

# TRAUMA AND RESILIENCE: SUPPORTING IMMIGRANT CHILDREN, THEIR FAMILIES, AND OUR COMMUNITIES THROUGH COLLABORATION

PLEASE STAND BY WHILE WE TEST THE AV SYSTEM WITH OUR  
SPEAKERS

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# WELCOME AND OPENING REMARKS

ARYAH SOMERS LANDSBERGER  
DIRECTOR OF PROGRAMS  
GRANTMAKERS CONCERNED WITH  
IMMIGRANTS AND REFUGEES



GRANTMAKERS CONCERNED WITH  
IMMIGRANTS AND REFUGEES

**Kerri Sherlock Talbot**, partner in the Veng Group, served as Chief Counsel for U.S. Senator Robert Menendez of New Jersey for five years. She served as general counsel and advised the Senator on immigration, judiciary issues, nominations, and floor procedure. She previously served as Associate Director of Advocacy at the American Immigration Lawyers Association, the national association of over 11,000 immigration attorneys, where she advocated with Congress and the Administration on immigration policy issues, especially focusing on due process, enforcement and family immigration issues.

Previously, she served as Director of Policy and Planning for Rights Working Group, where she managed its legislative advocacy and policy development on due process issues as it relates to immigration legislation. Prior to her position with the Rights Working Group, Kerri was Managing Attorney of Break the Chain Campaign, where she represented immigrant victims of human trafficking and other crimes in their legal proceedings. She also served as Co-Chair of the Legislative Committee of Freedom Network, USA, a national network of anti-human trafficking organizations. In addition, Kerri was Staff Attorney for Lutheran Immigration and Refugee Service in Baltimore, Maryland, where she provided legal expertise in support of the organization's efforts.

**KERRIL TALBOT, THE VENG GROUP**



**Wendy Cervantes** is a senior policy analyst at CLASP, where she works across the organization's policy teams to develop and advocate for policies that support low-income immigrants and their families. As a member of the child care and early education team, she also focuses on improving access to these programs for children of immigrants and children of color. Ms. Cervantes is an expert on the cross-sector policy issues that impact children of immigrants, including family economics, child welfare, immigration, education, healthcare, and human rights.

Prior to joining CLASP, Ms. Cervantes was Vice President of Immigration and Child Rights at First Focus where she led the organization's federal policy work on immigration and established the Center for the Children of Immigrants.

Ms. Cervantes currently serves on the Advisory Board of the Center on Immigration and Child Welfare and the Board of Welcome.US. She previously served on the Steering Committee of the U.S. Campaign for Ratification of the UN Convention on the Rights of the Child. In 2011, she was selected as an ALL IN Fellow with the National Hispana Leadership Institute. The proud daughter of Mexican immigrants, Ms. Cervantes holds an M.A. in Latin American Studies and Political Science from the University of New Mexico and a B.A. in Communications from the University of Southern California.

WENDY CERVANTES, CLASP



# Trauma and Resilience: Supporting Immigrant Children, Their Families, and Our Communities through Collaboration

June 15, 2017



**Wendy Cervantes, Senior Policy Analyst,  
CLASP**



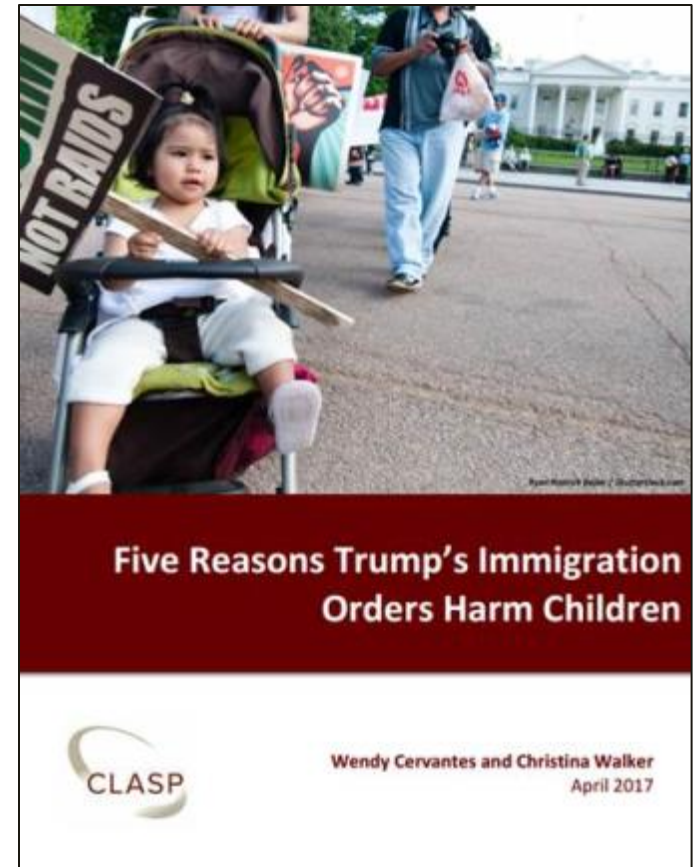
# How Anti-Immigrant Policies Impact Children's Mental Health

- Stress related to unauthorized status (parent, youth, or child)
- Immigration enforcement/family separation
- Policies that fail to meet the needs of unaccompanied & other asylum-seeking children
- Policies that restrict immigrant and their families' access to critical health and nutrition assistance, education, and income supports, including leaked "public charge" EO



# Immigration EOs: Key Policy Changes Impacting Children

- Anyone without authorization now a priority for deportation, including parents & legal guardians of U.S. citizen children
- Massive increase in immigration enforcement
- Increased involvement of police in immigration enforcement
- Faster deportations for certain immigrants
- Weakened protections for unaccompanied children



# Impact on U.S. Citizen Children in Mixed-Status Families

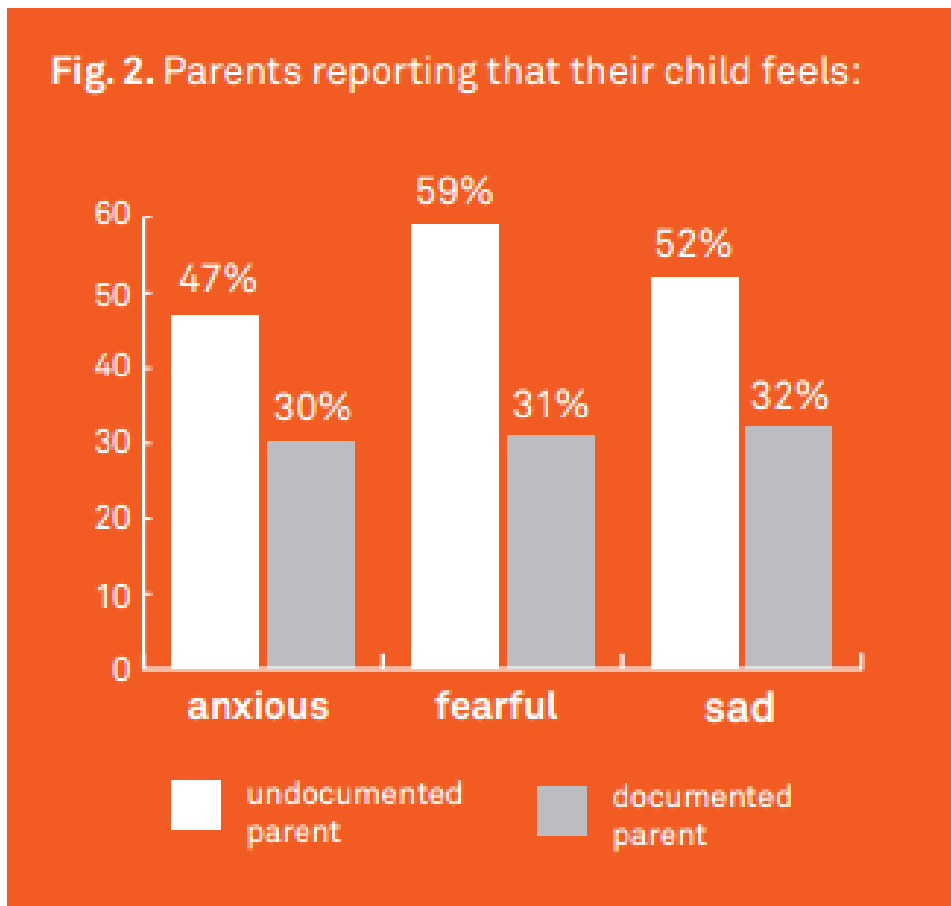
**More than 5 million children in the U.S. live in a mixed-status family with unauthorized parents, and 4.1 million are U.S. citizens**

- Increased risk of losing a parent to deportation
- Toxic stress associated with fear of enforcement
- Restricted access to health care, nutrition assistance, and other critical programs
- Anti-immigrant climate in schools and communities





# Fear of immigration enforcement harms a child's mental health



Source: Sara Satinsky, Alice Hu, Jonathan Heller, Lili Farhang, *Family Unity, Family Health*, Human Impact Partners, 2013.

# Impact on Dreamers and DACAmented Youth

- **Less than 1 million** unauthorized children (0-18) living in the U.S.
- **More than 787,000** beneficiaries to date
- DACA exempt from January executive orders, but several beneficiaries detained, and one DACA beneficiary was deported in April
- Increased uncertainty and stress for DACA and other Dreamer youth, including threats to *Plyler v. Doe* implementation



# Impact on Unaccompanied Children

**More than 68,000 unaccompanied children entered the U.S. in 2014**, with high numbers since

- Executive orders and federal legislative proposals call for:
  - weakened protections for unaccompanied children
  - faster deportations
  - criminalization of parents
- “Trauma upon trauma upon trauma”  
(pre-migration trauma, in-transit trauma, post-migration trauma)

# Impact on Accompanied Children

- EOs and other policy proposals would put asylum-seeking children and families at greater risk, such as turning them away at the border
- Family detention (pilot family case management program terminated)
- Children in family detention:
  - Confused—“We’re not criminals”
  - Increased depression
  - Disrupted attachments, parent-child relationship



# Impact on Refugee Children

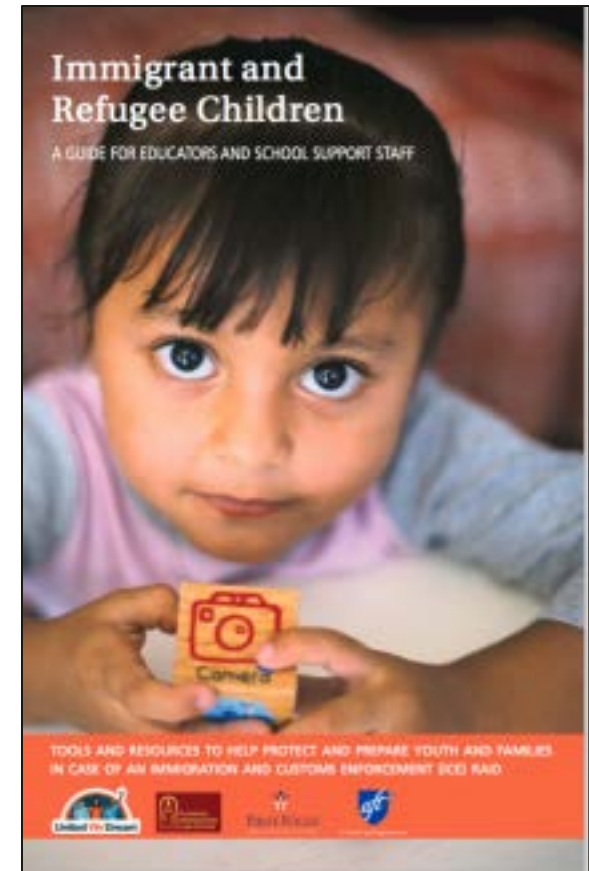
- Reduced capacity/funding of refugee resettlement program
- Trump administration challenging Muslim ban injunction
- Southern Poverty Law Center school survey on post-election “Trump Effect”:
  - 80 percent report heightened anxiety among marginalized students, including immigrants, Muslims, African Americans, and LGBT students
  - Forty percent have heard derogatory comments directed at students of color

# Resources Needed

- Targeted **dissemination of safety planning materials** to help parents prepare for deportation and how to talk to their children about deportation
- **Support groups** for children and parents in school and community-based settings
- **Training of educators and service providers** on how to identify symptoms of trauma & utilize trauma-informed approaches
- **Education of stakeholders on the range of policy issues impacting children's mental health** (educators, pediatricians, child care and early education providers, program administrators)

# Examples of Resources

- [CLASP Five Reasons Trump's Immigration Orders Harm Children](#)
- [Appleseed Protecting Assets and Child Custody in the Face of Deportation](#)
- [Women's Refugee Commission Resources for families facing deportation](#)
- [American Psychological Association webinar series](#)
- [AFT "Protecting Our Students" Resources](#)
- [Department of Education Resource Guide: Building a Bright Future for All](#)
- [Department of Education Resource Guide: Supporting Undocumented Youth](#)



# Contact Info

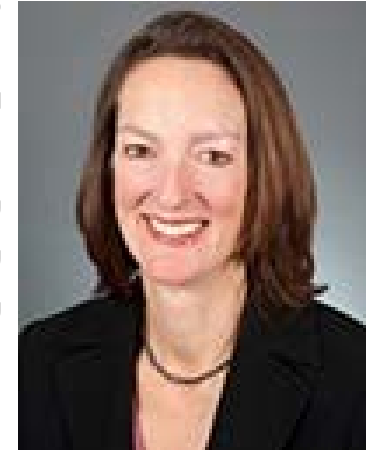
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**Dr. Heidi Ellis** studies refugee youth mental health, with a particular emphasis on understanding trauma exposure, violence, and how the social context impacts developmental trajectories. For more than a decade she has built a Community-Based Participatory Research (CBPR) program with Somali refugees. Through this research program she has investigated the role of discrimination in refugee youth mental health, and developed and evaluated a school-based mental health intervention for Somali refugee youth. Dr. Ellis currently is conducting a multi-site, international longitudinal study examining the role of trauma, mental health and social bonds in diverse developmental trajectories of young Somalis, including violent extremism, gang-involvement, criminality, and positive civic engagement.

Dr. Ellis is also the co-developer of Trauma Systems Therapy, a treatment model for traumatized children that explicitly addresses the interaction of social-environmental stressors with a child's capacity to regulate emotions. This model has growing empirical support suggesting that it effectively engages families in treatment and reduces symptoms. Dr. Ellis works with clinicians and researchers from around the country to iteratively adapt, evaluate and disseminate Trauma Systems Therapy. She also adapted the model for refugees (TST-R; this model is now nationally and internationally recognized as one of few empirically-validated models of interventions for refugee youth. Dr. Ellis also continues to lead the Refugee Trauma and Resilience Center (RTRC), a partner in the National Child Traumatic Stress Network.



**HEIDI ELLIS, PHD, REFUGEE TRAUMA AND RESILIENCE CENTER; HARVARD  
MEDICAL SCHOOL; THE NATIONAL CHILD TRAUMATIC STRESS CENTER**

## **Trauma and Resilience: Supporting Immigrant Children, Their Families, and Our Communities through Collaboration**



B. Heidi Ellis, PhD  
Refugee Trauma and Resilience Center  
Boston Children's Hospital

# NCTSN

The National Child  
Traumatic Stress Network

- Established as part of the Children's Health Act of 2000, the National Child Traumatic Stress Network (NCTSN) is a unique congressional initiative, intended to bring about widespread & lasting improvement in the lives of traumatized children & their families across the United States.
- The NCTSN supports the development & broad adoption of evidence-based interventions to increase the standard of care, & provides a means to transform services through sustained collaboration among Network academic, clinical, & community service centers.

# What is child traumatic stress?

**Child Traumatic stress** refers to *physical & emotional responses* to events threatening 'life or physical integrity' of a child or of someone critically important to child (eg. parent or sibling).

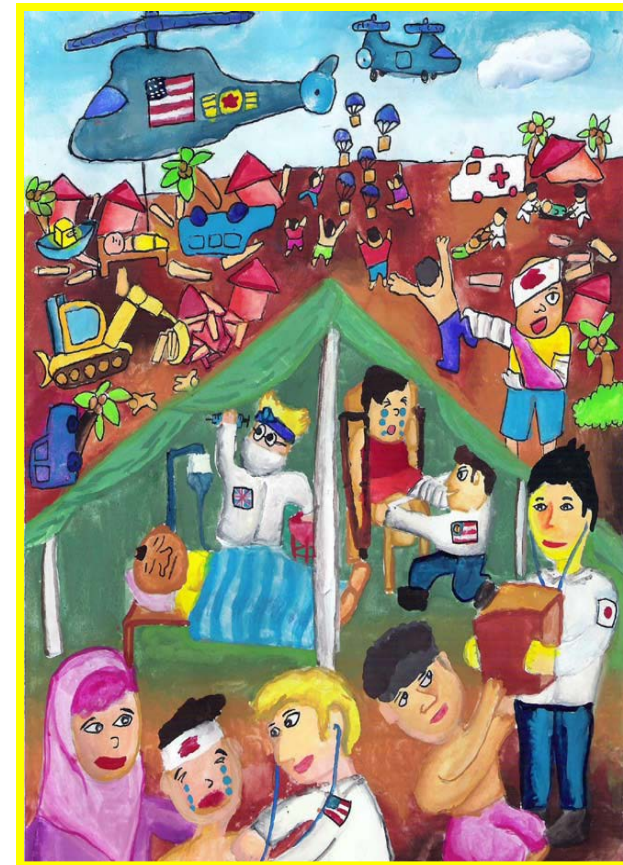
Traumatic events overwhelm a child's capacity to cope: feelings of terror, powerlessness, & out-of-control physiological arousal.



Artwork courtesy of International Child Art Foundation ([www.icaf.org](http://www.icaf.org))

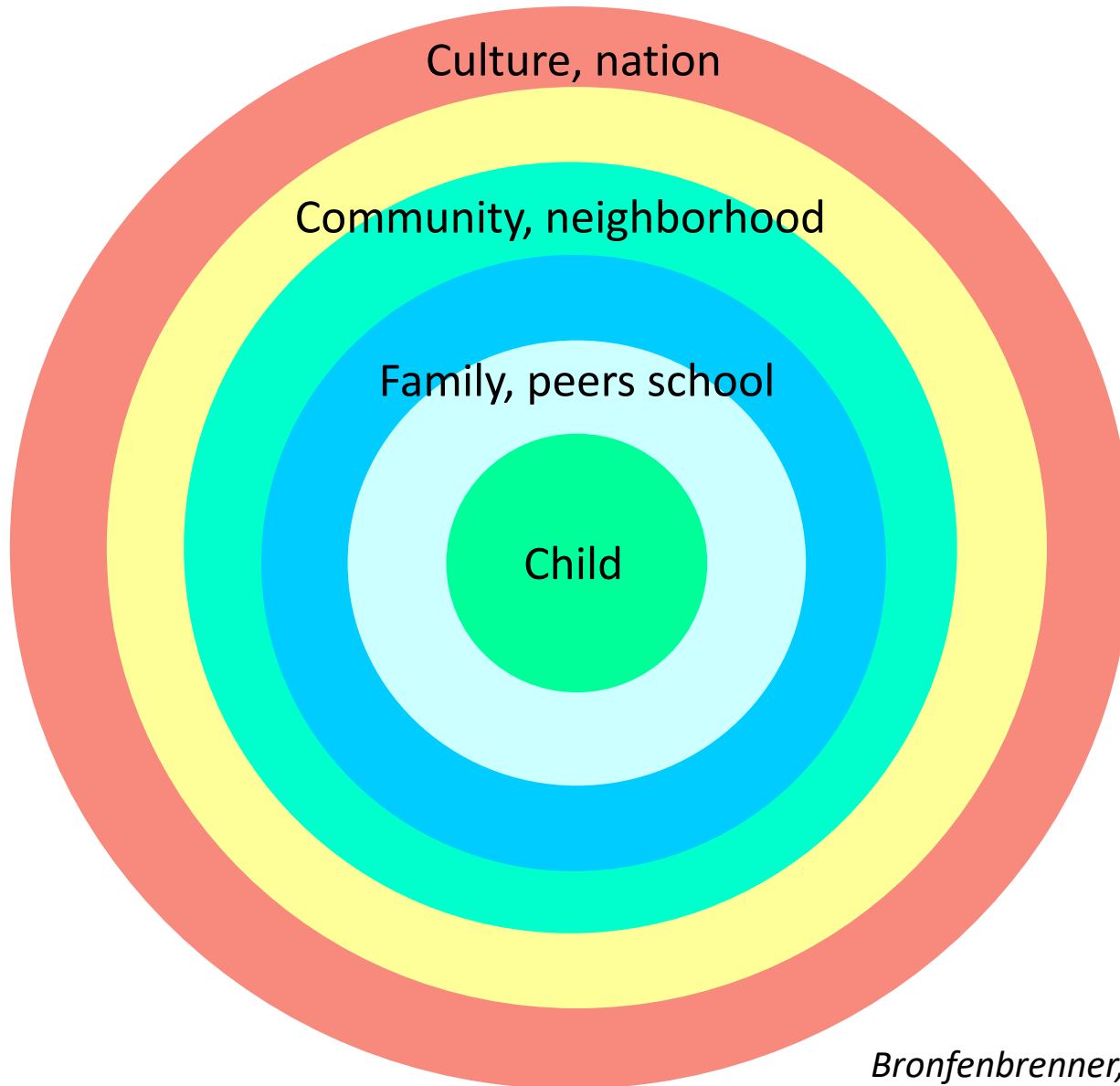
# Child traumatic stress

- Post Traumatic Stress Disorder & Symptoms
- Acute Stress Disorder
- Related comorbidity symptoms (new onset):
  - Depression
  - Anxiety & fears
  - Substance use
  - Affect instability
  - Disruptive behavior



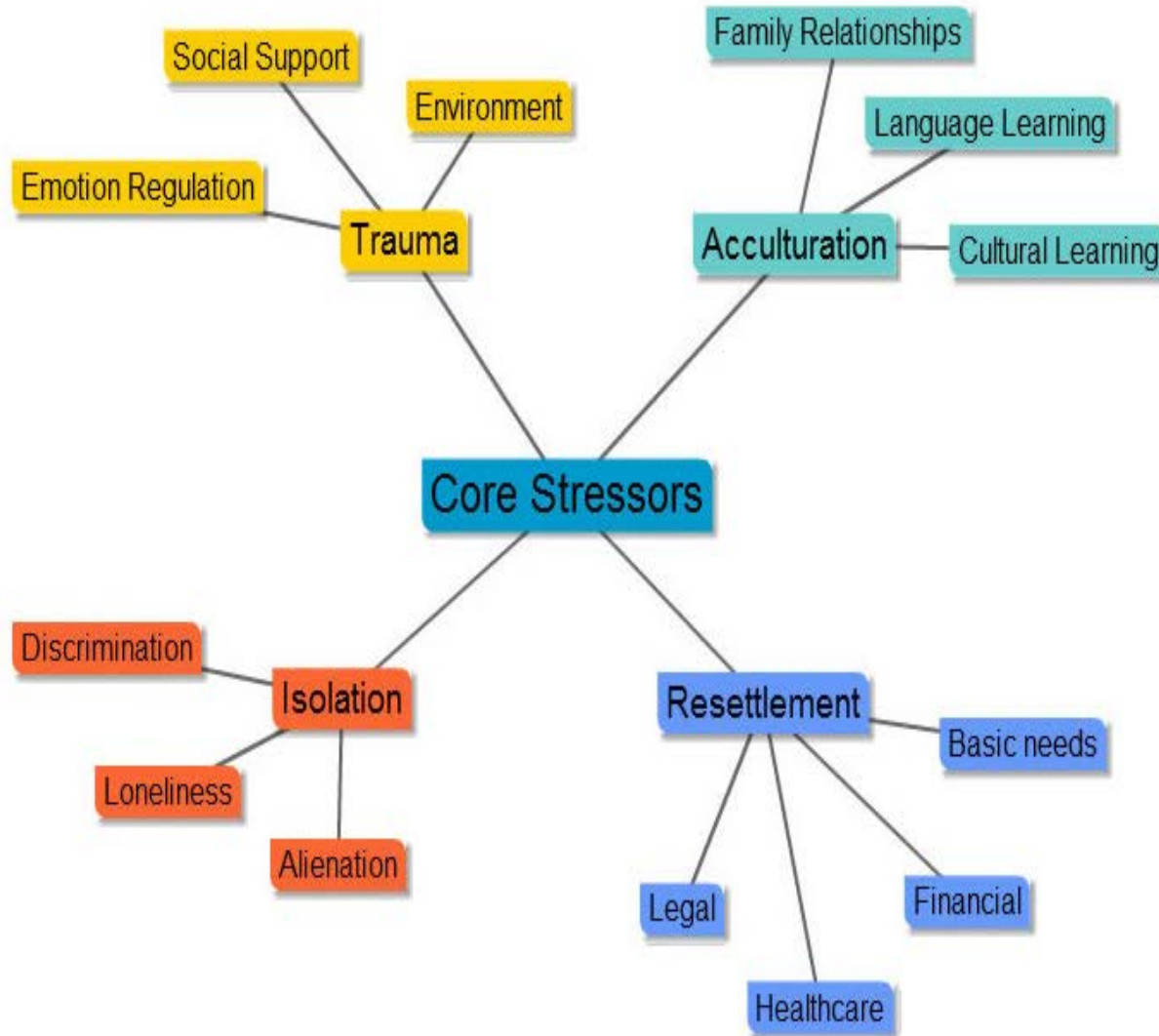
Artwork courtesy of International Child Art Foundation ([www.icaaf.org](http://www.icaaf.org))

# Socio-Ecological Model



*Bronfenbrenner, 1979*

# Immigrant and Refugee Youth: 4 Core Stressors



# What is a Trauma-Informed Child- and Family- System?

*A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.*



# Trauma-Informed Service System

Is one in which agencies, programs and service providers:

- 1) Routinely **screen** for trauma exposure and related symptoms;
- 2) Use evidence-based, culturally responsive **assessment** and **treatment** for traumatic stress and associated mental health symptoms;
- 3) Make **resources** available to children, families, and providers on trauma exposure, its impact, and treatment;
- 4) Engage in efforts to strengthen the resilience and **protective factors** of children and families impacted by and vulnerable to trauma;
- 5) Address **parent and caregiver trauma** and its impact on the family system;
- 6) Emphasize continuity of care and **collaboration across child-service systems**; and
- 7) Maintain an environment of care for staff that addresses, minimizes, and treats **secondary traumatic stress**, and that increases staff wellness.

**These activities are rooted in an understanding that trauma-informed agencies, programs and service providers:**

- 8) Build meaningful partnerships that create **mutuality among children, families, caregivers and professionals** at an individual and organizational level; and
- 9) Address the **intersections of trauma with culture**, history, race, gender, location and language, acknowledge the compounding impact of structural inequity, and are **responsive** to the unique needs of diverse communities.



# Culture, Trauma, and PTSD

- Although much is known about trauma and youth generally, there are problems in applying this knowledge broadly to all groups:
  - Culture affects symptom expression, help seeking patterns, healing mechanisms, meaning ascribed to trauma, type of trauma experienced
    - Cultural bereavement, cultural trauma, generational trauma
  - Refugee experience affects ongoing stressors
    - Acculturation, discrimination

# Barriers to Mental Health Care

Distrust of Authority/  
Power

Linguistic & Cultural  
Barriers

Stigma of Mental Health  
Services

Primacy of  
Resettlement  
Stressors



# Strategies to Address Barriers

Community  
Engagement

Partnership of Providers & Cultural  
Experts

Embedding Services in  
Service System

Integration of  
Concrete Services



# APA Recommendations for Services

- Comprehensive, community based services—holistic approach (e.g., assess all needs, resources, collaborate with school, community)
- Provide culturally competent services (e.g., respect cultural beliefs, client-focused goals, cultural brokers from community)
- Integrate evidence-based practice with practice-based evidence (e.g., assess history with care, psychoed, strengths-based, use trauma treatments flexibly)

# FUNDER Q&A

PLEASE USE THE CHAT FEATURE LOCATED ON THE LEFT OF YOUR SCREEN TO ASK QUESTIONS. THIS WILL ALLOW US TO FLAG YOUR QUESTIONS FOR THE SPEAKERS.

THANK YOU

## Polling Question #1

How do you rate the overall program, with 5 being the highest rating?

- 5
- 4
- 3
- 2
- 1



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# CLOSING REMARKS

*ARYAH SOMERS*