



Trauma and Abuse in the U.S. Asylum and Immigration System: Realities of the U.S. Mexico Border

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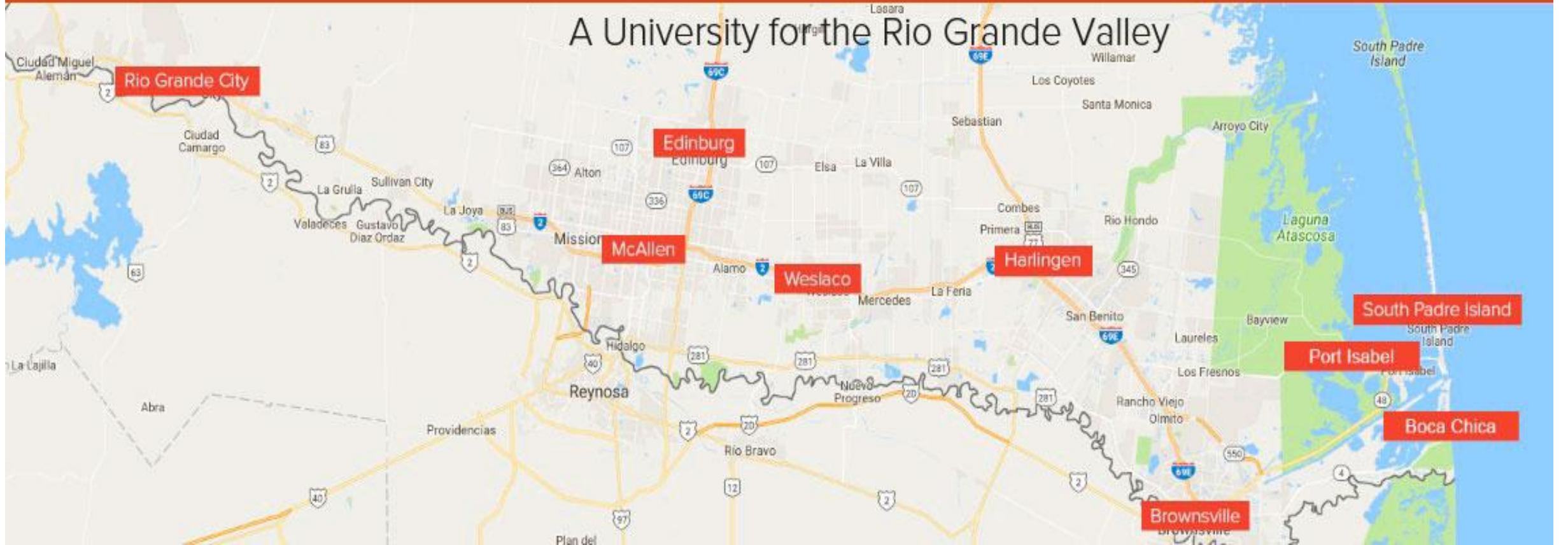
- ▶ Associate Professor, Department of Psychological Science
- ▶ 2022 President of the Texas Psychological Association
- ▶ President-Elect National Latinx Psychological Association
- ▶ Chair-Elect-APA Advocacy Coordinating Committee
- ▶ Co-founder of Latinx Immigrant Health Alliance (LIHA)
- ▶ Author of *Cultural Competency of Psychological Assessment: Working Effectively with Latinx Populations*, Oxford University Press book
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- ▶ Chair-APA Presidential Taskforce Immigration and Health



Objectives

- ▶ Describe recent trauma and health research with disadvantaged populations in the US Mexico border.
- ▶ Discuss and explain effective clinical interventions and assessment techniques used with Latinx groups
- ▶ Identify and discuss the professional guidelines for psychological evaluations in immigration proceedings.

OUR LOCATIONS



UTRGV

The University of Texas
Rio Grande Valley

Multicultural Clinical Lab

- Trauma, Health, and Culture with recent immigrated families.
- International Attachment and Immigration project.
- EST's with Latino groups
- IDD population
- SOM-Psychiatry Residency Program



Advocacy Amid a Pandemic

- ▶ COVID19 has affected millions causing disproportionate health effects.
- ▶ Invisible essential workers
- ▶ Immigration detention centers
- ▶ Trauma in children and families seeking asylum
- ▶ 850,000 immigration cases put on hold, now over 1,000,000.



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ISSN: 1942-9681



Psychological Trauma:
Theory, Research, Practice, and Policy

<http://dx.doi.org/10.1037/tra0000775>

A Tale of Two Crises: The Compounded Effect of COVID-19 and Anti-Immigration Policy in the United States

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The COVID-19 pandemic is highlighting some important sources of health disparities that assail our society's most vulnerable people, particularly undocumented immigrants and asylum seekers. The focus of this commentary is on uncovering those sources of health disparities and making a call for action.

Keywords: immigration, undocumented, trauma, immigrant

The COVID-19 pandemic has affected millions, causing disproportionate health and economic effects (Centers for Disease Control and Prevention [CDC], 2020a; Congressional Research Service, 2020). Reports have uncovered significant disparities in the impact of COVID-19, with undocumented immigrants being an at-risk group often unaccounted for. These immigrants may be at a particularly treacherous crossroad with increased risk compared to the general population, coupled with lower likelihood of access

2020). This pandemic has exposed the irony inherent in these negative attitudes, given that many undocumented immigrants are deemed essential, performing jobs that are keeping the U.S. economy afloat (Labor Council for Latin American Advancement & El Comité Mijente, 2020). Despite their invaluable service, these immigrants are excluded from receiving benefits, including from the Coronavirus Aid, Relief, and Economic Security Act (U.S. Department of the Treasury, 2020).

Migrant Routes Through Mexico



Realities of the U.S. Mexico Border

Trauma among recently immigrated families fleeing the Northern Triangle

- ▶ A large increase in the number of children and families migrating from Central America to the U.S. has been documented in the last decade (Congressional Research Service, 2019).
- ▶ These immigrants, seeking refuge in the U.S., arrive with significant mental health concerns (Mercado & Venta, 2018; Mercado et al., 2019)
 - ▶ Trauma exposure
 - ▶ Posttraumatic stress symptoms



<https://www.kqed.org/lowdown/31036/why-so-many-people-in-the-northern-triangle-are-seeking-u-s-asylum>

Current Patterns of Migration to the United States

- ▶ A large increase in the number of children and families migrating from Central America to the U.S. has been documented in the last decade (Congressional Research Service, 2019).
- ▶ Many escaping violence rather than financial reasons.



RUSS BALL/JOURNAL

<https://www.iasparliament.com/current-affairs/migrant-caravan-central-american-migration>

Current Patterns of Migration to the United States

- ▶ Immigration along US Southern border at 21 year high (Pew Research Center, 2021).
- ▶ US Border Patrol reports over 1.7 million encounters in 2021; 2.4 million encounters in 2022, and 1.65 million encounters to date in 2023, along Southwest land border.



Current Patterns of Migration to the United States

- ▶ A rising proportion of those arriving at the Southern border are requesting asylum.
- ▶ Many seeking asylum from Northern Triangle of Central America (El Salvador, Guatemala, Honduras).



<https://www.iasparliament.com/current-affairs/migrant-caravan-central-american-migration>

Trauma among Recently Immigrated Families Fleeing the Northern Triangle

- ▶ Over the last five years, numerous research studies have found that youth and families seeking asylum in the United States endorse substantial trauma exposure and considerable mental health concerns such as Posttraumatic stress symptoms (PTS) (e.g., Keller et al., 2017; Mercado et al., 2019; Venta & Mercado, 2019).



Pre-migratory Trauma

- ▶ Most immigrants report violence as main motive for fleeing their home country (Hiskey et al., 2014).
 - Physical violence – assaults, death threats, torture
 - Sexual violence – rape, assaults
- ▶ Extortion or blackmail
- ▶ Even a larger proportion reports being afraid of returning to their home country.



<https://www.foxnews.com/world/on-board-the-beast-immigrants-make-perilous-journey-to-u-s>



Veracruz,
Mexico
June 2019

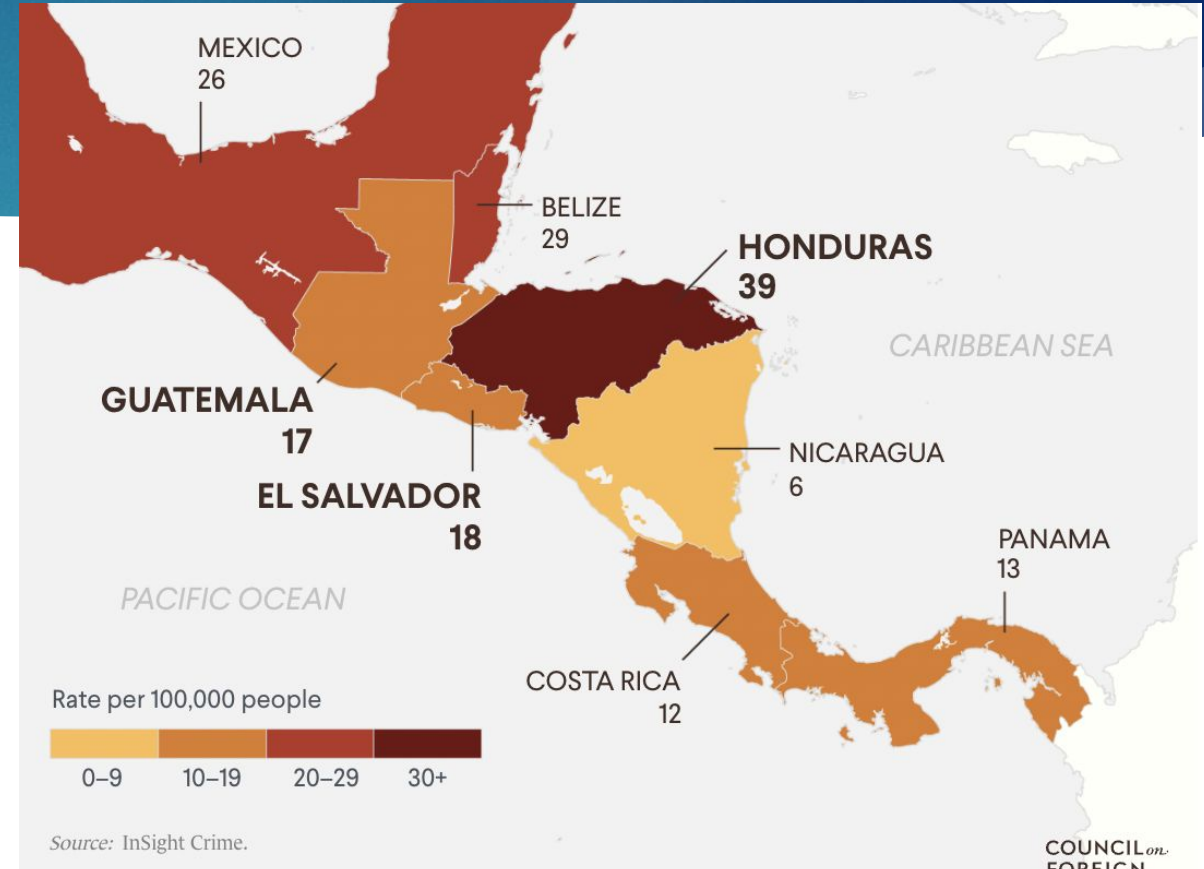


“The Beast”

“Train of Death”

Pre-migratory Trauma

- ▶ Homicide rates in the Northern Triangle have been among the world's highest in recent decades.
- ▶ Women in the region are also fleeing gender-based violence.
- ▶ As of 2020, El Salvador and Honduras had some of Latin America's highest rates of femicide, or gender-based murders of women and girls.



Homicide Rates in the Northern Triangle and Surrounding Countries

Homicides per 100,000 people in 2021

Trauma along their Journey

- ▶ Migration itself poses risk of trauma exposure.
- ▶ Multiple border crossings, takes \approx 2 months to complete from Central America (Chavez-Dueñas, et al., 2014).
- ▶ Many witness and experience assaults, extortion, robberies, and sexual violence along their journey (Chavez-Dueñas et al., 2014).
- ▶ Sometimes “coyotes” take advantage of vulnerable migrants abandoning them or kidnapping them to demand more money from family members (Vogt, 2016).

Trauma Upon Arrival

- ▶ Recent immigration policies have inflicted additional trauma.
- ▶ The Zero Tolerance policy (2018) separated families, some of whom have yet to be reunited.
- ▶ Thousands of children affected, including infants and toddlers under 5 years of age.





Trauma Screening in Recently Immigrated Youth: Data from Two Spanish-Speaking Samples

Amanda C. Venta ¹ · Alfonso Mercado²

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Abstract

There have been large, recent increases in the number of children and families migrating from Central America to the U.S. to escape regional cartel and gang violence. The rate of trauma exposure in recently immigrated youth from Central America is therefore alarmingly high and current trauma symptom measures have not been evaluated for use in this population. The broad goal of this study was to report on the psychometric properties of one such measure in two studies of recently immigrated youth. Data collected included self-report of recent immigrants from Central America attending public high school in the Southwestern U.S. and caregiver-report from a sample of Central American immigrants who arrived in the U.S. within the last 24 hours and reported on trauma symptoms in their children. Aims included providing descriptive data and examining inter-item correlations and factor structure. Results indicated trauma symptoms far exceeding published cutoff levels as well as adequate internal consistency and inter-item correlations. Findings of the current studies suggest a pressing need for the assessment of trauma symptoms among recently immigrated youth from Central America, in which the rates of exposure and symptoms were striking.

Keywords Trauma · PTSD · Immigrant · Youth · Spanish · CPSS · Hispanic · Central America

Trauma and cultural values in the health of recently immigrated families

Journal of Health Psychology
1–13

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DOI: 10.1177/1359105319842935

journals.sagepub.com/home/hpq



Alfonso Mercado¹ , Amanda Venta²,
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Abstract

This study examined Ruiz et al.'s sociocultural model of Hispanic health resilience by assessing trauma exposure and symptoms and Hispanic cultural values in relation to the physical health of 97 Central American immigrant families, within 24 hours of arrival to the United States. Increased posttraumatic stress symptoms, but not exposure, were associated with increased physical health concerns for parents and children. Hispanic cultural values moderated trauma-health relations for adult health only. Identifying posttraumatic stress symptoms as a significant correlate of physical health in Latino immigrant parents and children is critical to identifying vulnerabilities in need of future research and interventions.

Post-migration trauma

- ▶ Upon entering the U.S., numerous immigrants are detained by CBP
- ▶ Immigrants are held at “hieleras” – Spanish for iceboxes, due to the freezing temperatures in them
- ▶ Immigrants often sleep on concrete floors in their crowded cells
- ▶ They have no access to showers, lack adequate food, water, and medical care (Cantor, 2015)
- ▶ Asylum-seekers were subject to the Trump administration’s Migrant Protection Protocols, including Zero Tolerance, “Remain in Mexico,” policy until March 2021, possible reinstated on Nov 30, 2021.
- ▶ More than 2,500 asylum-seekers lived in a tent encampment in Matamoros, Mexico, thousands others across the U.S. Mexico Border

Family Separations McAllen, Texas





-Summer of 2018

-Influx of psychological evaluations referrals

-Clinical research at Humanitarian Respite Center

-Unknown formula Family Separations

Zero Tolerance Policy

- Approximately 5,500 migrant children have been separated from their parents by the Trump Administration — not 2,800 as originally estimated — according to the American Civil Liberties Union.
- Today, hundreds of children taken from their parents nearly three to four years ago remain separated.
- As of April 2021, the parents of 445 children separated by Trump still have not been found.
- Influx of referrals from ORR and related social services entities.
- The consequences of the Trump administration's family separation policy continue even to this day.

Donde esta mi mama?

- ▶ Clinical Implications on family separations
- ▶ Collaborating with community partners
- ▶ Advocacy Amid global pandemic
- ▶ ORR, APA , NLPA, United We Dream
- ▶ U.S. Hispanic Congressional Caucus



Effects of Family Separation

- ▶ The long-term effects of toxic stress are wide ranging and can include anxiety, PTSD, and depression. For younger children, the trauma of the separations is likely to affect their attachment (Garcini, et al. 2021).
- ▶ The brain of the child is still developing, especially in regard to brain systems for memory and relationships.
- ▶ When there are disruptions in the child's life, the child may develop an insecure, rather than secure, attachment. A secure attachment gives the child an understanding that the world is safe and trustworthy, whereas insecure attachment can lead to difficulty tolerating stress, poor control of anger, [and] difficulty maintaining stable relationships.

Venta et al. (2021)

- ▶ Adult attachment with caregivers
- ▶ Father separation due to migration reported higher alienation from father, lower attachment security, communication, and trust.
- ▶ Effects of family separation from fathers on attachment persist into young adulthood, even when separation occurred on average nearly 15 years ago.



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Contents lists available at [ScienceDirect](#)

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres



Family separation and attachment in young adults who were once left behind by caregiver migration

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ARTICLE INFO

Keywords:

Latinx
Migration
Family separation
Attachment

ABSTRACT

This study examined young adults' attachment with their mothers and fathers after experiencing separation from these caregivers in childhood due to one or more caregivers migrating out of the family's home country. From 774 respondents, 110 reported parental migration. Participants ($M = 20.98$; $SD = 3.12$; 68.1% female) were recruited from Latin American universities. Regarding maternal attachment, young adults who experienced separation from their mothers due to maternal migration were not significantly different from young adults who had not experienced such separation. In contrast, young adults who experienced separation from their fathers due to paternal migration ($n = 79$) reported higher alienation from their fathers, as well as lower attachment security, communication, and trust, than respondents who had not experienced separation. These differences were significant and moderately sized. Respondents who had frequent phone/video contact with their fathers after separation reported higher attachment security than respondents who did not maintain frequent contact with their fathers. This effect was strongest when respondents were older at the time of their fathers' migration. Findings suggest that the effects of separation from fathers on attachment persist into young adulthood, even when the separation occurred, on average, nearly 15 years earlier.



PAPER CHILDREN
NIÑOS DE PAPEL

ONLINE SCREENING & LIVE
DISCUSSION WITH EXPERTS

AUGUST 19
5PM PT / 8PM ET

REAL
STORIES

YouTube Originals

YOUTUBE.COM/REALSTORIES #PaperChildrenDoc

https://www.youtube.com/watch?v=gb9_SRuyKGc

U.S. Remain in Mexico Policy

- ▶ **Remain in Mexico Policy**
 - ▶ *May 2019 US Court of Appeals*
- ▶ Approximately 50,000 families have been forced to wait for asylum hearings in Mexican border towns (Tijuana, Juarez, Nogales, Matamoros).
- ▶ Thousands exposed to life threatening dangers (kidnapping, rapes, torture, assault).
- ▶ Inhumane living conditions in tent encampments (No U.S. aid)
- ▶ Over 2,500 families in Matamoros, Mexico border to Brownsville, Texas.



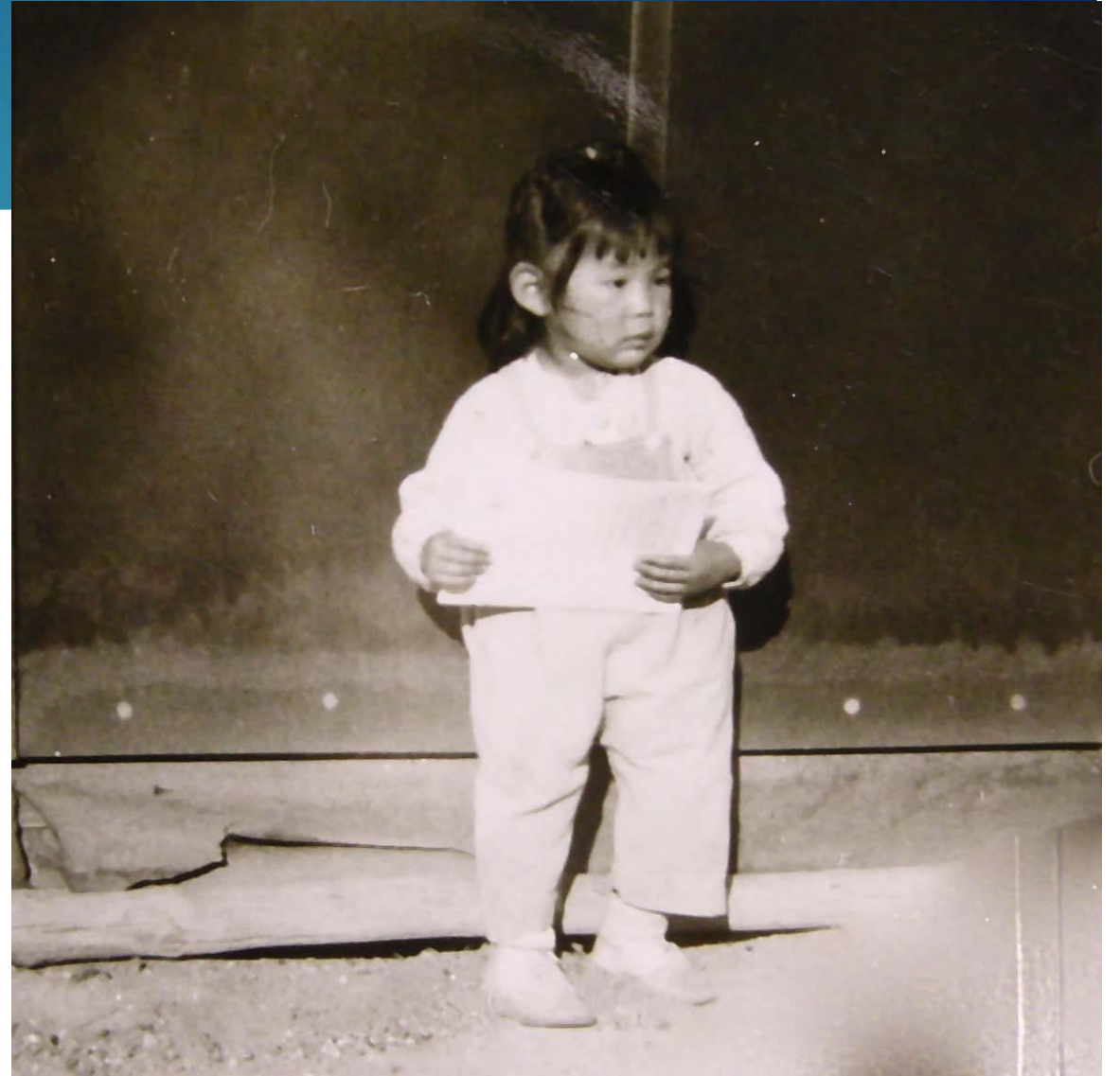




Children of the camps



2021 vs. World War II





DOI: 10.1377/JLTHAFF.2020.0.02331

‘Remain In Mexico’: Stories Of Trauma And Abuse

Two families’ stories—a separation at the border and an assault in a migrant shelter—show the horrific dimensions of US migration policy.

BY ALFONSO MERCADO, LUZ GARCINI, AMANDA VENTA, AND MANUEL PARIS

Crossing over the Rio Grande on the Gateway International Bridge from Brownsville, Texas, to Matamoros in Tamaulipas, Mexico, we saw a swath of dilapidated tents behind wire fences lined up against the street as soon as we crossed the border. More than 2,500 families were being forced to live in a tent encampment in Matamoros as a result of the Migrant Protection Protocols—often referred to as the “Remain in Mexico” program—enacted by

the Trump administration in 2019, which required certain individuals seeking asylum in the US to wait in Mexico until the time of their immigration court proceedings. The policy did not call for vulnerable people, including unaccompanied children, people with mental or physical health conditions, or those whose lives were in danger, to be returned to Mexico, although compliance with these exceptions was sporadic. In February 2020 we—a group of psychologists and trainees—toured the refugee

tent camp, where we met Maria. She had fled Honduras with her six-year-old daughter, Lucy, along with Maria’s brother Jose and his eleven-year-old daughter, Carlita, after several family members were murdered by gang violence.

Maria was making handmade tortillas with butter and salt over a campfire outside her small, rickety tent home, constructed with plastic tarps and sticks that seemed to be barely holding everything up. Surrounding her tent were many others like it, mismatched and clustered between mesquite trees. Families without tents slept under unsupported plastic tarps. As she clapped the dough together to make the tortillas, Maria averted her gaze as she shared that Lucy and Carlita were gone. They had crossed the US border alone a few weeks before. She began to weep, trying unsuccessfully to wipe away her tears with her t-shirt.

Nine months earlier, Maria had arrived at the US-Mexico border to seek asylum and was shocked to find out that she not only would need to wait to get a number before waiting again for her initial processing by Customs and Border Protection but also—even after she passed her initial “credible fear” interview—would be forced to remain in Mexico while she waited for her immigration hearings, as part of the Migrant Protection Protocols. Her hopes for solace and safety disappeared, and her despair grew stronger. Around that time, devastating storms passed through south Texas, almost wiping out the entire tent encampment and causing several migrants to drown in the Rio Grande. Maria knew many of the dead.

Life in the tent encampment was harsh. When she first arrived, there were no bathrooms or showers. Families bathed in the Rio Grande, only steps away from the refugee camp where others were living and from the area where families harvested vegetables, beans, and fruit. With no interior living facilities, a campfire was the only option to keep the refugees warm during the winter months. A large potable water

Life in the Refugee Camp

Case of Maria and her six-year-old daughter Lucy, in Matamoros, Tamaulipas, Mexico

A Nightmare in Juarez

Case of Antonio in Ciudad Juarez, Chihuahua, Mexico

Mercado, A., Garcini, L., Venta, A., & Paris, M. (2021). *Remain in Mexico: Stories of Trauma and Abuse. Health Affairs.*

Matamoros, Mexico

- ▶ Multicultural Clinical Lab toy drive fundraiser in December 2021
- ▶ Winter Storm Ori. Freezing weather conditions in February 2021, Hurricane Hanna summer 2020
- ▶ February 25, 2021 families began being processed by USCBP





Humanitarian Respite Center McAllen, TX
Phase Two of Research March 2021

MCL Team

- ▶ 50 families
- ▶ Mixed-methods Design
- ▶ 6 families from Tent encampment
- ▶ Preliminary findings



Experiences of immigrant families under the Migrant Protection Protocols (MPP)

- ▶ Mercado, A., et al. (2022). Trauma in the American-Asylum process: Experiences of immigrant families under the Migrant Protection Protocols. *Psychological Trauma: Theory, Research, Practice, and Policy*. DOI:10.1037/tra0001368



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ISSN: 1942-9681



Psychological Trauma:
Theory, Research, Practice, and Policy

<https://doi.org/10.1037/tra0001368>

Trauma in the American Asylum Process: Experiences of Immigrant Families Under the Migrant Protection Protocols

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Objective: Latinx asylum-seeking families report posttraumatic distress that is 161–204% higher than in non-immigrants, with adverse consequences for health and well-being. Recent U.S. policies have further embedded trauma in the asylum-seeking process by forcing families to remain in Mexico, enduring dire living conditions in tent encampments near the border while awaiting processing. These families are now entering the United States in large numbers. This article sheds light on their recent experiences and mental health needs, using a mixed methods-grounded theory design, presenting quantitative and qualitative data to describe the experiences of six asylum-seeking families who waited for 1–2 years in the refugee camp in Mexico. **Method:** Quantitative data was obtained from the Brief Symptom Inventory-18 and the Harvard Trauma Questionnaire while qualitative interviews provided insight into reasons for migration and trauma at different stages of the migration process. **Results:** All participants experienced multiple traumas and endorsed trauma related symptoms. Important themes of psychological distress and trauma emerged, including unending suffering, hunger, and worry for the safety of their children while living in the refugee camp. Asylum-seeking families experienced substantial distress and trauma secondary to their stay in Mexico and COVID-19. **Conclusion:** Families arriving to the United States have experienced significant trauma, separation, and loss before and during their journey. Interactions with an unprepared and overwhelmed immigration system further compromises their psychological well-being. It is imperative that first-person narratives inform policy that addresses their complex needs and protects their human rights.

Clinical Impact Statement

Recent U.S. immigration policies have embedded trauma in the asylum-seeking process by forcing families to remain in Mexico, where they endure dire living conditions in tent encampments while awaiting processing. Given the health implications associated with trauma, the experiences of this population demand attention and action. This study extends our understanding of inhumane immigration policies as risk factor for further trauma by evaluating the association between being subjected to the Migrant Protection Protocols and psychological distress. It is imperative that research inform policy that addresses the complex health, social and legal needs of vulnerable immigrants and protects their human rights.

Keywords: immigration, trauma, asylum-seeking, Migration Protection Protocols, refugee camp

Experiences of immigrant families under the Migrant Protection Protocols

- ▶ Latinx asylum-seeking families report posttraumatic distress that is 161-204% higher than in non-immigrants (Venta & Mercado, 2019), with consequences for health and well-being (Mercado et al., 2019).
- ▶ Recent U.S. policies have further embedded trauma in the asylum-seeking process by forcing families to remain in Mexico, enduring dire living conditions in tent encampments near the border while awaiting processing (Mercado et al., in press).
- ▶ Mixed-methods design study described the experiences of five asylum-seeking families who waited for over a year in the refugee camp in Mexico.
- ▶ Brief Symptom Inventory-18 and the Harvard Trauma Questionnaire provided quantitative data and qualitative interviews provided insight into reasons for migration and trauma at different stages of the migration process.
- ▶ All participants experienced multiple traumas (M=9) and endorsed trauma related symptoms. Important themes of psychological distress and trauma were identified, including unending suffering and worry for the safety of their children while living in the refugee camp.
- ▶ Findings indicate that asylum-seeking families experience substantial distress and trauma secondary to their stay in Mexico and COVID-19.

Hardship, loss, and trauma before leaving their home country

Forced migration

All I can say is that we had to leave our country not because we wanted to or because we wanted to reach the United States, we left our country because our lives were in danger...so we had to leave everything, our home, children's school, family, everything. It was very hard and unfortunate to leave the country and we never thought of leaving and I never imagined this, to migrate to a new country, but sometimes circumstances guide you so that you can be safer.

Violence and crime

Primarily because of the death of my partner...because the gangs killed him...All we want is for them to not harm us as they did my partner.

Threats to self and family

Organized crime threatened me. They came once and asked us for a cut. But since we didn't pay them in the first week, the next day we had to leave because they were going to kill us.

Criminal impunity from police

The Mexican police has to be with them [the people with organized crime]. It's horrible that the police themselves protect delinquency.

Economic hardship

Over there I was a single mom, I lived alone with my kids...what I earned wasn't enough.

Family separation and difficult decisions

I was thinking that I had to make the most difficult decision, so that they wouldn't hurt my son.

Hardship, loss, and trauma on the journey to the U.S.

1. Violence and crime

They made us all get off the bus. There they even make everyone take their pants off, shoes, everything, everything so they can search you, so they can take your money.

2. Experience with a coyote

While we were on the journey they would take us to a bodega/safe house, then to another. Sometimes they didn't give us food. The last few times they locked us up...there were times when we didn't have water.

3. Begging and receiving help from strangers

I was shameless and started to beg.

4. Experiencing hunger and thirst

Many times we didn't eat...Sometimes I rested against his belly [my son's] and it would growl, I could tell he was hungry.

5. Harsh weather conditions

We went through some very cold freezing nights.

6. Painful emotions

I never imagined the suffering one could endure on the journey.

Trauma and hardship in the tent encampment

Inadequate living conditions

We suffered a lot when we arrived at the tent encampment. There was a lot of suffering because there was nowhere to sleep...we slept right on the floor. The first few days without a tent, there was nothing. We basically slept on the street.

Unsanitary living conditions

And well there, there were always plagues of cockroaches and flies, always...we would watch as the cockroaches crawled over their bodies [the children's], sometimes even on their faces.

Hazardous living conditions

Sometimes there were even snakes...they say that when they bite you, you die, and there were a lot of them.

Harsh weather conditions

For example now that it got very cold, that ice fell in Matamoros, that the tents were frozen, we had no way of staying warm....my son got it, they told me that he could get hypothermia in his foot, his bones hurt, and he would tell me "Mommy, I can't stand it!" "Mommy I cant feel my feet"!

Sleep deprivation

If we slept there it was only for a few hours because of the fear, the anxiety, the uncertainty that something could happen to you, that they could kidnap your child...so there was very little sleep because you had to be alert, watching over our children.

Violence and crime

At night you could hear people in the tents and they were supposedly going in and raping the women.

Extortion

And suddenly we'd also see that drowned bodies would show up at the edge of the river. And why? And how? And we never knew if it was because they wanted to cross the river or if in fact, if you didn't pay before crossing they would take you and kill you.

Sickness

But at the same time we constantly had that uncertainty, that sometimes we hadn't eaten well, we didn't sleep well, so that was killing us psychologically and physically because sometimes we would get very sick and we needed to see a doctor because we didn't eat well, didn't sleep well, and so that kept us unwell in the camp.

Difficult emotions while at camp

1. Fear

We were all very scared that the American people...well, the American government wouldn't help us. That they would just tell us that they would cross us but they wouldn't help us.

2. Despair

It's very difficult, it's a really hard thing, to wake up and see that you're in the same situation. I'd suddenly fall asleep and I'd think this was a nightmare. But when I would wake up, it was the same reality all over again. But I'd think to myself, and tell myself, I'm going to go back, I don't want to be in this place anymore, I don't want to keep suffering.

3. Sadness

It's very sad, it's very difficult. That's the saddest thing to see your children suffering at times.

4. Hopelessness

And so I would cry, I'd get desperate, I was disappointed because it was days, weeks, and nothing. Nothing happened.

5. Worry

It's sad, distressing. Well yes I can say distressing because well because of the children yes it's very difficult.

Future Directions-R01 Funded

- ▶ *POSTTRAUMATIC DISTRESS AND THE IMMIGRANT EXPERIENCE: INDIVIDUAL AND INTERPERSONAL RISK AND RESILIENCE ACROSS DOMAINS OF INFLUENCE*
- ▶ The proposed study will collect longitudinal data from undocumented Latinx immigrant adults seeking asylum in the U.S. to examine how trauma exposure at various stages— prior to, embedded in the asylum-seeking experience, and while settling in the U.S.— concurrently and prospectively influences risk for posttraumatic distress and quality of life via the biological pathway of inflammation.
- ▶ Using the inflammatory hypothesis of persistent posttraumatic distress (Gill et al., 2009) as a conceptual framework, the proposed study incorporates state-of-the-art biological markers and mixed methods to provide novel information about mechanisms that underlie health risk and foster resilience across domains and levels.

Professional Guidelines for Psychological Evaluations in Immigration Proceedings

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Assessment of social and psychological functioning and well-being can add valuable information to immigration proceedings and support government agencies in providing adequate care to immigrants seeking legal relief. However, at present, no guidelines exist for psychologists or mental health clinicians completing psychological evaluations for the U.S. Citizenship and Immigration Services (USCIS) and other immigrant-serving entities. These evaluations involve several complexities and risks. Professionals performing such evaluations serve a population in a state of vulnerability, and the outcomes of these evaluations contribute to important decisions for the lives of these individuals as well as their families. In view of this, a task force, rising out of the Undocumented Immigrant Collaborative Special Interest Group, was formed at the 2018 National Latinx Psychological Association (NLPA) convention. The mission of the task force was to delineate appropriate guidelines for the field which are presented here. These guidelines for psychologists and other mental health clinicians completing these types of psychological evaluations intend to provide a framework and promote quality and consistency on immigration-related evaluations. Guidelines are provided as a well-supported practical guidance for the practice of forensic psychological assessments (i.e., the evaluation answers a psycholegal question) and forensic-adjacent assessments (i.e., the evaluation is conducted on an individual in immigration court proceedings) conducted for USCIS and other immigrant-serving entities. This document begins with a brief discussion of foundational issues inherent to immigration evaluations and then presents the nine most essential guidelines the task force identified for working with immigrant populations.



Anti-Immigration Policy and Mental Health: Risk of Distress and Trauma Among Deferred Action for Childhood Arrivals Recipients in the United States

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Objective: This study examined the association between immigration legal status and distress from the announcement of the termination of the Deferred Action for Childhood Arrivals (DACA) program among individuals affected by this potentially traumatic event (PTE), along with identifying relevant risk factors. **Method:** Participants ($N = 233$) affected by the termination announcement provided cross-sectional self-reports on distress from the announcement that was measured using the Impact of Events Scale—Revised. **Results:** Of the participants, 40.7% met the clinical cutoff for distress from the PTE indicative of posttraumatic stress disorder. DACA recipients had significantly higher levels of distress from the PTE compared with non-DACA undocumented immigrants and documented counterparts, $\chi^2(2, N = 233) = 23.25, p < .001$. After controlling for covariates, being a DACA recipient ($OR = 4.11, 95\%$ confidence interval [1.99, 8.50], $p < .001$), being male ($OR = 2.06, [1.05, 4.03], p = .035$), and having lower financial security ($OR = .54, [.38, .75], p < .001$) were significantly associated with distress. **Conclusion:** The future of DACA recipients is uncertain, which can be trauma inducing. The field of psychology needs to make space for this kind of experience as potentially traumatic. Advocacy efforts to shift immigration policies can be strengthened to alter the negative effects of the potential termination of DACA on those affected by it.

Clinical Impact Statement

Deferred Action for Childhood Arrivals (DACA) recipients experience significant distress from the potential termination of the DACA program, which has allowed undocumented immigrants who were brought to the United States as children and who met a set of strict vetting criteria to become eligible for a temporary work and education permit, renewable every 2 years. The future of DACA recipients is uncertain, which can be trauma inducing. The field of psychology needs to make space for this kind of experience as potentially traumatic.

Leveraging Science: *Advocacy and Policy*

- Expert testimony on research findings and clinical cases on the U.S.- Mexico border.
- November 2019 favorable ruling in a family separation trauma case
 - ▶ The federal judge ordered that the government must make available at a convenient location mental health screenings for class members who have been released and must provide appropriate transitional treatment to those class members requiring treatment until they can enter into the care of other providers.
 - ▶ The judge ordered medically appropriate initial mental health screenings and, as indicated, appropriate mental health treatment to all class members in custody.
 - ▶ Contributing Expert testimony on research findings and clinical cases on the U.S.- Mexico border.
- ▶ Trauma informed training for case-workers at ORR with APA Office of Violence Prevention.

Psychological Advocacy

- ▶ In November 2019, a federal court ordered the United States Government to provide immediate mental health services to thousands of families that were separated at the border under the "Zero Tolerance Policy" and who remain in the United States. The order is a result of a class-action lawsuit, *Ms. J.P. v. Barr*, brought on behalf of three Central American mothers who were separated from their children after crossing the U.S. border seeking asylum.
- ▶ Seneca Family of Agencies, a non-profit mental health agency, is leading *Todo Por Mi Familia*, a nationwide effort to connect impacted families with mental health assessments and treatment. Over the last two years, Seneca supported the class action lawsuit as a pro bono expert witness and consultant. Seneca is coordinating referrals to local mental health providers for interested families who were impacted by the Government's policy. All services will be free, confidential, and conducted in the families' preferred language.
- ▶ On July 31, 2020; expert panel on *Mental Health Needs of Latinos Children in the U.S.* at Congressional Hispanic Caucus (CHC) briefing.
- ▶ Immigration and Mental Health Bill-Congresswoman Napolitano and APA

A Call to Action

- ▶ As the pandemic evolves, the risk for serious health hazards and diminished mental health among at-risk immigrants increases rapidly; thus, the need for a rapid proactive response aimed at mitigating risk and harmful health and social consequences (Garcini, Mercado, Domenech-Rodriguez, and Paris, 2020).
- ▶ All helping professions have an ethical responsibility to help individuals in their time of need. They are charged with assuring their basic human rights regardless of class, gender, political affiliation or legal status.
- ▶ TPA, NLPA, APA, UWD, and other non-profit organizations have mobilized efforts to address this national crisis amid a global pandemic.
 - ▶ Mental health directory for DACA recipients
 - ▶ Providing clinical tools for culturally competent mental health services.
 - ▶ Psychoeducation on mental health and social support

- ▶ APA/NLPA Immigration Task Force.
- ▶ Free webinar series working effectively with immigration populations.
- ▶ A Guide to Provide Mental Health Services to immigrants impacted by DACA changes and COVID19



Developing Cultural Competency for Providing Psychological Services With Immigrant Populations: A Cross-Level Training Curriculum

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Immigrants represent a numerous, and substantially underserved, community of over 44 million people in the U.S., including 700,000 recipients of the Deferred Action for Childhood Arrivals (DACA) program (Batalova et al., 2020). Opportunities for competency training in professional psychology to serve this community, however, are scarce, both within doctoral training programs and professional development contexts (American Psychological Association [APA], 2012; Benuto et al., 2018). This article reports the results of a study assessing the impact of a 3-part web-based training series that targeted several Foundational and Functional Competency Domains as outlined by Fouad et al. (2009). Pretest assessments of 1,327 participants revealed limitations in the domains of knowledge and awareness of cultural competencies for working with immigrants. Those who completed the posttest assessments following each of the three Webinars showed significant increases in competency domains based on paired-sample *t*-tests. Repeated measures mixed-design analyses of variance tested the moderating effects of demographic characteristics (i.e., race, ethnicity, gender), level of training, career stage, or prior experience working with immigrants on these increases in cultural competence. Results provide valuable information regarding targeted subgroups within the larger sample. Subsequent follow-up assessments on a narrower number of participants supported the continuing impact of the trainings over time. Results are discussed in relation to the critical role of evidence-based training that targets immigrant populations in the midst of global sociopolitical and immigration challenges, and how these may inform competency training in a graduate



Clinical Implications

*RAISING AWARENESS OF PROFESSIONAL GUIDELINES FOR
PSYCHOLOGICAL EVALUATIONS IN IMMIGRATION PROCEEDINGS*

Guidelines 1 -4

Guideline 1

- Psychologists who conduct psychological testing and assessment for immigration purposes strive to take reasonable steps to develop and maintain competence relevant to the immigration evaluation process.

Guideline 2

- Evaluators must consider the influence of cultural factors on each aspect of the evaluation process, including the assessment, interpretation of data, conceptualization, and diagnosis, when making determinations regarding the examinee's mental health.

Guideline 3

- Evaluators must consider the influence of contextual factors on psychological functioning and psychopathology. Relevant contextual factors include the circumstances of immigration, past and current living environment, and community and family dynamics.

Guideline 4

- Evaluators must familiarize themselves with psychometric theory and scientific methods that allow them to evaluate standard assessment instruments according to their scientific merits and value as evidence in legal procedures. Mental health evaluators must be mindful of the ways that cultural and contextual adaptations, although sometimes necessary, affect the psychometric properties of a measure.

Guidelines 5-9

Guideline 5

- Examiners assess for and integrate a consideration of the immigrant's intersecting identities when formulating opinions regarding the examinee's psychological functioning.

Guideline 6

- Examiners should consider framing their evaluation and findings within a trauma-informed framework as appropriate to better capture the complexity of the examinee's psychological reality.

Guideline 7

- Examiners strive to assess the examinee's motivation, effort, and response style within the context of the evaluation to establish the validity of the evaluation.

Guideline 8

- When evaluating minors, examiners should strive to utilize developmentally appropriate frameworks and appreciate that evaluations typically take place while a child is outside of a traditional caregiving environment.

Guideline 9

- Examiners are responsible for ensuring that interpreters demonstrate competence, cultural sensitivity, and professionalism while providing a semantically accurate message converted from one language into another. It is equally recommended that psychologists take individual responsibility for making sure they are skilled at working effectively with interpreters.

Resources



PROTECTING IMMIGRANTS FROM HARM:

Collaborative Advocacy Strategies for Mental Health Professionals and Community Activists

Report of the 2020 Interdivisional Immigration Project Commissioned by the Committee of Divisions/APA Relations (CODAPAR) American Psychological Association

APRIL 26, 2021

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ABCT CLINICAL PRACTICE SERIES

Cultural Competency *in* Psychological Assessment

WORKING EFFECTIVELY WITH
LATINX POPULATIONS

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