield empirical quantitative data indicating the effectiveness (or lack thereof) of the intervention. By exhibiting all of these factors collectively, the current study was unique while building upon previous school-based group intervention studies for immigrant students.

Age aside, all six of the reviewed studies targeted specific segments of the immigrant student population, including low-income Hispanic students (Shi & Steen, 2012), South Asian females (Thakore-Dunlap & Van Velson, 2014), and Latino immigrants with clinical PTSD
(Kataoka et al., 2003). While the authors of each study had thoughtful and justifiable reasons for targeting the demographics of immigrant students that they did, they are consequently less applicable to the immigrant population at large. In the current study, there was a focus on acculturative and identity issues that are relevant to immigrant adolescents at large. Therefore, researchers and practitioners may consider the intervention and study results for a broader immigrant adolescent demographic. Moreover, only one study (Thakore-Dunlap & Van Velson, 2014) specifically targeted immigrant high school students, albeit only South Asian females. High school years represent a critical period for identity development and an age of development at which students can begin to process complex acculturative issues such as racial discrimination and value conflicts.

Only three of the six studies reviewed discussed theories undergirding the intervention strategies. Only Kataoka et al. (2003) and Smith and Khawaja (2014) described how theory guided the goals and/or structure of the intervention, however none explicitly discussed how theory informed the intervention activities. This points to another issue concerning the delineation of the intervention activities. The studies provided varying degrees of details of the intervention format and activities, however none provided a comprehensive outline of sessions and activities. This is important to note because it limits the extent to which an intervention may be implemented or modified for subsequent study or practice. In the current study, I provided a detailed outline of each session and activity utilized in the intervention along with the goals of each session (see Appendix C). In addition, I presented the theories that were at the foundation of the intervention goals and activities later in this chapter.

Four of the six studies were quantitative in nature, and of these, two employed a single group, pre-post design (Shi & Steen, 2012; Smith & Khawaja, 2014), while the other two
employed a quasi-experimental design with a control group (Kataoka et al., 2003; Rousseau et al., 2005). While random assignment of participants to groups is ideal for an intervention study with an experimental design, it may be unfeasible to achieve for school-based studies, given the logistical constraints that a school schedule presents. This was true of the studies by Kataoka et al. (2003) and Rousseau et al. (2005), which both employed non-random group assignment. Similarly, in the current study, I utilized a quasi-experimental design and was unable to randomly assign participants to the intervention and control groups due to scheduling and manpower limitations.

As was the case in the current study, all four quantitative studies targeted improvement of self-esteem and/or dimensions of psychological adjustment, signifying that these factors are salient to immigrant students and are at an increased risk of being compromised. Group intervention topics that were shared by several of the authors of the interventions studied were: acculturative stress (cultural conflict and adjustment issues) (Kataoka et al., 2003; Malott et al., 2010; Rousseau et al., 2005; Smith & Khawaja, 2014; Thakore-Dunlap & Van Velsor, 2014) and identity issues (Malott et al., 2010; Shi & Steen, 2012; Thakore-Dunlap & Van Velsor, 2014). Pre-migration and migration-related stress and trauma was only a topic explored in one intervention (Rousseau et al., 2005). The emergence of acculturative stress and identity issues across several of the interventions reviewed would suggest these are topics that are pertinent to immigrant students that should be explored in group counseling. In the current study, processing acculturative stress and exploring and enhancing ethnic identity were two primary goals of the intervention.
Theoretical Underpinnings of the Current Intervention

The goals and strategies employed in the current school-based group counseling intervention for immigrant adolescents were informed by existing immigrant, educational, and multicultural theories. These theories were crucial for conceptualizing immigrant adolescent students in the context of their school, community, and family environments as well as the challenges they face. They also served as a foundation for the provision of the intervention for immigrant adolescent students and the development of the intervention’s goals and therapeutic activities.

Culturally Responsive Schools

Given the growing number of ethnic minorities, including immigrants, in schools, school counselors are key stakeholders in promoting cultural responsiveness in schools (Simcox, Nuijens, & Lee, 2006; Portman, 2009). Educators are called to be culturally and linguistically responsive in order to meet the needs of immigrant students and promote their learning and emotional growth (Villegas & Lucas, 2007). The provision of a group counseling intervention specifically for immigrant adolescent students by school counselors demonstrates a culturally appropriate effort to address the needs of this population. As Portman (2009) suggested, culturally competent counselors must consider the importance of facilitating immigrant students’ access to the helpful interventions. Providing the intervention in school, during non-academic school hours for no cost, as was done in the current intervention, enhances immigrant student access to helping services.

As advocates who address not only the educational needs of minority and immigrant students but their social and emotional issues, school counselors are particularly responsible for providing culturally responsive services. There is an urgent need for school counselors to
emphasize and further develop their roles as social justice advocates and agents for culturally competent organizational change given the achievement gap that exists between White students and students of color (Bemak & Chung, 2008) and the expanding racial/ethnic gap that exists between educators and the students they work with (Villegas, Strom, Lucas, 2012). To this end, multicultural researchers have suggested that school counselors assume the role of “cultural mediators” in a school system (Portman, 2009). Responsibilities of this role include developing an awareness of the cultural backgrounds of students, facilitating culturally diverse students’ access to helping resources, assisting such students in gaining intrapersonal skills, and creating a school climate that is supportive of cultural diversity (Portman, 2009).

In preparing to conduct the intervention in the current study, or similar interventions for immigrant students, school counselors must familiarize themselves with their students’ cultural backgrounds and values. Meanwhile they must reflect on their own values and biases pertaining to different cultures, to minimize potential limitations they may impose on the intervention. To prepare to facilitate the current intervention, I purposely partook in self-reflective exercises and consulted with colleagues and peers from diverse backgrounds to examine my personal cultural values and biases.

Literature on cultural competence within schools not only informs educators’ and school counselors’ roles as advocates, but provides guidelines for culturally competent services. Such literature informed the group counseling intervention developed in this study, including its techniques, goals, and its very offering. Lee (2001) made a call for culturally responsive school counselors to facilitate minority student development through the promotion of positive self-identities, validation of students’ cultures, and positive interpersonal relationships between students from diverse backgrounds. Simcox et al. (2006) presented a model for school
counselors and school psychologists to collaboratively promote culturally competent school environments that included four levels: 1) student-centered interventions, 2) family empowerment, 3) collegial consultation, and 4) brokering community resources. Similar to Lee’s (2001) recommendations, at the student level of Simcox et al.’s (2006) model, school counselors and school psychologists are called to facilitate group interventions that allow for exploration and validation of cultural identities and appreciation and tolerance of cultural diversity. I incorporated Lee’s (2001) calls and Simcox et al.’s (2006) model (at the student level) into the goals and activities of the current intervention. In group counseling sessions (outlined in Appendix C), students were prompted to discuss their culture, values, and ethnic identities in an affirming environment, modeled by myself, the facilitator.

Villegas and Lucas (2007) suggested a framework for culturally competent teaching with immigrant and minority students that included six targeted teacher qualities. Four of these qualities are directly applicable to school counseling and helped inform the current intervention: 1) learning about students’ lives, 2) being socioculturally conscious, 3) holding affirming views about diversity, and 4) advocating for all students. The first quality from Villegas and Lucas’s (2007) model that was incorporated into the current intervention was learning about students’ lives including their immigration history and their responsibilities outside of school through facilitated discussions. This practice helps educators better understand immigrant students’ perspectives and helps these students feel more connected and cared for in school. In the same vein, Villegas and Lucas (2007) identified the quality of being socioculturally conscious, which entails an awareness of varying worldviews that are shaped by a multitude of factors such as race, social class, and immigration history. This quality can help educators better understand and empathize with immigrant student perspectives and account for those perspectives in learning
experiences. According to the authors, the quality of holding affirming views about diversity includes considering immigrant students from a strengths (rather than deficits) perspective, and engaging them in intellectually rigorous activities, rather than assuming deficiencies. Similarly, the authors described the quality of advocating for all students as actively seeking equity for marginalized students such as immigrants.

All four of the qualities described significantly guided the goals and activities of the current intervention. The intervention presented a platform for immigrant students’ voices to be heard, and prompted them to share their unique immigration and acculturation experiences. In developing discussion topics for the intervention, I assumed that immigrant students had the capacity and desire to express and process their thoughts and feelings about their cultures, experiences related to immigration, and acculturative stress, while providing feedback to their peers. The forum allowed for immigrant students to learn from one another and, in turn, develop empathy and an appreciation for different worldviews as well as a sense of connectedness with each other based on similar experiences. In facilitating such discussions, I, as the school counselor also became more aware of students’ lives and perspectives and subsequently incorporated them into personal and academic guidance with those students. Of the day to day challenges with which recent immigrant students contend, acculturative stress, in its many forms, may be central among immigrant student concerns.
Acculturation and Acculturative Stress

Once the migration process is complete, young immigrants are confronted with a host of new challenges as they attempt to adapt to a new culture. Social science research has long considered the immigrant experience and the phenomenon of *acculturation*, or the process of a member of a minority culture group adapting to a new, presumably dominant culture while negotiating identification with his or her culture of origin (Nguyen & Benet-Martinez, 2013). Initially, researchers conceptualized acculturation as a unilinear process by which an individual exchanged association and values of either the native or dominant culture for the other. However, acculturation is now widely considered to be a bilinear process with the most widely used model being Berry’s (1997) framework, which considers two central dimensions: the degree to which immigrants adopt a dominant/new culture and the degree to which they associate with their heritage culture. In this model, the most desirable and beneficial acculturation status is biculturalism (also called integration), which is when immigrant individuals associate positively with both their native culture and the dominant culture. The integrated status has been associated with the best psychological and sociocultural adaptation outcomes for immigrant adolescents (Berry et al., 2006).

Biculturalism is important to consider when working with immigrant adolescents in schools, as the unilinear model reflects an attitude of promoting mere assimilation to the dominant culture, rather than the maintenance or nurturing of a connection with and pride in students’ native cultures. In the current intervention, there is an emphasis not only on connecting with the new environment, but on participants sharing their cultures with others and the promotion of their ethnic identities. Specific activities are outlined in Appendix C and discussed in detail later in this chapter.
The experiences of acculturation and adopting acculturation strategies can ultimately lead to conflict and stress. A primary goal of the group counseling intervention in this study was to discuss, process, and alleviate acculturative stress that the immigrant adolescent participants experienced. Acculturative stress is the stress that arises from the acculturation process. It encompasses the psychological and social difficulties associated with adapting to a different culture and has been found to have a profound impact on mental health (Takeuchi, Alegria, Jackson, & Williams, 2007). Some common contributors to stress are English language acquisition, subjection to discrimination and stereotypes, learning foreign cultural norms, lack of social acceptance, and negotiating between two disparate cultures (Katsiaficas, Suárez-Orozco, Sirin, & Gupta, 2013). Immigrant adolescents experience acculturative stress at a time when they are undergoing stressful physical and psychological changes associated with adolescent development, which can compound acculturative issues. By discussing and processing experiences of acculturative stress in a safe group setting among other immigrants, as was done in the current intervention, immigrant students can gain relief from sharing and realizing they are not alone in their struggles. Acculturative stress can take on different forms in different contexts. I present those most pertinent to immigrant adolescents below.

**Bicultural stress.** A recurrent acculturative stressor for many immigrant adolescents involves the management of bicultural stress, or stress related to being situated between two cultures with simultaneous pressure to conform to both (Oshri et al., 2014). Immigrant adolescents must attempt to navigate a dominant culture that may, in many ways, be incongruent with their family’s native culture, which may be devalued in mainstream society. As immigrant adolescents often acculturate more quickly than their parents, it is common for bicultural stress to take the form of intergenerational conflict as children internalize societal messages that
marginalize the culture of their parents (Patel, Clarke, Eltareb, Macciomei, & Wickham, 2016). Studies have indicated that acculturative and bicultural stress in adolescents is correlated with negative mental health outcomes and depressive symptoms (Romero, Martinez, & Carvajal, 2007). While each culture and family is characterized by unique values and customs, there are commonalities among non-Western collectivistic cultures that can lead to discord with the dominant culture and result in bicultural stress. In the current intervention, groups were comprised of immigrant adolescents from various backgrounds and participants were able to develop an awareness of similarities across cultures as well as the common experience of bicultural stress.

**Discrimination.** As immigrant adolescents attempt to navigate their new environments, they may find that they are not necessarily welcome in all facets of society, as they encounter discrimination and prejudice (Sirin, Ryce, Gupta, & Rogers-Sirin, 2013). Discrimination may take the form of a lower assigned social status due to limited language ability and resources, diminished job options, and prejudicial beliefs that immigrants are taking advantage of the U.S. and taking jobs from White Americans (Yakushko, 2009). Xenophobic attitudes can be pervasive and perpetuated by the media and encompass beliefs that immigrants are criminals, economic and cultural threats, and unwanted residents, leaving immigrants feeling dehumanized and invisible (Yakushko, 2009). One of the deleterious effects of discriminatory attitudes is that they may discourage association with the dominant culture (Yakushko et al., 2008).

Adolescence represents a developmental stage in which young people are concerned with forging an identity and how others perceive them (Erikson, 1968), and can begin to think more abstractly (Piaget, 1952) about issues such as discrimination and equity. Experiences of discrimination at this stage may be particularly detrimental to an immigrant or minority student’s
self-esteem and identity development (Martinez & Dukes, 1997). Immigrant adolescents can benefit from being in affirming environments and from having safe spaces in which they can share their experiences of discrimination such as counseling groups (Shi & Steen, 2012). In the current intervention, participants engaged in purposeful discussions centering on experiences of discrimination and stereotyping.

**Additional factors.** Additional factors that are common sources of acculturative stress for immigrant adolescents are increased responsibilities and their immigration status (Yakushko et al., 2008). During the transition period, immigrant parents may feel overwhelmed and unable to attend to all of their children’s emotional needs (Pumariega et al., 2005). In addition, as immigrant families attempt to find their footing in a new society, immigrant adolescents must often assume responsibilities outside of school, such as caring for younger siblings and working to help support their family (Goh, Wahl, McDonald, Brissett, & Yoon, 2007). Immigrant children often find themselves acting as “cultural brokers” for their less acculturated parents, which can create the additional stress of navigating adult situations (Birman et al., 2007). Immigrant students may not have the time to participate in school activities and feel like outsiders and perceive that other students enjoy more freedoms outside of school than they do. A group intervention offered during school hours can help such students feel more involved in school and develop connections with other students who also have increased family obligations.

According to the Migration Policy Institute, there are over 11 million unauthorized immigrants living in the United States as of 2012, and over five million children under the age of 18 live with a parent who is an unauthorized immigrant (Zong & Batalova, 2017). Unauthorized or “undocumented” immigrants, may live in constant fear of deportation and the stress of prolonged court proceedings. Being of undocumented status may cause an adolescent to feel
inferior to those of legal status and have less hope for an upwardly mobile future. Currently, the federal Deferred Action for Childhood Arrivals (DACA) program, which seeks to allow undocumented immigrant children to apply to legally avoid deportation and have access to work permits, drivers licenses, and bank accounts (Shoichet, Cullinane, & Kopan, 2017), is in danger of being dismantled. Immigration status may be a particularly sensitive discussion topic for those who are undocumented as they may fear discrimination or even the reporting of their status to authorities. In the current study, participants were made aware that they were not expected to discuss their immigration statuses, and if they chose to do so, that confidentiality was limited, given that I could not guarantee other participants would not share information outside of the group.

Among the immigrant adolescent population, refugees are particularly vulnerable to compromised mental health due to the trauma which they have been exposed to. Ellis, MacDonald, Lincoln, and Cabral (2008) noted that post-traumatic stress disorder (PTSD) and depression were prevalent in refugee populations, with findings demonstrating a relationship between cumulative trauma and symptoms of PTSD and depression, as well as relationships with post-resettlement stress, acculturative stress, and perceived discrimination. Fazel, Doll, and Stein (2005) reported that refugees in Western countries were about ten times more likely to receive a diagnosis of PTSD than the age-matched general population. The current intervention did not target refugee students, so refugee issues were not explicitly addressed in group sessions, although the group allowed for dialogue on such topics to arise. More severe cases of immigrant PTSD may require more specialized treatment.

The intervention period for the current study took place about one and a half years following the 2016 U.S. presidential race, during which immigration policy was a highly
contested topic. The current study unfolded against the backdrop of a tense national climate in regards to immigration-related issues. During the study period, immigration policy was regularly dissected and debated in political and media discourse. Such discourse shed light on and amplified anti-immigrant attitudes held by some White Americans. While at least some of this sentiment was, and continues to be, associated with undocumented immigrants, it also underlies a growing sense of nationalism among some White Americans that communicates that non-U.S. born and non-White individuals are not welcome. These forms of discriminatory attitudes may have contributed to the acculturative stress experienced by participants during the study time period.

**Acculturative stress outcomes.** It is important for school counselors to acknowledge and address acculturative stress because it can be detrimental to an immigrant and minority adolescent’s mental health. Acculturative stress has been associated with anxiety and depression in Latino, Asian, and African American college students (Walker, Wingate, Obasi, & Joiner, 2008). In a study with 332 first and second generation immigrant adolescents in an urban setting, Sirin, Ryce, Gupta, and Rogers-Sirin (2013) found that higher levels of acculturative stress exposure predicted higher levels of anxiety, depression, somatic, and withdrawn symptoms. Similarly, in a study with 138 Hispanic children ages nine to 12 years, Suárez-Morales and Lopez (2009) found that acculturative stress was related to psychological and physiological symptoms of anxiety.

Experiences of discrimination, which is a form of acculturative stress for immigrants, have been linked to depressive symptoms in immigrant adolescents (Davis et al., 2015). Berry, Phinney, Sam, and Vedder (2006) found that perceived discrimination among immigrant adolescents had a significant negative association with psychological adaptation and that it
contributed to poor sociocultural adaptation. And, in a study conducted by Katsiaficas, Suarez-Orozco, Sirin, and Gupta (2013) with 304 urban immigrant adolescents, the authors found that first-generation immigrants experienced higher levels of acculturative stress than second-generation immigrants. This factored into my decision to focus solely on first-generation immigrant students in the current study.

**School Connectedness**

School connectedness is the degree to which students feel they are cared for by adults and other students at school and that they belong to their school community (McNeely, Nonnemaker, & Blum, 2002). It can be conceptualized across several dimensions, which include perceptions of school climate, quality of relationships with teachers, interpersonal support, and feelings of belonging and acceptance (Jose, Ryan, & Pryor, 2012). School connectedness has been associated with positive behaviors such as better school attendance, staying enrolled in school longer, belonging to a positive peer group, and having a commitment to education (Centers for Disease Control and Prevention, 2009).

While school connectedness is significant for all students, it is particularly pertinent to immigrant students, as these students find themselves not only in a vastly new school environment, but in a foreign culture. For many immigrant adolescents, schools represent the primary setting in which social and cultural learning occurs (Chiu, Pong, Mori, & Chow, 2012). As they attempt to assimilate, immigrant students may also be attempting to learn English and form peer relationships (Rossiter & Rossiter, 2009). Cultural differences, language limitations, decreased self-esteem, and an outsider status can profoundly hinder an immigrant adolescent’s ability to form meaningful connections to peers and personnel at school. Immigrant students, in particular, may find it difficult to participate in activities that could help them feel more
connected to the school, such as sports or after school clubs. This is because many immigrant students must take on added responsibilities to help their families, including caring for younger siblings, daily household chores such as cooking, and working at a job to earn additional money (Goh et al., 2007).

Relational engagement, which parallels school connectedness in several ways, was identified as a critical protective factor for recent immigrant students in a study conducted by Suarez-Orozco, Rhodes, and Milburn (2009). The researchers analyzed data from a five year longitudinal study entitled the Longitudinal Immigrant Student Adaptation Study (LISA; Suarez-Orozco & Suarez Orozco, 2001) with 309 immigrant students ages nine to fourteen, from five regions (Central America, China, the Dominican Republic, Haiti, and Mexico) in order to examine patterns of academic achievement and associated risk and protective factors. The authors examined data pertaining to demographics, English language proficiency, academic self-efficacy, behavioral engagement, relational engagement, and school grades to inform a structural equation model for predicting GPA at years three and five. Measures of academic self-efficacy, behavioral engagement, and relational engagement, were self-reported by participants.

Among the risk factors for diminished school engagement and lowered GPA was school violence and a threatening school climate. Relational engagement with peers and adults in school played a significant role in predicting positive academic engagement which, in turn, positively predicted GPA. Relational engagement also mediated the negative effect of school violence on grades. Relational engagement was defined as the quality of relationships or connections that students have with peers and adults in school, and was therefore similar, although not identical, to school connectedness. It was measured by 11 items developed by the authors scored on a 5-point Likert-type scale and included items such as “I can count on at least one adult in school.”
While the current study was not longitudinal, my goal was for participants to experience long-term benefits from the intervention. The group intervention was designed specifically for immigrant students and promoted directly to this population, which enhanced their access to services and communicated that school personnel cared about them and their needs. It presented an opportunity for such students to engage in a school activity, build trust with a school counselor, and engage in positive relationships with their peers. All of these factors contributed to school connectedness and relational engagement in school.

**School connectedness outcomes.** The value of school connectedness is supported by research that demonstrates its association with a variety of positive student outcomes. A report by the Centers for Disease Control and Prevention (2009) indicated that school connectedness was one of the strongest protective factors for adolescents against substance use, violence, emotional distress, and suicide attempts. In a longitudinal study with 1,774 students ages 10 to 15 in New Zealand over a three year period, researchers found that school connectedness was a significant predictor of well-being, even more so than peer and community connectedness (Jose, Ryan, & Pryor, 2012).

Researchers have identified school connectedness as a critical factor for immigrant students’ adjustment and well-being. In a qualitative study, in which interviews were conducted with 12 community stakeholders who worked with at-risk immigrant youth in Canada, Rossiter, and Rossiter (2009) identified a lack of positive peer relationships and the isolation and exclusion that accompany it, as a risk factor that can lead immigrant youths to gravitate towards antisocial peer groups and criminal activity. Data collected in the study suggested that many schools fail to bridge connections with immigrant students because educators may have a limited understanding of their cultural and educational backgrounds or their current living circumstances.
(e.g., having parents who cannot help with schoolwork due to long work hours and limited English proficiency).

Scholars have suggested that immigrant students can benefit greatly from increased school connectedness. Positive connections with school personnel, such as counselors and teachers, can serve as a protective factor specifically for immigrant students (Rossiter & Rossiter, 2009). Sanchez, Colon, and Esparza (2005) conducted a study with 143 12th grade Latino students in a high-risk high school. Using the 18-item Psychological Sense of School Membership (PSSM; Goodenow, 1993) to measure school belonging, the authors found that a greater sense of school belonging was significantly associated with higher levels of academic motivation and effort and lower prevalence of absenteeism. Similarly, in a study with 199 Latino middle school students, 80% of whom were immigrants, Roche and Kuperminc (2012), also using the PSSM (Goodenow, 1993), found that increased school belonging was associated with decreased impact of discrimination related stress on school performance. Kia-Keating and Ellis (2007) studied 76 Somali refugee students and found that greater school connectedness, measured by the PSSM was associated with lower levels of depression and greater levels of self-efficacy.

Based on the pertinence of school connectedness for immigrant students and its association with desirable outcomes for this population, fostering school connectedness was a primary objective of the current intervention. The provision of group counseling by the school and the opportunity to build meaningful relationships with peers and a school counselor were components of the intervention meant to foster school connectedness. These and other factors aimed at addressing school connectedness are explained in greater detail in the “Intervention: Strategies and Activities” section of this chapter.
Ethnic Identity

In addition to facilitating immigrant students’ relationships with their school environments, it is also important for them to maintain or develop a positive ethnic identity. A positive association with the majority culture as well as the culture of origin are components of optimal acculturation for immigrant adolescents.

Ethnic identity has been conceptualized as a developmental process that addresses the degree to which individuals value and identify with their ethnic group, including its values, customs, language, and history (Phinney & Ong, 2007). Phinney (1995) conceptualized ethnic identity as a component of an individual’s personal identity, comprised of belonging, commitment, and affirmation of one’s ethnic group and its members. Individuals with strong ethnic identities embrace their ethnic culture and feel a sense of pride and belonging to it. Ethnic identity exploration typically begins in adolescence (Malott, Paone, Humphreys, & Martinez, 2010) and is usually associated with ethnic minorities (rather than majority Whites in the U.S.), who often experience pressure to conform to the dominant group (Helms, 1996).

The construct of ethnic identity is particularly salient to immigrant adolescents (Phinney & Ong, 2007) as they attempt to form an identity and self-concept in a new society that may implicitly and explicitly devalue their heritage culture (Tummala-Narra & Claudius, 2013). Ethnic identity and acculturation are two distinct, yet overlapping constructs. Acculturation is concerned with the process of individuals adapting to and functioning in a new, dominant culture, whereas ethnic identity relates to individuals’ identification with their native ethnic groups and their feelings towards their native cultures. Essentially, ethnic identity is a critical component of healthy acculturation. In Berry’s (1997) model of acculturation, two dimensions—identification with the culture of origin and identification with the host/dominant culture—
constitute acculturation strategies, with the healthiest acculturation being biculturalism, or high association with both the native and host culture (Phinney et al., 2001).

While one may assume that recent immigrants would exhibit a high level of ethnic identity as they were likely immersed in their cultures in their countries of origin, this is not necessarily the case. Yakushko et al. (2008) observed that new immigrants may actually initially unintentionally disassociate with their native cultures in an effort to assimilate to the majority cultures. Matsunaga, Hecht, Elek, and Nidaye (2010) have asserted that immigration may eventually trigger ethnic identity awareness and formation as immigrants may find themselves as foreigners in multicultural communities that force them to become cognizant of issues related to culture and ethnicity identity.

Several factors can cause immigrants to disassociate with and/or develop a negative perception of their ethnic identity. Attitudes towards immigrants in receiving communities vary greatly. Perceived discriminatory or unaccepting attitudes towards immigrants within communities and in the media can lead immigrants to feel they must choose between cultures and can negatively impact ethnic identity should they choose to assimilate (Brown & Chu, 2012; Phinney et al., 2001). Immigrant adolescents entering a school in which there is little or no representation of their ethnic group may move towards disassociating with his or her culture (Phinney et al., 2001). Meanwhile, environments that embrace cultural pluralism promote the development of positive ethnic identity (Phinney et al., 2001). In providing the current intervention, I intended to convey a welcoming and affirming attitude toward immigrant students. The group intervention itself offered a platform for immigrant students to share their culture and values with their peers and allow for participants to develop a mutual appreciation for each other’s cultures, further promoting ethnic identity development.
**Ethnic identity outcomes.** Ethnic identity is not only an important concept for immigrant and minority adolescents in theory, but researchers have found a significant positive relationship between ethnic identity and several dimensions of psychological well-being for adolescents from various ethnic minority groups (Umaña-Taylor & Shin, 2007). In social science research, ethnic identity is most commonly measured by the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992). The MEIM has a strong reported reliability for high school students ($\alpha = .81$) (Phinney, 1992) and has demonstrated construct validity (Ponterotto, Gretchen, Utsey, Stracuzzi, & Saya, 2003). In their study with over 12,000 adolescents from various ethnic backgrounds, Martinez and Dukes (1997) categorized participants into “unexamined,” “searching,” and “achieved” ethnic identity statuses based on responses to an adaptation of MEIM (Phinney, 1992). The authors discovered that respondents who reported more advanced ethnic identity statuses also reported significantly higher levels of self-esteem, self-confidence, and purpose in life.

Studies have demonstrated that among youths, ethnic identity outcomes are especially salient for minorities. Rayle and Myers (2004), in their study with 176 minority and 286 nonminority adolescents, found that ethnic identity as measured by the MEIM (Phinney, 1992), was associated with overall wellness (comprised of measures of spirituality, self-direction, schoolwork, leisure, love, and friendship wellness) for minority adolescents but not for their White counterparts. In research with Latino adolescents enrolled in bilingual classrooms, Cavasoz-Rehg and DeLucia-Waack (2009) found that a dimension of ethnic identity measured by the MEIM called *affirmation, belonging, and commitment* was a significant predictor of self-esteem. Meanwhile, lower levels of ethnic identity have been associated with compromised mental health. In a study in which 159 African American and European American adolescents
were evaluated for depression, academic achievement, and ethnic identity, Yasui, Dorham, and Dishion (2004) reported that adolescents with poor ethnic identity were more likely to exhibit depression and lower total competence (including social competence and school performance). The authors found that the effect was more prominent for African American adolescents than for their European American counterparts.

Ethnic identity is also associated with adolescent resilience. Researchers have found links between higher levels of ethnic identity and adolescent resiliencies that can buffer against risk factors such as violence, gangs, and drugs (Holleran & Waller, 2003). Castro et al. (2007) found that for at-risk Hispanic youth, ethnic identity was a protective factor against substance abuse. Findings regarding the associations between ethnic identity and the effects of discrimination have been inconclusive as researchers theorize that while ethnic identity may act as a buffer, it may also increase an individual’s sensitivity to discrimination (Smith & Silva, 2011).

Research on ethnic identity and academic achievement is mixed but overall tends to support the promotion of ethnic identity for academic achievement (Holcomb-McCoy, 2005). Portes and Rumbaut (1990) found that ethnic identity is related to immigrant adolescents’ positive educational adaptation while Phinney et al. (2001) found a positive relationship between ethnic identity and school adjustment.

**Ethnic identity as a moderator/buffer.** For disadvantaged minority groups such as immigrant adolescents, ethnic identity involves having a firm acceptance of and pride in one’s ethnic group in the face of societal stigmatization (Phinney, 1991). Ethnic identity can act as a buffer between adversity and negative mental health outcomes for marginalized groups. Walker et al. (2008) found that ethnic identity moderated the relationship between depression and suicide
ideation such that higher ethnic identity weakened the relationship between depression and suicide ideation for African American, but not European American college students. For immigrants, strong ethnic identity has been found to promote optimal adaptation in the face of varying pressures and attitudes of the host country (Phinney et al., 2001).

Several authors have suggested that ethnic identity may act as a moderator or buffer between acculturative stressors such as discrimination and their harmful effects on psychological adjustment for minority adolescents and college students (Iturbide, Raffaelli, & Carlo, 2009; Umaña-Taylor & Updegraff, 2007). Research examining ethnic identity as a moderator for acculturative stress is not entirely conclusive, but there is evidence that suggests it might be the case. For instance, French and Chavez (2010) found ethnic identity to be linked to resiliency in the face of ethnicity-related stressors, leading to increased psychological well-being for Latino college students. And Iturbide et al. (2009) found evidence that ethnic identity moderated the relationship between lower level acculturative stress and depression for Mexican American female college students.

In the current study, I sought not only to evaluate the effectiveness of the intervention at enhancing ethnic identity, but I was also interested in whether an immigrant adolescent’s initial ethnic identity helped predict psychological outcomes when they were placed in the control group and did not partake in the intervention. Theoretically, participants in the control group had to contend with acculturative stress without a formal support service. I wanted to examine whether higher levels of initial ethnic identity helped to buffer the effects of day to day stressors for control group participants, as determined by lower levels of posttest general distress after controlling for pretest levels.
Summary

Literature and theory based on culturally responsive schools, acculturation and acculturative stress, school connectedness, and ethnic identity provide a framework for the current intervention, a school-based group counseling intervention for immigrant adolescents. The provision and promotion of a group specifically for immigrant high school students are supported by literature pertaining to culturally responsive schools and building school connectedness.

The intervention in the current study was comprised of group counseling sessions, which provided a safe space for participants from various countries of origin to engage in moderated discussions on topics related to the immigrant experience. Topics included experiences of acculturative stress, including bicultural stress, family conflict, and discrimination. Acculturative stress is particularly salient to immigrant adolescents and can take a psychological toll on those who experience it. Actively discussing stress-related issues presents an opportunity for processing and relief to occur. Such dialogues can also lead to peer support and bonding, which can contribute to increased school connectedness. The intervention also presented opportunities for participants to share about their cultures and engage in discussions about cultural values in a supportive environment. Research findings, previously described, suggest that these activities contribute to ethnic identity development, which is linked to a number of favorable psychological outcomes for immigrant adolescents. Ethnic identity, or adherence and pride in one’s acculturation, along with association with the majority culture, are critical components of healthy acculturation development (biculturalism). In the following section, I describe the intervention goals and strategies, and the literature and theory that support them in detail.


**Intervention: Strategies and Activities**

Given the unique challenges and stressors that immigrant adolescents must contend with as they attempt to adapt to a different culture and school environment, the group intervention used in the current study aimed to address immigrant adolescent issues (acculturative stress and ethnic identity) and improve their school connectedness and psychological well-being (self-esteem and general distress). The goals of the intervention are divided into primary goals which were driven by the theoretical underpinnings of the intervention and directly influenced its strategies and activities, and secondary goals, which were not explicitly targeted by the intervention strategies and activities, but were associated with the primary goals.

The primary goals of the intervention were: enhancing ethnic identity, improving school connectedness, and processing acculturative stress for participants. The secondary goals of the intervention were increasing self-esteem and decreasing general psychological distress among participants. Secondary goals were the ultimate desired outcomes of the intervention and should be considered at least as important as primary goals. Figure 1 presents a conceptual framework graphic of the intervention, depicting how theoretical underpinnings informed intervention strategies, as well as the desired primary and secondary outcomes stemming from each strategy. Individual group activities are not presented in the conceptual framework, however they are outlined under group sessions in Appendix B.

In the following sections, I will first briefly present the group counseling concepts that applied to the current intervention. Following this, I will discuss the strategies and activities that were utilized in the intervention to address the primary goals, accompanied by supporting research. Given the dynamic and unpredictable nature of group counseling, not all of the content outlined in each session in the intervention summary description was covered in the
precise fashion that I planned. In this sense, the sequence and duration of session activities
detailed in the outline should be considered fluid. In the following sections detailing
intervention strategies and activities, I will refer to specific intervention group sessions and
activities. Refer to Appendix B for a detailed outline of the intervention’s five group sessions,
including their goals and activities.
Figure 1

*Intervention Theoretical Underpinnings, Strategies, and Goals*

**Strategies**

- Provide & promote counseling group/safe space specifically for immigrant students
- Identify resources and allies/cultural brokers for students in school
- Identify commonalities & develop peer bonds regarding immigration experience & related trauma
- Discuss and process experiences of stereotypes and discrimination & develop coping strategies
- Explore and share ethnic culture and cultivate ethnic pride
- Present psychoeducation about immigration and acculturation related processes
- Discuss and process cultural values and values conflicts

**Primary Goals**

- Increased School Connectedness
- Decreased Acculturative Stress
- Increased Ethnic Identity

**Secondary Outcomes**

- Decreased General Distress
- Increased Self-Esteem
Group Counseling

**Format.** The intervention included five 60-minute weekly sessions. Sessions of 60 minutes or more are standard for group counseling, as they allow for initial warm-up and coverage of major themes (Yalom & Leszcz, 2005). Sessions were limited to five total meetings due to the constraints presented by school settings, which may include a relatively large number of immigrant students to be served, academic and extracurricular demands on students, and the professional demands on full-time school counselors who must facilitate the group. According to Yalom and Leszcz (2005), brief group counseling is becoming more commonplace due to high demands on services and economic limitations, and there is evidence that it is effective. In comparison, of the five previously reviewed group counseling interventions that stated the number of session meetings, four met for eight or fewer sessions. Sessions in the current intervention were semi-structured and integrated psychoeducation, which helped to make efficient use of the limited session meetings.

**Therapeutic factors.** In developing the intervention’s techniques and activities, I considered several theories and concepts inherent to group counseling. Universality, social learning, group cohesiveness, and catharsis have been identified as primary therapeutic factors in group counseling that can lead to positive change (Yalom & Leszcz, 2005), and underlie the current intervention strategies, both complementing them and enhancing them in achieving their goals. Although other beneficial therapeutic factors, such as interpersonal learning, may have emerged in group sessions, they were not imperative for achieving goals.

As previously discussed, universality is the process of an individual transitioning from the belief that they are alone in a specific struggle to the awareness that others have had similar experiences and the relief that results from this realization and normalization of experiences
(Yalom & Leszcz, 2005). Groups can allow for the normalization of acculturative stress and for peer bonding to occur (Birman et al., 2007). Achieving universality in a group setting may be particularly powerful for immigrant adolescents, who have endured stressful immigration acculturative experiences with which their American-born peers cannot identify. Additionally, many immigrants are from collectivistic cultures that discourage them from sharing painful experiences outside of the family context, which can further isolate them in schools.

The likelihood of meaningful social learning taking place in the group intervention is increased due to the varying lengths of stay in the U.S. and varying acculturation levels among participants. Newer or less acculturated participants may take cues from their more established peers in terms of how to navigate school resources or how to mitigate cultural discord between the family and school environments.

Group cohesiveness is “the attractiveness of a group for its members,” that can lead to “warmth and comfort in group and a sense of belongingness” (Yalom & Leszcz, 2005, p. 55). The development of cohesiveness is not an explicit outcome of any particular group activity, but an element that can develop over time as participants become familiar and comfortable with peers and develop caring relationships with them. I posited that cohesiveness could contribute positively to both school connectedness and self-esteem.

Finally, catharsis, or the expression of previously unspoken or suppressed feelings (Yalom & Leszcz, 2005), is a therapeutic factor that is particularly significant for immigrant youths, as non-Western cultures tend to value stoicism and suppression of emotions (Pumariega, Rothe, & Pumariega, 2005). This release of emotions may not only lead to relief, but to increased group cohesiveness and feelings of universality among participants who experience similar problems and emotions.
**Group process.** The current intervention integrated elements of traditional group counseling with psychoeducation and guided activities. Given the sensitive nature of discussion topics, particularly those revolving around acculturative stress, it was important to take group counseling development theory into account when planning group discussions and activities.

A widely accepted five-stage group counseling development process first suggested by Tuckman (1965) entails the stages of forming, storming, norming, performing, and adjourning. In the initial forming stages of group counseling, members may be uncomfortable, hesitant to share, and concerned with establishing norms. In this stage, members often look to the facilitator for guidance. In the current intervention, the goals of session one were to establish norms and develop rapport among members, while introducing topics that would be explored in future sessions. In session one, I presented an overview of the group purpose and its structure, topics to be covered, and established group expectations and rules with participant input. I also engaged participants in ice-breaking activities that broached immigrant and ethnic identity-related issues. The activities were also designed to highlight commonalities among participants to lay down a foundation for universality.

In session two, members were theoretically moving towards the storming stage (Yalom & Leszcz, 2005), in which members may vie for power and test limits with one another and the facilitator. For this reason, participants primarily engaged in a structured activity that entailed sharing about their cultural identities, rather than engage in discussions about more sensitive topics.

The following stages of norming and performing, entail the forming and maintenance of trust, established roles, and genuine cohesion among group members (Yalom & Leszcz, 2005). Not every group achieves the performing or even norming stage. However, according to group
development theory, if productive discussions and processing of personal and painful topics are to occur, it will be in these stages. In the current intervention, discussions and activities centered on the immigration experience and acculturative stress (potentially more delicate subjects) were not fully introduced until sessions three and four and the beginning of session five. The final adjourning, or termination, stage can be difficult and even frustrating when closure between members has not occurred (Yalom & Leszcz, 2005). In the current intervention, however, the impact of termination was diminished, as members continued to see one another in school.

**Addressing Acculturative Stress**

The immigration process and acculturative stress are ubiquitous among immigrant adolescents, while acculturative stress is at the root of a number of undesirable psychosocial outcomes within this population. According to Kosic (2004), mainstream society’s acceptance of immigrants is linked to decreased acculturative stress and increased self-esteem. Therefore, the offering of an intervention specifically for immigrant students in and of itself begins to address acculturative stress by conveying a welcoming and accepting attitude to these students.

In the group counseling intervention, participants engaged in moderated discussions and activities revolving around acculturative stress occurred primarily in sessions three, four, and five. Acculturative stress-related topics included: difficulty adjusting to customs and values in the U.S., cultural and values conflicts, and experiences with cultural stereotypes and discrimination. As discussed earlier, experiences of acculturative stress can be personal and painful, which is why they were not addressed in depth in earlier sessions, when group cohesion and trust were less likely to be established (Tuckman, 1965). In session one, the discussion topic, “who is an American,” broached a theme of acculturative stress, in the form of cultural stereotypes, without explicitly prompting members to share painful firsthand experiences of
acculturative stress. This activity was designed to challenge stereotypes and help prepare participants to discuss incidents of discrimination and stereotyping more personally and more in depth in subsequent sessions.

Universality and catharsis are two of the primary group therapeutic factors that participants may have benefited from by processing acculturative stress experiences in a safe environment among their peers. These therapeutic factors are supported by a number of authors who recommended group counseling for addressing acculturative stress. In their discussion of school interventions to address immigrant students’ acculturative stress, Birman et al. (2007) pointed out that opportunities to get to know other immigrant students and their experiences in small groups can help normalize acculturative stress and the feeling of being an outsider. Similarly, Glasgow and Gouse-Sheese (1995) suggested that counseling groups for undocumented immigrant students can allow for discussion of stressful experiences, catharsis, and universality between members, while Gonzalez et al. (2014) suggested that school counselors utilize group counseling with immigrant youth to explore and validate feelings of stress related to managing the competing expectations of schools and their families. Social learning is another therapeutic factor that can transpire in group counseling discussions centered on experiences of acculturative stress; the group setting can serve as a social microcosm in which members can share, learn, and attempt new behaviors such as methods for coping with acculturative stress (Yalom & Leszcz, 2005).

Bicultural stress was addressed in session four by way of a facilitated discussion of cultural conflicts in different contexts such as caring for elders and making college and career decisions. It was further explored through an activity in which members help create a Venn diagram of American and non-American values. Bicultural stress is an appropriate group topic
because it is commonly experienced among immigrant adolescents, and it is particularly relevant in the school setting in which dominant values and customs may contrast those of students’ families. The processing of bicultural stress in a group counseling format is supported by Gonzalez, Eades, and Supple (2014), who suggested that group counseling be utilized with immigrant youth to explore and validate feelings of stress related to managing the competing expectations of schools and their families.

**Improving School Connectedness**

A primary goal of the current intervention was to improve participants’ school connectedness, or degree to which students feel cared for at school and that they are part of the school community (McNeely et al., 2002). School connectedness has many positive associations (Centers for Disease Control and Prevention, 2009), and it may be diminished for immigrant students, who may struggle with the English language and who come not only from different schools but different cultures. The very offering of a group specifically designed for immigrant students, offered during convenient, non-academic school hours (homeroom and lunch periods), improved their access to engage in an extracurricular activity, which McNeely et al. (2002) found was positively associated with school connectedness.

In the current intervention, I strove to create conditions to facilitate the improvement of school connectedness for participants. This is supported by research findings indicating that school attitudes and conditions are critical for positive feelings of school connectedness for students. McNeely at al. (2002) found that a positive school climate was positively correlated with school connectedness, while a study Battistich, Schaps, and Wilson (2004) found that an intervention focused on fostering a caring, collaborative, and supportive school environment helped students achieve greater levels of school connectedness on several dimensions, including
liking school, sensing school as a community, higher engagement, and more trust and respect for teachers. The provision of a group specially designed for and promoted to immigrant students conveys a message that they are welcome and cared for in school, which, if perceived by students, should contribute to feelings of school connectedness.

The counseling group itself provided a safe and affirming environment for participants while offering them an opportunity to form positive relationships with peers and the facilitator, a school counselor. According to a study by Suarez-Orozco et al. (2009), relational engagement with peers and adults significantly predicts school engagement, which parallels school connectedness. Building positive peer and adult relationships in school is critical for immigrant students, as they may struggle to form these relationships as cultural outsiders who face social, economic, and linguistic barriers (Yakushko et al., 2008).

Finally, I aimed to promote school connectedness specifically with one of the group activities. In session five, participants were prompted to identify supportive resources and school personnel who could assume roles as cultural allies and mentors. A study by King, Vidourek, Davis, and McClellan (2002) demonstrated that positive mentorship led to significantly increased school connectedness for at-risk students.

**Enhancing Ethnic Identity**

A healthy ethnic identity has many positive psychosocial associations for immigrant adolescents (Rayle and Myers, 2004; Umana-Taylor & Shin, 2007), and it is a critical component of healthy (bicultural) acculturation. In the current intervention, I aimed to facilitate participants’ ethnic identity development by cultivating an environment that affirmed their cultures and identities as immigrants and through facilitated activities that allowed students to explore and share their cultures. A culturally affirming school environment is essential to ethnic
identity development and healthy acculturation (Gonzalez et al., 2014). Birman et al. (2007) argued that school environments that only encourage assimilation force such students to make a polarized decision: either assimilate to the host culture and disassociate from their culture of origin or reject the host culture and only associate with the culture of origin, rather than developing a healthy bicultural identity.

Several researchers have called for school personnel to explicitly guide immigrant and minority students in ethnic identity development (Birman et al., 2007; Goh et al., 2007), while Holcomb-McCoy (2005) recommended counseling groups be utilized for ethnic identity exploration. In terms of activities, Holcomb-McCoy (2005) recommended encouraging students to complete prompts such as “Being (e.g., ‘Korean’) in this school/community means…” (p. 125). Similarly, Goh et al. (2007), in their exploration of strategies that school counselors can utilize with immigrant students, suggested that counselors can “encourage students to have cultural pride and can empower immigrant students by offering assignments that allow these students to share their culture…” (p. 71). Meanwhile, to promote ethnic identity development, Birman et al. (2007) suggested giving immigrant students a platform to share their backgrounds and experiences as immigrants.

I took all of the above recommendations into consideration when designing the current intervention. In session two, participants were prompted to share and exhibit pride about their cultures by sharing what they “miss” and “love” about their country and by teaching group members the proper pronunciation of their name as well as a phrase in their native language. In sessions two, three, and four, participants were encouraged to participate in “cultural sharings” in which individuals brought “cultural artifacts” (items or stories) from their homes to share with the group.
In a study by Malott et al. (2010), in which the authors successfully implemented a group counseling intervention aimed at facilitating ethnic identity development for Mexican immigrant adolescents, group topics included exploring cultural values and family beliefs. Similarly, in session four of the current intervention, participants engaged in a moderated discussion examining cultural and familial values and practices and how they contrasted with those of the White American culture in a variety of scenarios. I also prompted participants to consider how their cultural values were sources of strength. Later in that session, participants collaborated to create a Venn diagram to compare their cultural and familial values with those of the majority culture.

Lastly, Gonzalez et al. (2014), in their essay on immigrant youth development in schools, recommended that to aid in students’ ethnic identity development, school counselors should help to identify individuals in the school community who could serve as cultural brokers for specific immigrant groups. According to the authors, such individuals should be familiar with the majority culture as well as the cultures of the targeted immigrant groups. This transpired in session five, in which participants were prompted to identify and share cultural brokers and allies within the school setting. The group facilitator, who may be more familiar with the school setting than many of the students, may also suggest cultural brokers, as I did in the intervention.

**Summary**

All of the studies reviewed featured group interventions that targeted specific needs of immigrant student segments and should be considered valuable in guiding subsequent interventions for immigrant students in general. These interventions demonstrated that educators have the ability to effectively attend to the acculturative and psychological needs of immigrant students through the utilization of group counseling. However, none of the interventions
reviewed were applicable to immigrant adolescents on the whole, nor were the intervention strategies detailed in a manner that could be replicated. This current study examined the effectiveness of a group intervention intended to address specific needs that are applicable to most, if not all, immigrant adolescent students in the United States. Additionally, the intervention procedures and strategies are delineated in a manner so that they may be replicated and utilized by all school and mental health professionals.
Chapter III: Methodology

The purpose of this study was to examine the effectiveness of a short-term school-based group counseling intervention for immigrant adolescents. More specifically, in the current study, I examined how the intervention could impact participants’ measures of ethnic identity, school connectedness, self-esteem, and general psychological distress (using a measure that subsumes depression, anxiety, and somatization). I assessed this quantitatively by comparing intervention group participants’ posttest scores on these measures to those of control group participants while accounting for pretest scores, using the appropriate statistical test. I was the primary researcher for this study, and I conducted all of the methodological procedures.

The following is an overview of this chapter. First, the study design and a rationale for utilizing the design for this study will be discussed. This will be followed by a description of the research setting as well as the criteria for participation and the sampling methods used. Next will be a brief description of each instrument used in this study, including its psychometric properties. Following this, the methods used for data collection and analysis are presented. Finally, I will discuss the threats to the internal validity of the study’s findings and the delimitations imposed by the researcher.

Research Design

This study employed a quasi-experimental, pre/post-test design that yielded quantitative self-reported data from participants in a treatment group that received the group counseling intervention and participants in a control group that did not receive the intervention. Due to logistical limitations (e.g., there was only one researcher and group facilitator), participant selection and group assignment were non-random. The study was confirmatory in nature as I hypothesized that the intervention would be effective in increasing ethnic identity, school
connectedness, and self-esteem while decreasing general distress in participants as compared to those in the control group. Additionally, I hypothesized that ethnic identity would moderate the relationship between group assignment and posttest general distress, such that participants assigned to the control group with higher ethnic identity would have lower posttest general distress than those with lower ethnic identity, after controlling for pretest general distress.

I chose the quantitative approach because it allowed for objective measurement and evaluation of the intervention’s effectiveness in the form of questionnaires that measured ethnic identity, school connectedness, self-esteem, and general distress. A qualitative approach (e.g., conducting interviews with participants) may have allowed for insight into the processes of acculturative stress, ethnic identity development, and school connectedness. This approach, however, would not directly address the research questions or contribute to the objectives of the study. The goal of this study was to objectively determine the effectiveness of the proposed intervention so that, if found effective, it could guide future studies and interventions for the immigrant adolescent population. A quantitative approach aligns with these objectives. A secondary goal was to explore the role of participant ethnic identity as a predictor of posttest general distress and as a moderator between group assignment and posttest general distress.

**Setting and Context**

The intervention and control groups took place at a single public suburban high school setting located in the Northeast. The high school is large, with over 2,200 current students, and ethnically diverse as there is no majority student race, with Black students making up the largest racial proportion. In recent years, the school has experienced an increase in recently arrived immigrant students, many of whom are from economically disadvantaged backgrounds. Offering the group counseling intervention at the participants’ school maximized their access to
the service and research participation, as it did not require the extra time or cost associated with traveling and was offered at a setting where the participants regularly attended. These factors are particularly important for recent immigrant students who may have limited free time, resources, and economic means. Many immigrant students have additional responsibilities to help their families outside of school (Goh et al., 2007) and participation outside of school would be inconvenient and unfeasible for many. The school setting also offered a familiar and unintimidating setting for the intervention and data collection to take place, therefore increasing the likelihood of participation.

**Procedures**

**Sampling**

Group assignment was non-random and conducted on the basis of practicality. Potential participants were recruited at two different times- in the spring of the 2017-18 school year and in the fall of the 2018-19 school year. Those who volunteered to participate in the spring were assigned to the intervention group, while those who volunteered to participate in the fall were assigned to the control group. Non-random group assignment was used due to time and workforce constraints, as I was the only researcher on site and could not manage recruitment (including information sessions and collecting consent/assent forms) and the subsequent procedures (including the facilitation of all group counseling sessions) for both the intervention and control groups during the same time period.

Potential participants were initially identified by their membership in the school’s ESL programs (excluding those in ESL level 1 classes) and by using the school database to identify former ESL students and non-ESL students who were born outside of the United States and arrived to the United States at the age of 10 years or older.

The following criteria were used for participation in the study:
- A current student at the high school in any grade
- Must be foreign-born
- Must have immigrated to the U.S. at age 10 or older
- Could not be in ESL 1 level classes
- Could not be classified as a special education student (with learning and/or emotional disabilities)

As high school students are typically considered to be at an adolescent stage, there were no age or grade restrictions for students at the high school study site. Due to logistical constraints, only students from one high school were eligible to participate. Participants had to be foreign-born because the focus of this study was first-generation adolescent immigrants in the U.S., who, by definition, must be born outside of the U.S. Students’ country of origin was not a consideration for participation. Although there are many differences between immigrant groups, all foreign-born students are vulnerable to acculturative stress, difficulties with school connectedness, and ethnic identity issues.

I chose the age of immigration to be ten (10) years or older for criterion because acculturative issues explored in the intervention are more likely to be pertinent to immigrants who immigrated at a later age. Ten years of age is on the verge of Piaget’s (1952) formal operational stage, which begins at approximately age 11, and is the stage at which individuals can begin to contemplate abstract relationships and concepts such as justice as well as engage in metacognition, or the ability to reflect on the thoughts of themselves and others. At this stage of cognitive development, a recent immigrant is more likely to process and be affected by issues related to acculturation and identity, including those related to discrimination, cultural value differences, and identity as an ethnic minority.
Immigrant students could not participate if they were currently in ESL level 1 classes because the group counseling intervention was conducted in English; therefore it was necessary for participants to communicate in English at an intermediate level or higher. Finally, students classified with learning and/or emotional disabilities were not included in this study because those students may be at a developmental stage at which they would have difficulty processing concepts discussed in the group or may be more susceptible to emotional and psychological distress when discussing personal topics in group.

Participant selection for both the intervention and control groups was conducted using convenience sampling. During the intervention group period, I attempted to identify all individuals at the high school study site who potentially met participation criteria and invite them to informational sessions. During control group participant recruitment, which occurred approximately seven months after intervention group recruitment, potential participants were excluded if they had already taken part in the intervention group. To reach more potential participants, I offered the same informational session four times during intervention group recruitment and four times during control group recruitment.

Convenience sampling was employed because, although all identified participants were invited to informational sessions, there were students who were unavailable or uninterested in attending those sessions. For instance, informational session were held during homeroom periods, which were 30 minute, non-academic “free” periods for most students, however some students partook in specialty homerooms for clubs or homeroom extra help that may have precluded them from attending informational sessions. And, of those in attendance only those students who: a) were willing and able to participate and b) who were able to complete and return required consent and/or assent forms, were eligible to participate. This likely contributed
to self-selection bias. For instance, it is possible that individuals who initially returned consent and/or assent forms had parents or guardians who were more supportive of mental health services.

In total, 163 students in all grades at the study site potentially met participation criteria during the intervention group recruitment period, and 142 students potentially met participation criteria during the control group recruitment period. Control group participation criteria were the same as intervention group participation criteria except that students who already participated in the intervention group were excluded. Data regarding age of immigration was available for some but not all students in the school database, so not all students initially identified met the criterion for age of immigration.

All 163 students for intervention group recruitment and 142 students for control group recruitment were given school passes to information sessions during non-academic school hours at which I presented information about myself and my role in the study, the purpose of the study, the intervention and control groups, the intervention goals, participation criteria, the voluntary nature of participation, confidentiality and its limitations, and the risks involved. Potential participants were also informed that compensation in the form of gift cards would be offered to all participants who completed the study. I emphasized the age of immigration criterion information sessions, to ensure that students who immigrated before the age of 10 were made aware that they were not eligible to participate. Informational sessions ended with a question and answer period for potential participants to ask questions or express concerns. Beverages and refreshments were offered at all information sessions. Four rounds of the same information session were offered during both recruitment periods in attempt reach as many potential participants as possible.
I also presented an explanation of consent and assent forms in informational sessions, and these forms were distributed to interested students. See Appendix A for English versions of the intervention parent consent form, student consent form (for those 18 years of age and older), and student assent form (for those under 18 years of age). Consent and assent forms were also offered in Spanish. Informational emails were sent to the parents or guardians of potential participants with my contact information and an invitation to communicate with me about any questions or concerns they had.

In total, 50 students returned the appropriate consent and assent forms for the intervention group, and 39 students returned the appropriate consent and assent forms for the control group, resulting in a 30.7% response rate for intervention group recruitment and a 27.5% response rate for the control group. Ultimately, 44 participants in the intervention group and 35 in participants in the control group met participation criteria and completed the study, resulting in a 27.0% participation rate for the intervention group and a 24.6% participation rate for the control group.

**Description of Participants**

Initially, a total of 89 students returned the required consent forms and assent forms (assent was required if under 18 years old), comprised of 50 for the intervention group and 39 for the control group, indicating their willingness to participate in the study. In the intervention group, two participants did not meet the age of immigration requirement despite prior screening and four participants did not meet the minimum requirement for participation in group counseling (at least four out of five sessions), leaving valid data for 44 intervention group participants. In the control group, four participants did not complete posttest questionnaires, leaving valid data for 35 control group participants. Demographic data for race and gender for the intervention and control groups as well as the total sample are presented in Table 2.
Age, grade, and free/reduced lunch data for the intervention and control groups and the total sample are presented in Table 3. The mean age of participants in the intervention group was nearly one (.93) year older than those in the control group. This difference is partly attributable to two factors. First, recruitment for the intervention group commenced approximately seven months later in the school year than in the control group, resulting in students being relatively older on the whole during intervention group recruitment. Additionally, during control group recruitment, students who already participated in the intervention group (which occurred in the previous school year) were excluded from the control group. This resulted in a higher proportion of participants who were newcomers to the school as evidenced by ninth grade students accounting for nearly double the percentage of participants in the control group (34.3%) than in the intervention group (18.2%). The non-simultaneous points in the school year that the intervention and control groups occurred and the age difference between the groups are limitations to this study, which are discussed in the Limitations section in Chapter V.
Table 2

**Sample Gender and Race Demographics**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Intervention Group</th>
<th>Control Group</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>38.6</td>
<td>16</td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
<td>61.4</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>100.0</td>
<td>35</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>8</td>
<td>18.2</td>
<td>3</td>
</tr>
<tr>
<td>White/European</td>
<td>2</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>14</td>
<td>31.8</td>
<td>13</td>
</tr>
<tr>
<td>Indian/So. Asian</td>
<td>10</td>
<td>22.7</td>
<td>11</td>
</tr>
<tr>
<td>Asian</td>
<td>7</td>
<td>15.9</td>
<td>6</td>
</tr>
<tr>
<td>Multiracial</td>
<td>2</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>100.0</td>
<td>35</td>
</tr>
</tbody>
</table>

Table 3

**Age (years), Grade, and SES Demographics**

<table>
<thead>
<tr>
<th>Age Statistic</th>
<th>Intervention (n = 44)</th>
<th>Control (n = 35)</th>
<th>Total (n = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>17.22</td>
<td>16.29</td>
<td>16.81</td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>1.30</td>
<td>1.66</td>
<td>1.53</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade</th>
<th>Intervention (n = 44)</th>
<th>Control (n = 35)</th>
<th>Total (n = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>8 (18.2%)</td>
<td>12 (34.3%)</td>
<td>20 (25.3%)</td>
</tr>
<tr>
<td>10</td>
<td>9 (20.5%)</td>
<td>6 (17.1%)</td>
<td>15 (19.0%)</td>
</tr>
<tr>
<td>11</td>
<td>13 (29.5%)</td>
<td>7 (20.0%)</td>
<td>20 (25.3%)</td>
</tr>
<tr>
<td>12</td>
<td>14 (31.8%)</td>
<td>10 (28.6%)</td>
<td>24 (30.4%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Free/Reduced Lunch</th>
<th>Intervention (n = 44)</th>
<th>Control (n = 35)</th>
<th>Total (n = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>38 (86.4%)</td>
<td>32 (91.4%)</td>
<td>70 (88.6%)</td>
</tr>
<tr>
<td>No</td>
<td>6 (13.6%)</td>
<td>3 (8.6%)</td>
<td>9 (11.4%)</td>
</tr>
</tbody>
</table>
Participants in the study hailed from a number of regions around the world (see Table 4 for a summary of participants’ regional demographics). The neighboring regions of the Caribbean, South America, and Central America, which constitute Latin America, accounted for the majority (50.6%) of overall participants, and 51.4% of the control group and 50% of the intervention group.

South Asia was the single highest overall represented region (27.8%) and included students from India, Pakistan, Bangladesh, and Sri Lanka. South Asia was the highest represented region in the control group (28.6%) and tied for the highest represented region in the intervention group (27.3%). The second highest represented region overall was the Caribbean (20.3%), which included participants from Dominican Republic, Jamaica, Haiti, Puerto Rico, Virgin Islands, and Anguilla. The Caribbean was the fourth highest represented region in the control group (11.4%) and tied for highest in the intervention group (27.3%). The third highest represented region overall was South America (15.2%), which included students from Colombia, Peru, Brazil, and Ecuador. South America was the second highest represented region in the control group (20.0%) and tied for third highest in the intervention group (11.4%). The fourth highest represented region overall was Central America (13.9%), which included participants from El Salvador, Guatemala, and Honduras. Central America was the third highest represented region in the control group (17.1%) and tied for third highest in the intervention group (11.4%). The fifth highest represented region overall was Southeast Asia (8.9%), which included participants from the Philippines and Vietnam. Southeast Asia was the sixth highest represented region in the control group (5.7%) and tied for third highest in the intervention group (11.4%). Remaining participants hailed from the Middle East, West Africa, East Asia, and Eastern Europe.
Table 4

**Regions of Origin Demographics**

<table>
<thead>
<tr>
<th>Region</th>
<th>Intervention Group</th>
<th>Control Group</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>South Asia</td>
<td>12</td>
<td>27.3</td>
<td>10</td>
</tr>
<tr>
<td>Caribbean</td>
<td>12</td>
<td>27.3</td>
<td>5</td>
</tr>
<tr>
<td>South America</td>
<td>5</td>
<td>11.4</td>
<td>7</td>
</tr>
<tr>
<td>Central America</td>
<td>5</td>
<td>11.4</td>
<td>6</td>
</tr>
<tr>
<td>Southeast Asia</td>
<td>5</td>
<td>11.4</td>
<td>2</td>
</tr>
<tr>
<td>Middle East</td>
<td>2</td>
<td>4.5</td>
<td>4</td>
</tr>
<tr>
<td>West Africa</td>
<td>1</td>
<td>2.3</td>
<td>1</td>
</tr>
<tr>
<td>East Asia</td>
<td>1</td>
<td>2.3</td>
<td>0</td>
</tr>
<tr>
<td>Eastern Europe</td>
<td>1</td>
<td>2.3</td>
<td>0</td>
</tr>
</tbody>
</table>

**Intervention**

Eligible students who returned completed consent and assent (if under 18) forms were non-randomly assigned to a group. Fifty students who returned required consent and assent forms in spring of the 2017-2018 school year were assigned to the intervention group, while 39 students who returned the required consent and assent forms in the fall of the 2018-2019 school year were assigned to the control group. Participants in the intervention group were then divided and assigned to one of five counseling group cohorts consisting of eight to ten members. In assigning participants to counseling group cohorts, I aimed to maximize the diversity of each cohort in terms of cultural background, age, and acculturation level, so as to represent the participant pool. Participants in the control group were not divided into group cohorts as they did not receive the group counseling intervention.
Each intervention counseling group cohort met for five one-hour group counseling sessions, approximately one time per week during non-academic school hours, during a combined one-hour homeroom and lunch period, so as not to interfere with class time (see Appendix B for session details). All five intervention group cohorts began meeting within a two week time period. Data from an intervention group participant was considered valid only if the participant was present for at least four out of the five group sessions. This requirement did not apply to control group participants because they did not receive the intervention. Refreshments were available to participants at all group sessions. Gift cards of small denominations were given to all participants in both groups at the conclusion of data collection.

I was the facilitator for all group counseling intervention sessions. Sessions were audio-recorded and recordings were reviewed by a critical friend (a licensed school psychologist), who assessed and confirmed treatment fidelity. All intervention group participants and their parents or guardians were informed that sessions would be recorded in informational sessions and in consent and assent forms (see Appendix A). Intervention group participants were also informed that if they felt uncomfortable with being recorded at any time, they could inform the group facilitator and choose not to participate. Audio recordings were kept on a secure, password-protected electronic device.

**Data Collection**

Data were collected from participants in both the intervention group and the control group before (Time 1) and after (Time 2), the approximately five to six week intervention/control group period in the form of paper-based self-report questionnaires. The demographic questionnaire was only given to participants in both groups at Time 1. All other self-report instruments (the SCM, MEIM, RSE, and BSI-18) were administered to participants in
both groups at Time 1 and Time 2. All measures were combined to form a single questionnaire packet (see Appendix C), which I administered in a quiet private conference room or classroom. Questionnaires were offered in English and Spanish.

I was present for all data collection to give instructions and provide clarification at any time needed. Upon the initial collection of questionnaires, I carefully reviewed questionnaires for missing item responses and prompted participants to respond to unanswered items, while providing clarification of items when needed. This helped to minimize missing item responses.

Ethical Considerations

Ethical measures were undertaken in an effort to ensure the safety and well-being of participants. Undocumented immigrants (those who do not legally reside in the United States) represent a particularly vulnerable population as they face the threat of deportation and lack many legal rights that citizens and legal aliens have. All potential participants and their parents/guardians were ensured, verbally in information sessions and in written consent forms, that they would not be asked to discuss their immigration status and if one chose to discuss it, that the group facilitator would not share the information with anyone outside of the group. Additionally, some immigrants may view school professionals and researchers as holding elevated positions of authority due to cultural norms in their country of origin and, thus, feel undue pressure to participate in the study. I explicitly stated in informational sessions and at the outset of group counseling sessions that participation was completely voluntary and emphasized that there would be no negative consequences, academic or otherwise, for choosing not to participate. This information was also stated in consent forms.

As the intervention group included discussions of sensitive topics such as encounters with discrimination and family conflict, all intervention group participants were informed that they
could step aside and choose to discontinue participation at any time with no negative consequences. Participants were also given a list of free or low-cost accessible mental health resources and encouraged to seek those resources if necessary. I also offered to write referrals to a free mental health service offering individual, family, and group counseling housed within the participants’ high school.

**Instruments**

The data for the study were collected from both intervention and control group participants using written questionnaires consisting of: a demographic survey (only for Time 1), the School Connectedness Measure (SCM; McNeely, Nonnemaker, & Blum, 2002), the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965), and the Brief Symptoms Inventory 18 (BSI-18; Derogatis, 2000). See Appendix C for the complete questionnaire including the demographic survey. Below is a description of each measure along with previously reported psychometric properties. Following this is a summary of the results of the reliability analyses I conducted using responses that were obtained in this study.

**Demographic Survey**

The demographic survey included questions about participants’ age, country of origin, gender, race, date of arrival to the United States, and native language. In addition to gathering data for analysis, the demographic survey was used to screen participants to ensure that they met participation criteria before fully taking part in the study.

**School Connectedness Measure (SCM)**

School connectedness, or a student’s feeling that he or she is a part of the school and is cared for by people at school (McNeely, Nonnemaker, & Blum, 2002), was measured using the
School Connectedness Measure (SCM; McNeely et al., 2002). The SCM was derived from five items used in the National Longitudinal Study of Adolescent Health (AddHealth; Bearman, Jones, & Udry, 1997), for which data was collected from 12,118 adolescents in grades 7 through 12. The five items used in the SCM (“I feel close to people at school,” “I feel like I am part of this school,” “I am happy to be at this school,” “The teachers at this school treat students fairly,” and “I feel safe in my school”) are measured on a 5-point Likert-type scale, ranging from 1 (strongly disagree) to 5 (strongly agree), and yield a single score of School Connectedness ranging from 5 (lowest) to 25 (highest). In a study by McNeely et al. (2002) with responses from 71,515 adolescents in 127 schools, the SCM was shown to display strong internal consistency, with $\alpha = .79$. The validity of the SCM has not been specifically investigated, but several past studies have utilized the same, or very similar items from the AddHealth study, and found they were associated with a number of student health and education outcomes (Blum, McNeely, & Rinehart, 2002; McNeely & Falci, 2004; McNeely et al., 2002). The validity of the SCM has not been specifically investigated, but several past studies have utilized the same, or very similar items from the AddHealth study, and found they were associated with a number of predicted student health and education outcomes (Blum, Mcneely, & Rinehart, 2002; McNeely & Falci, 2004; Resnick et al., 1997; Thompson, Iachan, Overpeck, Ross, & Gross, 2006), which supports criterion validity.

**Multigroup Ethnic Identity Measure (MEIM)**

The Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) consists of 12 items measured on a 4-point Likert-type scale regarding respondents’ engagement in and feelings towards their ethnic group. Responses to the 12 items range from 1 (strongly disagree) to 4 (strongly agree) and yield an overall composite score of ethnic identity as well as two subscales:
affirmation/belonging (a sense of ethnic group membership and attitudes toward the group) and ethnic identity achievement (the degree to which one has achieved a confident and secure sense of ethnicity). The original MEIM consisted of 14 items requiring Likert-type scale responses and an additional subscale (ethnic identity exploration), however additional research (Roberts et al., 1999) produced the 12 item version sans ethnic identity exploration that was used in this study.

The MEIM has a strong reported reliability for high school students \((\alpha = .81)\) and for college students \((\alpha = .90)\) (Phinney, 1992). In a more recent study in which Korean college students in the U.S. and China were administered the MEIM, Lee, Falbo, Doh, and Park (2001) reported an overall reliability of \(\alpha = .90\). Meanwhile, in Phinney’s (1992) study, reliability for affirmation/belonging was .75 for high school students and .86 for college students, and for ethnic identity achievement reliability was .69 for high school students and .80 for college students. Ponterotto et al. (2003) found that the MEIM demonstrated construct validity based on its associations with psychological well-being and self-esteem, which are both theoretically related to ethnic identity.

**Rosenberg Self-Esteem Scale (RSE)**

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) is among the most commonly used tools utilized to measure self-esteem in academic literature (Gray-Little & Hafdahl, 2000). The RSE measures global self-esteem and was developed with over 5,000 high school students in the state of New York (Rosenberg, 1965). The measure consists of 10 items to which participants respond on a 4-point Likert-type scale, ranging from 1 (strongly disagree) to 4 (strongly agree). To score, negatively worded items are reverse scored, and the sum of items scores is taken and ranges from 10 to 40. Higher scores correspond with higher self-esteem.
In terms of reliability, Heatherton and Wyland (2003) found a Cronbach’s Alpha of .74 for the RSE, while test-rest reliability was reported to be .85 using a two-week interval. Lorr and Wunderlich (1986) found the RSE to demonstrate convergent validity, as it correlated with measures of confidence ($r = .65$) and popularity ($r = .39$). More recently, Martín-Albo, Núñez, Navarro, Grijalvo, and Navasquéz (2007) found significant, positive correlations ($r = .28$ to $r = .50$) between the RSE and five dimensions of self-concept (academic, social, emotional, family, and physical).

**Brief Symptoms Inventory 18 (BSI-18)**

The Brief Symptom Inventory 18 (BSI-18) is widely used in counseling and medical settings for measuring psychological distress and is an abbreviated form of the 53-item Brief Symptom Inventory (BSI; Derogatis, 1993) which was derived from the 90-item Symptom Checklist-90-Revised (SCL-90-R: Derogatis, 1994). The BSI-18 measures three dimensions of psychological distress- depression, anxiety, and somatization- as well as an overall level of psychological maladjustment, the general severity index (GSI), which is referred to as “general distress” in this study. In this study, general distress is the only measure considered for analysis. The BSI-18 can be used to monitor symptomatic progress throughout treatment. It consists of 18 self-report items measured on a 5-point Likert-type scale, with scores ranging from 0 (not at all) to 4 (extremely). Items prompt participants to respond based on their experiences in the past week. Each of the three subscales is comprised of six independent items, which are summed to produce subscores, while the GSI is a composite score of all items. Higher scores correlate with higher levels of psychological distress.

The BSI-18 and its subscales have demonstrated respectable to high reliability, as coefficient alphas are .89, .84, and .79 for GSI, depression, and anxiety, respectively (Derogatis,
Boothroyd (2003) found the BSI-18 to have strong construct validity, concurrent validity, and factorial validity. According to Derogatis (2001), there is convergent validity between the BSI-18 and the SCL-90-R (Derogatis & Lazarus, 1994) and the Minnesota Multiphasic Personality Inventory (Butcher, Dahstrom, Graham, Tellegen, & Kaemmer, 1989) with correlations of .40 and .72, respectively. The BSI-18 is appropriate for diverse populations as it has been validated across several cultures (Asner-Self, Schreiber, & Marotta, 2006) and translated into a number of languages (Derogatis, 2000). In their study with 1,115 low-income Latina mothers Prelow, Weaver, Bowman, and Swenson (2010) conducted bivariate correlations that supported the validity of the BSI-18. The authors found positive correlations between general distress and domestic violence stressors ($r = .30$), perceived financial stain ($r = .29$), and neighborhood problems ($r = .24$), and a negative correlation with self-esteem ($r = -.34$).

**Data Analysis**

**Reliability Analyses**

Reliability analyses were conducted for all quantitative measures used in the study, using participant responses. Table 5 presents a summary of Cronbach’s alphas ($\alpha$) for each measure computed in the reliability analyses. Reliability for all measures ranged from acceptable ($\alpha = .765$ for self-esteem) to high ($\alpha = .916$ for general distress). All items had a positive corrected item-total correlation with their respective measures.

<table>
<thead>
<tr>
<th>Measure</th>
<th>$N$ of Items</th>
<th>$\alpha$</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Connectedness Measure</td>
<td>5</td>
<td>.789</td>
</tr>
<tr>
<td>MEIM: Ethnic Identity</td>
<td>12</td>
<td>.890</td>
</tr>
<tr>
<td>Rosenberg Self-Esteem Scale</td>
<td>10</td>
<td>.765</td>
</tr>
<tr>
<td>BSI-18: General Distress</td>
<td>18</td>
<td>.916</td>
</tr>
</tbody>
</table>
Assumption Testing

The following assumptions were analyzed for each independent variable prior to conducting one-way ANCOVAs: 1) linearity between the covariate and dependent variable at each level of the independent variable, 2) homogeneity of regression slopes, 3) normal distribution of residuals, 4) homoscedasticity of residuals, 5) homogeneity of variances, and 6) outlier testing. And, the following assumptions were analyzed for target variables prior to conducting a hierarchical multiple regression: 1) independence of observations, 2) linearity between the dependent variable and: a) each independent variable and b) the independent variables collectively, 3) homoscedasticity of residuals, 4) no multicollinearity, 5) no significant leverage points or influential points, and 6) normal distribution of residuals.

Analyses of Research Questions

To address research question 1, I conducted four one-way ANCOVAs (one for each measure used in the study) in order to determine if there were statistically significant differences between the intervention and control group in terms of posttest scores for each measure (school connectedness, ethnic identity, self-esteem, and general distress) while accounting for pretest scores of each measure as covariates. A one-way ANCOVA requires one dependent continuous variable (in this case, the various outcome measures such as self-esteem), one independent variable consisting of two or more categorical, independent groups (in this case, group assignment), and one continuous covariate variable (in this case, pretest measures) (Laerd Statistics, 2019).

The rationale for using one-way ANCOVAs for research question 1 is that this analysis is used to determine the existence of statistically significant differences between means (posttest scores) between independent groups (in this case the intervention and control groups), while also
taking into account a covariate (Laerd Statistics, 2019). The covariates in this analysis were pretest scores. An ANOVA can be used to determine statistically significant differences between independent groups. It does not, however, incorporate a covariate.

A hierarchical multiple regression was conducted to address research question 2, as a multiple regression can be used to predict a continuous dependent variable (in this case posttest general distress) based on multiple dependent variables (pretest general distress, pretest ethnic identity, group assignment, and the interaction between ethnic identity and group assignment). This procedure can be used to assess the relative contribution of each predictor (independent variable) to the total explained variance of the dependent variable. Furthermore, a hierarchical model can be used to determine the degree to which the addition of independent variables in two or more steps changes the prediction of a continuous dependent variable (posttest general distress) over and above the previous step (Laerd Statistics, 2019). In the case of this investigation, the hierarchical regression was used to control for pretest general distress (step 1) and determine if the addition of group membership and pretest ethnic identity (step 2) and then the addition of their interaction (step 3), resulted in significant improvements for prediction of posttest general distress.

**Threats to Internal Validity**

Internal validity refers to the likelihood that a targeted independent variable is the cause of a dependent variable, and assessing internal validity involves attempting to rule out alternative explanations for observed changes in a dependent variable (Heppner, Wampold, & Kivlighan, 2008). In the current study, internal validity pertains to examining the causal relationship between the intervention and the outcomes measured: school connectedness, ethnic identity, self-esteem, and general distress. The current study utilized a quasi-experimental design, featuring an
intervention and control group, non-random group assignment, and pre and posttest measurements. One-way ANCOVA analyses were used in this study and they control for pretest dependent variable scores, thereby minimizing the possibility that differences in posttest independent variables could be attributed to differences in pretest scores.

Non-random group assignment resulted from the intervention and control groups occurring at different times in the school year, as discussed previously. Non-random group assignment and the non-simultaneous nature of the intervention and control groups both impacted the composition of the groups and contributed to threats to internal validity. Both of these factors impacted comparability between the intervention and control group participants. The fact that the intervention group occurred in the spring of the 2017-18 school year and the control group occurred in the fall of the 2018-19 school year contributed to two clear differences between the groups. First, participants in the intervention group were older by about 11 months than those in the control group. Second, based on group assignment, participants were at different points in the school year and were therefore experiencing different school processes. For instance, those in the control group (closer to the beginning of the school year) may have had fewer established teacher and peer relationships, while those in the intervention group (later in the school year) may have experienced more stress due to upcoming final exams.

The non-simultaneous nature of the groups also made the study more susceptible to internal validity threats based on historical events that may have transpired during the separate time periods and influenced outcomes. For instance, if more restrictive immigration policies were being reported in the news and enforced nationally during the control group offering, participants in the control may have experienced more general distress and more compromised
ethnic identity. Meanwhile, intervention group participants would not have been subjected to the same historical events.

**Summary**

In the current study, I aimed to determine the effectiveness of a short-term school-based group counseling intervention for immigrant adolescents using self-reported quantitative data and by employing a quasi-experimental design. The group intervention addressed ethnic identity and acculturative stress in an effort to improve participants’ ethnic identity, school connectedness, self-esteem, and general distress. Participants for both the intervention and control groups were selected from a single suburban high school in the Northeast. I initially identified potential participants by their inclusion in the school’s English as a Second Language (ESL) program or by using the school’s database to highlight foreign-born students.

Participants in both groups were given a questionnaire with a demographic survey and the SCM, MEIM, RSE, and BSI-18 measures prior to the five to six-week intervention/control group period and following the five to six week period they were given the same questionnaire without the demographic survey. One-way ANCOVAs were conducted to determine differences between the intervention group and control group on posttest scores for all measures after controlling for pretest scores. Finally, hierarchical multiple regression was run to determine whether pretest ethnic identity was a predictor of posttest general distress and if pretest ethnic identity moderated the relationship between group assignment and posttest general distress.
Chapter IV: Results

The objective of this study was to determine the impact of a short-term school-based group counseling intervention for immigrant adolescents in comparison to a control group on participants’ self-reported measures of school connectedness, ethnic identity, self-esteem, and general distress. In this chapter, I first present an analysis of differences in participant demographics, followed by descriptive statistics of participants’ responses to the measures used in this study. Then, statistical findings of the study are reported as they relate to the research questions. Assumption test results related to each statistical test used will also be reported prior to statistical test findings.

Research question 1 was: is there a significant difference in school connectedness, ethnic identity, and psychological adjustment (self-esteem and general distress) at posttest between immigrant adolescent students who participated in a short-term, school-based group counseling intervention and those assigned to a control group, adjusting for pretest scores? Four one-way ANCOVAs were conducted to demonstrate the impact of the intervention, in relation to the control group, on participants’ self-reported measures of the four measures described in the question.

Research question 2 was: does pretest ethnic identity moderate the impact of group assignment on posttest general distress after controlling for pretest general distress? That is, is there a significant interaction effect between group assignment and initial ethnic identity on posttest general distress after controlling for pretest general distress? To address research question 2, findings from a hierarchical multiple regression demonstrated the degree to which initial ethnic identity and group assignment (intervention or control) interacted.
Differences in Demographics

Chi-square tests were conducted to determine whether there were significant differences between the intervention and control groups in terms of gender and race composition. The findings demonstrate that there were no significant differences between the groups in terms of gender composition ($\chi^2(1) = .402, p = .526$) or race composition ($\chi^2(6) = 4.767, p = .574$). An independent t-test was conducted to determine whether there was a difference between the groups in terms of the continuous variable of age. The results reveal that the intervention group had a statistically significant higher age at the start of the intervention than the control group at the start of the control group time period ($t(77) = 2.8, p = .006$). This difference can partly be attributed to the fact that the intervention group commenced approximately seven months later in the school year than did the control group. Nevertheless, the difference in age should be considered when interpreting results.

Summary of Participant Scores

A summary of pretest (Time 1) and posttest (Time 2) scores on all measures is presented in Table 6 for the intervention group and Table 7 for the control group. There were 79 total participants, including 44 in the intervention group and 35 in the control group. Outlier scores were not considered for descriptive statistics, and this is reflected in the $n$ statistics found in Table 6 and Table 7. The determination of outlier scores is described in the One-Way ANCOVA Assumptions section, found later in this chapter.
Table 6

*time 1 and Time 2 Mean Scores for Intervention Group*

<table>
<thead>
<tr>
<th>Measure</th>
<th>n</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SchoolConnectednessT1</td>
<td>44</td>
<td>17.5909</td>
<td>3.17196</td>
</tr>
<tr>
<td>SchoolConnectednessT2</td>
<td>44</td>
<td>18.6591</td>
<td>2.87688</td>
</tr>
<tr>
<td>EthnicIdentityT1</td>
<td>44</td>
<td>3.1127</td>
<td>.47606</td>
</tr>
<tr>
<td>EthnicIdentityT2</td>
<td>44</td>
<td>3.2898</td>
<td>.36605</td>
</tr>
<tr>
<td>SelfEsteemT1</td>
<td>44</td>
<td>28.4318</td>
<td>4.46380</td>
</tr>
<tr>
<td>SelfEsteemT2</td>
<td>44</td>
<td>31.1250</td>
<td>4.90980</td>
</tr>
<tr>
<td>GeneralDistressT1</td>
<td>43</td>
<td>14.7209</td>
<td>10.15435</td>
</tr>
<tr>
<td>GeneralDistressT2</td>
<td>43</td>
<td>8.4186</td>
<td>9.49745</td>
</tr>
</tbody>
</table>

Table 7

*time 1 and Time 2 Mean Scores for Control Group*

<table>
<thead>
<tr>
<th>Measure</th>
<th>n</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SchoolConnectednessT1</td>
<td>34</td>
<td>19.5294</td>
<td>3.13567</td>
</tr>
<tr>
<td>SchoolConnectednessT2</td>
<td>34</td>
<td>19.5000</td>
<td>3.58659</td>
</tr>
<tr>
<td>EthnicIdentityT1</td>
<td>35</td>
<td>3.0667</td>
<td>.45952</td>
</tr>
<tr>
<td>EthnicIdentityT2</td>
<td>35</td>
<td>3.1643</td>
<td>.45759</td>
</tr>
<tr>
<td>SelfEsteemT1</td>
<td>35</td>
<td>29.1714</td>
<td>3.63387</td>
</tr>
<tr>
<td>SelfEsteemT2</td>
<td>35</td>
<td>29.3429</td>
<td>3.84205</td>
</tr>
<tr>
<td>GeneralDistressT1</td>
<td>34</td>
<td>12.3824</td>
<td>13.64932</td>
</tr>
<tr>
<td>GeneralDistressT2</td>
<td>34</td>
<td>10.0588</td>
<td>13.08004</td>
</tr>
</tbody>
</table>

**Analysis of Time 1 Measures**

To determine whether the intervention and control groups were statistically equivalent prior to the intervention (pretest), an independent samples t-test was conducted for each measure (school connectedness, ethnic identity, self-esteem, and general distress). The results of the independent samples t-tests are presented in Table 8. There was a significantly higher level of school connectedness in the control group at pretest, t(76) = -2.690, p = .009. However, there were no statistically significant differences between the groups for any other measures at pretest. Possible explanations for the difference in initial school connectedness between the groups are
discussed in Chapter V. This information should be taken into account when interpreting statistical analyses results related to the measure of school connectedness.

Table 8

<table>
<thead>
<tr>
<th>Measure</th>
<th>t</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Connectedness</td>
<td>-2.690</td>
<td>76</td>
<td>.009*</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>.433</td>
<td>77</td>
<td>.666</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>-.793</td>
<td>77</td>
<td>.430</td>
</tr>
<tr>
<td>General Distress</td>
<td>.890</td>
<td>75</td>
<td>.376</td>
</tr>
</tbody>
</table>

*Note. *p < .05.

A summary of correlational statistics for all pretest (Time 1) measures for all participants is presented in Table 9. When interpreting these results, it should be noted that general distress is a composite score of all BSI-18 items and that it subsumes three subscales for psychological adjustment: depression, anxiety, and somatization. It should also be noted that outlier scores were not included in this analysis. Outliers were determined as part of the assumption testing for the one-way ANCOVAs using a process described in a subsequent section *one-way ANCOVA assumptions*, and these scores were removed pairwise.
Table 9

Correlation Matrix for Pretest Measures

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School Conn.</td>
<td>1</td>
<td>.392**</td>
<td>.196</td>
<td>-.289*</td>
</tr>
<tr>
<td>Sig.</td>
<td>.000</td>
<td>.085</td>
<td>.011</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>78</td>
<td>78</td>
<td>78</td>
<td>76</td>
</tr>
<tr>
<td>Ethnic ID</td>
<td>.392**</td>
<td>1</td>
<td>.214</td>
<td>-.329**</td>
</tr>
<tr>
<td>Sig.</td>
<td>.000</td>
<td>.058</td>
<td>.004</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>78</td>
<td>79</td>
<td>79</td>
<td>77</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>.196</td>
<td>.214</td>
<td>1</td>
<td>-.379**</td>
</tr>
<tr>
<td>Sig.</td>
<td>.085</td>
<td>.058</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>78</td>
<td>79</td>
<td>79</td>
<td>77</td>
</tr>
<tr>
<td>Gen. Distress</td>
<td>-.289*</td>
<td>-.329**</td>
<td>-.379**</td>
<td>1</td>
</tr>
<tr>
<td>Sig.</td>
<td>.011</td>
<td>.004</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>76</td>
<td>77</td>
<td>77</td>
<td>77</td>
</tr>
</tbody>
</table>

Note. * = p < .05, two-tailed. ** = p < .001, two-tailed

Research Question 1

Research question 1 was: Is there a significant difference in school connectedness, ethnic identity, and psychological adjustment (self-esteem and general distress) at post-intervention between immigrant adolescent students who participated in a short-term, school-based group counseling intervention and those assigned to a control group, adjusting for pre-intervention levels?

To address the research question, four one-way ANCOVAs were conducted to determine if there were significant differences between the intervention and control group in regards to posttest (Time 2) measures of school connectedness, ethnic identity, self-esteem, and general distress after accounting for pretest (Time 1) measures as covariates.
One-Way ANCOVAs

Assumptions. Prior to conducting one-way ANCOVAs for school connectedness, ethnic identity, self-esteem, and general distress, the following assumptions were tested for each measure: 1) consideration of outliers, 2) linearity pretest and posttest dependent variables for each intervention type, 3) homogeneity of regression slopes, 4) normal distributions for standardized residuals within-group and overall, 5) homoscedasticity, and 6) homogeneity of variances (Laerd Statistics, 2019).

I determined outliers by calculating standardized residuals (ZRE) for each participant for each of the four measures, and I considered any values greater than ±3 standard deviations to be outlier scores (Laerd Statistics, 2019). There was one outlier score for school connectedness (ZRE: -4.09) and two for general distress (ZRE: 3.41 and 3.82). There were no outlier scores for ethnic identity or self-esteem. There is no clear-cut procedure for deciding on whether or not to keep outlier scores in one’s data analysis. If a score is suspected to be a response entry error or measurement error, the researcher should either correct or remove the data (Laerd Statistics, 2019). The outlier scores were not a result of measurement error; however, I was unable to determine whether they resulted from response entry errors, and in an effort to exercise caution, I removed the three outlier scores pairwise. Consequently, these scores were not considered in subsequent analyses.

Linearity pertains to whether the covariate (pretest scores) and dependent variables (posttest scores) have a linear relationship at each level of the variable (intervention and control group). Linearity was tested for by putting Time 1 and Time 2 scores for the intervention and control group on a scatterplot and visually assessing whether best fit lines were linear. Based on
visual assessment, there was a linear relationship between pretest and posttest scores for all measures for both the intervention and control group for all measures. Homogeneity of regression slopes requires that there is no interaction between the covariate (pretest scores) and intervention, that is group membership does not influence Time 1 scores. To assess this, the interaction term between the covariate and independent variable (group membership) for each independent variable was tested for significance. Interaction terms suggested that there was homogeneity of regression slopes ($p > .05$) for all measures: school connectedness [$F(1,74) = 1.928, p = .169$], ethnic identity [$F(1,75) = 1.783, p = .186$], self-esteem [$F(1,75) = 3.670, p = .059$], and general distress [$F(1,73) = 2.311, p = .133$].

The Shapiro-Wilk test was used to test for within-group normality (intervention and control) and for the overall model (the total sample), as it is a recommended method when working with smaller sample sizes (Laerd Statistics, 2019). Results of the Shapiro-Wilk test for normality of distribution for standardized within-group residuals of measures in the intervention and control groups are displayed in Table 10, while results for the overall model are presented in Table 11. As assessed by the Shapiro-Wilk test for within group, standardized residuals for all measures and groups were normally distributed ($p > .05$) except for general distress for the control group. As assessed by the Shapiro-Wilk test for the overall model, standardized residuals for school connectedness, ethnic identity, and self-esteem were normally distributed ($p > .05$), while residuals for general distress were not ($p < .05$). Non-normal distributions are not ideal, however one-way ANCOVAs are considered fairly robust in terms of deviations, and non-normality does not have a large impact on Type I error (Laerd Statistics, 2019). Therefore, one-way ANCOVAs were run for general distress data, despite non-normal distributions.
### Table 10

**Test of Normality Within Groups**

<table>
<thead>
<tr>
<th>Standardized Residual for</th>
<th>Group</th>
<th>Shapiro-Wilk</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Statistic</td>
<td>df</td>
<td>Sig.</td>
</tr>
<tr>
<td>School Connectedness</td>
<td>Intervention</td>
<td>.986</td>
<td>44</td>
<td>.879</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>.967</td>
<td>34</td>
<td>.375</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>Intervention</td>
<td>.989</td>
<td>44</td>
<td>.949</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>.943</td>
<td>35</td>
<td>.067</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>Intervention</td>
<td>.974</td>
<td>44</td>
<td>.413</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>.985</td>
<td>35</td>
<td>.896</td>
</tr>
<tr>
<td>General Distress</td>
<td>Intervention</td>
<td>.928</td>
<td>43</td>
<td>.010</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>.920</td>
<td>34</td>
<td>.016</td>
</tr>
</tbody>
</table>

### Table 11

**Test of Normality for Overall Model**

<table>
<thead>
<tr>
<th>Standardized Residual for</th>
<th></th>
<th>Shapiro-Wilk</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Statistic</td>
<td>df</td>
<td>Sig.</td>
<td></td>
</tr>
<tr>
<td>School Connectedness</td>
<td>.988</td>
<td>78</td>
<td>.661</td>
<td></td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>.983</td>
<td>79</td>
<td>.376</td>
<td></td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>.992</td>
<td>79</td>
<td>.899</td>
<td></td>
</tr>
<tr>
<td>General Distress</td>
<td>.933</td>
<td>77</td>
<td>.001</td>
<td></td>
</tr>
</tbody>
</table>

Homoscedasticity, or the assumption of equal error variances, was assessed by creating a scatterplot of the standardized residuals against predicted values for the intervention and control groups and by visually examining the scatterplots to see if the following criterion were met: a) the points in each scatterplot exhibit no patterns and are constantly spread across predicted values, and b) the spread of points in the y-axis are similar for both groups. According to visual assessments of the standardized residuals plotted against predicted values, there was homoscedasticity for all measures.

Homogeneity of variances, or the assumption that the variance for residuals is equal for the intervention and control groups, was assessed by Levene’s test of equality of variances. All measures demonstrated homogeneity of variances at the $p > .05$ level.
Results. Essentially, I wanted to determine if and to what degree participants in the counseling intervention reported higher levels of school connectedness, ethnic identity, and self-esteem and lower levels of general distress than those in the control group. Given the compromised mental health of immigrant adolescents resulting from the immigration process, acculturative stress, ethnic identity issues, and difficulties with school connectedness, the intervention was designed to explore strategies that educators and counselors might employ to help improve the well-being of immigrant students.

Research question 1 asked if there were differences in posttest (Time 2) measures (school connectedness, ethnic identity, self-esteem, and general distress) between the intervention and control groups, after accounting for pretest (Time 1) measures. See Table 12 for a summary of the results of one-way ANCOVAs used to address this question. For pairwise comparisons of estimated participants’ posttest scores after adjusting for pretest covariate scores, see: Figure 2 for school connectedness scores, Figure 3 for ethnic identity scores, Figure 4 for self-esteem scores, and Figure 5 for general distress scores.

Table 12

One-way ANCOVA Results-Difference Between Groups and Effect Size

<table>
<thead>
<tr>
<th>Measure</th>
<th>F</th>
<th>Significance</th>
<th>Effect size (Partial $\eta^2$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Connectedness</td>
<td>1.311</td>
<td>.256</td>
<td>.017</td>
</tr>
<tr>
<td>Ethnic Identity</td>
<td>1.968</td>
<td>.165</td>
<td>.025</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>9.999</td>
<td>.002**</td>
<td>.116</td>
</tr>
<tr>
<td>General Distress</td>
<td>5.128</td>
<td>.026*</td>
<td>.065</td>
</tr>
</tbody>
</table>

Note. * $p < .05$, ** $p < .01$. 
**Figure 2**

*Pairwise Comparison of Participants’ Estimated Posttest Mean School Connectedness Scores by Intervention or Control Group Placement*

![Bar chart showing school connectedness scores for intervention and control groups.](image)

*Note.* Error bars represent 95% confidence intervals

**Figure 3**

*Pairwise Comparison of Participants’ Estimated Posttest Mean Ethnic Identity Scores by Intervention or Control Group Placement*

![Bar chart showing ethnic identity scores for intervention and control groups.](image)

*Note.* Error bars represent 95% confidence intervals
Figure 4

Pairwise Comparison of Participants’ Estimated Posttest Mean Self-Esteem Scores by Intervention or Control Group Placement

![Bar chart showing pairwise comparison of participants' estimated posttest mean self-esteem scores by intervention or control group placement. Error bars represent 95% confidence intervals.]

Note. Error bars represent 95% confidence intervals

Figure 5

Pairwise Comparison of Participants’ Estimated Posttest General Distress Scores by Intervention or Control Group Placement

![Bar chart showing pairwise comparison of participants' estimated posttest general distress scores by intervention or control group placement. Error bars represent 95% confidence intervals.]

Note. Error bars represent 95% confidence intervals
The one-way ANCOVA analyses indicated that, after adjusting for pretest scores, there was a statistically significant difference between the intervention and control groups for posttest self-esteem, \( F(1,76) = 7.427, p = .002 \), with an effect size of partial \( \eta^2 = .116 \) and general distress \( F(1,74) = 5.128, p = .026 \), with an effect size of partial \( \eta^2 = .065 \).

There was a significantly higher level of posttest self-esteem, and a significantly lower level of posttest general distress in the intervention group compared to the control group. These findings indicate that the intervention was effective in increasing self-esteem and lowering general distress as compared to the control group. Both partial-eta squared statistics indicate small effect sizes.

The findings revealed that there was not a statistically significant difference between the groups in posttest levels of school connectedness \( F(1,75) = 1.311, p = .256 \), partial \( \eta^2 = .017 \) or ethnic identity \( F(1,76) = 1.968, p = .165 \), partial \( \eta^2 = .025 \). See Table 12 for a summary of one-way ANCOVA results.

The one-way ANCOVA results support hypothesis 1, in terms of participants in the intervention group reporting significantly higher levels of self-esteem, and significantly lower levels of general distress at posttest than participants in the control group, after controlling for pretest levels. However, hypothesis 1 is not supported in terms of intervention group participants reporting higher levels of ethnic identity and school connectedness.

**Research Question 2**

Research question 2 was: *Does pretest ethnic identity moderate the impact of group assignment on posttest general distress after controlling for pretest general distress? That is, is there a significant interaction effect between group assignment and initial ethnic identity on posttest general distress after controlling for pretest general distress?*
To address research question 2, a hierarchical multiple regression was conducted to assess the interaction between initial (pretest) ethnic identity and group assignment (intervention or control) based on posttest general distress, after controlling for pretest general distress.

**Hierarchical Multiple Regression**

**Assumptions.** Prior to conducting the hierarchical multiple linear regression, the following assumptions were investigated: 1) independence of observations, 2) linearity between the dependent variable and: a) each independent variable and b) the independent variables collectively, 3) homoscedasticity of residuals, 4) no multicollinearity, 5) no significant outliers, leverage points, or influential points, and 6) normal distribution of residuals (Laerd Statistics, 2019).

To assess independence of observations, the Durbin-Watson statistic can be used to evaluate the correlation between residuals. A Durbin-Watson statistic can range from 0 to 4 and a value close to 2 indicates independence of residuals (Laerd Statistics, 2019). There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.881.

According to visual inspection of partial regression plots between each continuous independent variable (ethnic identity and pretest general distress) and the dependent variable (posttest general distress), all relationships were relatively linear. Upon visual inspection of a scatterplot of studentized residuals against unstandardized predicted values, there was a relatively linear relationship between the independent variables collectively and the dependent variable (posttest general distress).

Homoscedasticity of residuals can be determined by assessing the same scatterplot for an even spread of residuals (Laerd Statistics, 2019). According to visual inspection, there was homoscedasticity of residuals. Multicollinearity implies that a high correlation exists between
two or more independent variables and can be assessed by referring to Tolerance values (Laerd Statistics, 2019). A Tolerance value of less than 0.1 may indicate that multicollinearity exists. There was no multicollinearity according to Tolerance values, which were all greater than .1 and ranged from .549 to 1.000.

Significant outliers were previously identified and removed pairwise during the process of assumption testing for the one-way ANCOVA. Leverage values greater than .3 indicate a leverage point (Laerd Statistics, 2019), and the leverage values for each case ranged from .01049 to .26680, suggesting there were no leverage points. Cook’s Distance values greater than 1 indicate an influential point (Laerd Statistics, 2019) and Cook’s Distance values for each case ranged from .0000 to .52142, suggesting there were no influential points.

A visual inspection of the histogram and Normal P-P Plot of regression for standardized residuals were used to assess the final assumption, the normal distribution of residuals. According to these visual inspections, there was a normal distribution of residuals.

**Results.** A hierarchical multiple regression was conducted to determine if the addition of group assignment (intervention group or control group) and pretest (Time 1) ethnic identity (Model 2), and then of the interaction term between group membership and pretest ethnic identity (Model 3) obtained from a submaximal test improved the prediction of posttest (Time 2) general distress at over and above pretest (Time 1) general distress alone. Pretest general distress was the only predictor variable included in the first step (Model 1) of the hierarchical regression model because it was considered to be a covariate of posttest general distress. Evaluating group assignment and pretest ethnic identity as predictors of posttest general distress was not a primary focus of the current study. However, it was still necessary to include them as predictor variables in the hierarchical regression analysis in order to evaluate their interaction term’s contribution to
the prediction of posttest general distress. All continuous independent variables (pretest general distress, pretest ethnic identity, and the interaction term), and the dependent variable, posttest general distress, were statistically centered for the analysis.

In Model 1, pretest general distress was a highly significant \( p < .01 \) predictor of posttest general distress, with a coefficient \( B = .741 \). According to the analysis, Model 1 accounted for 60.4\% of the variability of posttest general distress \( (R^2 = .604) \).

In Model 2 group assignment and pretest ethnic identity and group membership were added as IVs, and both were significant \( p < .05 \) and \( p < .01 \), respectively) predictors of posttest general distress, meaning they, along with pretest general distress, had a linear relationship with the DV, posttest general distress. Group membership is a dichotomous variable \( (1 = \text{control group}; 0 = \text{intervention group}) \) and had a coefficient of \( B = 3.076 \), indicating that assignment to the intervention group decreased predicted posttest general distress by 3.076, and conversely assignment to control group increased predicted posttest general distress by 3.076. Ethnic identity had a coefficient of \( B = -4.774 \), indicating that higher levels of ethnic identity significantly predicted lower levels of posttest general distress. Model 2 accounted for 66.4\% of the variability of posttest general distress \( (R^2 = .664) \), and the addition of pretest ethnic identity and group membership resulted in an increase 6\% more variability explained \( (\Delta R^2 = .060) \), over solely having pretest general distress as a predictor variable. Model 2 was found to be significant, \( F(3, 73) = 48.014, p < .0005, R^2 = .664 \).

In Model 3, the interaction term between group assignment and pretest ethnic identity was added as an IV, and it was not a significant predictor variable for posttest general distress in the model \( (p = .161) \). This finding did not support my hypothesis that the interaction term would be significant after controlling for pretest general distress, and that pretest ethnic identity levels
would moderate the relationship between group assignment and posttest general distress. I predicted that among participants assigned to the control group, higher levels of ethnic identity would be associated with lower levels of posttest general distress, after controlling for pretest general distress.

While the interaction term did not reach statistical significance, a participant’s initial ethnic identity level did appear to predict the relationship between assignment to the control group and posttest general distress in the desired direction. See Figure 6, for a graph depicting the interaction between group assignment and pretest ethnic identity levels in terms of posttest general distress. Within the control group, high ethnic identity (one standard deviation above the mean) was associated with lower posttest general distress, after accounting for pretest general distress, while low ethnic identity (one standard deviation below the mean) was not.

**Figure 6.**
Interaction Plot of Group Assignment by Ethnic Identity
Model 3 accounted for 67.3% of the variability of posttest general distress ($R^2 = .673$); however, the addition of the interaction term as a predictor only increased the explained variability by .9% ($\Delta R^2 = .09$) over Model 2. The full regression model was significant, $F(4, 72) = 37.007$, $p < .0005$, $R^2 = .673$. The full model regression equation can be expressed as:

$$\text{Predicted Posttest General Distress} = 1.393 + (.700 \times \text{Pretest General Distress}) + (3.108 \times \text{Group Membership}) – (6.652 \times \text{Pretest EthnicID}) + (4.600 \times \text{Group*Pretest EthnicID}).$$

In this model, Group is coded as: 0 = intervention group and 1 = control group. Pretest general distress, group membership, and pretest ethnic identity were all significant predictors at $p < .05$, while the interaction term between group membership and ethnic identity, was not ($p = .161$). See Table 13 for full details on each regression model.

The findings indicated that both group assignment and pretest ethnic identity were significant predictors of posttest general distress after controlling for pretest general distress. Assignment to the intervention group (as opposed to the control group) and higher levels of ethnic identity both significantly predicted lower levels of posttest general distress. Hypothesis 2 was not supported as the interaction term between group assignment and pretest ethnic identity on post-intervention general distress after controlling for pretest general distress, group assignment, and pretest ethnic identity was not significant. I hypothesized that the relationship between group assignment and posttest general distress would be moderated by pretest ethnic identity and that at higher levels of ethnic identity, the relationship between control group placement and decreased general distress would be stronger, however, this was not the case.
Table 13

Hierarchical Multiple Regression Predicting Posttest General Distress

<table>
<thead>
<tr>
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Note. $n = 77$, * $p < .05$, ** $p < .01$.

Summary

In this chapter, I presented the results of four one-way ANCOVAs to address research question 1, and the results of a hierarchical multiple regression to address research question 2. The results of assumption testing related to the one-way ANCOVAs and the hierarchical multiple regression were also presented. In Chapter V, I have presented a summary of the results in relation to the research questions, interpretations of the results within the context of relevant fields of study, and limitations of the study. Finally, I present recommendations for future research and practice.
Chapter V: Discussion

In this chapter, I first present a summary of the study’s findings. Following this is an interpretation of the findings, including the limitations of the study and a discussion of the results pertaining to the effectiveness of the intervention, ethnic identity as a predictor of outcomes, and ethnic identity as a moderator between group assignment and posttest general distress. The findings are discussed within the context of the relevant research and theory pertaining to immigrant adolescent mental health, school connectedness, acculturative issues, and ethnic identity. Finally, recommendations for future research and practice are presented, followed by a summary conclusion of this study. A goal of this study was to provide a template for group counseling strategies for counselors and educators who work with immigrant adolescents.

Summary of Findings

Given the compromised mental health of immigrant adolescents resulting from the immigration process, acculturative stress, identity issues, and difficulties with school connectedness, counselors and educators are tasked with meeting the unique needs of this vulnerable and underserved population. The primary purpose of this study was to explore a means by which counselors and educators might be able to help their immigrant adolescent students. More specifically, this study set out to examine the associations of a school-based group counseling intervention for immigrant adolescents had with desired outcome variables. I evaluated this by assessing pretest to posttest scores in the desired variables (ethnic identity, school connectedness, self-esteem, and general distress) for participants in the group intervention compared to participants in the control group that did not experience the intervention (research question 1). Secondarily, I wanted to examine the role that ethnic identity played in psychological distress outcomes for immigrant students (research question 2). In particular, I
wanted to know if initial ethnic identity level influenced the relationship between group placement (intervention or control group) and the psychological outcome of general distress.

According to one-way ANCOVAs, after adjusting for pretest measurements, compared to participants in the control group, those in the intervention reported better posttest psychological adjustment (self-esteem and general distress), but not significantly higher levels of ethnic identity or school connectedness. Participants’ ethnic identity level as well as their placement in the intervention or control group helped to predict their general distress following the intervention period. Placement in the intervention group and higher pretest ethnic identity levels each predicted lower posttest general distress. While these findings were not a central focus of the study, they support the effectiveness of the intervention and the significance of ethnic identity in terms of psychological outcomes.

In regards to research question 2, I hypothesized that pretest ethnic identity would moderate the relationship between group assignment and posttest general distress. More specifically, I hypothesized that of participants assigned to the control group, those with higher levels of initial ethnic identity would demonstrate lower posttest general distress than those with lower initial ethnic identity, as ethnic identity has been identified as a protective factor (Holleran & Waller, 2003) and associated with more favorable adjustment outcomes for immigrants dealing with acculturative stress (Phinney et al., 2001). This hypothesis was not supported as the hierarchical multiple regression analysis did not reveal a significant interaction effect between pretest ethnic identity and group assignment on posttest general distress. While the interaction was not statistically significant, the influence of ethnic identity on psychosocial outcomes should be further investigated.
Interpretation of Findings

Intervention Group Effectiveness

The group counseling intervention was designed specifically to meet the needs of immigrant adolescent students. The provision of the group, its goals, and the activities employed were based on theories related to culturally responsive schools, school connectedness, acculturation and acculturative stress, and ethnic identity. All findings should be considered in light of the study’s limitations which are presented at the end of this section.

The pluralistic approach of this intervention is unique, as it was designed to accommodate immigrant adolescents regardless of race or region of origin and should be considered in interpreting the study findings. This approach contrasts with previous intervention studies with immigrant adolescents that I was able to identify in Chapter II, which focused on specific segments within the immigrant population. In addition to being time and cost efficient by serving more wide-ranging groups of immigrant students, the pluralistic approach may also have theoretically influenced the effectiveness of the intervention in some ways.

Developmentally, adolescents are at an age at which they are attempting to individuate and gain social acceptance (Erikson, 1968). Recent immigrant students may be naturally inclined to socialize with ethnically and linguistically similar peers and ethnically homogeneous counseling groups can limit their exposure to peers from different backgrounds. Ethnically heterogeneous immigrants may cater to the developmental needs of immigrant adolescents by promoting unique ethnic and personal identities and greater social bonding among students from dissimilar backgrounds who share similar experiences.

School connectedness. At posttest, participants in the intervention group reported significantly higher levels of school connectedness than at pretest, but it was not significantly
higher than those who experienced non-treatment, or the typical school routine. School connectedness is the degree to which students feel they are cared for by individuals in the school and that they belong to the school community (McNeely, Nonnemaker, & Blum, 2002), and is considered a key protective factor against absenteeism, poor school performance (Sanchez, Colon, & Esparza, 2005), and discrimination (Roche & Kuperminc, 2012). School connectedness is of particular importance to immigrant students as they are not only newcomers to schools but often to the language, cultural practices, values, and expectations.

In offering a counseling group specifically for immigrant students, I aimed to convey a school environment that was caring and supportive of these students, which can help to enhance school connectedness (Battistich, Schaps, & Wilson, 2004). The counseling group also provided an opportunity for immigrant students to be involved in an extracurricular activity, which also fosters school connectedness (McNeely et al., 2002). The degree to which these strategies were successful requires further exploration.

Theoretically, the pluralistic approach of the intervention may have enhanced the effectiveness of group counseling in promoting school connectedness, even though it was not significantly higher than in the control group. In group counseling, immigrant students may experience universality over shared immigrant experiences as well as social learning in coping with stressful experiences. Group cohesiveness, which entails a positive feeling of belongingness among members, is another therapeutic factor of group counseling. All of these therapeutic factors can lead to increased bonding among participants, and when such bonding is allowed to occur among a broader range of immigrants from different backgrounds, it is possible that greater levels of school connectedness are achieved.
A one-way ANCOVA indicated that posttest school connectedness levels were not significantly greater in the intervention group than in the control group, after controlling for pretest measures. It is possible that the experience of daily school routines such as participating in class, getting to know teachers, and making friends naturally increased school connectedness over time, even within the five to six week time period that the study took place on site.

Another factor that may have contributed to a lack of significant difference in posttest school connectedness levels between the groups is that the intervention and control groups took place at different times in the school year. The intervention group took place in the spring, in the last quarter of the school year, after the majority of the school year had passed. At this point, students had already spent about three quarters of the school year getting acclimated to school, participating in activities, and socializing, yet they still demonstrated a significant increase in school connectedness after participating in the intervention group. Meanwhile, the control group took place in the fall, in the first quarter of the school year, and there was not a significant change in school connectedness. It is possible that if the intervention group were to be offered earlier in the school year when student school connectedness is likely less established, it would have a greater impact than it did near the end of the school year.

Interestingly and unexpectedly, school connectedness was higher in the control group than in the intervention group at both Time 1 and Time 2. One possible explanation for this is that the intervention group occurred towards the end of the school year and close to final exams, which may have been a stressful time for some students that caused them to feel less connected and positive towards school.

**Ethnic identity.** The posttest ethnic identity levels of intervention group participants’ were significantly higher than at pretest but were not significantly higher than those in the
control group, after accounting for pretest measures. A primary goal of the group counseling intervention was to encourage the development of students’ ethnic identity, or the degree to which individuals identify with and values their ethnic group (Phinney & Ong, 2007). Ethnic identity is especially salient to immigrant adolescent students because they are at an age at which they are trying to forge their identity, while also attempting to navigate a dissimilar majority culture that may neglect or devalue their native culture (Tummala-Narra & Claudius, 2013). Moreover, ethnic identity has been positively associated with a number of favorable outcomes for immigrant and minority youths, such as higher self-esteem (Martinez & Dukes, 1997), lower levels of depression (Yasui, Dorham, & Dishion 2004) and greater resiliency (Holleran & Waller, 2003).

Many of the group counseling intervention’s activities were designed to explore, affirm, and encourage ethnic identity development, as informed by prior research. For example, students were prompted to engage in “cultural sharings” that allowed them to present and discuss items and anecdotes from their families and cultures. Other activities encouraged students to share what they “love” about their country, and to teach group members phrases in their native language and the proper pronunciation of their full names.

Several factors may help explain why intervention group participants did not report significantly higher posttest ethnic identity than those in the control group. One factor may be the limited degree to which recent immigrant students have contemplated their ethnic identity and are able to articulate their feelings and beliefs related to ethnic identity. Before immigrating to the U.S., many immigrant students may have lived in more or less ethnically homogenous societies which did not require them to reflect on their cultural practices, values, and identities. When confronted with responding to the MEIM measure, it is possible that some participants
were not fully prepared to answer questions about their ethnic identity, a concept they may have rarely explored before.

Another factor may be the pluralistic approach of the intervention which entailed racially heterogeneous group composition. Malott et al. (2010) demonstrated that ethnic identity could be effectively addressed in a group setting, however, they did so with a homogenous group of Mexican immigrant adolescents. It is possible that an ethnically homogenous group, as was employed in the aforementioned study, may be more conducive to exploring and promoting ethnic identity development in some ways, while in other ways an ethnically heterogeneous group might be more beneficial for fostering ethnic pride. An ethnically homogeneous group may allow for deeper exploration of one’s culture and cultural identity among similar peers. Conversely, an ethnically heterogeneous group can facilitate the sharing of one’s culture with immigrant peers from different cultures, which may lead to greater pride in one’s culture and the strengthening of ethnic identity.

It is also important to note that Malott et al. (2010) assessed the effectiveness of the intervention using qualitative data from focus group responses and did not utilize an experimental design with a control group. The use of a focus group to generate qualitative responses to assess ethnic identity may be more effective than the sole use of an instrument such as the MEIM. In my experience, immigrant students may have difficulty responding to the MEIM, as it may present concepts with which they are unfamiliar and that lack concrete context.

**Psychological adjustment.** The results of the analyses were quite favorable in terms of participants reporting improvements on psychological adjustment measure: self-esteem and general distress. It should be noted that general distress, which is also referred to as general
psychological distress, is a composite score of all items on the BSI-18 and that it subsumes depression, anxiety, and somatization scores.

When comparing the groups using one-way ANCOVAs, both self-esteem and general distress measures had more favorable outcomes at posttest in the intervention group than in the control group. In the intervention group, self-esteem was significantly higher, while general distress was significantly lower than in the control group. However, as discussed earlier, this was not the case for school connectedness and ethnic identity, despite the fact that they were purposely addressed in the current intervention and their associations with positive psychological adjustment. This may have been due to the complex relationship that school connectedness and ethnic identity have with psychological well-being. While the group counseling intervention was designed to bolster school connectedness and enhance ethnic identity, there were likely a number of factors outside of those that contributed to the observed increases in self-esteem and general distress.

Addressing and processing acculturative stress was another primary objective of the intervention and may have contributed to participants’ reported improvements in psychological adjustment. Acculturative stress encompasses psychological and social difficulties in adapting to a new culture (Takeuchi et al., 2007) and includes bicultural stress (or cultural clashes) and experiences of discrimination, among other issues. Acculturative stress has been associated with higher levels of anxiety, depression, and withdrawn symptoms in immigrant adolescents (Sirin et al., 2013), and with psychological and physiological anxiety in Latino youths (Suárez-Morales & Lopez, 2009). Discrimination is a type of acculturative stressor and has been linked to depressive symptoms (Davis et al., 2015) and overall negative psychological adaptation (Berry et al., 2006) for immigrant adolescents.
Therapeutic factors inherent to group counseling may have played a role in relieving acculturative stress and this may be associated with the observed improvements in psychological adjustment among intervention group participants. Catharsis experienced from processing acculturative stress and discussing previously unexpressed problems in the group setting (Yalom & Leszcz, 2005) may contribute to the relief of distressful symptoms. Additionally, group counseling offers universality, or the opportunity for immigrant students to realize their commonalities with other students and normalize their experiences of acculturative stress, which can lead to an alleviation of symptoms (Birman et al., 2007; Glasgow & Gouse-Sheese, 1995). Finally, social learning among peers of coping mechanisms can occur in groups (Yalom & Leszcz, 2005), such as how to navigate cultural clashes and family conflict related to dissimilar values.

The ethnically pluralistic group composition used in this study may have enhanced the processing of acculturative stress and therapeutic factors of the group, contributing to more favorable psychological adjustment. Groups with immigrant adolescents from various backgrounds promotes sharing and bonding among ethnically dissimilar peers that might not socialize otherwise. In so doing, participants may gain an even greater sense of universality and normalization of their experiences from recognizing commonalities they have with immigrants of different ethnicities and from different regions in the world. Increased universality over shared values and experiences of acculturative stress may lead to more meaningful group processing and ultimately contribute to improved psychological adjustment.

While the participants in the intervention group reported more favorable outcomes for self-esteem and general distress compared to those in the control group, with large effect sizes, it is possible that the impact would be more pronounced with participants targeted for low self-
esteem and/or high general distress. In the current study, participation was open to all immigrant students who met criteria pertaining to language ability and length of stay in the United States, but students who exhibited psychological adjustment issues were not specifically sought out. It is possible that if there were self-esteem and/or general distress criterion imposed to participate, participants would report more dramatic improvements.

In sum, the findings of this study suggest that it is possible to develop and offer a group counseling intervention specifically for immigrant students and that students who participate may benefit in terms of higher self-esteem and lower general distress more than they would by solely attending school. Participants in the intervention did not report significantly higher levels of school connectedness or ethnic identity at posttest than those in the control group, and this requires further investigation. The degree to which the specific activities and techniques aimed at addressing ethnic identity and acculturative stress contributed to the improvement of psychological adjustment is not entirely clear. It is quite possible that, among other factors, aspects of group counseling such as universality and social learning also contributed to the observed improvements in psychological adjustment.

**Ethnic Identity as a Predictor**

The hierarchical multiple regression helped to evaluate group assignment and a participant’s initial ethnic identity level as predictors of general distress at the end of the intervention period, after controlling for pretest general distress. While this was not a primary goal of the study, these results are informative nonetheless as they present insight into factors that may influence the psychological adjustment of immigrant adolescents. General distress was chosen as the dependent variable (DV) because it was considered to be an overall assessment of
psychological adjustment as it is the composite score of all items in the BSI-18 and subsumes the depression, anxiety, and somatization subscale scores.

A hierarchical multiple regression revealed that both group assignment (to the intervention or control group) and a participant’s initial ethnic identity were significant predictors of general distress following the intervention period after controlling for initial general distress. The findings indicate that both assignment to the intervention group and higher ethnic identity would predict lower levels of posttest general distress, both of which were desired results and are supported by previous studies.

That assignment to the intervention group can help predict lower general distress following the intervention period, provides evidence that the intervention was associated with lower general distress. This result corroborates the findings related to research question 1, which showed that those assigned to the intervention group had significantly lower posttest general distress than those assigned to the non-treatment control group. This has been demonstrated before in a handful of other studies that shared some similarities but also some important differences, as discussed in Chapter III. For instance, a study utilizing a creative expression workshop for younger immigrant refugee students that also featured a control group resulted in decreases in depression and anxiety (Rousseau et al., 2005), while an intervention with 16 Hispanic ESL middle school students resulted in increases in self-esteem (Shi & Steen, 2012). Similarly, another study conducted by Smith and Khawaja (2014) with 16 international college students, two thirds of whom hailed from Asia, used a group intervention designed to combat acculturative stress through enhanced coping and social support, and found favorable psychological outcomes.
Researchers have suggested that ethnic identity is of particular importance to immigrant adolescents, whose cultures may be devalued by the dominant society (Tummala-Narra & Claudius, 2013) and who, depending on the receiving community, may be faced with pressures to assimilate to the majority culture while disassociating with their culture of origin (Phinney et al., 2001). The hierarchical multiple regression results support the important role that ethnic identity may play in an immigrant adolescent’s life by suggesting that a participant’s ethnic identity leading into the intervention period could significantly contribute to the prediction of his or her general distress following the intervention period, after controlling for their initial general distress. This implies that an immigrant adolescent’s ethnic identity may be associated with how well they adjust psychologically over time. More specifically, higher levels of initial ethnic identity were associated with lower levels of general distress following the intervention period, regardless of which group one is assigned to.

This finding aligns with research that indicates ethnic identity to be positively associated with a number of favorable psychosocial outcomes such as overall wellness for minority students (Rayles & Myers, 2004), and higher levels of self-esteem (Martinez & Dukes, 1997) and lower levels of depression (Yasui, Dorham, & Dishion, 2004) for adolescents. The finding also aligns with findings that ethnic identity may be a protective factor against acculturative stress or other stressors that immigrant youths may face, expanding on studies that have identified ethnic identity as a protective factor for minority students (Holleran & Waller, 2003) and at-risk Hispanic youth (Castro et al., 2007).

**Ethnic Identity as a Moderator**

I hypothesized that pretest ethnic identity would moderate the effects of group assignment on posttest general distress and that at higher levels of ethnic identity, there would be
a stronger relationship between assignment to the control group and decreased posttest general distress. The rationale for this hypothesis was that a strong ethnic identity can help an immigrant student cope with the many stressors he or she faces, even when not offered direct services. Immigrant adolescents must contend with acculturative stressors such as discrimination, xenophobia, and prejudice based on their racial minority and immigrant statuses (Sirin, Ryce, Gupta, & Rogers-Sirin, 2013) that can have a deleterious effect on their mental health. Some researchers have suggested that ethnic identity may act as a moderator or buffer between acculturative stressors such as discrimination and their harmful effects on psychological adjustment for immigrant and minority students (French & Chavez, 2010; Iturbide, Raffaelli, & Carlo, 2009; Umaña-Taylor & Updegraff, 2007). For example, ethnic identity has been linked to resiliency for Latino college students dealing with ethnicity-related stressors, leading to increased psychological well-being (French & Chavez, 2010). Further, ethnic identity is associated with higher resiliency in at-risk adolescents (Holleran & Waller, 2003).

So, while assignment to the intervention group may help an immigrant student in terms of psychological adjustment, I hypothesized that ethnic identity could help those students assigned to the non-treatment control group cope with acculturative stress in their day to day school experiences, absent of services. I predicted that this would be reflected in a significant interaction in a direction indicating that higher levels of ethnic identity moderated the effects of being placed in the control group, resulting in lower levels of posttest general distress.

This hypothesis was not supported by a hierarchical multiple regression, as the interaction term between group assignment and pretest ethnic identity was not significant. However, although the interaction was not statistically significant, the results demonstrated promise as pretest ethnic identity level appeared to predict the relationship between group
assignment and posttest general distress in the desired direction as depicted graphically in Figure 5. Within the control group, high ethnic identity was associated with lower levels of posttest general distress after controlling for pretest general distress, while this what not the case with low ethnic identity. This signifies that exhibiting higher ethnic identity may be predictive of lower general distress over time, even for students who did not partake in the intervention.

One possible explanation for why a significant interaction was not detected is that high initial ethnic identity was beneficial over the study time period for participants in the intervention group as well as the control group. According to Phinney, Horenczyk, Liebkind, and Vedder (2001), there is a complex relationship between an immigrant’s ethnic identity status, the attitudes of receiving schools towards promoting cultural pluralism, and the student’s adaptation. A central goal of the intervention counseling group was to convey a welcoming and affirming environment for immigrant students. Exactly how ethnic identity status and attitudes of the receiving culture or school interact is not entirely clear according to Phinney et al. (2001) and requires further investigation.

Contributions to Literature

In this study, I employed a pluralistic approach to address the needs of immigrant adolescents in the U.S., which is unique among immigrant adolescent intervention studies. The group counseling intervention in this study was designed to address common experiences and traits among immigrant adolescents, regardless of ethnicity or region of origin. In my review of literature in Chapter II, I identified five group interventions for immigrant adolescents and all of those studies targeted specific segments of the immigrant population based on ethnicity and/or other conditions (e.g., Latinos with PTSD). The ethnically heterogeneous nature of the intervention in this study is notable because it theoretically impacts the effects of the intervention
on targeted variables (school connectedness, ethnic identity, self-esteem, and general distress) in complex ways. In some ways, the heterogeneous group composition may have inhibited ethnic identity exploration and group cohesion. However, in others, it may have enhanced group therapeutic factors and complemented adolescent development, and, in doing so, promoted ethnic pride, school connectedness, and group processing. The potential effects of the pluralistic approach are discussed in greater detail in the “Interpretations of Findings” section earlier in this chapter. The fact that the intervention was associated with some desirable outcomes compared to the control group suggests that such a pluralistic approach is worth considering.

This study was also distinctive in that it quantitatively examined the influence of an intervention on the ethnic identity and school connectedness of immigrant students and utilized a quasi-experimental design. In Chapter II I identified one other intervention study by Malott et al. (2010) that aimed to improve ethnic identity among immigrant adolescents, however the researchers only assessed its effectiveness using qualitative data, primarily in the form of focus group interviews, and did not feature a control group for comparison. According to my review of literature, there are no other immigrant intervention studies that examine school connectedness or similar constructs.

Limitations

When interpreting the findings, the limitations of the study design should be taken into account. This study did not employ a true experimental design, and this led to several limitations. One limitation pertaining to the study design was that the intervention and control groups took place at different times of the school year. The intervention group took place in the spring, or the fourth quarter, towards the end of the school year, while the control group took place in the fall, or the first quarter, near the beginning of the school year. A number of factors
vary with different chronological times in the school year, such as current events, state testing, weather, and students’ development stages. These factors can, in turn, impact students’ psychological adjustment and school connectedness, among other variables. Conducting the intervention and control groups at different times also led to the limitation of non-random assignment. Participants were assigned on the basis of convenience, based on the time period they were recruited.

Additional limitations resulted from the study design. While the group intervention was offered during non-academic school hours (a combined one-hour homeroom and a lunch period) so as to be accessible for participants and not interfere with regular classroom instruction, this may have led some eligible students not to participate. Some students typically utilized their homeroom period to attend club meetings, do schoolwork, or attend extra help with teachers, and this may have precluded some potential participants from partaking in the intervention. It should be noted that students were permitted to bring their lunches, and additional refreshments and beverages were made available at each group counseling session.

Another study design limitation was that the study took place at a single suburban public high school located in the Northeast. While the study was available to all students who met participation criteria regardless of country/region of origin, some regions, particularly Latin America and South Asia, were highly represented, while other regions had little to no representation. Across different regions in the Northeast and the United States, there is a vast array of differences in terms of the ethnic composition, cultural values, and socioeconomic status of different communities. Therefore the results of this study, while informative, are not necessarily generalizable to other communities with dissimilar immigrant student populations.
This study utilized self-report measures to assess school connectedness, ethnic identity, and two dimensions of psychological adjustment: self-esteem and general distress, and this presents several limitations when interpreting data. While I described the confidential nature of the responses during initial information sessions, on the consent and assent forms, and while administering the measures, the information that the measures sought to elicit was sensitive in nature. Due to personal feelings and cultural stigmas, it is quite possible that some participants’ responses reflected how they wished to portray themselves rather than how they truly felt. Also, it is possible for self-reported responses to be unduly influenced by very recent events and the participant’s resulting mood. For example, if a student just received a poor grade on a test, he or she may report more depressed symptoms on the BSI-18. Relatedly, study measures were administered to participants at two times: immediately before the start of the intervention period, and immediately following the end of the intervention period. Given time constraints, follow-up measurements were not taken. It is possible that participants’ responses may have changed over time (e.g., one month or six months later), which would suggest that the impact of the intervention was not constant over time.

Additional limitations of this study included those related to the age and race demographics of participants. There was a significant age difference between the intervention and control groups as the mean age of the intervention group (17.22 years) was roughly 11 months greater than that of the control group (16.29 years). This difference should be taken into consideration as adolescents at even slightly different developmental stages may exhibit different psychological characteristics and respond to experiences differently on account of their age. There was not a significant difference between the groups in terms of racial composition, but it should be noted that both groups were heterogeneous in racial composition. In both groups, the
The four highest racial groups, in descending order, were Latino/Hispanic, Indian/South Asian, Black, and Asian. The racial composition of the study’s participants should be taken into account when interpreting results, particularly when considering the replicability of the intervention’s strategies and techniques, as immigrant populations in other school communities are comprised of much different racial compositions.

Another possible limitation stemmed from my observation that some participants may have had difficulty in attempting to respond to items about ethnic identity on the MEIM. This may have led to less than fully accurate assessments of ethnic identity. This may be because many recent immigrants have not had an extensive opportunity to reflect on their feelings towards their ethnicity or culture and their engagement with cultural activities (Matsunaga et al., 2010), partly because they may have been raised in ethnically homogenous communities before coming to the United States. For example, item 4 on the MEIM, “I think a lot about how my life will be affected by my ethnic group membership” (Phinney, 1992, p. 172), may be difficult to assess for an immigrant student who has never considered this before. In addition, some of the terminologies used on the MEIM, while not overly complex, lack concrete context. For example, participants may have difficulty conceptualizing the “organizations or social groups that include mostly members of my own ethnic group” (Phinney, 1992, p. 172) in item 2 of the MEIM.

Other limitations of the study stemmed from the fact that I was the sole facilitator of the group counseling intervention. During the intervention period, I facilitated five separate counseling group cohorts of eight to ten participants, which ran concurrently for five sessions over five to six weeks. While I made a concerted effort to adhere to the group intervention session outline (see Appendix C), due to the unique participant compositions of each group
cohort as well as the dynamic and unpredictable nature of group counseling, the intervention was not conducted in a uniform manner across the cohorts. For instance, if a particular activity elicited a strong emotional response from a participant, more time may have been spent on that topic to encourage processing within the group at the expense of time spent on another activity.

It should also be noted that, as a school counselor, I had a preexisting working relationship with some of the participants within the school setting prior to the study. Some of the participants’ familiarity with me may have influenced their responses within the group counseling sessions and on the questionnaires. However, if counselors or educators wish to employ some of the methods used in this intervention, it is likely that they too will know some of their participants. Also, given the dynamic qualities of group counseling, the unique styles of individual counselors, and the many intersecting identity factors (race, gender, age, etc.) that counselors assume, it is inevitable that the delivery of the group intervention will vary. This presents another limitation to the replicability of the intervention and the study.

**Implications for Future Research**

**Intervention Studies**

This study included participants who were not only ethnically heterogeneous, but who ranged in age (14 to 19 years), grade level (9th to 12th), and length of stay (1 month to 8 years and 2 months). Due to relatively small sample sizes and the scope of this study, differences based on age, grade level, and length of stay were not considered in the analyses, however these are all important factors to consider. Participants may have experienced the intervention or control group differently based on their developmental stages or length of time spent in the U.S. Length of stay in the United States may also influence participants’ school connectedness prior to and following the intervention. I recommend that in future, larger scale intervention studies with
immigrant students, researchers examine differences among participants based on age and time since migrating to the U.S.

As previously discussed, limitations of this study’s design included the intervention and control groups being conducted at different times and non-random group assignment, due to logistical constraints. Previous studies examining school-based interventions for immigrant students that I identified and discussed in Chapter III also failed to implement a true experimental design. Only two of those studies featured a control group and neither of those utilized random group assignment. While a true experimental design may be hard to achieve in a school setting, future intervention studies with immigrant students should attempt to implement treatment and control groups at the same time and use random group assignment, to the degree possible.

Future immigrant adolescent intervention studies should consider examining a pluralistic approach to addressing the needs of immigrant students, by addressing common experiences and stressors among immigrant students, as I did in this study. Literature on interventions for ethnically heterogeneous immigrant student groups appears to be scarce. All five of the school-based intervention studies for immigrant adolescents that I reviewed targeted specific ethnic immigrant groups. In the current study, I chose to take a pluralistic approach toward the group counseling intervention and the ethnic heterogeneity of the participants likely had an impact on the study findings. Although ethnically homogeneous groups may be beneficial in some ways in terms of fostering ethnic identity exploration, ethnically heterogeneous groups may further promote school connectedness, cultural sharing, and the processing of acculturative stress. Future studies can also further enhance the literature by replicating this study using homogenous immigrant groups for comparison.
Immigrant adolescents find themselves at a developmental stage during which they are attempting to forge a unique identity, much of which is derived from social interactions (Erikson, 1968). As they navigate new school environments, immigrant students may be naturally inclined to associate with ethnically similar peers, as they offer more immediate commonalities and acceptance. Sometimes these relationships are borne out of necessity as ethnically and/or linguistically similar peers may be in the best position to help recently arrived immigrants become oriented to their new surroundings. However, additional positive interactions with ethnically dissimilar peers may theoretically lead to more beneficial long-term outcomes.

Sharing one’s culture in a pluralistic group setting in which universality and group catharsis are promoted and having that culture appreciated and validated by ethnically dissimilar peers may further foster ethnic pride. Additionally, the perception of commonalities of experiences with other ethnically dissimilar immigrant students can lead to bonding and positive peer relationships and ultimately improved school connectedness and psychological adjustment.

Finally, researchers should consider implementing a mixed methods study design when studying interventions for immigrant students and complex concepts such as ethnic identity, acculturative stress, school connectedness, and psychological adjustment. Evoking qualitative feedback in the form of interviews or discussions with participants can complement and provide a context for quantitative findings by shedding light on the experiences and processes related to empirical outcomes. As Phinney et al. (2001) have noted, there is an intricate interplay between receiving schools’ attitudes towards immigrants, immigrant students’ ethnic identities, their acculturation strategies, and their psychological adjustment, that has yet to be fully understood. Qualitative data can help to better explain quantitative findings. For instance, interviews with participants could help to better interpret the finding of this study that posttest ethnic identity in
the intervention group was not significantly higher than it was in the control group. Such interviews could reveal themes of improved ethnic pride among intervention group participants but confusion in regards to MEIM items.

**Ethnic Identity Research**

The construct of ethnic identity requires further research in regard to its role in an immigrant adolescent’s psychological adjustment within the school context. The results of this study and prior ethnic identity theory and research suggest that ethnic identity may have a beneficial association with immigrant adolescents’ psychological adjustment, but it is unclear as to what factors may catalyze and enhance the impact of ethnic identity. As Phinney et al. (2001) noted, the relationship between an immigrant student’s ethnic identity, school attitudes, and the student’s adjustment is complicated. For instance, it is unclear whether ethnic identity may act as a buffer against discrimination or whether it can lead to greater sensitivity and distress (Smith & Silva, 2011) for an immigrant adolescent. I recommend that future researchers further considers environmental, family, and individual factors that may influence the role of ethnic identity and its relationship to psychological adjustment for immigrant youths.

I also recommend that alternative methods for measuring ethnic identity be considered, particularly for assessment with the immigrant population. As discussed earlier in the “Limitations” sections, some of the participants in this study may have struggled with understanding and responding to the concepts presented on the MEIM, which is by far the most widely used measure for ethnic identity. I posit that this may be because many recent immigrants have not had an extensive opportunity to reflect on their feelings towards their ethnicity and their engagement with cultural activities, partly because they may have been raised in ethnically homogenous societies for most of their lives. In addition, some of the items and
terminology used, while not overly complex, lack concrete context. For instance, item 2, “I am active in organizations or social groups that include mostly members of my own ethnic group” (Phinney, 1992), might be clearer if it listed a number of organizations such as a church, mosque, temple, or community center. A clearer and more illustrative ethnic identity measure, particularly for immigrant youths who recently immigrated to the United States, may lead to more genuine assessments of the construct of ethnic identity.

Alternatively, researchers administering the MEIM or other ethnic identity measures to immigrant and minority youths in the future should consider preparing participants before having them respond to the measures by implementing lessons or discussions. For instance, an explanation of what “ethnic group membership” means and discussing examples of cultural practices and organizations with student input may help participants better conceptualize such terminologies and respond to items. A more thorough and accurate measurement of ethnic identity could lead to a more precise understanding of the role it plays in psychological adjustment, coping with acculturative stress, and the school experience for immigrant adolescents.

**Implications for Practice**

The findings of this study indicate that schools can take deliberate measures to attend to some of the needs of their immigrant adolescent students, specifically issues related to ethnic identity and acculturative stress, and that this may be associated with an overall improvement of immigrant students’ psychological well-being. Additionally, taking a pluralistic approach to serving immigrant students may not only be time and cost saving, but may also be effective. The findings of this study suggest that providing services or interventions to immigrant students on the whole, rather than focusing on the needs of a particular immigrant group, may promote
psychological adjustment in terms of self-esteem and general distress, although the processes that lead to these changes require further investigation. This study also demonstrated that immigrant students, who as a group underutilize mental health services, will partake in such services if it is offered in an accessible format.

**Group Counseling**

Intentionally addressing some of the social and psychological needs of immigrant students in school and in a group counseling format helps to overcome some of the barriers to services such as cost, transportation, time, and culturally-based stigma (Miller, Bixby, & Ellis, 2016). Offering services in school for no cost does not impose on the parents of immigrant students, who may have economic and time-based constraints. And while many immigrant groups may have limited awareness of mental health services or associate stigma with such services, this study provides evidence that these barriers may be overcome in a school setting. This may be related to the fact that some groups such as Latin and Asian Americans tend to hold school professionals in high regard and trust in their educational decision making (Suarez-Orozco, Onaga, & de Lardemelle, 2010), and that non-Western immigrant cultures are primarily collectivistic and may value the group experience and the social support it offers. Conversely, school counselors should be aware that a common characteristic of collectivistic cultures is that of face and relatedly the shame that an individual can bring upon his or her family. This may lead some immigrant students to feel uncomfortable sharing in a group setting.

The intervention goals and techniques were informed by research related to group counseling, improving school connectedness, enhancing ethnic identity, and acculturative stress. All of these issues are pertinent to the mental health and well-being of immigrant adolescents. It
is quite possible to employ different strategies and activities that have similar goals to those of this intervention that may be more effective in some areas.

A similar group counseling intervention may be utilized with ethnically homogenous immigrant adolescent groups or heterogeneous groups with different ethnic compositions than those featured in this study. While the issues broached in the group counseling intervention applied to all immigrant groups, an ethnically homogenous immigrant group may experience the intervention differently. It is possible that a greater level of sharing, intimacy, and processing may occur between those of a similar background. This, in turn, may lead to a greater increase in ethnic identity.

Conversely, counselors should also consider conducting group counseling interventions pluralistically with different immigrant ethnic group compositions. In this study, I demonstrated that an immigrant adolescent group intervention with ethnically heterogeneous participant groups could yield positive results. Different high schools and different regions of the United States are comprised of a variety of immigrant ethnic compositions, each of which presents different dynamics. For instance, one school may have two prominent immigrant groups between which there is segregation and misunderstanding. It would be meaningful to gain insight into the impact of a group counseling intervention in terms of developing commonality over acculturative stress experiences and improving school connectedness for those students.

Those providing group interventions for immigrant students should consider offering the services during times that do not interfere with academic instruction for these students. The high school at which the study took place offered a daily one hour non-academic time block, comprised of a lunch and homeroom period, which was an ideal time for the group intervention. Not all school schedules offer similar uninterrupted non-academic time periods conducive for
group counseling, and classroom teachers may be hesitant to allow immigrant students to miss instruction to attend a group during academic hours. In these cases, school counselors may consider offering such services immediately before or after school, so as not to interrupt academic instruction or to creatively consider alternative times to offer a group counseling intervention. For instance, a counselor can educate ESL or physical education teachers about the service being offered and its potential benefits for immigrant students and negotiate weekly or bi-weekly times during which such students are permitted to attend the group in lieu of their class.

**School Counselors and Educators**

The outcomes of this study have implications for working with immigrant adolescents beyond the format of group counseling. The processing of acculturative stress and facilitation of ethnic identity exploration are practices that can be incorporated into an educator’s daily work with their immigrant students. For instance, during academic advisement meetings, a counselor can ask about the practices and traditions of students’ schools in their native countries. Similarly, in a discussion about college and career exploration, a counselor may broach the topic of parent or cultural values related to school, occupation, and family decision-making as well as how those values align or contrast with those of the majority American culture. Counseling departments may initiate events that promote cultural appreciation such as cultural talent shows or international food days.

Similarly, an ESL or history classroom teacher may present opportunities for immigrant students to share about their cultures or their immigration stories, similar to the “cultural sharing” activity utilized in the intervention (See Appendix C).
It is imperative that counselors and educators working with immigrant students examine their own ethnic identity and develop an appreciation for the cultures of the students they are working with. A student-educator relationship in which the educator has a less developed ethnic identity than the student has the potential to result in miscommunication and frustration, while an educator with a more developed ethnic identity can help the student to explore and progress in ethnic identity development (Helms, 1994). Counselors and educators should take time to reflect on and advance their ethnic identities if needed by engaging in cultural explorations, reflective writing exercises, and purposeful dialogues with colleagues. While counselors and educators need not be experts on the cultures of the students they are working with, they should strive to have a general understanding of cultural values and practices (without assuming them to be true), in order to build rapport and trust with immigrant students and anticipate potential personal, social, family, and school-related issues they may be experiencing.

**System-Wide Initiatives**

On a system-wide level, schools may incorporate policies and practices to help better serve their immigrant students. The assignment of faculty members who ethnically or culturally identify with immigrant student populations to teaching and leadership positions can facilitate immigrant students’ comfort level in the school environment and ultimately lead to improved school connectedness. Moreover, the presence of such educators may serve to aid in the ethnic identity development of immigrant students in two ways. First, seeing an immigrant student may gain ethnic pride from seeing an ethnically similar individual in an influential role. In addition, ethnically or culturally similar educators may be more adept at facilitating cultural exploration and engaging in authentic conversations about ethnic identity.
School administrators should also consider identifying all of their school’s bilingual faculty members and making this information accessible to the entire school. Such faculty members may serve not only as communicators or interpreters with English language learning students and family members, but as cultural liaisons. The offering of school-related information and programming in multiple languages can allow many immigrant parents to better engage in school activities. Schools can also provide parent leadership positions that accentuate the strengths of immigrant parents and accommodate their language abilities and work schedules. Increased immigrant parent communication and school engagement can lead to greater school connectedness for their children.

In an effort to cultivate environments that welcome immigrants and value their cultures, schools should incorporate diverse cultures into their curricula and school culture. To this end, schools can acknowledge and celebrate the holidays and traditions of immigrant cultures through assemblies and hallway decorations. Social studies and English courses can integrate immigrant cultures into activities and readings. Immigrant students can be given the opportunity to share their cultures as well as their immigration-related experiences.

Finally, school administrators should consider policy that requires schools to offer group counseling services to new immigrant students, aimed at facilitating school acclimation, addressing acculturative stress, and fostering ethnic identity. More acculturated immigrant students should be encouraged to take leadership roles in developing and implementing culturally appropriate services. Schools must also go beyond simply offering group counseling. It is imperative that schools be proactive in promoting and reducing barriers to services, as language barriers and a lack of familiarity with school systems and resources can limit immigrant students’ awareness and comfort in utilizing helpful programming.
Conclusion

The results of this study indicate that a school-based group counseling intervention for immigrant adolescents that addresses acculturative stress and ethnic identity may be associated with desirable outcomes in terms of psychological adjustment (self-esteem, anxiety, and general distress) above and beyond the typical school experience. The group counseling intervention employed in this study is unique in that it was designed for immigrant adolescents in general, regardless of ethnicity or origin, whereas similar intervention studies have primarily targeted specific segments of the immigrant student population. It is also the only study, according to my review of literature, that examined ethnic identity and/or school connectedness in immigrant adolescents quantitatively, using a quasi-experimental design. Additionally, it is important to note that this intervention represents a short-term and cost-efficient means for counselors and educators to reach multiple immigrant students. If a comparable intervention can be offered in the school setting during non-academic school hours (e.g., during homeroom or lunch periods), it reduces barriers to services that immigrant youths may face such as transportation issues and having free time after school hours to attend such services (Miller, Bixby, & Ellis, 2016).

The group counseling model utilized in this study, including its delineated goals and techniques, may serve as a guide for those who work with immigrant adolescents in a practice or research capacity. Educators, counselors, and researchers should continue to purposefully consider and implement services and practices that better serve our growing immigrant youth population. As discussed, immigrant youths represent a segment of the population that is at heightened risk for stress, trauma, and compromised mental health, while they are less likely than their non-immigrant peers to seek and utilize mental health services. Most immigrant students arrive under less than ideal economic and family dynamic conditions. Schools are the
environment in which immigrant youths will spend a large portion, if not the majority of their waking hours. Schools are the primary context in which these students will acquire and improve language skills, learn about the majority culture, socialize with their peers, interact with adults of the majority culture, and perhaps gain access to academic and career options that can elevate them above their current socioeconomic situations.

School professionals are in a privileged position to contribute to an environment that is welcoming and affirming of immigrants- or they can remain inert. Beyond carefully planned activities and techniques, caring for our immigrant youths begins with an attitude of compassion and respect for their cultures, experiences, and abilities. Immigrant youths are vulnerable and often discounted, yet are talented and brim with potential to add to the richness of our schools and contribute meaningfully and passionately to our communities and society at large. Educators and counselors occupy an important role in creating conditions that allow our immigrant students to thrive.
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Appendix A

Consent and Assent Forms for Experimental Group

**PARTICIPANT CONSENT FORM**

(Participants 18 years and older)

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

**Study’s Title:** A School-Based Group Intervention for Immigrant Adolescents: Addressing Acculturative Stress and Facilitating Ethnic Identity Development, School Connectedness, and Related Psychosocial Adjustment Outcomes

**Why is this study being done?**

We would like to know if schools can help students who come from other countries by involving them in group meetings. We know that coming from another country to a new place can be hard at times. We want to know if certain group activities can help students feel good about themselves and the cultures they are from. We also want to know if they can help students feel more comfortable at school. If the group meetings are helpful, people working in other schools can use meetings like these to help their students.

**What will happen while you are in the study?**

If you choose to participate you will first meet in a group for about 20-30 minutes to answer written survey questions about yourself. You will then begin attending group meetings with eight to ten other students. There will be five group meetings that will last about 60 minutes each. They will meet once a week for about five weeks. In the meetings, you and the other students will have discussions and do activities. We will talk about your culture, being an immigrant, and challenges you face. A school counselor will be there to help with the discussions. Free snacks and drinks will be available at the meetings. After the last group meeting, you will meet again to answer written survey questions about yourself for 20-30 minutes. Survey meetings will be separate from group meetings.

The group meetings will be audio recorded by the school counselor. Only adults working on the study will listen to these recordings just to make sure they are going well. They will not be transcribed or used for anything else. We will not share the recordings with anybody else and they will be kept in a safe locked place during the study. After the study, they will be destroyed.

**Time:**

This study will take about five to seven weeks. There will be five 60 minutes meetings, about one time per week. Students will take 20-30 minute surveys before the first meeting and after the last meeting, within a week of those meetings. Group meetings will take place during back to back homeroom and lunch periods. They won’t be during regular class time.

**Risks:**

You may experience stressful feelings. We will discuss difficult experiences in group meetings. We will talk about being an immigrant and the challenges of coming to a new place. This will include topics such
as racism and trying to fit in. You may feel sad or angry when we talk about these things. We will not ask you about your family’s immigration status. If you are feeling unusually sad or angry during or after the study and would like professional help, please let us know. You can reach out to the “2nd Floor” youth helpline at 888-222-2228 or request a meeting at the Haven counseling program at the high school. Both are free.

Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse we are required by NJ state law to report that to the proper authorities immediately.

**Benefits:**

You may benefit from this study because it can be helpful to talk openly about difficult experiences. Finding out that other people go through similar things can help relieve stress. You will get to think and share about your culture in a positive way. You may also benefit from belonging to a group in school. Participating in the group can help you feel more connected to school and happier being in school.

Other schools and immigrant students may benefit from this study. Schools can use groups like this one to help their students feel better and more connected to school.

**Compensation**

To compensate you for the time you will spend in this study, you will receive light snacks at meetings. Immediately following the final survey meeting, you will be given a $5 gift card. You can only get the gift card if you’ve attended both survey meetings and at least three out of five group meetings.

**Who will know that you are in this study?**

You will not be linked to any presentations. We will keep who you are confidential.

We will do our best to keep your information private. We will also remind other participants to do the same. But because we are in a group we can’t promise that information won’t be shared outside of the group. Please don’t share anything you are not comfortable with sharing.

You should know that [this state] requires that any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Youth and Family Services.

**Do you have to be in the study?**

You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

Your grades and status at [removed] will not be affected.

**Do you have any questions about this study?**

Please contact:

Mark Kiang

Work phone: 732-981-0700 ext. 2234   Email: markkiang@gmail.com

Dr. Amanda Baden
Work phone: 973-655-7336   Email: badena@mail.montclair.edu

Do you have any questions about your rights as a research participant?
Phone or email the IRB Chair, Dr. Katrina Bulkley, 973-655-5189 or reviewboard@mail.montclair.edu.

Future Studies
It is okay to use my data in other studies:
Please initial:       _____ Yes       _____ No

As part of this study, it is okay to audiotape me:
Please initial:       _____ Yes       _____ No

One copy of this consent form is for you to keep.

Statement of Consent
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

______________________________             ________________________________      _____
Print your name here               Sign your name here                  Date

______________________________             ________________________________      _____
Name of Principal Investigator          Signature                     Date

______________________________             ________________________________      _____
Name of Faculty Sponsor              Signature                     Date
PARENT/GUARDIAN CONSENT FORM

(For participants under 18 years)

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you complete this form.

Study’s Title: A School-Based Group Intervention for Immigrant Adolescents: Addressing Acculturative Stress and Facilitating Ethnic Identity Development, School Connectedness, and Related Psychosocial Adjustment Outcomes

Why is this study being done?

We would like to know if schools can help students who come from other countries by using group meetings with them. We know that coming from another country to a new place can be hard at times. We want to know if certain group activities can help students feel good about themselves and the cultures they are from. We also want to know if they can help students feel more comfortable at school. If the group meetings are helpful, people working in other schools can use meetings like these to help their student.

What will happen while your child or dependent is in the study?

Students who participate will first meet for about 20-30 minutes to answer written survey questions about themselves. Following this, students will begin attending five group meetings. The meetings will last about 60 minutes and meet once a week for about five weeks. In the meetings, students will talk about their culture, being an immigrant, and challenges they face. A school counselor will be there to help with the discussions. At the group meetings free snacks and drinks will be available. After the last group meeting, students will meet again to answer written survey questions about themselves for about 20-30 minutes. Survey meetings will be separate from group meetings.

The group meetings will be audio recorded by the school counselor. Only adults working on the study will listen to these recordings and only to make sure they are going well. They will not be transcribed or used for anything else. We will not share the recordings with anybody else and they will be kept in a safe locked place during the study. After the study, they will be destroyed.

Time:

This study will take about five to seven weeks. There will be five 60 minutes meetings, about one time per week. Students will take 20-30 minute surveys before the first meeting and after the last meeting, within a week of those meetings. Group meetings will take place during back to back homeroom and lunch periods. They won’t be during regular class time.

Risks:

Your child may experience stressful feelings. We will discuss difficult experiences in group meetings. We will talk about being an immigrant and the challenges of coming to a new place. This will include topics such as racism and trying to fit in. Your child may
feel sad or angry when we talk about these things. We will not ask students about their family’s immigration status. If your child is unusually sad or angry and would like professional help, please let us know. You can reach out to the “2nd Floor” youth helpline at 888-222-2228 or request a meeting at the Haven counseling program at the high school. Both are free.

Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse we are required by NJ state law to report that to the proper authorities immediately.

**Benefits:** Your child may benefit from this study because it can be helpful to talk openly about difficult experiences. Finding out that other people go through similar things can help relieve stress. Your child will get to think and share about her/his culture in a positive way. Your child may also benefit from belonging to a group in school. The group can help your child feel more connected to school and happier being in school.

Other schools and immigrant students may benefit from this study. Schools can use group likes this one to help their students feel better and more connected to school. Parents may benefit because their children may feel better about themselves and become more involved in school.

**Compensation**

To compensate you for the time your child will spend in this study, she/he will receive light snacks at meetings. Immediately following the final survey meeting, your child will be given a $5 gift card. She/he can only get the gift card if she/he has attended both survey meetings and at least three out of five group meetings.

**Who will know that your child or dependent is in this study?**

Your child will not be linked to any presentations. We will keep who your child is confidential, according to the law. We will also remind other participants to keep your child’s information private. But because we are in a group we can’t promise that information won’t be shared outside of the group. We will ask your child not to share anything she/he is not comfortable with sharing.

You should know that [this state] requires that any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Department of Children Protection and Permanency.

**Does your child or dependent have to be in the study?**

Your child does not have to be in this study. She/he is a volunteer! It is okay if she/he wants to stop at any time and not be in the study. She/he does not have to answer any questions that she/he does not want to answer. Nothing will happen to your child. Her/his grades and status at [removed] will **not** be affected.

**Do you have any questions about this study?**

Please contact:

Mark Kiang

Work phone: 732-981-0700 ext. 2234   Email: markkiang@gmail.com

Dr. Amanda

Work phone: 973-655-7336   Email: badena@mail.montclair.edu
Do you have any questions about your rights as a research participant?

Phone or email the IRB Chair, Dr. Katrina Bulkley, 973-655-5189 or reviewboard@mail.montclair.edu.

Future Studies It is okay to use her/his data in other studies:

Please initial: ______ Yes ______ No

It is okay to audiotape my child while in this study:

Please initial: ______ Yes ______ No

The copy of this consent form is for you to keep.

Statement of Consent

I have read this form and decided that I agree to my child’s participation in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that my child can withdraw at any time. My signature also indicates that I have received a copy of this consent form.

If you choose to have your child or dependent in this study, please fill in the lines below.

Child’s Name: ___________________________

Name of Parent/Guardian ___________________________ Signature ___________________________ Date ______

Name of Parent/Guardian ___________________________ Signature ___________________________ Date ______

Name of Principal Investigator ___________________________ Signature ___________________________ Date ______

Name of Faculty Sponsor ___________________________ Signature ___________________________ Date ______
**ASSENT FORM**

(Participants under 18 years)

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you fill in this form.

**Who am I?** I am Mr. Mark Kiang. I work as a school counselor at [removed]. I am also a student studying counseling at Montclair State University.

**Why is this study being done?** We would like to know if schools can help students who come from other countries by using group meetings with them. We know that coming from another country to a new place can sometimes be hard. We want to know if certain group activities can help students feel good about themselves and more comfortable at school. If the group meetings are helpful, other schools can use meetings like these to help their students.

**What will happen while you are in the study?**

If you choose to participate you will first meet in a group for about 20-30 minutes to answer written questions about yourself. You will then begin attending five group meetings with four to seven other students. The meetings will last about 60 minutes and meet once a week for about five weeks. In the meetings, you and the other students will have discussions and do activities. We will talk about your culture, being an immigrant, and challenges you face. A school counselor will be there to help with the discussions. At the group meetings free snacks and drinks will be available. After the last group meeting, you will meeting again to answer written questions about yourself for about 20-30 minutes.

The group meetings will be audio recorded by the school counselor. Only adults working on the study will listen to these recordings, just to make sure they are going well. We will not share the recordings with anybody else and they will be kept in a safe locked place.

**Time:**

This study will take about five to seven weeks. There will be five 60 minutes meetings, about one time per week. You will take 20-30 minute surveys before the first meeting and after the last meeting, within a week of those meetings. Group meetings will take place during back to back homeroom and lunch periods. They won’t be during regular class time.

**Risks:**

You may experience stressful feelings. We will discuss difficult experiences in group meetings. We will talk about being an immigrant and the challenges of coming to a new place. This will include topics such as racism and trying to fit in. You may feel sad or angry when we talk about these things. We will not ask you about your family’s immigration status. If you are feeling unusually sad or angry during or after the study and would like professional help, please let us know. You can reach out to the “2nd Floor” youth helpline at 888-222-2228 or request a meeting at the Haven counseling program at the high school. Both are free.

Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse we are required by NJ state law to report that to the proper authorities immediately.
**Benefits:**

You may benefit from this study because it can be helpful to talk openly about difficult experiences. Finding out that other people go through similar can help relieve stress. You will get to think and share about your culture in a positive. You may also benefit from belonging to a group in school. Participating in the group can help you feel more connected to school and happier being in school.

Other schools and immigrant students may benefit from this study. Schools can use groups like this one to help their students feel better and more connected to school.

**Compensation**

To compensate you for the time you will spend in this study, you will receive light snacks at meetings. Immediately following the final survey meeting, you will be given a $5 gift card. You can only get the gift card if you’ve attended both survey meetings and at least three out of five group meetings.

**Who will know that you might be in this study?**

You and your parents/caretakers will know that you are in this study. I will know that you are here, but we won’t tell anyone else. We will do our best to keep your information private. We will also remind other participants to do the same. But because we are in a group we can’t promise that information won’t be shared outside of the group. Please don’t share anything you are not comfortable with sharing.

**Do you have to be in the study?**

You do not have to be in this study. We won’t get mad with you if you say no. It is okay if you change your mind at any time and leave the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you. Your grades or status at [removed] will not be affected.

**Do you have any questions about this study?**

Please contact:

Mark Kiang

Work phone: 732-981-0700 ext. 2234   Email: markkiang@gmail.com

Dr. Amanda Baden

Work phone: 973-655-7336   Email: badena@mail.montclair.edu

**Do you have any questions about your rights as a research participant?**

Phone or email the IRB Chair, Dr. Katrina Bulkley, 973-655-5189 or reviewboard@mail.montclair.edu.

It is okay to use my data in other studies:

Please initial:   _____ Yes   _____ No

It is okay to audiotape me while I am in this study:

Please initial:   _____ Yes   _____ No
It is okay to use my audiotaped data in the research.

Please initial:  _____ Yes  _____ No

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Appendix B

Group Intervention Session Summary

Session 1  Introduction and overview

Objectives/outcomes

- Present an overview of group purpose and structure
- Establish group expectations and rules
- Develop rapport and universality among group members
- Broach topics of cultural values/practices and discrimination

Activities

- Facilitator introduces him/herself and presents an overview of group purpose and structure.
- Each participant shares name, where they have lived, and how long they have been in the U.S.
- Ice breaker- “Step in, step out”. Participants stand in a circle and when facilitator calls out a prompt, step in if it applies to them (e.g., “step in if you speak a language other than English at home”). Participants will get the opportunity to make their own prompts.
- Establish group rules
- Discussion/Activity- “Who is an American?” Prompt participants to reflect on what an “American” looks like. Show images of White “all American” families portrayed in culture and media
- Process- Ask members for reflections and input
- Give assignment to bring a “cultural artifact” that represents culture/family of origin.

Session 2  Sharing culture

Objectives/outcomes

- Engender pride and ownership of one’s culture
- Facilitate learning and appreciation of other minority cultures

Activities
• Prompt each participant to:
  o Share their full name, its pronunciation, and any meanings associated with it. Then ask the rest of participants to practice saying each others’ names
  o Share a word or phrase from their culture and ask the rest of participants to practice saying it
  o Complete “one thing I love about my country/culture (of origin) is…” and “what I miss the most about my country is…”
  o Describe “if you were to visit my country for one day, I would take you to see/eat/experience…”

• Cultural sharings: One to two participants will engage in a prepared cultural sharing. During and after the sharing, other participants will be encouraged to ask questions and present feedback.

Session 3 The immigration and acculturation experience

Objectives/outcomes
- Provide participants a platform and safe space to share and process their immigration experience and subsequent acculturative stress
- Normalize and establish universality over shared experiences

Activities
• Show short video clip of an immigrant adolescent’s acculturation experience, followed by a discussion.

• Provide participants with a brief worksheet with unfinished statements. Ex:
  o “Three words that describe my immigration to the United States are: ________”
  o “My feelings about leaving my country and coming to the U.S. were (circle all that apply): excited, happy, sad, fearful, nervous, eager…”
  o “The hardest thing to get used to in the United States is: ________”
  o “One things I like/do not like about this school is: ________”
  o “People at this school think I am: ________”

• Use written responses and prompts to initiate discussion and sharing of experiences. Given that cultural values may promote emotional regulation and limited sharing of
personal information, the facilitator may often need to utilize more concrete prompts such as “what about your old home was so hard to leave behind?” or “what in particular has been hard to get used to- the cafeteria food, the weather, the language?,” or “do you think people in this school think you are interesting, weird, intelligent, or sneaky?” Facilitator will also encourage participants to reflect on and respond to one another’s experiences.

- Cultural sharings: One to two participants will engage in a prepared cultural sharing. During and after the sharing, other participants will be encouraged to ask questions and present feedback.

Session 4  
Stereotypes, cultural values, and conflicts

Objectives/outcomes
- Discuss cultural stereotypes and experiences with prejudice. Allow participants to process and receive support for difficult and painful experiences.
- Explore participants’ cultural values and majority culture values and practices.
- Compare and contrast values while identifying and processing cultural conflicts.
- Identify and promote the strengths of cultural values and practices.

Activities
- Show Youtube clips of cultural stereotypes presented in a comedic fashion by members of different cultural groups
- Facilitate discussion about stereotypes with prompts
  - State different cultural stereotypes (presented in video clip and others) and prompt participants to react/reflect on them, including personal experiences with them.
  - Facilitate discussion of effective and unhealthy coping mechanisms, using case scenarios and asking members to share how they would manage them.
- Prompt discussion with “what people who don’t know me think about me” and “what I would like people to know about me”
- Present different case scenarios depicting cultural conflicts with parents, peers, and teachers, at home and at school. Prompt participants to personally reflect on them and share related experiences. Prompt participants to consider how their cultural values are sources of strength.
  - Parenting and discipline
  - Respecting and communicating with parents/elders
o Living with extended family

o Making college and career decisions

• Using a whiteboard or poster, create a Venn diagram and list generally agreed upon values (not necessarily a consensus) of White American values and cultural values held by different groups.

• Cultural sharings: One to two participants will engage in a prepared cultural sharing. During and after the sharing, other participants will be encouraged to ask questions and present feedback.

Session 5 Experiences of discrimination and identifying resources

Objectives/outcomes

- Participants will share and bond over experiences of discrimination and support one another in problem solving

- Participants will share and become aware of resources and cultural brokers/allies within the school setting and how to access them

- Participants will reflect on their experience in group, offer feedback, and express appreciation for one another

- Close group

Activities

• Read a short vignette about a minority student’s experience with discrimination and marginalization

  o Prompt participants to reflect on their thoughts and feelings regarding the vignette

  o Prompt participants to share their experiences with discrimination, how it made them feel, and how they have coped with those experiences

• Present a preliminary list of places/individuals in the school and community. Prompt participants to contribute to the list and reflect on their experiences with people and resources and their benefits or drawbacks. Ex: ESL teachers, a custodian, Counselor’s office, dean’s office, nurse’s office, library, clubs, extra help, church/temple/mosque, etc.

• Prompt students to complete statements and reflect on responses:

  o (Blank) is a place I can go to when I need help or I’m having a problem
- (Blank) is someone in school I can trust when I need advice or am having difficulty

- Have students reflect on what they learned from and appreciated in one another

- Final reflection, feedback, and goodbyes
Appendix C

Questionnaire Packet

Please try to answer all of the following questions. Circle or fill in your answers.

1. Name: ______________________________

2. Date of birth: (month)__________ (year)______

3. Grade level: 9  10  11  12

4. Gender: Male  Female  Transgender  Prefer not to respond

5. Race you identify with most: Asian  Indian/South Asian  
Latino/Hispanic  Black/African American  White/European  Multiracial  Other: ________________

6. Country of birth: __________________________________________________________

7. When did you arrive in the United States? (year):_______ (month):______

8. First language you spoke: __________________________________________________

9. Language you usually speak at home:________________________________________

10. Who do you currently live with? __________________________________________

11. Mother’s current country of residence (if alive): ____________________________

12. Father’s current country of residence (if alive): _____________________________

13. Do you currently have a job?  Yes   No
School Connectedness Measure

Read the following statements and circle the answer that describes how much you agree or disagree with the statement.

1. “I feel close to people at school”

   1  2  3  4  5
   strongly disagree  disagree  neutral  agree  strongly agree

2. “I feel like I am part of this school”

   1  2  3  4  5
   strongly disagree  disagree  neutral  agree  strongly agree

3. “I am happy to be at this school”

   1  2  3  4  5
   strongly disagree  disagree  neutral  agree  strongly agree

4. “The teachers at this school treat students fairly”

   1  2  3  4  5
   strongly disagree  disagree  neutral  agree  strongly agree

5. “I feel safe in my school”

   1  2  3  4  5
   strongly disagree  disagree  neutral  agree  strongly agree

Multigroup Ethnic Identity Measure
In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others.

These statements are about your ethnic group and how you feel about it or react to it. Circle the answer that best describes how much you agree or disagree with the statement.

1. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.
   
   1  2  3  4  
   Strongly Disagree  Disagree  Agree  Strongly Agree

2. I am active in organizations or social groups that include mostly members of my own ethnic group
   
   1  2  3  4  
   Strongly Disagree  Disagree  Agree  Strongly Agree

3. I have a clear sense of my ethnic background and what it means for me.
   
   1  2  3  4  
   Strongly Disagree  Disagree  Agree  Strongly Agree

4. I think a lot about how my life will be affected by my ethnic group membership.
   
   1  2  3  4  
   Strongly Disagree  Disagree  Agree  Strongly Agree

5. I am happy that I am a member of the group I belong to.
   
   1  2  3  4  
   Strongly Disagree  Disagree  Agree  Strongly Agree

6. I have a strong sense of belonging to my own ethnic group.
   
   1  2  3  4  
   Strongly Disagree  Disagree  Agree  Strongly Agree
7. I understand pretty well what my ethnic group membership means to me.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

8. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

9. I have a lot of pride in my ethnic group.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

10. I participate in cultural practices of my own group, such as special food, music, or customs.
    1  2  3  4
    Strongly Disagree  Disagree  Agree  Strongly Agree

11. I feel a strong attachment towards my own ethnic group.
    1  2  3  4
    Strongly Disagree  Disagree  Agree  Strongly Agree

12. I feel good about my cultural or ethnic background.
    1  2  3  4
    Strongly Disagree  Disagree  Agree  Strongly Agree
Rosenberg Self-Esteem Scale

Read the following statements and circle the answer that best describes how much you agree or disagree with the statement.

1. On the whole, I am satisfied with myself.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

2. At times I think I am no good at all.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

3. I feel that I have a number of good qualities.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

4. I am able to do things as well as most other people.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

5. I feel I do not have much to be proud of.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

6. I certainly feel useless at times.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

7. I feel that I'm a person of worth.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

8. I wish I could have more respect for myself.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

9. All in all, I am inclined to think that I am a failure.
   1  2  3  4
   Strongly Disagree  Disagree  Agree  Strongly Agree

10. I take a positive attitude toward myself.
    1  2  3  4
    Strongly Disagree  Disagree  Agree  Strongly Agree

Brief Symptom Inventory 18
Read each problem and respond with how much it has bothered you in the past week.

0 = Not at all   1 = A little bit   2 = Moderately   3 = Quite a bit   4 = Extremely

During the past 7 days how much were you distressed by:

1. Faintness or dizziness  0   1   2   3   4
2. Feeling no interest in things  0   1   2   3   4
3. Nervousness or shakiness inside  0   1   2   3   4
4. Pains in heart or chest  0   1   2   3   4
5. Feeling lonely  0   1   2   3   4
6. Feeling tense or keyed up  0   1   2   3   4
7. Nausea or upset stomach  0   1   2   3   4
8. Feeling blue  0   1   2   3   4
9. Suddenly scared for no reason  0   1   2   3   4
10. Trouble getting your breath  0   1   2   3   4
11. Feeling of worthlessness  0   1   2   3   4
12. Spells of terror or panic  0   1   2   3   4
13. Numbness or tingling in parts of your body  0   1   2   3   4
14. Feeling hopeless about the future  0   1   2   3   4
15. Feeling so restless you couldn’t sit still  0   1   2   3   4
16. Feeling weak in parts of your body  0   1   2   3   4
17. Thoughts of ending your life  0   1   2   3   4
18. Feeling fearful  0   1   2   3   4