



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

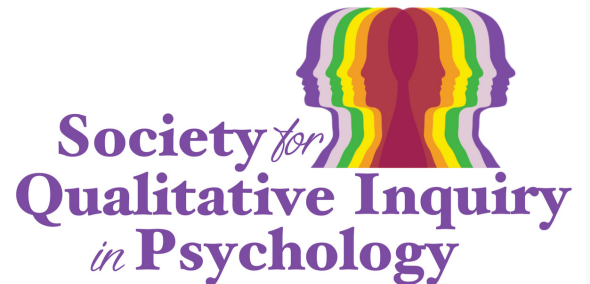
CONTRIBUTORS AND LEADING DIVISIONS:

Germán Cadenas, PhD, Divisions 48 and 17 (Peace Psychology and Counseling Psychology)
Elizabeth Cárdenas Bautista, M.Ed, Division 17 (Counseling Psychology) and National Latinx Psychological Association (NLPA)
Mary Beth Morrissey, PhD, Division 24 (Theoretical and Philosophical Psychology)
Stephanie Miodus, MA, MEd, Division 48 (Peace Psychology)
Martha Hernández, PhD, Division 43 (Society for Couple and Family Psychology)
Anne Galleta, PhD, Society for Qualitative Inquiry in Psychology (part of Division 5, Quantitative and Qualitative Methods)
Falu Raimi, PhD, Division 52 (International Psychology)
Lu Steinberg, PhD, Division 39 (Psychoanalysis)
Sylvia Marotta, PhD, Division 56 (Trauma Psychology)
Brian McNeill, PhD, National Latinx Psychological Association (NLPA)
Elizabeth Hernandez, PhD, Division 17 (Counseling Psychology)
Eric Adrian Garcia, PhD, Division 17 (Counseling Psychology)
Gabriela Hurtado, PhD, National Latinx Psychological Association (NLPA)
Shaznin Daruwalla, PsyD, Division 17 (Counseling Psychology)
Robin Lynn Treptow, Division 48 (Peace Psychology)
Daniela Ginez, UCLA Dream Fellow

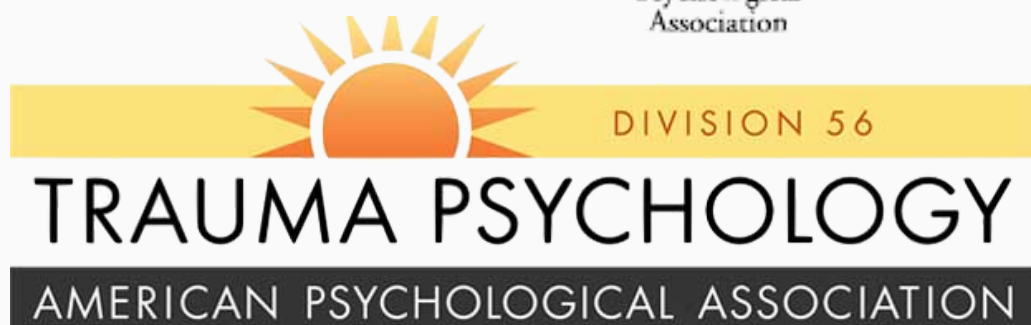
This report was prepared by the above-listed seven Divisions of the American Psychological Association and other designated contributors, and does not represent the position of the American Psychological Association or any of its other Divisions or subunits.



FAMILIAS UNIDAS EN ACCION



THEORETICAL &
PHILOSOPHICAL
PSYCHOLOGY



REGIONAL TEAMS OF PSYCHOLOGISTS, ALLIED PROFESSIONALS, AND COMMUNITY ACTIVISTS

WEST (AK, CA, MT, OR, UT, WA, WY)

Psychologists and Allied Professionals	Community Activists	Community Organizations
<ul style="list-style-type: none"> • Falu Rami • Shaznin Daruwalla • Brian McNeil • Martha Hernández • Robin Lynn Treptow • Eric Garcia • Elizabeth Hernandez 	<ul style="list-style-type: none"> • Antonio Serrano • Patricia Gandara • Lara Nations • Claudette Antuna • Eduardo Angulo • Mayra Cedano • Daniela Ginez • Shahid Haque • Eliana Vermeulen 	<ul style="list-style-type: none"> • Juntos/ACLU • UCLA, Co-Director, The Civil Rights Project/Proyecto Derechos Civiles • Nations Law Group • Co-Director, Salem/Keizer Coalition for Equality

SOUTHWEST (AZ, TX, NM, OK)

Psychologists and Allied Professionals	Community Activists	Community Organizations
<ul style="list-style-type: none"> • Germán Cadenas • Gabriela Hurtado • Alfonso Mercado • Kathleen Davis 	<ul style="list-style-type: none"> • Karena Ruiz • Virginia Perez-Ortega • Amairani Perez • Ramona Casas 	<ul style="list-style-type: none"> • One Arizona • Arizona Dream Act Coalition • Arise TX • Dream Alliance OK • Community Based Crime Prevention Initiative

MIDWEST (OH, MI, IN, IL, WI, MO, IA, MN, KS, NE, SD, ND)

Psychologists and Allied Professionals	Community Activists	Community Organizations
<ul style="list-style-type: none"> • Hannah Kay Allen • Ayli Carrero Pinedo • Anne Galletta • Laura Miller-Graft • Elaine Schmidt • Lizette Solis-Cortez 	<ul style="list-style-type: none"> • Sam Centellas • Alexandra Gillet • Raiza Guevara • Jessica Piedra • Annabel Barrón Sánchez • Rev. Sara Wohlieb 	<ul style="list-style-type: none"> • La Casa de Amistad • Justice for our Neighbors • Human Rights Diocese Kansas City • El Centro de Servicios Sociales • Interfaith community for Detained Immigrants

REGIONAL TEAMS OF PSYCHOLOGISTS, ALLIED PROFESSIONALS, AND COMMUNITY ACTIVISTS

SOUTHEAST (AR, LA, GA, FL, SC, NC, TN)

Psychologists and Allied Professionals	Community Activists	Community Organizations
<ul style="list-style-type: none"> • Elizabeth Cárdenas Bautista • Ana Carina Ordaz • Sylvia Marotta-Walters 	<ul style="list-style-type: none"> • Rosa Velazquez • Leticia Casildo • Eva Cárdenas • Basma Alawee • Rocio Quintero • Brenda Perez • Marisol 	<ul style="list-style-type: none"> • Arkansas United • Familias Unidas en Acción • Ruckus Society/ Somos Sur Language Justice • Cenzontle Language Justice • SEIRN • TheSouthEast

NORTHEAST (NH, NY, VT)

Psychologists and Allied Professionals	Community Activists	Community Organizations
<ul style="list-style-type: none"> • Stephanie Miodus • Mary Beth Morrissey • William Salton • Arlene Lu Steinberg • Nina Thomas 	<ul style="list-style-type: none"> • Eva Castillo • Geoff Kagan-Trenchard • Kerianne Morrissey 	<ul style="list-style-type: none"> • New Hampshire Alliance for Immigrants and Refugees • Vermont Law School • New Sanctuary Coalition

OVERVIEW OF THE 2020 INTERDIVISIONAL IMMIGRATION PROJECT

GOALS OF THE PROJECT

The goal of the 2020 Interdivisional Immigration Project was to support the development and advancement of strategies and practices fostering psychologists' work in collaboration with on-the-ground community leaders (activists, community organizers, policy advocates, and non-profit leaders) who are aiming to protect immigrants from harm. For the purpose of this project, harm was flexibility defined in order to address psychological harm to collective trauma related to xenophobic rhetoric and anti-immigrant policies. Our project was particularly oriented towards working with activist and community leaders who work with undocumented immigrants. The goal of the project was to highlight a set of "bottom-up" or grassroots strategies created with collaboration among psychologists and community leaders to amplify advocacy work to protect immigrants. It is important to note that this project was not conceived or implemented to represent academic research. Rather, the project is a participatory action service project, designed to foster collaboration among the immigrant community and the community of psychologists in the U.S.

APPROACH TO REGIONAL COLLABORATION

The project consisted of 5 regional teams and a leadership team that steered and provided direction to the project. The leadership team was composed of official representatives from participating American Psychological Association (APA) divisions (including Divisions 48, 17, 24, 43, 52, 39, 56, SQIP/5) and NLPA, as well as members of the Div. 48 Immigration Working group and Div. 17 Immigration Special Task Group. Regional teams were created by interested psychologists and psychologists-in-training who indicated interest, and teams were grouped by their geographic locations. Five regional teams were created which include the Northeast, Southeast, Midwest, Southwest, and West. Each regional team was created with a lead and co-lead structure to guide each team and to liaise with the leadership team. Regional teams were tasked with identifying and connecting with community leaders/activists, hosting dialogues, and summarizing the themes that emerged from dialogues which would be reported to the leadership team.

APPROACH TO CRITICAL COMMUNITY DIALOGUES

General set of criteria for selecting immigration activists and/or community leaders was developed by the leadership team. Regional team members reviewed these criteria and made modifications when needed in order to respond to local needs. By utilizing the criteria for selecting activists, regional team members identified at least one activist per state, and two activists in states with large numbers of immigrants, and invited them to participate in a critical dialogue. A Guidance to Regional Teams document and the Community Dialogue document were created to guide regional teams and provide interested community participants with additional information. Each activist was informed what their participation would include and informed of the honorarium for their participation (\$100). Each regional team decided how many dialogues to

and the length of dialogues based on availability of participating activist and regional team members. All dialogues were conducted by using technology (Skype, Zoom, Google hangouts, etc.).

Dialogues were facilitated in an egalitarian, culturally humble way, and rooted in strategies of critical pedagogy and liberation approaches. Regional team members were provided with literature to prepare for dialogues. During the dialogues, facilitators documented and summarized themes. Each member of each regional team took different roles during the dialogue (e.g., facilitator, notetaker, timekeeper, etc.). Activists were given the option to be recorded in order to help with keeping a record of the meeting. If they agreed to being recorded, taped dialogues were shared with the leadership team. Activists and community leaders were provided with time and space to ask questions about the project and were informed they would be provided with the opportunity to provide feedback and edits on the report, and that they would also be included as official co-authors.

LEADERSHIP STRUCTURE

The leadership team of the project consisted of 15 psychologists, psychologists-in-training, and allied professionals representing 8 different divisions of the American Psychological Association (APA) and the National Latinx Psychological Association (NLPA); these divisions are outlined on the title page of this report. The leadership team held monthly meetings, and the current presidents of each of the divisions were also invited to leadership meetings and were kept updated of all communications regarding the project. The leadership team was coordinated by Dr. Germán Cadenas, with support from Elizabeth Cardenas Bautista who served as graduate assistant for the project. In addition, Dr. Mary Beth Morrissey was a co-lead of the project, and contributed insights from the 2019 Interdivisional Immigration Project. The 5 regional teams of psychologists and allied professionals each identified leads for their region. These included Dr. Anne Galleta (Midwest Region); Elizabeth Cardenas Bautista and Dr. Sylvia Marotta-Walters (Southeast Region); Dr. Mary Beth Morrissey and Stephanie Miodus (Northeast Region); Dr. Germán Cadenas (Southwest region); and Dr. Falu Rami, Dr. Martha Hernández, and Dr. Brian McNeill (West Region). Regional teams held meetings as needed in order to prepare, facilitate, and debrief the regional dialogues. Daniela Ginez provided support to the project as a UCLA Dream Fellow starting in summer 2020.

TIMELINE

The 2020 Interdivisional Immigration Project was implemented primarily during the 2020 fiscal year, with preparation for the project starting during summer 2019, and conclusion of the project taking place in early spring 2021. The following timeline encapsulates the major events involved in conducting this project:

- Call to division leaders inviting them to participate in project (early summer 2019)
- Meeting at APA convention 2019 to discuss vision for the project (August 2019)
- Grant development to apply for CODAPAR funding (late summer 2019)
- Initial project meetings to prepare for launching project (fall 2019)
- Leadership Team put in place (winter 2019)
- Development of project materials, including internal guidance documents (spring 2020)
- Formation of regional teams and identification of regional leads (spring 2020)
- Invitation to community activists to participate in the project (spring and summer 2020)
- Reports to CODAPAR (June 2020 and January 2021)
- Onboarding and supervision of UCLA Dream Fellow (summer 2020)
- Critical dialogues conducted (summer and fall 2020)
- Development of public report and feedback sought from participating activists, psychologists, allied professionals, and division leaders (winter 2020)
- Broad dissemination of public report through divisional communication channels, community organizations, and media (spring 2021)

FUNDING

The 2020 Interdivisional Immigration Project was supported by a grant of \$6,350 from the Committee of Divisions/APA Relations (CODAPAR). Additionally, the project received a \$1,000 gift from the National Latinx Psychological Association (NLPA). Furthermore, a summer intern funded by the UCLA Dream Fellowship, with a stipend of \$5,000, was dedicated to the project.

WEST REGION: OBSERVATIONS AND STRATEGIES

DEFINING HARM TO IMMIGRANTS IN THIS REGION:

The negative impact on the physical and emotional well-being of adult and child immigrants, as well as the deterioration in quality of life for immigrants, were the most prominent themes that came up across the dialogues. During the first dialogue, participants discussed the pressure and stress from the current political climate on immigrant communities. Many immigrants live in fear and uncertainty as the political climate, laws, and rules are constantly changing. Activists reported that immigrants are exhausted fighting for change and reform; many feel helpless and hopeless about their future. At any moment, immigrants fear they may be detained, deported, and/or separated from their families. This fear has negatively impacted social support as a protective factor, as many immigrants feel isolated and lack a sense of community. Furthermore, activists identified that immigrants generally already are feeling worried, anxious, depressed, and overwhelmed; however, with COVID-19, these emotions are heightened and there is an added layer of concern. Many are fearful of losing their jobs and the possibility of infecting their loved ones, many times having to make decisions to not share if they are having symptoms of COVID-19. Health disparities were also noted: many immigrants are not attending to their physical and mental health needs due to lack of resources, lack of knowledge about resources, and fear of being detained. Lastly, one activist and a community leader both reported many immigrants are dying in detainment due to the conditions of detention centers, as well as exposure to COVID-19 while detained.

The second critical dialogue included those from different organizations and independent practice and focused on varied populations. Participants provided the following services: legal advocacy and representation, advocacy for policies impacting children through research, and immigration evaluations with individuals and court systems. There were similar challenges faced by activists in red and rural states, which included: lack of access to resources further exacerbated by the COVID-19 pandemic, lack of funding, and both physical and mental threats to protesters/activists/immigrants, such as ICE (U.S. Immigration and Customs Enforcement) being called and deportation. The politics of these regions also included intimidation of activists, protestors, and immigrants using various tactics, such as organization with the police to threaten protesters through social media, and the underlying threat of being an “armed” and militia state.

In addition, immigrants are increasingly vulnerable to human trafficking and face legal barriers due to limited resources and lack of qualified interpreters. Many harms that immigrants face were not reported. The constantly changing landscape of immigration policy (e.g., public charge rule) further complicates the ability to provide legal advice. Furthermore, the widespread impact to immigrant children was identified in schools throughout the states, including fear inducement and intimidation, by immigration enforcement, bullying, and mental health consequences of these. The consequences include an increased dropout of children from schools and their disappearances and mental health impacts on all groups. However, due to mental health stigma, lack of resources, and interpreters, these needs are unaddressed.

AREAS OF NEED FOR SUPPORT IN THE COMMUNITY:

Activists and community leaders who participated in the dialogue expressed the great need for many areas of support, particularly access services to meet basic needs, increased awareness, efforts to decrease the stigma of mental health, access to legal aid, and continued advocacy for changes in the legislature. Due to many undocumented immigrants working in low-wage jobs and increases in cost of living, many are in need of financial assistance to pay for food, housing, and other basic needs. Given the COVID-19 pandemic, many have limited access to health care and when they do access health care, many are left unable to pay medical bills. Therefore, financial resources, access to emergency funds, and increased fundraising efforts are much needed for immigrants.

Many activists reported a need to destigmatize mental health and increase awareness and access to mental health services. Activists identified that immigrants are endorsing many symptoms of anxiety and depression; however, they are unwilling to utilize available services, fearful, and/or unaware of the mental health services available in their communities, and do not have the financial resources to obtain services. Lastly, activists also reported a need for mental health support for themselves and colleagues, due to their high levels of distress. Activists identified struggling at times to set boundaries and separate their advocacy work from their personal lives, increasing their feelings of burnout.

Access to legal assistance and continued advocacy for changes in policy and the legislature were other identified needs. Many activists discussed feeling overwhelmed and burnt out themselves because the need is greater than the number of individuals advocating for immigrants. This in turn leads to immigrants not always being aware of the limited resources available to them to apply for lawful status in the U.S. One community leader identified that continued advocacy for changes is also greatly needed, even at the state court levels. Current courts have had changes in judges and/or restrictions have been put in place that may create challenges for immigrants to be granted protection and lawful status.

One activist reported a need to create an infrastructure to support children and families through schools and funding for these services. There is a dire need for mental health providers in the schools where children's and families' needs are identified. The federal government could provide resources to community schools with these services. Another activist reported that some rural areas are so remote that they are only accessible by plane; thus, exploring alternate means to provide services would be beneficial. Language barriers and vulnerabilities further complicate this process. There is a dire need to address language barriers and increase access to bilingual psychologists, mental health providers, and legal staff so immigrants could participate in services. In addition, immigration advocacy efforts in rural areas are often led by activists outside of their communities, which is problematic. Activists from these areas, often unpaid volunteers, reported that they need funds to hire staff and organizers to meet the needs of immigrant community members. Immigration lawyers are sparse in predominantly rural states. Finally, activists identified a need to advocate for Deferred Action of Parents of Americans (DAPA) and continued attention on immigration issues even with the change in administration. One way to do this would be to educate the public about the plight of immigrants and provide guidance on ways people could help.

WEST REGIONAL STRATEGIES FOR PSYCHOLOGISTS AND COMMUNITY ACTIVISTS TO COLLABORATE:

Activists provided many ideas on how psychologists and activists could collaborate to support immigrants. Many revolved around the themes of improving the mental health of immigrants and activists fighting for immigrant rights. Suggested strategies included:

1. Create psychoeducational resources on how to manage stress, anxiety, and depression. Additionally, create a toolbox for community centers that includes resources on destigmatizing mental health services as well as training activists and community members on basic therapeutic skills to create a “promotora” peer support program. Create resources that meet the specific needs of rural and remote communities.
 2. Arrange for mental health practitioners to attend live community events to answer questions, destigmatize mental health services, and reduce barriers to accessing services.
 3. Community organizers and practitioners can apply for grants together, in an effort to address immigrant needs from a more well-rounded and holistic approach.
 4. In collaboration with state psychological associations, create a directory of bilingual psychologists who provide mental health services and conduct immigration evaluations.
 5. Provide training for activists and community organizers on how to manage their own mental health needs and spread awareness of how to maintain healthy boundaries to reduce burnout and compassion fatigue.
 6. Advocate for increased funding for interpreters.
 7. Conduct more organizing in schools and with them, as activists and community members may see schools both as sources of support and needing more governmental support.
-

SOUTHWEST REGION: OBSERVATIONS AND STRATEGIES

DEFINING HARM TO IMMIGRANTS IN THIS REGION

The activists, community organizers, and psychologists working in the Southwest region of the U.S., who participated in the dialogue for this project, extensively defined multiple forms of harm experienced by the immigrant community. They described how stressors related to immigration are negatively impacting the mental health of immigrants. Someone mentioned the documentary titled *Immigration Nation* as being reflective of the extensive trauma experienced by immigrants in detention. They also mentioned that other forms of harm have been the ongoing changes to immigration policy, including the Deferred Action for Childhood Arrivals (DACA) program, and the high fees associated with immigration procedures. They also identified that detention centers, jails, and prisons cannot guarantee the well-being of those who are detained during the COVID-19 pandemic. They expressed recognition that these detention systems are “cash machines,” that profit from detaining immigrants.

Harm in the immigrant community also may include suffering from multiple losses, such as job loss, the health and economic impact of the COVID-19 pandemic (e.g., death of many community members), and family suffering related to the pandemic. The activists and community leaders mentioned that there are many barriers to finding employment, particularly in states with harsh anti-immigrant laws. Another form of harm identified was the closure of the border, which has impeded the ability of undocumented family members to reunite with families, and this separation has been very difficult. Someone likened the restrictions regarding social distancing and quarantining that the overall population has been facing to the conditions that undocumented immigrants deal with on a regular basis. Moreover, it was identified that medical providers and health workers asking for U.S. IDs in order to provide services, and the lack of health coverage as other forms of harm, which may prevent many immigrants from seeking health services.

They also mentioned stressors related to homeschooling children during the pandemic, particularly among families who have limited or no access to computers, internet, or phones. The activists and leaders mentioned that despite these challenges, immigrant families are motivated to learn, particularly how to support their children and their educations. The activists and community leaders mentioned that they have been using many creative strategies to support immigrant families during the pandemic, including communicating with them on social media and using apps such as WhatsApp, providing education about using the internet and video conferencing platforms such as Zoom, facilitating small groups about parenting, encouraging families to receive medical attention if they do not feel well, and connecting them with legal support.

AREAS OF NEED FOR SUPPORT IN THE COMMUNITY:

The activists and community leaders who participated in this dialogue identified that it is difficult for immigrants to find psychotherapists who truly understand their worldviews. For instance, having to explain to mental health providers the meaning of words such as “undocumented” and the complicated realities of immigrants were described as devastating. Overall, the lack of appropriate training of mental health and medical providers regarding the experiences of immigrants was highlighted as a major area of need to provide appropriate care.

Another area of need related to mental health pertains to generational differences, where young immigrants or children of immigrants may be interested and open to counseling and mental health services, while older adults may have internalized that suffering is part of their experience. Generational differences related to views on racial justice and racial awakening were also identified. Families and immigrant communities may use support in navigating conversations regarding these differences.

One final area of need and support related to internalized stigma related to mental health and social services in general, which may keep many in the immigrant community from seeking services. It was described that some immigrants may believe that seeking support may be a sign of weakness, that obtaining mental health services would be negatively viewed by others or may signal something being deficient in them, and may be averse to discussing interpersonal issues (e.g., domestic violence) with others. It was described that activists and community leaders serving this community have used creative strategies for addressing mental health and interpersonal violence issues, such as embedding them within workshops and educational presentations about related issues, rather than putting mental health or domestic violence in the title.

SOUTHWEST REGIONAL STRATEGIES FOR PSYCHOLOGISTS AND COMMUNITY ACTIVISTS TO COLLABORATE:

The dialogue between activists, community leaders, and psychologists led to identification of the following strategies for advocacy at various systemic levels:

1. Create a national database of therapists who are culturally competent and qualified to work with immigrant communities.
2. Holding accountable and demanding Increases in the responsibility of the government to provide social services to support immigrants, including those in detention.
3. Press for reforms within the immigrant detention system, the prison system, and the policing system so that practices become more humane and antiracist.
4. Provide counseling and medical services to immigrants in detention centers and those incarcerated in prisons or held in jails.
5. Provide public information about when it is appropriate for individuals to seek mental health support (e.g., a decision tree, matrix, or meter that depicts mental health distress).
6. Create public education programs addressing internalized stigma among immigrant communities.
7. Facilitate healing spaces and support circles in collaboration with community organizations.
8. Increase clinicians' understanding of Indigenous healing practices and integrating these into clinical work.
9. Make mental health services more accessible to the community, including using everyday language in promoting and delivering services, and making use of interpreters.
10. Connect with local community organizations and listen to their needs.

MIDWEST REGION: OBSERVATIONS AND STRATEGIES

DEFINING HARM TO IMMIGRANTS IN THIS REGION

The critical dialogue for the Midwest region, held on October 29, 2020, identified a number of conditions harmful to immigrants in this region. These harms were described as taking place in the global context of the COVID-19 pandemic and in the U.S., in particular the hostile immigration policies under the Trump administration. It was noted that in the past year families who are undocumented and of mixed status were further isolated from access to medical and mental health care, employment, and safety from state violence and separation. The harms that are discussed below include the following: political climate concerns, issues related to mental health, and gaps in services and resources.

Noted as an overarching macro-level condition is the location of undocumented immigrants at the intersection of oppressive system-level conditions, with person-level implications for harm. There was agreement in our dialogue that federal policies on immigration have caused harm, and while this harm has been exacerbated over the past several years, it has been a constant throughout U.S. history. Specific to the Midwest region, ICE engages regularly in racial profiling, pulling over individuals on Interstate 90 and surveilling Latinx neighborhoods. It was noted that Customs Border Patrol (CBP) is significant in its presence due to the proximity of Midwestern states to the Canadian border.

Consequences of system-level harm impinge at the individual level and contribute to traumatizing experiences during the migration and subsequent to arrival in the U.S. Raiza Guevara, Diocese of Kansas City Human Rights Office Program Coordinator, referred to conditions in Honduras and Guatemala so severe that families would choose “two weeks of walking” to reach the border and enter the U.S. Psychologist Lizette Solis-Cortez spoke of the global migration paths in 2010 and 2011 with migrants leaving the Northern Triangle of Central America in caravans – composed of hundreds exiting unsustainable conditions of poverty and violence in Guatemala, El Salvador, and Honduras. Lizette noted that some refugees from India and countries in Africa would migrate to Central America and then join the caravans. While Lizette’s reference point was 2010 and 2011, these patterns of migration persist. Raiza Guevara spoke of migrants’ experience of the journey itself, and the harm from which migrants are fleeing, among these domestic violence, human trafficking, and gang violence. The conditions of the country they are leaving and the exposure to state and civil violence during their journeys contribute to the experiences of trauma. The trauma accumulates with their encounters upon arrival at the Mexico-U.S. border and subsequent periods of detention and/or living with the rapid pace of punitive policies in the U.S. political context. Attorney Jessica Piedra spoke about her legal practice and the increasing frequency with which the filing of paperwork to obtain legal status instead results in deportation.

Rev. Sara Wohlleb spoke about the separation of children from parents as a policy predating the Trump administration and increasing in severity during Trump’s presidency (e.g., Jervis, 2021; Linton et al., 2017; Judiciary Committee, 2020). She referred to this “incalculable harm” as resulting in “trauma upon trauma upon trauma.” Attorney Alexandra Gillett described detention centers housing children as “big centers” with children as young as two years old

who cannot connect with the staff authorized to care for them. Alex referred to abuses identified within detention centers and expressed particular concern about privately run detention centers with profit motives prioritized over the authentic practice of care (Long, 2019; Quin, 2019; Small, 2016; Small & Altman, 2018).

Fear was named as an overriding psychological response among the undocumented. This often resulted in an avoidance of social services assistance. Jessica Piedra refers to the “long-term medical problems with this generation of children” because of fear of negative consequences to their immigration status as a result of a doctor’s visit and possible repercussions related to being subjected to public charge inadmissibility. Jessica spoke of the fear of adolescents experiencing raids on their homes and neighbors’ homes. Fear was described in our dialogue as leading to numbness, a kind of “shutting down,” and ways of thinking and being in relation that can be harmful. The need for health care when one is sick or protection if there is violence in the home may not be addressed due to concerns about a family member’s undocumented status. Anabel Sánchez Bárron, social worker at El Centro de Servicios Sociales, noted that families fear for those who leave home for work in the morning that they may not return at the close of the day. It was noted that undocumented persons take care to avoid drawing attention to themselves or their loved ones. Overtime, there is the potential for these strategies of survival to become more embedded in daily life, shortchanging undocumented individuals of basic human rights and productive social psychological engagement.

AREAS OF NEED FOR SUPPORT IN THE COMMUNITY:

The areas of need include: spiritual care to be recognized in psychology as contributing to psychological well-being and healing from traumatic experiences; the need for reducing the stigma associated with mental health services; and greater cross-agency networking.

Rev. Sara Wohlieb noted that while the Interfaith Community for Detained Immigrants provides support for youth in detention through spiritual care, more is needed in this area. Furthermore, there is a need for greater recognition of the role of spiritual care in improving mental health. According to Rev. Sara, spiritual care “in many cultures is much more an appropriate doorway into addressing harms.” The federal government regulations for children in detainment includes therapy services on a weekly basis. This therapeutic treatment, however, may be culturally disconnected from what the children need. An alternative might be more cultural responsiveness and creativity in the standards to respond to children and youth in a manner more tailored to their ways of knowing and being in relation with others. The Interfaith Community for Detained Immigrants brings the young persons who are detained into contact with those who share their spiritual and cultural background to incorporate their values, their traditions, their spiritual practices, healing, and care. Raiza Guevara also spoke of the importance of spiritual support as contributing to healing and improved mental health. In the Diocese of Kansas City, Missouri, Raiza’s office provides spiritual support in addition to access to social workers. Raiza noted that while immigrants ask first for a lawyer, their needs expand well beyond legal work. Sam Centellas of La Casa de Amistad underscored his efforts to “normalize” the use of mental health services among Latinx and immigrant communities. One way this can be done is to integrate information efforts on mental health services with other programming as he does at his center.

Alexandra Gillett worked for a period of time in 2018 during the U.S. “no tolerance” family separations at the U.S.-Mexico border. She spent time with families anticipating their entry into the U.S. Alex noted that organizations provided “know your rights” information and prepared parents for the likelihood that they would be separated from their children. Alex assisted families in writing family phone numbers on their children’s arms or shoulders, recorded through the use of a Sharpie permanent marker. Children entered the U.S. with these markings on their bodies, their families hopeful this strategy would lead to family reunification. Lizette spoke about her work at a program serving detained children, where she would search for family contact information on the children’s arms or within their clothing or shoes. The information “was like gold for us” since it allowed them to communicate to families where their children were detained and begin the process to bring families together. To Lizette, the scope of the journey taken at the risk of family separation spoke to the “violence and crime and poverty” from which the families are taking flight.

MIDWEST REGIONAL STRATEGIES FOR PSYCHOLOGISTS AND COMMUNITY ACTIVISTS TO COLLABORATE:

Ways in which community leaders and psychologists might collaborate were discussed as what was referred to as “qualities of successful or meaningful authentic community engagement” in creating a protective space for mental health care. A number of strategies were discussed:

1. Create networks of support within school systems and spiritual organizations to support children and families impacted by immigration enforcement.
2. Defeat stigma related to therapy by integrating information about mental health services within programs offered at community organizations.
3. Provide access to interpreters to increase access to mental health services.
4. Promote collaborations across sectors (education, health care, mental health, legal services, law enforcement, etc.) to provide coordinated services.
5. Engage with policymakers to reverse policies that have been dehumanizing to immigrants.
6. Collaborate with colleges and universities to provide college access and career readiness programs.

SOUTHEAST REGION: OBSERVATIONS AND STRATEGIES

DEFINING HARM TO IMMIGRANTS IN THIS REGION

The activists in the Southeast region identified harm in intersectional layers that include the current novel pandemic, as well as systemic, community, and interpersonal impacts. Regarding COVID-19, the activists indicated that there is lack of access to timely culturally and linguistically appropriate information. One way this presented itself was in the lack of access to state-issued COVID-19 informative literature in Spanish. Due to “English Only” laws, some states did not allocate funding for translation services, which led to COVID-19 information in Spanish to not being distributed until 6 weeks into the pandemic. The impact of this negligence, according to activists led to “many lives being placed in danger or even deaths, due to lack of language access.” On the same topic, undocumented and immigrant communities are not getting tested due to fear and mistrust; “fear is the driving force.” Other factors that have arisen as a result of COVID-19 include parents having to teach and support their children in a language that is not their own and with limited resources.

The current pandemic also highlighted the lack of access to health care in the undocumented immigrant community. Activists indicated that simply attending a doctor’s appointment could lead to community members facing deportation if medical personnel decided to act as ICE agents when alerted to name discrepancies. These possible scenarios reinforce fear in the community and often lead to the practice of self-medication when medical access is limited. When discussing the role of ICE, the activists noted that there have been points in history when *la migra miraba para otro lado* (ICE would look the other way), especially during times in history when the work by immigrants was vital for the success of the country or a specific city (e.g., the Olympics held in Atlanta in 1996). “Folks are still here, and folks are still fighting...con papeles o sin papeles...when we think of this place, this has always been our land.”

Additionally, activists reported another harms toward undocumented communities comes from detention centers and community fear of deportation. The activists expressed, “They work to tear the spirit of individuals.” Some of the community activists discussed ways in which their state is “complicit in the immigration machine,” as they explained harmful laws such as the 287-G, SB 168, and SB 20. An activist highlighted that the criminalization of the undocumented community has been on a constant rise. An activist indicated that this can be seen in the persecutory mentality towards non-violent “criminal acts” such as driving without a license or being pulled over due to a broken taillight, all which place the undocumented community at risk of deportation procedures. Criminalization of the immigrant community, detention, and deportation, and fragmented families can leave a lasting impact for years to come, according to an activist.

Activists mentioned that local churches rallied around undocumented communities and served as a place for local organizing to protect undocumented immigrants. However, churches typically seen as a place of refuge were in reality not experienced as places of refuge by non-binary, trans and LGBTQ+ undocumented immigrants. An activist noted the disconnection that exists between places that promote healing and sanctuary but also contribute to triggering trauma and retraumatizing experiences. In addition, an activist

explained the limits in cultural and linguistic diversity when undocumented communities are seen as monolithic.

On an interpersonal level, activists named another harm as being the internalizing of feelings of inferiority or having “guest mentality” in this country. Activists described how the undocumented community faces messages of discrimination, racism, and hate rhetoric boosted by the prior administration, leading to the “dangerous narrative placed on the community” that the undocumented community is unworthy or needs to be forcibly assimilated to demonstrate that its members are worthy of this society. “There is this thinking that we are not from here or there, or that we only came here to work so we have no right to fight for this.” These messages can contribute to decreased self-esteem and weakened cultural connections in the community. These brief mentions of harm demonstrated the various layers and intersectional harm that the undocumented and immigrant community are exposed to.

AREAS OF NEED FOR SUPPORT IN THE COMMUNITY:

Activists indicated that the number one need is mental health support, especially safe decolonized spaces that cultivate healing for undocumented communities and individuals doing the daily work on the frontlines (e.g., organizers, activists, and advocates). Mental health services should include culturally competent therapists/healers that can relate to the community, provide psychoeducation on the impacts of alcoholism, and create safe spaces for youth to discuss mental health issues. These services need to be financially accessible and provided in a competent multilingual manner. The activists also highlighted the importance of connecting to natural and ancestral ways of healing. Salient challenges reported by activists included serving communities that they are a part of and the overidentification with marginalized identities of the communities that they are serving, thus leading to the blurring of boundaries which can interfere with necessary self-care.

Activists indicated that the community needs access to opportunities for entrepreneurship, economic justice, leadership, education equity, and increase collaboration with those in position of power who may provide resources to create these opportunities. In addition, building trust with the undocumented community is vital, intentionally listening to their needs, and providing tangible and relatable opportunities for solutions. Some of the solutions suggested by activists included the normalization of rest and culturally responsive understanding and application of self-care. In order for activists to continue to do the work on the front lines, there have to be measures in place that will facilitate sustainability given the specific challenges related to feelings of isolation, burnout and vicarious trauma. Lastly, the activists named the importance of compensating the community for their time and stories without engaging in exploitative behaviors. Activists stated, “The non-profit industrial complex is real; we get exploited for our stories and time. It's exhausting; pay the people for their stories.”

SOUTHEAST REGIONAL STRATEGIES FOR PSYCHOLOGISTS AND COMMUNITY ACTIVISTS TO COLLABORATE:

The dialogues between the psychologists and community activists led to the identification and development of the following strategies for collaboration:

1. Develop self-guided resources that are culturally relevant to the community.
 2. Provide financially accessible and sustaining healing spaces during the pandemic that address the needs of individuals across the lifespan and incorporate ancestral healing practices.
 3. Create a network of interdisciplinary health providers that can render services to the community and community activists at a low cost.
 4. Normalize collaborations among activists and psychologists, such as engaging in consistent dialogues, by building trust with activists and the community.
 5. Provide training about salary negotiations that will help activists monetize their work and worth as it relates to their expertise in the community.
 6. Provide professional development opportunities that will lead to sustainability and foster additional leadership opportunities.
 7. Dismantle the presumed knowledge hierarchy that exists between academics and community activists which upholds colonized systems of power.
 8. Collaborate in empowering the undocumented community in feeling autonomous to demand equity and justice while dismantling potential internalized narratives of the “criminal” view of the undocumented community which has been heightened by the current hostile political climate.
 9. Build sustainable partnerships with community activists, encouraging psychologists to work with communities and activists through a trauma-informed lens.
-

NORTHEAST REGION: OBSERVATIONS AND STRATEGIES

DEFINING HARM TO IMMIGRANTS IN THIS REGION

The community activists, psychologists, allied professionals, and attorneys in the two Northeast region dialogues identified a number of areas of harm to immigrants. One area was the constant anxiety for many immigrants, whether this be fear of deportation or the feeling of having to prove oneself as belonging due to being conditioned to feeling as the “other”. This conditioning is largely due to systemic racism and discrimination, particularly for individuals with multiple minoritized identities (e.g., immigrants from the LGBTQ community) who face multiple layers of additional harm. It was highlighted during the dialogues that while constant worry is often viewed as paranoia, immigrants are responding to very real fears, especially given recent fluctuating policies that threaten stability. When others regard these fears as paranoia, there is an added layer of harm through the dismissal of valid feelings. Therefore, the choice of language use in this work is critical, as certain choices can cause lasting harm (e.g., using the term paranoia).

The narrowed ability to obtain asylum as well as family separation policies were also identified as areas of harm for immigrant communities. In addition to the anxiety mentioned previously, these policies, and the oppressive and inhumane treatment of immigrants in the community, at the border, and in detention centers, were identified as contributing to depression, retraumatization, and feelings of a loss of dignity.

Another area of harm identified is that there is often a lack of compassion from those serving in roles which are intended to provide assistance to immigrant communities. Some of this stems from a lack of understanding of the community and not listening to community leaders and members. When the community is not actively engaged in the decision-making processes for policies and work regarding immigrant populations, this can often lead to harm even if the decision makers were well-intentioned. This lack of compassion can also stem from one’s own biases toward immigrants and activists, which can result in microaggressions and oppressive interactions.

There was also harm identified for the trauma workers (e.g., on-the-ground activists, advocates, psychologists, attorneys) who work with immigrant communities. These workers often experience vicarious trauma and burnout from the lack of support networks, pressure to conform to harmful systems and power structures, and witnessing of the inhumane treatment and trauma stories of immigrants they work with. Without trauma intervention for these workers, there are risks of their abandoning engagement in immigration work, experiencing negative mental health effects, and causing harm to immigrants by not understanding their own reactions to harm. There can also be harm done to these workers when they are new to activism work and are trying to join in community work for the first time. There can be resistance from certain advocates and activists to include new activists in their spaces due to either mistrust or hierarchical power structures excluding new voices. When the cause is the latter, it can particularly alienate new activists and cause further harm. This also prevents new voices and ideas from entering community activism spaces, which is a detriment to long term immigration advocacy efforts.

AREAS OF NEED FOR SUPPORT IN THE COMMUNITY

Given the harm to the immigrant community, one area of need identified through the dialogues is education and training for mental health clinicians to help them become more aware of their own biases and work toward cultural humility. Clinicians should also be aware of and critically examine the power they bring to the relationship. This issue is especially exacerbated when clinicians are working within a system (e.g., detention centers, courts) and there is a risk of being complicit in these systems that are causing harm to immigrant communities. This was particularly noted as a concern by members of the dialogue who have served as volunteers in a detention center. They noted the need for more education and training before engaging in this role and suggested that this is critical for clinicians doing this work in the community as well. It is also important for clinicians and other workers to engage with supportive communities and receive trauma support for their own vicarious trauma to support their own mental health needs and be able to continue to serve as strong advocates for immigrant communities.

Another area of need for support that was identified is that immigrant communities need psychologists to step forward to provide resources rather than step up as “experts.” Community leaders and members are experts in their own experiences and should be given the space to lead in policy, research, and advocacy discussions. Psychologists and others working with immigrant communities can support these efforts by forging consistent connections with community members. Language was identified as a critical component as a part of the process with one activist in the dialogue noting the use of the term “accomplices” to refer to engaging in community work in a meaningful way that amplifies the voices of immigrants and activist leaders. Psychologists and allied professionals can do this by offering tangible, available resources and skills and asking the community how these can be leveraged to best support their needs. It was recommended that those who want to support immigrant communities actively engage in activism work.

NORTHEAST REGIONAL STRATEGIES FOR PSYCHOLOGISTS AND COMMUNITY ACTIVISTS TO COLLABORATE:

The dialogues with psychologists, community activists, and attorneys led to the identification and development of the following strategies for collaboration:

1. Build solidarity through continued dialogues where power dynamics are openly addressed, and vicarious trauma experiences are shared as a means of connection.
 2. Provide mental health support for community activists, trauma workers, and interpreters who are working with immigrant populations and experiencing vicarious trauma.
 3. Build ongoing, sustaining relationships with communities and community leaders by showing up to engage often with the community in a meaningful and sustained way.
 4. Offer tangible resources when reaching out to community activists and organizations.
 5. Seek out and listen to immigrant community input when engaging in advocacy work.
 6. Acknowledge resilience, stressors, and trauma histories to provide holistic support to immigrant communities rather than having a solely diagnostic approach to mental health care.
 7. Create public education programs for those working within the system (e.g., judges, attorneys) that bring awareness to trauma and systemic barriers/oppression for immigrants.
 8. Address one's own personal identities (e.g., racial, ethnic) and how this affects the relationships formed both with community activists and immigrants (e.g., White clinicians and being conscious of the power dynamic within the therapeutic relationship and interacting with cultural humility).
 9. Engage with the media and public awareness campaigns in a consistent manner to bring to the forefront issues affecting the immigrant community.
 10. Enter relationships with community activists as one who wants to learn from the immigrant community and assist with community-led plans, rather than taking on the role of expert in the relationship.
-

NATIONAL LEVEL ADVOCACY: COMMON STRATEGIES ACROSS REGIONS

The set of critical dialogues between psychologists, allied professionals, and community activists and leaders that took place during the year 2020 led to the identification of regional advocacy strategies for collaboration to support immigrants and protect them from harm. The following are strategies that overlapped across the five regions, and thus merit consideration for national level collaborative advocacy. These strategies were organized based on the ecological system level where the strategy may be most appropriate to implement:

POLICY ADVOCACY LEVEL

- 1. Address dehumanization through policy advocacy:** Psychologists, allied professionals, and community activists/leaders across the five regions in the U.S. agreed on the need to engage with policymakers to address the state of policies that dehumanize immigrants and cause them harm. It was agreed that a new period of policymaking is needed to reverse harmful policies and to respond to the needs and realities of immigrants in a humane manner.
- 2. Increase collaborations in the community:** It was agreed across the regions that greater collaboration among individuals in various sectors, including policy leaders, leaders of institutions (i.e., schools, health care, mental health, college, legal, etc.), professionals, and community members, may serve to create new policies at the institutional, community, and governmental levels to foster the well-being of immigrants.

SERVICE DELIVERY AND PROGRAMMATIC LEVEL

- 1. Create a national list of resources and a provider network/directory:** Across regions, it was also agreed that a centrally located, and nationally available, compilation of mental health resources would be highly beneficial to the immigrant community. Additionally, a directory of qualified mental health providers, who have received culturally responsive training and could offer their services at accessible rates, would be a major asset to meet mental health needs.
- 2. Provide mental health support for community activists:** Activists across the five regions described the emotional and physical toll that working in the frontlines of immigration advocacy may have on them. It was identified that programs to support the well-being of activists as first responders would support advocacy efforts that are sustainable in the long-term.
- 3. Provide public education about mental health services to address stigma:** It was also suggested that psychologists and allied professionals may increase their efforts to provide culturally responsive public education on topics of mental health. This type of advocacy would help lessen the stigma that may exist related to health and mental health service utilization among immigrant communities.

TRAINING AND EDUCATION LEVEL

1. **Amplify culturally-based healing practices (e.g., Indigenous healing practices, promotoras, use of interpreters):** Across the regions, activists and mental health professionals identified the benefits of culturally-based healing practices to immigrant communities. Serving immigrants with practices that are aligned with their cultural values and traditions may serve to increase access to services and boost psychological outcomes. Mental health professionals may advocate for embedding these practices within psychological training and education, and conduct research to further understand their functioning.
2. **Provide training on cultural competency to providers:** Community activists and leaders, and mental health professionals also identified a need to ensure that mental health professionals working with immigrant communities are properly trained with culturally competent practices. Doing this may serve as a preventative measure to avoid providers inadvertently causing harm or placing the burden on the communities that they serve to inform them about the issues impacting them. Having a workforce of culturally competent psychologists and allied professionals may also serve to improve relationships between mental health professionals and immigrant communities.

NEXT STEPS



REGIONAL ADVOCACY GROUPS

Building on knowledge garnered and networks developed through the 2020 project, the overarching goals of our team's next steps are three-fold: 1) to foster connections among activists and policy advocates across the United States; 2) advance and provide support to on-the-ground advocacy in progress, as well as new initiatives, on behalf of undocumented immigrants, refugees and asylum seekers, international workers who are in the United States, their families, and communities; and 3) work collaboratively and collectively toward progressive realization of the United Nations Sustainable Development Goals. At the start of this Decade of Action, the impetus for this next project is driving social action and change agendas consistent with the 17 Sustainable Development Goals to help transform the conditions of suffering, precarity, and violence in which immigrants, refugees, and asylum seekers now find themselves embedded.

The Central Immigration Advocacy Consortium (Consortium), which will lead the project, will integrate the regional and local activist-scholar and grassroots community organizations across the country and will support regional advocacy consortia. The central and regional consortia, through their participatory action research and advocacy agendas, will provide opportunities for APA divisions and immigrant rights organizations to join such ongoing efforts, as well as launch new advocacy initiatives. Efforts will be made to ensure that members of immigrant communities have a strong voice in project activities.

FEDERAL ADVOCACY

The Consortium will serve as a flexible vehicle for APA divisions and their members to engage in advocacy for immigrant rights at the local, national, and international levels, and collaborate with those outside the APA network, including activists and advocates in allied fields, such as social services and global public health law. The Consortium will meet regularly to share resources and coordinate efforts to position themselves to respond quickly to proposed federal policy changes. The project team will work closely with the APA policy office to assure that policy proposals align with APA's policy goals.

The Consortium will also envision long-term planning to advocate for humane immigration policies, including the following: a) protect DACA recipients, b) provide a pathway to citizenship for undocumented immigrants, c) strengthen family-based and employment-based migration programs, d) ensure the rights of international workers and students living in the United States, e) demilitarize the border and de-escalate aggressive enforcement, f) address social and economic determinants and climate change conditions that cause large scale migration; g) end detention; and h) advance progressive realization of the right to health through investment in health care systems that are available, accessible, affordable, and culturally acceptable, and ensure non-discrimination in the equitable allocation of resources.

REFERENCES

- Jervis, R. (2021, March 6). Migrant children at border still being separated from relatives for weeks under Biden administration. USA Today.
<https://www.usatoday.com/story/news/nation/2021/03/06/migrant-children-facility-used-house-minors-separated-family/4587455001/>
- Judiciary Committee (2020, October 29). The Trump Administration's Family Separation Policy: Trauma, Destruction, and Chaos. House Committee on the Judiciary.
<https://judiciary.house.gov/news/documentsingle.aspx?DocumentID=3442>
- Linton, J. M., Griffin, M., Shapiro, A. J. (2017, March). Detention of immigrant children. Council on Community Pediatrics.
https://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483?utm_source=MagMail&utm_medium=email&utm_term=KLaBracke@wiaap.org&utm_content=&utm_campaign=A%20Message%20from%20the%20AAP%20President%20on%20Family%20Separation%20and%20Detention
- Long, C. (2019, February 26). Nearly 6,000 complaints of abuse at migrant shelter over four years. Associated Press. PBS Newshour. <https://www.pbs.org/newshour/nation/nearly-6000-complaints-of-abuse-at-migrant-children-shelters-made-over-four-years>
- Quin, C. memo from Office of Civil Rights and Liberties, U.S. Department of Homeland Security to R. Vitiello & M. P. Davis, U.S. Immigration and Customs Enforcement (2019, March 20). Regarding ICE Health Service Corps (IHSC) medical/mental health care and oversight.
<https://www.documentcloud.org/documents/6575024-ICE-Whistleblower-Report.html>
- Small, M., & Altman, H. (2018). ICE Lies: Public deception, private profit. Detention Watch Network, National Immigrant Justice Center.
https://www.detentionwatchnetwork.org/sites/default/files/reports/IceLies_NIJC_DWN.pdf
- Small, M. (2016). A toxic relationship: Private prisons and U.S. immigration detention. Detention Watch Network, National Immigrant Justice Center.
https://www.detentionwatchnetwork.org/sites/default/files/reports/A%20Toxic%20Relationship_DWN.pdf