

# ZERO TO THREE JOURNAL

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Early connections last a lifetime

# Effective Mental Health Interventions and Treatments for Young Children With Diverse Needs

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## **Abstract**

Infant and early childhood mental health interventions and treatment take place in many different settings including clinics serving adults and children, primary care centers, pediatric clinics, private practice offices, homes, early intervention offices, and child care centers. In addition, the types of evaluations and services offered in these settings will vary depending on who is included in the intervention; time spent with the child, parent, or both; and types of assessment, intervention, and treatment. The setting for the intervention is often related to when and where the problem is identified. In this article, four authors describe programs that represent the diversity within the training, interventions, and treatments for infants, toddlers, and their families, and the importance of integrating a socio-cultural and diversity-informed perspective in this important work.

Infant and early childhood mental health interventions and treatment can be implemented in different settings and from various theoretical perspectives related to problems with emotional and behavioral dysregulation, learning difficulties, and exposure to trauma. The choice of setting may depend on

many different issues including the orientation of the program, clinic, or agency where the child and family come; the type of problem; the insurance or other financial resources; and even, the availability of services. In every setting, it is important to assess the strengths and vulnerability of the child and

# Implications of Immigration-Related Detention and Deportation on Young Children and Their Families

Carmen Rosa Noroña

Until very recently, the plight of young U.S. citizen children affected or threatened by the loss of their attachment figures to immigration enforcement activities has been often omitted or ignored in debates and enforcement policies on immigration (Hainmueller et al., 2017; Zayas, Aguilar-Gaxiola, Yoon, & Rey, 2015; Zayas & Cook, 2016). Children who are part of families who are known as "mixed-legal status families" face unique challenges. These are families in which the caregivers can have a different immigration status than their children and often include parents or caregivers who are deportable, due to being undocumented, and younger children who cannot be legally deported because they are U.S. citizens. Currently, mixed-status families face unique vulnerabilities and dilemmas. These vulnerabilities include: (a) increased parental legal susceptibility to detention and deportation, (b) increased risk for family separation and consequent economic hardship and psychological distress, and (c) increased sources of emotional distress for family members (Zayas et al., 2015). The family may: (a) have to leave the US and face the challenges of sudden displacement; (b) become a single-parent household once one of the parental figures leaves to avoid detention or is actually detained and deported; (c) have to make difficult decisions about who will care for the children in the event of a separation; or (d) face the chronic risk of being caught and deported if the family remains in the US (Brabeck & Xu, 2010). These frightening possibilities raise uncertainty, stress, and anxiety which consequently can tax the relationships in the family.

## The Ripple Effects of the Risk of Detention and Deportation

The threats of deportation affect not only the unauthorized members of the family, but also children who might be worried about their family and their own safety.



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## Impact on the Child

Children may fear the police, equate a stigma with immigration (Dreby, 2012, p. 246) and therefore internalize that being an immigrant is equivalent to being "illegal," "alien," "unwanted," "dangerous," and other messages prevalent in the current

national discourse. Children may experience feelings of confusion, shame about their heritage, contradictory feelings about their parents, themselves, and the United States, all of which can affect their identity formation. Feelings of confusion and anxiety may be exacerbated by the fact that children in these circumstances often have to keep secrecy about their family members' immigration status while they do not have the cognitive ability to understand what immigration and detention mean. In addition, in a protective attempt, caregivers or adults in the family might avoid direct communication with the children about status, detention, or deportation topics, or may provide information that is inaccurate (Brabeck, Lykes, & Lusting, 2013; Zayas & Cook, 2016) while at the same time children might be exposed (via the news, peers, or conversation among adults) to information that is difficult to make meaning of without the help of a supportive adult. In this way, topics related to immigration and their possible implications for family members become the unspeakable and children might interpret events, create explanations, and reach conclusions in ways that are distorted and make them feel responsible for their family's fate and well-being.

Rubio-Hernández and Ayón (2016) found that children of undocumented parents were constantly concerned about deportation of their parents, concerned about what would happen, and have a sense of responsibility for their parent's safety. Parents described a state of fear and hypervigilance, fear of authority figures, sadness and constant crying, and even depression (Rubio-Hernández & Ayón, 2016). Children may also evidence a number of signs associated with traumatic stress, such as dysregulation, withdrawal, angry non-compliance, extreme separation anxiety, attachment difficulties, regressive symptoms, aggression, and psychosomatic symptoms (Menjívar & Cervantes, 2016; Yoshikawa & Kalil, 2011).

### Impact on Caregivers

The constant stress and hypervigilance caused by fears of deportation may compound prior traumatic experiences and exacerbate previous mental health risks in caregivers such as anxiety, depression, and posttraumatic stress disorder. Caregivers might be less emotionally available and less able to read children's cues and help them with emotional regulation and with making meaning of experiences (Brabeck et al., 2013; Cavazos-Regh, 2007; Zayas & Cook, 2016).

### Impact on the Relationship

Young children organize their responses to stress and danger around their attachment relationships (Lieberman & Van Horn,

2005). These relationships are also where development takes place and where children learn about themselves, the world around them, and the values in their socio-cultural context (Lewis & Ghosh-Ippen, 2004). Young children's perception of safety is closely linked to the perceived safety of their attachment figures and the perception of loss of or danger toward these figures (usually the caregivers) has been identified as a strong risk variable for the development of posttraumatic stress disorder in young children (Scheeringa & Zeanah, 1995). From this perspective, stressors like persecution, discrimination, and threats of deportation and detention that instill ongoing fear, anxiety, and uncertainty in undocumented parents can compromise not only their ability to serve as a protective shield in moments of terror to their young children, but the perceived danger toward the caregiver can be toxic enough to produce traumatic stress symptoms in these children.

### When Fear Becomes a Reality: Parental Detention and Removal

One of the most damaging family events associated with immigration enforcement activities is the removal of a parent from a children's life by removing the parent from the US. The disappearance or arrest of a parent, being forced to separate from a parent, and being placed in the foster system (Applied Research Center, 2011) or with relatives are experiences that can be devastating for a young child and the family (Brabeck et al., 2013; Zayas & Cook, 2016).

There are detrimental short- and long-term effects in young children of temporarily or permanently forced parental loss or separation due to deportation or detention (Chaudry et al., 2010; National Council of la Raza & the Urban

Institute, 2007). Immediate effects on families include family fragmentation, loss of income, loss of child care, difficulties meeting basic needs, relocation, child placement in the child welfare system, fear of seeking emergency assistance, further isolation, increased fear, and decreased engagement in community and health services. Long-term effects such as social isolation, depressive symptoms, and suicidal ideation have been identified among remaining caregivers. Symptoms such as separation anxiety, feelings of loss and abandonment, aggression toward caregiver, feelings of shame because a caregiver was arrested, withdrawal, depression, loss of appetite, sleep difficulties, and traumatic stress symptoms were identified in young children (Yoshikawa & Kalil, 2011).

From an attachment and trauma lens, the physical and emotional separation between a parent and a child, especially when unexpected as in the case of deportation/immigration detention, can represent an overwhelming event that can

*Seek reflective supervision, peer supervision, or consultation, and pay attention to the effects of the work such as vicarious traumatization and secondary traumatic stress.*

disrupt all aspects of a child's development and functioning. There is extensive evidence of the deleterious impact of the traumatic loss of a loved one for children's brain and cognitive development, ability to self-regulate, development of self-esteem, and the impact of children's future engagement in the world and in relationship with others (National Child Traumatic Stress Network, 2016; Zayas & Cook, 2016). This price is too costly when thinking about the millions of children in the US, and their families who are at risk of losing the basic right to be together.

## General Recommendations for Clinicians Working With Young Children and Their Undocumented Parents

Fear has become a force against those out of status. It is insidious and continuous for many immigrant families, and it is manifested in withdrawal from normative activities, from accessing services, and in symptoms of emotional pain (Egmont, 2017). Reducing fear in the lives of mixed-status families is not only a social justice concern (Egmont, 2017) but should be a therapeutic goal in the provision of infant mental health services to this population. Service providers may have limited impact in immigration policy reform but they can actively work at becoming trusted resources and creating safe spaces. The following are offered as proactive strategies (Egmont, 2017) to help families with fear reduction.

1. **Self-awareness:** Tenet number 1 of the Diversity Informed Tenets (St. John, Thomas, & Noroña, 2012) encourages practitioners to critically reflect on the impact of their own history, experiences, and professional training in shaping their values, beliefs, and implicit biases as they strive to avoid replicating systems of oppression.
2. **Support families in addressing risk and feeling empowered:** Developing a plan with parents for their children's care, health, and safety in the event of separation can help them gain a sense of control and address feelings of risk with preparedness (Fernandez-Pastran, Noroña, & Hurvitz, 2017). Another resource to empower families is offering information about their rights even in the event of an arrest (American Civil Liberties Union & the ACLU Foundation, 2017).
3. **Provide accurate information and advocacy:** Facilitate information about immigrant's rights, benefits, and programs that could benefit the children in the family and that would not compromise the undocumented family members.
4. **Know where they are referring a family:** Ensure that the organizations they are referring families to are reputable and have experience working with undocumented individuals and families.

5. **Facilitate access to developmentally appropriate and trauma-informed mental health services:** To meet the complex needs of undocumented and mixed-status families, and to address the possible effects of immigration trauma on the child, use a multilayered and multipronged approach to intervention.
6. **Clarify your organization's policies in terms of documenting information about family member's immigration status.** Explore the possibility of excluding immigration status in records or of developing a code to document these pieces of a family history.
7. **Invest time to understand the risks undocumented and mixed-status families face and how they are treated differently in the legal system.**
8. **Keep updated on the information and the changing landscape of immigration law.**
9. **Participate in task forces and collaborative groups dedicated to immigrant issues.**
10. **Encourage families and individuals to establish connections with community organizations to avoid isolation and learn new information.**
11. **Do not do this alone.** Seek reflective supervision, peer supervision, or consultation, and pay attention to the effects of the work such as vicarious traumatization and secondary traumatic stress.
12. **Advocate for change at a policy level:** Increase awareness through public speaking or writing articles.

The future of thousands of children remains unpredictable and frightening, and their well-being is at risk. As the harsh reality of parental deportations increases every day, the job of providers is to help families to get accurate information, begin to think about the unthinkable, speak about the unspeakable, and develop a sense of control and choice about what is best for them and their children if they get separated.

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**Carmen Rosa Noroña, LCSW, MS. Ed., CEIS**, is from Ecuador where she trained and practiced as a clinical psychologist. For more than 25 years, Ms. Noroña has provided clinical services to young children and their families in a variety of settings including early intervention, home-based, and outpatient programs. She currently is the child trauma clinical services and training lead at the Child Witness to Violence Project and is the associate director of the Boston Site Early Trauma Treatment Network at Boston Medical Center. She is a Child-Parent Psychotherapy national trainer, a DC:0-5 Expert faculty member, and one of the members of the Harris Professional Development Network Diversity Informed Infant Mental Health Tenets Workgroup. Her practice and research interests are on the impact of trauma on attachment; the intersection of culture, immigration, and trauma; diversity-informed reflective

supervision and consultation; and the implementation and sustainability of evidence-based practices in real world settings. She is a co-chair of the Culture Consortium of the National Child Traumatic Stress Network and has adapted and translated materials for Spanish-speaking families affected by trauma. Ms. Noroña has also contributed to the literature in infant and early childhood mental health and diversity.

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