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- Questions can be directed to Matthew Zaradich:
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Aimee Hilado, Ph.D., LCSW



- Dr. Hilado is an Assistant Professor of Social Work at Northeastern Illinois University and a licensed clinical social worker.
- She established and directs the RefugeeOne Wellness Program, a mental health program for refugees at one of the largest refugee resettlement agencies in Chicago.
- Her research and practice interests focus on culturally-sensitive clinical practice with trauma-exposed immigrant children and families.
- Dr. Hilado is an alumni of Erikson, completing a dual-degree in social work and child development. She specialized in Infant Studies.
- Dr. Hilado also served as a policy analyst at Erikson Institute's Herr Research Center from 2006-2010.



Unaccompanied Child Migrants: Examining the Current Humanitarian Crisis and Implications for Early Childhood Mental Health

Aimee Hilado, Ph.D., LCSW



Presentation Agenda

1. Provide an overview of the current unaccompanied minor crisis in the United States, and current discussions and actions taken to address the situation.
2. Clarify terminology and key issues related to the unaccompanied minor situation.
3. Discuss trauma and early childhood mental health concerns related to this group.
4. Examine culturally appropriate methods of intervention when working with trauma-exposed young children and families.



Overview of the crisis

- The Growing Humanitarian Crisis: Unaccompanied Minors on the U.S. border.
 - Who are these children?
 - Why are they fleeing their homeland?
 - Where are they being processed?
 - Why is their migration considered a crisis?



Defining refugees vs. an unaccompanied child migrant

- What is the difference between a **refugee** and an **unaccompanied minor/child migrant**?

REFUGEE STATUS	UNACCOMPANIED MINOR STATUS
Definition	Definition
Processing Entity	Processing Entity
 UNHCR The UN Refugee Agency	

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Key issues in the crisis

1. Children are fleeing from violence in their homeland and this is a regional crisis.
2. Smugglers/Traffickers prey on child migrants who are increasingly young and female.
3. Unaccompanied minors can be deported and this is not fully understood by new arrivals.
4. The issue has become politicized, impacting other immigrant-serving federal programs.



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General process for unaccompanied child arrivals

Unaccompanied Children at the Southwest Border

At the direction of the President, a Unified Coordination Group is leveraging Federal resources to address the humanitarian situation associated with the influx of unaccompanied children entering the U.S. across the southwest border. This chart depicts the general process to enhance capacity resulting from federal coordination.



* Note: This chart only depicts emergency process to address the humanitarian situation.

† DHS is providing temporary shelter to assist with pending DHS and ICE processing.

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Universal themes surrounding the immigrant experience

- History of fear and uncertainty
- Need for safety
- Loss of homeland, loved ones and cultural underpinnings
- Worry about the future
- Feelings of guilt for families left behind or for personal safety
- Feelings of loneliness, homesickness & isolation
- Losing personal supports
- Cumulative impact on mental health.



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Trauma and the migration experience

- For child migrants and their family, the journey to the U.S. is fraught with fear, uncertainty and danger.
- There is uncertainty about the future upon arrival in the U.S.
- Upon arrival, the waiting process can be equally traumatic given the issues with over-crowded detention centers and the threat of deportation.

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Defining Trauma

- As it is defined, a traumatic event has to be “of considerable severity posing a threat to one’s life or that of others, involve actual death or serious injury or threaten one’s physical integrity or that of others” (Veas-Gulani, 2003, p.26).
- The event can be **experienced or simply witnessed**.
- **Severity** based on intensity and duration of the trauma
- There comes a point when conditions may worsen and psychological **defenses are no longer useful**.

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Relevant context impacting children



- The traumatic impact of migration depends on the nature of pre-arrival AND post-arrival experiences.
- Affected by the age of the child, coping strategies and resilience patterns.
- Biological predisposition also matters.
- Nature of support systems and caregiving relationship also matters.

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Defining early childhood mental health (ECMH)

- Early childhood mental health is defined as “the social and emotional well-being of infants, toddlers, and young children.”
- Early childhood mental health is increasing being taken into consideration as an important aspect of:
 - early childhood development across the major domains
 - school readiness
 - development across the lifespan

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Trauma theory and the neurobiological effects of trauma on young children



- Basham & Miehl (2004): “Research on the impact of trauma on infants have yielded data that explicate behavioral, developmental, neurobiological and psychobiological responses.” (p.71)
- Relational or social stressors can be far more detrimental than non-relational assaults like falling down.

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A closer look: Trauma reactions in infancy

- Infants experiencing trauma may experience the following:
 - Withdrawal into an internal world & dissociation.
 - Increased compliance, restricted affect, and numbness.
 - Hindered brain development and disorganized/disoriented attachment patterns.
 - Impact on affect regulation and neural developments (right brain hemisphere dysfunction where processing social-emotional information, attachment functions and bodily states occur.)



- Huge effects on social-emotional, physical, and cognitive development.
- Parent-child relationships suffer (implications for attachment)
- Poor academic performance, poor gross motor skills development, poor peer relationships for school-age children.
- Increasing difficulty in adolescence & adulthood.
- ✓ *These trauma outcomes can be applied to toddlers and young children. Researchers have been studying the effects of resettlement as similar symptoms have been observed/documentated.*



How does this information help us work with trauma-exposed UM and families?



- Understand the context that impacts ECMH and adjustment for child migrants and their families
 - Pre-arrival experiences
 - Experiences during the resettlement process
 - Post-arrival experiences
 - Cultural underpinnings
- Distinguish the range of “normal behaviors” as defined by culture along with ECMH needs as a result of the migration experience.



Key considerations in working with new immigrant children and families

- Provide culturally- and linguistically-sensitive services.
- Be mindful of context and pre-/post-arrival experiences. Recognize that trauma can be experienced repeatedly and in different forms.
- Pay attention to cultural norms related to child development.
- Identify the needs among the child’s support system and use them in any intervention.
- Recognize the stigma attached to the phrase “mental health.”
- Acknowledge that resettlement and the acculturative process takes time. Depending on the level of support and the experiences in processing, unaccompanied minors and their families may take variable amounts of time to adjust.



Q & A



Ask questions in the Q&A panel



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Upcoming Webinars

- October 14: **Using Technology and Children's Media to Improve Social Skills in Young Children** with Tamara Kaldor, M.S., and Jordan Sadler, M.S., CCC-SLP 1:00pm-2:30pm CT
- October 29: **Moving On: Professional Boundaries and Transitions in Early Intervention, Education, and Care** with Jennifer Kemp, M.S. 10:00am-11:30am CT
- December 10: **How to Tell the Dust from the Magic in Children's Interactive Media** with Warren Buckleitner 1:00pm = 2:30pm CT



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