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Transition Support for Immigrant Students

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This article briefly highlights the problems of student immigrants and the potential value of transition support groups as a mechanism for addressing these problems.

Adolescents entering a new school and neighborhood are confronted with multiple transition challenges. The challenges are compounded when the transition also involves recent arrival in a new country and culture. In the short run, failure to cope effectively with these challenges can result in major learning and behavior problems; in the long run, the psychological and social impacts may be devastating.

The increased influx of immigrants to the United States has resulted in renewed attention to the problem of effective transitions (e.g., Arredondo, 1984; de Anda, 1984; Gibbs & Huang, 1989; Golding & Burnam, 1990; Lieberman, 1990; Ruiz, 1990; Sue & Zane, 1987). As part of our ongoing work with the School-Based Health Center movement (e.g., Adelman & Taylor, 1991a) and with dropout prevention (Adelman & Taylor, 1991b), we have focused on this concern.

TRANSITIONAL ISSUES

Transitional failure can be viewed as stemming from factors related to the environment, person, or both. For example, school systems and individual schools are quite variable in the degree to which they are

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prepared to address the transitional needs of new students. Thus, some new students enter friendly and inviting settings; others encounter settings that are nonaccommodating or even hostile. And, of course, youngsters arriving from other countries vary in terms of their capability and motivation with respect to psychological transition into new settings. On the negative side, some youngsters do not want to emigrate, some are uninterested in learning a new language, some fear losing their familial and cultural identity, some are insecure and intimidated. Even some with initially positive attitudes and enabling skills encounter situations that are more demanding and hostile than they had anticipated and are capable of handling. Moreover (as is discussed later), problems that arise in relation to acculturation efforts often are exacerbated by pre-immigration problems and common problems of minors. These problems manifest themselves in poor school attendance and performance, somatic complaints, negative affect, and misbehavior.

A few programs have been reported that are attempting to address specific transitional skill and counseling needs (e.g., Berg-Cross & Flanagan, 1988; Fradd & Weismantel, 1989; Keyes, 1984; Pillen, Jason, & Olson, 1988). The approach described in this article is being developed by a school-based health center at one public high school in Los Angeles that enrolls a large population of recent immigrants from Mexico and Central and South America. It uses a group format for helping students from other countries make the transition into a new school and community. These school-based transition support groups are referred to as "Biculturalization Groups" because they are seen as facilitating bicultural development.

A SCHOOL-BASED TRANSITION SUPPORT GROUP

The decision to provide school-based transition groups was made after it became clear to the health center staff that many clients were recent immigrants who were having difficulty making the transition into a new community and school. The staff attributed this difficulty in great part to the newcomers' lack of an adequate social support network. In coming to the United States, not only may they have left parents and other close relatives behind, but also they currently may be living with people they do not really know. (Ironically, in some cases, the adolescent has left a cherished relative to rejoin a parent whom he or she has not lived with for many years.) Moreover, they seldom have friends to turn to for help.

In screening for the groups, then, the staff needs to focus on whether a student currently has an effective support network (e.g., a home situation where acculturation problems are discussed and solutions pursued). The result of this screening emphasis is that most who join the groups tend to be individuals in need of social support.

In initiating and maintaining the groups, center staff have found it essential to ensure that clients experience immediate and ongoing benefits. As Sue and Zane (1987) have described in discussing work with such populations, the emphasis should be on establishing and maintaining perceptions of credibility and giving.

Credibility refers to the client's perception of the therapist as an effective and trustworthy helper. *Giving* is the client's perception that something was received from the therapeutic encounter. . . . Credibility and giving . . . are related to . . . expectancy, trust, faith, and effectiveness.

At least two factors are important in enhancing credibility: ascribed and achieved status. *Ascribed status* is the position or role that one is assigned by others. . . . Status, or credibility, can also be achieved. *Achieved credibility* refers more directly to therapists' skills. Through the actions of therapists, clients come to have faith, trust, confidence, or hope. These actions may involve culturally consistent interventions and general therapeutic skills such as empathic understanding. (p. 40)

Group discussions are facilitated using basic group therapy techniques, with occasional didactic presentations to provide information and foster skill development. The content of the discussion is generated out of group members' stated concerns and needs.

During group discussions, we have observed that the students commonly indicate feeling isolated and unhappy. Some of their concerns are related to *acculturation* problems (not knowing how to deal with the school and community, residual trauma from negative experiences encountered in coming to this country, grief reactions for what has been lost in moving here, fears related to undocumented status, a desire to return home because the student did not want to come or it is not working out). Some concerns, however, are related to *common problems of adolescence*, which tend to be exacerbated by the student's immigrant status (e.g., conflicts with parents, guardians, school staff, peers; financial or job worries; academic problems; personal isolation and alienation). Also, there are a variety of concerns stemming from *pre-immigration problems* (e.g., childhood physical and sexual abuse, war-related trauma, continuing grief reactions over the death of a family member or close friend).

The following cases are intended to illustrate the problems that students bring to the groups and the groups' focus and impact. To provide a broad picture, each case is a composite of several students.

Maria

Maria, 15 years old, came to the health center for vaccinations. She had come from Mexico 7 months earlier to live with an aunt. In talking with the nurse, she complained that she felt anxious and depressed. She said she missed her family and friends and complained that her aunt and her cousins showed little interest in her.

In the group, Maria expressed her disappointment with her life since coming to the United States. She had found her aunt's family to be insensitive to the difficulties she was experiencing as she tried to adjust to them, a new culture, and a new school. It was clear they were not a source of emotional or social support and that she had not found any new friends who could provide her with support.

At the first group session, Maria began to share her feelings; not only was she upset and anxious about adjusting to life in the United States, but also she was angry at her aunt's family for being unsupportive and with her family in Mexico for sending her here. Almost immediately, several students expressed empathy, indicating they were having very similar experiences. By the third session, it was clear that Maria felt she had found a support group and had established a friendship outside the group with at least one of the members.

After six sessions, Maria indicated she was starting to believe that things would work out at school. She no longer felt high levels of stress or sadness. Because she now had some friends to turn to, her aunt's and her cousin's attitudes were less important to her. In addition, her anger toward her family in Mexico had given way mostly to sadness as she acknowledged they had sent her to the United States because they loved her so much and hoped she could escape the deprivations of their life circumstances. Finally, now that Maria had friends, she knew she would have the support she needed even if she did not come to the group. Thus, with a view to minimizing the loss of any further class time, it was agreed she would stop attending the group but would return if necessary.

Juan

Juan came from Honduras. It is unclear what had happened to his father, but his mother had left Juan several years ago when she went to the United States to find a new life. One of her brothers and his family had gone to California years before, and she had moved in with him. In Honduras, she and Juan had lived with his grandparents, aunts and uncles, and they continued to take care of him when she left. His mother had sent for him 3 months ago.

Juan was a bright 17-year-old. He had gone to a good school at home and had done well. Here, he found himself confronted with a language barrier that prevented him from enrolling in the type of classes that would have matched his high ability. When he told one of his teachers that he was frustrated, unhappy, and thinking of dropping out, she suggested that he talk with the health center's psychologist.

Juan told the psychologist how upset he was and indicated that he did not have much of a relationship with his mother and sorely missed his "real" family in Honduras. He didn't see how he could go back, but he was determined to go somewhere else to live because he was always fighting with his mother and his uncle and was unable to communicate with his young cousins because they only spoke English. Also, he again noted that he was feeling lost, bored, and was getting further and further behind academically because he could not take the type of advanced courses he had been in at home. All this had led him to think about leaving. He said he had some relatives "further north" and he thought he could get a job with them. After empathizing with Juan's situation, the psychologist explained that there were other newcomers who had formed a group at the school to discuss their situation and provide each other with support. It was agreed that Juan would come to the group for a few sessions before he made any final decision about dropping out.

In group, Juan had little to say at the first session. He mainly listened as others discussed their problems. Without any special urging, he not only came to the next session, but also risked telling about some difficulties he had experienced during the week and was responded to with empathy and encouragement. He apparently found what he needed for he returned the following week and every week for the rest of the school year. By that point, he indicated that the group's support had been a key factor in his staying in school. The group was also credited with helping him learn ways to communicate with his relatives here and that had made their behavior less annoying to him, and consequently, he was no longer having so much conflict with them. Finally, although he still was not in classes that pleased him, he could see a future where his English skills would be good enough to allow him to enroll in classes that were a good match for his ability and interests.

As the examples suggest, the group leader can draw on an understanding of the problems found among adolescents, in general, and among those attending a specific school. At the same time, however, it is important to acquire a sense of the additional transition problems that immigrants encounter. Acquiring this sense requires an appreciation of the general nature of such transitions and how the specific

school and community may be making the process easier or more difficult. Finally, the staff has found it essential to be especially sensitive to previous traumatic events that the newcomer may also have experienced.

Students have tended to leave the group as they established satisfying support mechanisms at school or at home. For those who terminated without other sources of support, efforts have been made to recontact them after a few weeks to evaluate how things were going and to invite them back if they needed ongoing support.

Postgroup Functioning

During the next school year, it was decided to check on how the group participants had fared in terms of grades and absences, how frequently they had used the other health center services, and whether they were still enrolled in the school (i.e., had dropped out or moved away). To minimize variability, these data were gathered for those who currently were in the 11th-grade (i.e., they had been in the 10th grade when they had participated). This constituted a group of 26 Latino immigrants—10 female and 16 male. (Of a school enrollment of over 2,700, slightly more than 50% have signed up with the center. At least 85% of the school population is Latino, and this ratio is reflected among center users.)

To provide some standard for comparison, similar information on two contrast groups was collected from the pool of students signed up with the center. One group consisted of another 26 Latino immigrants who were currently in the 11th grade and had come to the United States at the same time as the group participants. The other group consisted of U.S.-born 11th grade Latino students. Both groups were selected with a view to matching the sex ratio of the group participants (10 girls and 16 boys).

Country of birth, grades, absences for the previous year, current school enrollment, and center use data were gathered from school and center records. The majority in both immigrant groups were from Mexico ($N = 38$); the rest were from Central and South American countries.

As can be seen in Table 1, group differences were not statistically significant. Nevertheless, several trends are worth noting—some for the transition group and some for immigrants as contrasted to U.S.-born Latino students. Specifically, the boys who participated in the transition group tended to be absent more than those in the immigrant comparison group. And, despite the small number of students involved and the short-term follow-up, there was a relatively high proportion

TABLE 1
School Performance and Health Center Use

Variable	Transition Support Group		Immigrant Comparison Group		U.S.-Born Group	
	Male	Female	Male	Female	Male	Female
School dropout	4	2	0	2	2	0
Transferred	3	2	5	3	4	4
Grade point average (10th grade)	1.8	2.5	2.1	2.4	1.8	1.9
Days absent (means for school year)	8.4	5.8	2.7	6.9	18.3	9.8
Visits to health center (means for school year)	7.9	10.1	8.0	7.0	2.3	5.3

of dropouts among those who participated in the transition group. It is also interesting to note that, for the two immigrant samples combined, the trend was for a higher proportion of girls than boys to dropout (no girls in the U.S.-born group dropped out). Again, for the two groups combined, the immigrant students tended to perform better than did the U.S.-born group in both grades and absences. Finally, the trend was for immigrant students to use health center services more frequently than the U.S.-born group.

CONCLUSION

As with crisis situations, it seems clear that the period of transition into a new culture and school can be a time of dangerous opportunity. Transition groups are seen as having potential for minimizing the danger and maximizing the opportunity. In addition to facilitating the lengthy process of bicultural development, such groups can help counter mental health and educational problems. At the same time, it is clear that development of such groups is in its infancy; considerable work remains to be done before their promise can be fulfilled and appropriately evaluated. Current efforts to improve the intervention focus on enhancing the social support facets of the groups. In addition to continuing to gather the types of data presented here, an important direction for research involves clarifying specific factors that cause immigrant students to drop out and whether some of these can be addressed in transition groups.

REFERENCES

- Adelman, H. S., & Taylor, L. (1991a). Mental health facets of the School-based Health Center movement: Need and opportunity for research and development. *Journal of Mental Health Administration*, 18, 272-283.
- Adelman, H. S., & Taylor, L. (1991b). Early school adjustment problems: Some perspectives and a project report. *American Journal of Orthopsychiatry*, 61, 468-474.
- Arredondo, P. M. (1984). Identity themes for immigrant young adults. *Adolescence*, XIX, 977-993.
- Berg-Cross, L., & Flanagan, R. (1988). Effects of an orientation program on mobile transfer students. *Journal of Early Adolescence*, 8, 311-324.
- de Anda, D. (1984). Bicultural socialization: Factors affecting the minority experience. *Social Work*, 29, 101-107.
- Fradd, S. H., & Weismantel, M. J. (1989). *Meeting the needs of culturally and linguistically different students: A handbook for educators*. Boston, MA: College-Hill.
- Gibbs, J. T., & Huang, L. N. (1989). *Children of color: Psychological interventions with minority youth*. San Francisco, CA: Jossey-Bass.
- Golding, J. M., & Burnam, M. A. (1990). Immigration, stress, and depressive symptoms in a Mexican-American community. *Journal of Nervous and Mental Disease*, 178, 161-171.
- Keyes, K. L. (1984). The counselor's role in helping students with limited English proficiency. *School Counselor*, 37, 144-148.
- Lieberman, A. (1990). Culturally sensitive intervention with children and families. *Child and Adolescent Social Work*, 7, 101-120.
- Pillen, B. L., Jason, L. B., & Olson, T. (1988). The effects of gender on the transition of transfer students into a new school. *Psychology in the Schools*, 25, 187-194.
- Ruiz, A. S. (1990). Ethnic identity: Crisis and resolution. *Journal of Multicultural Counseling and Development*, 18, 29-40.
- Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist*, 42, 37-45.