



# National Latina/o Psychological Association

Asociación Nacional de Psicología Latina

## **Guidelines for Mental Health Professionals Working with Unaccompanied Asylum-Seeking Minors**

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Although much has been documented about immigration from Central America, little attention has been given to the number of minors, including children and adolescents, who travel to the United States (U.S.) escaping violence and poverty (APA, 2012; Suárez-Orozco & Suárez-Orozco, 2001). Since the summer of 2014, the story of children and adolescents who are crossing the border without an adult family member or guardian has received significant coverage in the media (Chavez-Dueñas, Adames, & Goertz, 2014). These minors referred as “unaccompanied asylum-seeking minors” differ from immigrant minors as they are seeking asylum status in the U.S. Therefore, the legal process they undergo is different from that of immigrant minors who may or may not be applying for a permanent residence status in the U.S. The arrival of unaccompanied asylum-seeking minors is not a new phenomenon though recent years have shown a significant increase in their overall numbers. For instance, from 2004 until 2011, immigration officials at the U.S. Mexico border apprehended approximately 6,800 unaccompanied asylum-seeking minors (NIJC, 2014a). During 2012 and then 2013, the number of unaccompanied asylum-seeking minors detained doubled to 13,000 and 24,000 minors respectively. Finally, in 2014, it is estimated that approximately 90,000 unaccompanied asylum-seeking minors will attempt to enter the U.S. without proper documents (NIJC, 2014b).

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Unaccompanied asylum-seeking minors often leave their home countries escaping violence and poverty and therefore they do so with a number of unmet basic needs including proper nutrition, shelter, safety, and stability. While in transit to the U.S., these children and adolescents may also endure multiple traumatic experiences such as accidents, violence, robberies, assaults, and extortions. Moreover, upon arrival to the U.S., many of these minors experience judgment, discrimination, rejection, and re-traumatization. These events coupled with the experiences of trauma the traveling minors have endured, may not only threaten their sense of safety and security but are also likely to create extreme levels of physical and psychological distress. Numerous advocacy and civil rights groups (i.e., Mexican American Legal Defense and Educational Fund, National Council of La Raza, American Civil Liberties Union) have discussed the importance of ensuring that the basic needs of unaccompanied asylum-seeking minors are met while they are under the U.S. government's custody. In addition to the basic physical needs of minors, the mental health community is interested in the psychological wellbeing of unaccompanied asylum seeking children. Unfortunately, there is the dearth in the mental health literature examining the impact of the complex trauma experienced by unaccompanied asylum-seeking minors on their mental health. Neglecting the mental health of minors who are likely to have experienced complex trauma before coming to the U.S., during their journey, and upon arriving at the border, can have significant negative consequences for their psychological and physical wellbeing. As such, the mental health of unaccompanied asylum-seeking minors needs to become a priority for any professional working with this population.

The National Latina/o Psychological Association (NLPA), its Leadership Council, and its members are concerned about the experiences of unaccompanied asylum-seeking minors. The following guidelines have been developed for mental health professionals who provide services to unaccompanied asylum-seeking minors. In order to facilitate its use, the guidelines are organized by specific mental health concerns that are likely to be observed among this population.

## **Mental Health Needs of Unaccompanied Minors**

### **General Guidelines**

Mental health screenings need to be conducted in order to determine the presence of any pre-existing mental disorders once unaccompanied asylum-seeking minors are in the custody of the U.S. government. This screening can also assess for any mental health concerns stemming from any violence and other traumatic events the minors might have endured during their journey to the U.S. Mental health providers should also note that by the time practitioners are allowed to conduct mental health screenings, the unaccompanied minors would have already been interviewed multiple times about their lives and experiences. Thus, it is paramount for professionals to be sensitive to the impact that recounting traumatic events is likely to have on minors.

1. The mental health screening should specifically assess for:
  - a. grief, loss, symptoms of depression, suicide risk, and suicidal ideation,
  - b. exposure to violence and other traumatic events prior to immigration as well as during the journey,

- c. symptoms resulting from such trauma.
2. Along with mental health screenings, mental health personnel assisting unaccompanied asylum-seeking minors might be required to conduct more comprehensive clinical evaluations. Although there is not a specific assessment protocol geared toward unaccompanied refugee minors (Aranda, personal communication, November 23, 2014), mental health professionals should strive to follow best practices regarding assessment of culturally and linguistically diverse populations published by the American Psychological Association (APA, 2012). In order to provide accurate mental health diagnoses, mental health professionals must be aware of the role that culture, language, and stage of development plays in the assessment process.
3. Mental health professionals working with unaccompanied asylum-seeking minors are encouraged to keep in mind that minors who have been exposed to violence and other traumatic events for extended periods of time may have difficulties trusting adults and other individuals. As such, professionals need to be very patient and empathic.

Lack of trust in adults may be expressed by children and adolescents as oppositional behavior (e.g., refusal to cooperate and/or follow instructions). Some ways to elicit minors' cooperation while being empathic include:

- a. Demonstrate genuine interest in the minor's current situation and well-being.
  - b. Help minors to predict what will happen while in custody. For instance, develop a schedule with clear routines and expectations.
  - c. Follow through with promises made and provide explanations when things and schedules are changed.
  - d. Demonstrate warmth and respect.
  - e. Try not to take the behavior of minors personally but rather as response to trauma, distress, and/or uncertainty. Moreover, strive to put minors' behavior in the context of their historical and current situation.
  - f. Use active listening skills and avoid making judgments or interpretations of the stories being shared by minors.
4. Mental health services provided to unaccompanied asylum-seeking minors would ideally be delivered by highly qualified professionals with expertise in culturally responsive interventions for trauma and grief (APA, 2012). These professionals should not only be well versed in culture-specific treatments and adaptations, but they should also possess command of their clients' preferred language (e.g., Spanish, Ki'Che). In cases where bilingual professionals are not available, professional interpretation services should be made available. To affirm and protect the best interest of all children, and consistent with ethical and professional practices in providing interpretation services, unaccompanied asylum-seeking minors should never be used as interpreters.
  5. It is also recommended that mental health providers have specific training and experience assessing trauma in asylum-seeking children and adolescents. This expertise will facilitate the delivery of effective and evidence-based treatment strategies for this particular population.

6. Considering the complexities surrounding the immigration of these minors to the U.S., it is of utmost importance that mental health services are provided by professionals who are committed to advocacy and social justice. Scholars have offered the following recommendations for professionals to use their knowledge, power, and privilege in the benefit of unaccompanied asylum-seeking minors (Chavez-Dueñas et.al., 2014):
  - a. advocate for the provision of mental services,
  - b. the respectful treatment of unaccompanied asylum-seeking minors,
  - c. the promotion of a welcoming environment, and
  - d. the education of the community regarding ways to support these efforts.

Furthermore, the commitment to social justice advocacy needs to go beyond the perception of “helping the least fortunate” to a social justice stance that embraces and promotes empowerment, self-efficacy, and instills hope in these minors (Torres Fernandez, 2014).

7. When providing mental health services to vulnerable populations, clinicians need to be mindful that the development of a strong sense of belonging has been identified as a critical protective factor in children and adolescents (Suárez-Orozco & Suárez-Orozco, 2001). Thus, it is important that minors are provided with spaces to connect with each other and share their stories. For example, providing circle or story telling time will allow children and adolescents opportunities to offer validation, support, and empathy to one another while they share their stories of survival. Realizing the commonalities between their stories could serve as a powerful tool not only to normalize their experiences but also to empower minors and instill hope. However, it is important for clinicians not to pressure minors to share information they do not feel comfortable or ready to share.
8. Family therapy approaches may also be helpful in treating unaccompanied asylum-seeking children, many of whom may have traveled with siblings detained in the same facility. Family system approaches offer many advantages. For instance, it may assist in effective bonding processes, securing more trusting relationships, and allowing children to process their feelings and support each other. From a cultural perspective, familismo, or the value placed to family connections (immediate or extended) is considered a protective factor. In other words, using family members as a source of support and comfort can buffer the effects of trauma, provide comfort, and sense of security.
9. We recommend that clinicians be open and honest about the limits of confidentiality within the detention centers. Clinicians are asked to provide such explanations in developmentally appropriate ways and to keep in mind that the minors may not understand the different roles of all the adults professionals with whom they interact. The following recommendations are made regarding specific information that should be provided to children regarding confidentiality:
  - a. Mental health providers are encouraged to be truthful with children regarding the specific information that will be included in a mental health record (e.g., DSM-V diagnoses, clinical interviews/intakes, progress notes, treatment plans).

- b. Clarification should be offered about who will have access to the records, where they will be kept, and for how long.
- c. A description of how detailed progress notes will be is also encouraged. This is important not only to maintain the confidentiality of the minor, but also in light of psycho-legal issues that could ensue in the future.
- d. Specific information about professional agencies and/or governmental officials who have access to data information that is gathered from each minor should be made available to the children.
- e. The use of clear informed consent forms that are sanctioned by both professional psychological associations (i.e., NLPA & APA) and developed specifically for unaccompanied asylum-seeking minors is also encouraged.

### **Guidelines for Specific Mental Health Conditions**

Unaccompanied asylum-seeking minors are likely to experience a range of mental health difficulties including trauma related disorders, grief and loss, and depression. However, these are not the only ways in which children express intense psychological distress; thus, mental health professionals need to be mindful that other symptoms and behaviors may have the same root on trauma and loss. Therefore, service providers must be trained in the best practices for treating this vulnerable yet resilient population presenting with such difficulties. The services should take into consideration not only the severity of trauma experienced but also the uniqueness of each experience. In other words, unaccompanied asylum-seeking minors who have endured similar experiences may cope, react, and make meaning of these experiences differently. Thus, treatment that is tailored to the individual needs of each child and adolescent is highly encouraged. Furthermore, a comprehensive approach that combines elements of liberation psychology, narrative therapy, and trauma-focused interventions is necessary to honor the complexities of the historical, social, political, and psychological nuances involved in these minors' lives and symptoms (Torres Fernandez & Torres-Rivera, in press).

The use of liberation psychology principles can assist in recognizing the role that oppression, discrimination, and marginalization has played in these minors' lives. This is imperative considering that the way in which trauma is experienced and dealt with varies according to the social-political context in which trauma occurs. Furthermore, liberation psychology provides a framework in which active listening, paying-attention, and identifying inner and community resources are utilized to empower and promote change. Lastly, this approach acknowledges the power of cultural and social capital as pre-requisites of effective treatment and intervention. Narrative therapy can also be helpful since it views children as experts in their own lives. Thus, narratives are considered a reflection of the child's interpretation of the events through the lens of their culture, values, and beliefs. This approach is an excellent fit considering children are innate storytellers. Lastly, there is strong research support for the use of trauma-focused interventions, particularly Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This approach combines elements of cognitive, behavioral, narrative therapies, along with a family component. Considering that minors are different, the tailoring of treatment to each minor is highly recommended. In cases where minors will be detained in the shelters for short periods of time, the use of brief, strength-based, solution-focused therapy is recommended.

## **Grief and loss**

Unaccompanied asylum-seeking minors may experience complex grief and loss resulting from: (a) separation from their immediate family and for those traveling alone, mixed feelings about leaving loved ones behind; (b) parental separation (in some cases parents are already living in the U.S. and thus, they left their children behind; as a consequence, a strong desire for family reunification might have propelled the immigration of the minor); (c) while on their journey to the U.S., they may have been separated from relatives or companions (increasing feelings of fear and isolation). These experiences may lead to grief and bereavement reactions that, if chronic, may benefit from mental health attention. Specific guidelines for addressing these concerns among unaccompanied asylum-seeking minors include the following:

1. Although bereavement is an expected emotional response to loss, mental health professionals need to be mindful of other emotional reactions that may accompany bereavement, which can include: emotional shock; regressive behaviors (e.g., thumb sucking, bed wetting); impulsive behaviors (e.g., behavioral outbursts, throwing things, fighting), and helplessness. These symptoms should be addressed by helping minors to express and process their feelings. For example, allowing minors to have a “memorial wall” in which they may hang mementos, pictures, drawings, and other things that remind them about families that were left behind could be comforting and powerful. Another helpful strategy is to encourage minors to draw a heart and then write about all the feelings they are experiencing.
2. Additional guidelines for interventions that can be useful when assisting grieving minors include: (a) create a safe space in which minors express and share their stories; (b) be mindful of the fact that an understanding of death and loss varies by developmental stage. As such, emotional reactions to loss through death will differ by child. For instance, some unaccompanied asylum-seeking minors may act out while others will keep their feelings inside; (c) provide minors with the time and space they need to cope with the emotional aftermath of the loss. Keep in mind that forcing minors to resume “normal” activities can make matters worst; (d) offer minors accurate information and invite them to ask questions; (e) be attentive to how minors are feeling and how they are coping, emphasizing pro-social alternatives (i.e., expressing their feelings verbally, through art, in writing); (f) include religious and/or spiritual elements in the treatment of minors who grew up with such elements as they can facilitate their coping; and (g) keep in mind that grief is a long lasting and complex process.

## **Depression**

For many unaccompanied asylum-seeking minors, the reality and complexities of their legal situation may not be fully understood until they have already arrived to the U.S. Many minors might have believed that they would promptly be reunited with their family and would begin a new life in the U.S. However, their hopes may begin to vanish once they are detained and placed in a detention center or shelter. Symptoms of depression may be observed once the reality of their situation begins to settle. These symptoms can include: loss of appetite, sleep disturbances,

extreme crying, loss of interest, and low energy. Young children may demonstrate irritability, mood swings, aggression, and hyperactivity.

1. Mental health professionals working with unaccompanied asylum-seeking minors are encouraged to assess for the presence of a mood disorder in order to offer effective mental health interventions. The use of screening measures may be helpful to determine the presence of a major depressive episode. However, when using screening measures it is important to keep in mind the ways in which depressive symptoms may be expressed across cultures and developmental stages (Perez & Muñoz, 2008).
2. Since unaccompanied asylum-seeking minors experiencing symptoms of depression are often held in shelters and other facilities where access to mental health professionals may be limited, group therapy approaches might be a more realistic alternative than individual or family therapy services. Support groups where minors of similar ages can process their experiences and learn coping strategies may be effective in these situations. For example, the use of strength-based psycho-educational groups can be effective in promoting the development of skills such as feeling identification, strategies for emotional regulation, and problem solving skills. In addition, the use of liberation psychology principles can be effective in empowering minors to identify their inner strengths and resources and developing a positive outlook on life.
3. Considering that most minors will spend a limited amount of time in these shelters or detention centers, the use of brief therapy techniques should be considered. For example, the use of solution-focused or cognitive-behavioral techniques can assist minors to gain a better understanding of their thoughts and feelings, how these are related, and how they may be managed effectively. Additionally, the use of mindfulness-based interventions can be helpful in this regard.

## **Trauma**

The likelihood that unaccompanied asylum-seeking minors might have experienced violence and other traumatic events before, during, and after their journeys to the U.S. is very high (Kennedy, 2014; Women's Refugee Commission, 2012). These events can include criminal victimization, physical, verbal, or sexual abuse, as well as vicarious traumatization. While these experiences may vary in intensity and pervasiveness they are often severe enough to warrant close examination and psychological treatment.

1. We recommend that mental health professionals working with unaccompanied minors assess for trauma symptoms that may meet criteria for a trauma and stress-related disorder such as Acute Stress Disorder and Post Traumatic Stress Disorder (PTSD). In doing so, mental health professionals should be mindful of the role that stage of development and culture can play in the diagnostic process.
2. Unaccompanied asylum-seeking minors who have been exposed to violent events for prolonged periods of time are likely to suffer impairments in their daily functioning, including: somatic symptoms (i.e., headaches, stomachache), psychological distress,

difficulties with focused attention and concentration as well as social and academic difficulties. Thus, mental health professionals are encouraged to assist minors in developing pro-social coping strategies. Some of these coping strategies can include feeling identification, strategies for emotional regulation (i.e., thought stopping, relaxation techniques), and problem-solving skills. For example, providing minors opportunities to draw, paint, or talk about their feelings is imperative. Furthermore, the use of social narratives can be a powerful tool to help minors develop empathy and problem-solving skills.

3. It is important for mental health professionals working with unaccompanied asylum-seeking minors to keep in mind that the effects of exposure to violence and other traumatic events can be exacerbated by additional stressors such as persistent fear, uncertainty, and instability which may be experienced while in detention. Moreover, the immersion in unfamiliar surroundings coupled with the lack of familiar people are also likely to be significant stressors. Thus, we recommend that mental health professionals offer affirmation and validation when minors share their stories. For example, while sharing stories minors should be allowed to use puppets, toys, or art to express their emotions since engaging in these activities takes the attention away from the child and allows the child to feel a sense of control over how the story is unfolding and how it will end.
4. Unaccompanied asylum-seeking minors are likely to experience the treatment by immigration officials and border patrol as harsh, particularly when they are handcuffed. These experiences are not only humiliating and traumatizing, but they may result and/or intensify feelings of fear, hopelessness, and helplessness. Thus, we recommend that minors be offered opportunities where they can openly discuss their feelings and concerns. For example, while discussing the negative experiences related to their migration experiences, minors should be encouraged to develop a counter-story that will allow them to develop a sense of hope in the future. A strategy that can help to begin this process is the use of the “Miracle Question” in which minors are encouraged to think about how things will be different if their current situation did not exist.
5. As highlighted previously, many unaccompanied asylum-seeking minors have endured numerous traumatic events during their journey. Additionally, many minors are re-traumatized while in U.S. custody. Prolonged exposure to trauma not only contributes to feelings of oppression but can also intensify feeling of isolation, fear, and hopelessness. The application of liberation psychology principles provides an excellent fit for working with unaccompanied asylum-seeking minors who may feel that they were silenced in the process of being victimized directly and/or vicariously (Torres Fernandez & Torres-Rivera, in press). In the context of working with these minors, it is imperative to understand that their realities are very different than ours. However, by empowering minors to see the alternative realities, to become aware of their personal strengths, and to reflect on those experiences through a different lens, they may be able to “liberate” themselves from those realities. The underlying

assumption is that with new understanding comes new knowledge and therefore, new possibilities.

6. Narrative therapy approaches that are inclusive of play therapy and art therapy can provide an excellent outlet for unaccompanied asylum-seeking minors to express and process their traumatic stories in a less threatening environment. These approaches are more likely to allow minors to regain a sense of control (Rogler, 2008; Torres Fernandez et al., 2012). The basic assumption underlying narrative therapy is that minors are the experts on their lives, and the narratives constructed through a range of expressions are a reflection of their understanding of traumatic event via the lens of their culture, values, and beliefs (Bennett, 2008; Cattnach, 2009; Friedrich, 2008; Torres Fernandez & Torres Rivera, in press).
7. Considering that minors who have been victimized often experience difficulties trusting others, the following guidelines are offered to build rapport: (a) listen carefully to the stories before intervening or imposing limited views or opinions; (b) assess for immediate needs and prioritize; (c) develop a realistic treatment plan that takes into account the unique social, political, and historical context of these minors; (d) build on minors' strengths rather than focusing on what is "wrong." The use of deficit models, not only perpetuates oppression and marginalization, but also demoralizes and disempowers minors; (e) understand that you are a "stranger," thus, if you want to earn the trust and respect of these minors, your actions, and not your words should demonstrate it; (f) be humble (Torres Fernandez, 2014). Remember it is a privilege to serve and learn from these resilient minors. You are there to help them move forward.
8. In addition, to the above stated guidelines, the use of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is considered an evidence-based treatment for severe trauma including children who have been exposed to different types of abuse, refugees, and other types of traumatic events. In working with these minors, TF-CBT can assist by providing a three- stage treatment protocol that emphasize (a) the need to stabilize symptoms by providing coping skills/strategies; (b) the provision of safe spaces to retell and process their trauma stories; and lastly, (c) relapse prevention by combining family therapy with the provision of additional coping strategies to enhance safety and control.

### **Recommendations for the Self-Care of Mental Health Professionals**

1. Mental health professionals working with unaccompanied asylum-seeking minors are encouraged to be mindful about the impact that vicarious exposure to trauma and stress may have in their personal and professional lives. Therefore, it is imperative that clinicians are afforded opportunities for self-care and to process feelings related to their work with these minors.
2. Furthermore, mental health providers should be provided with on-going supervision to ensure they receive appropriate feedback and support. Having access to supervision and/or opportunities to process vicarious trauma might prevent burnout, which if left

unaddressed may lead to impairment over time. Moreover, supervision can facilitate and further professional development.

### **Concluding Remarks**

The plight of the unaccompanied asylum-seeking minors in the U.S. is a complex sociopolitical issue that cuts across borders and political parties. More importantly, it is a matter that deserves the closest of attention not just from governmental and legal authorities but also from the mental health field and the professionals who are part of it. The National Latina/o Psychological Association in its commitment to embody its mission to enhance the overall well-being of Latina/o populations through advocacy and social justice makes this document available to the professional community and the community-at-large. It does so for the express purpose of seeking to ameliorate the suffering experienced by these minors by summarizing the existing literature and articulating guidelines for mental health professionals. We invite the reader to help us improve the document by contacting the authors and providing input.

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