



**THE TENETS**

DIVERSITY-INFORMED TENETS FOR WORK  
WITH INFANTS, CHILDREN & FAMILIES

# The Border is Here



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# Group Agreements

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

# Objectives

- Describe the emotional and social impact of immigration
- Discuss how to support families at risk of forcible separation using a developmental, trauma- and diversity-informed approach
- Identify how to create safe spaces for immigrant individuals
- Describe a framework to support providers and staff working with immigrant families

# Reflection

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



# **Immigration, Trauma and Loss**

# Our Stance: Diversity-informed Approach



# 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.



Luz:

“Mami, no quiero que la migra te lleve”



# Immigration: A Complex Psychosocial Process



That includes the initial decision to leave, the process of migration, and acclimatization to the new country (Perez Foster, 2005)



Social determinants of the psychic organization of migrant children and families

# Why Do They Migrate? The Northern Triangle: Historical Context, Push/Pull Actors

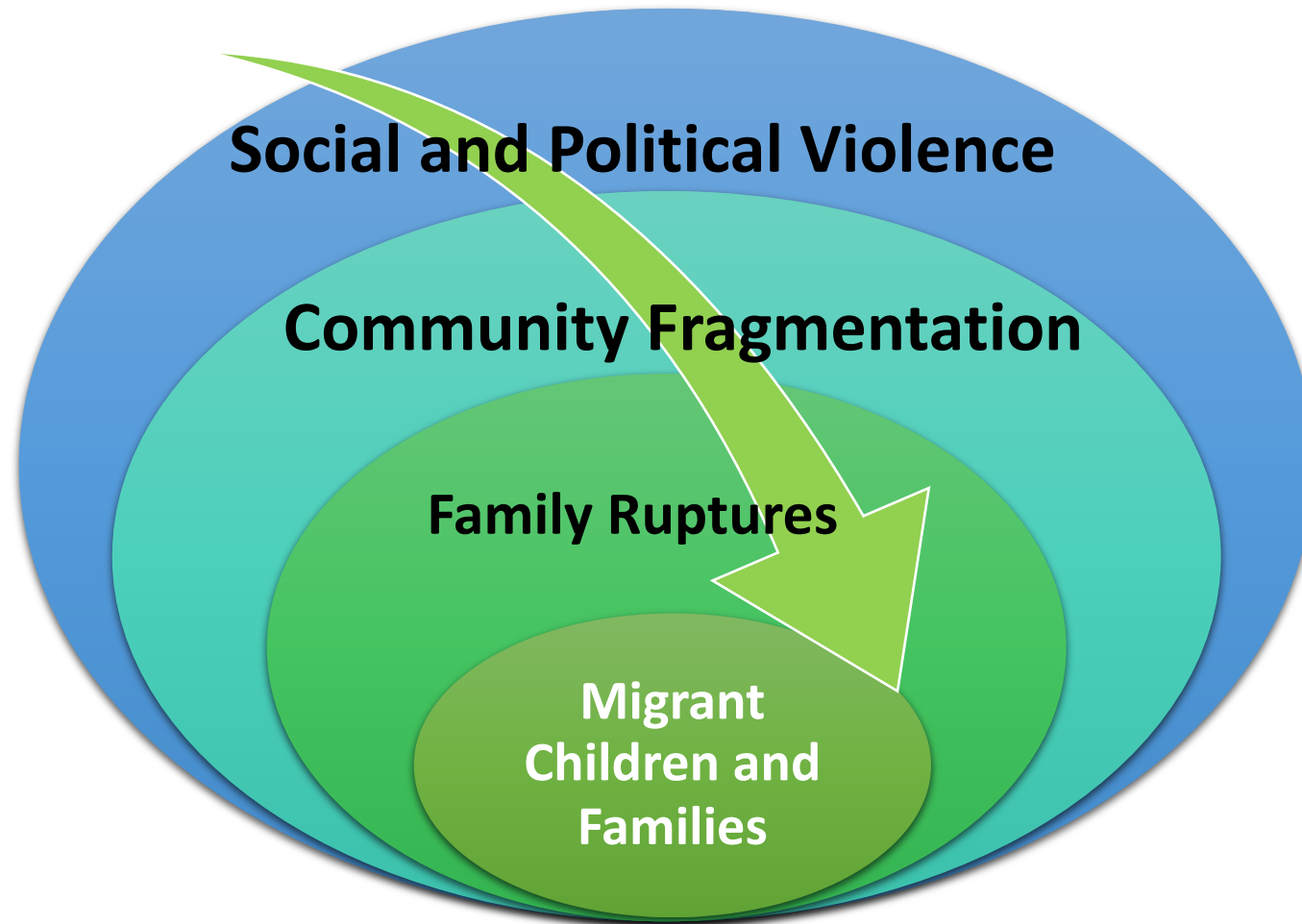


# Historical Context

- 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



# Historical Trauma



# Before, During, After, Now...



When Immigration Is Trauma – Perez Foster, 2001

# Immigration Trauma and Undocumented Status



Photo: Joe Raedle/Getty Images



# **IMMIGRATION ENFORCEMENT POLICY: IMPACT**

# Immigration Enforcement



```
graph TD; A[Immigration Enforcement] --> B[Migrant Families]; A --> C[Mixed Status Families]; A --> D[Immigrant and Refugee Community];
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Migrant  
Families

Mixed Status  
Families

Immigrant and  
Refugee  
Community



# Immigration Enforcement and Mixed Status Families



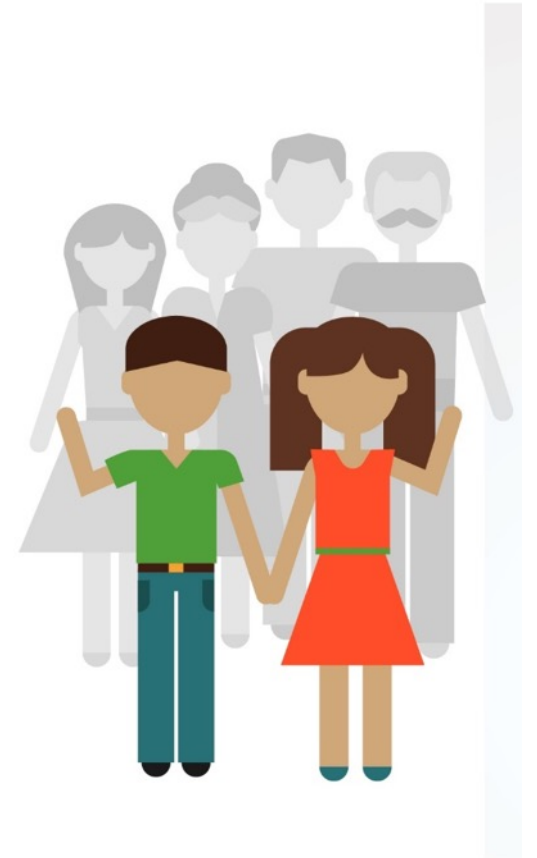
# Mixed Status Families

- 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 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

Yoshikawa & Kholopsteva, 2013; Taylor, Lopez, Passel & Motel, 2011; United Nations High Commission for Refugees, 2015; 2016; Passel & Cohn, 2009; Fry & Passel, 2009.

# 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)

# The Ripple Effect of the Fear of Detention/Deportation

**UNDOCUMENTED STATUS  
+  
THREATS OF DEPORTATION  
=  
TRAUMATIC STRESS**



Noroña

# 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



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

# 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."

# Impact on Adolescents

- Angry non-compliance
- 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, traumatic stress...



# Impact on Relationships

- Attachment system organizes young children's responses to safety and fear
- Perception of safety closely related to perception of their attachment figures' safety
- Perception of loss or danger toward these figures identified as a strong risk in the development of PTSD in young children
- Immigration enforcement as toxic stressor



(Scheeringa & Zeanah, 1995)

# 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

**TRAUMA-FOCUSED AND  
DIVERSITY-INFORMED TOOLS AND  
STRATEGIES**

# 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

# A Diversity and Trauma Informed Approach to Services: Clinical Implications

Interventions with these families must encompass:

1. Historical and socio-cultural lens
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

# A Diversity and Trauma Informed Approach to Services: Clinical Implications

## 3. Focus on:

- 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”
- Empower families/parents: *Family Preparedness Plan, Know your Rights* information
- Enhancing **resiliency**
- Providing hope, choice

## 4. Caring for the helper

# 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.

# 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



# 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”

This Family Preparedness Plan was developed by:  
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Center for Family Navigation and Community Health Promotion  
Carmen Rosa Noroña, LCSW, MS. Ed., CEIS  
Child Witness to Violence Project  
Division of Developmental & Behavioral Pediatrics  
Kara Hurvitz, JD, MSW  
Medical Legal Partnership-Boston



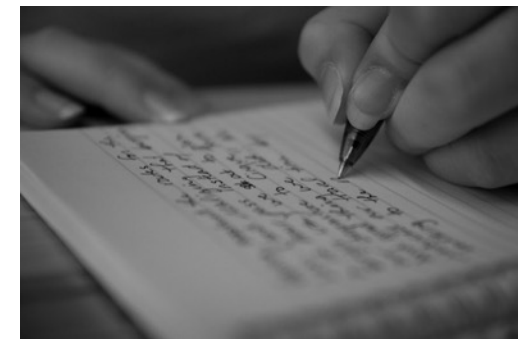
## Family Preparedness Plan



# What is a Family Preparedness Plan?

It is a safety plan that offers parents and caregivers facing the threat of detention or deportation the opportunity to make decisions about:

- Who will care for their children in their absence
- Plans for meeting child's educational, medical, and emotional needs in a parent's absence
- Plans for reunification
- It is NOT a clinical/mental health/educational assessment or evaluation tool.
- The plan can be filled out section-by-section and adjusted to each family's needs.
- You do not have to fill out every section!



# Content

- Massachusetts specific
- Information on:
  - How to choose a caregiver for a child
  - Legal documents to designate a caregiver
- Safety
- Family Reunification Plan
- Talking to a child about an emergency separation
- Child's Personal Information
  - Early Intervention Services
  - Child Care, Early Head Start, Head Start
  - Education Information
  - School Special Education Services
  - In-home Services
  - Medical Information
  - Medical History
  - Family History
  - Child's Routines

# What Else Does the FPP Include?

- Suggestions on how to talk with a child about an unexpected family separation.
- Things to consider when talking with children about sudden family separation.
- How to choose a caregiver for a child and requirements to be a caregiver
- Information about legal documentation needed to designate a caregiver
- How to obtain a passport for a child
- How to parents or caregivers can take care of themselves



# For Facilitators: Self-care

While supporting our families is our utmost priority, having these conversations could be triggering and overwhelming. Try to:

- Pace yourself – How many times a day can you have these conversations?
- If feeling stressed, focus your attention on your breathing. Notice your breath as you inhale and as you exhale. Or notice your balance as you center your weight.
- Have body awareness - Notice whether your body is tense or relaxed. If any parts are tight or constricted, observe the tension and then see if you can soften it or gently let it go.
- If you run into any roadblock, ask for help.
- Find a supportive network where you can share your feelings and experiences and find resources.
- Pay attention to self-care: eat, exercise, and sleep regularly.
- Seek reflective supervision

# Vignette

Marta is a Navigator who has been working with Laura for 2 years and knows the family well. Marta has noticed that during the last year Laura has not been very consistent in keeping her and her children's medical appointments. In general she has been more consistent with her children's appointments but still there has been a considerable change.

Marta receives a referral from one of the clinicians because they did not show up at his recent routine appointment. The clinician is interested in knowing why the change and if there is anything the clinic can do to support the family. Marta calls Laura and although reluctant at first, she agrees to schedule the appointment and talk with Marta after the visit.

# Vignette

- How would you start the conversation?
- What would you ask?
- How would you address caregiver's fears?
- What resources would you offer?
- Who else would you involve and at what point?
- What are your fears?
- What would you do after the session?

# **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.

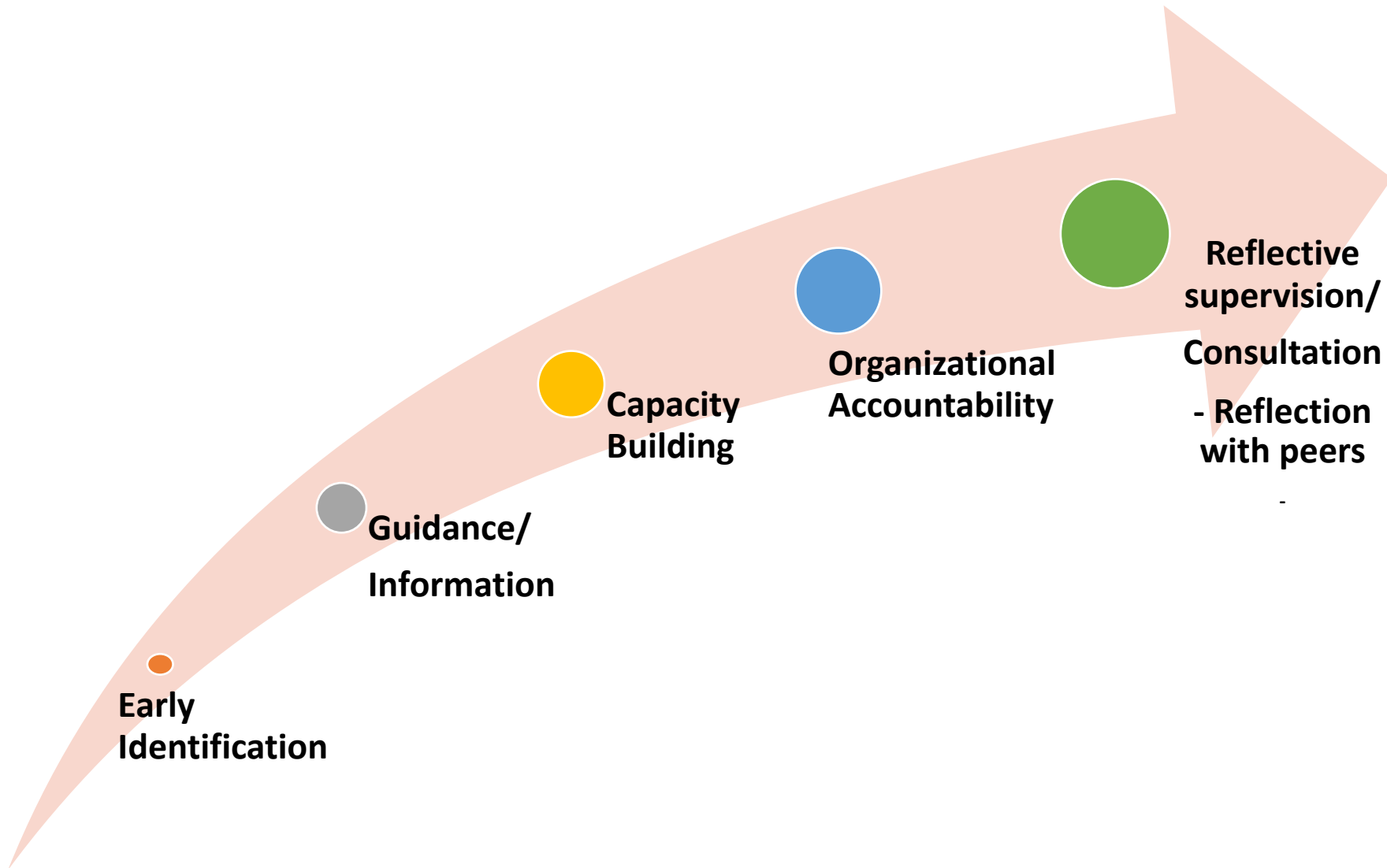
**Compassion fatigue**, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

**Compassion satisfaction** refers to the positive feelings derived from competent performance as a trauma professionals. 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.

# 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

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

# 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

# Creating Safe Spaces

- 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

# Resources

# Addressing Secondary Traumatic Stress

- Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators
- Administration for Children & Families Trauma Toolkit: Secondary Traumatic Stress
- Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals



# 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](http://www.zerotothree.org/resources/2384-supporting-young-children-experiencing-separation-and-trauma)



“In one day, I went from tweeting my oatmeal to tweeting 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 Border Protection custody as part of a final emergency funding package. You can also go to [federaladvocacy.aap.org](https://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

# Acknowledgements

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