Objectives

- Describe what immigration trauma is and what causes it.
- Identify the long- and short-term effects (cognitive, socio-emotional, psychological, relational) effects of enforcement policies (e.g., threats of separation or actual forced separation) on young children and their parents/caregivers.
- Describe interdisciplinary, developmentally-, trauma- and diversity-informed tools (Family Preparedness Plan) and strategies aimed at increasing safety, affect regulation, empowerment, and hope.
- Discuss the impact of this work on caregivers and other professionals (secondary traumatic stress, vicarious traumatization) and identify strategies to address it.

Group Agreements

- Keep an open mind
- Listen with respect
- Protect privacy and confidentiality
Reflection

If unexpectedly you had to leave the country in 24 hours, what would be your priority?

What would be your plan?

Changes in Immigration Policy

• The current Administration has created changes about:
  • How people qualify for different types of status
  • How and when people are able to travel to the country
  • How immigration enforcement works
  • This has had implications particularly for Hispanic and Latino communities

Demographic Information of Latinos and Hispanics in the US

• As of July 1, 2017 there are 58.9 million Latinos in the US, 18.1% of the nation’s total population.
• 7% of Latino children were undocumented in data aggregated by 2009 by Pew estimates.

Sources: US Census Bureau, Pew Research Center, Migration Policy Institute, Center for American Progress
Group Agreements

- Keep an open mind
- Listen with respect
- Protect privacy and confidentiality

What kinds of immigration status do people have?

1. Undocumented People
2. Non-Immigrants
3. Immigrants
4. Special Immigrant Statuses
Undocumented People:

Physically present in the US, but lacking any “legal status”

Use neutral language:
Drop the “I-word” (“illegals”!)

Mixed status families

• Mixed status families frequently include older family members who are deportable and younger children who cannot legally be deported

Our Stance:
Diversity-informed Approach
Diversity-Informed Tenet # 1
Self-awareness Leads to Better Services for Families

Professionals in the field of infant mental health must reflect on their own culture, personal values, and beliefs, and on the impact racism, classism, sexism, ableism, homophobia, xenophobia, and other systems of oppression have had on their lives in order to provide diversity-informed, culturally attuned services on behalf of infants, toddlers, and their families.

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www.diversityinformedtenets.org

Luz: “Mami, no quiero que la migra te lleve”

Why Do They Migrate?
Historical Context

- Political violence and massacres in Central American countries at different points of time between 1960 and 2000:
  - El Salvador (1979-1992)
  - Guatemala (1960-1996)
  - Honduras (1980s)
- Currently, social violence as the aftermath of historical trauma, transmitted across generations and perpetuated through social dynamics

Historical Trauma

- Social and Political Violence
- Community Fragmentation
- Family Ruptures
- Migrant Children and Families

Immigration Trauma

Before, During, After, Now...

- Premigration
- During Transit
- Temporary Resettlement
- Settlement

When Immigration is Trauma — Perez-Foster, 2003

CR Norona & M. Casas
• Being undocumented can cause extreme anxiety, which can compound with pre-migration stressors and with extra- and intra-familiar stressors increasing the risk for mental health disorders (depression, anxiety, PTSD)

• Undocumented status combined with the threat of deportation can result in traumatic stress for all family members

• For families with a member or members who are undocumented or tenuously documented, fear of detention and deportation is insidious and continuous

• Stress related to immigration status manifests as withdrawal from normative activities, including not accessing services and in symptoms of emotional pain and traumatic stress
IMMIGRATION ENFORCEMENT POLICY: IMPACT

Immigration Enforcement

- Migrant Families
- Mixed Status Families
- Immigrant and Refugee Community

Immigration Enforcement and Mixed Status Families
Mixed Status Families

• Mixed status families come from all over the world, but the majority in the US are from Mexico and other places in Latin America (Guatemala, Honduras and El Salvador-Northern Triangle)

• In the US, there are more than 9 million children whose parents are undocumented immigrants

• Approximately 5.3 million of these children were born in the US to undocumented or mixed status parents (about 8% of all US children)

• 91% of these children are under the age of 6 (Passel & Cohn, 2009)

• Among children of Latino immigrants, about 4 in 10 second-generation immigrant children live in a mixed-status family

Noroña

Mixed-Status Families Face Unique Threats!

• Parental vulnerability to detention and deportation
• Increased risk for family separation
• Confusion

(Henderson, Kelly, 2013; Lamberg, 2008; Zayas et al., 2015)

The Ripple Effect of the Fear of Detention and Deportation

UNDOCUMENTED STATUS + THREATS OF DEPORTATION = TRAUMATIC STRESS
Impact on Caregivers

• Isolation
• Feelings of being “hunted”, trapped, disoriented, confused, lonely, distrustful
• Triggers
• Emotional availability and reflective functioning
• Risk for PTSD and other mental health issues

Impact on Young Children

• Dyregulation
• Withdrawal
• Angry non-compliance
• Attachment difficulties
• Extreme separation anxiety
• Increased arousal
• Increased anxiety: concern for self and loved ones
• Regression
• Aggression

Impact on Young Children

Psychosomatic symptoms
Developmental delays
Uncertainty about safety of the world/distrust of authorities
Identity formation: “bad”, “illegal”, “criminal” “alien” “dangerous”
Contradictory feelings towards parents, US, self
Confusion and shame due to secrecy, “the unspeakable”
Other symptoms: Depression, internalizing and externalizing symptoms, hopelessness, traumatic stress
Second grade girl: "My mom... she says that Barack Obama is taking everybody away that doesn’t have papers"
Michelle Obama: "Yeah, well that’s something that we have to work on, right? To make sure that people can be here with the right kind of papers, right? That’s exactly right."
Second grade girl: "But my mom doesn’t have any papers."

Citizen Children, Undocumented Parents

Impact on Relationships

- Attachment system organizes children’s responses to safety and fear
- Perception of safety
- Perception of loss
- Immigration as toxic stressor

When Fear Becomes Reality: Effects of Parental Loss

**Short Term**
- Family fragmentation
- Loss of income
- Loss of childcare
- Inability to meet basic needs
- Relocation
- Child placement in Child Welfare System
- Further Isolation
- Increased fear
- Decreased engagement in community and health services

**Long Term**
- Social isolation
- Depressive symptoms in remaining caregiver
- Child symptoms:
  - Separation anxiety
  - Aggression
  - Contradictory feelings towards caregivers
  - Shame/anger for caregiver’s arrest
  - Withdrawal
  - Loss of appetite and sleep disturbance
  - Depression and post-traumatic stress symptoms

Noroña CR, Chaudry et al. 2010; National Council of La Raza, 2007
Ambiguous Loss

• Definition: A loss that remains unclear
  • Premise: uncertainty or lack of information about the whereabouts or status of a loved one as absent or present, dead or alive, is potentially traumatic
  • Closure is impossible
  • Without information to clarify the loss, people are forced to live with the ongoing paradox of absence and presence (Boss, 2007)

Recommendations for Providers Working with Latino and Hispanic Mixed-Status Families

Freedom from Fear: A Human Right

A Proactive Approach to Fear Reduction
  • Reducing fear is a therapeutic goal and in this case a social justice issue
  • In the absence of significant immigration reform, providers should proactively:
    o Engage in ongoing self-exploration about our own biases, values, and the impact of the work on us
    o Become trusted resources and create safe spaces (therapeutic, educational, pediatric)
    o Facilitate access to appropriate mental health services to repair the trauma of migration and family separation
    o Empower families through information/safety planning

A Diversity and Trauma Informed Approach to Services: Practice Implications

Interventions with these families must encompass:

1. Historical and socio-cultural lens
   - Multidimensional, multilayered, multidisciplinary approach
   - Stabilization and safety
   - Comprehensive assessment (including immigration hx, historical trauma, and experiences of oppression)
   - Developmental guidance
   - Parent support and advocacy

2. Multipronged, multilayered, multidisciplinary approach including:
   - Stabilization and safety
   - Comprehensive assessment (including immigration hx, historical trauma, and experiences of oppression)
   - Developmental guidance
   - Parent support and advocacy

3. Focus on safety, transparency and relationships:
   - Increasing safety (in the environment, relationships)
   - Building regulation capacities in parents/caregivers and children
   - Restoring/enhancing child-caregiver relationship
   - Helping the caregiver and child make meaning of the impact of the immigration traumas (including separation and reunification) on each other
   - Help discussing immigration topics in developmentally appropriate ways
   - Removing the stigma, the taboo - "speaking the unspeakable"
   - Empowering families/caregivers: Family Preparedness Plan, Know your Rights information
   - Enhancing resiliency
   - Providing hope, choice

4. Caring for the helper
   - Begins with understanding:
     - Impact of trauma on every aspect of the child's functioning/development
     - Impact on the family
     - Impact on all those within the immigrant community, both directly and indirectly
     - "What's wrong with you?"
     - Building strategies to support providers as they support the children.
     - Change is implemented across all domains through collective and collaborative efforts from leaderships, administration, providers, staff, and volunteers.
Discussion: Supporting Families

- How can I meaningfully support my patients and families who are experiencing immigration related trauma?
- How can I work with my colleagues in other disciplines?
- What is the best response if a family raises immigration concerns during a visit?

Developing Collaborations

- Team Work
- Vision
- Communication
- Culture of Trust
- Interdependence
- Engagement

Interdisciplinary Collaborations: Strategies

Building Partnerships

- Open communication with local, state, school and city offices that work with target population
- Building positive and collaborative relationships with Mutual Assistance Agencies
- Awareness of other community services supporting clients
- Collaboration where possible to prevent duplication of effort

Addressing Threats of Separation: Family Preparedness Plan

"BMC Family Preparedness Plan"
Addressing Workforce Implications

The Consequence of Being a Helper

Group Reflection
• Identify some of the consequences (positive and challenging) that working with migrating families might have had on you or your supervisees.
• What has helped you to process these experiences or to face the challenges you have encountered?

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a term originating way to describe secondary traumatic stress, has been used interchangeably with the term.

Compassion satisfaction refers to the positive feelings derived from competent performance as a helping professional. It is often linked to increased feelings of meaning and purpose. Compassion satisfaction is thought to result from conviction that one’s work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of repeated efforts to help others, which may lead to a sense of depletion and disengagement.
Secondary Traumatic Stress can be Prevented

Reflective Supervision/Practice:
Critical for Self-Care, Accountability, and Sustainability

• Reflective supervision is recommended as a model to increase resiliency and reduce the likelihood of secondary traumatic stress (STS).

Reflective Supervision

• "Regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee’s use of their thoughts, feelings, and values within a service encounter" (Multiplying Connections n.d.).
• It is relationship-based, honors parallel process and complements the goals and practices of Trauma-Informed Systems
• Three building blocks:
  • Reflection
  • Collaboration
  • Regularity
Creating Safe Spaces

Triggers in the medical environment can exacerbate feelings of stress and fear that patients may experience when seeking care:

- Loud overhead announcements and alarms
- Confusion, chaos, and unpredictability
- Requests for personal information in public areas
- Extended time in the waiting room
- Public safety or uniformed officers present

Create Diversity-Informed Safe Environments: Identify, Manage and Anticipate Triggers

<table>
<thead>
<tr>
<th>Sensory Information</th>
<th>Emotional and Behavioral Dysregulation</th>
<th>People</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loud noises, sirens</td>
<td>Feelings of anger, sadness, fear</td>
<td>Police officers, people in uniform</td>
<td>Changes in routines, separation from caregiver, feeling isolated, helplessness, fear</td>
</tr>
<tr>
<td>Smells</td>
<td></td>
<td>Hand or body gestures</td>
<td>Hearing bad things being told about their family</td>
</tr>
<tr>
<td>Physical touch</td>
<td></td>
<td>Stern and scary people</td>
<td>Witnessing other children crying and upset</td>
</tr>
<tr>
<td>Images or sites</td>
<td></td>
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<tr>
<td>Being in the dark</td>
<td></td>
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<tr>
<td>Being talked to</td>
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<tr>
<td>Crowded places</td>
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<td>Strangers</td>
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<td>Police officers</td>
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<tr>
<td>Officers in uniform</td>
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</tr>
</tbody>
</table>
Create Diversity-Informed Safe Environments

- Foster rituals and routines that include socio-cultural practices
- Design environments that "speak" to children and their families
- Create opportunities for talking, listening and sharing
- Offer a range of socio-culturally appropriate toys and materials for all areas of development

Clervil, et al. (2013); Rice and Groves (2005)

Creating Safe Spaces: Acknowledging and Normalizing

- Medical providers can also make an impact by expressing to patients that they are welcomed and valued
  
  Example:
  "I don’t know your immigration status but I do know under the current climate, immigration is very stressful for many families and individuals. Please know you and your family are always welcome here in our hospital. Your health and wellness matter to us, and we will do everything we can to support you."

Asking About Immigration Status

- Patients and families may experience stress and fear when asked directly about their immigration status
- As a result, routine screening for immigration status by medical providers is not advised
- Certain clinical scenarios may necessitate that a member of the multidisciplinary team asks about immigration status
Asking About Immigration Status

• If you have to ask:
  • Explain why you are asking
  • Use normalizing language

  Example:
  "Many of my patients experience stress related to immigration. I would like to ask you some questions about your immigration status because I am hoping to provide the best support to you and your family. I also understand if you prefer not to discuss this with me."

What Should Be Documented?

• It is best practice NOT to document a patient’s specific immigration status especially if patient or family members are undocumented
• HIPAA does not protect all medical records in all situations
• Because we cannot promise patients that medical record will not be accessible to USCIS in the case of a subpoena, it is best to document immigration related issues minimally or not at all in the EHR

What Should Be Documented?

• If a patient discloses immigration status in the course of a medical visit, inform patients what you will document

  Example:
  "Thank you for telling me this. I want you to know that in our hospital, we do not voluntarily share any information with immigration agencies, and that I will not document your immigration status in your medical record."
What Should Be Documented?

• Documentation with regards to patient immigration concerns should be minimal and should protect the patient’s and family’s privacy.

Example:
“The patient was not eligible for shelter placement.”
“The patient moved here from out of state.”

Law Enforcement: How to Respond

• Hospitals are designated as “sensitive locations.”
• Most health care organizations have detailed written policies on how to respond if ICE or other law enforcement officials enter the hospital and request patient information.
• Find out the policy in your organization and identify:
  • Staff roles and responsibilities
  • How staff should interact with federal immigration agents

Supporting Patients and Families

• Remove stigma by providing guidance on normal reactions to immigration related stress in parents, children, and caregivers.

Example:
“It is normal to feel anxious and stressed about the possibility of being separated from your child. Please think of us as a resource. We are here to help if you need it.”
Supporting Patients and Families

- Offer resources—both for immediate needs and for mental health/psychological support
- Refer to reliable legal resources
- Provide reassurance and support
- Be aware of the limits of your expertise
- Make resources available in exam rooms so that families can take them privately without having to ask or be asked

How Can I Make a Broader Difference?

- Follow the Zero to Three advocacy www.zerotothree.org/resources/2384-supporting-young-children-experiencing-separation-and-trauma

How Can I Make a Broader Difference?

- Watch the webinar "The Science of Childhood Trauma and Family Separation: A Discussion of Short- and Long-term Effects.
- Watch the webinar to learn more: Attachment, Development, Trauma, and Socio-Cultural Responsive Interventions for Young Children (Available in English and Spanish) (https://learn.nctsn.org/course/index.php?categoryid=82)
How Can I Make a Broader Difference?

- File a report with the DHS Office of Inspector General on their hotline: [https://www.oig.dhs.gov/hotline](https://www.oig.dhs.gov/hotline). The more details you can report the better (e.g., exact location of facility, for how long, age and gender of child).
- Contact your members of Congress and tell them to require humanitarian standards for children in Customs and Boarder Protection custody as part of a final emergency funding package. You can also go to [federaladvocacy.aap.org](http://federaladvocacy.aap.org) and click on "Support Humanitarian Standards for Children in CBP Custody" in the Advocacy Action Center.

Key Takeaways

- Partner with and advocate on behalf of families
- Think about all members of the family, not just the patient in your clinic
- Work collaboratively with care providers in other disciplines and other specialties
- Take care of yourself and your coworkers
- Stay informed about changes in immigration policies that impact your patients
- Offer partnership, solidarity, and hope

Key Takeaways

- "Infants are citizens of the world. It is the responsibility of the global community to support parents, families and local communities in welcoming, protecting, and nurturing them" (St John, Thomas, Noroña, 2012, p. 30).
- Migration-related separation and separation are case examples of the notion that social justice is linked inextricably with the field of infant and early childhood mental health (Thomas, St John, Noroña, 2012, as cited by Lieberman and Olive-Bucio, 2018).
- At an advocacy level it is more important than ever to bring the attention of policy makers and researchers to the babies, the thousands of babies who wait in liminality for their rights to be enforced."
Acknowledgements

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