

**Intergenerational Cultural Dissonance (ICD) and Family Conflict:
What Counsellors in North America Need to Know to Support Clients in the Most
Culturally Competent Way**

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Abstract

This capstone project explores the impact of intergenerational cultural dissonance (ICD) within immigrant and refugee families and aims to enhance therapeutic practices for this population. It examines the primary sources, manifestations, and mental health challenges associated with ICD and offers practical, actionable suggestions to equip mental health professionals with the tools to deliver culturally competent care, bridge generational gaps, and address the unique needs of immigrant and refugee populations. The review concludes by offering a comprehensive approach to addressing ICD. This approach, which encompasses culturally-sensitive practices, enhanced family communication, trauma-informed care, and community resources, enables counsellors to support these families effectively.

Keywords: intergenerational cultural dissonance (ICD), acculturation, acculturative stress, asylum seeker, biculturalism, cultural acculturation, immigrant, migrant

Chapter 1: Introduction of the Review

This review aims to explore the psychological impact of intergenerational cultural dissonance (ICD) in immigrant and refugee families and to look at ways to support their mental health by employing evidence-based, culturally-sensitive interventions. The review will explore multiple concepts related to ICD, including: the primary sources of ICD in immigrant and refugee families; the common symptoms and manifestations of mental health problems in this context; the stressors associated with maintaining a connection to cultural roots while adapting to North American culture; generational differences in cultural expectations; values and practices; and its contribution to conflicts and stress within the family unit.

This review will also explore resources available to individuals and families affected by ICD, as well as best practices and coping strategies counsellors and clients can use to mitigate the impact of ICD on mental health. Furthermore, the review will explore the strategies that can be used to bridge the differences between generations and support immigrant and refugee individuals and families to address cultural dissonance. It will also investigate the role of religious institutions and cultural brokers in offering assistance and guidance, as well as the protective factors or cultural resources that promote resilience and well-being within the immigrant and refugee community. Lastly, this review will examine how cultural factors affect the ability of immigrants and refugees to access mental health services and how existing mental health services can be made more culturally competent and responsive to the needs of immigrants and refugees. See the Appendix for a summary of the articles reviewed.

Research Statement and Definition of Key Terms

This review will provide insight into acculturation experiences in different cultures and will synthesize findings that could be used to inform tailored mental health interventions, support

systems, and policy recommendations. This review aims to serve the well-being of immigrants and refugees in North America, thus improving their overall quality of life. Due to the possibility of different interpretations of terms, I will define the key terms I will use in this paper.

Intergenerational cultural dissonance (ICD) is a construct that has gone by many different names in the research literature, including acculturation-based conflict, intercultural conflict, intergenerational acculturation conflict, intergenerational cultural dissonance, or intergenerational cultural conflict. It is referred to as conflict resulting from cultural differences between the origin and host countries (Wang-Schweig & Miller, 2018). The term *acculturation* is defined as the psychological and behavioural adjustment to a new culture experienced by people who come from a different culture, and it focuses on their ability to adapt or be flexible (Bridges et al., 2021). The stress associated with balancing the old and new culture is called *acculturative stress* (Brar-Josan & Yohani, 2019), and it can intensify the tension between parents and adolescents (Wang-Schweig & Miller, 2018).

The term *asylum seeker* refers to someone seeking protection from persecution or serious harm in a country other than their own and waiting for a decision on their asylum claim (Douglas et al., 2019). *Biculturalism* means being comfortable and proficient with one's heritage culture and the culture of the country where one lives (Schwartz & Unger, 2010).

Cultural acculturation is the process through which a person or group changes their beliefs, attitudes, values, and behaviours because of contact with a culture that is not theirs (Le & Stockdale, 2008). While *immigrant* is used to describe a person after arriving in the destination country, the term *migrant* may include migration within or across borders (Douglas et al., 2019).

Self-Positioning Statement, Rationale for Research, Biases and How to Minimize Their Impact

I am an African immigrant mother of three adolescent children, and this topic came to mind as I realized that my children hold more Western than African values and beliefs (e.g., individualism). Also, as a youth volunteer in my church, and in line with Salami et al. (2020), I observed teenage behaviour, attitudes, and beliefs that differed greatly from the belief systems and cultural expectations of parents, many of whom were rooted in African traditions. Furthermore, the topic of ICD comes up almost every time I am with my friends, some of whom have regrets about raising their children in Canada. In my conversations with parents, there is the assumption that seeing a counsellor would be of no help because the counsellors cannot understand “where we are coming from.” This perspective prevents many from seeking the help they need and perpetuates the cycle of conflict between parents and children.

In starting this research, I expected to find a strong correlation between ICD and mental health issues like depression, irrespective of culture. However, I maintained objectivity by widening my research using various databases and recent peer-reviewed journal articles that addressed ICD irrespective of their findings. I discovered that acculturation does not always result in stress or mental health issues and was surprised to learn about the “immigrant paradox,” which refers to findings suggesting foreign-born people sometimes have better health and mental health (Bridges et al., 2021). Also, because I immigrated from a country where English is the official language, I assumed immigrant parents have all the “power.” I did not consider the possibility of a power shift from parents to children where parents rely on their children's language proficiency to access services and resources (Salami et al., 2020). Throughout my

reading, I observed how authors ensured rigor, exercised reflexivity, who they are, their biases, and how their identity affected their research.

Chapter 2: Literature Review

Acculturation and Biculturalism

An understanding of acculturation is crucial to addressing intergenerational cultural dissonance within immigrant and refugee families (Souralová, 2021). The clash of cultures and intergenerational dissonance can lead to various negative outcomes for individuals and families, including strained parent-child relationships, increased conflicts and misunderstandings, decreased well-being, and experiences of discrimination (Berry & Hou, 2017; Frank & Hou, 2019; Mercado & Trumbull, 2018; Salami et al., 2020).

For refugee parents, acculturation and employment status have significant implications for their communication and relationship with their children (Colic-Peisker et al., 2020). The study mentioned above, conducted in Australia, found that refugee parents with higher levels of acculturation were more engaged in positive and meaningful communication with their children. Moreover, the study by Colic-Peisker et al. (2020) also found that parents' acculturative stress increased their perception of intergenerational dissonance. The issue of intergenerational cultural dissonance becomes even more complex when considering refugee families' experiences because they face unique challenges which can further exacerbate intergenerational cultural dissonance and strain the parent-child relationship as they navigate the process of adapting to a new society with unfamiliar language and sociocultural norms (Colic-Peisker et al., 2020).

Western countries like Canada and the U.S. prioritize individualistic values (Mercado & Trumbull, 2018) that emphasize self-focus, immediate family, freedom of choice, and self-fulfillment, whereas collectivist cultures emphasize kinship, obligations, modesty, and interdependence (Frank & Hou, 2019). As a result, it can be challenging for cultural values to align smoothly during acculturation, and the greater the disparities between the source and host

countries, the more significant the psychological stress experienced (Mercado & Trumbull, 2018). For example, depression is found to be more prevalent among immigrants who experience a sudden shift from collectivist to individualistic societies in the early years of settlement (Frank & Hou, 2019).

Intergenerational cultural dissonance occurs when there is a clash between the cultural values and beliefs of different generations within a family (Choi et al., 2007), and immigrants may not realize how these changes affect their mental health and stress levels. This clash and intergenerational dissonance often arise when immigrant or refugee families try to navigate the challenges of adapting to a new society with different language and sociocultural norms, leading to strained relationships between parents and children (Salami et al., 2020). As parents and children develop divergent views on appropriate levels of autonomy, disciplinary techniques, and other cultural practices, conflicts and misunderstandings arise, creating a sense of ambivalence and tension within the family (Salami et al., 2020). There may also be role reversals and loss of parental authority, and parents may struggle to maintain their traditional authority and control as their children adopt new cultural practices and values. As a result, power dynamics within the family may shift, leading to conflicts and tensions, which can impact individuals' mental health and well-being (Berry & Hou, 2017; Frank & Hou, 2019; Salami et al., 2020). The clash of cultures and intergenerational cultural dissonance can also affect communication dynamics within the family. Children may become the primary communicators in the family, as they are often more proficient in the host country's language. This shift in communication dynamics can lead to a breakdown in intergenerational understanding and effective communication. The study by Frank and Hou (2019) emphasized that parents' level of acculturation plays a significant role in positive intergenerational communication.

The clash of cultures and intergenerational cultural dissonance can profoundly impact parent-child relationships (Choi et al., 2007) and the overall well-being of individuals within immigrant or refugee families. This clash of cultures can create a sense of ambivalence and tension and communication breakdowns within the family as parents and children navigate the challenges of adapting to a new society with different values and practices. These challenges should not be overlooked or underestimated, as they can have long-lasting effects on individuals' mental health and well-being and their relationships within the family. Policymakers, educators, and mental health professionals must recognize and address these issues by providing support and resources that promote cultural understanding.

Berry's Acculturation Model

According to Berry's Acculturation Model (BAM), acculturation is the dual process of being influenced by another culture and participating in the cultural changes within one's own culture (Mana et al., 2009). Berry's bidimensional model of acculturation, which includes strategies like integration, assimilation, separation, and marginalization, provides a foundational framework for understanding how individuals navigate cultural maintenance and intergroup contact within organizations (Szabó & Ward, 2022). According to Szabó and Ward (2022), integration involves valuing and maintaining one's original culture while engaging with the new culture; assimilation occurs when one abandons one's original culture to adopt a new one; separation focuses on preserving the original culture and avoiding interaction with the new culture; and marginalization entails rejecting and disengaging from both cultures. Integration is often seen as the most preferred acculturation strategy because it is associated with better psychological adaptation and lower stress levels among immigrants, whereas marginalization is considered the least preferred due to its association with poor adaptation (Mana et al., 2009).

The model also incorporates five specific components: physical, biological, cultural, social relationships, and psychological aspects. These components were highlighted in a study involving Asian American college-aged women, who identified intergenerational conflicts as a significant psychological component of acculturation (Kim & Aronowitz, 2020). Furthermore, different acculturation strategies are associated with a variety of correlates, including personality traits, stress experiences, coping styles, and sociocultural adjustment variables. Integration is generally linked to positive outcomes such as effective stress coping and beneficial social interactions, while marginalization is often associated with negative outcomes (Kim & Aronowitz, 2020). Through this multidimensional lens, we are able to highlight the complexity of acculturation and the diverse factors that impact the process of adaptation in individuals.

Disparity in Mental Health Service Utilization

In contrast to typical adolescent conflicts, acculturation conflict arises when adolescents and their parents have differences in cultural values, norms, practices, and other cultural dissimilarities, and such conflicts can have significant impacts on mental health (Wang-Schweig & Miller, 2018). Despite their heightened need for mental health services during migration, immigrants underutilize mental health services due to lack of insurance, high costs, language and cultural barriers, and stigma associated with mental health (Boukpepsi et al., 2021). In their 2021 study, Boukpepsi et al. discovered that in Montreal, African immigrants exhibited a nearly threefold lower likelihood of taking advantage of mental health services compared to their Canadian-born counterparts. However, when facing similar symptoms of depression, these immigrants were twice as likely as Canadian-born residents to seek mental health services, highlighting a notable disparity. Similarly, refugee youths generally do not utilize mental health services despite their high likelihood of being exposed to trauma (Boukpepsi et al., 2021; Brar-

Josan & Yohani, 2019) The researchers pointed to a significant factor: the lack of cultural competence among healthcare professionals, which acted as a deterrent to seeking mental health support.

Immigration and ICD as a Traumatic Experience

The process of immigration is a transformative experience that has repercussions on mental health and overall well-being (Su & Hynie, 2011), and migrants, especially refugees, have a very high chance of experiencing posttraumatic stress disorder (PTSD; 47%), with refugees almost twice as likely to have it compared to migrant workers (Bustamante et al., 2018). The Refugee Health Technical Assistance Center (2018) also reported that different studies have shown rates of PTSD in settled refugees to range from 10%–40% and 50%–90% for children and adolescents, respectively. Also, using the example of how discrimination alters neurophysiological mechanisms and generates chronic physiological arousal, Berger and Sarnyai (2014) reported that trauma survivors and immigrants share similar neurophysiological changes.

Some immigrants, according to Bridges et al. (2021), struggle with the trauma of being uprooted from their native countries upon arriving in the U.S. as they lack social support and experience limited cultural acculturation. Foster (2001), on the other hand, outlines four migration stages with the potential for traumatic events: premigration traumas, traumas during transit, ongoing traumatic experiences in the asylum-seeking and resettlement phases, and the challenges of adapting to the host country. These traumatic acculturative challenges impact parents' relationships with their children (Foster, 2001), especially because children often adapt to new cultures faster than adults (Miller et al., 2019; The Refugee Health Technical Assistance Center, 2018), causing additional stress and “adultification” (Miller et al., 2019).

In addition to migration-related trauma, it is crucial to recognize that trauma can also occur in the form of racism and bias, and microaggressions can persist well beyond the migration process (Perez et al., 2009). This underscores the importance of addressing family conflicts through the lens of trauma. Because immigrants are susceptible to unique mental health conditions that manifest as conflicts and misunderstandings between parents and their children (Colic-Peisker et al., 2020), mental health professionals should use culturally-competent practices and trauma-informed care (TIC) in their approach (Lee & Neese, 2020). Providing TIC to immigrant families is not a deficit-focused approach but a strength-based one which recognizes not just the hardships families have been through but also the resilience it took to overcome the hardships (Miller et al., 2019; Smith, 2006).

Healthcare professionals can enhance the health and overall well-being of immigrants and refugees by establishing a secure and welcoming healthcare setting that fosters trust and facilitates healing, provides psychoeducation regarding the brain and behaviour effects of trauma, as well as handling sensitive topics with care, obtaining permission to avoid retraumatizing individuals. Additionally, mental health experts can contribute to reducing the stigma experienced by immigrant families by presenting their diagnosis as a trauma-related disorder—an event that occurred to them—rather than framing it as an inherent flaw or something wrong with them (Miller et al., 2019). Lastly, giving options in choosing care when possible, teaching good habits, and giving therapy like trauma-focused cognitive behavioural therapy (CBT) and child-parent psychotherapy are helpful in TIC for immigrant families (Copeland et al., 2007; Miller et al., 2019).

Family Dynamics and Intergenerational Cultural Dissonance

Since several studies have found that ICD is associated with mental health problems and that it manifests differently in different cultures, it would be beneficial for mental health professionals to understand how acculturation experiences in different cultures work (Yoon et al., 2023). For example, while family conflict resulting from acculturation is associated with depression, loneliness, low self-esteem, anxiety, somatic symptoms, and externalizing behaviours in Chinese-American adolescents (Wang-Schweig & Miller, 2018), recent studies suggest that ICD significantly predicts adolescent substance use among Cambodian and Vietnamese families in the U.S. Also, while many studies have linked ICD to depression, Bridges et al. (2021) concluded that acculturation was not a major contributor to depression among Latinx living in the U.S. The authors suggested that the impact of acculturation on depression varies and is influenced by elements of the dominant culture, including cultural differences and discrimination. A Canadian study revealed a higher prevalence of depression among Ethiopian immigrants in Ontario compared to the general population, while in Israel, Ethiopian immigrants exhibited significantly elevated suicide rates, suggesting that the increased suicidality could not solely be attributed to pre-immigration mental health levels (Boukpepsi et al., 2021).

It is not only important to consider how ICD looks different in different cultures; Bridges et al. (2021) suggest it is also important to consider whether the family relocation is voluntary (immigrant) or forced (refugee). While immigrants could have mental health challenges (Bridges et al., 2021), Brar-Josan and Yohani (2019) found that refugee youths, in addition to the typical challenges of adolescence, face unique stressors related to their refugee status and the acculturation process.

A counsellor's ability to understand the uniqueness of each family situation will allow them to provide better assistance, and one method of addressing cultural barriers to access and provision of services is the use of cultural brokers: people who act as bridges between cultures to improve communication and reduce conflict (Brar-Josan & Yohani, 2019). Cultural brokers facilitate cultural integration, identify settlement services, and provide informal and formal mental health support to refugee youth (Brar-Josan & Yohani, 2019). Cultural brokers are vital because they help solve disagreements by understanding and blending the laws and customs of countries of origin with those of the new culture, creating a bridge between different ways of life.

Family Dynamics and Youth Behavioral Problems

In Vietnamese and Cambodian immigrant families in the U.S., Choi et al. (2007) found that intergenerational cultural differences, conflicts, and bonding can indirectly influence problem behaviours in youth, and strengthening parent-child bonding is a key strategy in preventing youth behavioural problems. Their finding challenges conventional assumptions about the direct relationship between parent-child conflict and problematic behaviours, suggesting that other factors, such as the strength of parent-child bonding, mediate. As a result, they urge policymakers and practitioners to recognize the significance of intergenerational cultural differences in family interventions and to develop culturally sensitive programs to address youth problem behaviours among Vietnamese and Cambodian families by emphasizing perceptions of cultural gaps, conflict resolution, and parent-child bonding.

While it may seem obvious that the immigrant youth's behavioural problems (shoplifting, damaging other people's property for fun, belonging to a gang) mentioned by Choi et al. (2007) need to be addressed by the police, it is also important to take into account the impact of ICD and to invest in programs that can strengthen parent-child bonding. Parent-child conflict is a risk

factor for a range of youth problems, and families can benefit from psychoeducation around this concept (Choi et al., 2007). Also, because Smith et al. (2006) found the impact of parent-child conflict to be significant across genders and diverse samples, counsellors should include both parents' and youths' perceptions in assessing family conflict (Lee et al., 2005).

Intergenerational Communication in Immigrant Families

The influence of acculturation and intergenerational communication on immigrant families is profound, and it fundamentally impacts familial dynamics and communication protocols (Colic-Peisker et al., 2020; Salami et al., 2020). The transition and integrative process into a different culture is observed to bring desirable and undesirable alterations in how families communicate (Colic-Peisker et al., 2020). Such issues can present as intergenerational cultural dissonance, which may induce family conflicts and impact parent-child relationships.

For example, when immigrant parents try to keep the elements of their original culture intact while adapting to the new culture, positive communication changes are typically observed. This involves accepting and respecting cultural differences via a two-way communication platform between parents and children (Colic-Peisker et al., 2020; Salami et al., 2020). However, misunderstandings or nonacceptance of these differences could lead to negative changes, causing communication problems and conflicts, raising the level of psychological issues and disrupting family functionality.

Understanding and addressing acculturation and intergenerational communication's role in immigrant families is vital to efficiently assist them (Colic-Peisker et al., 2020; Salami et al., 2020). Immigrant families must engage in open discussions, and professionals working with them must exhibit empathy, considering the role of migration-induced stresses on communication and family interactions. Developing culturally sensitive support and services that

value the cultural diversity of families could be crucial to helping immigrant families navigate their challenges (Colic-Peisker et al., 2020; Salami et al., 2020). Also, acknowledging and responding to the factors of acculturation and communication within such families can potentially elevate their well-being (Salami et al., 2020).

The current literature on culturally-adapted interventions for marginalized and understudied groups is limited, and further research is needed to examine which interventions work and how they work from ethnic minority perspectives (Brar-Josan & Yohani, 2019). For example, a counsellor may not realize that emotion-focused approaches to therapy may be challenging for Somali clients because their language has a limited vocabulary of emotional expressions or that, in some cases, female newcomers may be reluctant to talk to their counsellors over the phone (Brar-Josan & Yohani, 2019). This review provides insight into culturally sensitive issues that will aid counsellors in providing culturally-competent support and services to clients struggling with ICD.

ICD and Adolescent Alcohol Use

ICD occurs when adolescent children from immigrant families adopt Western cultural values, norms, and practices more rapidly than their caregivers (Choi et al., 2007; Nee, 2003). Differing levels of adaptation to a new culture between parents and children can result in disagreements, contributing to increased arguments and tension within the family (Kane et al., 2016). Also, ICD is considered a risk factor for adolescent alcohol use (Kane et al., 2016) and specifically a significant predictor of alcohol use among Vietnamese and Cambodian adolescents (Kane et al., 2016; Nainggolan et al., 2022). Interestingly, Kane et al. (2016) did not find that sex, nationality, nativity, or acculturation levels modified the relationship between ICD and alcohol use. Nonetheless, adolescents exhibiting elevated levels of ICD were observed to have a

greater likelihood of alcohol use. However, facilitating improved communication and fostering an understanding of both cultures within families could serve as a preventive measure against alcohol use in these adolescents (Kane et al., 2016).

As Kane et al. (2016) report, enhancing parent-child communication and teaching bicultural competence skills are two interventions that might help prevent alcohol use problems among youth from immigrant families. Families should be encouraged to have more open and regular conversations to reduce misunderstandings (Choi et al., 2007; Chung, 2001; Nee, 2003; Phinney et al., 2000); parents and children should be taught how to express their feelings, listen to each other, share experiences, and work together to solve problems (Kane et al., 2016). Lastly, teaching bicultural competence skills about how to respect different cultures and communicate effectively with one's own and another's cultural groups is a targeted intervention strategy to reduce ICD and prevent alcohol use problems among immigrant youth (Kane et al., 2016).

ICD and Parenting

Although parenting well is essential to adolescents' well-being, most research on parent-child relationships relies on adult views of what it means, and much of the research on parent-child relationships is primarily based on European American perspectives that may have ignored the fact that parenting in other cultures may encompass additional concepts that need to be taken into account (Crockett & Russell, 2013). Mental health professionals must consider what cuts across all cultures regarding parenting and be aware of specific cultural definitions. Wu and Chao (2011) researched parenting in a cultural context and found that parental thoughtfulness is a factor that cuts across all cultures. They examined how cultural differences affect Chinese and European American youths' behaviour and found that parental thoughtfulness reduced generational cultural gaps and youth behaviour problems.

An example of a specific definition of *good parenting* in a cultural context is traditional Chinese parenting, known as *qin*, which involves parents being very devoted and making sacrifices for their children (Wu & Chao, 2011). The authors found that this parenting style can lessen the negative impact of cultural differences between Chinese American youth and their parents, and for second-generation Chinese American youth, the perception of their parents' devotion and sacrifice is particularly effective in reducing behavioural problems related to cultural gaps. In this case, mental health professionals will do well to encourage appreciation of parental devotion and sacrifice in culturally-sensitive parenting programs and remind parents about the benefits of thoughtfulness in reducing behavioural problems (Wu & Chao, 2011).

In Western societies, there is a prevalent concept known as "helicopter parenting," characterized by excessive parental involvement in an adolescent's life (Zhou & Chung, 2022), which generally has a negative impact on adolescents' psychological well-being and academic achievements, but which cross-cultural research indicates that in cultures where such parenting aligns with cultural norms, it does not negatively impact adolescent psychological well-being as much (Chebotareva, 2019). It is therefore important to focus on and encourage universal models of parental behaviour that provide adolescents with a sense of secure attachment, regardless of cultural background, including consistent support, understanding, and respect for the adolescent's growing need for independence (Chebotareva, 2019).

Strategies for Culturally-Sensitive Interventions

While it is understandable that immigrant families face challenges in parent-child bonding due to factors such as language barriers, economic stress, differing parenting practices, and identity development (Whitfield, 2014), it is important to note that these challenges can be overcome with appropriate support and professional counselling. Counsellors can help

immigrant families navigate these challenges and create positive parent-child dynamics. A good place to start is using Armsden and Greenberg's (1987) 14 youth-reported items to assess bonding with parents and better understand the relationship between the youth and their parents.

Families should be encouraged to spend quality time together to develop closeness and trust, to communicate openly and listen to each other's perspectives, to show affection and support to reinforce a sense of security, to engage in activities that both parents and children enjoy, to maintain a balance between guiding the child and allowing autonomy, and to address conflicts constructively and work towards resolution (Choi et al., 2007).

Effective strategies for providing culturally-sensitive interventions tailored to the unique needs of immigrant families, as outlined by Fleck and Fleck (2007), involve addressing concerns related to child behaviour, parenting challenges, and difficulties in the parent-child relationship (Strier, 1996). Another recommended approach is adopting an ecological perspective that acknowledges and respects the diverse child-rearing practices and ideologies within immigrant families (Ward, 2014). This perspective challenges the misconception that variations in parenting methods inevitably result in long-term dysfunction (Rayna, 2016). Lastly, promoting cultural competence and collaboration skills among professionals working with immigrant families is essential for fostering engagement and supporting parent-child bonding.

Trauma-Informed Practices

The American Academy of Pediatrics recommends utilizing TIC practices when working with immigrant and refugee families (Linton et al., 2017). These principles involve guaranteeing the safety, both physically and psychologically, of patients, fostering trustful relationships with patients and their families, providing peer support, collaborating with patients and families, promoting and nurturing agency, and advocating for the acknowledgment of intersectionality

(Linton et al., 2017; Robinson, 2015). Applying TIC principles ensures the well-being of immigrant families dealing with ICD, and frontline healthcare providers are encouraged to advocate for immigrant-friendly policies, a diverse healthcare workforce, and anti-racist measures (Miller et al., 2019).

One way to start a trauma-informed practice is to establish an immigrant-friendly atmosphere by showcasing inclusive signs, such as posters expressing a warm welcome, employing signage in various languages, and having clinic personnel who mirror the diversity of their community (Miller et al., 2019). Secondly, youth-serving organizations should clearly communicate their anti-racist stance and establish secure, inclusive environments for everyone, pledging explicitly to deliver equitable care in a manner visible to youth, families, and the broader community (Svetaz & Coyne-Beasley, 2019).

Another important aspect of TIC is an acknowledgement of the pervasive impact of trauma, including screening for past experiences of trauma; however, immigrant and refugee youth are less likely than their peers to access health care and preventive services (Miller et al., 2019), increasing the likelihood of poor outcomes (Huang et al., 2006). Additionally, while ensuring access to quality screening can promote access to effective treatments, literature has shown that immigrant and minority youth are less likely to be screened for depression than their native-born or White counterparts (Huang et al., 2006; Zenlea et al., 2014).

Chapter 3

Implications, Next Steps, and Recommendations

The study of ICD among immigrant and refugee families has significant implications for counselling psychology. This chapter aims to provide a holistic understanding of how mental health professionals can better support these populations through culturally-competent interventions. This goal can be achieved by integrating TIC.

TIC Approaches

Considering the high prevalence of trauma among immigrant and refugee families, TIC should be integrated into counselling practices to create a safe and supportive therapeutic environment, build trust with clients, and empower immigrant families to regain control and autonomy. Counsellors need to be equipped with TIC frameworks that involve understanding how trauma affects our lives, recognizing its symptoms, and integrating trauma knowledge into all aspects of care. Further, counsellors should be aware of the risk of retraumatization and minimize this risk by being sensitive to cultural nuances.

One of the most significant benefits of trauma-informed mental health care for immigrants is the provision of culturally-appropriate and multidimensional support (Navarro Flores et al., 2023). Immigrant children seeking humanitarian protection need this approach because it emphasizes understanding immigrants' experiences of trauma and tailoring interventions to meet their unique needs (Matlow et al., 2023).

Several trauma-focused mental health programs exist for immigrants, including trauma systems therapy for refugees (TST-R), promoting equitable and sustainable mental health services for immigrants (Alvarez et al., 2023). Miller et al. (2022) describe TST-R as a trauma-focused, culturally-responsive mental health prevention and intervention model. TST-R

addresses mental health needs and barriers to care for children and families fleeing their home countries and seeking humanitarian refuge. It aims to address the unique mental health needs of immigrant and refugee children and families, especially those affected by migration-related traumas (Miller et al., 2022). Many refugee children have been exposed to violence in their countries of origin, dangers during relocation, and challenges in refugee camps (Sapountzis, 2022). Through a multitiered and phase-based intervention, TST-R promotes trauma-focused mental health treatment in accessible settings by using cultural brokers and clinicians working together (Franco, 2022). This approach addresses stressors and needs at different socioeconomic levels, focusing on providing community-based and sustainable mental health services to immigrant families (Mbamba et al., 2022). TST-R can also be effective in treating complex trauma (C-PTSD) in migrant children by incorporating various therapeutic modalities tailored to the child's culture (Van Es et al., 2023).

TIC is understood and applied differently by various researchers, depending on their specific focus and the populations they study. A review of TIC in the context of child development by Matlow et al. (2023) emphasizes the importance of trauma-informed representation for immigrant children from Mexico and Central America to optimize their well-being and improve legal outcomes. Navarro Flores et al. (2023) highlight the importance of providing TIC when treating undocumented Latinx immigrants with anxiety and depression, considering the cumulative effects of immigration-related trauma across the different stages of immigration. Alvarez et al. (2023) focus on adapting a self-management program to be trauma-informed and culturally-appropriate for immigrant survivors with depression and/or anxiety symptoms.

When it comes to vulnerable populations, Jaradeh et al. (2023) discuss the operationalization of TIC principles in a student-run asylum clinic (SCRAC) model. In this model, clinicians receive training in conducting forensic medical evaluations (FMEs) and practicing TIC, while asylum seekers are provided with free FMEs and community referrals. In cases of asylum seekers seeking FMEs, TIC has shown positive outcomes, enhanced safety, trust, empowerment, and collaboration while reducing re-exposure to trauma during treatments (Miller et al., 2022). In summary, TIC is a versatile and multifaceted approach tailored to address the unique needs and circumstances of different populations

Culturally-Sensitive Practices

A primary recommendation of this review is the necessity of culturally-sensitive practices in counselling. For mental health professionals to be effective, they need to be aware of the cultural backgrounds of clients and understand how these backgrounds affect their experiences and mental health. It is also important to recognize the different cultural norms, values, and practices that shape the lives of immigrants and refugees. For instance, a counsellor who understands the collectivist values of immigrant communities is more likely to understand the importance of family cohesion and interdependence that those familiar with the individualistic values prevalent in North American society.

Additionally, culture should be understood from different dimensions. Tagg (2020) describe the various components of culture from the lens of the ADDRESSING model by Pamela Hays. The model is a framework used to understand cultural influences and biases by considering various factors like age, disability, religion, ethnicity, social status, sexual orientation, indigenous heritage, national origin, and gender. Age and generational influences shape cultural perspectives and interactions; disability status includes both physical and mental

aspects; religion and spirituality shape cultural identity and relationships; ethnicity and race impact cultural experiences and social interactions; socioeconomic status affects cultural perspectives and opportunities; sexual orientation influences cultural identity and experiences; indigenous heritage highlights unique cultural perspectives; national origin affects cultural identity and interactions; and gender shapes cultural experiences and social interactions.

Counsellors should also be trained in cultural competence, which involves acquiring knowledge about different cultures and developing the skills to engage with clients respectfully and effectively. As part of this training, participants should understand the concept of acculturation and its stressors, recognize the signs of acculturative stress, and realize the potential for ICD among family members. Consequently, counsellors can create a more welcoming and supportive environment for their clients.

For example, Schoen (2005) reported that for counsellors to provide culturally-sensitive counselling to Asian/Pacific Islanders, they must recognize the diversity within the group and tailor the process according to the needs of these individuals. This rapidly growing population in the U.S., which includes over 20 different nationality groups with distinct identities, languages, and cultures highly value traditional principles like self-control, and recognizing these values allows counsellors to better understand their client's behaviours and emotional responses. This understanding builds trust, improves communication, avoids stereotypes, and ensures that each client is treated as an individual with a unique cultural identity and set of experiences.

In addition to providing culturally-sensitive counselling, counsellors in North America need to embrace multicultural perspectives and social justice principles (Sisko, 2020). According to Sisko (2020), discrimination and bias are deeply embedded in social justice concerns, and addressing these through concepts such as decolonization, intersectionality, and counsellor self-

awareness can make counselling more effective and transformative. They suggest that to ensure fair and just treatment for all clients, it is important to identify and address discrimination and bias in counselling practices; challenge and transform traditional Western-centric approaches to include diverse cultural perspectives; understand how race, gender, and socioeconomic status intersect and impact a person's experience; and for counsellors to be aware of their biases and cultural backgrounds to avoid imposing their views on clients.

Sue (2001) highlights the importance of cultural competence in psychology and presents the Multidimensional Model of Cultural Competence (MDCC) as a pivotal framework to address this need. She emphasizes the need for a balanced approach to cultural competence, enhancing awareness, knowledge, and skills at the individual and macro levels, and examining barriers such as ingrained biases and monocultural practices. Furthermore, she encourages psychologists to extend their role beyond traditional clinical settings to include consultancy and advocacy, which are crucial in fostering cultural competence.

The MDCC model, as described by Sue (2001), provides a holistic understanding of cultural competence by addressing the unique characteristics and needs of racial and ethnic groups. The model equips practitioners with the skills necessary to navigate cultural diversity effectively through its emphasis on awareness, knowledge, and skills. MDCC's four levels of focus—individual, professional, organizational, and societal—offer a holistic approach to cultural competence, encompassing both personal biases and institutional policies. As a guiding framework for education, training, practice, and research in cultural competence, Sue's MDCC model heralds a shift in psychology towards inclusive and equitable mental health services.

A similar approach is emphasized in Torino's Model of Multicultural Counseling (Sue & Torino, 2005), which emphasizes the importance of incorporating a client's cultural background

into therapy. The model requires therapists to be aware of their own cultural biases and attitudes when working with clients from diverse backgrounds. Additionally, the model encourages mental health professionals to expand their roles beyond traditional service delivery by engaging in outreach, advocacy, and prevention initiatives. In order to establish a culturally-competent system of care, various levels and aspects of policies, procedures, and programs must be addressed. Ultimately, Torino's Model aims to reduce health disparities and increase inclusivity and effectiveness across racial and cultural groups in mental health practice and service delivery.

Enhancing Family Communication

A family's ability to communicate effectively is vital for mitigating the effects of ICD. This review emphasizes the importance of addressing communication barriers caused by acculturation differences and language proficiency discrepancies between parents and children. By teaching families how to engage in open and respectful dialogue, counsellors can play a pivotal role in improving communication. This psychoeducation involves helping parents and children express their thoughts and feelings, listen actively, and work collaboratively to resolve conflicts. Counsellors can also provide strategies, leveraging technology, to help families manage cultural differences and language proficiency gaps, including offering resources in parents' native languages and assisting in finding appropriate language support for their children.

Abrantes et al. (2017) carried out an exploratory investigation on how technology and social media are used to support intergenerational family communication and found that while younger generations may prefer quicker, more impersonal forms of communication like SMS, older generations appreciate more face-to-face interaction. They suggest creating a specialized social network that includes features catering to the needs of all age groups, helping to bridge the digital divide within families and improve intergenerational communication. Overall, promoting

positive perceptions of family communication can mitigate intergenerational cooperation challenges and enhance cooperation within families (Abrantes et al., 2017). Counsellors can help families maintain emotional bonds within the family, identify barriers to communication such as technological literacy or resistance to new media and provide strategies to overcome these challenges, and tailor communication strategies to fit the unique needs and preferences of each family, ensuring that the chosen methods are effective and sustainable for long-term use (Abrantes et al., 2017).

Additionally, counsellors can provide interventions that promote bicultural competence to assist family members in navigating and integrating cultural identities. By recognizing and respecting immigrant families' cultural identities, therapists can support family members in navigating different cultural belongings (Lau, 2018). Family therapy interventions aligned with cultural values have shown effectiveness in reducing family conflict and improving parenting skills (McDowell et al., 2012), therefore, therapy sessions that focus on bridging cultural gaps and educational programs that emphasize the value of both the heritage and host cultures can be among these interventions. It has also been shown that international family therapy courses enhance the multicultural sensitivity and critical consciousness of therapists in training, emphasizing the importance of experiential learning and reflection to understand cultural differences among therapists in training (Gupta & Ganguly, 2020). Overall, family therapy interventions that consider cultural nuances and promote open communication can significantly contribute to the development of bicultural competence within families (Danzer, 2013; Sametband & Strong, 2017).

Addressing Mental Health Disparities

This review highlights that immigrant and refugee families face significant mental health disparities, including a lack of utilization of mental health services and barriers such as lack of insurance, high costs, language difficulties, and stigma associated with mental health issues. There are also delays and inequities in mental health treatment initiation which lead to poorer outcomes particularly in low-income and racial/ethnic minority backgrounds (Harris, 2023; Rahman et al., 2023). It is crucial to consider the concept of intersectionality, a concept coined by Kimberlé Crenshaw, which examines how inequality is interconnected in many ways, including race, gender, class, and more, and how they compound to exacerbate disparities (King-Mullins et al., 2023).

Crenshaw's work emphasizes the importance of recognizing how individuals can simultaneously be subject to multiple layers of discrimination, leading to experiences that are more than just the sum of their parts (Tripp, 2023). This lens has been applied across disciplines, highlighting the need to consider overlapping identities and the impact they have on societal structures and individual lives (Bliss, 2023). Creating a more equitable environment and promoting social justice requires counsellors to acknowledge and address intersecting identities and oppressive systems.

It is imperative that mental health services are more affordable and accessible to address these disparities and delays, and Community Mental Centers (CMHC's) are designed to assist overcoming these barriers and ensuring that underserved populations can access mental health more promptly (Rahman et al., 2023). Also, to create an equitable and inclusive mental health system for all individuals in society, policymakers and healthcare providers must invest in a diverse mental health workforce, improve access to services, and address systemic barriers.

The stigma associated with seeking mental health care can be reduced by understanding cultural factors such as identity, gender ideologies, and generational experiences (Eckert & Goebert, 2018). In addition, addressing racial discrimination and socioeconomic status, developing culturally-sensitive interventions that show respect for different backgrounds, and using culturally relevant case vignettes in training to promote empathy and better communication with clients are also important (Eckert & Goebert, 2018). Overall, improving cultural competence among mental health practitioners can make services more accessible and affordable by ensuring that care is relevant and effective for diverse populations, thereby reducing unnecessary costs and improving outcomes (Harris, 2023).

When it comes to affordability, Eckert and Goebert, (2018) suggested that funding mental health services can reduce client costs and enable the hiring of culturally competent providers, which is vital for minority communities. Also, sliding scale fees can make mental health services more affordable for low-income individuals, ensuring that costs are not a barrier. With accessibility, community-based mental health programs can improve accessibility by offering services within the community, which reduces travel costs and makes care more culturally relevant (Harris, 2023). The training of mental health professionals in cultural competence can make services more accessible and effective by equipping providers with the skills to better understand and address the needs of diverse populations. Clients in remote or underserved areas can benefit from telehealth service by receiving care from their homes, thus improving accessibility (Harris, 2023).

Incorporating Community Resources

Lastly, this review emphasizes that community resources that can benefit immigrant and refugee families such as cultural brokers, religious institutions, and cultural organizations should

be incorporated into counselling practices (Sun & Mulvaney, 2021). Adapting to a new culture can be challenging, but these resources can help bridge cultural gaps, provide social support, and provide practical assistance. Counsellors should collaborate with these community resources to enhance their client's support networks. In addition to referring clients to community programs, cultural brokers can be included in therapy sessions, and religious leaders can address culturally specific issues. By leveraging community strengths and resources, counsellors can provide their clients with more holistic and culturally-responsive care (Goforth & Pham, 2023).

As an example, in their research on intergenerational support for Chinese immigrant families, Sun and Mulvaney (2021) found that counsellors who utilize community resources and offer practical advice and emotional support through family support programs can reduce parenting stress for Chinese immigrant families. For example, local cultural centres allow families to connect with others who share their cultural background, reducing feelings of isolation and stress; language assistance services enable families with language barriers to access healthcare, education, and other essential services, thereby reducing stress; and offering parents much-needed breaks, childcare and after-school programs enable them to manage their responsibilities more effectively and reduce their overall stress. Overall, a culturally-sensitive counselling and therapy program that incorporates community resources can help immigrant families cope with stress and mental health challenges. This is one way to provide culturally-competent care that is driven by members of an individuals' own community.

The implications of this review for counselling psychology are extensive and multifaceted. To effectively support immigrant and refugee families dealing with ICD, counsellors must adopt culturally-sensitive practices, enhance family communication, address mental health disparities, integrate TIC, and incorporate community resources into their

therapeutic approaches. By doing so, counsellors can help these families navigate the complexities of acculturation, reduce conflicts, and promote mental health well-being in a culturally competent manner. The application of this comprehensive approach is critical to foster resilience and facilitate the successful integration of immigrant and refugee families into North American society.

Future Research

The dissonance between immigrant parents and their children often stems from differing cultural values, expectations, and communication styles leading to misunderstandings, emotional distance, and conflicts within families. These conflicts are not merely interpersonal but are deeply rooted in cultural differences. They can manifest in various forms, including disagreements over cultural practices, educational aspirations, career choices, and social interactions (Kanwal, 2022). Effective therapeutic interventions for addressing ICD involve culturally-competent counselling that acknowledges and respects the cultural backgrounds of both parents and children. Counsellors need to employ strategies that bridge cultural gaps, facilitate better communication, and promote mutual understanding.

It is important to conduct future research on ICD using longitudinal designs that span adolescence, capture both adolescent and caregiver perspectives, and drivers of ICD to enhance interventions (Choi et al., 2007; Kane et al., 2016). Using longitudinal studies, it is possible to gain a deeper understanding of how ICD evolves within immigrant families over time. Families can be tracked over several years to observe changes in family dynamics, conflict resolution strategies, and long-term effects of therapeutic interventions. Longitudinal data can reveal patterns and trends that cross-sectional studies might miss, offering a richer understanding of ICD's impact and progression. Future research should explore the relationship between ICD and

problem behaviors, the role of parenting practices, family conflict, and parental bonding as mediators (Kane et al., 2016). Including both parent's and youths' perceptions of family conflict in future research is also important to provide a more comprehensive understanding of the dynamics within immigrant families Choi et al. (2007).

According to Choi et al. (2007), future research should investigate the relationship between parent-child bonding and youth-reported conflict at different time points to better understand their interactions. Because their study did not fully explain why Cambodian youth studied were highly vulnerable, they suggest research should consider other causes of vulnerability. Future research should expand to include a wider range of cultural contexts, as the study of ICD in immigrant populations from different continents, economic backgrounds, and levels of acculturation can provide a more nuanced understanding of how cultural dissonance manifests in different cultures. Considering factors such as sex, nationality, and ethnicity can provide valuable insights for tailored interventions (Kane et al., 2016).

Acculturation has a significant impact on family dynamics (Deslandes et al., 2023) and research suggests that different acculturation strategies, like assimilation, integration, separation, and marginalization, can influence family conflict levels within migrant populations (Choy et al., 2021; Hernandez et al., 2023; Sun et al., 2022). Understanding how these strategies shape family dynamics is crucial for counselors to tailor their interventions effectively to meet the specific needs of each family unit (Choy et al., 2021; Hernandez et al., 2023; Sun et al., 2022). By exploring the relationship between acculturation strategies and family conflict, future research can provide valuable insights into how cultural adaptation influences interpersonal relationships within migrant families, ultimately enhancing the support and guidance counsellors can offer in addressing familial challenges in culturally diverse settings.

A possible topic for future exploration is ICD involving extended family members. In addition to cultural norms around parenting that can influence the strength of intergenerational transmission (Rothenberg et al., 2022), extended family members significantly influence cultural traditions and expectations, potentially mediating or exacerbating conflicts within families (Ali et al., 2018). By incorporating extended family members into research and interventions, we can gain a better understanding of ICD and effective strategies for addressing conflicts arising from cultural differences, which ultimately promotes healthier family relationships.

Considering the increasing use of technology in counselling, future research should explore the role of online and digital interventions in addressing ICD. Digital communication technology influences family life and relationships, and future research could explore how immigrant families use digital communication technology to maintain connections (Barrie et al., 2019). To develop innovative and impactful counselling interventions, it is imperative to understand how technology can be leveraged to facilitate discussions, resolve conflicts, and strengthen bonds between parents and children from diverse cultural backgrounds. In exploring the effectiveness of these technological tools in improving therapeutic outcomes, researchers can help bridge the generational gap and improve communication among immigrant families.

Research should focus on developing and validating comprehensive psychometric tools for measuring intergenerational conflict in immigrant families. Conducting longitudinal studies and including a range of ethnic groups will ensure these tools are reliable across cultures, aiding in generalizing findings. It is also crucial to collaborate with community organizations and mental health professionals in order to refine these tools for practical application in treatment and prevention programs.

Recommendations for Practice

To translate these findings into practical applications, culturally-competent interventions tailored to the challenges these families face are needed. As mental health professionals work with immigrant families experiencing ICD, this section offers specific recommendations for improving therapeutic practices. The recommendations include culturally-adapted treatments, incorporating TIC principles, recognizing and addressing didactic dissonance, and exploring culturally-sensitive practices.

Culturally-Adapted Treatments

Culturally-adapted therapeutic modalities are crucial for addressing ICD. Studies emphasize the significance of adapting psychotherapeutic interventions, such as CBT, to effectively treat mental health conditions within specific cultural contexts (Husain et al., 2023). They also highlight the importance of culturally-adapted interventions in improving outcomes for clients, especially in marginalized populations and refugees, where linguistic and cultural barriers exist (Naeem et al., 2023).

The need for culturally-adapted CBT is particularly highlighted, as these interventions are effective in addressing cultural factors and enhancing treatment outcomes for individuals with various mental health conditions (Naeem et al., 2023). Unless CBT is culturally adapted, it could lead to resistance and stigma in communities, making people more unlikely to seek help (Li et al., 2023). By incorporating cultural values, stressors, and community input into intervention development, therapists can better address ICD and provide more effective care tailored to the specific needs of diverse populations (Schwartz et al., 2022). These adaptations help address conflicts arising from cultural differences between generations, making psychotherapy more

effective by considering clients' cultural backgrounds, including generational conflicts and misunderstandings.

Incorporating TIC Principles

A trauma-informed approach enhances counselors' effectiveness by enabling them to understand client behavior in a deeper way, shifting the focus from "What is wrong with you?" to "What happened to you?" (Creswell Báez et al., 2023). Through this shift, counselors become aware that a client's behavior often reflects their environment and past trauma. The goal of TIC is to create a safe, welcoming, and supportive environment that will facilitate clients' recovery and growth without retraumatizing them. A counselor adhering to TIC follows six main principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment through choice; and addressing cultural, historical, and gender concerns (Creswell Báez et al., 2023). TIC encourages counselors to approach clients with curiosity and compassion, without judgment, supporting their unique growth processes and fostering trust.

Recognizing and Addressing Didactic Dissonance

Secondly, counsellors should recognize and resolve observed didactic dissonance, which refers to a discrepancy or conflict between the messages, teachings, or values transmitted by different generations within a family or community, reflect on their experience and plan how to address similar situations in the future (Mardian et al., 2023). In the context of ICD, didactic dissonance can manifest as differences in beliefs, attitudes, and behaviors between immigrant parents and their children due to their exposure to different cultural contexts. Counsellors supporting immigrant families can address didactic dissonance by recognizing the disconnect between these messages, teachings, or values and clinical observations (Mardian et al., 2023).

Culturally-Sensitive Practices

Thirdly, it is important for counsellors to keep exploring culturally-sensitive practices such as those utilizing the ADDRESSING framework (Hays, 2001) . To deliver effective mental health care, therapists must utilize approaches that allow them to gather comprehensive cultural information and understand clients' identities, beliefs, and values (Singla et al., 2022). In the book *Multidimensional Facets of Cultural Competence*, Sue (2001) argued that mental health professionals should prioritize cultural awareness and integrate diverse cultural perspectives into therapeutic practices. Sue highlights the challenge of ethnocentric monoculturalism, where professionals may unintentionally adopt Euro-American worldviews without considering their applicability to multicultural settings. To mitigate cultural biases in mental health services and better serve diverse populations, Sue advocates for specific knowledge, skills, and practices, and underscores that organizations need to undergo a variety of changes to foster multicultural competence and inclusivity. It is important to train multicultural trainers and encourage counsellors to embrace advocacy roles, despite possible resistance, to provide adequate support for their clients (Sue, 2001).

Continuous professional development in cultural competency is crucial, emphasizing ongoing learning about diverse cultures, especially those served (Martinez & Mahoney, 2022; Okoniewski et al., 2022). Additionally, language and communication are vital, with therapy in clients' native languages or interpreters enhancing outcomes (Benuto et al., 2021). Communication styles and preferences vary across cultures, and therapists should collaborate with cultural brokers to gain valuable insights (Gallego, 2020). With this holistic approach, therapists can tailor interventions to meet clients' cultural needs effectively, resulting in better therapeutic outcomes.

Family therapy aimed at enhancing parent-child interaction and multifamily therapy (MFT) are influential in addressing issues related to ICD (Mooren et al., 2023). MFT helps build a supportive community and enhance family resilience because it involves multiple families coming together to share experiences and coping strategies. MFT also facilitates cultural exchange, allowing families from different backgrounds to share helpful strategies and perspectives, challenge fixed ideas, and reduce prejudice.

It is crucial for therapists to facilitate open dialogue within families using techniques like active listening, reflective listening, and validation to assist family members in expressing their opinions and emotions constructively. Psychoeducation on conflict resolution skills tailored to cultural contexts, including how to develop empathy, negotiate, and resolve disagreements without escalating them are also very important. Therapists can help families navigate cultural differences by balancing cultural preservation with adaptation. Overall, supporting immigrant parents in understanding the developmental needs of their children within the context of their new cultural environment can be achieved by developing and offering parenting programs that consider cultural values and practices.

Reflexive Self Statement

As I conducted this research, some obstacles emerged that required careful consideration and mitigation strategies to avoid biases and ensure ethical rigor. In reflecting on my journey, I realize my positionality as an African immigrant mother has implications for my interpretation of ICD and my strategies for overcoming these obstacles are outlined below.

One obstacle was my tendency to think of ICD primarily as a negative phenomenon. As a result of my personal experiences and observations within my community, I perceived ICD as a major source of conflict leading to mental health issues among adolescents. This perspective was

influenced by my interactions with African immigrant parents who expressed regret about raising their children in a Western culture. I tried to mitigate this bias by including diverse perspectives on ICD in my literature review. I made a conscious effort to include studies that presented both positive and negative effects of acculturation. For instance, discovering the concept of the immigrant paradox, which suggests that some immigrant populations may exhibit better health and mental health outcomes than native-born populations, challenged my preconceived notions and added depth to my understanding (Bridges et al., 2021).

Another challenge was the assumption about power dynamics within immigrant families. I initially believed that parents held all the power, however, as I delved deeper into the literature, I discovered that children are often able to assume the role of cultural brokers for their families because they possess a better grasp of the host country's language and culture. Having this realization highlighted the complex dynamics of immigrant families described by Salami et al. (2020). By including voices from both parents and adolescents in my research, I was able to explore power dynamics and their implications on ICD in a more nuanced manner.

To maintain reflexivity, I consistently reflected on how my background, experiences, and biases could impact my literature review and ensured I included findings that may be contrary to my initial beliefs. To enhance the credibility and trustworthiness of my research, I used multiple data sources from existing literature for a comprehensive understanding of ICD and its multifaceted impact on mental health. Overall, navigating the obstacles and ethical considerations in this research on ICD required continuous reflection and active bias mitigation, and this self-statement reflects my ongoing efforts to balance my positionality with the necessity of an objective, credible, and ethical literature review.

Conclusion

Families face significant transitional challenges during acculturation and immigration, often resulting ICD, which occurs when the values and practices of parents and children diverge, particularly as children adapt more rapidly to their new environment (Phinney & Vedder, 2022). This dissonance impacts family dynamics, mental health, and overall well-being deeply and significantly.

Immigrant and refugee families deal with complex cultural dissonances, including ICD, which are not just theoretical concepts but profound realities. The dissonance in cultural values between parents and children during acculturation can lead to significant family conflicts, mental health challenges, and disrupted family dynamics. However, this paper offers a way forward. Using culturally-sensitive practices, enhancing family communication, integrating TIC, and leveraging community resources, counsellors in North America can make a profound impact on these families.

It is clear that addressing ICD is critical to fostering resilience and successful integration into North American society. Using the comprehensive approach presented in this paper, counsellors can provide effective support to these families, ensuring they are provided with empathy, understanding, and appropriate interventions to overcome the unique challenges they face. By recognizing and addressing the cultural roots of these challenges, we can help families not only survive but thrive in their new environments. The conclusion and the hopeful message of this review is that we can mitigate the impacts of ICD and promote healthier, more harmonious family relationships through dedicated and informed action.

This paper explored the key themes of ICD, drawing on literature to highlight the challenges and strategies for promoting healthy family relationships and mental health among immigrant and refugee families.

The first chapter outlined the key topics to be discussed in subsequent chapters, introduced the research statement, and defined terms related to ICD. The chapter includes a self-positioning statement highlighting my perspective and motivation for doing the research. In addition, it discussed the rationale for the study, emphasizing the importance of understanding ICD in immigrant and refugee families. Lastly, it acknowledged potential biases and provided strategies to minimize their impact, ensuring a fair and objective analysis.

The second chapter presented an in-depth literature review on ICD that examined acculturation and biculturalism within immigrant and refugee families. It investigated the negative effects of these concepts on family dynamics, mental health, and parent-child relationships. The chapter discussed the disparity in mental health service utilization among immigrants, highlighting barriers such as language and cultural differences. It discussed how immigration can cause trauma, especially among refugees, and lead to conditions like PTSD.

In addition, the chapter discussed how ICD affects family dynamics and youth behavioral problems noting that cultural clashes can lead to misunderstandings, conflicts, and psychological stress. It examined how intergenerational communication issues and differences in cultural adaptation between parents and children can exacerbate these issues. In addition, it discussed the relationship between ICD and adolescent alcohol use, suggesting that improved communication and bicultural competence can prevent alcohol use. It also discussed the need for culturally-sensitive parenting strategies and strategies that address the unique needs of immigrant families. Finally, it advocated for a culturally-competent approach that acknowledges and addresses the

challenges that these families face, emphasizing the importance of trauma-informed practices in providing effective support and intervention.

As a result of the research findings, chapter 3 provided practical recommendations for dealing with the challenges faced by immigrant and refugee families. It highlighted the importance of TIC approaches for mental health professionals working with immigrant populations, emphasizing the need to incorporate these practices into their practice. In order to ensure that interventions are respectful of and tailored to the unique cultural contexts of families, culturally-sensitive practices should be utilized. I emphasized that improving family communication is a critical strategy for mitigating ICD, as well as strategies to promote open dialogue and understanding between parents and children.

In addition to addressing mental health disparities, the chapter advocated for targeted efforts to improve access to and utilization of mental health services among immigrants. I recommended that healthcare providers, community organizations, and cultural brokers work together to provide comprehensive support by integrating community resources. There is a need to further explore the effectiveness of specific interventions and to understand immigrant families' diverse experiences. Professionals can be trained on TIC and cultural competence, as well as recommendations for practice. The chapter concludes with my reflexive self-statement, where I talked about the obstacles that I came upon and how I mitigated my biases.

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Appendix

Summary of Studies Reviewed

Table 1

Study Characteristics

Author/ Year	Title	Sample Size	Selection/ Recruitment	Data Collection Process	Data Analysis Process	Qual/Quant/ Mixed/ Case Study	Notes on Findings
BoukpeSSI et al. (2021)	Why Are African Immigrants in Canada Reluctant to Use Mental Health Services	280 African immigrants who had experienced symptoms suggesting depression but did not use formal mental health services.	African immigrants in Montreal who had experienced symptoms of depression but had not sought formal mental health services.	Participants completed a 65-statement questionnaire about reasons for not using mental health services, rated on a 0–10 scale, in a quiet room at their home without the researcher present.	Involved calculating means and standard deviations for questionnaire responses, performing exploratory factor analysis to identify correlated statements, computing factor scores, and conducting ANOVA to assess the impact of demographic characteristics on each factor.	Quantitative	An eight-factor structure of reasons for reluctance, including minimizing symptoms, relying on spiritual care, cost and waiting time, and fear of stigmatization, highlights the need for a multifaceted approach to address barriers to mental health service utilization among African immigrants.
Choi, Y., He, M., & Harachi, T. W. (2007)	Intergeneration al Cultural Dissonance, Parent–Child Conflict and Bonding, and Youth Problem Behaviors Among Vietnamese	Cambodian (n = 164) Vietnamese (n = 163) youth	Potential respondents were identified through locator information from an urban Pacific Northwest	Maternal interviews, youth interviews, teachers' report of student behaviors, and school and police records.	Involved handling missing data with maximum likelihood estimation, conducting path analyses using WLSMV estimations, comparing unconstrained and constrained models,	Quantitative longitudinal study	ICD indirectly predicts problem behaviors by increasing parent-child conflict, which in turn weakens positive parent-child bonding.

Author/ Year	Title	Sample Size	Selection/ Recruitment	Data Collection Process	Data Analysis Process	Qual/Quant/ Mixed/ Case Study	Notes on Findings
	and Cambodian Immigrant Families		school district, with a consent rate of approx. 85%.		testing statistical significance through chi-square changes, and using modification indices for exploratory analysis.		
Kane et al. (2016)	The Impact of Intergeneration al Cultural Dissonance on Alcohol Use Among Vietnamese and Cambodian Adolescents in the United States	327 Vietnamese & Cambodian immigrant families in Washington State	Stratified random sampling method from school district lists, including an adolescent in the family who was in 5th to 7th grade at enrollment and a caregiver of the child.	Data were collected through five annual waves, with interviews conducted in person, except for sensitive measures which the adolescents self- completed.	Stata version 13, analyzing dropout rates, employing multiple imputation for missing data, estimating a multiple logistic regression model, and investigating interaction terms with stricter significance levels for robustness and validity.	Quantitative longitudinal study	Interventions targeting ICD through enhancing parent-child communication and teaching bicultural competence skills may help prevent alcohol use problems.
Wang- Schweig & Miller (2018)	Examining the Interdependen ce of Parent- Adolescent Acculturation Gaps on Acculturation- Based Conflict: Using the Actor-Partner.	187 dyads of Chinese American families	Parents and adolescents were recruited through letters, reminder postcards, and flyers. Active permission	Surveys were administered to students in classrooms and completed by parents at home. Materials were translated into Chinese (Mandarin),	The Actor-Partner Interdependence Model was used to assess the effects of parent and adolescent acculturation on perceived acculturation-based conflict.	Quantitative	Adolescents perceived greater conflict with higher personal acculturation and less conflict with higher parental acculturation, while parents perceived less conflict with higher adolescent acculturation and cultural maintenance

Author/ Year	Title	Sample Size	Selection/ Recruitment	Data Collection Process	Data Analysis Process	Qual/Quant/ Mixed/ Case Study	Notes on Findings
	Interdependence Model		was obtained from parents, and adolescents provided written assent.	including both Simplified and Traditional Chinese.			but more conflict with higher personal cultural maintenance, highlighting the importance of considering partner effects in understanding acculturation gaps and conflict.
Yoon et al. (2023)	A Content Analysis of Immigrant and Refugee Research: A 31-Year Review	Quantitative and mixed method studies had sample sizes ranging from 39 to 76,879, with most studies including less than 1,000 participants. Qualitative studies had sample sizes ranging from 1 to 93.	Major sampling sources for qualitative studies included community, college campuses, and K-12 schools. For refugee-only studies, the community was the dominant source.	Survey and individual interviews were the most frequently used methods for data collection in quantitative and qualitative research, respectively, with data collected in 21 languages, predominantly English.	Quantitative research often utilized moderation tests, path analysis, and structural equation modeling (SEM), while qualitative research favored consensual qualitative research (CQR), grounded theory, phenomenological approach, and thematic analysis.	Included quantitative, qualitative, and mixed-method studies	The study highlighted a decline in research on acculturation and enculturation over time, alongside an increase in studies on racial bias and discrimination since 2000, suggesting growing attention to the sociopolitical dimensions of migration.