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Sojourners in This Place: An Explanatory Sequential Mixed-Methods Study Examining
Foreign-Born and Immigrant Experiences of Acculturation and Professional Identity
Development in Counseling

Mina Makram Attia

A dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Doctor of Philosophy

Department of Graduate Psychology

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FACULTY COMMITTEE:

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DEDICATION

It is with pride that I dedicate this dissertation to my mother, father, and sister. The people I've had the privilege of going through life and the immigrant journey with, and who embody the tenets of resilience, hope, and determination. My achievements are a reflection of your love and support.

I also dedicate this work to the immigrant, the asylee, the refugee, the marginalized, the persecuted, and the ostracized. You are the saints among us, and I will never stop fighting for you.

“And we too, who are sojourners in this place, keep us in Your faith and grant us Your peace unto the end.”

Excerpt from The Commemoration of The Saints, The Coptic Orthodox Liturgy of Saint

Basil

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ABSTRACT

There are 42 million foreign-born individuals residing in the United States (U.S. Census Bureau, 2013), making up a total of 13% of the population. Within the counseling profession, the latest demographic information (Data USA, 2017) reports that Caucasians make up 70.4% of counselors in the United States while African Americans make up 19.5%, Asians 3.4%, and shared ethnicity is 3%. American Indians make up 0.6%, Hawaiian 0.1%, and the remainder (2.8%) are identified as “other.” The immigration experience is marked by a sense of loss and a process of acculturation. However, there is scant literature that discusses the adjustment experiences of immigrant counselors (Kissil, Niño, & Davey, 2013), particularly examining acculturation and professional identity development. The purpose of this study was to provide insights on whether acculturation impacts professional identity and explore the overall acculturative and professional identity development experiences of foreign-born individuals in the counseling profession. A sequential explanatory mixed-methods design was used. The quantitative portion of the study was completed by 60 online participants. From those who participated, 37 fully completed the survey ($N = 37$). Professional identity was measured using the Professional Identity Scale in Counseling (Woo, 2013) and acculturation was measured using the American International Relations Scale (Sodowsky & Plake, 1991). Follow up phone interviews were conducted with 6 participants. Quantitative findings for this study suggest that while no significant correlation exists between overall acculturation scores as measured by the American International Relations Scale (AIRS) and professional identity scores as measured by the Professional Identity Scale in Counseling (PISC), several significant relationships were found between demographic

variables. Thematic findings from the interviews are discussed and provide a rich understanding of acculturation being a dynamic process as well as the simultaneous nature of professional identity development and acculturation. Limitations are examined in detail with recommendations for future direction. Implications specific to counselor education were sorted into five categories: Continuous acculturation, foreigner imposter syndrome, boxed identity, western training philosophy, and promoting and diversifying the counseling field.

CHAPTER 1: INTRODUCTION

Background of the Study

Current Immigration Trends

The United States was founded on the idea of immigration and continues to be one of the world's largest immigration capitals. Currently, there are 42 million foreign-born immigrants in the United States (U.S. Census Bureau, 2013), making up a total of 13% of the population. Approximately 52 million individuals in the United States, 1 out of 5, reported in 2013 that they spoke a language other than English in their home (U.S. Census Bureau, 2013). In U.S. schools, English Language Learners (ELL) and students in the English as a Second Language (ESL) classes make up a total of 9.5% of the student population (National Center for Education Statistics, 2018). The numbers of immigrants and foreign-born individuals have continued to increase throughout the years and as America becomes more diverse, foreign-born individuals will make up a larger portion of the population.

New Immigrant Experiences

Immigrants undergo a process of acculturation after immigrating to the United States. This process can have a lasting impact on their mental health and adjustment in living in this country, as well as their decision to choose a specific profession. Early literature on acculturation define this as the process of integrating the new majority culture of an immigrant's new home country while balancing the preservation of their native culture (Sodowsky & Plake, 1991). Research on experiences of acculturation point that positive experiences include the simultaneous retention of one's ethnic identity while

adapting the culture of the new country (Kissil, Niño, & Davey, 2013). This is referred to as being “bi-cultural” or having an “integrated identity” (Koneru et al., 2007).

Several factors are related to the acculturation experiences of foreign-born immigrants. Early research on language proficiency of immigrants, for example, has been linked with having a positive or negative impact on acculturation (Clément, 1986). Issues of language proficiency can become a barrier for those who have not reached mastery or those who have accents. This can in turn have an impact on issues such as confidence, acquiring jobs, as well as seeking health and mental health services.

Acculturation can also be influenced by factors such as culture shock (Kissil, Niño, & Davey, 2013), a term coined by Garza-Guerrero in 1974. During this time, immigrants can feel accepted or rejected by their host culture. A research study conducted by Rahman and Rollock, (2004) on the experiences of immigrants post migration suggests that higher levels of perceived prejudice have been linked with an increase to poor mental health as well as an increase in depressive symptoms for immigrants. Immigrants are also faced with loss and a state of mourning resulting from leaving behind what is familiar and their loved ones (Kissil, Niño, & Davey, 2013). The researchers also posit that rejection or perceptions of rejection by natives in the host country has been found to result in poor mental health outcomes. This rejection may result in feelings of isolation in the host country as well as a rise in mental health issues.

Mental Health Issues

Acculturative stress has been found to affect immigrants’ mental health in a variety of ways. Kissil, Niño, and Davey (2013) explain in their study on the experiences of foreign-born therapists that when individuals leave their home country and decide to

immigrate and start a new life, they typically experience anxiety from the new and often strange environment. Several other studies have reported that immigrants may experience symptoms of depression, anxiety, and substance abuse as a result of the stress of acculturating (Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007; Mendoza, Javier, & Burgos, 2007), yet despite these findings, they tend to not utilize counseling services (Abe-Kim et al., 2009; Yang & Worpai-Borja, 2007).

Perceptions of rejection and prejudice by members of the new country (Kissil, Davey, & Davey (2013) are another contribution to acculturative stress, causing mental health issues for immigrants. Additionally, workplace discrimination or the ability to acquire a job with an immigrant's education level has been found to be a stressor for this population and linked to lower levels of overall mental well-being. Those with high-income levels in their country of origin have been shown to have a greater likelihood of obtaining and accessing higher education than immigrant families with a low-income level in their country of origin (Baum & Flores, 2011). Additionally, immigrants who arrive with a degree that is not recognized in the United States and who then have to work lower-paying and lower-status jobs that they are not accustomed to may experience acculturative stress that negatively affects their mental health.

Perez (2016) examined the mental health of adolescent immigrants and the impact of acculturation and immigration on their well-being. Perez reports that adolescents faced social challenges related to their identity as an immigrant which can lead to social violence, bullying, and the use of substances. Additionally, Perez explains that for adolescent immigrants, mental health issues may manifest in low self-esteem, depression, and addiction. Despite these mental health and adjustment concerns, immigrants are not

likely to seek mental health services (Perez, 2016; Rogers-Sirin, Melendez, Refano, & Zegarra, 2015). Perez specifically points out that immigrants are often not familiar with the structure of health care in the U.S., which can leave them unaware of the available resources.

Counseling Services and Professional Identity

Depending on the country of origin for immigrants, pursuing mental health services may not typically be a common way of seeking help. A common practice for many immigrants dealing with mental health issues is relying on faith in God and seeking support from family (Cabassa, 2007). Rogers-Sirin, Melendez, Refano, and Zegarra (2015) conducted a study on immigrants' perceptions of therapists' cultural competence and reported that immigrants seek mental health services at lower rates than their majority counterparts. Additionally, those who do seek mental health services often face a variety of barriers. These include a limited number of multilingual practitioners, reliance on interpreters, weak therapeutic alliance, and counselor lack of multicultural competence.

Language and Use of interpreters

Language is a critical component in providing counseling services to immigrants since it is the main tool used during this process. The American Counseling Association Code of Ethics calls counselors to provide services to clients in a clear and understandable language. When a client has difficulty understanding the language, counselors are called to arrange for the necessary services, such as providing an interpreter or translator, to ensure that the client is receiving services in their language (ACA, 2014). Despite the majority of the world being bilingual there remains a demand

for bilingual clinicians in the United States (Castaño, Biever, González, & Anderson, 2007), which can result in the misinterpretation of assessments and thus the possibility of misdiagnosis or over diagnosis.

Due to the lack of bilingual mental health professionals in the United States (Castaño, Biever, González, & Anderson, 2007), counselors often rely on interpreters to provide services to diverse clients. While the use of interpreters can be an invaluable service for working with immigrant counselors, interpreters can omit or substitute words, which can change the meaning of a client's message or oversimplify or delete parts of the message completely (Castaño, Biever, González, & Anderson, 2007). While well-trained interpreters are less likely to make egregious errors, a trained interpreter may not be present, and a family or community member may have to interpret for the client. This can have a profound effect on the therapeutic process (Paone & Malott, 2008). The presence of any additional person in the counseling room will undoubtedly affect the process as well as the therapeutic alliance.

Therapeutic Alliance

Historically, therapeutic alliance has been shown to have positive outcomes on client treatment regardless of counselor training or therapeutic intervention (Hartley & Strupp, 1983; Horvath & Luborsky, 1993; Stiles, Shapiro, & Elliott, 1986). Early writings on this topic by Bordin (1979) define therapeutic alliance as a collaboration between counselor and client that consists of three components: the agreement of treatment goals, the agreement on tasks of client and counselor on interventions to achieve these goals, and the development of a therapeutic bond between counselor and client. An important counselor characteristic that played a role in therapeutic alliance is the client feeling that

the counselor fully understands them. For immigrants, a counselor's ability to understand the complexity of stressors that affect an immigrant client is critical to the therapeutic relationship (Singer & Tummala-Narra, 2013) and thus impacts the therapeutic alliance. Additionally, research on White counselors has found that they had difficulty working with immigrant clients (Singer & Tummala-Narra, 2013). They have reported feeling disappointed in their clients' inability to acculturate, having feelings of anxiousness when interacting and working with immigrants and an overall sense of helplessness due to their reported inability to connect with their clients' immigrant experiences. One can argue that this is directly related to counselor competence.

Counselor Competence

Counselor competence is defined by Sue and Sue (2003) as counselors' efforts to 1) increase their awareness of their own values and biases; 2) understanding of clients' worldviews, with a focus on non-judgment of the areas where they differ; and 3) using counseling approaches and techniques that are well suited for their particular clients. Research on counselor competence suggests that a competent counselor is a central component of therapeutic outcome (Blow, Sprenkle, & Davis, 2007). The American Counseling Association (ACA) as well as The Council for Accreditation of Counseling and Related Education Programs (CACREP) both identify counselor competence as a critical tenant in the professional identity of a counselor and highlight its importance as an ethical obligation for those in the counseling profession (ACA, 2014; CACREP, 2015).

Barden, Sherrell and Matthews (2017) conducted a study examining counselor preparation as well as counselor education program philosophy of training students in

multicultural competence. They report that during the process of introducing and cultivating multicultural competence to counselors in training, counselor education programs have continued to focus on the counselor's self-awareness as a means of achieving multicultural competence and less on being cognizant of their client's culture and worldviews. From these findings, one can posit that immigrants are not receiving competent services and that current training and practices do not focus on the counselor's ability to fully understand their clients' worlds.

Further, immigrants reported that they experienced both overt discrimination as well as microaggressions within the counseling process (Rogers-Sirin, Melendez, Refano, & Zegarra, 2015). Microaggressions are direct and indirect message or discomfort or disapproval given by the counselor to their diverse client (Sue, 2010). These instances were found to highlight counselors' lack of multicultural competence (Rogers-Sirin, Melendez, Refano, & Zegarra, 2015). As a result, Rogers-Sirin, Melendez, Refano, & Zegarra, (2015) report that immigrants may be hesitant to come to counseling if they are not going to find a counselor who shares their ethnic background.

Foreign-Born Counselors & Professional Identity

Foreign-born counselors, because they have gone through similar experiences, are on the forefront of professionals that can assist this population through their adjustment. However, there continues to be a lack of diversity in the counseling field, specifically of foreign-born and immigrant counselors. The latest demographic information (Data USA, 2017) reports that Caucasians make up 70.4% of counselors in the United States while African Americans make up 19.5%, Asians 3.4%, and shared ethnicity is 3%. American Indians make up 0.6%, Hawaiian 0.1%, and the remainder (2.8%) are identified as

“other.” Among the literature examining professional identity development of counselors, which is linked with competence, there is scant literature discussing the acculturation experiences of immigrant counselors and their effects on professional identity development.

The topic of professional identity has received much attention in the recent counseling literature. Nugent and Jones (2009) define professional identity as integrating personal attributes with professional training in counseling within the context of a professional community. In an effort to unify the counseling profession, The American Counseling Association recently came to a consensus on defining the work that counselors do (ACA, 2009). Additionally, The Council for Accreditation of Counseling and Related Education Programs (CACREP, 2009), the accrediting body of counseling and counselor education programs, mandated that by 2013, all new faculty in counselor education programs must come from a counselor education and supervision doctoral program.

While the attempt in recent years to unify the professional identity of counselors is notable, the reality is that counselors may come from programs which are heavily focused on a specific orientation, accredited by a variety of accrediting agencies, and trained by professors who identify with other professional identities within the mental health field such as clinical or counseling psychology or social work (Burkholder, 2012). This can result in counselors in training receiving mixed messages regarding the professional identity of counselors (Burkholder, 2012) and hence developing an identity that does not align with the ACA vision of professional counseling. This holds true for

foreign-born counselors, specifically those who may have received training in programs outside of the United States.

Immigrant mental health professionals who were trained outside of the United States and come with a preformed professional identity are faced with having to learn new therapeutic models and approaches, new regulations of the profession, new terminology specific to the American training of counselors and the culture in which they will be working, and information about the mental health care system (Xu & Flaskerud, 2007). In order for immigrant counselors to feel a sense of continuity in their professional identity they must navigate a process of integrating their old with the new professional culture (Kissil, Niño, & Davey, 2013).

Acculturation and Professional Identity

Kuo, Woo, and Washington (2018) completed a study on the perceived professional identity of international counselor education students. In their study, several themes emerged that highlighted that this population had a clear understanding of professional identity development, having personal values that align with the philosophy of the counseling profession, and that professional identity is an ongoing process. This suggests the notion that acculturation and professional identity occur simultaneously. Participants in this study reported that several areas of support that assisted in their professional identity development is family interactions, faculty, interactions, peer interactions, having educational resources, as well as community and organizational support. Several participants in this study reported that they experienced a lack of intentionality from their program faculty as well as university in guiding them through difficult experiences.

A study was conducted by Interiano and Lim (2018) to examine the acculturation and professional identity development of foreign-born counselor education doctoral students. In their study they reported that the three main themes among participant experiences were the Euro-American style of counselor education training programs, a sense of loss and grief, and forming a chameleonic identity. In their experiences, participants reported that having to adopt the Euro-American culture was a non-negotiable part of their acculturation and professional identity development. This led to the experience of grief and loss. Overall, participants reported that faculty members and supervisors that supported and encouraged their unique foreign-born identities allowed them to feel more comfortable and overall reduced their psychological stress of acculturation.

Statement of the Problem

Overall, there is scant literature that discusses the adjustment experiences of immigrant counselors (Kissil, Niño, & Davey, 2013), particularly examining acculturation and professional identity development. Most of the literature has focused on the acculturation experiences of immigrant clients as well as the professional identity of majority counselors. Literature on the professional identity development of international counselor education doctoral students suggest that this population is required to develop a professional identity in a Euro-American culture, that may not align fully with their cultural values (Interiano & Lim, 2018).

Despite this, individuals have been able to form a “Chameleonic Identity” in which they adopt certain Euro-American as well as counseling values, such as individualism, that may not match their values, in order to survive in the counseling

profession. This study (Interiano & Lim, 2018) reports that psychological stress from acculturation was lessened when faculty members and supervisors showed interest in their foreign-born students experiences inside and outside of the classroom. Professional identity development is a complex and difficult process for foreign-born individuals and is undoubtedly impacted by experiences of acculturation (Interiano & Lim, 2018). Thus, more research in this area is required to examine the impact of acculturation on professional identity development of foreign-born counselors.

Additionally, foreign-born counselors may have a unique ability to connect with immigrant clients and can bridge the gap related to barriers for seeking mental health services. Because immigrant counselors experience disenfranchisement and marginalization in the U.S., they have the ability to connect with clients who have similar experiences or those who have felt a sense of otherness (Kissil, Niño, & Davey, 2013).

This study will not only provide insight on whether acculturation impacts professional identity but will provide a phenomenological exploration of the acculturative and professional identity development experiences of foreign-born individuals in the counseling profession.

Statement of Purpose & Research Questions

The intent of this mixed methods study was to address whether acculturation of foreign-born counselors is related to their professional identity development. An explanatory sequential mixed methods design was chosen to conduct this research. In this design, quantitative data were collected using a survey and qualitative data were collected as a follow-up explanation regarding the quantitative data, with the intent of providing more detail and explaining the findings of the quantitative results.

In this study quantitative data were generated in the form of a survey measuring acculturation using the American International Relations Scale (Sodowsky & Plake, 1991), which will be referred to as the AIRS, and professional identity development in counseling using the Professional Identity Scale in Counseling (Woo, 2013; Woo et al., 2017; Woo, H., Lu, J., & Bang, N, 2018), which will be referred to as the PISC. The AIRS consists of 34 Likert-type, self-report items (Sodowsky & Plake, 1991). The AIRS Acculturation subscale specifically contains 14 items which have response formats of 5 or 6 (strongly agree) to 1 (strongly disagree). Higher scores on the AIRS Acculturation subscale indicate higher levels of perceived acculturation. The PISC consists of 53 Likert-type, self-report items with a response format of 1 (not at all in agreement) to 6 (totally in agreement) (Woo, 2013). The total PISC score provides a level of perceived professional identity in counseling by participants, with 318 being the highest possible score. Overall, higher scores on the PISC and AIRS Acculturation subscale indicate a higher level of perceived professional identity in counseling as well as higher level of acculturation (Woo, 2013; Sodowsky & Plake, 1991).

Quantitative data based on the scores of the PISC and AIRS will be examined using Pearson correlations to establish whether a relationship exists between acculturation and professional identity development in foreign-born counselors. The qualitative data in this study were generated via two main methods: an open-ended question in the online survey and during a follow-up phone interview with 6 participants. These questions were designed to solicit more information regarding a foreign-born counselor's decision to specifically choose the counseling field as well as to discuss the impact of acculturation on their professional identity development. The reason for

collecting both quantitative and qualitative data was to provide a “voice” to the participants and inform the results from the quantitative data.

Creswell (2013) suggests that a strong mixed method study should have three research questions and hypotheses. The first is a mixed methods research question. The second is a quantitative research question. And lastly, the third is a qualitative research question.

Mixed Method Research Question (MMRQ):

Is acculturation related to foreign-born counselors’ professional identity development?

The quantitative portion of this research is directed by the following research question (RQ1):

Is there a correlation between acculturation level as measured by the American International Relations Scale (AIRS) and the Professional Identity in Counseling Scale (PISC) scores?

The qualitative portion of this research is directed by the following research question (RQ2):

How have the acculturative experiences of foreign-born counselors and the views of mental health professionals in their country of origin impacted their decision in joining the counseling profession?

The data from both the quantitative and qualitative pieces of this research were analyzed to answer the aforementioned research questions. This study utilized an explanatory sequential mixed methods research design to provide an in-depth understanding of the quantitative data by using qualitative follow-up questions.

The research questions in this study provided an understanding of how acculturation is related to foreign-born counselors' professional identity development. They also provided an in-depth understanding of the experiences that led foreign-born counselors to specifically choose the counseling profession as their vocation and the views of helping from their country of origin. This study is unique in that it is the first research study in the counseling profession that focuses primarily on acculturation and whether it is related to professional identity development as a counselor.

Hypotheses

Mixed Method Research Question (MMRQ):

Is acculturation level related to foreign-born counselors' professional identity development?

- The researcher hypothesizes that acculturation is related to foreign-born counselor professional identity development.

The quantitative portion of this research is directed by the following research question (RQ1):

Is there a correlation between acculturation level as measured by the American International Relations Scale (AIRS) and the Professional Identity in Counseling Scale (PISC) scores?

- The researcher hypothesizes that there will be a negative correlation between overall scores of the AIRS and the PISC.

Specifically, the researcher also hypothesizes the following among the subscale scores of the AIRS and the scores of the PISC.

- Higher scores on the Perceived Prejudice subscale (AIRS-PP) will be negatively correlated with overall PISC scores.
- Higher scores on the Acculturation subscale (AIRS-AC) will be positively correlated with overall PISC scores.
- Higher scores on the Language Use (AIRS-LU) will be positively correlated with overall PISC scores.

The qualitative portion of this research is directed by the following research question (RQ2):

What is the experience of acculturation and professional identity development for foreign-born individuals in the counseling profession?

Operational Definitions of Variables

The following operational definitions are used in the study:

Foreign-born Counselor

Foreign-born counselors are individuals who were born outside of the United States, regardless of age at immigration or country of origin. This term includes individuals who were trained in counseling outside of the United States as well as those who are foreign-born and trained in a United States institution. This term also encompasses those who have other professional backgrounds and changed careers to become counselors after immigrating to the United States. This term is used to describe first generation immigrants, meaning those individuals who were born outside of the United States and were the first generation in their family to immigrate. This term encompasses all foreign-born individuals, regardless of spoken language and age at arrival.

Acculturation

Acculturation is measured in this study by the American International Relations Scale (AIRS). The term acculturation is defined in this study as the process of integrating the new majority culture of an immigrant's new home country while balancing the preservation of their native culture (Sodowsky, 1991).

Professional Identity

Professional identity is defined in this study as the integration of personal attributes with professional training in counseling within the context of a professional community (Nugent and Jones, 2009). This was measured by the Professional Identity Scale in Counseling (PISC).

Assumptions

The below assumptions were made for this study:

- Participants have unique experiences of acculturation and are not homogenous as a group.
- Participants will respond with honesty to the survey questions and will complete all questions by reading them thoroughly.
- The measures of the study (AIRS and PISC) are valid and will measure the variables of acculturation and professional identity in counseling accurately.
- Participants will provide honest responses to the qualitative questions, without fabrication or reservations due to judgement or fear of misrepresenting their country of origin.

Summary

Current immigration trends in the U.S. suggest that the need for culturally competent counselors who can meet the needs of immigrant clients is likely to increase. Recent research has indicated that foreign-born clients face multiple obstacles in receiving effective care. Foreign-born counselors may be particularly helpful in meeting the needs of these clients, but the acculturation and professional identity of foreign-born counselors is not yet well understood. This study was designed to provide more information about this group of counselors.

Overview of the Study

This dissertation is comprised of five chapters. The first chapter consists of an introduction and background information to the topic of foreign-born counselors and their acculturation experiences, statement of purpose, research questions guiding the study, hypotheses, operational definitions of terms, and assumptions. Chapter two consists of an in-depth overview of the literature relevant to acculturation and professional identity development of foreign-born counselors. The literature review includes information on immigrants and foreign-born individuals, their acculturative experiences as well as trends in seeking mental health services, followed by information and a critique of the counseling literature on professional identity and the lack of information specific to foreign-born counselors. Chapter three includes information on the methodology of the study, specifically: description of the participants, instruments used in the study, the mixed methods design, and data collection and analysis procedures. Chapter four consists of the data analysis of this mixed methods study, including both the quantitative and qualitative analysis of the data and reporting of the results. Lastly, chapter five includes a

discussion of the results of the study. Applications and implications of the results are discussed, specifically highlighting their relevance to the counseling and counselor education profession.

CHAPTER 2: REVIEW OF THE LITERATURE

Immigrants in the U.S.

Foreign born and immigrant individuals make up a total of 42 million in the United States (U.S. Census Bureau, 2016), a total of 13% of the population. This number has historically increased throughout the years since the inception of what we know today as America and is continuing to rapidly grow. In U.S. schools, English Language Learners (ELL) and students in the English as a Second Language (ESL) classes make up a total of 9.5% of the student population (National Center for Education Statistics, 2018). Approximately 52 million individuals in the United States, 1 out of 5, reported in 2013 that they spoke a language other than English in their home (U.S. Census Bureau, 2013). It is clear from this data that this is a substantial group in the make-up of the United States population.

Immigration status is a critical component of the immigrant's overall experience. An individual's legal status can have a variety of implications on their acculturation as well as overall well-being. Immigrants who are not legal residents or have a pathway to citizenship face a variety of hurdles in regard to services offered in the United States. Healthcare assistance or federally and state funded programs for example, are not an option for individuals without an adjusted status (Perez, 2016), which refers to a lawful immigration status such as having permanent residence (green card), U.S. citizenship, or a visa. Along with implications related to legal status, this minority population is one that has unique challenges and concerns and is a group that is underserved and under-represented in a variety of ways. This literature review discusses this further.

Influences on the Acculturation Process

Acculturation is a process that all immigrants face when they arrive to their new country. Historically, acculturation has been defined as the process of integrating the new majority culture of an immigrant's new home country while balancing the preservation of their native culture (Sodowsky, 1991). Phinney, Horenezyk, Liebkind, and Vedder, (2001) define bicultural identity as an individual's ability to become part of the majority culture while holding on to their ethnic identity. However, rather than a blended approach, immigrants are often faced with the choice of embracing the culture of their new country and rejecting the culture of their origin country (Kissil, Niño, & Davey, 2013). Literature on experiences of immigrants post-migration points clearly to immigrants preferring integration (Koneru et al., 2007). This refers to clinging to their culture of origin while adopting the new culture simultaneously.

In addition to the variety of ways in which immigrants may choose to retain or shed their native culture, acculturation is a dynamic process that looks different person to person based on the immigrant's sense of native culture. Therefore, researchers have debated whether acculturation is a unidimensional or bi-dimensional process (Koneru et al., 2007). Individuals may ascribe their cultural identity to be based on mainstream or majority cultural practices from their home country, or they may also have subcultures that they ascribe to as the primary influence of their cultural identity. For example, an individual from a subculture such as a specific religious sect may have a different cultural identity as well as acculturative experience than their majority counterpart from their home country. Research has found that the bi-dimensional model of acculturation is more

valid as compared to the unidimensional model, and that it is more useful in operationalizing acculturation (Koneru et al., 2007; Ryder, Alden, & Paulhus, 2000).

In Koneru et al.'s (2007) examination of the literature on acculturation and mental health, they point out Phinney, Horenezyk, Liebkind, & Vedder (2001)'s article as one of the notable studies that examine acculturation. In this study, they make the point that acculturation can also look different based on a person's age. For example, national identity versus ethnic identity, referring to native culture, may vary based on how long someone has lived in their country of origin as well as the identity that they cling to more closely. As a result, this will affect their process of acculturation in a new country.

Overall, research points to positive acculturation experiences to include the simultaneous retention of one's ethnic identity while adapting the culture of their new country (Koneru et al., 2007). This suggests that integration serves as a way to maintain a sense of continuity in an immigrant's identity during a time when they are experiencing major changes in their life and surroundings and is a tenant discussed by Kissil, Niño, & Davey (2013).

Early research on language proficiency has also been shown to have an impact on acculturation (Clément, 1986). Language is the tool needed to access resources to meet daily needs. Immigrants are faced with the reality that in order to survive in their new home country they must learn the majority language and interact with the society around them. Issues of proficiency can become a barrier for those who have not reached mastery or those who have accents. Clément found that greater self-perceived proficiency in English is linked with self-esteem. In order for immigrants to increase their language proficiency they must have high frequency of contact with natives in their new home

country. Clément explains that this “inter-ethnic contact” is associated with high levels of self-confidence. Additionally, a precursor for language proficiency is learning cultural nuances, which a typical native would understand. The use of language as well as proficiency not only play a role in the acculturation of foreign-born individuals but also in community reactions and acceptance of immigrants in their new home country.

Community reactions & acceptance. Community reactions to immigrants can have a significant effect on the adjustment of new-comers. As mentioned previously, it is important to examine the idea of acculturation to a new life as a complex process and not solely a unidimensional one. That being said, researchers have suggested to take into consideration: culture of origin, attitudes on identity, immigrant preferences, characteristics of the environment of resettlement, as well as how all these factors interact (Kissil, Niño, & Davey, 2013; Koneru et al., 2007).

Berry (1980, 1990), an early and prominent researcher in acculturation, posits that having contact with those from a different cultural or ethnic group impacts a person’s identity formation, language use, adjustment and level of stress. This suggests that being connected with the new society and having involvement with natives as well as the culture are associated with better mental health. Related to an individual’s mental health is the overall sense of pressure to assimilate and speak the host language. Studies have shown that the experience of discrimination and rejection causes difficulty in developing a bicultural identity (Koneru et al., 2007). Lastly, when examining community reactions and acceptance it is important to consider the effects of rejection on mental health. Higher levels of mental health difficulties were associated with greater levels of

perceived rejection of the host country as well as lower competence in work, social efficacy, and overall behaviors of new culture (Rahman & Rollock, 2004).

Socioeconomic status. The immigration experience is often marked with immense losses which can include socioeconomic and status changes (Dow, 2011). Immigrants face financial demands related to the process of immigrating: including financing their travels, having money to cover their living costs while they find new employment, acquiring housing, and overall supporting themselves and their families.

Research suggests that immigrants with higher socioeconomic status in their home country are more likely to experience more loss (Dow, 2011). This reality can not only have an impact on their mental health but may directly affect their ability to find employment in their profession. An immigrant who has a degree that is no longer recognized may be faced with the option of working in manual labor. Although some immigrants take this route, those with higher degrees tend to resist such employment due to not being accustomed to these types of jobs (Dow, 2011). This in turn leads to an increase in unemployment for this particular subgroup within the immigrant population (Dow, 2011).

Those who decide to take employment not fitting to their previous work have been shown to experience a loss of social status as well as having higher risk of developing mental health issues (Dow, 2011). Immigrants who come from a lower socioeconomic status also typically experience less loss and they also typically have lower coping mechanisms than their high socioeconomic status counterparts (Dow, 2011). However, according to Dow (2011), this group, which is typically used to manual labor in their home countries, are likely to have an easier time adjusting. They compare

the pay of their new jobs to their old ones and are satisfied with how much they are making in their new country. They also have an overall better financial situation after immigrating and as a result tend to have less mental health issues related to socioeconomic status (Dow, 2011). That being said, it is important to note that this is by no means an easy process for either group. Both low and high socioeconomic immigrants experience difficulties settling and finding employment in a new country (Dow, 2011).

Age at arrival. The age at which one immigrates can also have a significant impact on their adjustment as well as acculturation experience. Typically, children and adolescents feel comfortable and confident after one year in a new country. For adolescents, the process of immigration has been shown to affect their mental health and well-being due to its multifaceted nature, which includes stressful factors such as the immigration process itself, social consequences, and familial factors (Perez, 2016). Adolescent immigrants were found to score higher in psychosocial adjustment when they integrated their identities (native culture identity and new culture identity) as compared to those who have not (Phinney, Horenezyk, Liebkind, & Vedder, 2001). Conversely, immigrants who arrived at an older age were found to have more difficulty acculturating than their younger counterparts (Perez, 2016). Perez suggests that this is possible due to having a strong sense of ethnic cultural identity and being less open to change.

Acculturation & immigrant identity development. As mentioned previously, acculturation experiences of immigrants play a significant role in their identity development. One study suggests that immigrants who had given up their ethnic identity of their original culture in order to adopt the new culture have a sense of loss (Mana, Orr, & Mana, 2009). Similarly, “bi-cultural” identity, and not strictly an acculturated

unidimensional identity which clings only to the ethnic identity and refuses to acculturate, is most adaptive and leads to better adjustment (Phinney, Horenezyk, Liebkind, & Vedder, 2001). Mana, Orr, and Mana, (2009) suggest that an immigrant's ability to have a dual identity enhances their competence in areas such as adopting bicultural skills and developing a network of support in both cultures. Providing immigrants with opportunities for making their own choices regarding how they will acculturate and develop their identity while not placing pressure on assimilation is suggested to result in the most adaptive responses (Phinney, Horenezyk, Liebkind, & Vedder, 2001).

For immigrant children, their identity development is influenced by the messages that they receive from their parents and other adults in their ethnic communities (Phinney, Horenezyk, Liebkind, & Vedder, 2001). This research also suggests that immigrant children's identity development involves an individual making peace with conflicts that they might have with their ethnic identity by resolving any issues from their country of origin and having positive feelings related to their own group (Phinney, Horenezyk, Liebkind, & Vedder, 2001).

Challenges Faced by Immigrants

Educational and family concerns. Immigrants face a variety of challenges after migrating, including educational challenges, family concerns, adjustment and mental health concerns, and accessing healthcare services. As discussed previously, these unique challenges impact an individual's acculturation as well as overall well-being.

Immigrants who come from a pluralistic culture find it problematic when the everyday American educational practices do not value this notion. Instead, U.S.

education typically adopts an individualistic western view, which plays an important role in the adaptation and success in educational settings (Phinney, Horenezyk, Liebkind, & Vedder, 2001). Additionally, it is suggested that schools who discourage students from speaking their native language and pressure students to assimilate can lead immigrant students to feel isolated (Phinney, Horenezyk, Liebkind, & Vedder, 2001). Older immigrants, specifically those with high-income levels in their country of origin, have been shown to have a greater likelihood of obtaining and accessing higher education than immigrant families with a low-income level in their country of origin (Baum & Flores, 2011).

When examining the family system, immigrant children often acculturate at a quicker rate than their parents, and this can lead to stress related to balancing the new culture and identity while maintaining the old beliefs and cultures in order to please their parents (Perez, 2016). In addition, role reversal occurs when a young member in the family acquires the host language quicker than their elders and is placed in the position of having to translate for the family (Dow, 2011). This can be especially difficult for children who take on responsibilities that their other friends do not have and can also lead to self-esteem issues for the parents (Dow, 2011). Children may start to question their parents' competence and begin to have problematic child-parent relationships (Dow, 2011). Similarly, these conflicts can occur between spouses. Partners who are noticing that their spouse is acculturating at a much faster rate may have a difficult time with that adjustment (Dow, 2011). Additionally, conflicts between partners can occur based on who was willing to migrate in the first place and who was not. All of the mentioned

issues discussed in this section can lead to a variety of mental health concerns which are discussed in the next section.

Adjustment & mental health concerns. In comparison to their non-immigrant counterparts, immigrants have unique mental health concerns related to their identity as an immigrant. When individuals leave their home country and decide to immigrate and start a new life, they typically experience anxiety from the new and often strange environment (Kissil, Niño, & Davey, 2013). Acculturative stress has been found to affect immigrants' mental health in a variety of ways. Studies have reported that immigrants may experience symptoms of depression, anxiety, and substance abuse as a result of the stress of acculturating (Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007; Mendoza, Javier, & Burgos, 2007).

Immigrants are also faced with loss and a state of mourning resulting from leaving behind their loved ones and what is familiar (Kissil, Niño, & Davey, 2013). This stressful experience is defined as "culture shock," and this now well-known term was coined by Garza-Guerrero in 1974. Additionally, in Kissil, Niño, and Davey's study (2013), the researchers point out that social isolation can occur as a result of losses of attachment as well as difficulty creating a new support system in an immigrant's new environment. Social isolation can come directly from feeling rejected by their host community. This connects with the earlier discussion on how rejection by natives in the host country has been linked to poor mental health outcomes.

Immigrants may also experience social challenges related to their identity as an immigrant, which can become specifically problematic and have an effect on mental health when problems like social violence, bullying, and substance use arise (Perez,

2016). This is especially relevant for immigrant adolescents and leads to negative effects to their self-esteem, issues of depression, addiction, and other mental health problems (Perez, 2016). Research shows that adolescents who have marginalized identities, meaning those who have not integrated their ethnic identity with the new culture identity, were found to have lower levels of psychosocial adjustment in their new country (Phinney, Horenezyk, Liebkind, & Vedder, 2001). Additionally, those who do adopt a new culture may feel shame and guilt related to leaving behind certain characteristics of their old culture (Attia, Sutherlin, & Pignato, 2018). Overall, positive mental health outcomes in immigrants are associated with their ability to acculturate positively by simultaneously maintaining their ethnic identity while adapting new cultural norms of their new society (Phinney, Horenezyk, Liebkind, & Vedder, 2001).

Access to services. The United States, as a developed country, has the infrastructure to provide resources in medical, mental, and overall health-care that other developing countries do not. Despite this, access to services for immigrants can be a challenge. Previous research has stated that there is a clear gap in healthcare along with high dropout rates for underserved populations, including immigrants, in the United States (Alegría et al., 2008). Additionally, Lauderdale, Wen, Jacobs, and Kandula, (2006) found that immigrants are more likely than their native counterparts to have experienced discrimination by health care professionals. Perez (2016) suggests that immigrants are also unfamiliar with the structure of the health care system in the United States, leaving them unaware of the resources as well as common western health beliefs. Immigrants may have a different understanding of “sickness” which may pose as a barrier to seeking services.

Singer and Tummala-Narra (2013) suggest that counselors who are not aware of a client's cultural formulation and manifestation of mental health symptoms may improperly diagnose them and develop an inaccurate conceptualization and interventions for the treatment process. Lastly, another barrier for seeking services is finances. Immigrants who are not eligible to receive services such as Medicaid, Children's Health Insurance Program (CHIP), and Women, Infants, and Children (WIC) are faced with having to buy private insurance, which in most cases is costly and becomes a barrier to seeking medical services (Perez, 2016).

Help-seeking Attitudes

Cultural values, stigma, and knowledge of services. Help-seeking attitudes in immigrants are a predictor of their behavior in obtaining the proper help that they need. Studies have shown that immigrants seek mental health services at lower rates than their majority counterparts and are generally less likely to go to mental health services (Rogers-Sirin, Melendez, Refano, & Zegarra, 2015).

In Iranian immigrants, Gorovoy (2013) found that several factors were associated with positive attitudes towards help-seeking: age at time of immigration, higher educational level, female gender, high acculturation level, and longer length of residency in the United States. Moreover, negative attitudes towards help-seeking were associated with stronger perceived social support. Contrary to this finding, Tieu and Konnert (2014) found that increased social support was a predictor in positive help-seeking attitudes for older Chinese immigrants. This finding is linked to positive values towards help-seeking that are often transmitted in support networks (Tieu & Konnert, 2014). Positive health-seeking attitudes are linked once again to age. Asian immigrants were found to have less

positive health-seeking attitudes the older they were (Tieu & Konnert, 2014). This is attributed to strong cultural stigma regarding mental health services and values placed on traditional Chinese beliefs (Tieu & Konnert, 2014).

Shapoval and Jeglic (2016) examined cross generational immigrant attitudes toward mental health services and whether there was a preference between psychological vs. pharmacological treatment across generations. The researchers administered several questionnaires assessing acculturation and treatment preference to 580 racially and ethnically diverse undergraduate students. Interestingly, acculturation was not a factor associated with selection of mental health treatment; however, consistent with other studies, immersion with the U.S. culture was found to be associated with choosing psychotherapy (Shapoval & Jeglic 2016). This study suggests that those who had higher levels of immersion in the U.S. culture had greater knowledge of psychological treatments. In another study, Cabassa (2007) found that Latino immigrant men's attitudes towards help seeking are primarily focused on faith in God and seeking support from family members. Despite this, they were more likely to have positive views of counseling as compared to pharmacological treatments (Cabassa, 2007), confirming that despite the presence of stigma towards mental health among immigrant communities, there is more stigma associated with pharmacological treatment as compared to counseling services.

Barriers

Counselor competence. Sue and Sue (2003) state that an important tenant in a counselor's cultural competence is their awareness of their own perspectives, biases, limitations, and strengths. They define counselor competence as a counselor's 1) efforts to increase their awareness of their own values and biases; 2) understanding of clients'

worldviews, with a focus on non-judgment of the areas where they differ; and 3) using counseling approaches and techniques that are well suited for their particular clients. Research on counselor competence suggests that a competent counselor is a central component of therapeutic outcome (Blow, Sprenkle, & Davis, 2007).

The American Counseling Association (ACA) defines multicultural competence as a counselor's awareness of culture and diversity and their knowledge of their self and others, and how this is directly applied effectively in counseling with clients (ACA, 2014). The American Counseling Association Code of Ethics strongly emphasizes that counselors have a duty to have multicultural competence and that counselor educators and faculty are expected to infuse multiculturalism in all courses and supervision (ACA, 2014). CACREP (2015) accredited programs require that their students take a multicultural counseling course in order to begin the process of gaining multicultural awareness and competence.

Multicultural competence has been identified as a counselor's awareness, knowledge and skills. Multicultural awareness refers to a counselor's ability to be aware of their own cultural worldviews and biases (Barden, Sherrell, & Matthews, 2017). Multicultural knowledge refers to general knowledge of a variety of cultural norms and values that have a role in the counseling process (Barden, Sherrell, & Matthews, 2017). Lastly, multicultural skills refer to a counselor's ability to have a therapeutic alliance with a diverse array of clients while using interventions that are culturally competent.

There is no doubt that multicultural competence is a critical tenant in counseling immigrant and diverse populations. Abe-Kim et al., (2009) and Yang and Worpat-Borja (2007) report that immigrants do not tend to utilize counseling services. Further, Rogers-

Sirin, Melendez, Refano, & Zegarra, (2015)'s findings suggest the cultural competence of counselors has a significant impact on a client's impression of counseling. Additionally, Sue and Sue (2012) make the claim that it is of critical importance that counselors must be multiculturally competent.

In a study on multicultural competence, Holcomb-McCoy, Harris, Hines, and Johnston (2008) found that racially and ethnically diverse counselors had significantly higher self-efficacy as compared to their Caucasian counselor counterparts. In a replication study completed after the findings of Holcomb-McCoy and Myers (1999), Barden, Sherrell, and Matthews (2017) confirmed that professional counselors continue to report that they are multiculturally competent in the area of awareness and less in the area of knowledge. This research suggests that counselor education programs and counselor training has continued to focus since Holcomb-McCoy and Myers (1999)'s study on the cultivation of counselor's self-awareness as a means of achieving multicultural competence and less on being cognizant of their client's culture and worldviews.

Multicultural competence, as discussed above, can have serious effects on the therapeutic relationship. In a study of immigrant perceptions of therapists' cultural competence (Rogers-Sirin, Melendez, Refano, & Zegarra, 2015), immigrants reported that they experienced both overt discrimination as well as microaggressions within the counseling process. Microaggressions are direct and indirect messages of discomfort or disapproval given by the counselor to their diverse client (Sue, 2010). Although microaggressions may not come from a place of intended discrimination but rather from well-intentioned counselors (Sue, 2010), these instances were found to highlight

counselors' lack of multicultural competence (Rogers-Sirin, Melendez, Refano, & Zegarra, 2015). Several other studies have highlighted the importance of multicultural competence when working with diverse populations. Griner and Smith (2006)'s results suggest that counselors who utilized multiculturally competent interventions and tailored their services to diverse populations were four times more effective than those who did not.

Rogers-Sirin, Melendez, Refano, and Zegarra (2015) suggest that immigrants may be hesitant to come to counseling if they are not going to find a counselor who shares their ethnic background. Similarly, Cabral & Smith (2011) found that White clients preferred counselors who shared their cultural identity and that they viewed these counselors more positively than their ethnic minority counterparts. The findings of all the mentioned studies suggest that for immigrant counselors, perceptions of the counselor's cultural competence is a strong indicator of whether they have positive or negative experiences in counseling and thus are a predictor of whether immigrant clients will return to counseling again (Rogers-Sirin, Melendez, Refano, & Zegarra, 2015).

Language in counseling. Language and culture provide a window for human experience and are not only a way to communicate but also provide a sense of how one perceives their inner and outer worlds. Language is a critical component in providing counseling services to immigrant since it is one of the main tools used during this process. When we examine mental health services, counseling is often referred to as "talk therapy." The American Counseling Association Code of Ethics calls counselors to provide services to clients in a clear and understandable language. When a client has difficulty understanding the language, counselors are called to arrange for the necessary

services, such as providing an interpreter or translator, to ensure that the client is receiving services in their language (ACA, 2014). Despite the majority of the world being bilingual there remains a demand for bilingual clinicians in the United States (Castaño, Biever, González, & Anderson, 2007).

As mentioned previously, immigrants must go through a process of acquiring or refining their language skills in order to acculturate and have positive experiences in their new environment. Language can become a barrier for seeking mental health services and directly impacts the need to have more bilingual counselors. Through language, counselors begin to understand their clients, their worlds, their cultures, and ultimately who they are. It is important to examine the early literature on this topic as it is one with scant research and is seldom studied. Early research on counseling immigrants suggests that bilingual clients prefer having bilingual counselors or interpreters when available and that having a connection with someone who spoke their native language was found to have positive treatment experiences (Padilla & Salgado de Snyder, 1988).

In another early study, Bamford (1991) found that bilingual clients often appear more emotionally withdrawn and less willing to talk when counseling is done in English rather than their native tongue. Bamford (1991) offers the explanation that bilingual clients might feel that it is easier to limit what they say in counseling rather than struggling with communicating in English. Additionally, the lack of bilingual counselors in the United States has resulted in the misinterpretation of assessments (Bamford, 1991) and thus the possibility of misdiagnosis or over diagnosis. Bamford encourages bilingual counselors to make use of language switching (1991) as a means of enhancing the

counseling process and ultimately promoting patient-centered and multiculturally competent services.

Use of interpreters. Due to the lack of bilingual mental health professionals in the United States (Castaño, Biever, González, & Anderson, 2007), counselors often rely on interpreters to provide services to diverse clients. Interpreters are individuals who are professionally trained to translate a client's spoken language. While the use of interpreters can often be a helpful option for counseling immigrant and bilingual clients, there are subtleties affecting the message of the client that can be lost during the interpretation process. For example, interpreters or translators can omit or substitute words, which can change the meaning of a client's message or oversimplify or delete parts of the message completely (Castaño, Biever, González, & Anderson, 2007). Interpreters may also not be accustomed to certain counseling terms and thus get lost in trying to translate a term to the client that they themselves do not understand.

Paone and Malott (2008) conducted a literature review to provide recommendations for the use of interpreters in mental health counseling. They found that counselors may be afraid that interpreters would judge their work as they are typically not accustomed to having someone else in the room other than the client. Given this information, they suggest that while it is helpful to use interpreters in working with immigrant and bilingual clients, this process can be difficult and can lead to misinterpretation, complications, the mixing of meaning and ultimately the loss of the client's voice. Bamford suggested in 1991 that the mental health field should develop a corps of bilingual professional that are able to provide services to clients in their native

language. In 2018, the mental health field, and specifically the counseling field, continues to lack in diversity of bilingual professionals.

Therapeutic alliance. Throughout the counseling and psychotherapy literature therapeutic alliance has been shown to have positive outcomes on client treatment regardless of counselor training or therapeutic intervention (Hartley & Strupp, 1983; Stiles, Shapiro, & Elliott, 1986). To define therapeutic alliance, it is important to look at early literature discussing this topic. Bordin (1979) defines therapeutic alliance as a collaboration between counselor and client that consists of three components: the agreement of treatment goals, the agreement of tasks between client and counselor on the interventions used to achieve these goals, and the development of a therapeutic bond between counselor and client.

A few years after the inception of the term “therapeutic alliance” Bachelor (1995) found that an important counselor characteristic that played a role in therapeutic alliance is the client feeling that the counselor fully understands them. Based on this finding, it is logical to assume that in order for a client and counselor to understand each other they must speak the same language. Additionally, in a study focusing on the therapeutic alliance as a factor influencing treatment outcomes, the researchers report that there is scant research focusing on therapeutic alliance based on counselor ethnicity or race (Blow, Sprenkle, & Davis, 2007). It is of importance to include this article here as there is not much research specifically examining therapeutic relationship focusing on immigrant and ethnically diverse counselors. This is especially relevant to this dissertation given that a clinician’s ability to understand the complexity of stressors that affect an immigrant

client is critical to the therapeutic relationship (Singer & Tummala-Narra, 2013) and thus impacts the therapeutic alliance.

In Singer and Tummala-Narra's (2013) study on examining White clinicians' experiences of working with immigrant clients, they note that clinicians felt a sense of helplessness. This came from a sense of incompetence to provide services to their clients and disappointment in their lack of understanding their clients' inability to conform to dominant cultural standards. Furthermore, some clinicians reported that they critiqued their clients for their failure to acculturate. Some clinicians reported feelings of anxiousness for working and interacting with immigrant clients due to their self-perceived ability to understand their experiences.

Singer and Tummala-Narra (2013) discussed that White clinicians who were able to connect with immigrant communities outside of the counseling sessions were able to better serve their immigrant clients. They added that having colleagues who were immigrants or bilingual was an important resource in their clinical work with immigrants. In their study, White clinicians reported that their discomfort of providing competent services to this population leads to their belief that immigrant clients would be better served by clinicians who were matched with the client's immigrant identity (Singer & Tummala-Narra, 2013).

The Counseling Profession

Diversity in counseling. The counseling profession continues to lack in diversity (Meyers, 2017). The latest demographic information (Data USA, 2017) reports that Caucasians make up 70.4% of counselors in the United States while African Americans make up 19.5%, Asians 3.4%, and shared ethnicity is 3%. American Indians make up

0.6%, Hawaiian 0.1%, and the remainder (2.8%) are identified as “other.” Although consistent with the overall demographic of the United States population, (76.9% Caucasian, 13.3% African American, 1.3% American Indian, 5.7% Asian, 0.2% Hawaiian, 2.6% two or more races, and 17.8% Hispanic) (U.S. Census Bureau, 2016) this seemingly simple statistic does not take into account the percentage of immigrant Caucasians and non-majority ethnicities who are typically categorized under “Caucasian.” When the minority populace is examined more thoroughly, it is evident that, collectively, it makes up a large percentage of the overall population.

Barden, Sherrell, and Matthews (2017) report experiencing difficulty finding a sample of diverse counseling professionals for their study examining multicultural competence of professional counselors. This is congruent with the lack of diversity in the field and the need to continue attracting more diverse individuals to become counselors. The aforementioned statistics regarding immigrants and bilingual individuals in the United States highlights the lack of mental health professionals who possess the language skills to provide effective counseling services directly to this population.

Professional Identity

Counselor professional identity. Counselor professional identity is a topic that has received much attention in the recent counseling literature. The American Counseling Association recently came to a consensus on defining the work that counselors do (ACA, 2009), highlighting the importance of counselors sharing a common professional identity. The Council for Accreditation of Counseling and Related Education Programs (CACREP, 2015), the accrediting body of counseling and counselor education programs, has mandated that all new faculty in counselor education programs must come from a

counselor education and supervision doctoral program by 2013. It is clear that professional identity is a critical topic in the counseling profession. Not only does having a shared professional identity assist in formulating who counselors are in the world of mental health, it also allows them to advocate for the profession and gain visibility through a shared identity.

Nugent and Jones (2009) define professional identity as integrating personal attributes with professional training in counseling within the context of a professional community. While the attempt in recent years to unify the professional identity of counselors is notable, the reality is that counselors may come from programs which are heavily focused on a specific orientation, accredited by a variety of accrediting agencies, and trained by professors who identify with other professional identities within the mental health field such as clinical or counseling psychology or social work (Burkholder, 2012). This can result in counselors in training receiving mixed messages regarding the professional identity of counselors (Burkholder, 2012) and hence develop an identity that does not align with the ACA vision of professional counseling.

Despite the counseling literature being active in research on unifying the professional identity of counselors, researchers have not specifically examined the unique counselor professional identity of foreign-born counselors. Although it is of importance to have one professional identity it is also beneficial to examine the uniqueness of individuals in the profession and highlighting the differences and strength that make counselors a heterogeneous group. By doing this we can also begin to observe the specific training needs of foreign-born counselors as well as identify how we can attract more diversity to the profession.

Immigrant and foreign-born counselors. The professional identity of immigrant and foreign-born counselors has not been examined in the literature, particularly when taking into account the topic of acculturation. Clauss (1998), one of the early researchers on bilingual and immigrant counselors, suggests that bilingual counselors have a unique dual sense of self. With two languages, bilingual counselors have two different ways of thinking, interpreting, experiencing emotions, expressing themselves and interacting with their clients and the world. As a result, counselors' ethnic background and culture have an effect on how they conduct their clinical work with clients.

Literature explains that bilingual mental health professionals typically learn the two languages at different times and different contexts. Those who are trained to become counselors in the United States typically receive their education in English, which makes it difficult to provide therapeutic terms in other languages or utilize other languages in the context of their work (Castaño, Biever, González, & Anderson, 2007). Immigrant and bilingual mental health professionals often acquire employment in agencies that expect them to utilize their second language with no specific or prior training. There is an assumption that one is able to provide therapeutic services in another language if they have fluency and are able to navigate conversations in a social setting.

In this study, the researchers point out that bilingual mental health professionals report that they do not prefer to provide services in their native tongue but would prefer to speak in English (Castaño, Biever, González, & Anderson, 2007). This refers to the earlier claim that bilingual mental health professionals do not feel adequate in their language skills related to the profession in order to provide services utilizing a language other than English. Research points to the need for further training of mental health

professionals who know that they will be providing bilingual services to clients (Castaño, Biever, González, & Anderson, 2007).

Immigrant mental health professionals who were trained outside of the United States and come with a preformed professional identity are faced with having to learn new therapeutic models and approaches, new regulations of the profession, new terminology specific to the American training of counselors and the culture in which they will be working, and information about the mental health care system (Xu & Flaskerud, 2007). In order for immigrant counselors to feel a sense of continuity in their professional identity they must navigate a process of integrating their old with the new professional culture (Kissil, Niño, & Davey, 2013). Overall, there is a lack of literature that discusses the adjustment experiences of immigrant counselors (Kissil, Niño, & Davey, 2013) as well as their professional identity development.

Through their research, Kissil, Niño, and Davey (2013) used the word *meta-perspective* to describe the unique position that immigrant counselors have in examining the concept of culture. They clarify this concept by explaining that immigrant counselors are able to examine culture from the outside, recognizing their fluidity and relativity as human beings. In another study by Kissil, Davey, and Davey (2013), the researchers found that immigrant counselors who experience prejudice find their self-efficacy in their work negatively affected. At the same time, despite this being a negative experience, they report that because immigrant counselors experience disenfranchisement and marginalization in the US, they have the ability to connect with clients who have experienced similarly or those who have felt a sense of otherness (Kissil, Niño, & Davey, 2013).

Acculturation and Counselor Professional Identity

As discussed earlier, acculturation is an experience in which all foreign-born individuals partake as they adjust to a new country. Moreover, professional identity is a process that all professionals undergo when beginning a career. Despite this, there is scant research in the counseling literature specifically examining whether there is an impact of acculturation on professional identity development of foreign-born counseling professionals. Several studies discuss professional identity development of international counseling students. In a study by Kuo, Woo, and Washington (2018) on the perceived professional identity among international counselor education students, several notable findings were reported. This study examined the experiences that international counselor education doctoral students believed were important for their professional identity development. Several themes arose in their study beginning with *Clear Understanding of Professional Identity*. In this theme, participants reported an understanding of the multiple roles and multifaceted process of forming a professional identity. This theme was followed by *Alignment with Philosophies of the Profession*. In this theme, participants reported that their personal values aligned with the philosophy of the counseling profession. More so, participants reported that their professional identity is a continuous process with a theme of *Ongoing Personal, Professional Development*. Through the development of their professional identity and training in counseling, participants reported several areas of support that include: *Family Interactions, Faculty Interactions, Peer Interactions, Educational Resources, and Community and Organizational Support*. Lastly, participants also noted that they experienced a lack of

intentionality in guidance by their program faculty and U.S. institution which made navigating difficult experiences hard.

A study on acculturation and professional identity development of foreign-born counselor education doctoral students by Interiano and Lim (2018) emphasizes that foreign-born individuals in the U.S. are required to develop a professional identity in the Euro-American context within a profession that values cultural diversity. In this study, three main themes arose: *Euro-American Counselor Education Training*, *Loss and Grief*, and *a Chameleonic Identity*. The authors report that these themes reflect how participants experienced professional identity development while acculturating to American society. In the *Euro-American Counselor Education Training* theme, participants reported struggling with the Euro-American views of individualism as well as assessing their client's healthy development by progression towards autonomy and self-actualization. This value seemed to be incongruent with foreign-born participants' value. Participants reported that they experienced a demand in the counseling field to adopt the dominant culture's views as if it was a pre-requisite for their survival in the profession. In the *Loss and Grieving* theme, participants reporting being forced to assimilate and let go of certain values or sub-parts of their identities. Participants reported a sense of grieve and experiences of being told to "be more confident" by faculty or whether they would be able to climb the proverbial ladder to become president of large professional counseling organizations as a foreign-born counselor or counselor educator. Lastly, participants reported forming a *Chameleonic Identity*, in which they consciously chose to adopt aspects from both cultures in three domains: practices, values, and identity. Using this method, they reported choosing which behaviors, values, or identities from their cultural

heritage would be retained privately as well as which ones would be adapted to Euro-American culture. Overall, participants reported that they felt most supported when faculty members and supervisors encouraged their unique experiences and diverse identities. The authors report that this lessened the psychological acculturative stress for participants.

Summary

Although the population of immigrant individuals in the United States constitutes a minority, they represent a large number that is continuing to grow as American becomes more diverse. The range of unique acculturation experiences of foreign-born individuals can be marked by a sense of loss as individuals undergo a process of adopting a new culture and language in order to survive in their new communities. During this dynamic process of acculturation, research suggests that immigrants who are able to form a bi-cultural identity tend to be more adaptive and well adjusted. Throughout their acculturation experiences, individuals can face multiple challenges and obstacles that may interfere with their ability to seek and receive mental health services.

The number of foreign-born counselors in the U.S. mirrors in many ways the population of immigrants in the larger population. This group, which could conceivably offer valuable services to the growing immigrant population, is understudied in terms of professional identity and how acculturation may influence it.

The American Counseling Association's efforts of unifying the definition of the work that counselors do, as well as CACREP's support for having a common professional identity for counselors and utilizing this as a means for standardizing education and training throughout the field, is a current emphasis in the field. While this

has been a positive move, the lack of diversity in the counseling field highlights the importance of examining the professional identity of foreign-born counselors in order to provide recommendations for counselor education as well as to diversify the field. The lack of literature in the counseling field examining the unique acculturation experiences of foreign-born counselors reveals a need for more research in the area, including an exploration of how acculturation may impact professional identity development. In the next chapter, I discuss the research methodology used in this study to examine the impact of acculturation on professional identity development and propose research questions to address the gaps from the literature on this topic.

CHAPTER 3: METHODOLOGY

Introduction

As discussed previously, there is an evident gap in the existing counseling literature on the relationship of acculturation and the professional identity development of foreign-born counselors. Although the counseling profession has been well poised in considering acculturation as an important multicultural topic, there is a lack of research in examining how foreign-born counselors are affected by this phenomenon. Acculturation has been studied to play an important role in the adjustment and mental health of foreign-born individuals. Similarly, foreign-born individuals are more likely to seek mental health treatment from counselors with whom they can identify. Despite this, the literature has not addressed the unique experiences of foreign-born counselors and particularly, how acculturation may have an impact on their professional identity development as counseling professionals.

The purpose of this study is to examine whether acculturation is related to foreign-born counselors' professional identity development. The researcher has hypothesized that acculturation will have a relationship on the professional identity of counselors. Based on previous research on acculturation, specifically using the American International Relations Scale (Sodowsky & Plake, 1991), the researcher posits that higher scores in acculturation will yield higher scores in professional identity development on the Professional Identity Scale in Counseling (Woo, 2013).

This chapter provides a thorough description of the methodology used in this mixed methods study including the research design, the research questions, and the guiding hypothesis. It also includes a description of the participants recruited, the

procedure of collecting survey data, and conducting the phone interviews. Lastly, it describes the two instruments used for the quantitative portion of the study, the phone interview questions for the qualitative portion, and the data analysis procedures.

Description of Sample

The population of interest in this study includes foreign-born professional counselors, counselors in training, and counselor educators. The participants were recruited using a variety of avenues in order to obtain a representative population. The researcher used snow-ball sampling by informing colleagues of the study during conferences and through contacting them by email. Online means, including utilizing a listserv of counseling professionals, counseling students, and counselor educators called CESNet (Counselor Education and Supervision Network) was the main source of recruiting participants. In order to be included, participants had to meet the following inclusion criteria: (1) currently enrolled in a masters or doctoral counseling or counselor education program or (2) currently working as a professional counselor and (3) identifying as a foreign-born individual, regardless of current immigration status, age at arrival, or time in the United States.

Instrumentation

There were several instruments used for data collection in this study. An online survey using Qualtrics was created by the researcher and included a demographic section, the Professional Identity Scale in Counseling and the American International Relations Scale, as well as one open-ended qualitative question.

Demographic information. The demographic section captured pertinent characteristics of the participants and was included in the last portion of the survey. The

rationale for placing this section at the end of the questionnaire was to ensure that participants did not feel guarded answering the survey questions after disclosing personal characteristics. This section included participants' gender, current age, educational level, training in counseling (inside or outside of the U.S.), whether participants were career changers, country of origin, how mental health professionals and the counseling profession are viewed in their country of origin, languages spoken, age at immigration, length of time in the counseling profession, length of time in the U.S., and current immigration status.

Professional Identity Scale in Counseling (PISC). The PISC is a 53-item Likert type instrument with evidence of reliability and validity (Woo, 2013; Woo et al., 2017; Woo, H., Lu, J., & Bang, N, 2018). The PISC includes six subscales: (1) Engagement Behaviors, (2) Knowledge of the Profession, (3) Attitude, (4) Professional Roles and Expertise, (5) Philosophy of the Profession, and (6) Professional Orientation and Values. The Engagement Behaviors subscale is measured by questions 1 to 14. This subscale asks questions regarding the professional activity that one practices as a member of the counseling profession. The Knowledge of the Profession subscale is measured by questions 15 to 24 and measures an individual's perception of their knowledge of the counseling profession. The Attitude subscale is measured by questions 25 to 33 and captures an individual's own attitudes toward the counseling profession and their role as a counselor. The Professional Roles and Expertise subscale is measured by questions 34 to 42 and elicits an individual's self-perception of their knowledge of various professional roles and expertise that counseling professionals participate in. The Philosophy of the Profession subscale is measured by questions 43 to 49 and examines

how one perceives their knowledge of the philosophy of the counseling profession.

Lastly, the Professional Orientation and Values subscale is measure by questions 50 to 53 and captures an individual's professional values related to the counseling profession and specifically as compared to other mental health professions.

The PISC provides an overall score as well as subscale scores. The subscale scores are the sum of responses in each subscale. Participants indicate their agreement or disagreement with each question using a Likert-type scale. The participants choose a response from 1 to 6, 1 being "Not at all in Agreement" and 6 being "Totally in Agreement." An example item from the PISC, specifically from the Professional Orientation and Values subscale is, "I believe counseling is different from other mental health professions (e.g., counseling psychology, social work, and psychiatry)." An overall score for the instrument can be reached by summing the total of the six subscales. The total PISC score provides a level of perceived professional identity in counseling by participants, with 318 being the highest possible score. Similarly, higher scores on the subscales indicate a higher level of the measured subscale while lower scores indicate a lower perceived level. Overall, higher scores on the PISC indicates a higher level of perceived professional identity in counseling (Woo, 2013).

The PISC has shown high internal consistency reliabilities among five of the six subscales (Woo, 2013). The Cronbach's alpha scores among the subscales were reported as follows: Engagement Behavior 0.88, Knowledge of the Profession .87, Professional Roles and Expertise .80, Attitude .81, Philosophy of the Profession .71, and Professional Values .44. Overall, the PISC has illustrated strong internal reliability (Woo, 2013). The PISC has also shown consistent reliability in previous studies (Woo et al., 2017; Woo, H.,

Lu, J., & Bang, N, 2018). As far as validity, the PISC has shown support for convergent validity and discriminant validity (Woo, 2013).

American International Relations Scale (AIRS). The AIRS is a 34-item instrument using a Likert-type scale with demonstrated validity and reliability (Sodowsky & Plake, 1991; Kissil, Davey, & Davey, 2015). This instrument classifies level of acculturation to the U.S. culture in immigrants from other countries. The AIRS contains three subscales. The first is Perceived Prejudice (AIRS-PP) and is designed to measure an immigrant's perceived level of acceptance by American natives. The second is Acculturation (AIRS-AC) and is designed to measure an immigrant's level of acceptance of the American culture. Lastly, Language Use (AIRS-LU), is designed to assess an immigrant's preference for using the American language as opposed to the language of their country of origin. The Perceived Prejudice (AIRS-PP) subscale consists of 20 items, the Acculturation (AIRS-AC) subscale consists of 11 items, and the Language Use (AIRS-LU) subscale consists of 3 items.

The participants choose a response from 1 to 5 or 1 to 6 depending on subscale, with 1 being disagreement and 5 or 6 being in agreement. An example item from the AIRS, specifically from the Perceived Prejudice subscale is, "Americans try to fit me into the stereotypes that they have about my nationality group." Higher scores on the AIRS subscales indicate higher levels of perceived prejudice, acculturation, and language use. The full scale has internal consistency reliability of .89. The three subscales have internal consistency reliabilities of .88, .79, and .82 (Sodowsky & Plake, 1991). The AIRS has shown consistency in reliability when used in other studies (Kissil, Davey, & Davey, 2015).

Data Collection Procedures

The CESNet Listserv and snowball sampling were used to distribute the survey and recruit participants. The researcher sent a call via e-mail using an IRB approved template (Appendix A) to the CESNet Listserv. For snow-ball sampling, the participant informed colleagues at conferences of his research and followed-up with the same IRB approved template, which included a link to the study survey. After the initial email to the listserv, the researcher sent a second call with the same IRB approved template. When a potential participant clicked on the survey link in the email, they were then navigated to the online survey which began with the informed consent form (Appendix B). Potential participants who consented to participate by clicking the “I consent” button were then taken to the online survey (Appendix C). Potential participants who did not consent were then unable to access the survey.

The Professional Identity Scale in Counseling (PISC) and the American International Relations Scale (AIRS) were used for collecting the quantitative data regarding acculturation and professional counselor identity respectively.

The following qualitative question was asked in the survey after the PISC and AIRS.

“One thing we know about personal experiences is that they intersect with professional identity development. How has your identity as a foreign-born individual affected your professional identity as a counselor?”

This question allowed the researcher to capture preliminary information from participants on their experiences of acculturation and professional identity development.

This also gave participants who were not willing to participate in the phone interviews the opportunity to share their experiences with the researcher.

At the end of the survey, participants were asked if they were willing to participate in a follow-up phone interview. The phone-interview questions were designed after the collection of the quantitative data in order to allow for expansion of the findings of the quantitative data as well as give a “voice” to the participants. The following qualitative questions were used in the phone interviews:

1. *Tell me about how you chose the counseling field.*
2. *How are mental health providers viewed in your country of origin?*
3. *How is that profession similar to and different from counseling as its practiced in the U.S.?*
4. *How relevant do you believe your personal level of acculturation is to your identity as a counselor?*

After completion of the online survey, 60 participants joined the study and partially completed the instruments while 37 completed the survey fully. The researcher analyzed the data and selected 6 participants for a semi-structured follow-up phone interview. The participants were selected based on their overall score in the Professional Identity Scale in Counseling. The three highest scoring and three lowest scoring participants were selected for the interview. The rationale for choosing participants in this manner is to include individuals from both ends of the professional identity scores and not strictly all from one end. The participants were contacted through email to confirm participation as well as schedule a time for the interview. The interviews were conducted using the researcher’s phone and recorded on a MacBook Pro. During the interview, the researcher

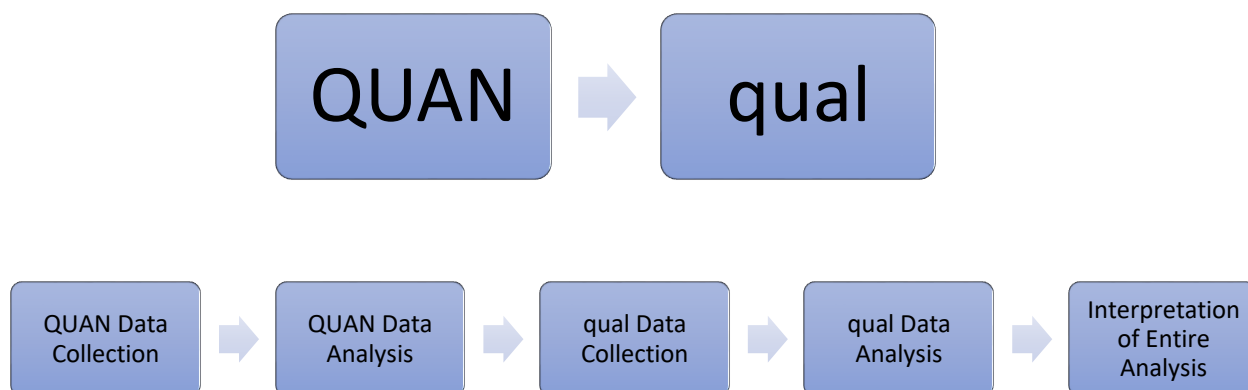
utilized a script approved by the IRB, which included verbal consent for participation (Appendix D). The interviews took between 20-40 minutes to complete.

Research Design

A mixed-methods research design, particularly an explanatory, sequential, mixed methods design, was used to draw on the strengths and minimize the limitations of quantitative and qualitative methods (Creswell, 2013). An explanatory sequential mixed method is a design in which quantitative data are collected using a survey and qualitative data are collected as a follow-up to the quantitative data, with the intent for the qualitative data to provide more detail in explaining the findings of the quantitative results. Figure 1 provides a visual representation of the data collection, analysis, and interpretation procedures of this mixed-methods study.

Figure 1

Explanatory Sequential Design



Adapted from Creswell, 2013.

Research Questions

According to Creswell (2013), a strong mixed methods research study should include three separate research questions informing the quantitative, qualitative, and mixed methods strands of the study. The following are the research questions for this study:

Mixed Method Research Question (MMRQ):

Is acculturation related to foreign-born counselors' professional identity development?

Quantitative Research question (RQ1):

Is there a correlation between acculturation level as measured by the American International Relations Scale (AIRS) and the Professional Identity in Counseling Scale (PISC) scores?

Qualitative Research Question (RQ2):

How have the acculturative experiences of foreign-born counselors and the views of mental health professionals in their country of origin impact their decision in joining the counseling profession?

Data Analysis

An explanatory sequential mixed method design allows the researcher to analyze the quantitative and qualitative separately and compare data, ultimately enriching the results and confirming findings (Creswell, 2013). Quantitative data from the online qualtrics survey were imported into The Statistical Package for the Social Sciences (SPSS) after completion by the participants. This software was used to gather descriptive statistics on participant demographic information and run correlational analysis on quantitative data from the AIRS and PISC.

Correlational analysis was conducted to identify the relatedness between acculturation as measured by the AIRS and professional identity in counseling as measured by the PISC. Correlation is a statistical measure of association between two variables (Creswell, 2013) and the variables in a correlational study can be dependent or independent. Spearman's correlation is used with ordinal data while Pearson's technique is used with interval or ratio data. For this study, the variables are not manipulated thus, PISC and AIRS scores are all dependent variables and Pearson correlations will be used to determine if a relationship exists between the variables.

For the qualitative data, a phenomenological design was utilized in order to understand the overall experiences of the foreign-born counselor participants. A phenomenology specifically aims to understand the core meanings of a lived phenomenon that is commonly experienced by a group of different people (Merriam & Tisdell, 2016). To begin this process, the researcher first examined his own experiences as a foreign-born counselor in order to become aware of prejudices, assumptions, and viewpoints- a first step in the process of analyzing phenomenological data called epoche (Merriam & Tisdell, 2016). This allowed the researcher to refrain from judgement by bracketing his views while examining the experiences of the participants (Merriam & Tisdell, 2016).

A thematic content analysis was the method utilized to code and analyze the open-ended survey question as well as the semi-structured phone interviews. The researcher not only used the transcription of the follow-up interview but also listened to the tapes to ensure that tone is considered and to capture any nuances in meaning. Tesch's Eight Steps of Coding were utilized as described by Creswell (2013). First, the

researcher read through all the survey open-ended question answers and transcribed phone interviews carefully, highlighting and writing down ideas as they came up without assigning any theme. The researcher then re-read the data, writing down ideas in the margins. After completing this process for all data, a list of all topics from the margins was compiled, clustering together similar themes. This list was then turned into codes which were used to go back to the data and writing the codes next to appropriate areas in the text. Codes were then grouped together and reduced based on how related various topics appeared. A final list was made based on the identified codes. Themes from across participants were then combined together and example quotes were compiled for each theme. Lastly, the themes were compared with the quantitative analysis in order to provide an understanding of the connection between the two strands of data. This mixed methods approach provides a more full understanding of the experiences of foreign-born counselors and explains the quantitative findings in more detail.

Summary

The purpose of this study was to examine whether acculturation is related to foreign-born counselors' professional identity development. The researcher has hypothesized that acculturation will have a relationship on the professional identity of counselors. Based on previous research on acculturation, specifically using the American International Relations Scale, the researcher posits that higher scores in acculturation will yield higher scores in professional identity development on the Professional Identity Scale in Counseling. Data from 37 foreign-born counselors who completed the researcher's survey protocol was analyzed in conjunction with interview data from 6 participants who represented both high and low scores on the PISC. The researcher

hypothesized that acculturation will have a relationship on the professional identity of counselors.

In the next chapter I describe the results of the study by first explaining the quantitative findings followed by an exploration of the qualitative findings and finally reporting the mixed methods results. In the last chapter, I will provide a thorough discussion and exploration of the findings discussed in Chapter 4 as well as make meaning of and find connections between the quantitative and qualitative data to truly provide a mixed-methods understanding of the results.

CHAPTER 4: RESULTS

The purpose of this study was to examine the intersection of acculturation and professional identity development of foreign-born counselors. In this chapter, the results of the quantitative, qualitative, and overall mixed methods design are presented. The chapter begins with a description of the sample and demographic information of the participants. The second and third sections present first: the quantitative findings followed by the qualitative findings. The chapter concludes with a summary and exploration of the results in light of the research questions.

Description of Participants

The quantitative portion of the study was completed by 60 online participants. From those who participated, 37 participants fully completed the survey ($N = 37$). Participants were asked to complete a demographic section at the end of the survey to capture relevant characteristics. This data is reported below.

Age and Gender

The age of participants ranged between 18-54+, with the majority of participants (48.6%) reporting to be between 25-34 ($n = 18$). The gender of participants was majority (81.1%) female ($n = 30$). Table 4.1 displays the age and gender of all participants.

Table 4.1

<i>Age and Gender of Participants</i>		
Variable	<i>n</i>	%
Age		
18-24	3	8.1
25-34	18	48.6
35-44	11	29.7
45-54	3	8.1
54+	1	2.7
Missing	1	2.7

Gender		
Male	5	13.5
Female	30	81.1
Gender non-conforming	1	2.7
Missing	1	2.7
Total ($N=37$)	37	100

Education, Training, and Career Path

Participants were asked to indicate their educational level, training in counseling inside or outside of the U.S., whether they changed careers to become a counselor, and whether they changed careers before or after immigrating. The majority of participants reported being current doctoral students (27%, $n = 10$) or doctoral degree holders (40.5%, $n = 15$). Most participants (78.4%) received their training in counseling in the U.S. ($n = 29$), 1 participant reported being trained in counseling outside of the U.S. (2.7%), and 6 participants reported receiving training both in and outside of the U.S. (16.2%). Approximately 37.8% of participants reported changing careers ($n = 14$) and from this group 92.8 reported changing careers after immigrating ($n = 13$). The results are reported in Table 4.2.

Table 4.2

<i>Education, Training, and Career Change</i>		
Variable	<i>n</i>	%
Education		
Current master's student	5	13.5
Current doctoral student	10	27
Master's degree holder	6	16.2
Doctoral degree holder	15	40.5
Missing	1	2.7

Training in Counseling

Inside the U.S.	29	78.4
Outside of the U.S.	1	2.7
Both	6	16.2
Missing	1	2.7
Career Changer		
Yes	14	37.8
No	22	59.5
Missing	1	2.7
Before or after immigrating		
Before	1	7.2
After	13	92.8

Country of Origin

Participants were asked to report their country of origin. The results are all presented in Table 4.3.

Table 4.3

<i>Country of Origin</i>		
Country	<i>n</i>	%
Bahamas	1	2.7
Barbuda	1	2.7
Canada	2	5.4
China	4	10.8
Ghana	2	5.4
Greece	1	2.7
Guyana	1	2.7
Germany and Italy	1	2.7
India	4	10.8
Japan	1	2.7
Korea	2	5.4
Mexico	1	2.7
Pakistan	1	2.7
Philippines	1	2.7
South Africa	2	5.4

Taiwan	4	10.8
Thailand	1	2.7
Turkey	3	8.1
United Kingdom	1	2.7
Total ($N=37$)	37	100

Languages Spoken, Time in the U.S., and Immigration Status

Participants were asked to indicate whether they spoke one language, 2 languages, or more than 2 languages. They were also asked to indicate how long they have been in the U.S. and their current immigration status. The majority of participants reported being bilingual (43.2%, $n = 16$) or speaking multiple languages (37.8%, $n = 14$). Approximately 56.8% of the participants reported living in the U.S. for more than 10 years ($n = 21$). Nearly 21.6% reported living in the U.S. for less than 5 years ($n = 8$) and 18.9% reported living in the U.S. for 5-10 years ($n = 7$). Participants selected their immigration status between Permanent Resident (32.4%, $n = 12$), U.S. Citizen (29.7%, $n = 11$), and Visa holder (27%, $n = 10$). From those who reported being Visa holders, 21% reported having an F1- Student Visa ($n = 8$), one participant reported having an H1-b Work Visa, and one participant reported having a J-1 Exchange Visitor Visa. The results are all presented in Table 4.4.

Table 4.4

Variable	n	%
Number of Languages		
One language	6	16.2
Bilingual	16	43.2
Multiple languages	14	37.8
Missing	1	2.7

Time in U.S.

Less than 5 years	8	21.6
5-10 years	7	18.9
More than 10 years	21	56.8
Missing	1	2.7
Immigration Status		
Lawful permanent resident	12	32.4
U.S. Citizen	11	29.7
Visa holder	10	27
Other	1	2.7
Prefer not to answer	2	5.4
Missing	1	2.7
Type of Visa		
F1 (Student Visa)	8	21.6
H1-b (Work Visa)	1	2.7
J-1 (Exchange Visitor Visa)	1	2.7

Time in the Counseling Profession

Participants were asked to report the length of time they have been in the counseling profession both inside and outside of the U.S. Approximately 45.9% of participants reported being in the U.S. counseling profession less than 5 years ($n = 17$), while 32.4% report being in the profession between 5-10 years ($n = 12$), and 18.9% report being in the profession for more than 10 years ($n = 7$). The results are all presented in Table 4.5.

Table 4.5

Time in the Counseling Profession in and Out of the U.S.

Variable	<i>n</i>	%
Length in the U.S. Counseling Profession		
Less than 5 years	17	45.9
5-10 years	12	32.4
More than 10 years	7	18.9
Missing	1	2.7

Total Length in the Counseling Profession		
Less than 5 years	16	43.2
5-10 years	14	37.8
More than 5 years	6	16.2
Missing	1	2.7

Data Analysis

Quantitative Results

The online survey, which consisted of two instruments, the Professional Identity Scale in Counseling (PISC) and the American International Relations scale (AIRS), was inserted into the IBM SPSS software for statistical analysis. In order to yield accurate results, only those who completed the survey fully were included in the analysis ($N = 37$).

Reliability. Reliability testing was conducted in order to examine the internal consistency of the instruments. The PISC yielded strong reliability estimates with an overall Cronbach's alpha of .95. The subscale reliability scores are consistent with the findings of Woo (2013). They reported internal consistency reliabilities among the six subscales as follows: Engagement Behavior 0.88, Knowledge of the Profession .87, Professional Roles and Expertise .80, Attitude .81, Philosophy of the Profession .71, and Professional Values .44. Overall, the PISC has illustrated strong internal reliability (Woo, 2013). When conducted for this study, the subscale scores were consistent to previous findings. The Cronbach's alpha reliabilities were as follows: Engagement Behavior $\alpha = 0.88$, Knowledge of the Profession $\alpha = .93$, Professional Roles and Expertise $\alpha = .91$, Attitude $\alpha = .82$, Philosophy of the Profession $\alpha = .87$, and Professional Values $\alpha = .34$.

The AIRS had an overall reported internal consistency reliability of .89. The three subscales have internal consistency reliabilities of .88, .79, and .82 (Sodowsky & Plake, 1991). Reliability testing conducted for this study yielded the following Cronbach's alpha reliabilities for the overall instrument and 3 subscales respectively: overall $\alpha = .76$, subscale 1 $\alpha = .78$, subscale 2 $\alpha = .48$, and subscale 3 $\alpha = .89$.

Correlations. Pearson correlations were conducted to examine whether a relationship exists between acculturation (AIRS) and professional identity development (PISC). Pearson correlations were also conducted for the AIRS and PISC subscales in order to examine the relationship further. The data analysis yielded an overall weak negative correlation between the overall AIRS and PISC scores ($r = -0.15, p < .05$). This suggests that there is a weak negative relationship between overall acculturation and professional identity scores. Table 4.6 displays the Pearson correlation matrix of the overall PISC and AIRS scores.

Table 4.6

Pearson Correlation Between Professional Identity Development Score Totals and Acculturation Score Totals

	PISC Total	AIRS Total
PISC Total	1	-0.151
AIRS Total	-0.151	1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Pearson correlations were also conducted to examine whether a linear relationship exists between overall PISC score and the three subscales of the AIRS (perceived prejudice, acculturation, and language use). The analysis produced no significant correlations. The results of the Pearson correlations were: weak negative correlations

between PISC score and Perceived Prejudice (AIRS Subscale 1) ($r = -0.06, p < .05$), Acculturation (AIRS Subscale 2) ($r = -0.12, p < .05$), and Language Usage (AIRS Subscale 3) ($r = -0.24, p < .05$). Table 4.7 displays the Pearson correlation matrix of the overall PISC scores and AIRS subscales.

Table 4.7

Pearson Correlations Between Overall PISC Score and AIRS Subscales 1, 2, and 3

	AIRS SS1 Perceived Prejudice	AIRS SS 2 Acculturation	AIRS SS 3 Language Use
PISC Score	-0.06	-0.12	-0.24

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Further correlations were conducted to examine whether a relationship exists between the subscales of the PISC and AIRS. The analysis yielded negative weak non-significant correlations among all subscales but one. A weak significant negative correlation appeared between Language Usage (AIRS Subscale 3) and Philosophy of the Profession (PISC Subscale 5) ($r = -0.38^*, p < .05$). Table 4.8 displays the full Pearson correlation matrix of the subscales.

Table 4.8

Pearson Correlation Between Acculturation (AIRS subscales) and Professional Identity Development (PISC subscales)

	PISC SS 1 Engagement behavior	PISC SS 2 Knowledge of the profession	PISC SS 3 Attitude	PISC SS 4 Professional roles and expertise	PISC SS 5 Philosophy of the profession	PISC SS 6 Professional orientation and values
AIRS SS 1 Perceived prejudice	-0.159	0.118	-0.062	0.007	-0.059	-0.106
AIRS SS 2 Acculturation	-0.091	-0.040	-0.165	-0.111	-0.192	-0.159
AIRS SS 3 Language usage	-0.158	-0.247	-0.045	-0.318	-.388*	-0.267

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Pearson correlations were also conducted between overall PISC and AIRS scores with all demographic variables. This analysis examined whether a relationship exists between the total scores of the AIRS and PISC and the demographic variables. Table 4.9 displays variables with significant correlations. The analysis yielded the following results: a weak significant positive correlation between PISC score and age ($r = 0.37^*$, $p < .05$), and time in the U.S. counseling profession ($r = 0.45^{**}$, $p < .01$).

Furthermore, analysis yielded a weak significant positive correlation between AIRS score and length of time in the U.S. counseling profession ($r = 0.33^*$, $p < .05$) and a moderate significant positive correlation between AIRS score and number of languages spoken ($r = 0.55^{**}$, $p < .01$).

Table 4.9

Significant Correlations

	Time in U.S. counseling profession	Total Time in U.S.	Number of Languages Spoken
Age			

PISC Score	.377*	.451**	.623**
AIRS Score		.331*	.559**

Survey Scale Questions

Participants were asked to complete 2 scale questions regarding the views of mental health professionals in their country of origin as well as counseling. The question is answered on a scale of 0 to 10, with 0 being the lowest (not favorable) and 10 being the highest (very favorable). The questions were:

How are mental health professionals viewed in your country of origin?

How is counseling viewed in your country of origin?

Table 4.10 and Table 4.11 display all participants answers.

Table 4.10

How are mental health professionals viewed in your country of origin?

Score	<i>n</i>	%
0	1	2.7
1	2	5.4
2	5	13.5
3	6	16.2
4	4	10.8
5	5	13.5
6	2	5.4
7	4	10.8
8	3	8.1
9	1	2.7
10	3	8.1
Missing	1	2.7
Total (<i>N</i> =37)	37	100

Table 4.11

How is counseling viewed in your country of origin?

Score	<i>n</i>	%
0	0	0
1	1	2.7
2	8	21.6
3	5	13.5
4	6	16.2
5	4	10.8
6	1	2.7
7	4	10.8
8	3	8.1
10	2	5.4
Missing	3	8.1
Total (<i>N</i> =37)	37	100

Quantitative Hypothesis Results

The quantitative research question and hypothesis guiding the study are examined in light of these results. The quantitative research question was:

Is there a correlation between acculturation level as measured by the American International Relations Scale (AIRS) and the Professional Identity in Counseling Scale (PISC) scores?

The researcher hypothesized that there will be a negative correlation between overall scores of the AIRS and the PISC.

- According to the results of the Pearson correlations, there was no significant negative correlation between overall scores of the AIRS and the PISC scores ($r = -0.15, p < .05$).

The researcher also hypothesized the following regarding the subscale scores of the AIRS and the scores of the PISC.

Higher scores on the Perceived Prejudice subscale (AIRS-PP) will be negatively correlated with overall PISC scores.

- According to the results of the Pearson correlations, there was no significant negative correlation between overall scores of the PISC and the AIRS Perceived Prejudice subscale ($r = -0.06, p < .05$).

Higher scores on the Acculturation subscale (AIRS-AC) will be positively correlated with overall PISC scores.

- According to the results of the Pearson correlations, there was no significant negative correlation between overall scores of the PISC and the AIRS Acculturation subscale ($r = -0.12, p < .05$).

Higher scores on the Language Use (AIRS-LU) will be positively correlated with overall PISC scores.

- According to the results of the Pearson correlations, there was no significant negative correlation between overall scores of the PISC and the AIRS Language Use subscale ($r = -0.24, p < .05$).

Qualitative Results

Qualitative data for this study were collected in two areas: First, through an open-ended question and second, through a follow-up phone interview with participants willing to talk more with the researcher regarding their acculturative experiences and professional identity development.

Survey open-ended question. After completing the PISC and AIRS in the online survey, participants were asked an open-ended qualitative question. A phenomenological design was utilized in order to understand the overall experiences of the foreign-born

counselor participants. A thematic content was the method used to code and analyze the open-ended survey question as well as the semi-structured phone interviews. Tesch's Eight Steps of Coding were referenced as described by Creswell (2013). First, the researcher read through all the survey open-ended question answers carefully, highlighting and writing down ideas as they came up without assigning any theme. The researcher then re-read the data, writing down ideas in the margins. After completing this process for all survey data, a list of all topics from the margins was compiled, clustering together similar themes. This list was then turned into codes which were used to go back to the data and writing the codes next to appropriate areas in the text. Codes were then grouped together and reduced based on how related various topics appeared. A final list was made based on the identified codes. Themes from across participants were then combined together.

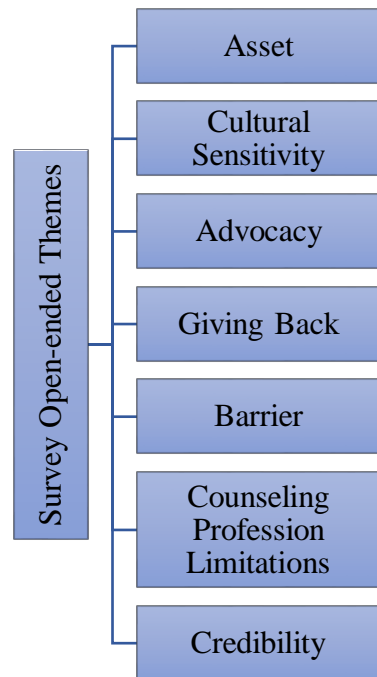
Several themes arose in the answers to the open-ended question embedded in the online survey. The following is the prompt for the open-ended question:

One thing we know about personal experiences is that they intersect with professional identity development. How has your identity as a foreign-born individual affected your professional identity as a counselor?

Out of the 37 participants who completed the online survey fully, 31 participants completed the open-ended question. The results are displayed below in the form of themes that arose in the participants' answers to this question along with examples quotes. Figure 2 displays the themes that were identified.

Figure 2

Survey Open-ended Themes



Asset

- “I know that one of my strengths has been the advantage of having been from another country, I am somewhat good at accepting people for who they are.”
- “One way in which it affected my professional identity as a counselor is that it gave me more motivation to combat negative stigmas of counseling within the Hispanic community as a professional.”
- “I found that my cultural identity was actually not an obstacle on professional development, but an asset that came from life experiences.”

Cultural Sensitivity

- “I realize that being a person of color has allowed me to connect to with many racial/ethnic groups in the counseling setting. By being racially ambiguous, there is often an instant connection when I’m counseling a person of color.”
- “I believe I am more culturally sensitive to the needs of other people (and cultural) groups, which informs my professional identity as a counselor. This allows me to be more accepting of differences, open to new and varied experiences, and willing to invest energy in seeking understand someone or something instead of appearing disinterested.”

Advocacy

- “My siblings and I have also encountered many racist remarks i.e. being called a terrorist or isis agent. These experiences fuel my advocacy role for marginalized and oppressed populations.”
- “My cultural identity as a foreign-born, raised-in-America individual directly impacts my professional identity in terms of mission, drive, advocacy, and research agenda. In addition, my intersectionality of being a foreign-born woman of color lends to my passion for fighting for all minority/underrepresented/marginalized/oppressed populations and impacts my roles as a counselor educator, supervisor, teacher, researcher, and service leader.”

Giving Back

- “Whenever I get a chance, I try to counsel people from my own country. I hope I can become a counselor educator in my country one day, and then bring my knowledge and experience back to my own country.”

- “I feel the need to serve my county-of-origin people who live in my local area, because I understand how difficult the adjustment can be; and there is limited professional counselors who can communicate with them in their language of choice.”

Barrier

- “I spent a great portion of my working life in my home country as a counselor. However, I have had it said to me that I could remove it from my vita because it is not necessary. I have lots of microaggressions from colleagues and students. I often try to relate US theory etc. to my home culture and many times it does not translate automatically. That poses an issue regarding my professional identity because as a counselor educator it is hard at times to related to the US theory etc. When I return home there I am seen as bringing my US ideas. So it is dissonance.”
- “There is the negative effect of viewing myself as "less than" in comparison to my American counterparts, which can also translate to low self-efficacy as a counselor working in clinical settings. This negative view of self can also be reinforced by society at times when on college/university campuses or general community, where people see me as a "non native, immigrant, un or under educated" individual.”
- “Sometimes I cannot totally understand certain phenomena in American society, like race problem or other multicultural issues.”

Counseling Profession Limitations

- “It appears that the counseling profession has a limited understanding of how important ethnicity is for individuals from places outside the U.S., especially for someone like me who grow up bi-cultural and is not Christian. In my experience Americans tend to erase my ethnicities and force me into a category that does not fit. Unfortunately, this is an issue that I have encountered many times during my masters and doctoral studies. I am impacted by three different cultures in addition to U.S. culture. However, our textbooks do not reflect this reality.”
- “... I did experience some dissonance in my Master's program. I feel that counseling classes tend to be designed for the education of white Americans. There was almost no guidance on how a counselor from a minority population bridges that cultural divide when majority of their clients are going to be of a different race or ethnicity.”

Credibility

- “It has been my experience that students are receptive as the years have gone by, but in the beginning, it took me a while to gain credibility and respect.”
- “There are times when I feel that I have to work additionally hard to prove myself as an equal to my peers, regardless of my years of education or life experiences.”

Phone interviews. After completing the online survey, participants were asked for their willingness to participate in a follow-up interview to discuss their experiences further. A surprising number of participants reported that they would be interested in the follow-up interview. Six participants were selected to participate based on their overall PISC scores. Three participants were selected from those scoring high in professional identity development (315, 313, 298) and three participants were chosen who had the

lowest (219, 224, 232). These participants were chosen intentionally to add breadth to the range of participant experiences gathered through the interviews.

The follow-up interview consisted of four questions:

Tell me about how you chose the counseling field.

How are mental health providers viewed in your country of origin?

How is that profession similar to and different from counseling as it is practiced in the U.S.?

How relevant do you believe your personal level of acculturation is to your identity as a counselor?

Description of Interview Participants. Participants in the phone interview were diverse in country of origin. The participants reported the following countries of origin respectively: Taiwan, China, Greece, Bahamas, Guyana, and India. Participant gender reported were: 5 female, 1 male. All 6 participants reported having a doctoral degree in counseling or counselor education. The length of time of the interviews was between 20-45 minutes over the telephone.

Participant answers to the phone interview questions were analyzed using the thematic content analysis discussed above and common themes that emerged are displayed in Tables 4.12, 4.13, 4.14, and 4.157.

Interview question 1

Table 4.12

<i>Tell me about how you chose the counseling field.</i>	
Themes	Example of Theme
Purpose	Participant #1: "I continued to feel very unfulfilled and just not having reach the sense of fulfillment and purpose that I was

	hoping for at that part of my life. So, I decided to quit my job...and kind of think hard and just kind of seek inside what is it that I really want to do with my life.”
Natural Talent	Participant #1: “I found myself kind of recalling all these times in my life...I was sought out many times for either suicide watch or had people come to me at all times...people were sort of drawn- they would just sit down and open up without me even asking a question. So I figured this is a possibility for me.”
Lack of Awareness of counseling profession within the mental health field	<p>Participant #6: “So, I initially was not aware of counseling as its own standalone field. I was just aware of clinical psychology out of my undergrad program, and as I was applying to schools I saw this counseling...I was researching that for myself, that’s when I came to this understanding of client-centric focus of counseling versus this more disease model kind of thing that was driving clinical psych movement, and that is how—I was like “you know, I really like this developmental wellness model from counseling” and that’s how I decided to move into that area.”</p> <p>Participant #1: “I really wanted to be in a PsyD program. I had no idea about counseling at the time but I thought, you know, psychology was the only way you could do this. But I talked to an admissions counselor...and they’re like “no, you don’t want to be in a PsyD program You need to be in school everyday all day, and you have a family and that’s not good. Why don’t we put you in the counseling program? I, I reluctantly agreed but the most I immersed myself into the classes and later on with the internship and everything, I really enjoyed what I was doing.”</p>
Mentor	Participant #2: “I chose the counseling field—it was majorly inspired by a professor who received a counseling

	<p>master's degree at United States...when I took his class it became very clear that this is the profession I wanted to be.”</p>
Personal Experience	<p>Participant #3: “I was pretty sure I wanted to do counseling in high school because there was a hostage issue somewhere overseas (by a man who) believed he didn't get the social benefits he deserved. So, he tried to talk to people but no one listened to him, so at that point I was thinking if (I) could have intervened probably we could prevented that. So, I chose to become a counselor because I thought I could solve problems for other people or at least have a space for people to come.”</p> <p>Participant #1: “I do remember in high school, I had a friend who was contemplating suicide. And you know, she called me on the phone and literally—me and another friend talked to her and talked her out of killing herself.”</p>

Interview question 2

Table 4.13

<i>How are mental health providers viewed in your country of origin?</i>	
Themes	Example of Theme
Stigma	<p>Participant #2: “[the] acceptance rate right now is about five to ten years behind US. That means there's still more people kind of seeing mental health as taboo, as a bad thing, but there are more and more people aware that this is a helping profession and it's very useful.”</p> <p>Participant #3: “I think it depend on the social class and region you're from. So, if you're from the country side ...you may not know these things, or you don't even know what mental health is. But if you're from a big country, especially middle-</p>

	class or upper-class, I think they value mental health”
Respected	<p>Participant #3: “In our country we address counselors like a teacher. Like, for me if I have a client . . . , he or she will call me Teacher (*). So, we view mental health providers as the one to give them advice to overcome problems in their life.”</p> <p>Participant #5: “There’s the kind of more authoritative reverence, you know, if clients are actually coming to you. There’s more of this idea that you’re an authority (*) and less of that collaborative relationship that it’s like over here”.</p>
Kept at distance	<p>Participant #5: “From my understanding, the profession is in its infancy and so there’s kind of extreme; either viewed with suspicion or “Oh, you’re the crazy people doctor,” you know, the stigma associated with that.”</p> <p>Participant #1: “They’re very respected for their profession, but they’re also kind of like, you know, “I don’t want to talk to you because you might psychoanalyze me. . . They’re respected but they’re sort of kept in the distance.”</p>
Progressing	<p>Participant #2: “Where I came from, its’s probably very close to the United States in awareness and acceptance toward mental health—close but not exactly the same place. I would say probably approximately five to ten years behind in terms of public acceptance toward mental health and seeing it as less taboo.”</p> <p>Participant #4: “Now it is—you know, things are definitely changing. When I was growing up, mental health—no. Very, very much taboo. And even now, there’s still a little bit of stigma around it, but because of what is going on in the world. . . it really is a matter that is becoming a lot more popular.”</p>

Interview question 3

Table 4.14

<i>How is that counseling profession similar to and different from counseling as its practiced in the U.S.?</i>	
Themes:	Example of Theme
Less regulated	<p>Participant #3: “I think the most significant difference is counseling not covered by insurance.”</p> <p>Participant #5: “What I seem to understand is that the relationship between the therapist and the client is a little different. There are also less, like, regulations and standards.”</p>
Mental health consists of other professionals (psychiatry, psychology, social work)	<p>Participant #5: “I don’t really know if counselors as such exist. It’s mainly psychologists that are doing the therapy, but they’re master’s level psychologists.”</p> <p>Participant #4: “So, what the major difference is right now at my country—social workers are still the mental health supporters for the country. Next one is psychiatrists... Social workers are the major providers for mental health in my country, and then the next one is medical people.”</p>
Similar	<p>Participant #1: “I think it’s very similar, it’s just a difference in wording. I communicate with certain colleagues there now and they—yea, they’re very much practicing counseling. They do CBT, they use person-centered. They just—even psychiatrists do that over there, so there’s a lot of similarities. It’s just a difference in terminology and the labels are very different.”</p> <p>Participant #3: “I think the work they are doing is quite similar...”</p>
Outdated	Participant #5: “I also know that the tools they use are kind of older, so the tests that

	were being administered were not updated for quite a while.”
Disease focused	Participant #6: “Psychiatrists were just there to prescribe medication, not necessarily figuring out what is happening and looking at the client or individual from a bio-psycho-social or (*) framework, so they’re not viewing them holistically how we would here in the US. And it was very brief, you know. It was just assess and prescribe.”

Interview question 4

Table 4.15

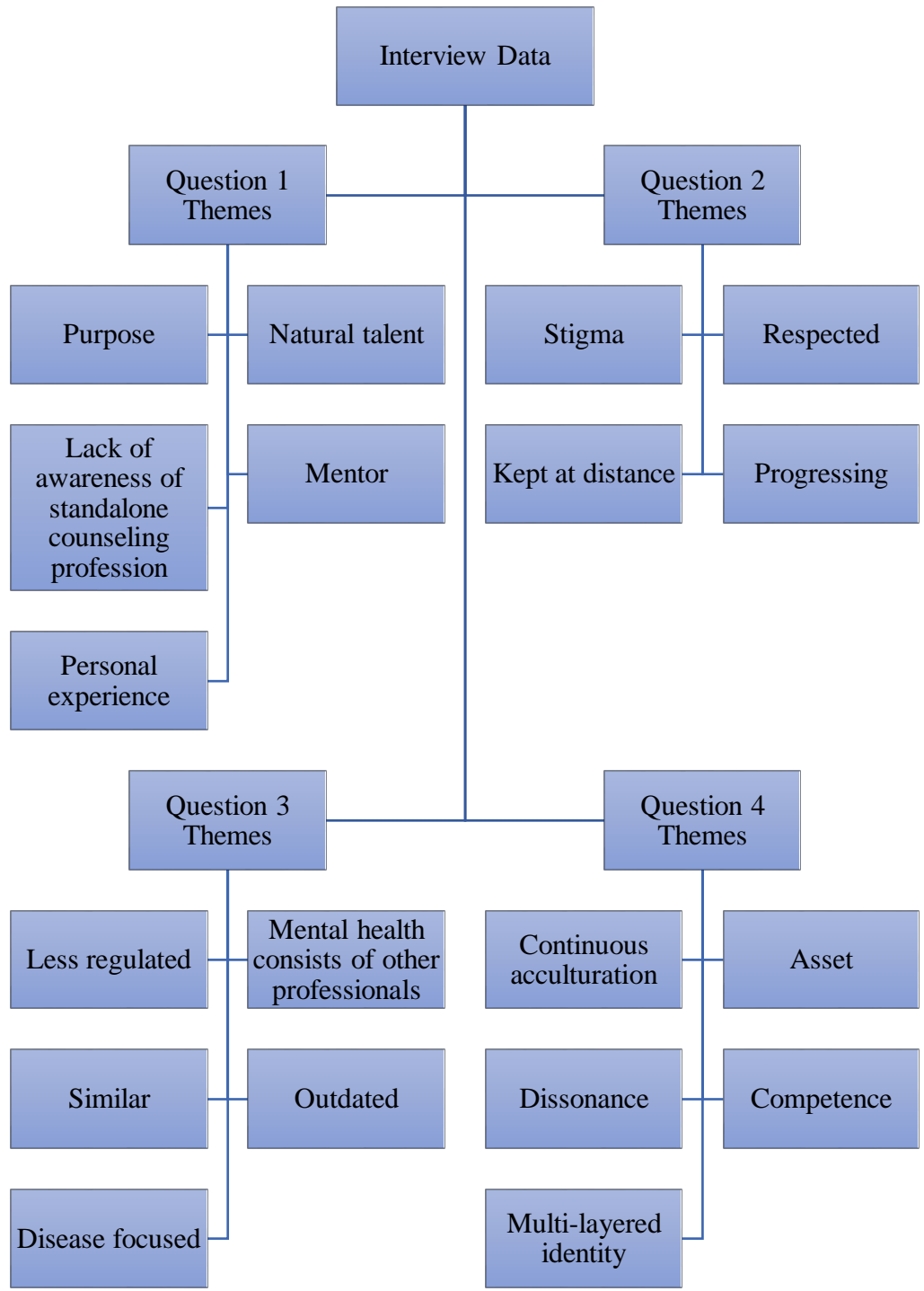
<i>How relevant do you believe your personal level of acculturation is to your identity as a counselor?</i>	
Themes:	Example of Theme
Continuous acculturation	Participant #3: “While I spend my life in the US and acculturating to this society my professional identity is developing along the way. Yeah, there’s no separation of those two.” Participant #1: “I do continue to feel that I’m not fully acculturated into the sort of mental health profession in a way that I see in some of my peers. At times, I feel like I’m not fully integrated in that.”
Asset	Participant #4: “I think they were very strategic in choosing me as the person or one of the newer people to come in. And so, there were two other people who were hired after me and for them it really has been this matter of, “you know what? We have to build the face of diversity so that it represents the student population at this particular university.” Participant #5: “I also feel like my acculturation or cultural transition has influenced my identity as a counselor in

	<p>my focus on kind of diversity and social justice issues, and in viewing my clients more systemically because I kind of notice the context more than I would perhaps have noticed if I were from the same culture.”</p>
Dissonance	<p>Participant #3: “I feel more comfortable with my clients in the US, but in the summer time I go back to [home country]... and I practice. I feel—less comfortable with [home country] clients... Sometimes I just can’t find the right words to describe what I want to say.”</p> <p>Participant #6: “It made me realize the fact that compared to where I come from...and what was lacking there—and I think that so much is lacking there and again, looking at—checking my privilege in that I’ve got access here, and potentially there’s guilt as to ‘What am I doing with this access and this recognition that I’ve been able to have and to receive in my own professional journey and personal journey? What am I doing with these gifts?’ I guess that I’ve been given when I know that things are still needing work back home.”</p>
Competence	<p>Participant #1: “It’s taken me a few years to feel competent...when you’re bilingual sometimes it’s difficult to feel—I think it’s been difficult for me to feel comfortable at times in my competence to relay what I know I’m competent in, to feel like I’m respected professionally.”</p> <p>Participant #5: “What I’ve noticed in my brief time counseling is that counseling involves a lot of like, metaphor and references, and I feel like there’s a lot that, you know, eight years ago before I came here I wouldn’t have understood what people were trying to say with their metaphors...what helps is that I don’t feel</p>

	as that of an outsider because of, you know, my accent.”
Multi-layered identity	<p>Participant #4: “Yes, I’m a foreign person, so to speak, but I’m also very much a Christian...So, above and beyond all of that other stuff, I am a Christian woman who is practicing counseling. So my acculturation process is a little—very much layered.”</p> <p>Participant #2: “I believe they developed simultaneously. You can’t separate these two.”</p> <p>Participant #1: “I feel that my upbringing and my heritage, my culture, has a lot to do with the way I’ve developed professionally as well... often times we develop a lot of different—we pick up a lot of different types of identities”</p>

Figure 3

Qualitative Interview Themes by Question



CHAPTER 5: DISCUSSION

Introduction

The purpose of this study was to examine the relationship between acculturation and professional identity development in foreign-born counselors. Using a mixed-methods approach, this study utilized the American International Relations Scale (AIRS) and the Professional Identity Scale in Counseling (PISC) as well as imbedded qualitative questions in the online survey. A follow-up interview was then conducted to gather more information regarding participants' experiences as foreign-born counselors and counselor educators. Results of the quantitative data were reported in chapter four as well as the thematic results of the qualitative data. This chapter discusses the results in light of the research questions guiding the study. This chapter also explores the significance of this study to the counseling profession as well as provides implications for the counseling field, future research suggestions, and limitations of the study.

Discussions and Conclusions

This study was guided by three main research questions: a quantitative research question (RQ1), a qualitative research question (RQ2), and a mixed-methods research question (MMRQ). A benefit of utilizing a mixed methods research design for this study has been to gain a thorough understanding of the participants' experiences through the follow-up phone interviews.

Quantitative Findings Discussion

The quantitative portion of this research was directed by the following research question (RQ1):

Is there a correlation between acculturation level as measured by the American International Relations Scale (AIRS) and the Professional Identity in Counseling Scale (PISC) scores?

The researcher's rationale for this question is based on the lack of literature specifically examining this population's acculturation experiences and their impact on professional identity development as counselors. Through previous research, acculturation has been shown to play a critical part in a foreign-born individual's life. One research study in the counseling field has examined whether acculturation impacts the professional identity of international counseling students. This study will bolster the counseling literature on this topic and provide insights of the acculturative experiences of foreign-born individuals in the counseling field and their impact on professional identity development.

- The researcher hypothesized that there would be a negative correlation between overall scores of the AIRS and the PISC.

The researcher also hypothesized the following among the subscale scores of the AIRS and the scores of the PISC.

- Higher scores on the Perceived Prejudice subscale (AIRS-PP) will be negatively correlated with overall PISC scores.
- Higher scores on the Acculturation subscale (AIRS-AC) will be positively correlated with overall PISC scores.
- Higher scores on the Language Use (AIRS-LU) will be positively correlated with overall PISC scores.

The rationale for these hypotheses is based on current literature on acculturation and professional identity development. Overall, there is scant literature that discusses the adjustment experiences of immigrant counselors (Kissil, Niño, & Davey, 2013), particularly examining acculturation and professional identity development. Most of the literature has focused on the acculturation experiences of immigrant clients as well as the professional identity of majority counselors. Professional identity development is a complex and difficult process for foreign-born individuals and is undoubtedly impacted by experiences of acculturation (Interiano & Lim, 2018). Thus, more research in this area was necessary to examine the impact of acculturation on professional identity development of foreign-born counselors.

Literature on the professional identity development of international counselor education doctoral students suggests that this population is required to develop a professional identity in a Euro-American culture, that may not align fully with their cultural values (Interiano & Lim, 2018). Despite this, individuals have been able to form a “Chameleonic Identity” in which they adopt certain Euro-American as well as counseling values, such as individualism, that may not match their values, in order to survive in the counseling profession. Previous research (Interiano & Lim, 2018) reports that psychological stress from acculturation was lessened when faculty members and supervisors showed interest in their foreign-born students’ acculturative experiences inside and outside of the classroom.

The quantitative results of this study produced no significant correlations to support the quantitative research question. Acculturation as measured by the AIRS did not have a relationship with professional identity in counseling as measured by the PISC.

Despite these quantitative results, several interesting findings arose that suggest more subtle relationships between a variety of variables. First, there were significant positive relationships between PISC scores and age, education level, whether an individual changed their career to become a counselor before or after immigrating to the U.S., total time in the U.S. counseling profession, and total time in the U.S. These findings suggest that there is a link between those who scored high on the PISC and these particular characteristics.

There were several other significant correlations found in the study. AIRS scores were significantly correlated with time in the U.S. counseling profession as well as number of languages spoken. This finding suggests that individuals with higher scores of acculturation have spent more time in the counseling profession. Interestingly, those who spoke more languages also had higher scores of acculturation. It is not surprising that higher scores of the PISC were associated with age, total time in the U.S., and total time in the counseling profession. It is undoubtedly logical to assume that an individual's perception of their professional identity will increase over time, for both foreign-born and non-foreign-born individuals in the counseling field. Interestingly, the finding that higher scores in acculturation were associated with a longer time in the counseling profession suggests that being trained as a counselor impacts the acculturation level of foreign-born individuals. The researcher posits that being part of the counseling profession inherently positions individuals to adopt certain American cultural values, which in turn result in a higher score in acculturation on the AIRS. This is echoed in previous research where participants reported that they felt a sense of non-negotiable pressure to adapt to the

Euro-American culture in order to survive in the counseling profession (Kuo, Woo, & Washington, 2018).

Qualitative Findings Discussion

The qualitative portion of this research was directed by the following research question (RQ2):

What is the experience of acculturation and professional identity development for foreign-born individuals in the counseling profession?

Open-ended survey question

The qualitative data for this study were collected through two main avenues: an open-ended question embedded in the online survey and a follow-up interview consisting of four questions. The results of the qualitative portion of this study yielded several themes for the open-ended question as well as the four interview questions. The open-ended question asked: *One thing we know about personal experiences is that they intersect with professional identity development. How has your identity as a foreign-born individual affected your professional identity as a counselor?* Because the online question was open-ended it allowed for participants to freely express their thoughts in answering the question and discussing their experiences.

The themes that arose in the open-ended question were: *asset, cultural sensitivity, advocacy, giving back, barrier, counseling profession limitations, credibility.*

Participants reported that their identity as a foreign-born counselor has served as an *Asset* in their professional identity development. Participants provided examples by reporting that being foreign born allows them to accept others for who they are as well as provided them with more life experiences to draw on in their development and work as

counselors. One participant reported that they view their identity as a foreign-born counselor to motivate them to combat the negative stigmas against mental health that are present in their culture. Another theme consistent with foreign-born identity being an asset is *Cultural Sensitivity*. In this theme, participants discussed how they have been able to connect easily with other racial and ethnic minorities. One participant reported that their experiences as a foreign-born individual has allowed them to be accepting of other's difference and open to new experiences. Despite *Asset* and *Cultural Sensitivity* being themes that highlight a positive experience there were several barriers that were reported by participants

For the *Barrier* theme, participants reported that they experienced their foreign-born identity to hinder their growth or competence in professional identity development. One participant reported that they often have a difficult time understanding certain phenomenon of American society, specifically multicultural issues. Another theme that arose that provides more of an understanding relating to foreign-born identity being a barrier is *Credibility*. Participants reported that they often feel less respected in the field of counseling due to being foreign-born. They also reported that despite having similar or more years of experience of education, they often feel like they are less credible. One participant reported that this experience has been particularly difficult when it came to teaching students; however, they did report that although it was more difficult to gain credibility and respect in the beginning, their sense of credibility has increased with time.

Participants reported that 'giving back' to their community and marginalized population was an important reason that led them into the counseling profession. In this theme, participants discussed how experiencing personal discrimination has in-turn given

them a motivation to be an advocate for those who experience similar experiences. One participant discussed their experience as a Middle-Eastern American and encountering racist remarks targeting their ethnicity. Another participant discussed their experiences as a foreign-born woman of color and how experiencing oppression has led her to advocate and fight for her clients.

The thematic findings from the open-ended question suggest that acculturation indeed does impact professional identity development of foreign-born counselors. They also suggest that acculturation is by no means a simple process. From the findings, it is clear that acculturative experiences include positives such as finding one's foreign-born identity to be an asset, having cultural sensitivity and giving back, and advocating for other minorities. The findings also suggest several negative aspects such as having barriers in understanding various cultural nuances, difficulty gaining credibility in the field, as well as the counseling profession lacking in understanding of foreign-born counseling students. The latter particularly suggests that the counseling profession has not been well equipped to train those from a non-western background.

Follow-up Phone Interviews

Findings from the phone interviews echoed much of the participant experiences from the survey question. The phone interviews allowed for more elaborate data regarding participants' experiences. The first question in the interview asked participants: *tell me about how you chose the counseling field?* Their answers to this question suggest that there are five main themes: *purpose, natural talent, mentor, personal experiences, and lack of awareness of counseling profession within the mental health field.* From these thematic findings, one can make the claim that foreign-born individuals simply do not

“stumble into” the helping profession. Although participants reported that they may not have necessarily had an understanding or awareness of the counseling profession being a standalone field, they overwhelmingly reported consistent experiences that suggest that their decision to become a counselor was not a haphazard choice. Participants reported that throughout their life they have gone through experiences that signaled to having *Natural Talent* of being a helper. This is echoed through their example responses in Chapter 4, Table 4.14. Similarly, participants reported choosing this field due to feeling a calling for a specific purpose or through mentorship. These themes undoubtedly highlight the importance of mentorship in a student’s career. They also point to the idea of self-efficacy. Several participant responses suggest that through personal experiences that received favorable reactions, they began forming an identity of a helper before joining the counseling field.

The next two questions asked participants to discuss how the mental health field and mental health practitioners are viewed in their country of origin. The questions specifically asked: *How are mental health providers viewed in your country of origin?* and *How is that profession similar to and different from counseling as it is practiced in the U.S.?* The overwhelming majority of participants reported that mental health is a stigmatized topic in their home country. Despite this, many reported that there has been progress in being more open and accepting of the field in their home countries. Participants reported that despite mental health providers being respected and being regarded as an authority figure (see example quotes in Table 4.15), they are also kept at a distance. This finding relates to a common western stereotype that mental health providers are constantly psychoanalyzing those around them. This also suggests that

foreign-born counselors may have this authoritative figure as the example of a counselor when forming their professional counseling identity.

As far as the mental health field specifically, participants all reported that in their country of origin, counseling is conducted by other mental health professionals. Participants specifically reported that psychiatrists, psychologists, and social workers are the main practitioners of mental health in their home countries. They also reported that the counseling field in their countries of origin are outdated, disease focused, and less regulated. Example quotes from participants in Chapter 4, Table 4.16 suggest that for foreign-born counselors, they may have no accurate example in their country of origin of the counseling profession. Participants who discussed the specific experiences of counselors in their home countries reported that the work itself is often similar. However, because the main mental health providers are not counselors, counseling itself is not regulated, leaving counselors to practice in any way they please. It is logical to make the connection between participants not being aware of the counseling field as a standalone profession to the vastly different experiences of mental health services and mental health providers in their home country. It is no surprise that foreign-born individuals were not aware of the counseling field, yet they were in a trajectory that clearly led them to becoming counseling.

The last question asked participants: *How relevant do you believe your personal level of acculturation is to your identity as a counselor?* The themes that arose from this question were: *continuous acculturation, asset, dissonance, competence, and multi-layered identity*. For the majority of participants, the idea of continuous acculturation was present in their answer to this question. This suggests that acculturation is an on-going

process, and that it is not merely a process that one undergoes when they first immigrate to a new country. An additional assumption is that acculturation is a process that occurs for a foreign-born individual as they go into a new field of study or training. Participants quotes regarding this phenomenon is displayed in Chapter 4, Table 4.17. Participants referred to their identity as being ‘multi-layered.’ In this finding, participants reported that through their acculturation process, they noticed that their identity consists of several layers such as ethnicity, religion, and gender. When specifically discussing the impact of acculturation and professional identity development, participants reported that this process is simultaneous. One participant explained that their acculturation impact’s their self-efficacy as they are developing their professional identity.

Connections between the survey question and interviews

Several themes that were echoed in the phone interview from the survey question including *asset, dissonance, and competence*. From participants answer there is a suggestion that foreign-born counselors experience a sense of *dissonance* as they form their counseling identity. They report that this form of dissonance is directly related to having to balance certain cultural values that may clash with one that are expected of them to adopt in the counseling profession. Additionally, participants report that although they may feel a lack of competence due to their identity as a foreign-born individual living in America, they also don’t quite fit into their country of origin as a mental health provider. Participants reported that because they come to the U.S. and receive their counseling training in English, they are unable to transfer this training, particularly because of the counseling specific language, to their country of origin, leaving them with a sense of dissonance. Table 4.17 in Chapter 4 provides example quotes from participants

regarding these themes. The lack of competence as reported in the survey answers are also echoed in the interview theme of *Credibility*. The similarities here lie in participant's sense of feeling not competence or having credibility in the counseling field as a result of not being part of the majority. These themes from the survey questions that are linked to the themes from the interview theme of *Barrier*.

Another theme echoed in both qualitative strands is *Asset*. Participants reported that they viewed their foreign-born identity as somewhat of a strength. They reported that being from another country allows them to accept others for who they are and gave them courage and motivation to combat negative stigmas within their communities.

Participants overwhelmingly reported that being foreign-born has been instrumental in forming their identity into an advocate for the marginalized. This finding suggests that because of their personal experiences of being marginalized and oppressed, foreign-born counselors sense a strong call to advocate for those who have similar experiences.

Additionally, participants in both strands added that they feel a sense of giving back to their communities.

Participants in both strands reported several limitations of the counseling field. First, in the survey question, participants reported that their counseling program forced them into one category of being "ethnic", while failing to recognize the multiple layers that impact and influence their identity. Additionally, one participant reported that American counseling programs are designed to educate Caucasian Americans. They reported a lack of guidance or training specific to foreign-born individuals on how to bridge the gap and cultural divide of working with a population that will have a majority of individuals that are different than them. Another topic within this theme is the

difference in the American educational system, being student-centered, versus others that are typically teacher-centered. Participants explained this by finding difficulty adjusting to a setting where faculty are not placed in authoritative or hierarchical stature as compare to other cultures.

Lastly, a theme from the phone interviews that relates to *Counseling Profession Limitations* is *Lack of Awareness of Standalone Counseling Profession*. While this theme is not related to participants' acculturation, it does impact their professional identity development. This theme displays a limitation in the counseling profession's visibility as a standalone profession both nationally and globally. Participants overwhelmingly reported that while they did not "stumble" into the helping profession, they had assumed that they would need to study psychology or social work in order to do the work that they envisioned.

Mixed Methods Findings Discussion

Mixed Method Research Question (MMRQ):

Is acculturation level related to foreign-born counselors' professional identity development?

- The researcher hypothesized that acculturation is related to foreign-born counselor professional identity development.

This study has shed light on the topic of acculturation and professional identity development of foreign-born counselors. Despite the quantitative hypothesis not being supported, the qualitative data has added rich information that support the hypothesis that acculturation is related to professional identity development in many ways. While the main correlation examining professional identity scores and acculturation scores provided

no statistical significance, several demographic features provided significant correlations, suggesting various relationships. The main correlation between the PISC scores and AIRS scores suggests that experiences of acculturation and professional identity are multi-faceted and cannot be merely measured or hypothesized quantitatively. Additionally, it is of importance to mention that correlation does not imply causation. In this study, although the main quantitative hypothesis was not supported, other notable findings were discovered.

While the correlation between the main scores were not significant, showing no overall relationship, demographic factors such as time in the U.S., time in the counseling profession, age, and educational level were showed to have a significant correlation with professional identity scores. While these relationships are notable, they are expected to be true for any population in the counseling profession. It is a logical assumption that those who have been in a profession longer, have more education, and those who have spent more time in a particular culture to perceive themselves to have higher professional identity.

Additionally, acculturation was found to have a positive relationship with time in the U.S. counseling profession as well as number of languages spoken. Similar to the significant correlations to professional identity scores, these finding suggest that those who have spent more time in the U.S., reported higher acculturation levels. This finding confirms the idea that acculturation increases over time and could also explain the impact of the counseling profession on acculturation. While it is hypothesized that acculturation impacts professional identity, based on the findings, the researcher poses the question of

“does forming a professional identity in counseling, impact acculturation of foreign-born individuals?”

The qualitative data in this study suggest that acculturation of foreign-born counselors is by no means a single-layered phenomenon. Results suggest that foreign-born counselors undergo a process of *continuous acculturation* as they form their professional identity in counseling. Participants suggest that acculturation and professional identity development are simultaneous processes. These processes involved viewing their foreign-born status as an asset, barrier and also involves dissonance between their ethnic identity and new formed identity. Foreign-born counselors also reported grappling with the notions of competence and credibility, based on their experiences in the counseling field.

The qualitative data also revealed that foreign-born individuals have experienced that the counseling profession may not be well-poised in the training of foreign-born individuals. They discussed experiences in which their identity was examined from a singular stance, categorizing them as “ethnic”. They also report that the counseling profession, as it is currently, does not provide training or education specific to individuals not from the majority culture on how to bridge the gaps between their culture and the culture of those of the majority population who they will be working with.

They also reveal that the counseling profession is not yet known as a standalone profession within the mental health field, both inside and outside of the U.S. Participants expressed their desire to work in the helping field and having experiences that lead to this deliberate decision, but an overwhelming majority reported that they were unsure of the counseling profession being a field of its own. Despite this, all participants report that they joined the counseling field in a thoughtful and non-arbitrary approach. Overall,

while the quantitative hypothesis was not supported, enough data from the qualitative strand to support that acculturation of foreign-born individuals in the counseling field is an important aspect in the professional identity development of this population.

Limitations of the Study

There were several limitations that arose in this study specifically to instrumentation, number of participants, recruitment of participants, self-reporting nature of online surveys, and generalizability. The instruments used in this study showed an overall acceptable reliability. However, the Acculturation subscale in the AIRS showed below acceptable reliability, which is inconsistent with previously reported reliability for this subscale (Sodowsky & Plake, 1991; Kissil, Davey, & Davey, 2015). This is a limitation and an area of hesitance for using this instrument to specifically examine acculturation quantitatively. From this study, the researcher posits that using a quantitative instrument to capture the experience of acculturation is limiting. The researcher's experience is that a quantitative examination of acculturative experiences feels shallow and not representative of a complete picture of foreign-born individuals. As mentioned earlier, this research has pointed to acculturation being a dynamic process which is rich in qualitative data and more difficult to quantify.

Additionally, the number of participants in the quantitative portion of this study (N=37) is insufficient for generalizing findings to a broader group. This number does not provide strength in the findings of a Pearson correlation. Due to the nature of the survey being completed online, participant self-report is another limitation. Self-reporting could lead participants to select certain answers, particularly in light of understanding that the study measures levels of acculturation and professional identity development, to have

favorable outcomes. Additionally, participants were recruited using an online listserv for counselors, counselor educators, and counseling students. From the activity on this listserv, it is clear that the majority of members are counselor educators or doctoral students. Having participants primarily from this listserv serves as a limitation in that the members of this listserv are not representative of all foreign-born counselors, counseling students, or counselor educators. This also impacts the generalizability of the findings of this study.

Implications of the Study

Continuous Acculturation

The findings from this study suggest several implications for the counseling and counselor education field. First, acculturation is a continuous process in the life of foreign-born individuals. This finding is important for counselor educators to consider when training foreign-born counselors as well as when examining the identity development of foreign-born individuals. A foreign-born counseling student may be in a different place in their acculturation than a more acculturated foreign-born student. Additionally, the idea that acculturation and professional identity being a continuous process fits well with the human development approach of the counseling profession. As counselor educators examine the development of their students in the classroom and in training experiences, they should specifically consider the acculturation level of foreign-born students. Previous research on the acculturation and professional identity of international doctoral counseling students suggests that faculty members who showed interest in the students' acculturative experiences inside and outside of the classroom,

resulted in decreased psychological stress associated with acculturation for this population (Interiano & Lim, 2018).

This finding also suggests that several factors play a role in the positive professional identity development of foreign-born counselors such as age, educational level, time in the U.S., and time in the U.S. counseling profession. This implies that with the progression of time, foreign-born individuals in the counseling field increase in their identity development. This also suggests that professional identity development and acculturation are a simultaneous process. Counselor educators should consider that foreign-born individuals may come from a country that does not have a counseling profession. Additionally, foreign-born students could have a pre-formed view of what a mental health professional identity looks like that is inconsistent with the philosophy of the counseling profession.

Foreigner Imposter Syndrome

Participants in this study spoke to their foreign-born identity as both an asset and barrier. Among the themes that arose as a barrier, one that deserves special attention is *Foreigner Imposter Syndrome*. One participant reported for example: “*There are times when I feel that I have to work additionally hard to prove myself as an equal to my peers, regardless of my years of education or life experiences.*” This theme was echoed by participants in both the open-ended question answers as well as phone interviews. This points to the need to consider this as an important implication for counselor educators. While many individuals, and particularly those from minority populations, often struggle with Imposter Syndrome, there seems to be a unique form of this specific to those who

are foreign-born. In this phenomenon, individuals attribute feeling as an imposter in higher education because of being someone that was born outside of the United States.

This researcher suggest that this implication should be considered by counselor educators and supported through intentional guidance. A previous study pointed to the idea that the counseling profession has been shown to provide no formal guidance or intentionality to help foreign-born students navigate difficult times (Kuo, Woo, & Washington, 2018). Findings from this study along with the phenomenon of *Foreigner Imposter Syndrome* point to an increased need for guidance and intentionality of supporting foreign-born and international students. Given that this population is not only adjusting to a new academic program, the acculturative process which takes place simultaneously as they develop their professional identity, could be aided by targeted support from faculty, supervisors, programs, and universities.

Boxed Identity

Through this study's findings, participants reported that the counseling training programs, counseling textbooks, and counseling literature do not reflect identity of foreign-born individuals as complex and intersecting but rather look at identity through singular lens. Participants reported that this invalidates who they are and boxes them in a category of "foreign- born" or "immigrant". One participant reported,

"it appears that the counseling profession has a limited understanding of how important ethnicity is for individuals from places outside of the U.S., especially for someone like me who grew up bi-cultural... In my experience Americans tend to erase my ethnicities and force me into a category that does not fit.

Unfortunately, this is an issue that I have encountered many times during my

masters and doctoral studies. I am impacted by three different cultures in addition to U.S. culture. However, our textbooks do not reflect this reality.”

The field of counseling education should examine current literature on identity and how foreign-born and immigrant individuals are viewed. Textbooks with more appropriate and inclusive definitions when referring to this population are needed as America and counseling programs become more diverse. Counselor educators should also be aware of the language they use in working with foreign-born individuals as to not “box them” into one category. As with any population, foreign-born individuals are diverse and have uniqueness in their varying experiences and identities. This group is by no means homogenous and should not be looked at as such.

Western Training Philosophy

Additionally, participants expressed that the counseling profession trains individuals from a western perspective. This is a notion echoed in previous studies where foreign-born individuals reported that they felt obligated to adopt Euro-American cultural beliefs and values in order to succeed in the counseling profession (Kuo, Woo, & Washington, 2018). Because counseling is a profession that is deeply impacted by an individuals’ values and beliefs, this provides an important implication for counselor education. It is of critical importance to keep in mind that foreign-born counseling students may be internally struggling with adopting certain Euro-American values and beliefs. This notion is supported in a previous study (Interiano & Lim, 2018). where participants reported that they had to form a “chameleonic” identity in which they choose to allow certain parts of their identity to show professionally in order to blend into the culture of the profession. Thus, the counseling profession should consider training and

pedagogy specific to foreign-born counselors on how to bridge the cultural divide.

Foreign-born counseling students, particularly international students, may benefit from an elective course or seminar specifically discussing this topic. This should specifically be implemented in programs that accept high percentages of foreign-born and/or international students.

Promoting and Diversifying the Counseling Field

Lastly, an overwhelming number of participants reported that they were unaware of the counseling profession being a standalone field. Therefore, the counseling field could benefit from efforts to make the profession more visible. The counseling profession continues to be predominantly Caucasian and female, perhaps a reason for this is due to ethnic minorities not being aware of the existence of the counseling field. Marketing and recruiting efforts should be made to continue in diversifying the counseling field. The recent recognition of Licensed Professional Counselors (LPC's) in all 50 states provide a foundation for the national diversification of the field. This is a prime opportunity for the American Counseling Association to broaden its reach. Additionally, the National Board for Certified Counselors (NBCC) has made efforts internationally to provide training opportunities and certification for counselors. As the counseling profession advances and the world becomes increasingly interconnected, marketing efforts should be utilized in the diversification of the field to include more foreign-born individuals.

Recommendations for Future Research

This study has helped to address the gap in current counseling literature regarding the impact of acculturation on professional identity development of foreign-born counselors. Future research on this topic should consider recruiting more participants in

order to have more power if conducting a similar mixed-methods design. Participants should also be recruited using a variety of methods to generate a more generalizable sample. Future research should also consider utilizing a different measure of acculturation. With the population of this study, the second subscale of the AIRS, which specifically measures acculturation, showed low reliability. This was not consistent with previous studies that used the AIRS to measure acculturation. Additionally, acculturation could be examined strictly from a qualitative lens, as this research has pointed to its dynamism as a process. Due to the majority of follow-up interview participants being older, the sample used for the qualitative interviews was not representative of the population. Future research should consider having a more age representative sample to capture the experiences of counselors ranging in age.

This study was the first of its kind in the counseling profession to look at the experiences of acculturation and professional identity development of foreign-born counselors. Future research could examine the professional identity development and its impact on effectiveness of services. Future studies could also examine other aspects that play a role in acculturation, such as culture of country of origin. Additionally, future research could examine the experiences of foreign-born counseling students in practicum and internship in order to further inform the cultural competence of counselor education.

Summary

This chapter discussed the findings of this study and explored the impact and experiences of acculturation on professional identity development of foreign-born counselors. Quantitative findings for this study suggest that while no significant correlation exists between overall acculturation scores as measured by the American

International Relations Scale (AIRS) and professional identity scores as measured by the Professional Identity Scale in Counseling (PISC), several significant relationships were found between demographic variable. Professional identity scores were found to have a significant positive correlation with age, total time in the U.S. counseling profession, and total time in the U.S. AIRS scores were also significantly correlated with time in the U.S. counseling profession as well as number of languages spoken. The themes from the survey open-ended question and follow-up phone interview were discussed and the explanatory sequential mixed methods design provided a complete understanding of the results. Themes from the survey-question answers were *asset, cultural sensitivity, advocacy, giving back, barrier, counseling profession limitations, and credibility*. These themes were echoed in the phone interviews as well as in previous studies on this topic.

Limitations of the study specific to instrumentation, number of participants, recruitment of participants, self-reporting nature of online surveys, and generalizability were discussed. Implications of the study were then outlined, specifically highlighting the importance of the study in the counseling field and providing tailored implications for counselor education. Implications were sorted into five categories: *Continuous Acculturation, Foreigner Imposter Syndrome, Boxed Identity, Western Training Philosophy, and Promoting and Diversifying the Counseling Field*. The chapter closes with a discussion of future research and directions, which includes recruiting more participant using a variety of methods, exploring various instruments, and examining other factors that may impact acculturation and professional identity such as culture of country of origin. Overall, the findings of this study have shed a light on acculturation

and professional identity development of foreign-born counselors and contributes to the scant counseling literature on this topic.

APPENDIX A

Participant Recruitment Template

Dear counselor educators, counselors, and counseling students,

My name is Mina Attia and I am a Ph.D. candidate in Counselor Education and Supervision at James Madison University. I am conducting a study for my dissertation to examine the acculturation of foreign-born counselors and professional identity development.

If you are a foreign-born counseling professional (born outside of the United States), please consider participating in this study.

In order to qualify for the study, you must be:

-A foreign-born professional counselor (currently practicing as a clinical or school counselor)

or

-A foreign-born counseling student (masters or doctoral)

or

-A foreign-born counselor educator

Participation will take approximately 45-60 minutes of your time and you will be entered into a drawing for 1 of 4 \$25 Amazon gift cards. If you are interested in sharing your experiences as a foreign-born counselor in a follow-up phone interview, please provide your contact information at the end of the online survey. 6 participants will be contacted for the follow-up interview. The phone interviews will take no longer than 45 minutes.

Risks: There are no risks associated with participating in this study and you may withdraw at any time.

Benefits: Your participation in this study will contribute to the under-researched topic of foreign-born counselors' professional identity development.

Dissertation Advisor: Dr. Renee Staton (██████████)

This study has been approved by the JMU IRB. Protocol #19-0049

In order to participate please click on the link below:

██

Lastly, please consider forwarding this study to colleagues who meet the research criteria.

Thank you for your time,

Mina Attia, M.S., NCC

Ph.D. Candidate | Counselor Education & Supervision

James Madison University

████████████████████

Doctoral Fellow, National Board for Certified Counselors (NBCC), Minority Fellowship Program 2017

Pronouns: he/him/his

“My humanity is bound up in yours, for we can only be human together.” Desmond Tutu

APPENDIX B

Consent to Participate in Research

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by *Mina Attia* from James Madison University. The purpose of this study is to *examine whether acculturation is related to counselor professional identity development*. This study will contribute to the researcher's completion of his *doctoral dissertation in Counseling and Supervision*.

Research Procedures

This study consists of a *survey* that will be administered to individual participants online. You will be asked to provide answers to a series of questions related to your acculturation and professional identity development. Follow up interviews with 6 participants will be conducted via phone. You will have the opportunity to mark your desire to participate in the follow up interview at the end of the online survey.

Time Required

Participation in this study will require 45-60 minutes of your time. If you are selected for a follow up interview, the phone interview will require no longer than 45 minutes of your time.

Risks

The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits

Potential benefits from participation in this study include furthering the field of knowledge in the counseling literature on acculturation and professional identity development of foreign-born counselors.

Incentives

4 participants will be randomly selected to receive a \$25 Amazon gift card for their participation.

Confidentiality

The results of this research will be presented in the form of a doctoral dissertation, research article(s), and conference presentation(s). The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information that matches up individual respondents with their answers will be destroyed. Data will be securely stored for a period of 5 years after the completion of the study.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Mina Attia, M.S., NCC
Department of Graduate Psychology
James Madison University
████████████████████

Dr. A. Renee Staton, Ph.D., LPC
Department of Graduate Psychology
James Madison University
████████████████████

Questions about Your Rights as a Research Subject

Dr. David Cockley
Chair, Institutional Review Board
James Madison University



Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age, and that you are aware that you may choose to terminate your participation in the study at any time and for any reason.

Please note that this survey will be best displayed on a laptop or desktop computer.

Some features may be less compatible for use on a mobile device.

- I consent, begin the study
- I do not consent, I do not wish to participate

APPENDIX C

Online Survey

Professional Identity Scale in Counseling (PISC)

[The PISC instrument questions have been removed due to copyright purposes. Please contact the author of the instrument directly for access.]

American-International Relations Survey (AIRS)

[The AIRS instrument questions have been removed due to copyright purposes. Please contact the author of the instrument directly for access.]

One thing we know about personal experiences is that they intersect with professional identity development.

How has your identity as a foreign-born individual affected your professional identity as a counselor?

Demographic Questionnaire

Thank you sincerely for your participation in this survey. Please take a few moments to complete the demographic section. You will also have the opportunity to enter for a chance to win 1 of 4 \$25 Amazon gift cards.

To which gender do you most identify?

Male

Female

Transgender Male

Transgender Female

Gender fluid/ Gender variant

Gender non-conforming

Not listed

Prefer not to answer

Age

18-24

25-34

35-44

45-54

54+

Educational level

Current master's student

Current doctoral student

Masters degree holder

Doctoral degree holder

Training in counseling

Inside the U.S.

Outside the U.S.

Both

Are you a career changer?

Yes

No

Did you change careers in your country of origin or after immigrating to the U.S.?

In country of origin

After immigrating to the U.S.

What is your country of origin?

How are mental health professionals viewed in your country of origin?

Please slide the bar for:

0= Negatively to 10= Positively

How is counseling viewed in your country of origin?

Please slide the bar for:

0= Negatively to 10= Positively

How many languages do you speak?

One language

Bilingual

Multiple languages

At what age did you immigrate to the U.S.?

Length of time in the counseling profession in the U.S.

Less than 5 years

5-10 years

More than 10 years

Total length of time in the counseling profession (in and outside of the U.S.)

Less than 5 years

5-10 years

More than 10 years

How long have you been in the U.S.?

Less than 5 years

5-10 years

More than 10 years

What is your current immigration status?

Lawful permanent resident (green card holder)

U.S. Citizen

Visa holder (please indicate type)

D.A.C.A

Other

Prefer not to answer

Thank you very much for participating in this research!

Will the participants be directed to another Qualtrics survey to enter their contact information for the interview and gift card drawings? Yes

Your participation in this study will contribute to the under-researched topic of foreign-born counselors' acculturation experiences and professional identity development.

Would you be willing to be contacted for a phone interview to discuss your experiences of acculturation and professional identity development? The phone interview will take no longer than 45 minutes.

Yes

No

Thank you for your willingness to participate in a follow-up phone interview. Please provide your contact information below.

If selected for an interview, you will be contacted through email to set-up a time for the call.

Name

Email

Phone Number

If you would like to enter for a chance to win a \$25 Amazon gift card, please enter your information below.

Name

Email

Powered by Qualtrics

APPENDIX D

Phone Interview Consent and Interview Questions

Consent Form for Telephone Interviews

For telephone surveys, the interviewer reads from a "script" written on the survey document.*

The script contains a comprehensive, thorough, succinct, description of the study and includes the relevant elements of informed consent - in narrative form. The interviewer solicits any questions the potential subject may have and answers them. The interviewer directly asks the person if he/she agrees to participate in the survey. Finally, the PI documents on a data sheet: (1) that the script was read; (2) the individual was offered the opportunity to ask questions; and (3) the individual agreed or declined to participate in the study. The script must be submitted to the IRB for approval prior to its use in the study.)

VERBAL CONSENT DOCUMENTATION FOR PARTICIPATION.

SUBJECT: *An Exploratory Sequential Mixed Methods Study Examining Foreign-Born Counselors' Acculturation & Professional Identity Development*

Oral consent serves as an assurance that the required elements of informed consent have been presented orally to the participant or the participant's legally authorized representative.

Verbal consent to participate in this telephone survey has been obtained by the participant's willingness to continue with the telephone survey by providing answers to a

series of questions related to what the participant has heard about _the study examining foreign-born counselor's acculturation experiences and professional identity development._

* Phone Script:

Hi _____, this is Mina Attia from James Madison University calling about the phone interview that we have scheduled. Thanks again for choosing to participate in this study examining foreign-born counselor's acculturation experiences and professional identity development.

I am using a script that was approved by the JMU IRB in order to conduct this interview. I will begin by providing you a comprehensive yet succinct description of the study. You will then have the opportunity to ask any questions before deciding to participate in the phone interview. Does this sound good?

This study is being conducted for my doctoral dissertation and its purpose is to examine foreign-born counselor's experiences of acculturation and professional identity development as counselors. The study contains two parts, the first part is quantitative, which was the survey that you completed online. The second part is this phone interview which is qualitative in nature and will help me gather more information from participants in hopes of creating a more "full" picture of the data and adding a voice to the participants. This phone interview will require no longer than 45 minutes of your time.

In this interview I will ask you five questions about your experiences as a foreign-born counselor. The questions will specifically focus on your acculturation experiences as well as your professional identity development. There is minimal risk to participate in this study- meaning, that there is no risk beyond the risks associated with everyday life. Your participation is entirely voluntary and you will not have to answer any questions that you are not comfortable answering.

After completing this study, I plan to use the results in writing my dissertation as well as publications and presentations that are relevant. Your identity will remain anonymous and no one will have access to the interview being recorded except for myself and dissertation committee.

Do you have any questions?

Before we begin the interview, I have to receive your verbal consent. Do you agree or decline participating in this phone interview?

_____ Agree _____ Decline

Do you agree to have this interview digitally recorded?

_____ Agree _____ Decline

I attest that the aforementioned written consent has been orally presented to the human subject and the human subject provided me with an oral assurance of their willingness to participate in the research.

Participant #

Surveyor's Name (Printed)

Surveyor

Federal requirements mandate that informed consent shall be documented by the use of a written consent form and in the case of oral presentation must also be witnessed in circumstances where human subjects are blind or illiterate.

Phone Interview Questions

Tell me about how you chose the counseling field.

How are mental health providers viewed in your country of origin?

How is that profession similar to and different from counseling as its practiced in the U.S.?

How relevant do you believe your personal level of acculturation is to your identity as a counselor?

APPENDIX E

IRB Application

James Madison University

Human Research Review Request

FOR IRB USE ONLY:

Exempt:	<input type="checkbox"/>	Protocol Number:	1st Review:	Reviewer:
Expedite	<input checked="" type="checkbox"/>	IRB: <u>19-0049</u>	2nd Review:	Reviewer:
d:				
Full	<input type="checkbox"/>	Received:	3rd Review:	
Board:		<u>07/02/18</u>		

Project Title:	An exploratory sequential mixed methods study examining foreign-born counselors' acculturation and professional identity development
	From:
Project Dates:	<u>07/22/2018</u> To: <u>05/01/2019</u>
(Not to exceed 1 year minus 1 day)	MM/DD/YY MM/DD/YY

Responsible	
Researcher(s):	<u>Mina Attia</u>
E-mail	██████████
Address:	██████████
Telephone:	██████████
Department:	<u>Graduate Psychology</u>
Address	
(MSC):	<u>7401</u>
Please Select:	<input type="checkbox"/> Faculty <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Administrator/Staff Member <input checked="" type="checkbox"/> Graduate Student

(if Applicable):

Research	Advisor: <u>Dr. Renee Staton</u> E-mail [REDACTED] Address: [REDACTED] Telephone: [REDACTED] Department: <u>Graduate Psychology</u> Address (MSC): <u>7401</u>
Minimum # of	
Participants:	<u>50</u>
Maximum #	
of	
Participants:	<u>150</u>
Funding:	External Yes: <input type="checkbox"/> No: <input type="checkbox"/> Funding: <input checked="" type="checkbox"/> If yes, Sponsor: _____ Internal Yes: <input type="checkbox"/> No: <input type="checkbox"/> Funding: <input checked="" type="checkbox"/> If yes, Sponsor: _____ Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Independently: <input type="checkbox"/>
Incentives:	Will monetary incentives be offered? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> If yes: How much per recipient? <u>\$25 to 4 random participants</u> In what form? <u>Amazon gift card</u>
Must follow JMU	
Financial Policy:	http://www.jmu.edu/financemanual/procedures/4205.shtml#.394IRBApprovedResearchSubjects
Institutional	
Biosafety	
Committee	
Review/Appro	
val:	Use of recombinant DNA and synthetic nucleic acid molecule research: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," approval received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending IBC Protocol Number(s): Biosafety Level(s):

Will research be conducted outside of the United States?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If “Yes,” please complete and submit the International Research Form along with this review application: http://www.jmu.edu/researchintegrity/irb/forms/irbinternationalresearch.docx .
Certain vulnerable populations are afforded additional protections under the federal regulations. Do human participants who are involved in the proposed study include any of the following special populations?	<input type="checkbox"/> Minors <input type="checkbox"/> Pregnant women (<i>Do not check unless you are specifically recruiting</i>) <input type="checkbox"/> Prisoners <input type="checkbox"/> Fetuses <input checked="" type="checkbox"/> My research does not involve any of these populations

Some populations may be vulnerable to coercion or undue influence. Does your research involve any of the following populations?

- Elderly
- Diminished capacity/Impaired decision-making ability
- Economically disadvantaged
- Other protected or potentially vulnerable population (*e.g. homeless, HIV-positive participants, terminally or seriously ill, etc.*)
- My research does not involve any of these populations

Investigator: Please respond to the questions below. The IRB will utilize your responses to evaluate your protocol submission.

1. **YES** **NO** Does the James Madison University Institutional Review Board define the project as *research*?

The James Madison University IRB defines "research" as a "*systematic* investigation designed to develop or contribute to *generalizable knowledge*." All research involving human participants conducted by James Madison University faculty and staff and students is subject to IRB review.

2. **YES** **NO** Are the human participants in your study *living* individuals?

"Individuals whose physiologic or behavioral characteristics and responses are the object of study in a research project. Under the federal regulations, human subjects are defined as: living individual(s) about whom an investigator conducting research obtains:

(1) data through intervention or interaction with the individual; or (2) identifiable private information."

3. **YES** **NO** Will you obtain data through *intervention* or *interaction* with these individuals?

"Intervention" includes both physical procedures by which data are gathered (*e.g.*, measurement of heart rate or venipuncture) and manipulations of the participant or the participant's environment that are performed for research purposes. "Interaction" includes communication or interpersonal contact between the investigator and participant (*e.g.*, surveying or interviewing).

4. **YES** **NO** Will you obtain *identifiable private information* about these individuals?

"Private information" includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, or information provided for specific purposes which the individual can reasonably expect will not be made public (e.g., a medical record or student record). "Identifiable" means that the identity of the participant may be ascertained by the investigator or associated with the information (e.g., by name, code number, pattern of answers, etc.).

5. **YES** **NO** Does the study present *more than minimal risk* to the participants?

"Minimal risk" means that the risks of harm or discomfort anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during performance of routine physical or psychological examinations or tests. Note that the concept of risk goes beyond physical risk and includes psychological, emotional, or behavioral risk as well as risks to employability, economic well being, social standing, and risks of civil and criminal liability.

CERTIFICATIONS:

For James Madison University to obtain a Federal Wide Assurance (FWA) with the Office of Human Research Protection (OHRP), U.S. Department of Health & Human Services, **all** research staff working with human participants must sign this form and receive training in ethical guidelines and regulations. "Research staff" is defined as persons who have direct and substantive involvement in proposing, performing, reviewing, or reporting research and includes students fulfilling these roles as well as their faculty advisors. The Office of Research Integrity maintains a roster of all researchers who have completed training within the past three years.

Test module at ORI website

<http://www.jmu.edu/researchintegrity/irb/irbtraining.shtml>

Name of Researcher(s) and Research Advisor	Training Completion Date
Mina Attia	09/10/2016
Dr. A Renee Staton	02/10/2016

-Purpose and Objectives

Please provide a lay summary of the study. Include the purpose, research questions, and hypotheses to be evaluated. (Limit to one page)

The intent of this mixed methods study is to address whether acculturation of foreign born counselors is related to their professional identity development as counselors. An explanatory sequential mixed methods design will be used. This is a design in which quantitative data is collected using a survey, qualitative data is collected as a follow-up to the quantitative data, with the purpose of the qualitative data to provide more detail and explain the findings of the quantitative results.

In this study, quantitative data will be gathered in the form of surveys measuring acculturation (American International Relations Survey- AIRS) and professional identity development in counseling (Professional Identity Scale in Counseling-PISC). The researcher will examine possible correlation between acculturation level and professional identity development in foreign-born counselors. The qualitative data in this study will be gathered via open-ended questions embedded in the online survey as well as follow-up phone interviews. These questions are designed to solicit more information regarding a foreign-born counselor's decision to specifically choose the counseling field. The reason for collecting both quantitative and qualitative data is to get a richer description, in which the qualitative data will provide more of a "voice" to the participants and will inform the results from the quantitative data.

Overall research question:

Is acculturation related to foreign-born counselors' professional identity development?

The quantitative portion of this research is directed by the following research question (RQ1):

Is there a correlation between acculturation level as measured by the American International Relations Scale (AIRS) and the Professional Identity in Counseling Scale (PISC) scores?

The qualitative portion of this research is directed by the following research question (RQ2):

What are the experiences of foreign-born counselors that led them to choose the counseling profession and how is the helping profession viewed in their country of origin?

The data from both the quantitative and qualitative pieces of this research will be analyzed to answer the aforementioned research questions. This study utilizes an explanatory sequential mixed methods research design to provide an in-depth understanding of the quantitative data by using qualitative follow-up questions.

The research questions in this study will provide an understanding of how acculturation is related to foreign-born counselors' professional identity development. They will also provide an in-depth understanding of the experiences that led foreign-born counselors to specifically choose the counseling profession as their vocation and the views of helping from their country of origin. This study is unique in that it is the first research study in the counseling profession that focuses primarily on acculturation and whether it is related to professional identity development as a counselor.

Hypotheses

- The researcher hypothesizes that acculturation is related to foreign-born counselors' professional identity development.
- The researcher hypothesizes that there will be a negative correlation between overall scores of the AIRS and the PISC.
- Lastly, the researcher hypothesizes that positive experiences and attitudes of the helping profession in the participants' country of origin will have an impact on their choice of counseling as their profession as well as their professional identity development.

Procedures/Research Design/Methodology/Timeframe

Describe your participants. From where and how will potential participants be identified (e.g. class list, JMU bulk email request, etc.)?

The population of interest in this study will be foreign-born professional counselors, counselors in training, and counselor educators. Participants must meet the following criteria:

- (1) currently enrolled in a masters or doctoral counseling or counselor education program or currently working as a professional counselor, or counselor educator
- (2) identify as a foreign-born individual, regardless of current immigration status, age at arrival, or time in the United States.

How will subjects be recruited once they are identified (e.g., mail, phone, classroom presentation)? Include copies of recruitment letters, flyers, or advertisements.

The population will be recruited using snow-ball sampling. The researcher will be informing colleagues about the study during conferences and by contacting them through professional counseling organizations across the United States. I will also share research invitation requests via a listserv of counseling professionals (CESNet) and emails to all CACREP-accredited counseling program department chairs.

Describe the design and methodology, including all statistics, IN DETAIL. What exactly will be done to the subjects? If applicable, please describe what will happen if a subject declines to be audio or video-recorded.

A mixed-methods research design, particularly an exploratory sequential design will be used, to draw on the strengths and minimize the limitations of quantitative and qualitative methods. An exploratory sequential mixed method is a design in which quantitative data is collected using a survey, qualitative data is collected as a follow-up to the quantitative data, with the intent of the qualitative data providing more detail in explaining the findings of the quantitative results.

A mixed-methods approach is particularly appropriate for this study as it develops a more complete understanding of changes needed for a marginalized group through the combination of quantitative and qualitative data.

Emphasize possible risks and protection of subjects.

There are no possible risks (outside the risks of everyday life) to participants by joining this study.

What are the potential benefits to participation and the research as a whole?

Participants will be entered into a pool for a chance to win a \$25 Amazon gift card. 4 participants will be selected.

Where will research be conducted? (Be specific; if research is being conducted off of JMU's campus a site letter of permission will be needed)

This research will be conducted primarily online and the follow-up interviews will be conducted over the phone.

Will deception be used? If yes, provide the rationale for the deception. Also, please provide an explanation of how you plan to debrief the subjects regarding the deception at the end of the study.

No

What is the time frame of the study? (List the dates you plan on collecting data. This cannot be more than a year, and you cannot start conducting research until you get IRB approval)

July 2018- May 2019

Data Analysis

For more information on data security, please see:

<http://www.jmu.edu/researchintegrity/irb/irbdatasecurity.shtml>.

How will data be analyzed?

An explanatory sequential mixed method design will allow the researcher to analyze the quantitative and qualitative separately and compare data, ultimately

enriching the results and confirming findings. Quantitative data will be imported into The Statistical Package for the Social Sciences (SPSS). This software will be used to gather descriptive statistics on participant demographic information and run correlational analysis on quantitative data from the AIRS and PISC.

Correlational analysis will be conducted to identify the relatedness between acculturation as measured by the AIRS and professional identity in counseling as measured by the PISC. Correlation is a statistical measure of association between two variables. The variables in a correlational study can be dependent or independent. Spearman's correlation is used with ordinal data while Pearson's technique is used with interval or ratio data.

The answers to the qualitative questions will be entered into NVivo software. Using this software program data will be coded and themes will be categorized into clusters. During this phase, a basic qualitative method will be utilized in order to understand the overall experiences of the foreign-born counselor participants.

Lastly, the themes will be compared with the subscale scores in order to provide an understanding of the connection between the quantitative results and qualitative data. This mixed methods approach will provide for a more "full understanding" of the experiences of foreign-born counselors and will explain the quantitative findings in more detail.

How will you capture or create data? Physical (ex: paper or recording)? Electronic (ex: computer, mobile device, digital recording)?

Quantitative data will be collected through Qualtrics and later entered into SPSS.

Qualitative interviews will be recorded using a password protected laptop computer.

Only participants who are willing to be recorded for a phone interview will be able to participate in the study (as the researcher will only be conducting 6 phone interviews).

Do you anticipate transferring your data from a physical/analog format to a digital format? If so, how? (e.g. paper that is scanned, data inputted into the computer from paper, digital photos of physical/analog data, digitizing audio or video recording?)

N/A

How and where will data be secured/stored? (e.g. a single computer or laptop; across multiple computers; or computing devices of JMU faculty, staff or students; across multiple computers both at JMU and outside of JMU?) If subjects are being audio and/or video-recorded, file encryption is highly recommended. If signed consent forms will be obtained, please describe how these forms will be stored separately and securely from study data.

Data will be securely stored on the researcher's laptop. The laptop is password protected.

Informed consent forms will be imbedded in the online survey and stored in the researcher's password protected Qualtrics account. **The audio recordings for the telephone interviews will be stored on an encrypted hard-drive. Cloud services will be turned off to ensure that the phone interview recordings are not stored to any off-site or online locations.**

Who will have access to data? (e.g. just me; me and other JMU researchers (faculty, staff, or students); or me and other non-JMU researchers?)

The researcher will have primary access to the data. The researcher's dissertation committee will also have access to the data for the purposes of reviewing and data analysis. **Data will be securely shared through an external hard-drive. This hard drive is encrypted to secure all participant information. No one other than the primary researcher and his faculty committee will have the ability to access the data. Data will only be accessed by the researcher taking the external hard-drive to the faculty committee.**

If others will have access to data, how will data be securely shared?

N/A

Will you keep data after the project ends? (i.e. yes, all data; yes, but only de-identified data; or no) If data is being destroyed, when will it be destroyed, and how? Who will destroy the data?

Data will be securely stored on the primary researcher's password protected computer after the project ends for a period of 5 years.

Reporting Procedures

Who is the audience to be reached in the report of the study?

Counselor Educators, counselors, and other mental health professionals.

How will you present the results of the research? (If submitting as exempt, research cannot be published or publicly presented outside of the classroom. Also, the researcher cannot collect any identifiable information from the subjects to qualify as exempt.)

This will be presented in the form of a doctoral dissertation as well as research article(s), and conference presentation(s).

How will feedback be provided to subjects?

The researcher will only have access to participants who choose to participate in the qualitative portion of the study. These participants will provide their email addresses at the end of the online survey.

Experience of the Researcher (and advisor, *if student*):

Please provide a paragraph describing the prior relevant experience of the researcher, advisor (if applicable), and/or consultants. If you are a student researcher, please state if this is your first study. Also, please confirm that your research advisor will be guiding you through this study.

Mina Attia is a PhD candidate in the Counseling and Supervision program at James Madison University. Mina has worked as a Clinical Research Coordinator at Johns Hopkins University and is familiar with conducting research as well as the IRB process. He has been engaged in scholarly writing and has published in various venues as well as presented at multiple local, state, and national conferences. Mina also serves as an Adjunct Faculty member at Johns Hopkins University. His dissertation research will be supervised and guided by his dissertation chair, Dr. Renee Staton.

Dr. Renee Staton is a Professor in the Department of Graduate Psychology and has supervised student research projects here since 1999. She has published in national journals such as *Counselor Education and Supervision*, *The Professional School Counselor*, and *The Journal of Mental Health Counseling* and is committed to enhancing her students' research and data-gathering experience.

APPENDIX F

IRB Approval

From: "Morgan, Cindy - morgancs" <[REDACTED]>
Subject: IRB Approval Notification with Current Version of Protocol
Date: July 17, 2018 at 8:37:42 AM EDT
To: "Attia, Mina - attiamx" <[REDACTED]>
Cc: "Staton, Renee - statonar" <[REDACTED]>

Dear Mina,

I wanted to let you know that your IRB Protocol entitled, "***An Exploratory Sequential Mixed Methods Study Examining Foreign-Born Counselors' Acculturation & Professional Identity Development***," has been approved effective from 7/22/2018 through 5/1/2019. The signed action of the board form, approval memo, and close-out form will be sent to you via campus mail. Your protocol has been assigned No. 19-0049. Thank you again for working with us to get your protocol approved.

We have attached the most current version of your protocol. You will note areas highlighted indicating minor changes made to your IRB protocol. Please make sure this is the version you are using when conducting your research.

All research must be conducted in accordance with this approved submission, meaning that you will follow the research plan you have outlined in your protocol, use approved materials, and follow university policies.

Please take special note of the following important aspects of your approval:

- Any changes made to your study require approval ***before*** they can be implemented as part of your study. Contact the Office of Research Integrity at researchintegrity@jmu.edu with your questions and/or proposed modifications. An addendum request form can be located at the following URL: <http://www.jmu.edu/researchintegrity/irb/forms/irbaddendum.doc>.
 - As a condition of the IRB approval, your protocol is subject to annual review. Therefore, you are required to complete a Close-Out form before your project end date. You ***must*** complete the close-out form unless you intend to continue the project for another year. An electronic copy of the close-out form can be found at the following URL: <http://www.jmu.edu/researchintegrity/irb/forms/irbcloseout.doc>.
 - If you wish to continue your study past the approved project end date, you must submit an Extension Request Form indicating a renewal, along with supporting information. An electronic copy of the close-out form can be found at the following URL: <http://www.jmu.edu/researchintegrity/irb/forms/irbextensionrequest.doc>.
 - If there are in an adverse event and/or any unanticipated problems during your study, you must notify the Office of Research Integrity within 24 hours of the event or

problem. You must also complete adverse event form, which can be located at the following URL: <http://www.jmu.edu/researchintegrity/irb/forms/irbadverseevent.doc>.

Although the IRB office sends reminders, it is ultimately ***your responsibility*** to submit the continuing review report in a timely fashion to ensure there is no lapse in IRB approval.

Thank you again for working with us to get your protocol approved. If you have any questions, please do not hesitate to contact me.

Best Wishes,
Cindy

Cindy Morgan
Administrative Assistant
Office of Research Integrity - James Madison University
Burruss Hall, Room 109
MSC 5738
Harrisonburg, VA 22807

[REDACTED]

[REDACTED]

APPENDIX G

Author Approval to Use PISC

On Oct 17, 2017, at 2:37 PM, Woo,Hong Ryun <[REDACTED]> wrote:

Hi Mina,

It was nice to talk with you and learn about your research interest!
Attached, please find the scale and scoring information.
Good luck with the project.

Dr. Woo

Hongryun Woo, Ph.D., NCC
Assistant Professor
Dept. of Counseling and Human Development
University of Louisville
Phone: [REDACTED]
E-mail: [REDACTED]

From: Attia, Mina - attiamx <[REDACTED]>
Sent: Monday, October 16, 2017 3:27:29 PM
To: Woo,Hong Ryun
Subject: Re: Meeting

Hi Dr. Woo,

Thank you for taking the time to chat with me today and thank you for granting me permission to use the PISC. I am looking forward to updating you about how things go.

Warmly,

Mina Attia, M.S., NCC
Ph.D. Student | Counseling & Supervision
Department of Graduate Psychology
James Madison University
[REDACTED] | [REDACTED]

APPENDIX H

Author Approval to Use AIRS

From: "Catherine G. Peterson" <[REDACTED]>
Subject: Re: Access to AIRS
Date: June 4, 2018 at 6:00:37 PM EDT
To: "Attia, Mina - attiamx" <[REDACTED]>
Cc: Gargi Roysircar-Sodowsky <[REDACTED]>

Greetings,

I retrieved Gargi's mail today and found your letter awaiting response.

Thank you for your payment of [REDACTED] for the procedural use of the AIRS.
Attached is the measure and associated readings.

Please confirm that you have received this and can open the attachments.

Best regards,

Catherine

Catherine G. Peterson
Administrative Director
Department of Clinical Psychology
Doctoral Program in Clinical Psychology

Antioch University New England
40 Avon Street
Keene, New Hampshire 03431
direct line: [REDACTED]
fax number: [REDACTED]

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