



Toolkit to Support Providers Caring for Former Unaccompanied Immigrant Minors

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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF's Leadership for Better Health programs by visiting: rwjf.org/leadershipforbetterhealth

ABOUT THE TOOLKIT

This toolkit is designed to:

- Raise awareness about Unaccompanied Immigrant Minors (UMs) among medical and mental healthcare providers
- Help address needs of UMs and their families
- Help provide adequate healthcare to UMs in the US

For more information visit:

bbhouston.org

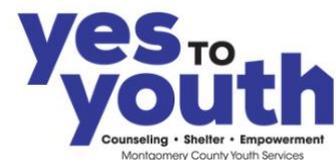
Toolkit to Support Providers Caring for Former Unaccompanied Immigrant Minors

Unaccompanied Immigrant Minors (UMs) are children under 18 years of age without lawful immigration status who do not have a parent/legal guardian available to offer care (Byrne & Miller, 2012). UMs are among the most vulnerable immigrants in the United States, with many experiencing high levels of stress as they integrate into the country (Antony & Thomas, 2017; Jani, 2017; Roth & Grace, 2015). UMs are at high risk for human trafficking, exploitation, and abuse. In recent years, large numbers of UMs are arriving from Guatemala, El Salvador, and Honduras seeking safety from alarmingly increased rates of violence, criminal coercion, and/or extreme deprivation (Deckert, 2016). In 2021, the Department of Homeland Security referred over 75,000 UMs to the Office of Refugee Resettlement (ORR) for temporary shelter. Texas has the second largest number of UMs released from ORR custody to sponsors (usually family members) in the US while awaiting their legal process, with the Houston area receiving the highest influx.

Trauma-informed culturally-sensitive care for UMs

This wicked problem is of vital importance because there are high levels of trauma exposure within the UM population, including trauma in their home country, during their journey, during apprehension, and in the process of dealing with separation and loss, in addition to post-migration stressors such as acculturation, language difficulties, and racial discrimination (United Nations High Commissioner for Refugees, 2014; Carlson, Cacciatore, & Klimek, 2012). It is clear that UMs need mental health support as they navigate the many different stressors during reunification in the United States (Jani, 2017). Currently, the long-term mental health outcomes of UMs are not known, but one of the most remarkable characteristics of this group is their resilience and drive to move forward in life (Aldarondo & Becker, 2011). Furthermore, evidence suggests that comprehensive, integrated, and culturally responsive services can lead to a more positive integration of immigrant youth and families into United States communities (Murphey, 2016). There is a clear need for trauma-informed and culturally responsive mental health care services for UMs as they begin to heal here in the United States. Specifically, in Houston, we are in desperate need of an organizing group to gather community resources, create awareness, and educate local service providers so that they may join us in providing mental health education and services to our UMs and help their families. The BridgeUM team's project included three main aspects:

- Creation of Advisory Group – Collaborated with Houston-based Central American Minors (CAM) group and other area professionals involved with UMs
- Research – Comprehensive needs assessment and systematic review of literature
- Creation of Toolkit – The first ever toolkit for culturally sensitive, trauma-informed care of UMs



Planning

Tens of thousands of immigrant children come to the U.S. annually (US Customs and Border Protection, 2020), but the majority arrive with their parents or close family members. Although UMs are similar to non-UM immigrant children in many ways, UMs have inherently unique needs. UMs are specifically vulnerable because of their age, their separation from parents and relatives in their home countries, the hazardous journeys they undergo by fleeing their countries and crossing into the U.S. alone, and their adjustment to living in a new culture with parents or guardians who did not raise them (Office of Refugee Resettlement, 2020c). Due to their complicated histories and living situations, many UMs struggle with their past histories of trauma, new U.S. families, and new culture. The provision of trauma-informed and culturally responsive mental health care services for UMs is a social justice and human rights issue that must be tackled.

Team members, Adriana Gutierrez and Johanna Creswell Báez have worked with UMs for more than a decade either in UM shelters providing care or UM shelter policy creation for one of the largest shelter providers in the United States. Team members, Mitra M. Misra and Nohemi Garcia through Texas Children's Hospital, specifically the Mobile Clinic Program (TCH-MCP), have provided medical and mental health care to children who may not have access to adequate healthcare in the Houston community. The TCH-MCP, established in 2000, provides comprehensive medical care to under-resourced children all over the greater Houston area with immigrants and refugees comprising up to 70-80% of their patients. Working in collaboration with expertise in the area, we hope that our toolkit will (1) raise awareness about UMs among medical and mental healthcare providers, (2) help address needs of UMs and their families, and (3) help provide adequate healthcare to UMs living in the U.S.

KEY SKILL SETS

To create an interdisciplinary comprehensive approach, we needed experts in UM care from different fields of practice such as pediatrics, mental health, and social work. Johanna Creswell Báez and Adriana Gutierrez had incredible experience with UMs working at Southwest Key Programs. They approached Mitra Misra and Padma Swamy because of their pediatric practice in the community. Nohemi Garcia was included because of her unique perspective working in the Texas Children's Hospital Trauma and Grief Center which provided care to UMs in the community. Several team members, along with Cassandra Harper who supported the qualitative data analysis, brought skills in research, including needs assessments, qualitative research, systematic reviews, and toolkit development based on research findings.

We knew that we needed support from social workers in schools who interface with immigrant children, so we included Sarah Howell. To help with website technical support, we included a tech-savvy MPH student Natalie Holdstock. Additionally, we included Arlene Bjugstad who had experience working with UMs through her social work doctoral degree projects.



OUR TEAM

- Johanna Creswell Báez, PhD, LCSW, Social Worker and Assistant Professor at the University of Colorado at Colorado Springs
- Nohemi Garcia, LMFT, LPC, Licensed Professional Counselor at Garcia Roberts Counseling and Consulting
- Adriana Gutierrez, MA, LPC-S, Licensed Professional Counselor and Supervisor at Yes to Youth in Montgomery County
- Mitra M. Misra, MD, Pediatrician/Medical Director of Texas Children's Mobile Clinic Program and Associate Professor of Pediatrics at Baylor College of Medicine
- Padma Swamy, MD, MPH, Pediatrician of Texas Children's Mobile Clinic Program and Assistant Professor of Pediatrics at Baylor College of Medicine
- Sarah Howell, MSW, LCSW Houston ISD Las Americas Newcomer School
- Natalie Holdstock MPH student, University of North Carolina at Chapel Hill
- Arlene Bjugstad, MSW, Social work doctoral student, University of Houston
- Cassandra Harper, MPH, Research Assistant

COMMUNITY PARTNERSHIPS

- **Schools:** We have created a collaboration with Houston area school social worker Sarah Howell, who has been an asset in our work, as she has relationships with families in the immigrant community and has helped us make connections to complete focus groups.
- **Churches:** To help us conduct our needs assessment, we leaned on community leaders at Cathedral of St. Matthew and Epiphany Community Health Outreach Services (ECHOS). They have been instrumental in helping us find UMs, and we have served as a resource for the organizations when they need help finding resources for their community members.
- **Clinics:** The providers and community health worker from the Texas Children's Mobile Clinic Program and psychology department at Texas Children's Hospital have become a resource for us.
- **Universities:** We have collaborated on outreach with social work immigrant health specialists and researchers at the University of Houston to help support our work. One doctoral student has been instrumental in coordinating our activities and helping with our literature systematic review. We have also collaborated with an MPH student at UNC Chapel Hill. She helped us create our website and conduct our literature systematic review.
- **Legal Services:** We are in discussions with immigration attorneys on best practices for reaching UMs who have been united with guardians in the community.

FUNDING

This project was funded by the Robert Wood Johnson Foundation with the support of the Clinical Scholars program. The UNC Consultant Support was vital to provide funds for important key aspects of the project such as toolkit review, project management, and UM expertise consultation. In-kind funds were provided by Jorge Martinez of Catedral de San Mateo and Epiphany Church Health Outreach Services ECHOS. In-kind support from the Harris County Youth Protective Services to allow use of the building for CAM meetings (the community advisory group).

Project work

The project pairs medical and mental health staff to develop training modules for community providers to identify unaccompanied minors in need and deliver trauma informed, and culturally responsive, mental health services.

- **Creating a local network:** We are supporting a local organization called the Central American Minors (CAM) group. The group includes professionals who care for immigrant children through work in clinics, mental health organizations, post-release services and schools. By supporting the group (taking minutes and helping with communication), we are able to reach leaders who will hopefully benefit from our work.



ELENA'S STORY

Elena came to the United States by herself at age 15 from Guatemala after suffering sexual harassment from neighbors. She was able to reunify with her mother in the United States, however, the process to obtain legal status was a nightmare.

Elena shared how scared she was when her mother would attend Court hearings because she thought she would never see her again. While in the process of legalization, she not only experienced fear of deportation but was also sexually harassed on her way to school.

Elena was able to attend therapy sessions and successfully graduated from treatment. She is very happy to be with her mother despite having many financial stressors and continuing to fight for her legalization. Elena is grateful for how hardworking her mother is, and would like to go to college to help her mom financially.

- **Creating the first clinical guide for UMs:** We analyzed data from the focus groups and using the results to develop a guide for medical and mental health providers. The completed toolkit is available at bbhouston.org/toolkit. We are now disseminating the toolkit guide to medical and mental health providers, including providing trainings featuring a documentary on this work and our key recommendations from the toolkit.
- **Continued community collaboration:** We continue to build relationships with community partners that are already working with immigrant populations. Further, we held a half-day conference (bbhouston.org/conference) with the key note by award-winning journalist Sonia Nazario. It included a panel of community leaders expert in supporting UMs and our team provided training on the toolkit to support community providers working with UMs. Lastly, using the results from the systematic review we have a platform to advocate for a better coordination of care for UMs in the community.

TIMELINE

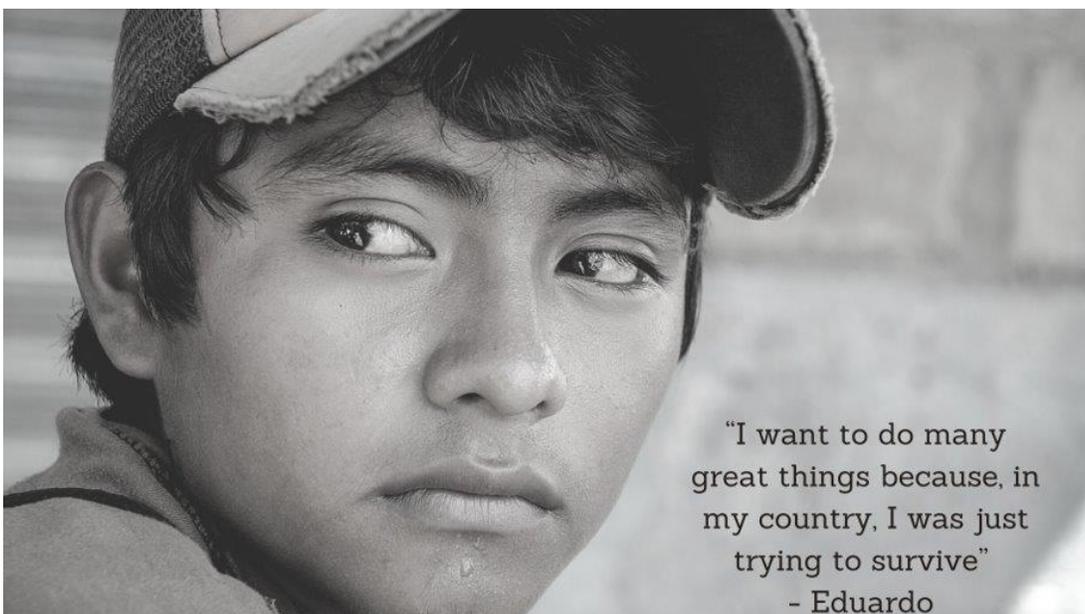
- **Year 1 Network Building:** Create network of partners and stakeholders and start in-depth needs assessment in Houston area of UMs mental health access, provision and use of services.
- **Year 2 Needs Assessment and Toolkit:** Finish in-depth needs assessment. Examine qualitative data to create a toolkit of best practices to support the mental health needs of vulnerable immigrant children.
- **Year 3 Implementation:** Finalize and publish toolkit, Deliver resources and trainings to providers dedicated to serving unaccompanied immigrant children in Houston by creating a unified standard of trauma-informed and culturally responsive mental health care.

EDUARDO'S STORY

Eduardo came here by himself from Honduras after his mother had died and he was threatened with violent death from a local gang who had targeted him for being gay.

At 13, he was living by himself and saw no hope in his small village town. Then a friend asked if he wanted to make the months-long journey to salvation in the United States. He had godparents in the U.S. and saw this as his only hope.

We found him struggling to help pay for the family expenses with his godparents, trying to decide if he should go back to school and worrying about his untreated asthma.



Evaluation and dissemination

We evaluated qualitative data collected from UMs, their caregivers, clinical providers (healthcare and mental healthcare providers such as social workers and counselors), and community leaders. We examined the primary themes identified from six focus groups and two interviews to better understand the lived experiences of UMs in the context of their complex mental health, medical, and social needs. We used a qualitative case study approach with an action research design. Action research focuses on solutions to issues that require immediate attention, explores ways of improving practice, and emphasizes empowerment with a focus on social change in conjunction with community members (Ivankova, 2015). Action research includes a plan of action with cycles of development and implementation (Stringer, 2014). We began by conducting a community needs assessment to understand the needs of UMs. We then developed a list of Best Practices for Providers based on their words. Lastly, we are using our Best Practices for Providers and a Toolkit to provide training and support to providers working with UMs.

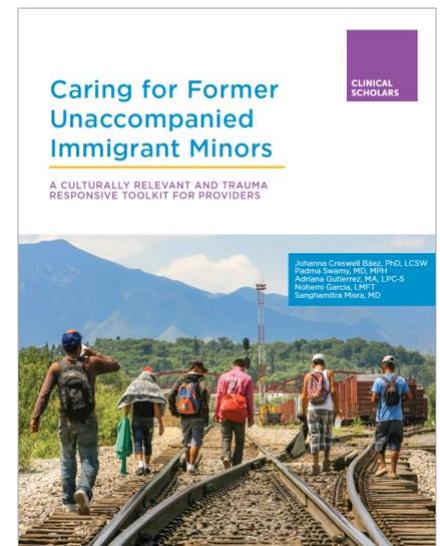
RESEARCH AND EVALUATION STEPS

- Interview questions were developed with feedback provided by community members.
- Approval was obtained from the Baylor College of Medicine Institutional Review Board (IRB) Protocol # H-44160.
- Data were collected in Houston, TX from April 2019 through November 2019.
- Six focus groups and two interviews were conducted with UMs, their caregivers, clinical providers (healthcare and mental healthcare providers such as social workers and counselors), and community leaders. Interviewers were in pairs, with one native Spanish speaker in each pair.
- Data were collected from six former UMs (ages 12-17), 8 Caregivers of UMs, and 22 community providers who care for UMs.
- Participants were asked about the needs and challenges of UMs, how UMs have felt about living in the U.S., how UMs are managing stress, and which services UMs are using in the community.
- Audio-recorded qualitative data were transcribed verbatim, translated to English when necessary, and analyzed using the qualitative data analysis software, MAXQDA.
- The data were analyzed and grouped into categories of information (codes) and then grouped into broader perspectives (themes).
- Accuracy of themes was checked with community members from a coalition group supporting UMs.
- Best Practices for Providers was developed from the themes to support UMs.

WEBSITE: BBHOUSTON.ORG



TOOLKIT / CLINICAL GUIDE



DOCUMENTARY: [ESCÚCHAME VOICES OF UNACCOMPANIED IMMIGRANT CHILDREN](#)



Reflections

CHALLENGES

- **Recruiting:** UM participation was challenging due to possible fear of deportation with the political climate. We teamed up with a social worker in a school to bridge the gap between not having rapport with clients. We also provided incentives such as gift cards and snacks for their participation.
- **Allocating Funds:** We pivoted and hired Baylor’s contractors and team member had conversations with Baylor’s grant specialists.
- **Grant Allocation:** We shifted our grant from one organization to another.
- **Assistance:** We needed a project manager which we were not able to get. Instead, we had so much help from working very closely with Dr. Padma Swamy, who was even better than a project manager!

SUCSESSES

- **Toolkit:** We have disseminated the toolkit and has had very positive reviews as evidence by asking us to speak about our work in various organizations.
- **Short Documentary:** We were approved for creating a short documentary to share a story of a UM and promote our toolkit. There are two UMs who have been contacted and one seems very promising.
- **Conference:** We held a half-day conference (bbhouston.org/conference) with leading experts and community leaders working with UMs. We shared our toolkit and documentary during this conference with a wide audience.

RECOMMENDATIONS

- Recognize that each UM is an individual and has their own unique life experiences which shape how they interact with the world.
- Build trust at both the individual, organizational and community level.
 - Create trusting individual relationships so that UMs and their families will be willing to share what their needs are.
 - Promote, at the organizational level, these trusting relationships by having policies that are friendly to UMs also with the inclusion of education for staff on the care of the UM.
 - Build trusting bi-directional relationships with community organizations so you can help to be part of a referral network for the UMs. Organizations can also trust you to provide quality care for UMs.
- Having a community forum with representation from diverse fields that interface with UMs is key to understanding UMs’ needs and how those needs may evolve.
- Advocate for policies that promote the well-being of UMs at different levels including organizational, community, and state/federal level.



KEY MESSAGES

- Useful and practical toolkit for providers with best practices for supporting UMs in the community
- Share a unified standard of trauma-informed, culturally responsive health care services for UMs
- Support efforts in creating community-based supports for UMs

“Gracias por querer escucharnos.”

- UM Caregiver