

Traumatic Experiences Prior to, During and After the Immigration Journey Among Very Young Hispanic and Latino Children reaching the US "The Border is Here"



National Hispanic and Latino
MHTTC
Symposium
Boston College

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MS.Ed

September 20, 2019



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

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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



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Undocumented People:

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

Use neutral language:

Drop the **“I-word” (“illegals”)**!



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Mixed status families

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



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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, able-ism, 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?



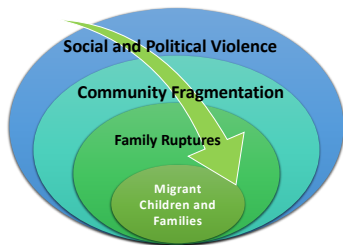
Historical Context

- 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 (1980's)
- Currently, social violence as the aftermath of historical trauma, transmitted across generations and perpetuated through social dynamics



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Historical Trauma



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Immigration Trauma Before, During, After, Now...



When Immigration is Trauma – Perez Foster, 2001

CB Noroña & M. Casas

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Undocumented Status



Photo: Joe Raedle/Getty Images



Undocumented Status

- Being undocumented can cause **extreme anxiety, which can compound with pre-migration stressors** and with **extra- and intra-familial 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

Desjarlais, 1995; Cavazos-Regh et al, 2007; American Psychological Association, 2012

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Undocumented Status

- 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**

Crutchfield-Stoker, Egnont, Spartley, Lee, Mooney, Slicer, Shi, & Douglas, 2017





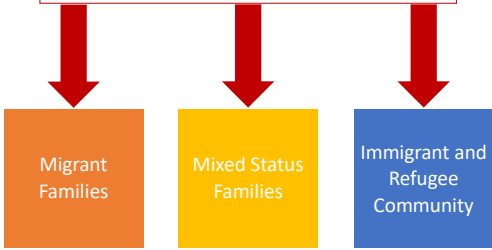
IMMIGRATION ENFORCEMENT POLICY: IMPACT



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Immigration Enforcement



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Immigration Enforcement and Mixed Status Families



<http://www.apa.org/topics/immigration/immigration-psychology.aspx>

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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 U.S. 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**

Yoon, K. (2012). *Immigrant Children in America*. New York: Russell Sage. 2011. United Nations High Commissioner for Refugees. (2014, 2015). *Factor of 2*. Fry & Passel, 2009.

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Mixed-Status Families Face Unique Threats!

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



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

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The Ripple Effect of the Fear of Detention and Deportation



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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

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Impact on Young Children



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

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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...

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Citizen Children, Undocumented Parents



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."

Courtesy of I. Fernandez-Pastrana

Impact on Relationships

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



(Scheeringa & Zeanah, 1995)

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When Fear Becomes Reality: Effects of Parental Loss

Short Term

Long Term

- | | |
|---|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Social isolation • Depressive symptoms in remaining caregiver • Child symptoms: <ul style="list-style-type: none"> • 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 |
|---|---|

Chaudry et al. 2010; National Council of La Raza, 2007

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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)

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



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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:
 - Engage in ongoing self-exploration about our own biases, values, and the impact of the work on us
 - Become trusted resources and create safe spaces (therapeutic, educational, pediatric)
 - Facilitate access to appropriate mental health services to repair the trauma of migration and family separation
 - Empower families through information/safety planning

Berger, Cardoso, Faulkne, M. & Scott, 2015;
Crawford/Field-Spencer, Igenom, Spertling, Lee, Mooney, Sliet, Shi, & Douglas, 2017



A Diversity and Trauma Informed Approach to Services: Practice Implications

Interventions with these families must encompass:

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

Bergo, Cardoso, Franklin, M. & Scott, 2015; Cruthfield-Stoker, Egmont, Spertley, Lee, Mooney, Sizer, SH, & Douglas, 2017



A Diversity and Trauma Informed Approach to Services: Practice Implications

3. Focus on safety, transparency and relationships:

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

4. Caring for the helper

crutonia



Promoting Trauma-Informed Environments

- 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
- Shifting the lens through which we view children and their families:
 - "What's wrong with you?"
 - "What has happened to 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.

C. Bailey, N. McCormick & DWP

Norona



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



Interdisciplinary Collaborations: Strategies



Adapted from Narasimhan, S. A., Booth, A., Akins, L., Smith, T., Enderby, P., & Rishi, A. (2011). The principles of good interdisciplinary team work. *Journal of Interpersonal Violence, 26*(18), 4483-4491.


Naranda & Fernandez-Palacios



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


Abdi, 2019
2019 Virtual All Network Conference (ANC) of the National Child Traumatic Stress Network (NCTSN)



Addressing Threats of Separation: Family Preparedness Plan

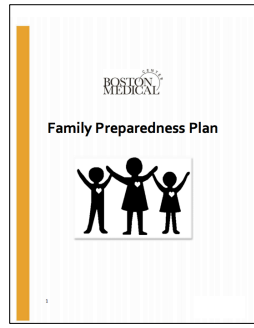
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"BMC Family Preparedness Plan"

This Family Preparedness Plan was developed by:
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Division of Developmental & Behavioral Pediatrics
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Medical Legal Partnership-Boston



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 less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

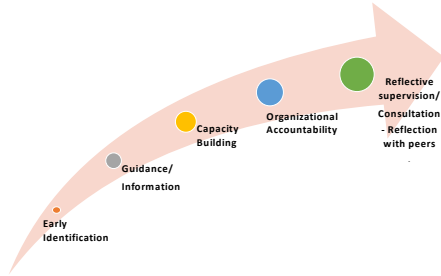
Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

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 general occupational stress; the terms is not used to describe the effects of indirect trauma exposure specifically.

<http://www.nctsn.org/resources/topics/secondary-traumatic-stress>

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).

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

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



Creating Safe Spaces

Triggers in the medical environment can exacerbate feelings 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

Sensory Information	Emotional and Behavioral Dysregulation	People	Environment
<ul style="list-style-type: none"> • Loud noises, noises (sirens) • Smells • Physical touch • Images or sites • Being in the dark • Being talked to constantly and by different people 	<ul style="list-style-type: none"> • Feelings of anger, sadness or fear 	<ul style="list-style-type: none"> • Too many people/crowded places • Strangers • Police officers/people in uniforms • Hand or body gestures • Stern and scary people 	<ul style="list-style-type: none"> • Changes in routines • Separation from caregivers/staff • Transitions • Confusion or chaos • Being left alone • Hearing bad things being told about their family • Witnessing other children crying and upset

Quill, S., Giambo, S., Daniels, C., & Smith, C.A. (2008). Trauma-Informed Care for Behavioral Problems: A Guide for Community-Based Service Providers. Boston, MA: The Medical Center for Family Interactions, a practice area of Harvard Medical School's Center for Health and Social Development Research.



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

Cervini, 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?

- Read the *Social Policy Report* "[Applying a Community Violence Framework to Understand the Impact of Immigration Enforcement Threat on Latino Children](#)" and accompanying *Brief*, "[How the Threat of Deportation Affects Children in Latino Immigrant Families](#)"
- Follow the Zero to Three advocacy www.zerotothree.org/resources/2384-supporting-young-children-experiencing-separation-and-trauma



"In one day, I went from feeling my normal to feeling a revolution."



How Can I make a Broader Difference?

- Review the Statement of the Evidence: "[The Science is Clear: Separating Families has Long-term Damaging Psychological and Health Consequences for Children, Families, and Communities.](#)" Also available [en español](#).
- 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>. The more details you can report the better (eg. 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 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. 16).
- 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.

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Acknowledgements

- Ivys Fernández-Pastrana, JD
- Dr. Genevieve Preer, BMC
- Kara Hurvitz, JD-MSW, MLPB



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