Counseling With a Child Holding Afghan Parolee Status in the United States

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Currently, 200,000 Afghans live in the United States, including the 76,000 Afghan nationals who arrived in 2021 under Operation Allies Welcome. Afghan refugees have often lived their entire lives under strife and occupation, presenting specific concerns unique to this population. To demonstrate how mental health and social and economic factors can manifest traumatic responses in children from migrant backgrounds, the article presents a case study involving a school-aged child and recommendations for how a counselor would work with this client in the school setting. The article also presents practical applications and interventions that could be beneficial in these cases while also considering the limitations that exist in the current case study regarding relevant issues for immigrants in counseling.

Keywords: **counseling, Afghan refugees, case study, children, migrant**

Afghan migration to the United States started to increase significantly in the late 20th century, growing from 4,000 in 1980 to 45,000 by 2000 (Saydee & Saydee, 2025). Currently, about 200,000 Afghans are living in the United States (Saydee & Saydee, 2025). The Afghan immigrant population in the United States has a lower median age than other immigrant and native-born groups in the United States, and 30% of Afghan immigrants are under 18 years old (Montalvo & Batalova, 2024). We present historical and contextual information related to the experiences of Afghan parolees in the United States and how counselors may work with a school-aged Afghan parolee and their family through a case study. *Parole* in this context refers to a temporary, discretionary immigration status allowing admission to the United States for humanitarian concerns or significant public benefit (Immigration and Nationality Act, 2025, 8 U.S.C 212(d)(5)).We demonstrate counseling using an integrative ecological approach with an Afghan child who arrived in the United States with humanitarian parole status through the case study. For this case study, we define children as school-aged (6–18). The case study is hypothetical, incorporating elements based on our experiences working with Afghan parolees in community and school settings in the United States post-evacuation in 2021. We illustrate through the case study of a school-aged child an integrative approach relevant for both school and mental health counselors.

Operation Allies Welcome

In August 2021, 76,000 Afghan nationals arrived in the United States under Operation Allies Welcome, an emergency evacuation effort after the American withdrawal from Afghanistan and subsequent takeover by the Taliban (U.S. Department of Homeland Security, 2022). Before arrival, these Afghans completed a rigorous health and security screening process and were granted humanitarian parole to enter the United States (U.S. Department of Homeland Security, 2022). This parole status allows individuals to enter the country without a visa in cases of humanitarian concern or benefit to the United States (National Immigration Forum [NIF], 2021), such as requiring protection from harm, seeking critical medical treatment within the United States, caring for a sick relative living in the United States, attending a funeral, or participating in a legal proceeding. Under this status, Afghan

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evacuees were allowed to remain in the country and to work legally for a period of 2 years. Similar past evacuation efforts occurred after the Hungarian Revolution in 1957, the withdrawal from Vietnam in 1975, the withdrawal from Iraq in 1996, and the evacuation of interpreters from Iraq in 2007 (NIF, 2021).

The recent exodus of displaced persons from Afghanistan after the U.S. withdrawal joined refugees fleeing the country in response to decades of conflict and hardship, including the Soviet invasion in the 1980s, civil war in the 1990s, the Taliban takeover in 1996, and the American invasion in 2001 (Montalvo & Batalova, 2024). Once in the United States, Afghan parolees were initially housed at Army base camps across the country (which closed by February 19, 2022), until referred to a refugee resettlement agency for permanent resettlement. Parolees had 2 years to apply for an immigration status that allows for a pathway to citizenship, such as asylum or a special immigrant visa (SIV; Bruno, 2023). This process differs from the typical refugee resettlement process, in which refugees must have fled their country because of persecution, been granted refugee status, and been referred to the U.S. resettlement screening process, which can take 5 to 8 years. Refugees who arrive under this process are eligible to work from the day of arrival in the United States and have a pathway toward citizenship.

Although Afghan parolees were deemed eligible for public benefits, resettlement, and other integration services benefits upon arrival to the United States, and were spared the long waiting process for refugee resettlement (Bruno, 2023), they were required to apply for work authorization as well as an immigration status that would allow them to stay in the country permanently (Bruno, 2023). The influx of Afghan migrants also overwhelmed resettlement agencies, many of whom were already operating under limited capacity because of COVID-19 and years of low arrivals (Office of the Inspector General, 2023). Because of the urgency of the evacuation, many of these migrants had little time to prepare or consider the implications of the decision to leave Afghanistan. Some had to leave behind family members, even spouses and children, with no pathway toward family reunification (until the family reunification initiative launched almost 2 years later; Rush, 2023).

Contextual Considerations for Counseling

It is important for counselors not to regard any country as a monolith and to assess the individual ethnic and cultural background of their clients. Afghanistan is diverse, made up of more than 19 different ethnic groups with distinct languages and cultures (Saydee & Saydee, 2025). The two primary languages are Dari and Pashto, and the primary ethnic groups include Pashtuns, Tajiks, Hazaras, and Uzbeks (Saydee & Saydee, 2025). Three-fourths of children in Afghanistan report experiencing violence at home, and children are at risk for child labor, early marriages, sexual violence, military recruitment, and honor killings (Saydee & Saydee, 2025). Although exposure to violence may be prevalent, counselors should never assume that a client is abusive or being abused solely because of ethnicity nor label the culture as inherently violent. Symptoms of trauma, such as hypervigilance and avoidance symptoms, can be exacerbated by honor values in Afghan culture (Missmahl, 2018). For example, an Afghan woman may lean heavily on cultural expectations that she serves as homemaker and caretaker to avoid uncomfortable experiences in a new country. A counselor may not question her behavior out of respect for her cultural beliefs, further enabling her isolation. Alternatively, a counselor may perceive culturally appropriate behavior, such as refusing to be in a room alone with a man, as indicative of paranoia, social phobia, or another pathological symptom.

Socioeconomic circumstances can contribute to psychological distress in children (Golberstein et al., 2019). Counselors may expect that a person who has experienced trauma such as war and sudden flight from their country must be traumatized. They might attribute symptoms of distress to traumatic experiences from overseas, and therefore miss that possible present unemployment, social

isolation, homelessness, and/or food insecurity might be responsible for these symptoms (Im et al., 2021). In these cases, counselors should be prepared to investigate and address the socioeconomic circumstances that contribute to psychological distress (Missmahl, 2018).

Uncertain legal status complicates the daily life and integration of Afghan parolees resettled in 2021 and can contribute to symptoms of traumatic distress (Drožđek et al., 2013). The traditional refugee resettlement process includes coordination between several federal agencies, nonprofit organizations, and local communities that includes security and health screenings and clearance overseas, placement and travel, and reception and connection to services (Office of Refugee Resettlement, 2015). Although the initial parole status granted them legal presence for 2 years, they had to apply for employment authorization cards and wait for approval before starting work. Their only pathway toward permanent residency in the United States was to apply for asylum, which can also be an expensive and lengthy legal process, or to apply for an SIV, if they were eligible, by being able to prove that they worked with Americans in Afghanistan for at least 1 year. Asylum involves demonstrating evidence of persecution in the country of origin based on race, religion, nationality, membership in a particular social group, or political opinion (Bruno, 2023). Receiving an SIV involves demonstrating evidence that the Afghan individual assisted the U.S. government in the fight against the Taliban or eligible employment by or on behalf of the U.S government in Afghanistan (Bruno, 2023). Those who left behind immediate family members in Afghanistan had no pathway toward applying for them to join them in the United States.

Grief over separation from family and fear for their safety can be a major source of distress (Bryant et al., 2021), as can fear of discrimination in the United States (Yang et al., 2025). A young person coming to the United States from Afghanistan in 2021 is likely to have lived their whole life under American foreign occupation. Additionally, this person may feel a sense of betrayal for abandoning their country, and that sense of betrayal may color each decision, either to acculturate to American life or to cling to traditional Afghan ways. Afghan evacuees left behind their hometowns and the social structures inherent in them. Hence, practicing their cultural or religious beliefs may be difficult in a new country when these practices involve community, because this new community needs to be rebuilt.

In addressing the psychosocial needs of Afghan children resettled from the evacuation effort, counselors need to provide a comprehensive approach that considers the legal, physical, emotional, and social needs to begin the reconstruction of a new community structure for these children. Miller et al. (2006) conducted a study exploring Afghan conceptualizations of mental health and distress and found that well-being was made up of three areas: community (honor), family (respect, harmony), and the individual (hope, faith, calm). Young refugees, in general, benefit from a multidisciplinary approach (Stammel et al., 2017). Family can be a source of protection, belonging, and strength for immigrant children (Burgos et al., 2017). In Afghanistan, families are often tight-knit, and each contributes to the extended family unit. Although it can be a source of stress, children of immigrants often become involved in caring for parents as adults struggle to navigate new systems (Burgos et al., 2017). At the same time, contributing to the family can increase self-esteem for youth (Burgos et al., 2017). For Afghans, this can be a way of honoring culture, building social support, and promoting self-esteem.

Maintaining ethnic identity, religious practices, and family cohesion can lead to well-being among immigrant children (Burgos et al., 2017). Reimagining ethnic identity in the process of immigration can be a crucial step in integration and identity development. For example, an Afghan child can identify with other refugees from different countries who have experienced a similar process of flight from war and resettlement in a new country. This can be balanced against maintaining other

important aspects, such as religious identity. Using religious practices and tenets to resolve family and internal distress can be useful, such as increasing tolerance and patience, practicing listening and respect, and using various relaxation techniques like prayer or aromatherapy (Faqiri, 2018). Children arriving from Afghanistan with humanitarian status are unique from other refugee groups because of the nature of their evacuation directly to the United States and the differences in their immigration status and its implications for long-term integration (Saydee & Saydee, 2025). We highlight these dynamics in the following case study.

Case Study: Aaisha

Ten-year-old Aaisha recalls the dangers of her home country, Afghanistan, and the limitations she experienced growing up in a war-torn country. These dangers forced her family to seek asylum in the United States. During her escape, her immediate family—her mother, father, and younger sister—were unable to stay with other close family members with whom she had grown up, such as her grandparents, aunts, uncles, and cousins. The separation from extended family and subsequent immigration to a new country disrupted her life and continues to affect the life her family is trying to build in the United States, where she now lives and attends elementary school.

While Aashia was still living in Afghanistan, the parents tell the school counselor, she was unable to play outside or attend school because of the danger of sniper and missile attacks. She reports that she even learned to identify what type of weapon was being used based only on the sound it made. Her mother tells the school counselor that they were able to get on a plane out of Afghanistan, during which her younger sister almost died because of the heat and crowded conditions. The family lived on an Army base in Texas for 2 months until they were assigned to a resettlement agency in another state. They have been staying at a local hotel for 2 months since then and are waiting for employment authorization and permanent housing.

Aaisha is struggling to adjust. She fears she is too far behind the other students in her grade at school, and the language barrier prevents her from connecting to classmates or fully expressing herself. She remembers the violence of her home country and, despite the new environment, thinks often about her past, in which she needed to hide. She still misses her extended family and her home in Afghanistan deeply. Leaving her family each day to go to school makes her feel nervous, and when at home, she suffers from restless sleep, further adding to her stress at school. She struggles to pay attention, and her teacher complains that she is distracted and often excuses herself to the restroom, which prevents her from engaging fully in the lessons. She does not want to complain and worry her parents, but the teacher assigned her to sit with two Afghan male students in class who have been in the country longer. They do not speak her language and ignore her when she tries to ask them for help. The girls in the class also seem to laugh at her and make fun of her clothes. At home after school, she procrastinates doing homework, often complaining that she has a headache. She also changes the subject when asked about her school day, frequently reporting that she does not feel well. The school counselor is concerned about Aaisha's psychological well-being and has approached her and her parents about possible therapy options. The school counselor has suggested that her parents explore art therapy as a constructive way for their daughter to creatively express and process her emotions and trauma. Her parents like this idea but cannot afford therapy or even art classes. The school counselor refers the student to an on-site school-based clinic staffed by clinical mental health interns. The school counselor meets with the intern to discuss her concerns before the clinical mental health intern meets with the client. School-based mental health clinics can be effective and bridge gaps in accessibility for counseling services (Solomon et al., 2020).

An ecological approach can help school counselors promote equity for students like Aaisha (Savitz-Romer & Nicola, 2022). Children develop within and are influenced by multiple levels of society, including the immediate family, school environment, community, and wider sociological forces (Bronfenbrenner, 1979). The ecological approach can be useful in understanding the dynamic factors involved in refugee children's development and potential areas of intervention (Yoon et al., 2023). Below, we show how an ecological approach can help us understand the case and provide a productive starting point for intervening to help Aaisha.

Ecological Approach

Case conceptualization and treatment planning with refugees should take an ecological approach that considers all relevant factors, highlighting areas of challenge and strength (Yoon et al., 2023). The ecological model attends to different spheres of the child's life pre- and post-migration. The model includes any education, trauma, information, coping skills, and medical support the child would have received before immigration to a new country (Minhas et al., 2017). Assessing a child's needs using an ecological approach can provide useful information to important individuals in the child's life (Minhas et al., 2017), including caregivers, medical teams, pediatricians, physicians, and school staff who can help support successful acculturation. Minhas et al. (2017) developed an ecological approach to assessing risk factors among refugee children. This approach is represented by the acronym EMPOWER: Education, Migration, Parents and family, Outlook, Words, Experiences of trauma, and Resources (Minhas et al., 2017). Using this model, the school counselor and clinical mental health intern meet and discuss the possible ecological factors relevant to Aaisha's case, applying the EMPOWER model, to coordinate her care. For her educational background, they know that she's currently in an English as a Second Language (ESL) class and is perceived by her instructor as struggling with attention and focus. She is proficient in both spoken and written Dari and has some proficiency with English. She also experienced an interruption in her formal education because of her migration experience. Her migration experience included a forced migration from her home country to the United States, one that she did not have time to plan or prepare for. Her family was evacuated from Afghanistan and held in a temporary shelter in Texas at a military base for 2 months until they were referred to the local nonprofit agency for 3 months of resettlement services. Her family is now living on a temporary parole status and has to pay a lawyer to help with processing an application for asylum, leading to a more permanent pathway to staying in the United States. For her family, she lives with her mother, father, and sister who serve as a resource and source of strength for her. She is experiencing grief over the loss of her family and social network in Afghanistan. For her outlook, she is motivated to do well in school and to feel a sense of belonging and safety in a community. She worries about her extended family overseas and is troubled by loneliness. Related to words, she speaks Dari and some English. For resources, she can seek support from the local nonprofit that resettled the family and that offers additional social services such as a food pantry, after-school tutoring, and assistance navigating public benefits. She has limited support from the local Afghan community because they were also resettled recently and many of them came from a different ethnic group.

Evidence-Based Treatments

Counselors can help in a variety of ways by addressing grief related to the loss of friends and family, the effects of being a minority, perceived discrimination and acculturation, exposure to trauma and harassment, and the effects of social issues (Beehler et al., 2011; Beiser et al., 2015; Goh et al., 2007; Kopala et al., 1994). To meet the unique needs of children and families, practitioners must use evidence-based interventions, such as cognitive behavioral therapy (Sullivan & Simonson, 2016), while making appropriate adaptations to render them logistically and culturally accessible. Counselors using an integrative approach can utilize evidence-based interventions to address

various aspects of the mental health challenges a child is facing. Counselors can focus on grieving the loss of family and friends (Goh et al., 2007), the effect of being a minority (Kopala et al., 1994), perceived discrimination (Beiser et al., 2015) and acculturation (Beehler et al., 2011; Beiser et al., 2015), exposure to trauma (Beehler et al., 2011), harassment, and social issues (Goh et al., 2007). With Aashia, these elements are all involved. She is experiencing migratory grief, which is often unnamed and unrecognized (Yoon et al., 2023), as well as the loss of family, friends, and the comfort of living in a familiar climate, environment, and surrounded by a familiar language. The experience of being perceived as a religious and racial minority in a different social system in the United States is also distressing. Aaisha was exposed to trauma overseas before migration, and the experience of migration and resettlement was further traumatizing. Evidence-based interventions are needed to assist with the processing of trauma associated with these experiences.

School-based mental health professionals can play an important role in offering mental health services for migrant children. Two-thirds of students surveyed said they preferred to seek counseling at school (Fazel et al., 2016; Sullivan & Simonson, 2016). Because of their ability to identify distress, address psychosocial functioning, and implement creative expression (Goh et al., 2007; McNeely et al., 2020), schools are well-situated to support student wellness, offering an opportunity to provide mental health services for migrant children in an acceptable and accessible manner (Sullivan & Simonson, 2016). For Aaisha, the school could be an accessible place to receive these services. The school counselors would not be able to provide the individual treatment themselves, but they can support the on-site clinics and coordinate with the individual practitioners. The school counselors would also be able to organize and offer group sessions to build peer psychosocial support. By providing referrals to individualized services, offering group sessions, and facilitating advocacy to build a welcoming and supportive school environment, the school counselor is meeting ethical responsibilities through a holistic approach (Harrichand et al., 2022).

Art Therapy

Creative expression through evidence-based art therapy provides an outlet for children, such as refugees struggling with traumatic past experiences, and can be an effective way for them to begin to process their complex emotions and trauma (Rowe et al., 2017; Sullivan & Simonson, 2016). In the absence of a shared common language, art provides a mechanism for communication and expression among peers (St. Thomas & Johnson, 2001). Rowe and colleagues (2017) reported that the use of assessment tools like the Diagnostic Drawing Series can be helpful as a baseline because art therapy can initially cause depressive symptoms as the trauma surfaces but ultimately leads to decreased anxiety and depression. If working with Aaisha, the school-based clinical mental health counselor could use art therapy to help reduce her anxiety and depression through either structured drawing or the Diagnostic Drawing Series. Art therapy could also offer Aashia a way to communicate her emotions in a safe environment.

Peer Support and Groups

It is up to counselors to develop an encouraging environment for students to address and process their present and past feelings (St. Thomas & Johnson, 2001). St. Thomas and Johnson (2001) investigated a 12-week program to help children process their feelings through puppetry in a supportive peer group setting. Panter-Brick et al. (2018) found that high levels of traumatic distress can be managed using psychosocial groups. They found that small peer groups help adolescents develop trusting relationships with individuals from different cultures. Groups also have the benefit of supporting acculturation for refugees and immigrants through rebuilding communities and offering opportunities to practice interpersonal skills (Atiyeh et al., 2020). As Aaisha is navigating life

in a new country and rebuilding community, the school counselor can provide a group intervention that could assist her in learning new skills and reducing isolation. The school counselor would lead a peer support group for Aaisha and other new students to offer support in acclimating to the school environment, address social skills, and develop peer support. A group intervention can offer an opportunity for the school counselor to address Aaisha's social needs, facilitating her connection with peers in a supportive environment. The school counselor would also be able to identify shared barriers or concerns new students face in the school and advocate more effectively for a welcoming environment among school faculty, staff, students, and families.

Cognitive Behavioral Therapy (CBT) and Trauma-Focused CBT

Interventions that focus on helping refugees and immigrants through trauma can be very therapeutic (Im et al., 2021). Cognitive behavioral therapy (CBT) interventions like narrative exposure therapy, creative exercises, cognitive restructuring, trauma-focused therapy, and psychoeducation are effective for children with post-traumatic stress disorder (PTSD), anxiety, and depression (Kangaslampi et al., 2015). The clinical mental health counselor working with Aaisha could implement these techniques to treat symptoms of trauma and facilitate adaptive coping techniques for acculturative stress. Trauma-focused cognitive behavioral therapy (TF-CBT) can be used to process and understand trauma (de Arellano et al., 2014). TF-CBT focuses on helping children with processing trauma and working through PTSD, depression, anxiety, and behavioral issues. TF-CBT has also helped counselors work with children who have struggled with depression, PTSD (de Arellano et al., 2014; Scheeringa et al., 2011), and behavioral issues (de Arellano et al., 2014). Scheeringa et al. (2011) completed a 12-session model for reducing PTSD and depression in children. TF-CBT could be productive with a client like Aaisha, who witnessed the danger of sniper and missile attacks. Addressing and focusing on her trauma could help reduce PTSD symptoms over time. The counseling intern working in the school-based clinic would offer TF-CBT to support with art therapy techniques to help Aaisha process grief and past trauma, and to strengthen coping skills to manage worries and anxiety. The counseling intern starts with a thorough informed consent process with both Aaisha and her parents, with an interpreter present to discuss the counseling process, the time limitation of her internship, and the plan for ongoing services after the end of the TF-CBT protocol. The intern develops a treatment plan that identifies manageable goals important to Aaisha for the timeframe they have to work together.

Integrative Approach

Using an integrative, school-based approach that addresses the logistical and cultural needs of the client in treating trauma and adjustment-based concerns, the school counselor working with Aaisha would need to hire a trained contractual interpreter to assist with co-facilitating an integrative group intervention. The school counselor could work with her teachers to identify other girls within her age bracket who might share similar concerns. The group sessions could follow the general protocol of TF-CBT, including psychoeducation, relaxation, affect regulation skills, integration of the trauma narrative, communication skills, and parenting skills. Art therapy techniques at each stage will make activities more accessible and meaningful. These techniques might include creating group murals or collages with coping techniques. While the clinical mental health counselor is working with the students, the school counselor could lead parenting skills and psychoeducation sessions with the parents so that they can be brought into the group sessions to support their children effectively.

Limitations/Considerations

While we offer an integrative approach in this case study, school counselors must account for their school contexts and resource limitations. Within those limitations, we advocate for an approach that honors the client's cultural background, family and community involvement, and holistic needs

for well-being. School and clinical mental health counselors must work in partnership with each other, students, interpreters, families, and wider school communities to meet these needs ethically. The ASCA National Model (2025a) and the ASCA School Counselor Professional Standards & Competencies (2025b) outline school counselors' responsibility to build partnerships among schools, families, and communities. Seeking supervision and consultation can support creative advocacy efforts to address migration-related trauma and acculturation concerns within resource constraints.

Conclusion

Equipped with background knowledge of migration issues, cultural norms, and relevant social systems as well as skills in evidence-based interventions, advocacy, and cultural brokering, counselors can successfully support refugee and immigrant children in their pursuit of wellness. An ecological approach that includes consideration for poverty, trauma, and culture is best suited to facilitate understanding of both the pressing challenges and areas of strength and resilience among refugee and immigrant children. Counselors are well-positioned in the community and school settings to help facilitate psychosocial adjustment in collaboration with schools, service providers, health care providers, and families.

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