ABSTRACT

Building Trust Amidst Trauma: Trust-Based Relational Intervention (TBRI) and its Applicability to Unaccompanied Child Immigrants from the Northern Triangle

Ashlin M. Gray

Director: Victor J. Hinojosa, Ph.D.

This study examined the trauma-informed method Trust-Based Relational Intervention (TBRI) and its potential applicability to the population of unaccompanied child immigrants from the Northern Triangle of Central America. This population has demonstrated high levels of severe interpersonal trauma due to adverse experiences before, during, upon, and after immigration to the United States. The TBRI method has not been utilized to assist this population in the past, as the literature has mainly focused on the populations of adopted children and children in foster care. It was found that the incidence and severity of trauma in unaccompanied child immigrants is comparable to that of children who have benefitted from TBRI. Thus, a variety of case studies were conducted to examine the applicability of TBRI into existing settings of practice. TBRI may need cultural adaptation, but presents a strong potential benefit to unaccompanied child immigrants in its core principles and child development values.

APPROVED BY DIRECTOR OF HONORS THESIS:

_____

Dr. Victor J. Hinojosa, Honors College

APPROVED BY THE HONORS PROGRAM:

_____

Dr. Elizabeth Corey, Director

DATE: _____

BUILDING TRUST AMIDST TRAUMA: TRUST-BASED RELATIONAL INTERVENTION (TBRI) AND ITS APPLICABILITY TO UNACCOMPANIED CHILD IMMIGRANTS FROM THE NORTHERN TRIANGLE

A Thesis Submitted to the Faculty of

Baylor University

In Partial Fulfillment of the Requirements for the

Honors Program

By

Ashlin M. Gray

Waco, Texas

May 2020

TABLE OF CONTENTS

ACKNOWLEDGMENTS

I would like to thank my thesis advisor, Dr. Victor Hinojosa, for his support and insight during this thesis project. It has been a joy and privilege to learn from you both professionally and personally. Thank you for investing so much into your students and those you mentor.

I would like to thank my thesis committee members, Dr. Karen Melton and Dr. Lori Baker, for their encouragement and expertise. Thank you for your careful reading and insightful discussion of this thesis project. It was a joy to learn from you.

Thank you to everyone who guided me in the early stages of this project and provided generous insight and direction, specifically Sinai Wood, Helen Harris, Dr. Elaine Hernandez, Dr. Stephanie Boddie, Dr. Luis Zayas, Carla LaFayette, Felix Villalobos, Nicole Gomez, Lisa Treviño Cummins, Bethany Fernandes, and Rachel Cummins.

I want to thank every social worker and practitioner who generously shared their experiences and stories with me, specifically Saeni Rodriguez, Lorenza Marrufo, John Garland, Denae Gerasta, and Pedro Rodriguez. I learned so much about the strength and resilience of people through our interactions. You are changing the lives of children in need and making an impact on our world.

Thank you to my parents and sister, who have been so supportive and excited about the work I am doing and the things I am learning. You have encouraged me throughout this whole season of my life and I am so grateful!

DEDICATION

To my mom, who is an early childhood educator and fierce advocate for child mental health. Thank you for believing in the inherent worth of each child and for instilling in them a sense of self-confidence and strength from the very beginning. You have changed the lives of countless children, starting in your own home. Thank you for your endless support and love.

CHAPTER ONE

Possibilities for TBRI Application to a New Population

Trust-Based Relational Intervention (TBRI) has shown promise as a leading trauma-informed intervention to assist children who have histories of interpersonal trauma. This intervention focuses specifically on enhancing a child's capacity to build trusting relationships with the caregivers in their life. While TBRI has been implemented in a variety of practice settings, it has not been applied to the population of unaccompanied child immigrants coming from the Northern Triangle of Central America. This population is incredibly vulnerable and many children within the population have experienced severe traumas before, during, upon, and after immigration. Throughout the following thesis discussion, this population will be examined as a potential candidate for TBRI practice. Multiple organizations that work with this population will be examined to better understand the settings of practice where clinicians might interact with unaccompanied child immigrants and the potential applicability of TBRI in these settings.

This thesis endeavors to discuss the main tenants of the TBRI method and provide a compelling argument for its utilization with a new population, unaccompanied child immigrants from the Northern Triangle of Central America. While this population has not been suggested in the literature as a candidate for TBRI, their experiences of complex and compounded traumas position them as an ideal candidate for this unique intervention. This project will examine three settings of practice that differ in approach and point of intervention when working with the proposed population, to examine the applicability of

TBRI in pre-existing settings. This beginning chapter details the main components of Trust-Based Relational Intervention (TBRI) and its documented settings of practice and population emphases in the existing literature. Chapter two follows by examining the experience of unaccompanied child immigrants from the Northern Triangle of Central America, specifically their experience with severe interpersonal trauma. Chapter three explores three settings of practice that each interact with unaccompanied child immigrants at different stages in the immigration process. Chapter four examines each setting of practice and the current implementation of TBRI principles and values when working with unaccompanied child immigrants. Chapter five then concludes the thesis with a short summary and discussion of TBRI's potential limitations when working with this new population.

Trust-Based Relational Intervention (TBRI)

Trust-Based Relational Intervention, TBRI, is an evidence-based practice that seeks to address the holistic needs of a child who has faced complex trauma in his or her early childhood (Purvis, Cross, Dansereau, & Parris, 2013). TBRI is "trauma-informed and attachment-based" and has been found to "effectively reduce behavioral problems and trauma symptoms after intervention" (Razuri et al., 2016, p. 165). This intervention is rooted in three principles: empowerment, connection, and correction (Purvis et al., 2013). These principles work together to develop a sense of felt-safety in children and provide them with the skills to build trust in their relationships with others (Purvis et al., 2013). TBRI has been found to decrease a child's social vulnerability and promotes positive mental health outcomes (Almqvist & Lassinantti, 2018). The children involved in this intervention have histories of complex trauma, have "experienced separation from their

primary attachment figures," and often have lived in "chaotic or threatening environments" (Razuri et al., 2016, p. 165). One of the greatest challenges these children face is to develop trusting relationships with others because of the nature of their relationship-based complex trauma. According to Purvis et al. (2013), this type of trauma can only be healed "through a nurturing relationship" (p. 371). Thus, Trust-Based Relational Intervention exists to rebuild the child's ability to trust and form nurturing relationships with those around them, which in turn allows them to heal from their past trauma. The following chapter, though informed by many works within the field, draws substantially from the research of Purvis et al. (2013) in *Trust-Based Relational Intervention (TBRI): A Systemic Approach to Complex Developmental Trauma*.

Empowering Principles

The empowering principles of TBRI address the basic needs of a child, including their "ecological (external/environmental) and physiological (internal/physical) needs" (Purvis et al., 2013, p. 362). The desired outcome of establishing empowerment is to provide the child with a predictable and stable environment. Caregivers "enhance a child's capacity for self-regulation, decrease the likelihood of negative and disruptive incidents, and increase the likelihood of successful Connecting and Correcting" (Razuri et al., 2016, p. 167). Through the empowerment principles, caregivers are able to provide evidence to the child that their needs will be met in a consistent and safe way (Purvis et al., 2013). This principle directly combats chronic fear, which Purvis et al. (2013) stated as a "major detrimental outcome of complex developmental trauma" (p. 363). Once children develop a sense of felt-safety, they are able to build trusting relationships with those around them, beginning with their caregiver (Purvis et al., 2013). Interwoven into

the TBRI approach is the desire to move children from fear-based emotions and behaviors to trust-driven ones (Purvis et al., 2013). Thus, a structured environment allows children to develop healthy responses to the world around them.

Felt Safety and a Structured Environment. Felt safety is the child's sense of reliability within their interpersonal relationships and environments (Purvis et al., 2013). Children who perceive reliability and feel safe "can be released from emotions that have held them hostage" (Purvis et al., 2009). Especially in the case of trauma-effected children, felt safety allows the child to "heal and to become [a] secure, trusting [child]" (Purvis et al., 2009). The child learns that their needs will be met in a consistent way, especially if they have not experienced reliability within the context of a caregiver relationship before. Within this concept, the caregiver communicates to the child that "when you cry, I will come" ("TBRI"). This felt safety is translated through structure and regulation of the child's environment. Purvis et al. (2013) posits that the caregiver's regulation of the environment allows the child to develop capacity for self-regulation. Thus, the child is better able to control their own behavioral responses and process their emotions when felt safety has been established.

According to Purvis, Cross, & Pennings (2009), there are two principles that contribute to a child's felt safety: predictability and transitions. Both of these principles actively decrease the child's sense of anxiety about the future and situations that they cannot control. Predictability can be implemented via a bedtime routine, where the child participates in a sequence of activities every night "(i.e., first the child has a snack, then she or he puts on pajamas, brushes teeth, and then is read a story)" (Purvis et al., 2009, p. 6). Through the implementation of a simple routine, predictability in this example can

"reduce the child's anxiety over what is coming next in his or her life" (Purvis et al., 2009). Transitions help the child process changes in their environment by "giving notice" of the change (Purvis et al., 2009). These notices help the child learn to trust others and provide environmental regulation, even in the midst of change. According to Purvis, Cross, & Pennings (2009), "a child who believes the environment is predictable will be able to feel safe, to learn, and to practice new behavioral skills" (p. 6). Transitions can manifest in three different types: daily transitions, major life transitions, and developmental transitions (Purvis et al., 2013).

"Daily transitions" (p. 364) are structured, intentional transition periods from activity to activity that connect the child's daily experiences (Purvis et al., 2013). In the TBRI method, caregivers provide highly structured transitions, to help the child understand what will occur throughout the day and be an active part of the decision-making process. Purvis et al. (2013) described a scenario including a daily transition as, "alerting a child who, for example is swimming, that in 'five minutes we'll need to get out of the pool,' can provide [explicitly managed] transitions" (p. 364). These transitions provide the child with a sense of autonomy in the situation and the ability to regulate their own behavior.

"Major life transitions" (p. 364) consist of milestone changes in a child's life, such as the first day of school or a new adoption placement (Purvis et al., 2013). The empowerment principle employed in this scenario encourages children to tell stories about how they are feeling and the emotions that they carry with them (Purvis et al., 2013). This practice communicates to the child that they have a voice, even in the midst of a rather chaotic life event.

The last segment of transition is the "developmental transition" (Purvis et al., 2013). These transitions occur along a child's typical developmental timeline. As children are maturing from "infancy to toddlerhood… [and] childhood to adolescence" (p. 364), increased predictability and perceived control helps the child feel safe throughout the day, even as their internal transitions may feel tumultuous (Purvis et al., 2013). A caregiver could implement a daily routine or a consistent dinner time, which "becomes a stabilizing ritual in the life of a developing child" (Purvis et al., 2013, p. 364). Through the intentional structuring of these three transitions throughout a child's life, predictability within the environment builds felt safety, which is the foundation for trust (Purvis et al., 2013).

Addressing Sensory Needs. An important aspect of the empowerment principle is the attention to a child's sensory needs. According to Purvis et al. (2013), "children with histories of… trauma… often have sensory processing disorders that can negatively impact behavior, social skills, motor skills, and academic performance" (p. 365). According to the Child Mind Institute, sensory processing disorders are categorized as hypersensitivity or hyposensitivity ("Sensory Processing"). Children with hypersensitivity often find sensory stimulation to be overwhelming, while children with hyposensitivity seek out additional sensory stimulation. Children who have sensory processing disorders often exhibit behaviors that are interpreted as violent or "malicious, rather than sensory defensiveness, creating additional risk for children and youth with [sensory processing disorders]" (Purvis et al., 2013, p. 365). Thus, integrating regular schedules of sensory and physical activity into a child's daily routine allows them to

better “organize their mental and emotional states” (p. 365) and may reduce their vulnerability to adverse outcomes and discipline (Purvis et al., 2013).

An example of implementation is the creation of a sensory room in a school setting. TBRI was implemented in a secondary charter school at a residential facility for at-risk youth. Within the sensory room, students were given access to a variety of sensory tools, such as weighted lap pads, music, beanbags, fidgets, and boxing bags (Parris et al., 2015). The students were able to go to the sensory room whenever they needed it throughout the school day and were also referred there when experiencing behavioral challenges. Through this case study, Parris et al. (2015) found that students experienced reduced stress responses and were able to regulate feelings of sensory overload better.

Aspects of Nutrition, Sleep, and Activity. According to Purvis et al. (2013), nutritional support can positively influence behavioral outcomes, mood, and cognition (p. 366). Research also suggests that children who have been exposed to trauma “often have significant changes to insulin receptor sites, making them subject to dramatic shifts in behavior when their blood sugar begins to drop below optimal levels” (Purvis et al., 2013, p. 366). Thus, stabilizing a child’s access to nutritional snacks and increasing nutritional predictability can positively impact the child’s behavior and ability to process emotion. This finding is consistent with a child’s predictable access to water. Purvis et al. (2013) found that a neurotransmitter associated with “aggressive behaviors, seizures, and various volatile behaviors” is often elevated when children are dehydrated (p. 366). The consistent provision of water to children who are thirsty, allows them to better self-regulate and respond to their world in a healthy manner.

Sleep dysregulation is common among children who have histories of trauma, especially among those who were harmed at night (Purvis et al., 2013). However, sleep dysregulation can have a negative impact on a child's "cognitive functioning and emotion regulation" (Purvis et al., 2013, p. 367). Thus, part of the empowerment principle is providing sleep intervention, such as a weighted blanket, so the child can experience adequate levels of sleep, therefore improving the safety of his or her physical environment (Purvis et al., 2013).

At the Hope Connect summer camp, Purvis et al. (2013) found that increased physical activity in camper schedules caused "dramatic reduction in the stress chemical, cortisol, as well as reduction in negative behaviors and significant improvement in positive behaviors" (p. 367). This finding suggests that increased physical activity in a child's daily routine may lead to a stronger sense of security and predictability in their environment.

Connecting Principles

The connecting principles build on the child's felt safety that was developed through the structured environment of the foundational empowerment principles. Through the connecting principles, a caregiver is able to "give voice" (p. 368), to those children who were not given a voice early in their development (Purvis et al., 2013). This is where the importance of secure attachment is incorporated into the TBRI method. According to Purvis et al. (2013), "the origins of self-regulation stem from a child's attachment relationships" (p. 368). Weinman (2019) warned against exerting excessive control over a child who is dealing with attachment issues. This is where the TBRI method excels because it empowers children to make autonomous, healthy decisions

without forcing them to behave in a certain way. This foundation of trust is further cultivated through the connecting principles. According to Razuri et al. (2016), the connecting principles are the "essential mechanisms for building trusting relationships" (p. 167). They offer a foundation for the child's self-regulation, as the caregiver models their consistent and tender approach to meeting the child's needs (Purvis et al., 2013).

Observational and Self Awareness. While the empowerment principle focused on adaptations to the caregiver's behavior, the connecting principle focuses on the caregiver's emotional availability and attentiveness. Observational awareness provides caregivers with the opportunity to recognize "nonverbal markers of anxiety, such as pupil dilation, heart rate, depth of respiration, and muscle tension so that needs do not go unmet" (Purvis et al., 2013). Attentive responsiveness to a child's nonverbal cues can help the child avoid adverse behaviors (Purvis et al., 2013).

Self-awareness is an essential element to a caregiver's emotional availability. According to Purvis et al. (2013), caregivers often "have significant unresolved childhood or early adult histories of their own and are inadvertently triggering maladaptive behaviors in the children they are serving" (p. 368). While these caregivers are often fully available for their child's physical needs, they may not be meeting their child's emotional needs (Purvis et al., 2013). Thus, one of TBRI's core objectives is to help adults create positive change in their attachment (Purvis et al., 2013). This intentional change in attachment allows caregivers to empower the child and connect with them, thus "giving voice" to the child and their needs (Purvis et al., 2013). "This… often becomes a firm foundation for developing trusting relationships, especially for

children who lost their voices early in childhood because of the unresponsive or abusive environments in which they were harmed" (Purvis et al., 2013, p. 369-70).

Playful Engagement and Attunement to Needs. One of the main tenants of the connecting principles is playful engagement, which is a strategy that encourages caregivers to joyfully interact with their child and playfully redirect challenging behaviors, when necessary (Purvis et al., 2013). Caregivers can encourage playful engagement by "making up silly songs or turning tasks like pushing the elevator button into a game" (Purvis et al., 2009, p. 12). These activities show the child that they are "not in danger of being harmed" (Purvis et al., 2009, p. 12). Once this is established, playful engagement can build on felt safety and help the child learn how to interact appropriately with their caregiver. Through the process of playful engagement, caregivers are able to be uniquely attuned to their child's needs and feelings. This attunement is essential to building trust within the relationship and results in "behavioral and physiological gains" (Purvis et al., 2013, p. 371).

According to Purvis et al. (2013), "attunement can be achieved through matching behaviors, eye contact, and inflection, body position, and safe touch" (p. 370). Matching behaviors are a "biological pathway of connection" between the caregiver and the child (Purvis et al., 2009, p. 11). This biological connection relates to a child and caregiver's secure attachment to one another. According to Purvis et al. (2009), "a mother and infant who are securely attached are connected physically, emotionally, and psychologically through an attachment dance that is rooted in matching" (p. 11). Thus, when the caregiver practices eye contact and active listening, they help a child learn how to match their caregiver and become more attuned to the world around them. These practices also help

the caregiver become attuned to the child's nonverbal cues and needs, thus increasing connectivity within the relationship.

Correcting Principles

The correcting principles seek to address challenging behavior in a way that maintains the connection with the caregiver (Purvis et al., 2013). According to Razuri et al. (2016), "the correcting principles are used to deliberately shape behavior, but will only be effective to the extent that their practice is based on a firm foundation of Empowering and Connecting" (p. 167). When challenging behavior occurs, it is often necessary to increase structure. Within the TBRI approach, when structure is increased, nurture must also increase so that structure and nurture remain in balance (Purvis et al., 2009). Even in behavioral correction, there is an "environment of balance, [where] the child experiences a sense of safety, a sense of trust, a release of control, and a capacity to try new behaviors" (Purvis et al., 2009, p. 12). Thus, the correcting principles continue to build on empowerment and connectivity, encouraging children to learn self-regulation of healthy behavioral responses.

Proactive Strategy. Within the TBRI method, caregivers aim to teach proactive behavioral skills in order to reduce the need for correcting adverse behaviors. With proactive strategies, children learn how to approach "predictable problem issues" ahead of time, so they can appropriately apply their learned behavior to difficult situations (Purvis et al., 2013, p. 372). These proactive strategies are often taught through role playing and behavioral rehearsal in the context of small nurture groups (Parris et al.,

2015). Through these avenues, children are able to learn new ways to approach problematic situations in a low-risk environment.

An essential component of proactive behavioral teaching is the emphasis on creating a "language and culture of mutual respect" (Purvis et al., 2013, p. 373). This strategy increases the child's social capacity and enables them to better form relationship with other safe adults and peers. Creating this language of mutual respect can be achieved through "life value terms" (Purvis et al., 2009, p. 14). A trauma-effected child has internalized the need for survival above all other values, which keeps them from forming trust-based relationships. According to Purvis, Cross, & Pennings (2009), the caregiver can use short scripts of life value terms such as "showing respect" and "being gentle and kind" when re-directing a child's behavior (p. 14). These life value terms reflect healthy core values that the child can begin to internalize.

The "Stop and Breathe!" method facilitates emotional regulation through de-escalation techniques (Purvis et al., 2009). To use this technique, the caregiver uses a kind, but firm touch on the arm or shoulder of the child, establishes eye contact, and asks the child to stop and breathe (Purvis et al., 2009). An essential element of this technique is the caregiver's tone of voice. They prompt the child to assess their personal behaviors in a "firm but approving voice" (Purvis et al., 2009, p. 13). The caregiver then models calming behaviors by breathing with the child, which "can disarm and de-escalate maladaptive behavioral strategies" (Purvis et al., 2009, p. 13).

Another technique utilized within the proactive strategy is the implementation of "choices for growth" (Purvis et al., 2009, p. 14). When utilizing this method, the child is allowed to choose between two appropriate options, as frequently as possible (Purvis et

al., 2009). For example, a child could be offered two options when they arrive home from school— "Would you like to do your homework first and then play on the trampoline, or would you rather play on the trampoline first and then do your homework afterward?" (Purvis et al., 2009). This creation of choice empowers the child to take ownership of their actions and feel like they are part of the decision-making process. This helps the child "practice good decision making and creates in her or him a sense of safety" (Purvis et al., 2009, p. 14). Thus, the correcting strategies continue to build on the child's felt safety and edify the trusting relationship between child and caregiver.

Responsive Strategy. Despite a caregiver's best effort to teach from a proactive strategy, there is often still the need to respond to a child's adverse and challenging behaviors. Thus, the responsive behavioral strategy provides a framework for caregivers to kindly, but firmly, address challenging, and potentially dangerous, behaviors (Purvis et al., 2013). The responsive strategy contains two frameworks to diffuse challenging behavior, including the "Levels of Response" and "IDEAL Approach" (Purvis et al., 2013, p. 374-5).

In the Levels of Response approach, caregivers scale the intensity of their response to the intensity of the behavior (Purvis et al., 2013). Level One, "Playful Engagement" (Purvis et al., 2013, p. 374), is in response to a low-risk behavior that can also be diffused in a low-intensity way. However, if the behavioral response escalates after Playful Engagement, the caregiver responds with Level Two, "Structured Engagement" (Purvis et al., 2013, p. 374). This response is characterized by negotiation and providing the child with choices of acceptable behavior (Purvis et al., 2013). If the behavior continues to escalate, caregivers move to Level Three, "Calming Engagement,"

which allows children to choose a quiet place to have a " 'time-in' and think about what they need while the adult is nearby" (Purvis et al., 2013, p. 374). This response allows the child to process their feelings and needs, while remaining connected to the caregiver. However, if the behavior is violent, or could harm the child or others, caregivers respond with Level Four, "Protective Engagement" (Purvis et al., 2013, p. 374). This approach allows caregivers to contain the violent behavior by whatever means are appropriate according to the organization or state's law (Purvis et al., 2013). This level of response requires formal training in the appropriate intervention used to diffuse violence. The most important aspect of this level is that the caregiver remains with the child after the violent behavior, until the trust can be restored within their relationship (Purvis et al., 2013).

The IDEAL Approach is an acronym that emphasizes five key principles that caregivers should follow when correcting challenging behaviors (Purvis et al., 2013). Caregivers are expected to respond "*immediately,*" "*directly*… through eye contact," "in an *efficient* and measured manner," in an *action-based* approach, and to "*level* the response at the behavior, not at the child" (Purvis et al., 2013, p. 375). Through implementation of these principles, the caregiver "communicates that although the misbehavior is not okay, the worth of the child is not in question" (Purvis et al., 2009, p. 13). The IDEAL Approach helps caregivers guide their behavioral teaching and response, so that it aligns with TBRI's core principles of empowerment, connection, and correction (Purvis et al., 2013).

Settings of TBRI Application

TBRI has been used with children who have received "out-of-home care…[and] separation from their primary attachment figures" (Razuri et al., 2016, p. 165). These settings include foster care, adoption, residential care facilities, and residential schools. TBRI has also been utilized to help children with adverse childhood experiences interact with typical institutions such as charter or public schools (Purvis et al., 2015).

The population of adopted children and families is particularly relevant to TBRI, because many adopted children have been placed in many families throughout the foster care system and struggle to form trust-based relationships with their now permanent family (Purvis et al., 2013). This population of children often also comes from a background of abuse or neglect, resulting in their removal from their birth home (Purvis et al., 2013). Research has shown that adopted children show significant decreases in trauma symptomology after completing TBRI sessions within the context of the child-caregiver relationship with their adoptive parents (Purvis et al., 2015).

TBRI has been used in residential treatment facilities to help at-risk youth develop self-regulating behaviors and improve mental health outcomes (Purvis et al., 2014). According to a single case of treatment, Purvis et al. (2014) worked with a 16-year-old female adolescent who had experienced abuse and neglect, resulting in complex developmental trauma. Throughout the intervention work, the caregivers emphasized developing an attachment-rich environment for the adolescent to engage with (Purvis et al., 2014). The TBRI treatment led to a significant decrease in violent and self-injurious behaviors, while increasing her pro-social and attachment behaviors (Purvis et al., 2014). The researchers noted that the TBRI approach worked best with families and

organizations that were open to changing long-standing practices and to building trust-based relationships (Purvis et al., 2014).

This intervention has also been used with adopted children in a psychiatric outpatient setting (Howard et al., 2014). Through a pre-test and post-test analysis, children participated in TBRI within their adoptive family context and were found to have decreased psychiatric problems after exposure to therapy (Howard et al., 2014). According to Howard et al. (2014), TBRI therapy also decreased the level of stress in the adoptive parents, when parents were invested in the intervention. Thus, it was found that success in this setting could have profound impacts on post-adoption services, with the potential to decrease the likelihood of adoption disruption (Howard et al., 2014).

Professionals in a charter school on a residential care facility utilized TBRI with at-risk youth from foster care and juvenile justice residential facilities (Parris et al., 2015). All youth in the residential facility had experienced complex trauma and separation from their primary attachment figure and family unit (Parris et al., 2015). This combination made youth especially vulnerable to adverse behaviors and insecure attachment styles. Thus, the charter school staff emphasized the three-step model of TBRI intervention: empowerment, connection, and correction. Through this emphasis, the staff developed sensory rooms as options for students who were struggling with self-regulation, contributing to the youth's empowered environment (Parris et al., 2015). Staff utilized verbal affirmation, safe touch, and helped youth re-enter the classroom after a behavioral challenge (Parris et al., 2015). These changes supported youth through the connecting principles. The largest institutional change was the approach toward correcting behavioral challenges. Prior to TBRI implementation, the charter school had

automatic, predetermined consequences for specific offenses (Parris et al., 2015). However, with the guidance of TBRI, charter school staff members began to respond to each behavioral challenge in an individualized way, evaluating the student's needs above the institution's standard policy (Parris et al., 2015). Staff members worked to eliminate unnecessary punitive measures when responding to low-intensity challenges (Parris et al., 2015). Throughout the implementation of these principles, the primary message to youth was that their voices will be heard and their needs will be met (Parris et al., 2015). These changes dramatically decreased the incidence of physical and verbal aggression and disruptive behaviors (Parris et al., 2015). Thus, the staff noted that it was important to adapt TBRI principles to meet the unique developmental, psychological, cognitive, and physical needs of the population served (Parris et al., 2015).

TBRI intervention has been implemented in home-based settings for adopted children with special needs (McKenzie, Purvis, & Cross 2014). The implementation in this setting emphasized the attachment between the child and adoptive caregiver (McKenzie et al., 2014) . With this population, TBRI resulted in significant improvements in attachment and pro-social behavior for the adopted children (McKenzie et al., 2014). Thus, it was found that TBRI could be a beneficial alternative to traditional therapeutic modalities, as it does not require high-level cognitive thinking and processing, which may not be a possibility for children who are not neurotypical (McKenzie et al., 2014). Therefore, TBRI may be more accessible for most at-risk children.

Conclusion

TBRI has been applied to a variety of settings of practice and has proved to be especially impactful for children and youth in foster care, adoption, and residential care facilities. However, the intervention has not been applied to the population of unaccompanied child immigrants from the Northern Triangle. This population is especially vulnerable and demonstrates high incidences of past interpersonal trauma. Thus, the population is a strong candidate for TBRI practice, as these children come from "hard places," a qualification stated in the TBRI method (Purvis et al., 2013). The following chapter will discuss the population of unaccompanied child immigrants from the Northern Triangle of Central America, adverse experiences customary of the immigration journey, and the subsequent trauma that results.

CHAPTER TWO

Child and Family Refugees from the Northern Triangle

The population of child and family refugees immigrating to the United States from the Northern Triangle, which includes Honduras, Guatemala, and El Salvador, are particularly vulnerable to adverse experiences prior to immigration, during immigration, upon arrival in the United States, and after arrival (*Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019*, 2019). According to Kennedy (2013), displaced unaccompanied children carry a "substantially higher burden" of mental illness than their non-displaced peers (p. 319). On top of the burden of displacement, many children have faced significant trauma in their home country and throughout the migration to the United States (Ciaccia & John, 2016). Since 2014, there has been an increased surge of child immigrants, particularly "unaccompanied immigrant minors" (UIMs), who often lack legal documentation and are not accompanied by a parent or legal guardian (Ciaccia & John, 2016). These children, termed "unaccompanied alien children" (UAC) by the United States government, are asylum-seekers and face an undetermined refugee status (*Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019*, 2019; Huemer et al., 2009). Since 2017, the United States government has implemented a family separation policy, which significantly increased the number of children classified as UACs, because their parents were incarcerated and separated from their children (*Care Provider*

Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019, 2019). This population of children, who have no adult or legal guardian to protect them, is one of the most vulnerable populations in the United States, as they are displaced and lack resources of any kind (Kennedy, 2013, p. 319). Thus, child and family refugees from the Northern Triangle face complex and compounded traumas due to adverse experiences before, during, upon, and after immigration to the United States.

Adverse Experiences Prior to Immigration

Immigrants traveling from the Northern Triangle of Central America most often decide to leave because of violence committed against themselves or their families. The violence encountered by children and families includes gang violence, extortion, sexual violence, and homicide (Ciaccia & John, 2016). Among family immigrants, many families have experienced threats of violence to their children as a consequence of resisting extortion. Many small business owners are given the choice of paying the local gang or facing extreme, violent consequences. For one Salvadoran family, a father and businessman refused to pay the gang extortion, and his two daughters were threatened to be murdered (Cone & Bosch Bonacasa, 2018). The choice facing the family was to either stay and risk their daughters' lives or leave immediately. According to Cone & Bosch Bonacasa (2018), upwards of 80 percent of small business owners in Honduras have reported extortion (p. 228). Thus, many immigrant families choose to leave their home country immediately due to threats to their lives and livelihood. The immigrants arriving at the United States border are the leaders in their community, the dreamers, and those who have sought safety and security for their families.

Unaccompanied Immigrant Minors

According to the Congressional Research Service, unaccompanied immigrant minors are fleeing their home country to escape violence (Seghetti, Siskin, & Wasem, 2014). Many UIMs have recounted witnessing the murder or violent abuse of family members in their home country (Kennedy, 2013). Other UIMs have been kidnapped or raped by members of drug cartels and gangs, with some of the youngest survivors of gang rape being 9 years old (*Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019*, 2019; Kennedy, 2013).

Dominant push factors for Guatemalan immigrant children were issues of extreme poverty and the disproportionate incidence of abject poverty within indigenous populations; however, those for Salvadoran and Honduran immigrant children were mainly organized criminal actors and threat of violence (UNHCR, 2014). According to the United Nations High Commissioner for Refugees (UNHCR), "the violence and insecurity within [the Northern Triangle] has led to the displacement of children and others in the region" (UNHCR, 2014). Thus, migration was not a choice for many UIMs, but rather an impulse to survive. Honduran and Salvadoran immigrants who experienced multiple incidences of victimization due to violent crime, were much more likely to choose migration as a viable life choice than their counterparts who had not been victimized or who had faced only one incident in the past 12 months (Hiskey et al., 2018). Thus, many immigrants choose to leave the devil they know, taking a chance on the devil they do not know.

The journey of immigration presents many barriers for UIMs, as unaccompanied immigrant children are more likely to experience four or more traumatic events during migration than children who immigrate with families (Huemer et al., 2009). This population, being highly vulnerable to adverse experiences, faces disproportionate victimization during migration.

Adverse Experiences During Immigration

The journey from the Northern Triangle of Central America, through Mexico, to the United States, is over 2,000 miles of dangerous terrain. Immigrants face sexual exploitation, drug cartel violence, human trafficking, forced labor, and physical danger due to smuggling and the dangerous train rides across Mexico (Ciaccia & John, 2016). According to Luiselli & Anderson (2017), "what happens to children during their journey through Mexico is always worse than what happens everywhere else" (p. 25).

The migration across Mexico often takes children and families approximately two months (Commission, 2012). Many travel on top of a large freight train, named *La Bestia* ("The Beast"), which regularly causes many immigrants to lose their limbs or their lives (Commission, 2012). One immigrant described the dangers of La Bestia, saying "go in alive, come out a mummy" (Luiselli & Anderson, 2017, p. 19). This mode of transportation is dangerous due to the train itself and the people who ride it. Many gang and drug cartel members ride on the train to rob and harm immigrants (Luiselli & Anderson, 2017). Thus, the main form of transportation through Mexico increases a child's vulnerability and victimization.

Drug Cartel and Gang Violence

According to Kennedy (2013), the immigration journey to the United States "traces routes controlled by drug cartels who beat, drown, drug, maim, murder, rob, molest, and starve undocumented migrants, with some UAC targeted for forced recruitment" (p. 319). The major drug cartels operating in Mexico include "the Zetas, the Sinaloa Cartel and the Knights Templar" (Carlson & Gallagher, 2015, p. 136). These cartels are involved in drug and human trafficking, extortion, and smuggling (Carlson & Gallagher, 2015). Children who are immigrating through Mexico are particularly vulnerable to drug cartels because of their age and level of poverty (Carlson & Gallagher, 2015). The Zetas drug cartel, "regularly kidnap migrants from Northern Triangle countries in Mexico and demand ransom from their family members in the United States" (Carlson & Gallagher, 2015, p. 137). This cartel has also committed mass murder of Central American immigrants who refused to work for them and could not pay the ransom (Luiselli & Anderson, 2017). It is estimated that 120,000 migrants have disappeared during their transit through Mexico (Luiselli & Anderson, 2017).

Gang violence occurs both before and during immigration in the case of many child immigrants' experiences. This is due to the transnational link of gang activity that has been established throughout Central America, Mexico, and the United States. This occurred because of the forced removal of many Central American gangs that originated in Los Angeles in the 1980s (Carlson & Gallagher, 2015). The increase in forced removal policies during the 1990s caused many gangs, such as the 18th Street Gang and Mara Salvatrucha (MS-13), to establish links between the United States, Mexico, and countries

in Central America (Carlson & Gallagher, 2015). Thus, gang violence is prominent along the entirety of the immigration route and endangers child wellbeing.

Victimization by Guides and Officials

Other immigrants, taken by guides called *coyotes*, face the danger of human trafficking and are at the mercy of the guides, thus being vulnerable to starvation, violence, and abuse (Commission, 2012). According to Luiselli & Anderson (2017), "if something happens to a child, the coyote is not held accountable" (p. 51). Traveling with a coyote is often the only option for unaccompanied child immigrants to navigate the immigration route to the United States. Some children and families from the Northern Triangle are smuggled into the United States by Mexican children, who are forced to facilitate the border crossing by criminal organizations (Carlson & Gallagher, 2015).

As children travel through Mexico, they may face further victimization by law enforcement officials. Children are at risk of suffering traumatic experiences at the hands of "corrupt officials who target vulnerable migrants for kidnapping, extortion, human trafficking, rape, and murder" (Anderson et al., 2013). In addition to increased victimization, unaccompanied child immigrants may be deported if they come into contact with Mexican law enforcement officers. According to Anderson et al. (2013), about 60,000 Central American immigrants are deported from Mexico each year. Thus, law enforcement officials contribute to the danger and trauma that a child faces while traveling across Mexico.

Once the immigrant children and families have survived the journey across Mexico, their hope is to arrive at the United States border, cross into United States territory, be apprehended by Border Patrol, and request asylum (Pérez, 2014). Due to the

current United States immigration policy, this form of asylum-seeking has been impeded, which greatly increases an immigrant's vulnerability and risk of victimization.

Adverse Experiences Upon Arrival to the United States Border

Upon arrival to the United States' southern border, child and family immigrants face further traumatization due to adverse experiences and hostile immigration policies. Therefore, after an extremely dangerous and arduous journey to the United States, this population continues to face challenges, furthering the impact of trauma.

Immigration Policy and Safety

Most immigrants from the Northern Triangle seek asylum. Asylum is defined as a legal category "available to persons already in the United States who are seeking protection based on… an inability to return to their home countries because of a "well-founded fear of persecution" due to their race, membership in a particular social group, political opinion, religion, or national origin" ("How the United States Immigration System Works," 2014). Refugees must apply for admission outside of the United States, which is an option that is not available for immigrants escaping imminent violence and threats of death. Thus, most Central American immigrants begin the United States immigration process by stepping onto United States soil and requesting asylum. However, the Trump administration has begun metering, which is the policy "in which Customs and Border Protection officers only allow in a limited number of asylum-seekers per day" ("Trump administration weighs restricting asylum-seekers from working," 2019). Therefore, immigrants are not allowed to step into the United States until their number is called. This causes them to wait in tent cities and unstable housing conditions

in Mexico border cities, which are largely unsafe and are targets for human traffickers, preying on vulnerable women and children ("Recommendations for U.S. Engagement to Address Migration from and Displacement within the Northern Triangle of Central America," 2019). These border cities have been listed as recommended no travel zones for United States citizens, yet asylum-seekers are forced to wait in highly vulnerable situations for their legal proceedings.

Once immigrants get through the southern border and seek asylum, they are subject to the current United States' immigration approach of "zero tolerance" (Thompson, 2018). This stance shifted undocumented immigration cases from civil disputes to criminal offenses. Thus, the United States prosecutes "all people who attempt to illegally enter the country and [takes] away the children they brought with them… the children are initially held in warehouses, tents or big box stores that have been converted into Border Patrol detention facilities" (Thompson, 2018). This separation policy has been found to inflict severe interpersonal trauma on children and significantly increases their vulnerability to abuse and human trafficking (Levers & Hyatt-Burkhart, 2017). The policy also inflates the number of children who are classified as unaccompanied child immigrants, even though they arrived to the United States with a parent or guardian.

Because immigration policy has changed significantly and rapidly, children who are currently in the immigration system have entered the United States under a variety of methods, whether by apprehension and detention, metering, or child separation. Thus, the population discussed in subsequent chapters may have experienced any of the above entry procedures.

The Traumatic Impact of Detention

When unaccompanied immigrant children arrive at the southern United States border, they are apprehended by Border Patrol and detained in a temporary detention facility for a maximum of 72 hours (Carlson & Gallagher, 2015). If children are accompanied by family members, they are placed in family detention centers.

The detention centers are referred to by immigrants as "*La Hielera,*" the Ice Box, because they are kept at extremely cold temperatures to prevent the spread of disease (Luiselli & Anderson, 2017). While in detention, "children are treated more like carriers of disease than children" (Luiselli & Anderson, 2017, p. 22). In addition to freezing temperatures, the detention facilities are often overcrowded and children are not given a place to sleep, cannot use the bathroom when they need to, and are given frozen sandwiches twice per day (Luiselli & Anderson, 2017). According to Carlson & Gallagher (2015), "the practice of housing children in detention-like conditions is extremely detrimental to their well-being given their vulnerability" (p. 142). In addition to the detriment of detention itself, many children have been abused and mistreated by staff members while detained (Carlson & Gallagher, 2015). Tragically, the trauma does not end when a child arrives in the United States.

The Reunification Process

After their stay in detention facilities, unaccompanied child immigrants are transferred to the Office of Refugee Resettlement (ORR), which is a branch of the Department of Health and Human Services. ORR is responsible for providing the children with shelter and meeting their essential needs such as food, water, hygiene, and a place to sleep (*"Examining the Failures of the Trump Administration's Inhumane Family*

Separation Policy" | *Committee Repository* | *U.S. House of Representatives*, 2019). The government contracts with a number of private and nonprofit entities to provide shelter. Children stay in ORR shelters upwards of 90 days while they await reunification with family members or a sponsor (*"Examining the Failures of the Trump Administration's Inhumane Family Separation Policy"* | *Committee Repository* | *U.S. House of Representatives*, 2019). Children who are unable to be reunified with family are transferred to a long-term foster care placement. Those who are able to be reunified with family members or a sponsor are paroled into the community as they await their asylum case outcome (*"Examining the Failures of the Trump Administration's Inhumane Family Separation Policy"* | *Committee Repository* | *U.S. House of Representatives*, 2019). This poses its own set of challenges to the child, as they seek to integrate into a new family unit, community, and culture.

Adverse Experiences After Arrival to the United States

Once children pass through detention facilities, ORR shelters, and are reunified with family, a sponsor, or foster family, they continue to face challenges when paroled into the community. Among the myriad of challenges that await them after arrival, they must navigate a complex legal system, begin new family relationships, and adjust to unfamiliar social and cultural institutions.

Barriers Within the Legal System

Even when immigrants are allowed to remain in the United States throughout the duration of their asylum proceedings, many asylum-seekers live in fear of the United States Immigration and Customs Enforcement (ICE) deportation raids and the frequently

changing policies surrounding asylum (Thompson, 2018). For example, “asylum protections for victims of gang and domestic violence” have been overturned within the current administration, invalidating a large population of immigrants’ asylum cases (Thompson, 2018). Thus, each immigrant’s case is precarious and could be upended by an ICE raid or routine traffic stop (Deborah Sontag, 2018). In addition, immigrants "facing removal, unlike criminal suspects, do not have the right to a government-provided lawyer” (Deborah Sontag, 2018). This also applies to unaccompanied children, as the United States does not guarantee that a child immigrant has the right to free legal counsel and representation in court proceedings (Carlson & Gallagher, 2015). Thus, many children must represent themselves in court. This lack of representation significantly decreases an immigrant’s likelihood of winning their case, as immigrants without legal representation are about 10 times less likely to win than those with legal representation (Deborah Sontag, 2018). Therefore, the experiences of child and family immigrants with the United States’ legal system further complicate and compound one’s trauma.

Challenges Within the Family Unit

When children complete the reunification process, they continue to face challenges as they learn how to integrate into their new family unit. The family could include a parent who the child has not seen for many years, new siblings, extended family members, family friends, a sponsor, or a foster family. Even if the child is reunified with one of their parents, they may struggle to trust the parent again after such a long period of separation (E. Hernandez, personal communication, April 9, 2019). The child must adjust to the family’s methods of communication, behavior management, and social dynamic.

Unaccompanied child immigrants "arrive to find an unfamiliar country and a new language, but also a group of strangers that they must now call their family. They have to deal with family reunifications, interrupted education, acculturation, and trauma" (Luiselli & Anderson, 2017, p. 95).

In the worst-case scenario, some children arrive to the United States and are reunified with a family who does not treat them well. Children and youth who are abused or neglected may not know that their circumstance is not tolerated in the United States, due to a lack of understanding of cultural and social norms in their new community (Vaughn et al., 2017). There is also the possibility that the child mistrusts law enforcement officials because of their past experiences or fear of deportation (Vaughn et al., 2017). These factors may discourage the child from reporting incidences of abuse, neglect, or maltreatment. This combination of challenges can pose a barrier to success in school and social settings as well.

The Language Barrier in a School Setting

The adjustment to living in the United States includes learning a new language and the customs and laws of a new country. According to Soares et al. (n.d.), "common adjustment issues include adapting to a new culture, language, climate or environment, and learning new customs, while simultaneously maintaining family and cultural traditions" (p. 5). This balance is especially challenging for children who are also trying to manage and process the trauma that has followed them to their new family and community.

In a series of interviews with Latino child immigrants, Ko & Perreira (2010) found that the children struggled to learn English, which impacted their school

performance. With few academic and social supports in place, many children were disciplined by their teachers for a lack of participation. However, this was due to the child's inability to understand their teacher's expectations because of the language barrier (Ko & Perreira, 2010). In addition, the language barrier caused social isolation among the child's peers at school. Many teachers relied on bilingual students to translate class expectations and lessons. Some of the interview participants shared that Spanish-speaking children at school would trick the immigrant children into saying something inappropriate in English, which resulted in disciplinary action for the immigrant child (Ko & Perreira, 2010). Even bilingual children who were more compassionate would sometimes misinterpret the teacher's lesson and cause the immigrant child to become confused (Ko & Perreira, 2010). Thus, as evidenced by Ko & Perreira (2010), the language barrier can be a significant obstacle to a child's academic and social success.

Complex and Compounded Trauma

Child immigrants, whether accompanied or unaccompanied, are highly likely to have experienced complex trauma, which is defined as "multiple or chronic interpersonal traumas" (Wamser-Nanney & Cherry, 2018). Especially for unaccompanied children, who are most likely to have experienced four or more traumatic incidents, this population faces complex and compounded trauma due to adverse childhood experiences before, during, upon and after immigration (Huemer et al., 2009). According to the Office of the Inspector General report on child immigration, "facility managers and mental health clinicians [in United States facilities] reported that many children who entered [immigration] facilities in 2018 had experienced intense trauma" (*Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS*

Custody Report (OEI-09-18-00431) 09-03-2019, 2019). This report also noted that mental health practitioners were largely unprepared to handle the intense trauma that many immigrant children presented, even with their prior expertise and training (*Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019*, 2019). This vast need for trauma-informed policy and responses is further emphasized because of the long-lasting effects of trauma on children, as they grow into adults. The Substance Abuse and Mental Health Services Administration, a subset of the Health and Human Services department of the United States government, found that "traumatic experiences complicate a child's or an adult's meaningful consistent relationships in their families and communities" (Huang et al., 2014, p. 5). Thus, the complex and compounded trauma faced by child and family immigrants has long-lasting effects on the individual's ability to form relationship with other important people in their life. This could, in turn, lead to additional adverse experiences, later in the individual's life.

Conclusion

Child and family immigrants traveling from the Northern Triangle of Central America to the United States face severely traumatic experiences before, during, upon, and after immigration. The population of unaccompanied child immigrants is especially vulnerable to interpersonal trauma throughout their immigration journey. As these children navigate the immigration process, they are forced to manage the trauma that follows them in every stage. Their exposure to adverse experiences and severe trauma makes unaccompanied child immigrants a compelling candidate for TBRI intervention. The severity of compounded trauma greatly impedes a child's ability to build trusting

relationships with a caregiver. Thus, the TBRI principles could be applied to aid in the child's transition into their new family unit and community. The following chapter will examine settings of practice that assist unaccompanied child immigrants and will discuss their level of congruency with the TBRI method and philosophy.

CHAPTER THREE

Settings of Practice with Unaccompanied Minors

As unaccompanied child immigrants travel from the Northern Triangle, through Mexico, and into the United States, they face many checkpoints along the way to asylum and integration into their new communities. When children are detained at the southern border of the United States, they are housed in Border Patrol detention facilities for upwards of 72 hours before moving to an ORR (Office of Refugee Resettlement) shelter (*Immigration Detention in the United States by Agency*, 2020). Children live at the shelter until they are able to be reunited with family members or a sponsor in the United States. Once children are reunified with their guardians and paroled into the community, they continue to work through court proceedings in order to be granted asylum. As they are waiting for their legal status to resolve, children live in the community and begin to attend school. This integration into the community is challenging, as they do not yet have legal status. Many unaccompanied child immigrants live with relatives who are undocumented, making these family members vulnerable to deportation raids and unable to reach out for the resources they need, such as mental and physical health care for the children living with them. This continues until the legal status of the child, and their family members, is resolved through the courts, either being granted asylum, or being deported. Once granted asylum, the child works to integrate into a new society and community, and often a new family unit.

Many nonprofit organizations, church communities, and government programs interact with these children at each stage of the process. Refugio ("Refuge"), a government-contracted program branch of Urban Strategies, serves as an alternative to large ORR shelters, providing children with a trauma-informed care model in both foster-care and congregate-care settings before reunification with family or sponsors. The Refugee and Immigrant Center for Education and Legal Services (RAICES) is a nonprofit organization that interacts with their clients from reunification with family or sponsors, through court proceedings, and throughout the adjustment into social systems, such as school, medical care, mental health care, and government services. The San Antonio Mennonite Church community is present throughout the same processes but provides both short-term and long-term shelter for those waiting to find a more permanent housing solution. Thus, each of the following organizations interacts with unaccompanied child immigrants in different capacities throughout the journey of immigration into the United States. Because of this, each organization has the capability to address specific needs at each step in the process and provide trauma-informed care in a variety of settings.

ORR Shelters and Congregate Care

The Office of Refugee Resettlement (ORR), a department of the Department of Health and Human Services, is responsible for housing unaccompanied child immigrants who are undocumented and do not have family with them when they cross into the United States (*"Examining the Failures of the Trump Administration's Inhumane Family Separation Policy" | Committee Repository | U.S. House of Representatives*, 2019). The ORR operates a number of congregate care shelters that house unaccompanied children.

According to the Department of Health and Human Services, these shelters "provide housing, nutrition, routine medical care, mental health services, educational services, and recreational activities such as arts and sports" (*"Examining the Failures of the Trump Administration's Inhumane Family Separation Policy" | Committee Repository | U.S. House of Representatives*, 2019).

However, the length of time that children must wait before reunification with their families averaged 60 days in FY 2018 and 89 days in FY 2019 (*"Examining the Failures of the Trump Administration's Inhumane Family Separation Policy" | Committee Repository | U.S. House of Representatives*, 2019). According to the Office of Inspector General, policy changes that occurred in 2018 caused the number of young children in ORR custody to increase and their length of time in custody to also increase, due to the separation of family units at the border (*Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019,* 2019). This increase in number of children and length of stay has caused mental health clinicians to experience "high caseloads," limiting their "effectiveness in addressing children's needs" (*Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019,* 2019). The Office of Inspector General advised that the ORR take "all reasonable steps" to minimize the time that children are held in congregate shelters and are isolated from family members or sponsors (*Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019,* 2019).

There is also speculation as to if unaccompanied children receive frequent and adequate mental health care, while in ORR custody. According to Kennedy (2013), "the UAC program often fails to provide adequate mental health services," citing a 2008 congressional study that found that 75% of youth in ORR custody did not show evidence of group counseling and 56% did not show evidence of individual counseling. Of those who did receive counseling, there was little accountability that the counseling methods were evidence-based, or delivered by a licensed clinician (Kennedy, 2013). Thus, the ORR has not demonstrated effective mental health care of children in their custody, throughout the history of their involvement with unaccompanied child immigrants.

Refugio: The Intersection of Foster Care & Immigration

Refugio is a program of the community development organization, Urban Strategies. Refugio has been designed specifically to serve unaccompanied child immigrants while the children are waiting for reunification with their parents, family members, or sponsors. Refugio is contracted with the Office of Refugee Resettlement (ORR) to provide short-term shelter care during the period before reunification. Refugio houses unaccompanied minors, ages 0-17, who have immigrated from anywhere in the world. However, about 98% of children have traveled from Central America (C. LaFayette, personal communication, February 3, 2020). When the children arrive to Refugio, the majority of them have come directly from a Border Patrol detention center. Some arrive from a different ORR shelter, after having been in detention. Refugio's goal is to achieve safe and timely reunification of children with their families. The reunification process through Refugio takes about 45 days, on average (C. LaFayette, personal communication, February 3, 2020).

Refugio's model utilizes both foster care and congregate care to house children while they wait for a more permanent housing solution. Children age 0-12 are housed in foster care, placed with families through local foster care placement agencies. Many of the Refugio foster families are recruited through a network of predominantly Hispanic church communities. While living in foster care homes, children attend one of Refugio's five foster care centers, which serve as specialized child care facilities for the children awaiting reunification. At the center, children have the opportunity to play with other unaccompanied children, receive individualized and group counseling services by licensed clinicians, and eat healthy meals (C. LaFayette, personal communication, February 3, 2020). Children age 13-17 are housed in congregate care, also referred to as shelter care. In these shelters, youth are also given access to individualized and group counseling services, in addition to holistic care through daily meals, access to showers, and a comfortable place to sleep.

Refugio's goal is to reunite all children with their families or sponsors in the United States. After an average of 45 days, many children are able to reunite with loved ones. However, if Refugio is unable to find the child's family or sponsor, or if the guardian does not respond to Refugio's outreach, children will then be transferred to a long-term foster care family. Refugio aims to reduce the challenges that children face after arrival in the United States, hoping to make the transition easier through developmentally appropriate mental health care and trauma-informed care (P. Rodriguez, personal communication, February 28, 2020). Their goal is to help children begin to process the journey of immigration and the complex and compounded traumas that arrive with them.

Refugio's trauma-informed, mental health care approach is characterized by felt safety, developmentally appropriate counseling methods, and an integrated family model. Refugio provides counseling sessions, in both individual and group settings, twice each week for children in their care (P. Rodriguez, personal communication, February 28, 2020). These sessions focus on helping children process complex emotions such as fear. Refugio's clinicians establish felt safety by working with children through arts and crafts, play therapy, and meals together. Refugio clinician Pedro Rodriguez's approach to therapy is to establish an environment where children feel safe and comfortable, such as the playground (P. Rodriguez, personal communication, February 28, 2020). Refugio also focuses on helping children get the daily exercise they need to be healthy both physically and mentally. Clinicians at Refugio have found that children are more likely to process their emotions in a healthy way, if they are able to move and play (P. Rodriguez, personal communication, February 28, 2020). Thus, children play outside at least 3 hours per day while in Refugio's care. Once children feel safe, they are able to open up about their feelings and experiences.

Refugio uses methods of processing that are developmentally appropriate. For younger children who may have a harder time expressing themselves verbally, they are able to participate in therapy through activities where they can "circle the emoji that best describes how you feel" (P. Rodriguez, personal communication, February 28, 2020). Older children may prefer to verbally discuss their emotions through large group activities, where clinicians ask questions such as "what does fear look like to you?" (P. Rodriguez, personal communication, February 28, 2020). One Refugio clinician has a barber's license in order to provide therapy while cutting some of the older boys' hair,

because he has found that older boys are more likely to talk about their experiences while in a barber's chair (P. Rodriguez, personal communication, February 28, 2020). Thus, Refugio has adapted their mental health care methods to be appropriate for each age of the children that they work with.

Refugio's trauma-informed care includes an integrated family approach. Once a child's family members or sponsors are contacted and reunification begins, Refugio works with the family to establish healthy communication patterns and incremental relational boundaries. Even if children are reunified with one of their parents, that parent may have remarried or have other children, who the unaccompanied child has never met before. The child will have to learn how to adapt to a new family unit and new dynamic. If the child does not reunify with a parent, but with an extended family member or sponsor, they will also have to adapt to a new family environment, with different expectations and relational approaches. Refugio clinicians work with the family, through a 30-day period, to establish healthy habits and help develop connectivity with the child (P. Rodriguez, personal communication, February 28, 2020). For example, for older children who are having a hard time communicating with their new family members, the clinician might recommend that the parent place a journal in a centralized place in the house. The parent can write notes to the child. Then, the child can read the notes and respond in their own time, allowing them to take ownership of the conversation. This helps build trust incrementally, helping the family bond and form healthy connections (P. Rodriguez, personal communication, February 28, 2020).

Refugio faces several challenges when providing mental health care to children while they are living in the Refugio shelter. The main challenge is that children are at

Refugio for a short amount of time. While the average amount of time before reunification is about 45 days, it can be as low as 5 days. Thus, while the goal is to reunify children as quickly as possible, it is challenging to establish long-lasting change in such a short time. Clinicians work to develop basic coping skills with the children, so that they can build on them in school settings or with other counselors.

Another challenge is that Refugio clinicians do not want to form too strong of an attachment with the children, because of the short-term nature of their relationship. Forming a strong attachment in a short window, and then having to say goodbye, could be detrimental to a child's ability to form long-term relationships with others in their life (P. Rodriguez, personal communication, February 28, 2020). Thus, while clinicians are able to help children process emotion and begin to build healthy skills, they are careful to establish important boundaries to protect the child's trust and wellbeing.

Refugio provides an alternative to large ORR congregate care and focuses on delivering developmentally appropriate, trauma-informed mental health care to children in the short-term before reunification. This program seeks to help children process their trauma and begin to build healthy habits to cope with their experiences in the future. Their work is at its best when it is built upon by long-term clinicians and supported by the child's family throughout their life.

RAICES: A Legal Services Approach

RAICES, The Refugee and Immigrant Center for Education and Legal Services, offers a variety of legal and social services to immigrants who are low-income (*What We Do*, n.d.). This Texas non-profit organization seeks to "defend the rights of immigrants and refugees, empower individuals, families, and communities, and advocate for liberty

and justice" (*Our Mission*, n.d.). RAICES' model involves social workers and attorneys working together to fight for equitable representation in court proceedings, while also providing their clients with access to social services and community participation.

According to RAICES, "without pro-bono legal services, most of [their] clients, including children of all ages, would have to go to court alone, with zero representation" (*What We Do*, n.d.). Asylum-seeking immigrants without proper legal representation are significantly less likely to obtain a favorable court outcome than those who have legal representation (Deborah Sontag, 2018). Many children are facing the court alone, unable to understand the complex legal jargon and proceedings without an attorney on their side (Carlson & Gallagher, 2015). Thus, RAICES' legal services radically increase the likelihood of equitable court outcomes for immigrants. The legal services available include residency and citizenship services, asylum-seeking services, removal defense, DACA renewals, and legal representation for families and children in detention (*Legal Services*, n.d.). In response to the Trump Administration's Family Separation policy, RAICES raised over $20 million in 2018 to reunify as many families spread throughout detention centers, as possible (*RAICES: What it is and what it does—CNN*, 2018).

In addition to the legal services provided, RAICES offers social service assistance to clients. This aspect of the organization aims to "empower the community by offering services to remove barriers of oppression, multiply agents of change, and increase clients' quality of life" (*What We Do*, n.d.). Social workers within the organization carry caseloads, providing needs assessments and post-detention release services in order to empower their clients (*Social Services*, n.d.). Along with direct social services, RAICES has developed a bus station program to help immigrants travel to find family members

who are already living in the United States. RAICES also works with the Office of Refugee Resettlement (ORR) to reunify families and find more permanent housing solutions for families and children. In addition, RAICES offers a bond program to help immigrants leave detention centers and wait for court proceedings while living in the community (*Social Services*, n.d.). Each of the social service offerings aims to connect immigrants to their new community and empower them to have the necessary support to begin their next chapter in the United States.

RAICES works closely with the highly vulnerable population of undocumented and unaccompanied child immigrants. Social workers connect their youth clients to social resources including affordable housing, education, and social services (*Social Services*, n.d.). The RAICES staff also works with child immigrants as they acclimate to the new customs and cultures of the United States. This aspect of the organization also encompasses community programming to assist immigrants who have lived in the United States for longer periods of time than those who have recently immigrated. RAICES provides DACA renewal workshops and community events educating immigrants on their legal rights in the event of ICE and police raids, which are frequent among immigrant communities (Deborah Sontag, 2018). Thus, RAICES strives to empower and meet the needs of refugees and immigrants within the community, regardless of stage in their immigration journey.

RAICES' trauma-informed approach is integrated throughout the legal services and social services that are provided to unaccompanied children. On the legal services side, attorneys are trained in trauma-informed care, so that they can appropriately represent a child's story. During these trainings, the attorneys learn about trauma that

children face before, during, upon, and after immigration (S. Rodriguez, personal communication, February 20, 2020). This training helps build empathy and provides context about the child's willingness, or lack thereof, to re-tell their story. To proceed with the child's asylum case, the attorney must take a declaration, which tells the child's story and circumstances for immigration (L. Marrufo, personal communication, December 2, 2019). This is especially challenging, because asking a child to tell their story can be re-traumatizing. Therefore, attorneys are trained to ask age-appropriate questions in a way that helps the child feel safe and in control of their story, even when they have to re-tell it for their asylum case (L. Marrufo, personal communication, December 2, 2019). While the child is working with an attorney, they are connected to a social worker within RAICES, so that the child can benefit from support and access to necessary resources within their community.

The social services available to unaccompanied child immigrants aim to build social connectivity with their family members and community, while reducing their vulnerability. The social services side of RAICES is led by social workers, who conduct an initial intake to identify strengths, social needs, and resiliency with clients who have been internally referred to them from RAICES attorneys who are working on the child's asylum case (L. Marrufo, personal communication, December 2, 2019). The social workers serve clients who are unaccompanied minors, up to the age of 20 years old. The majority of RAICES' clients, about 60%, are from Central America's Northern Triangle (L. Marrufo, personal communication, December 2, 2019). RAICES social workers meet with a caseload of around 60 clients daily, weekly, or monthly, depending on the child's level of need (S. Rodriguez, personal communication, February 20, 2020). The social

workers address multiple layers of vulnerability, including the need to register for school, process trauma, build family relationships, and navigate their new environment.

One of the social worker's main goals is to help the child register for school or find alternative education opportunities. Documentation is often an issue, because most children do not have a form of identification and have a difficult time proving that they live in the district, as many undocumented immigrants enter into rental agreements that accept cash payments (S. Rodriguez, personal communication, February 20, 2020). This makes it difficult to establish proof of residence. Therefore, social workers at RAICES help families establish acceptable documentation that will allow their child to attend school (S. Rodriguez, personal communication, February 20, 2020). Connecting children to the school system is often the best avenue to provide long-term mental health care services, as they often have access to a school psychologist or school social worker. Thus, helping children register for school sets them up for success in their journey of trauma-healing.

The social workers at RAICES are trained in trauma-informed care and work to help children process the traumatic experiences of their past, whether before, during, or after immigration. RAICES social workers are trained specifically in sexual abuse trauma, because of the high incidence of interpersonal violence that this population of children has faced (L. Marrufo, personal communication, December 2, 2019). Clients meet with the social workers to process their experiences and get the mental health care that they need. Social workers at RAICES also advocate for the client by setting up a psychological evaluation, to help the child access necessary mental health resources (S. Rodriguez, personal communication, February 20, 2020). In Lorenza Marrufo's

experience, a social worker at RAICES, her clients often do not understand how strong or resilient they are. They see their journey as a fact of life, not an incredible barrier that they overcame. Marrufo consistently reminds her clients of their strength and focuses on celebrating their resiliency (L. Marrufo, personal communication, December 2, 2019). Thus, the social workers at RAICES provide their clients with a support system, in addition to mental health resources.

Social workers at RAICES also focus on a client's relationship with their newly formed family unit. This could include reunification with new siblings, a parent the child has been separated from for years, extended family, or a sponsor. Entry into these new relationships can be challenging for the child. Marrufo noted that many of the older, unaccompanied children struggle to accept their new parental figure's authority, as they have been their own guardian and have grown up quickly during the journey of immigration (L. Marrufo, personal communication, December 2, 2019). Thus, RAICES helps their clients develop healthy relationships with new family members and learn how to communicate their needs and preferences. RAICES also works with the child's family to help resolve conflict within the family, provide access to necessary social services and medical care, and aid in the transition of welcoming another child into the home (S. Rodriguez, personal communication, February 20, 2020).

RAICES addresses an unaccompanied child's legal and social needs, dramatically improving the child's chances at asylum in the United States. RAICES incorporates trauma-informed principles throughout their interactions with clients, whether they be related to court room preparation or mental health services. Their work with this

vulnerable population support's a child's healthy transition into their new family and community, improving their chances at future success and healing.

The San Antonio Mennonite Church & Trauma-Responsive Christianity

The San Antonio Mennonite Church (SAMC), pastored by John Garland, has established itself as a resource and safe haven for asylum seekers and immigrants throughout the San Antonio area. One of the core pillars of their ministry is a trauma-informed response to sheltering and empowering immigrants. The church has hosted asylum-seeking families for multiple years, as San Antonio is a crucial location for those entering along the southern border crossing (Garland, 2019).

The church has taken an active response to the needs of asylum-seekers by hosting them in their hospitality house, La Casa de María y Marta. This house is a short-term shelter solution for families passing through the San Antonio area (*Refugee Response*, n.d.). The families' length of stay ranges from 1-2 nights to 3-6 weeks (D. Gerasta, personal communication, September 3, 2019). While the families stay in La Casa, they have access to home-cooked meals, trauma-healing workshops, health resources, and help with immigration paperwork (D. Gerasta, personal communication, September 3, 2019). The church also works with families to reunify those who have been separated in detention centers. As the families stay in the hospitality house, they are invited to participate in trauma-healing and to become leaders for other community members as well. According to Garland (2019), "one of [the church's] goals is that the women who receive counsel and comfort would be trained to share it with others in the same situation." This model of therapy and community leadership empowers asylum-

seeking families to build connections with others who have persisted through similar circumstances.

One key program within the church, called the Semillas "Seeds" Program, equips refugees to begin "unpacking" the trauma that has been afflicted and accumulated throughout the journey of immigration. This trauma-healing program aims to establish "seeds of healing" and "seeds of hope" within asylum-seeking families while they receive short-term shelter at La Casa (*Semillas Refugee Trauma Healing*, n.d.). SAMC partners with psychiatrists and social workers to deliver trauma-informed care to those beginning to process the trauma experienced before, during, upon and after immigration (Garland, 2019). This response is short-term in nature, as families are often en route to connect with family members or sponsors throughout the United States. SAMC has implemented a subsequent program for families seeking long-term shelter solutions.

The Ranchito program has developed into a therapeutic retreat for those in need of long-term shelter, located on a 10-acre farm outside of downtown San Antonio (*Who We Are*, n.d.). This program is mainly for families who do not have family members already established in the United States. The Ranchito is designed to allow families time and space to begin deepening their relationships with one another, build trusting relationships within the Ranchito community, and become acclimated to their life in the United States. The Ranchito program is guided by the principles of the trauma-informed care method, TBRI (Trust-Based Relational Intervention). This method engages clinicians, Ranchito community members, and staff members to collaborate in the work of disarming trauma's effect on asylum-seeking families.

Within the context of trauma-healing, SAMC has established a few levels of mental health processing, so families and children can choose to engage up to their comfort level. While immigrants stay with SAMC, either in La Casa or the Ranchito, they are invited to help prepare meals that remind them of comfort. Many immigrants make tortillas together, which Pastor John Garland views as a trauma-processing exercise (J. Garland, personal communication, May 2, 2019). He has observed that the people who make tortillas together often feel more comfortable sharing their stories, since their hands are occupied and they do not have to make eye contact with others. Making tortillas creates a space of felt-safety that allows for vulnerability (J. Garland, personal communication, May 2, 2019).

Another level of mental health processing is the weekly programming that SAMC provides. Social workers and trained SAMC staff members provide educational presentations about the definition of trauma, why it occurs, and how it effects a person's mental health (D. Gerasta, personal communication, September 3, 2019). These presentations are optional and help immigrants learn about mental health in a low-pressure, stigma-free environment. In response to these presentations, attendees are encouraged to process the information by writing a "trauma narrative," which is their own account of past traumatic experiences and the way they cope and interact with those experiences now (D. Gerasta, personal communication, September 3, 2019). These narratives aim to help empower immigrants to take ownership of their story and begin the healing process.

SAMC views trauma as central to their Christian faith, calling on more Christians to practice "Trauma-Responsive Christianity" (*Trauma-responsive Christianity*, n.d.).

According to the church, "Christianity is about trauma and the healing of brokenness… on the other side of that suffering is unity with God and with one another" (*Trauma-responsive Christianity*, n.d.). This belief is central to the church's ministry and work with asylum-seeking families with a background of trauma. The San Antonio Mennonite Church's ministry offers belonging for some immigrants, as about 80% of those who arrive at the church are evangelical Christians (Garland, 2019). The spiritual aspect of the church's services is rooted in a call for "the Church to be a healing communion for broken bodies and spirits" (Garland, 2019). Nevertheless, the church has established that their hospitality is available to anyone, regardless of faith background or interest. Their short and long-term shelter options, along with connection to resources and therapeutic services, has developed the church into a safe haven for asylum-seekers as they pass through San Antonio.

Conclusion

Each of the organizations detailed in this chapter interact with unaccompanied children at different stages of the post-immigration process. Refugio serves children during the reunification period. RAICES advocates for their legal and social needs after reunification and during integration into their new communities and families. SAMC, the San Antonio Mennonite Church, provides children and families with short-term and long-term shelter solutions after detention, and introduces them to trauma-healing processes as they begin to build their lives in the United States. Each organization is trauma-informed and has established practices that are specifically focused on improving the mental health of unaccompanied child immigrants. Their work empowers, teaches, and serves children who are highly vulnerable and have a high incidence of severe trauma. Thus, each

organization could implement TBRI principles in order to bolster their trauma-informed programs and increase positive mental health outcomes in the work that is already occurring. Each organization's involvement in a different step of the process shows promise to provide a continuum of TBRI care throughout the immigration journey. These applied concepts will be further explored in the following chapter.

CHAPTER FOUR

TBRI Principles Applied to a New Population and Setting

The TBRI method has been applied to a variety of settings in order to empower children who have come from "hard places" (Purvis et al., 2013). In the literature, the main settings of practice have included adoption and foster care, residential care facilities, web-based therapy, and charter schools (Howard et al., 2014; McKenzie et al., 2015; Parris et al., 2015; Purvis et al., 2014; Razuri et al., 2016). While the intervention has shown great promise in each of these settings, it has not been applied to the population of unaccompanied child immigrants.

Unaccompanied child immigrants, specifically children coming from the Northern Triangle of Central America, have high incidences of interpersonal trauma due to adverse experiences before, during, and after their journey of immigration to the United States (Ciaccia & John, 2016). This demonstrated history of trauma can be a barrier to an unaccompanied child immigrant's success in forming healthy, trusting relationships with caregivers and adults around them. These children often lack the resources to receive developmentally-appropriate mental health care, especially due to their undocumented status (Kennedy, 2013). They need an intervention that is both trauma-informed and relational. In addition, unaccompanied children arrive to the United States without a parent or guardian. Part of their journey after immigration, is to be reunited with a parent who is already in the United States, an extended family member, or a sponsor, who may be a family friend. Thus, the child is beginning a new relationship with a caregiver in the

United States and is working to form a healthy, trusting relationship with that person. Therefore, due to this population's demonstrated history of severe trauma, need for developmentally-appropriate mental health care, and the formation of a new relationship with their caregiver in the United States, TBRI's foundational principles of Empowering, Connecting, and Correcting would provide an excellent framework for trauma-healing within this population.

TBRI Application in Settings of Practice with Unaccompanied Minors

The organizations discussed in the previous chapter all serve unaccompanied children at different steps in the journey of immigration. They have all designed their programming and service offerings to be trauma-informed and supportive of each child's mental health needs. While each of them is trauma-informed, none of the organizations are trained in TBRI or have implemented the intervention. However, many of their methods and approaches share child development goals with TBRI. Thus, the organizations are already implementing some aspects of the core principles of TBRI, even though they do not follow the TBRI method. The likeness in programming and child development philosophy exhibits the applicability of TBRI to this population.

RAICES

Out of the three organizations previously explored in the organization case study, RAICES is the only one that does not provide shelter, food, or other physical necessities. Their work is related to advocacy and resource attainment, not the provision of such resources. Therefore, their approach to trauma-informed care differs from that of SAMC or Refugio. Even though their service delivery is not relational in the sense of a caregiver

and child relationship, RAICES implements aspects of TBRI's Empowering, Connecting, and Correcting principles when working with clients in both legal and social service advocacy.

Empowering Principle Implementation. The main way that RAICES utilizes the TBRI method's Empowering Principle is by centering a child's story in the process of healing and resiliency. One of the driving factors for this model is the attorney's need to write a declaration when working with unaccompanied child immigrants. This legal necessity causes RAICES to focus on completing this process with a child's trauma in mind. Therefore, by the nature of the United States legal system, RAICES allows children the opportunity to tell their story and explain the emotions that come with it.

The act of storytelling as a method to process a major life event is recommended under TBRI's Empowering Principle, where the caregiver provides Felt Safety and a Structured Environment (Purvis et al., 2013). When children encounter a major life event, they can feel chaotic or out of control. This feeling may bring up memories of trauma, when they felt out of control of the situation. Thus, it is important for adults in the child's life to provide structure during this time. One way that a child can regain autonomy over their emotions and feelings is by story-telling. The child is able to explain what happened to them, how they are feeling, and what is happening in the present moment. This helps the child feel empowered to process the situation in a structured way, which may reduce feelings of being overwhelmed or helpless.

Another way that RAICES implements the TBRI Empowering principle is by providing children access to stability within Aspects of Nutrition, Sleep, and Activity (Purvis et al., 2013). Even though RAICES does not house and care for children

themselves, the social workers are able to advocate for safe housing, mental and medical health care, and nutritional assistance. Thus, children are more likely to have access to consistent, nutritional meals, which are essential to their physical and mental wellbeing. Nutritional predictability is an important element of a child's ability to form trusting relationships with their caregivers. RAICES' child clients may also adopt healthy sleep patterns, by living in a safe and more permanent housing situation. Most unaccompanied minors have spent time in detention centers and large congregate care shelters before reunification with a caregiver. These experiences are unpredictable and sometimes unsafe. Thus, a child most likely has not established a healthy sleep pattern, due to fear, instability, or consistent transition to new places.

Connecting Principle Implementation. RAICES attorneys are trained on childhood trauma and the long-lasting mental health effects that remain with the child, into adulthood. Thus, the attorneys who work with children on their asylum cases are primed to reflect on their own experiences and understanding of trauma. This practice integrates TBRI's Connecting principle of Observational and Self Awareness (Purvis et al., 2013). In the TBRI method, the caregiver works on observing the child's cues and processing their own trauma experiences. This helps the caregiver connect with the child and increase their emotional attentiveness and availability (Purvis et al., 2013). Although the RAICES attorneys are not the caregiver for their clients, they still are able to build relational efficacy by doing the work of self-reflection before working with a child.

On the social services side of RAICES, social workers implement the same principle, of Observational and Self Awareness, by working with a child's caregivers to address their own experiences of trauma and fear. The social workers also encourage the

caregiver to connect with their child through methods similar to the TBRI Connecting principle of Attunement to Needs. The child's caregiver is encouraged to build trust with their child by actively listening to the child's expression of emotion and their story-telling about their journey of immigration (S. Rodriguez, personal communication, February 20, 2020).

Correcting Principle Implementation. RAICES works with the child and their new family to develop healthy boundaries and structure in the home. This can be particularly challenging, as many older children struggle to accept their new caregiver's authority, as they have been their own guardian for months or even years during the immigration process. Thus, social workers help children better understand the importance of this new relationship, while also working with the new caregivers to establish appropriate correcting behaviors. Their emphasis is on correcting a child's behavior without becoming angry with them or punishing them harshly. Because the caregiver – child relationship is usually new, the social worker aims to develop correcting behaviors with the caregiver so as not to alienate the child. This aligns directly with TBRI's Correcting principle of a Responsive Strategy. Within both TBRI models of Levels of Response and the IDEAL Approach, the caregiver redirects the child's behavior, while consistently reminding the child that they will not leave them or give up on them (Purvis et al., 2013). Thus, the relationship maintains trust, even when there are challenging behaviors. This is especially important for the unaccompanied immigrant, who is entering into a new and uncertain family situation. Even though RAICES does not use the specific methods that TBRI suggests in its Correcting Principles, the underlying messages are consistent: "I will not leave you, I will care for your needs."

San Antonio Mennonite Church (SAMC)

The San Antonio Mennonite Church (SAMC) models the implementation of trauma-informed care methods and understanding into the church setting. This aligns particularly well for predominantly evangelical Christian immigrants from the Northern Triangle of Central America (Garland, 2019). Therefore, SAMC's model adds an element of comfortability and hope to immigrants who are guided by their religious beliefs and feel safe in Christian communities. Their trauma-informed care method emphasizes providing shelter for those in need and educating immigrants about trauma and its effects. Although SAMC does not follow specific TBRI methods, they integrate aspects of the core principles in order to educate and meet the needs of those they serve.

Empowering Principle Implementation. In both the short-term and long-term shelter options, La Casa de María y Marta and the Ranchito, SAMC excels in establishing a safe space for healing to occur. SAMC implements the Empowering principle through Felt Safety and a Structured Environment (Purvis et al., 2013). In both La Casa and the Ranchito, there is a daily schedule and activities are spaced throughout the day in a rather consistent method (D. Gerasta, personal communication, September 3, 2019). Due to this, immigrant families can have expectations about how each day will be structured. This schedule helps children staying at the shelter build some predictability into their otherwise chaotic environment.

Within the Felt Safety and a Structured Environment component of TBRI, SAMC also helps immigrants navigate the major life transition of immigration. During evening trauma education presentations, immigrants are invited to participate in writing their own "trauma narrative" (D. Gerasta, personal communication, September 3, 2019). This

allows adults and children alike to process their experiences and emotions related to immigration. The practice of storytelling is a TBRI method that helps both the child and caregiver take control of their present situation and emotional state. This empowers the individual, so they are better able to relate to one another (Purvis et al., 2013).

In addition to structuring the day and processing trauma with trauma narratives, SAMC also utilizes the Empowering Principle through Aspects of Nutrition, Sleep, and Activity (Purvis et al., 2013). When immigrant families stay at either La Casa or the Ranchito, they are provided with home-cooked meals daily. This increases a child's nutritional predictability, which is an essential aspect of being able to trust the world around them (Purvis et al., 2013). SAMC's provision of safe, family shelter helps children re-establish a healthy sleep pattern. Children are with their families and safe in a home setting, which greatly contrasts with the felt vulnerability of sleeping in large, congregate-care detention facilities. Thus, children are able to gain stability and experience empowerment through predictable sleep patterns as well.

Connecting Principle Implementation. Through educational programming on trauma and its effects on mental health, SAMC implements TBRI's Connecting Principle, specifically related to Observational and Self Awareness (Purvis et al., 2013). This programming is directed toward the caregiver, in order to help them understand trauma and identify its effects in their lives and that of their children. Therefore, SAMC helps caregivers invest in their self-awareness by confronting their own experiences with trauma and its impact on their parenting approach. As they are able to work through their own traumas, caregivers are better able to connect with their children and increase their emotional availability (Purvis et al., 2013).

SAMC also invites immigrants to help make meals together, if they are interested. This allows families to eat meals they enjoy and are familiar with. It also provides the parents with opportunities to connect with other parents who have gone through similar situations. In the act of making tortillas together, many parents become more comfortable talking about their experiences and telling their stories (J. Garland, personal communication, May 2, 2019). This may be because there is a shared activity that is at the center of attention, taking some of the pressure off of the person who is sharing. It may also be due to the lack of eye contact, which can reduce pressure as well. In addition, those making tortillas have the sensory input of physical touch, without the triggers to past interpersonal traumas. Thus, making tortillas can be as healing as the story sharing, occurring at the same time.

Correcting Principle Implementation. SAMC implements the Correcting principle's Proactive Strategy, through their comprehensive trauma programming. These nightly events cover many components of trauma, including methods to manage and disarm the effects of trauma and triggers. Thus, caregivers are given the opportunity to learn proactive behavior strategies for themselves, which they are then able to teach their children. These strategies mirror TBRI's suggestions, including role-playing, problem solving techniques, and behavioral rehearsal (Purvis et al., 2013). These proactive methods increase structure when the child, and parent, feel out of control due to trauma. Thus, parents and children are given the tools they need to manage challenging behaviors when they arise.

Refugio

Refugio's provision of both shelter care and consistent mental health counseling in a trauma-informed way, allows children to have their physical, emotional, and mental health needs met while they are awaiting reunification with their families. While their programs are not TBRI programs, the program philosophy aligns significantly with the principles and models of TBRI intervention.

Empowering Principle Implementation. Refugio establishes Felt Safety and a Structured Environment through both tenets of predictability and transitions (Purvis et al., 2013). At the specialized Refugio child care centers, Refugio employees establish routines and schedules for the children, centered around consistent meal times, outside play, and counseling sessions. This provides children with structure and a predictable environment, which reduces anxiety and fear (Purvis et al., 2013). Foster care parents can then apply the program's predictability to structured time at home with the children. This provides consistency for children during the time that they are in Refugio's care.

Clinicians support the Felt Safety and Structured Environment emphasis by helping children process immigration as a major life transition. Their work, done in individual and group settings, encourages children to identify their feelings and emotions, write their personal narratives, discuss major emotions such as fear and anger, and learn about mental health in a developmentally appropriate way. This work fulfills the child's desire for structure and helps the child transition through this major life event.

Refugio's programming meets the child's needs for physical exercise and sensory integration as described in TBRI's Addressing Sensory Needs component of the Empowering principle. Each child in Refugio's care spends at least 3 hours per day

outside on the playground and in social play settings. Regular integration of physical activity into a child's daily routine significantly contributes to increased mental health outcomes and emotional control (Purvis et al., 2013).

In addition, Refugio addresses the Empowering Principle via Aspects of Nutrition, Sleep, and Activity through their two shelter models. In both the foster care and congregate care settings, children are given a safe place to sleep, nutritious meals daily, and a nurturing environment. Increased nutritional predictability, along with established sleep patterns, help children feel empowered and in control of their situation. These two structural aspects further the child's sense of felt safety.

In the foster care model, young children (age 0-12) are cared for by a foster family and live in their home with them. This provides the child with a nurturing environment and caregivers who are able to meet the child's physical and emotional needs. Refugio also keeps sibling groups together in foster care settings, so that the children are living with their brothers or sisters and are able to find comfort and consistency in one another.

The congregate care model houses children age 13-17. These older youth benefit from the same principles as younger children, but geared toward their age group. At the shelter, they have nutritional predictability and regular sleep schedules as well. The shelter provides youth with the opportunity to meet others their age, who have experienced similar things during immigration. They also have weekly counseling sessions and learn about mental health in a stigma-free environment. Thus, their experience of felt safety differs from the younger children, but is still an integral piece of their steps toward building trusting relationships with adults.

Connecting Principle Implementation. Refugio implements the connecting principles through both the clinicians and the child's family or sponsor. The clinicians establish connectivity with the child while they are in Refugio's care. After the child is reunited with their family or sponsor, Refugio clinicians work with the caregiver to teach them about emotional connectivity with their child.

During the child's stay with Refugio, clinicians conduct individual and group counseling sessions. During these sessions, clinicians are emotionally attentive and available to the child's needs. They observe the child's cues through eye contact and active listening. This helps the child trust the clinician, as they process the child's trauma together. Once the child is reunited with family or a sponsor, the clinicians build on this connectivity principle by helping the new caregiver learn how to be vulnerable and available to their child. For older children, the start of connectivity might be a series of written notes between the child and caregiver to begin the relationship, if eye contact and conversation is too difficult. Refugio clinicians also discuss the impact of the caregiver's own trauma on their connectivity with the child. The clinician helps to guide the family as they begin to build trusting relationships with one another.

Correcting Principle Implementation. As children are reunited with family members or sponsors, both the caregiver and child are adjusting to the new family dynamic. Because they are just beginning the caregiver—child relationship, it is important that the caregiver communicates to the child that they will not leave them and that they will meet their needs. This is especially important when correcting the child's challenging behaviors.

While in Refugio's care, children learn behaviors similar to those in TBRI's Proactive Strategy (Purvis et al., 2013). Refugio clinicians work with children to help them think through their emotions and subsequent actions. For example, the clinician will discuss a challenging emotion with the child and say, "When you feel ___ (angry, afraid, frustrated, sad, etc.), I want you to ___ (take a deep breath, ask for help, tell someone, etc.)" (P. Rodriguez, personal communication, February 28, 2020). This scripted problem solving helps the child learn valuable skills before they need them when dealing with a strong emotion or challenge in the future.

Refugio clinicians work with caregivers to emphasize the difference between redirecting behavior and punishing the child. The clinicians focus on helping the caregiver come up with redirecting techniques that do not isolate the child, but build their relationship. This could be done by giving the child choices between appropriate alternatives to their challenging behavior, asking them to take deep breaths, or change the setting. These redirections help the child regroup, without making them feel shame or guilt (Purvis et al., 2013). Thus, Refugio's program addresses both proactive and responsive strategies to redirect a child's behavior while maintaining the trust in the child—caregiver relationship.

Conclusion

Although the organizations discussed in the chapter have not been formally trained by TBRI and have not implemented the method, their philosophies on child development and trauma-informed care appear to be consistent with that of TBRI. This is evidenced by the variety of practice settings that already implement core values and principles of the TBRI method. Most organizations strongly exhibited the TBRI

Empowerment Principle, while they did not as strongly exhibit the Connecting or Correcting Principles. Thus, there could be room for development in the latter two areas of TBRI implementation within organizations that work with unaccompanied child immigrants. TBRI's limitations and areas of cultural specificity will be discussed in the following chapter.

CHAPTER FIVE

Suggestions for Growth in TBRI Application

The application of an intervention to any new population requires significant research and consideration before initiating implementation. In the settings of practice discussed up to this point, most of the core TBRI principles and values appear to fit well with the perceived needs and traumatic experiences of unaccompanied child immigrants. However, there may be a few areas of the TBRI method that derive meaning from cultural values and norms unique to the United States' dominant culture. This has the ability to work well with children whose cultural background is congruent with that of TBRI. However, this may pose challenges to TBRI delivery for children who do not hold the same values and who are not comfortable with some of the United States' cultural norms. Thus, TBRI may need to be culturally adapted to best serve the population of unaccompanied child immigrants from Central America.

Summary of the Project

TBRI Principles and Core Aspects of the Method

The three guiding principles of TBRI practice include the Empowering, Connecting, and Correcting Principles (Purvis et al., 2013). The principles provide the foundation and framework for the caregiver to facilitate a trusting relationship with their child. The principles address the beliefs and behaviors of both the caregiver and child, in order to establish healthy connections and break down barriers from either party.

Under the Empowering Principle, caregivers aim to establish Felt Safety and a Structured Environment, to Address Sensory Needs, and to stabilize Aspects of Nutrition, Sleep, and Activity (Purvis et al., 2013). The goal within this principle is to strengthen the child's trust in themselves and their surroundings. Children thrive in spaces of structure, consistency, and predictability (Purvis et al., 2013). Thus, TBRI's Empowering Principle aims to establish these patterns, so the child can build their ability to trust.

The Connecting Principle seeks to build trust between a child and their caregiver. Within this principle, the caregiver invests in their own Observational and Self Awareness, while connecting with the child through Playful Engagement and Attunement to Needs (Purvis et al., 2013). Caregivers focus on increasing their own emotional attentiveness and availability to the child through self-awareness of past traumatic experiences or situations that may impede a full connection with their child. They also interact with the child through play and fun activities, playfully re-directing low-level behavioral challenges when necessary. Hallmarks of this principle include eye contact, active listening, safe touch, and thoughtful voice inflection (Purvis et al., 2013). This principle is an essential piece to building a trusting relationship between child and caregiver.

The Correcting Principle builds on the strengths of the other two, by offering caregivers tools for managing a child's challenging behavior. These tools for behavioral intervention include both Proactive and Responsive Strategies (Purvis et al., 2013). The Proactive Strategy aims to teach children necessary problem solving and emotional skills before they need to use them. These strategies include Life Value Terms, the "Stop and Breathe!" method, and Choices for Growth (Purvis et al., 2013). The Responsive Strategy

focuses on behavioral intervention in the moment of the challenging behavior. The methods within this sector include the four Levels of Response and the IDEAL Approach (Purvis et al., 2013). The underlying message of the Correcting Principle is that the care taker will meet the child's needs and will not leave them, regardless of the behavior or situation. This is especially important for children who have backgrounds in trauma.

Unaccompanied Child Immigrants

There is significant evidence to suggest that unaccompanied child immigrants from Central America experience unprecedented levels of severe interpersonal trauma, whether experienced before, during, upon, or after immigration to the United States. Key push factors that cause the immigration of many unaccompanied minors include forced gang conscription, severe poverty, and violence (Ciaccia & John, 2016). As children travel through Central America and Mexico, they face victimization at the hands of drug cartels, transnational gangs, *coyotes*, and law enforcement officials (Anderson et al., 2013; Carlson & Gallagher, 2015; Luiselli & Anderson, 2017). Upon arrival to the United States, children are held in detention centers and temporary care shelters that are often unsafe and have proved to be detrimental to child mental health (Carlson & Gallagher, 2015). After arrival, children face a lack of representation in asylum case proceedings and must navigate the challenges inherent in integration into a new family unit, school, community, and culture (Deborah Sontag, 2018; Luiselli & Anderson, 2017). The lack of English ability greatly impedes the academic success and social cohesion of many unaccompanied child immigrants (Ko & Perreira, 2010). These experiences throughout the immigration journey significantly endanger a child's mental health and capacity to build trusting relationships with future caregivers.

Possible Settings of Practice and Implementation

As unaccompanied child immigrants pass through the United States' immigration system, they interact with a variety of government programs, nonprofit organizations, and church communities. These systems work to provide shelter, resources, and support to unaccompanied children who have newly arrived in the United States. As the programs and organizations have developed, they have implemented a variety of mental health and trauma-informed care methods in order to address the severe mental health needs of the population. RAICES, San Antonio Mennonite Church (SAMC), and Refugio serve as examples of different mental health care approaches and each organization's capacity for TBRI implementation. Although the listed organizations represent a spectrum of settings of practice, they carry common child development philosophies, which appear to be consistent with that of the TBRI method. Thus, there is promise that TBRI could be implemented and prove successful with the population of unaccompanied child immigrants from Central America.

Limitations of TBRI Application

Although the population of unaccompanied child immigrants shares many characteristics with populations that have benefitted from TBRI practice, this unique population has a different cultural background and a set of specific needs due to the concentrated prevalence of interpersonal trauma and sexual abuse. Thus, TBRI implementation may need to be adapted to best assist children due to their different backgrounds and needs.

Challenges Related to Interpersonal Trauma & Cultural Differences. The population of unaccompanied child immigrants has a disproportionately high incidence of interpersonal trauma and sexual abuse (Anderson et al., 2013; Huemer et al., 2009; Kennedy 2013). Because of this, safe touch is difficult to establish, as clinicians cannot be sure what was used as a precursor or trigger to abuse in the child's past (P. Rodriguez, personal communication, February 28, 2020). In the Connecting and Correcting principles, TBRI practitioners are prompted to use safe touch on the child's arm or shoulder to help the child understand that the caregiver is listening to them, or to get the child's attention to redirect behavior (Purvis et al., 2013). This approach could be harmful to a child, as it could trigger the trauma response. Thus, the concept of safe touch may have to be adapted when working with unaccompanied child immigrants.

In addition, eye contact signifies a different cultural message in the United States versus countries in Central America. According to a Refugio clinician, eye contact in the United States communicates respect and attentiveness, while it communicates disrespect for one's elders in many Central American cultures (P. Rodriguez, personal communication, February 28, 2020). Therefore, requesting eye contact from a child can feel uncomfortable to them, because they may have been taught that it is disrespectful. Eye contact is used in both the Connecting and Correcting TBRI principles to build relationship and respect with the child. This aspect of practice may need to be altered to effectively assist this unique population. An alternative to requesting eye contact could be to talk to the child as they are playing with a toy, coloring, or working on an activity. That way the child would not have to establish eye contact, but could still be listening calmly.

Short-Term Nature of Care. Another barrier to effective TBRI implementation is the short-term nature of care within the immigration system. Children move through detention centers and ORR facilities within two to three months, at the most. Due to the traumatic effect of family separation on a child, the goal of these institutions is to reduce the child's length of stay. Thus, the child's interaction with the proposed settings of practice is short term in nature. TBRI practice requires time and is cultivated throughout many interactions between a caregiver and child. Lasting change in a child's ability to trust others cannot occur in a matter of weeks.

Limitations of Each Setting of Practice. Refugio, The San Antonio Mennonite Church (SAMC), and RAICES interact with the population in different settings and capacities. Because of this, they each demonstrate their own strengths and limitations in TBRI application.

Refugio excels in the Empowering principle because it meets the holistic needs of the child. However, Refugio is still unable to fully implement TBRI due to the necessary professional boundaries between child and clinician. The clinician cannot build a relationship with the child to the extent that a caregiver would. This naturally alters the child's experience and does not contribute to the full realization of TBRI. In addition, Refugio clinicians intentionally work with the child's caregiver to educate them on Observational and Self-Awareness, characteristic of the Connecting principle. While this is an aspect of TBRI, the clinicians cannot be sure if the caregiver will continue with the method. The Correcting principle is most challenging to implement, as the intervention options are highly specific to TBRI. Thus, Refugio staff would need to be trained in

TBRI in order to implement this aspect. Refugio's child development values and approaches to behavior management are similar to that of TBRI, but do not follow the TBRI recommendations in direct practice.

SAMC is unique in that it serves both child and caregiver. This aspect of the ministry strengthens their ability to implement TBRI, as the core relationship is present in both the short-term and long-term models. While SAMC exhibits many strengths within the Empowering principle, it is missing the sensory intervention component found in Addressing Sensory Needs. The Connecting principle is modelled and presented to the child's caregiver through evening trauma education programs. However, SAMC has no control over the caregiver's decision to implement the intervention. Therefore, the application of the Connecting principle depends on each caregiver's choice to utilize the method. As is the case with Refugio, the Correcting principle is the most challenging aspect to implement because of its specificity to TBRI. SAMC would have to invest in TBRI training in order to implement this aspect of the intervention.

RAICES is the most detached in regards to the core child—caregiver relationship. While RAICES is a gateway to meeting the child's physical and emotional needs, they do not directly provide for the child's needs. Thus, the Empowering principle is partially achieved, as RAICES helps the caregiver meet the child's needs. The Connecting principle is established through caregiver training and support, but is not directly implemented by RAICES. The Correcting principle is a challenge to implement, due to the constraints demonstrated by Refugio and SAMC, and because of RAICES' role as advocate for the child. RAICES does not directly manage the child's behavior, as would a

caregiver, whether temporary or permanent. Thus, RAICES partially fulfills some of the TBRI principles via their gateway and advocate status in the life of the child.

If the organizations listed were to implement TBRI practice, it may be most effective when delivered in a training format for the child's caregivers. Organizations such as Refugio could implement TBRI practice during the child's short term stay and then follow up by training the child's family on the method as well. This could provide consistency in delivery and empower the caregiver to build a trusting relationship with their child. RAICES could also implement TBRI in this way, by educating caregivers about the method. At the long-term Ranchito shelter, SAMC could implement and train caregivers on TBRI while in the care of SAMC, as the intervention could be used throughout their multi-year stay. Thus, it may be possible to adapt the TBRI method to account for the limitations and accommodate short-term delivery, in order to assist this population in a variety of settings.

Lessons Learned

Throughout this project, I was astounded by the resiliency of unaccompanied child immigrants and the population of immigrants as a whole. It is possible that children who go through such traumatic experiences and barriers to success would give up hope. However, time and again, I discovered the intense resiliency and persistent hope that characterized this population. Children dreamed of a better life and believed that it could be attained. Parents risked everything to keep their children safe and provide more opportunities for them. Communities came together to serve and love one another, despite the fear and trauma that surround Central American immigrants of all ages.

The children who have immigrated from Central America are fighting for the chance of a better life and safer community. It is the responsibility of adults to protect them and advocate for their needs. This could be done through mental health care, political advocacy, research, educating others on the situation, or reaching out to organizations to seek ways to serve. We each have the capacity to empower these individuals and help them succeed. There is strength in compassion and empathy. These children need our action; it is the least we can do.

BIBLIOGRAPHY

Almqvist, A.-L., & Lassinantti, K. (2018). Social Work Practices for Young People with Complex Needs: An Integrative Review. *Child and Adolescent Social Work Journal*, *35*(3), 207–219. https://doi.org/10.1007/s10560-017-0522-4

Anderson, J., Williamson, J., Jarjour, R., Lind, T. C., Herr, J. Z., Talstra, D., Wiebe, E., & Padilla, S. (2013). *3 Mexico: A global crossroads*. 16.

Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody Report (OEI-09-18-00431) 09-03-2019. (n.d.). Retrieved October 25, 2019, from https://oig.hhs.gov/oei/reports/oei-09-18-00431.asp

Carlson, E., & Gallagher, A. M. (2015). Humanitarian Protection for Children Fleeing Gang-Based Violence in the Americas. *Journal on Migration and Human Security; New York*, *3*(2), 129–158.

Ciaccia, K. A., & John, R. M. (2016). Unaccompanied Immigrant Minors: Where to Begin. *Journal of Pediatric Health Care*, *30*(3), 231–240. https://doi.org/10.1016/j.pedhc.2015.12.009

Commission, W. R. (2012). Forced From Home: The Lost Boys and Girls of Central America. Retrieved October 28, 2019, from https://www.womensrefugeecommission.org/component/zdocs/document

Cone, J., & Bosch Bonacasa, M. (2018). Invisible War: Central America's Forgotten Humanitarian Crisis. *Brown Journal of World Affairs*, *24*(2), 225–239.

Deborah Sontag, D. R. (2018, April 16). Who Polices the Immigration Police? [Text/html]. Retrieved November 21, 2019, from ProPublica website: https://www.propublica.org/article/pennsylvania-ice-who-polices-the-immigration-police

"Examining the Failures of the Trump Administration's Inhumane Family Separation Policy" | Committee Repository | U.S. House of Representatives. (n.d.). Retrieved March 25, 2020, from https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=108846

Garland, J. (2019, May 2). Personal interview.

Garland, J. (2019, June 18). *Fleeing North in the Full Armor of God*. ChristianityToday.Com. Retrieved February 24, 2020, from https://www.christianitytoday.com/ct/2019/june-web-only/migrant-san-antonio-border-trauma-therapy.html

Gerasta, D. (2019, September 3). Personal interview.

Hernandez, E. (2019, April 9). Personal interview.

Hiskey, J. T., Córdova, A., Malone, M. F., & Orcés, D. M. (2018). Leaving the Devil You Know: Crime Victimization, US Deterrence Policy, and the Emigration Decision in Central America. *Latin American Research Review*, *53*(3), 429. https://doi.org/10.25222/larr.147

How the United States Immigration System Works. (2014, March 1). Retrieved November 21, 2019, from American Immigration Council website: https://www.americanimmigrationcouncil.org/research/how-united-states-immigration-system-works

Howard, A. R., Parris, S. R., Nielsen, L. E., Lusk, R., Bush, K., Purvis, K. B., & Cross, D. R. (2014). Trust-Based Relational Intervention® (TBRI®) for Adopted Children Receiving Therapy in an Outpatient Setting. *Child Welfare; Arlington*, *93*(5), 47–64.

Huang, L. N., Flatow, R., Biggs, T., Afayee, S., Smith, K., Clark, T., & Blake, M. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. 27.

Huemer, J., Karnik, N. S., Voelkl-Kernstock, S., Granditsch, E., Dervic, K., Friedrich, M. H., & Steiner, H. (2009). Mental health issues in unaccompanied refugee minors. *Child and Adolescent Psychiatry and Mental Health*, *3*(1), 13. https://doi.org/10.1186/1753-2000-3-13

Immigration Detention in the United States by Agency. (2020, January 2). American Immigration Council. https://www.americanimmigrationcouncil.org/research/immigration-detention-united-states-agency

Kennedy, E. G. (2013). Unnecessary Suffering: Potential Unmet Mental Health Needs of Unaccompanied Alien Children. *JAMA Pediatrics*, *167*(4), 319–320. https://doi.org/10.1001/jamapediatrics.2013.1382

Ko, L. K., & Perreira, K. M. (2010). "It Turned My World Upside Down": Latino Youths' Perspectives on Immigration. *Journal of Adolescent Research*, *25*(3), 465–493. https://doi.org/10.1177/0743558410361372

LaFayette, C. (2020, February 3). Personal interview.

Legal Services. (n.d.). RAICES. Retrieved February 23, 2020, from https://www.raicestexas.org/what-we-do/legal-services/

Levers, L. L., & Hyatt-Burkhart, D. (2017). Immigration Reform and the Potential for Psychosocial Trauma: The Missing Link of Lived Human Experience. *Analyses of Social Issues and Public Policy*, 68–77. https://doi.org/10.1111/j.1530-2415.2011.01254.x@10.1111/(ISSN)1530-2415.SOCIALPSYCHOLOGYANDCONTEMPORARYIMMIGRATIONPOLICY

Luiselli, V., & Anderson, J. L. (2017). *Tell Me How It Ends: An Essay in 40 Questions*. Coffee House Press.

Marrufo, L. (2019, December 2). Personal interview.

McKenzie, L. B., Purvis, K. B., & Cross, D. R. (2014). A Trust-Based Home Intervention for Special-Needs Adopted Children: A Case Study. *Journal of Aggression, Maltreatment & Trauma*, *23*(6), 633–651. https://doi-

Our Mission. (n.d.). RAICES. Retrieved February 23, 2020, from https://www.raicestexas.org/our-mission/

Parris, S. R., Dozier, M., Purvis, K. B., Whitney, C., Grisham, A., & Cross, D. R. (2015). Implementing Trust-Based Relational Intervention® in a Charter School at a Residential Facility for At-Risk Youth. *Contemporary School Psychology*, *19*(3), 157–164. https://doi.org/10.1007/s40688-014-0033-7

Pérez, R. L. (2014). Crossing the border from boyhood to manhood: Male youth experiences of crossing, loss, and structural violence as unaccompanied minors. *International Journal of Adolescence and Youth*, *19*(1), 67–83. https://doi.org/10.1080/02673843.2012.708350

Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-Based Relational Intervention (TBRI): A Systemic Approach to Complex Developmental Trauma. *Child & Youth Services*, *34*(4), 360–386. https://doi.org/10.1080/0145935X.2013.859906

Purvis, K. B., Cross, D. R., & Pennings, J. S. (2009, March 22). Trust-based relational intervention[TM]: Interactive principles for adopted children with special social-emotional needs. Retrieved October 7, 2019, from Journal of Humanistic Counseling, Education and Development website: https://link.galegroup.com/apps/doc/A197926080/AONE?sid=lms

Purvis, K. B., Mckenzie, L. B., Becker Razuri, E., Cross, D. R., & Buckwalter, K. (2014). A trust-based intervention for complex developmental trauma: A case study from a residential treatment center. *Child & Adolescent Social Work Journal, 31*(4), 355-368. doi:http://dx.doi.org/10.1007/s10560-014-0328-6

Purvis, K., Razuri, E., Howard, A., Call, C., DeLuna, J., Hall, J., & Cross, D. (2015). Decrease in Behavioral Problems and Trauma Symptoms Among At-Risk Adopted Children

Following Trauma-Informed Parent Training Intervention. *Journal of Child & Adolescent Trauma*, *8*(3), 201–210. https://doi.org/10.1007/s40653-015-0055-y

RAICES: What it is and what it does—CNN. (2018, July 6). https://www.cnn.com/2018/07/06/us/what-is-raices-immigration-refugees-profile-trnd/index.html

Razuri, E. B., Hiles Howard, A. R., Parris, S. R., Call, C. D., Deluna, J. H., Hall, J. S., … Cross, D. R. (2016). Decrease in Behavioral Problems and Trauma Symptoms Among At-Risk Adopted Children Following Web-Based Trauma-Informed Parent Training Intervention. *Journal of Evidence-Informed Social Work*, *13*(2), 165–178.

Recommendations for U.S. Engagement to Address Migration from and Displacement within the Northern Triangle of Central America. (2019, March 25). Retrieved November 21, 2019, from Latin America Working Group website: https://www.lawg.org/centamrecs19/

Refugees, U. N. H. C. for. (2014). Children on the Run—Full Report. Retrieved October 27, 2019, from UNHCR website: https://www.unhcr.org/en-us/about-us/background/56fc266f4/children-on-the-run-full-report.html

Refugee Response. (n.d.). SA Mennonite. Retrieved February 24, 2020, from https://www.sanantoniomennonite.org/refugee-response

Rodriguez, P. (2020, February 28). Personal interview.

Rodriguez, S. (2020, February 20). Personal interview.

Seghetti, L., Siskin, A., & Wasem, R. E. (2014). *Unaccompanied Alien Children: An Overview*. 19.

Semillas Refugee Trauma Healing. (n.d.). Mysite. Retrieved February 24, 2020, from https://www.semillascommunity.org

Sensory Processing FAQ. (n.d.). Retrieved October 7, 2019, from Child Mind Institute website: https://childmind.org/article/sensory-processing-faq/

Soares, J., Haoyuan, R., Volk, K., & Clervil, R. (n.d.). *Trauma Informed Care for Displaced Populations*. 84.

Social Services. (n.d.). RAICES. Retrieved February 23, 2020, from https://www.raicestexas.org/what-we-do/social-services/

TBRI®: Trust-Based Relational Intervention®. (n.d.). Retrieved from https://www.youtube.com/watch?time_continue=135&v=FWScSJKjn1A

Thompson, G. (2018, June 18). Listen to Children Who've Just Been Separated From Their Parents at the Border [Text/html]. Retrieved November 21, 2019, from ProPublica website: https://www.propublica.org/article/children-separated-from-parents-border-patrol-cbp-trump-immigration-policy

Trauma-responsive Christianity. (n.d.). SA Mennonite. Retrieved February 24, 2020, from https://www.sanantoniomennonite.org/trauma-informed-christianity

Trump administration weighs restricting asylum-seekers from working. (2019). Retrieved November 21, 2019, from NBC News website: https://www.nbcnews.com/politics/donald-trump/trump-administration-weighs-restricting-asylum-seekers-working-n1076146

Vaughn, M. G., Salas-Wright, C. P., Huang, J., Qian, Z., Terzis, L. D., & Helton, J. J. (2017). Adverse Childhood Experiences Among Immigrants to the United States. *Journal of Interpersonal Violence*, *32*(10), 1543–1564. https://doi.org/10.1177/0886260515589568

Wamser-Nanney, R., & Cherry, K. E. (2018). Children's trauma-related symptoms following complex trauma exposure: Evidence of gender differences. *Child Abuse & Neglect*, *77*, 188–197. https://doi.org/10.1016/j.chiabu.2018.01.009

Weinman, M. L. (2019). A Response to Controversies in Attachment Disorders. *Child and Adolescent Social Work Journal*, *36*(2), 107–110. https://doi.org/10.1007/s10560-018-0546-4

What We Do. (n.d.). RAICES. Retrieved February 23, 2020, from https://www.raicestexas.org/what-we-do/

Who We Are. (n.d.). Mysite. Retrieved February 24, 2020, from https://www.semillascommunity.org/about-us