PEDIATRIC PERSPECTIVES AND TOOLS FOR ATTORNEYS REPRESENTING IMMIGRANT CHILDREN
Conducting Trauma-Informed Interviews of Children

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DISCLOSURES
WB – none
MB – none
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NEW – none
A Honduran toddler cries as her mother is searched and detained near the United States border with Mexico on June 12. Moore, J. (2018)

Hundreds of Immigrant Children Have Been Taken From Parents at U.S. Border

Immigrants after crossing the border near McAllen, Tex., this month. The Trump administration has in the past said it was considering taking children from their parents as a way to deter migrants from coming here. Love, Díaz-Rubio

CASA PADRE
Conducting Trauma Informed Interviews with Children in Migration

What is a Trauma-Informed Perspective?
- Instead of asking “What’s wrong with you?” ask “What happened to you?”
- Takes the patient’s experience of trauma into account
- Must be clinical and organizational

LEARNING OBJECTIVES
PRINCIPLES OF TRAUMA-INFORMED PRACTICE FOR CHILDREN
- Avoids re-victimization
- Promotes safety and sense of agency
- Contextualizes behaviors within trauma
- Culturally appropriate services
- Understands a child’s development, communication styles, behaviors
**HOW WE WILL ACHIEVE OUR OBJECTIVES**

- Focus on one group: unaccompanied immigrant children
- Review the stages of migration and events that may be traumatic.
- Define trauma and toxic stress
- Discuss principles of trauma-interviewing
- Consider specific case studies
- Discuss an innovative model of care.

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**Framework for Understanding the Experience of New Immigrant Arrivals**

- Pre-migration/Country of Origin
- Migration/Journey
- Apprehension/Detention
- Release into community/Reunification

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**UNACCOMPANIED ALIEN CHILDREN DEFINITION**

*The Homeland Security Act of 2002*

- Under the age of 18
- Without legal immigration status
- Without a parent or guardian in the United States available to provide care and physical custody... at the time of apprehension
- Primarily from non-contiguous countries
Unaccompanied Immigrant Children Apprehended Southwest Border, FY 2013-2021

Family Units Apprehended Southwest Border, FY 2013-2021

Total Apprehensions Southwest Border, FY 2014-2021
WHAT IS DRIVING THIS MIGRATION?

**THE PUSH**
- Abject Poverty
- Social Exclusion
- Political Instability/Poor Infrastructure
- Community Violence:
  - Youth
  - Ethnic Minorities
  - Girls
- Domestic Violence: Child Abuse
- Trafficking: Labor and Sex
- Lack of Protection

**THE PULL**
- Seeking Protection
- Reunification with family
- Education
- Economic opportunities

The Journey

In The Children’s Words

“I tied my belt to the train so I wouldn't fall off if I fell asleep.”

“I often spent days without eating and had to wash cars to make enough money to buy food.”

“My family sold their farm to finance my trip to the US.”

CROSSING THE BORDER

In The Children’s Words

“I almost drowned crossing the river when the inner tube deflated.”

“We walked for six hours in the desert and ran out of water. I wasn’t sure I would survive.”

“We were kidnapped at the border by our guide and my parents couldn’t pay the ransom. I thought I was going to be killed.”
APPREHENSION AND DETENTION

In The Children’s Words
“I was wet from crossing the river and didn’t get dry clothes until the next morning.”
“They separated me from my older sister. I thought I’d never see her again.”

RELEASE TO SPONSORS

Stressors for children once with sponsor (Chronic Stress)
- Reunification with family/sponsor
- After “honeymoon” - conflict/abuse
- Stressors already in sponsoring household
- Carried over trauma – re-victimization
- Legal system – fear of deportation
- Acculturation – identity shift
- School system – unable to navigate
- Isolation – lack of community
- Discrimination, lack of sense of belonging
- Survivor’s guilt – “carriers of hope”
- Repayment of family debt
TRAUMA, TOXIC STRESS AND CHILDREN

TRAUMA: DEFINITION

• Direct or indirect exposure to intense and overwhelming experiences that involve threat or harm to a person’s physical and/or emotional integrity
  • Overwhelms the person’s coping resources
  • Often leads to coping mechanisms that help survive/adapt in the short run but may cause serious harm in the long run

DSM-5; American Psychiatric Association (2015)

THE STRESS CONTINUUM

Positive
Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable
Serious, temporary stress responses, buffered by supportive relationships.

Toxic
Prolonged activation of stress response systems in the absence of protective relationships.
TOXIC STRESS

“No touch”

TRAUMA-INFORMED GUIDELINES

- Empowerment
- Choice
- Collaboration
- Safety
- Trustworthiness
- Contextualized

US Substance Abuse and Mental Health Services Administration (SAMHSA): Key Ingredients for Successful Trauma-Informed Care Implementation (2016)
Due to impact of trauma, You may observe...

- Difficulty with attachment - negotiating and developing trusting relationships
- Difficulty with attention, concentration, and memory
- Challenges in providing narrative
  - Little or no elaboration – avoidance and/or recall difficulty
  - Disorganized, non-linear, incoherent, perseverative
- Difficulties with emotion identification, expression, and regulation
  - Behavior and affect that are incongruent with events described
  - Behavioral indicators of distress – fidgety, restless, no eye contact, rapid breathing, fast talk, tangential

Interviewing Considerations & Guidelines

- Importance of engagement
  - Build rapport using friendly and genuine tone, use of humor, warmth, and personal connection
  - Build comfort and confidence with non-threatening topics, easy-to-answer fact-based questions
  - Practice cultural humility
  - Consider power imbalances (age, gender, ethnicity, stature, etc.)

- Clear purpose and shared understanding
  - Comprehensive healthcare v. forensic assessment
  - Provide rationale and build motivation
  - Share parameters and maximize predictability – no surprises!

- Approach informed by child and family context:
  - Age/Stage of development
  - Socio-cultural background
  - Level of education and literacy
  - Accompanied, unaccompanied, separated
  - Trauma history and varied impacts
  - Current safety

- Respect for child (and their community)
  - Unconditional positive regard and identification of strengths
  - Experts in their own experience – allow child to tell their story in their own words or modality
  - Active and empathic listening, reflect statements and feelings, provide validation
  - Express gratitude
**Interviewing Considerations & Guidelines**

- Safety and control in the interview experience
  - Control over physical environment and positioning
  - Anticipate stress
  - Pacing: invite breaks, pauses, stops, and questions
  - Access to resources (food, toys, art, relaxation tools)
- Check in regularly
  - Monitor your own response
    - Be patient – don’t have to immediately fix or solve the problem
    - Be honest – it’s okay to say “I don’t know”
    - When in doubt, summarize, reflect, and validate.
- Promote resilience
  - Normalize don’t pathologize
  - Highlight strengths and efforts
  - Allow for return to ‘baseline’
  - Connect to follow-up resources
  - Instill hope (but don’t overpromise)

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**MODEL OF CARE: MEDICAL-LEGAL NEXUS**

- Legal Representation Improves Outcomes
  - 88% without attorney lost case
  - 13% with attorney lost case
- Healthcare Improves Legal Outcomes
  - Uncover histories not revealed to lawyers
  - Medical and mental health findings used as forensic evidence
  - Facilitate communication with attorney
  - Improve ability to testify in court
  - Provide professional affidavits and letters of support
  - Improved asylum grant rate

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**THE TERRA FIRMA MODEL**

A Medical-Legal Partnership in a Patient-Centered Medical Home

- Comprehensive primary care
- Integrated mental health (individual, family, group)
- Professional affidavits and evaluations to support immigration cases
- Co-located pro bono legal services
- Social services and case management
- Enrichment programming: tutoring, ESOL, soccer, photography, mindfulness course
Case Considerations

• Were trauma-informed principles followed?
• What went well?
• What would you do differently?

Yenifer

• Yenifer, 17-year-old indigenous female from Guatemala, arrived to the US as an unaccompanied minor
• She comes to Terra Firma (TF), a medical-legal partnership program embedded in a community health center in her neighborhood, referred by her attorney. As per Legal Aid SW, Yenifer is tearful, sad, guarded, and may have learning issues. At medical visits upon entry to care, Yenifer struggled to articulate detailed information about her life in Guatemala, especially her relationship with her mother, and is unable to describe a clear timeline of events.
• Yenifer presents for her first mental health (MH) visit at TF alone, referred by TF pediatrician. Yenifer has gentle and cautious mannerisms, speaks softly with poorly articulated, and at times unintelligible, speech. She presents with tense body posture, restlessness, and sometimes, self-stimulating behaviors with her hands.

Yenifer (2)

• You focus on establishing rapport, allowing Yenifer a seat closest to the door of your office, keeping room lighting and temperature comfortable, offering a snack, and you begin with ice breakers about her interests and life in NYC.
• Yenifer becomes extremely tearful when asked about her mother, stating repeatedly that she only wants her mother to love her.
• Yenifer reports problems with her memory, significant gaps in her education while in Guatemala.
• Yenifer expresses uncertainty about why she is at the MH visit and says she does not want to talk about things that upset her.
Yenifer - Questions

• What do you think is going on in this scenario?
  ✓ Were trauma-informed principles followed?
  ✓ What things went well?
  ✓ Could you have approached this differently?

What are the next steps you would take?

In follow up visits with Yenifer...

• Continued to build rapport, provide unconditional positive regard, began with psychoeducation about trauma exposure, provided affective education to begin to build affective identification and emotion regulation skills...
• To obtain detailed history of abuse by mother for purposes of both letter of support for legal relief (SLJ) and gradual exposure to traumatic events, focused on asking what happened when she did something wrong/was not supposed to do, and creating timeline of events...
• Learned Yenifer’s mother sometimes hit her in the head with rocks as punishment/when upset, and Yenifer believes this caused her memory problems...
• Referred for neurocognitive evaluation
• Registration for Pre-GED program, connection with SW at program
• Validated and explored opposing feelings of anger and love toward mother
• Worked with mother in Guatemala and Yenifer via telehealth
• Connected to female provider for ongoing medical care

YOUR ROLE IS POWERFUL...

• You can help foster resiliency in your clients...
• Highlight their strengths, the ways in which they have adapted
• Identify and underscore their protective factors
• Awareness of resiliency factors is important for the child but also important for the declaration, further supporting their claim
Stanford digital MEdIC:
Trauma-informed Interviewing Techniques
https://digitalmedic.stanford.edu/our-work/trauma/

- Training toolkit for attorneys and other professionals on practice recommendations for interviewing immigrant youth exposed to trauma
- Video modules:
  - Establishing connection
  - Supporting young children
  - Supporting teens
  - Self-care
- Guidelines and reflections
- Resource library

Thank you!

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