Hundreds of thousands of Central American children have fled violence, poverty, and mistreatment in their home countries over the past decade. In 2014, almost 70,000 children and adolescents (Customs and Borders Protection 2015) made the long and dangerous journey across rivers and mountains, with limited food, rest, and support. Up to 95% of these youth are coming from the Northern Triangle countries of El Salvador, Guatemala, and Honduras (Dominguez Villegas & Rietig 2015). The Northern Triangle Crisis is an under-recognized human rights tragedy that is tearing apart the region and causing mass emigration. The poverty, trauma, and limited resources born of this crisis deprive children of their childhood. What is worse, once these kids complete the arduous journey to the United States, their future is uncertain, and many of them are deported back to unsafe conditions.

Barbara Robles-Ramamurthy, MD, chaired the session and presented on the statistics and circumstances of these young refugee migrants. She noted that in 2015, there has been a significant decrease in the number of unaccompanied minors coming from Latin America (Customs and Borders Protection 2015). Many are concerned about the reasons for this decrease. The available data suggest that the primary reason is the Mexican government’s new aggressive anti-immigration enforcement strategy. Under pressure from the United States government, Mexico has increased border surveillance and internal checkpoints, leading to lengthier and more difficult journeys for these kids. Of greater concern is Mexico’s high deportation rate, which is up to 80%. A high percentage of deportees suffer violence once they are back in their home countries, which calls into question the adequacy of Mexico’s humanitarian screening process. It is imperative that the U.S. public becomes aware of the severity of the ongoing crisis that is being masked by a misleading decrease in the number of youth reaching the United States.

Up to 85% of apprehended, unaccompanied youth report a history of traumatic experiences, either in their home countries or during the immigration process. A 2012 report found that up to one-quarter of apprehended unaccompanied youth meet criteria for a psychiatric diagnosis and many are receiving psychotropic medications (United States Conference of Catholic Bishops 2012). This becomes a larger concern as these youth are either deported back to their home countries with no psychiatric treatment or are integrated into U.S. communities with scarce quality mental health services that are culturally sensitive and linguistically capable. In the United States, these youth have substantial difficulties accessing mental health services. Language is but one barrier. The children’s undocumented legal status leads to uninsurability, which in turn leads to little funding for comprehensive, culturally sensitive services. Additionally, evidence-based therapies have not been sufficiently tested in Latino populations, and practitioners need training and guidance on how to best serve this population.

Lisa Fortuna, MD, MPH, medical director of the Child and Adolescent Psychiatry Division at Boston Medical Center (BMC) and an affiliate with the Boston Center for Refugee Health and Human Rights at BMC, reviewed her research and clinical work with unaccompanied minors. Dr. Fortuna presented the results of a five-year study assessing a culturally-adapted Mindfulness-Based Cognitive Therapy for posttraumatic stress disorder (PTSD) for immigrant Latino and unaccompanied minors. The therapy model incorporated the following strategies: skills for coping with multiple, chronic and ongoing stressors; cognitive restructuring, including themes of spirituality and loss; and the promotion of social support and healing regarding relationships. Participants in the study improved in depression and PTSD symptoms, and had reductions in co-occurring substance use.

Dr. Fortuna also noted that close to 15% of immigrant minors are younger than five years of age. These children also suffer the effects of the trauma and separations endured prior to, during, and after migration. Boston Medical Center’s Child Witness to Violence Project offers therapies such as Child-Parent Psychotherapy (CPP), an intervention for children from birth through age five with behavior, attachment, and/or mental health problems, including PTSD: who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence). The primary goal of CPP is to support and strengthen the relationship between a child and caregiver as a vehicle for restoring the child’s sense of safety, attachment, and appropriate affect, and for improving the child’s cognitive, behavioral, and social functioning. Dr. Fortuna’s colleague, Carmen Rosa Noroña, clinical coordinator for The Child Witness to Violence Project, has worked with the immigrant Latino population through therapy approaches, including CPP. She continued on page 36
integrates culture and an understanding of the impact of the immigration experience into her therapeutic approaches.

When providing services for unaccompanied Latino immigrants, it must be recognized that many of them are being reunited with family members. The reunification process can be very difficult, especially when family members have been separated for years. Changing roles, differing acculturation states, and variations in language mastery can present huge hurdles for families. Family members are often undocumented, which can prove very difficult for service coverage when accessing the health care system. There likely exists a multi-generational history of trauma, so obtaining mental health services for one person (who may be documented and insured), may not be sufficient when an undocumented and uninsured family member is in need of services as well. Dr. Fortuna recommended that child mental health providers, including child and adolescent psychiatrists, will need to “think out of the box” in identifying how we can best offer evidence-based, culturally appropriate, and comprehensive care to our most vulnerable communities. Global payment strategies, medical home and integrated behavioral health in primary care, and services in schools and community organizations offer an opportunity to better reach all children with mental health needs, including immigrant youth.

Cathi Tillman, LSW, is the founder and executive director of La Puerta Abierta (LPA), a non-profit organization that promotes access to quality mental health care through training, education, and service to the immigrant Latino population in the Philadelphia, Pennsylvania region. LPA has key partnerships with immigrant-serving organizations in other regions of the United States. Tillman presented on La Puerta Abierta’s 5-year-old, community-based, immigrant-serving counseling program, which has filled a critical gap in services for unaccompanied minors through capacity-building, cross-system training and direct service. Tillman noted that although the “push” factors for children leaving their home countries vary, it is well documented that the majority have experienced protracted loss, intense community and/or family violence, and overwhelming fear and worry. The lack of reliable, consistent relationships during this critical developmental period in addition to numerous stressors before, during, and after the migration process put them at even higher risk for emotional and behavioral challenges. There is a chronic divide between identified mental health needs and available resources in most U.S. communities. Additionally, there is a disconnect between many mental health professionals who, despite having an interest in serving this population, experience a misalignment between urgency, concern, clinical training/supervision, and funding resources that could provide a culturally and clinically sound standard of care. Tillman concluded that community-based, partnership-centered program models that incorporate evidence-based practices, ongoing supervision and learning, with flexible approaches to care, are realistic and effective options in working with the complicated and growing population of unaccompanied minor children entering U.S. provider systems.

Ms. Tillman also noted a significant increase in referrals of families seeking support during the reunification process with their “newcomer” children or youth. Presenting concerns relate to the significant impact of protracted separations and difficulties adjusting to the complex family system changes during these separations. The combination of historical and personal trauma frequently presented in therapy by adult family members with the more recent traumas experienced by their newly arrived children requires a reevaluation of current treatment approaches and methodologies. Consideration of the transnational context and experiences that are brought into the therapy process is a critical step in this process. Tillman discussed LPA’s use of creative modalities, such as visual arts and story-telling, to establish safe paths to healing for youth and families, many of whom are engaging in a therapeutic process for the first time.

References


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