



CIMH

COALITION FOR IMMIGRANT MENTAL HEALTH

Culturally-Attuned Mental Health Services for Immigrant Populations

Cindy Agustin, MA –ICIRR (IL Coalition for Immigrant and Refugee Rights)

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May 23, 2018

Sharing the Dream Conference

University of St. Francis, Joliet, IL

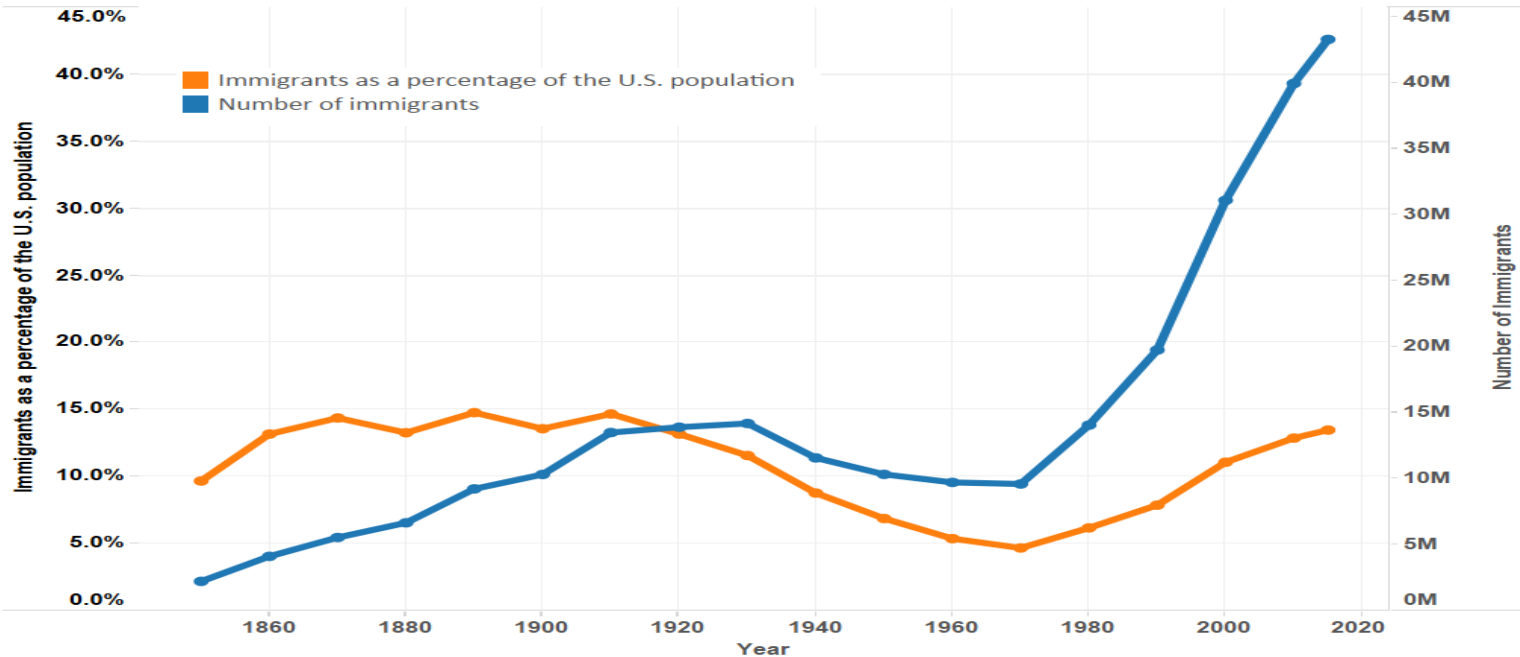
Presentation Agenda

- **Introduction**
- **Overview** – Classification of immigrants, overview of current immigration policies
- **Trends in the immigrant communities** – The prevalence of adverse mental health symptoms
- **Defining mental health** – The universal themes of migration trauma
- **Vicarious Trauma**
- **CIMH**
- **Final remarks** with Q & A session

Immigrant Origins and Trends

- In 2015, 48% (20.7 million) were naturalized citizens
- 52% (22.6 million) include LPR, unauthorized immigrants, legal residents with temporary visas
- 62% reside in CA, TX, NY, FL, IL, NJ
- Top 4 countries of origin: India, Mexico, China, Canada

Number of Immigrants and Their Share of the Total U.S. Population, 1850-2015



What does it mean to be an immigrant **with undocumented status**?

- *Defined as:* A foreign-born person who does not have a legal right to be or remain in the U.S.
 - Some cross a U.S. border
 - Many enter with a valid visa and fail to leave once it has expired
- Approximately 11 million in U.S. as of 2012
- Mixed Status - Many immigrant families have members with undocumented status
- DACA (Deferred Action for Childhood Arrivals)
- Unaccompanied minors; may also include asylum seekers

IL Population with Undocumented Status

- 511,000 in IL or 4% of state population
- 36% in Chicago; 54% in suburbs or collar counties
- Largely from Latin America (84%), with 77% Mexican
 - Asians (9%): Philippines, India, Korea, China
 - Europeans (5%): Poland, former Soviet Union (Paral et al. 2014; IL Coalition for Immigrant and Refugee Rights)
- **Population under 18 Years Old**
- In IL approximately 11% (58,000) are < 18 years old
- 7.3% (3.9 million) K-12 students in U.S. public & private schools have a parent w/undocumented status ; 3.2 million are U.S.-born and members of mixed-status families

<http://www.pewresearch.org/fact-tank/2016/11/17/children-of-unauthorized-immigrants-represent-rising-share-of-k-12-students>

Immigration policies: DACA

- Created in 2012 to grant eligible youth the right to lawfully reside in U.S. on temporary status (not permanent residency or pathway to citizenship)
- 2-year permits for temporary stay, with option to apply for renewal
- Allowed for work permits, application to travel outside of the U.S. (known as advanced parole)

In order to be eligible for DACA, an undocumented youth must meet the following requirements:

1. The individual arrived in the U.S. before his/her sixteenth birthday.
2. The individual was under the age of 31 on June 15, 2012.
3. The individual has continuously lived in the U.S. since June 15, 2007.
4. The individual was present in the U.S. on June 15, 2012, and at the time of making his/her application for DACA.
5. The individual had no lawful status on June 15, 2012.
6. The individual is currently in school, has graduated from high school or received a GED certificate, or is an honorably discharged veteran of the Armed Forces or Coast Guard of the United States.
7. The individual has not been convicted of a felony, significant misdemeanor, or three or more misdemeanor offenses.
8. The individual does not pose a threat to national security or public safety.

Status of DACA

- End of DACA announced Sept 5, 2017; those with permits ending before March 5th 2018 were allowed to renew by Oct 5th .
- New DACA applications no longer accepted.
 - Those who would have aged into DACA eligibility are left without options (Ex: students that met the age-at-arrival requirements, but would not become eligible until they reached age 15)
 - 65,000 undocumented students graduate from U.S. high schools every year (The Urban Institute)
- Two federal court orders were issued (1 in California in Jan 2018; 1 in New York in Feb 2018) which allowed for DACA renewal applications. On May 1, 2018, seven states, led by Texas, filed a federal lawsuit challenging the constitutionality of Deferred Action for Childhood Arrivals (DACA).
 - Advance parole to travel abroad is still not available and no new applications
 - SCOTUS ruled that it will **not** hear the DACA case as requested by the Trump Administration

What does it mean to be an **unaccompanied minor**?

- 77% increase from 2013-14 in number of unaccompanied minors crossing through Mexico
- Top 4 countries of origin for FY16: Guatemala, El Salvador, Mexico, Honduras
- Number of days in detention associated with depression in a sample of unaccompanied minors

(Sotomayor-Peterson & Montiel-Carbajal, 2014)



What does it mean to be an asylum-seeker?



3 types of asylum cases

- **Affirmative asylum** (valid asylum visa obtained)
- **“Arriving” asylum case:**
Request asylum at the border
- **Defensive asylum case:**
Entered the U.S. with a non-immigrant visa OR entered U.S. undocumented and did not request asylum at border

Migration Experiences Matter

The **ADJUSTMENT PROCESS** (acculturation) as well as possible **EMERGENT MENTAL HEALTH** problems are directly influenced by the three elements of their migration journey:

- **Pre-migration experiences**
- **Experiences in transit**
- **Post migration experiences**

Reasons for Migration

- **Economic Migration** – movement to find work or greater employment opportunities
- **Social Migration** – movement for a better quality of life or to be closer to family and friends
- **Political Migration** – moving to escape political persecution or war
- **Environmental causes of migration** – movement to escape the famine or lack of resources due to climate change, corporate development and natural disasters

Experiences in Transit

- Great **uncertainty** of what comes next and **excitement** about the future.
- There are costs associated with migration from paying for visa processing or paying a guide/coyote.
- Most refugees/immigrants typically **sell/give away all their items** when they are approved for travel, and travel a great distance to get their port of exit.
- While some may have a route planned, some refugees **do not know** their receiving city until their day of travel.
- The Executive Order signed Jan. 28, 2017 has left a great deal of **fear** and disbelief for many immigrants and refugees.

Public Benefits: Limited and conditional

- **Immigrant status:** **Eligible** for public benefits based on income but limits to SSI without citizenship
 - **Non-immigrant status:** **Ineligible** for all benefits
 - **Undocumented status:** **Eligible** for certain privileges if DACA application filed and approved
 - **Asylum-seekers:** **Eligible** but only AFTER application is approved (2-3 years)
 - **Refugees:** **Eligible** but limited resources to integrate
- ✓ *Note: Health and service organizations can and DO serve I/R populations irrespective of status.*

Undocumented Status: Effects on Health

- Predicts poorer self-reported health status
- Less likely to have usual source of care, more negative experiences than US-born
- Increased mistrust with formal sectors of care, hypervigilance and fear related to accessing health/MH services
- Fear of deportation is a unique predictor of stress
 - Males > Females
 - Undocumented > documented
 - Undocumented males > undocumented females

Undocumented Status: Access Barriers

- Children with undocumented status 4.3 times *more likely* to be uninsured
 - ❑ 3.7 times less likely to use MH services compared to U.S.-born
- Citizen children of parents with undocumented status 1.3 times *more likely* to be uninsured
 - ❑ 2.3 times less likely to use MH services compared to U.S.-born

Universal themes in the Immigrant Experience

- Refugees and immigrants come with their unique and collective trauma narrative
- History of fear and uncertainty
- Need for safety
- Loss of homeland, loved ones and cultural underpinnings
- Worry about the future
- Feelings of guilt for families left behind or for personal safety
- Feelings of loneliness, homesickness & isolation
- Cumulative impact of migration experiences on mental health.



What is mental health?

- **Definition** -- Mental health includes our **emotional, psychological, and social well-being**. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. **Mental health is important at every stage of life**, from childhood and adolescence through adulthood (*mentalhealth.gov*).
- Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected.
- Many factors contribute to mental health issues, including:
 - Biological factors, such as genes or brain chemistry
 - Life experiences, such as trauma or abuse
 - Family history of mental health problems

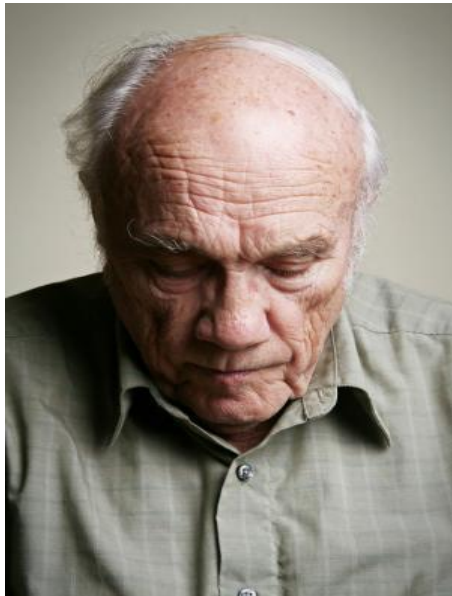
Immigrants and Mental Health

- The term “mental health” has a **negative connotation** in many cultures.
- Mental health is sometimes correlated with “**being crazy**” or a product of **moral failing**. Conversely, mental illness can be seen as **a gift** or something unspoken (“it just is”).
- It may be understood through **physical health** symptoms.
- Many cultures see mental health as a **private matter** that is not to be discussed.
- Some cultures **do not realize** that poor mental health symptoms are a problem; it is part of the collective group experience and seen as normal.

Prevalence of adverse mental health symptoms for adults

Common symptoms:

- Prolonged sadness with poor coping skills
- Increased anxiety and frustration levels
- Poor sleep patterns and appetite
- Difficulty concentrating
- Suicide risk
- Intimate Partner/Family Violence
- Substance abuse
- Severe mental illness: Schizophrenia, Bipolar I, Major Depressive Disorder, PTSD



Somatic Symptoms

In many cultures, mental health problems present in **physical** ailments including:

- **Chronic pain and headaches**
 - **Tingling/burning sensations in their extremities**
 - **Chest pain / rapid heart beat**
 - **Persistent coughs and sores**
 - **Persistent fever with chronic fatigue (flu-like symptoms)**
-
- ✓ Evaluations are needed to rule-out a medical condition.
 - ✓ Education is necessary to help clients understand the nature of their symptoms in terms that are safe and accessible.

Fear of Deportation:

A Unique and Chronic Stress

- Unique predictor of stress above and beyond English proficiency and separation from family (Arbona et al., 2010)
- Documented effects of ICE raids include economic hardship, housing and food insecurity, psychological consequences of forced separations, child behavioral impairment (Chaudry et al., 2010) and negative effects on children's educational outcomes (Gallo & Link, 2015)
- Individuals need to meet criteria for “*extreme and unusual hardship*” to avoid deportation (Cervantes, Mejía, & Guerrero-Mena, 2010)
- Parents reporting more immigration-related threats have significantly higher psychological distress (Roche, Vaquera, White, & Rivera, 2018)

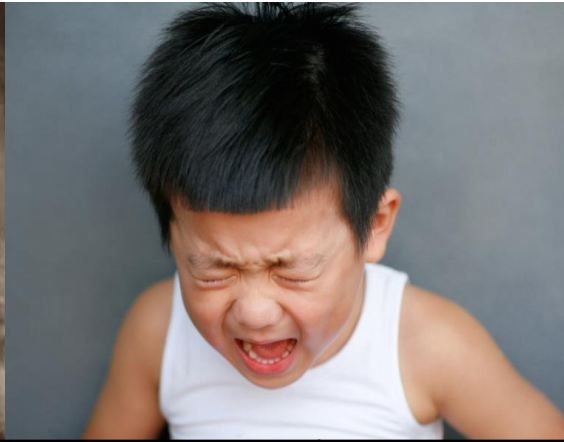
Calls to Action in Support of Immigrant Families

- American Psychological Association (APA) 2011 Report of the Presidential Taskforce on Immigration.
<http://www.apa.org/topics/immigration/immigration-report.pdf>
- APA Division 27 Society for Community Research and Action policy statements (Immigrant Justice SIG)
 - Incarceration of undocumented immigrant families (Chicco, Esparza, Lykes, Balcazar, & Ferreira)
 - Effects of deportation and forced separation on immigrants, their families, and communities (Langhout, Buckingham, Oberoi, Chávez, Rusch, Esposito, & Suarez-Balcazar)<http://www.scra27.org/who-we-are/interest-groups/immigrant-justice/>
- American Academy of Pediatrics
<https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAPStatementonProtectingImmigrantChildren.aspx>
- National Association of Social Workers (NASW) Social Justice Priorities 2017-17. <https://www.socialworkers.org/Advocacy/Social-Justice>

Adverse mental health symptoms for young children and youth

- We see trauma symptoms among young children who have endured migration trauma (pre-migration, during transit to U.S., or post-migration)
- When parents have difficulty with self-regulation, we see it mimicked in young children who struggle in the absence of social-emotional competence
- Recognize the effects of serial migration on many families- both parents and children feel these effects
- When children are not well, parents are not well

Poor mental health in children



Birth 0-2 years

- **Cognitive:** Poor verbal skills, memory problems
- **Behavioral:** Excessive temper*, attention-seeking (+/- behaviors)*, regressive/aggressive behaviors*, cries excessively, easily startled*, separation anxiety*, irritability*, sadness*, withdrawn*
- **Physiological:** poor appetite, low weight, poor sleep*, sleep difficulties*

Age 3-6 years

- **Cognitive:** Difficulty learning, poor skill development
- **Behavioral:** Acts out, imitates traumatic events, verbally abusive, unable to trust and make friends, believes they are to blame, anxious, fearful, avoidant, lack self-confidence
- **Physiological:** Experiences stomachaches/headaches, regressive traits including bed-wetting

(Resource: NCTSN)

The two-generational model of trauma

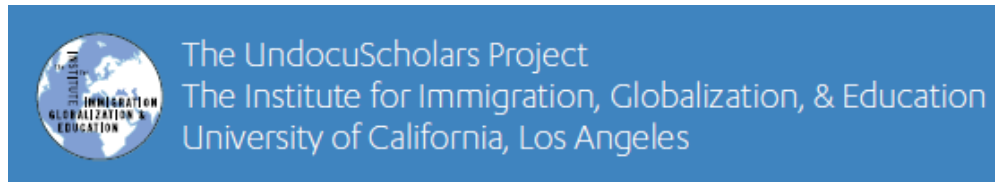
Trauma has the ability to freeze the relationship between parent and child.



Excess stress disrupts the architecture of the brain in a young child.

Developmental Trajectories of Children

- Undocumented status shapes children's educational, social, & emotional development (see Yoshikawa, Kholoptseva & Suárez-Orozco, 2013; Yoshikawa & Kalil, 2011; Suárez-Orozco et al., 2011)
- Inequality and/or unpreparedness within U.S. K-12 schools to provide positive educational experiences (Gonzales, Heredia, & Negrón-Gonzales, 2015)
- Undocumented students difficulty navigating resources and rely on social support (Enriquez, 2011)



- Sample of n=900 college students (34 states, 55 countries of origin)
- 65.9% DACA recipients; 74% work F/T; 67.9% 1st gen college
- 64% had at least one family member who was U.S. citizen or LPR
- 75% reported fears/worries related to deportation
- 35.4% DACA & 28.5% non-DACA met clinical cutoff on anxiety screen

Emergence of mental health concerns

- Experience of marginalization and growing up “in the shadows” and the effects on transition to adulthood (Gonzales, 2011; Gonzales, Suárez-Orozco, & Dedios-Sanguinetti, 2013)
- Unintended negative consequences of “Dreamer” narrative
 - https://www.huffingtonpost.com/jonathan-perez/challenging-the-dreamerna_b_6163008.html
- Unanticipated challenges of the DACA identity and emergence of concerns regarding mental health and well-being (Siemons, Raymond-Flesh, Auerswald, & Brindis, 2017)

Policy-Level Impact on Mental Health

- Oregon Medicaid claims data: children’s anxiety and adjustment disorders claims decreased by 4.5% post DACA (2012-15; Hainmueller et al., 2017)
 - <https://www.childtrends.org/videos/daca-protecting-kids-mental-health/>
- US Nat’l Health Interview Survey data: pre/post DACA (2008-1015) showed changes in psychological distress screening (Venkataramani, Shah, O’Brien, Kawachi, & Tsai, 2017)

Evidence-based Approaches to Treating Trauma

- Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
- Narrative Approaches | Narrative Exposure Therapy (NET)
- Object Relations | Attachment-based Clinical Approaches
- Solutions-focused Therapies
- Mindfulness Approaches | Acceptance and Commitment Therapy (ACT)
- Restorative Movement Therapy | Somatic-focused therapies
- Family Approaches | Family Systems Theory

Context for Implementation

- **Cultural understanding** of mental health (tied to education and exposure to Western medicine)
- Family structure
- Place of residence: Rural versus urban citizens
- Immigration status
- physical health needs

Prepare for the following:

- Professional-directed practice at the outset
- Allow for interpretation/clarification which does slow process
- Allow for check-in with interpreters prior and after session
- Allocate time for case management and psychoeducation
- Consider the intensity of services at the outset to bi-weekly, based on need

Vicarious Trauma (VT) and Compassion Fatigue

What is Vicarious Trauma (VT)?

(aka secondary trauma or compassion fatigue)

- ▶ the transformation of the professional's inner experience as a result of empathic engagement with survivor clients and their trauma material.

It is a process, not an event

- ▶ it is considered an “inescapable effect of trauma work.- a vulnerability that is unavoidable – as the skills and instinct and humanness we carry– that lead us to become social workers or helping professionals is the very thing that makes us vulnerable to VT.
- ▶ Similar to those who have directly experienced PTSD, you are transformed, cognitively, mentally, emotionally and physically, because of the level of empathic response you are able to provide.

From Transforming the Pain, A Workbook on Vicarious Traumatization
For Helping Professionals who work with traumatized clients, 1996
By Karen W. Saakvitne and Laurie Anne Pearlman
TSI Traumatic Stress Institute

Signs of (Vicarious) Trauma

- Feeling less grounded, unable to feel a sense of balance, have lower tolerance levels, more anxious, less able to experience pleasure. Some will react by shutting down, detaching emotionally, feel numb, hard, distant. The individual may feel disconnected from supportive resources or people
- *When ego resources are compromised or depleted, you may be vulnerable to making bad clinical decisions, or may not be as thoughtful, reflective, may fail to set limits, overextend oneself*
- Changes in self trust and trust is not uncommon; our ability to have confidence in assessing or predicting others and their behaviors.
- May impact relationships – levels of intimacy, communicating and trusting others due to decreased access or fragmentation of emotions. May feel isolated, unable to sort through emotions or distance from emotions that may be intense.
- Change in esteem of self or others, confidence in self, others, world
- May even question one's faith or religious beliefs in light of being witness to others suffering and maltreatment
- *Psychosomatic effects: intrusive images that are similar to signs of PTSD – nightmares, numbing, social withdrawal, emotional flooding.. perhaps sweating, panic or anxiety symptoms, avoidance of reminders of traumatic events*

From Transforming the Pain, A Workbook on Vicarious Traumatization
For Helping Professionals who work with traumatized clients, 1996
By Karen W. Saakvitne and Laurie Anne Pearlman

Signs of (Vicarious) Trauma

General changes

- no time or energy for oneself
- disconnection from loved ones
- social withdrawal
- increased sensitivity to violence
- cynicism
- generalized despair and hopelessness
- nightmares

Specific changes

- Disrupted frame of reference
- changes in identity, world view, spirituality
- diminished self capacities
- impaired ego resources (self construal, tolerance, coping)
- disrupted psychological needs and cognitive schemas
- alterations in sensory experiences

From Transforming the Pain, A Workbook on Vicarious
Traumatization For Helping Professionals who work with
traumatized clients, 1996
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Contributing factors:

Includes the situation, the participant and you

The individual participant feels powerless, and in turn, you may also feel powerless and overwhelmed.

What you bring to the work:

- personal history
- personality and defensive style
- coping style
- current life context
- training and professional history
- supervision*
- personal therapy

You may have:

- unrealistic expectations of oneself as a professional
- personal history of trauma that may be triggered or reawakened by client material, countertransference issues
- unfounded beliefs about being nonresponsive, stoic, distanced that leave you feeling ashamed or silenced about own feelings
- personal coping strategies that may encourage sense of holding in – addictions, numbness, isolation
- current stressful personal life circumstances
- working in areas where you may have insufficient training or inadequate theoretical understanding of the issues
- barriers to receiving good supervision, consultation, taking vacations
- being new to field of trauma work

Addressing Vicarious Trauma

We have an ethical obligation to address VT experiences by ourselves, particularly as we decide to stay in the field and help others – we cannot afford to be damaged by the work we do.

Self-care strategies fall into 3 categories

- 1. Self care** -- Self care includes balance, limits, healthy habits, and connection with others
- 2. Nurturing activities** – focus on pleasure, comfort, relaxation, play
- 3. Escape** – activities that allow you to forget about work, engage in fantasy and take a break or getaway from painful feelings

ABCs of addressing VT:

- **AWARENESS** –being attuned to one's needs, limitations, emotions and resources, practice mindfulness and acceptance
- **BALANCE** – maintaining balance among activities, esp. work, play and rest. Attention to all aspects of self, this includes: sleep, wellness (seeing doctor regularly), good nutrition, physical activity, time to self, therapeutic activities
- **CONNECTION** to both oneself and others and to something larger (a worldview, spirituality), communication is part of connection and breaks the silence of unacknowledged pain; this can offset isolation and increase validation and hope.

From Transforming the Pain, A Workbook on Vicarious Traumatization
For Helping Professionals who work with traumatized clients, 1996
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To Transform Loss of Meaning by VT

- **Create meaning-** discovering meaning that transcends the trauma that pervades most of daily life (it cannot all be heavy) – may find this in spiritual being, within connection with others.
- **Infuse a current activity with meaning** – reconnecting with beauty in life, positives, more cherished activities, “restoration of spiritual awareness”
- **Challenge your negative beliefs and assumptions** (cynicism, despair)
- **Participate in community-building activities** – reclaim connection and affirm the belief that there is good in others, and working for the collective good (collective efficacy is worthwhile).

From Transforming the Pain, A Workbook on Vicarious Traumatization
For Helping Professionals who work with traumatized clients, 1996
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CIMH

COALITION FOR IMMIGRANT MENTAL HEALTH

CIMH

The Coalition for Immigrant Mental Health

Inception and Growth

November 10, 2016 - First Meeting to determine whether we should build a coalition on behalf of individuals who are undocumented and their mental health. Representatives from ICIRR, The Chicago School of Professional Psychology, DePaul, UIC, Loyola, U of C, and other community based organizations were present.

Following the election of the new administration, calls to mental health hot lines increased by 200% at the state level and 250% at the national level. There has been an increase in demand for counseling services at colleges and schools across the state.

-Patrick Magoon citing crisis center data
President/CEO Lurie Children's Hospital of Chicago

CIMH listserv has grown to over 300 members that include: community members, mental health practitioners, academics, organizational staff, community organizers, legal advocates, and allies



CIMH

The Coalition for Immigrant Mental Health

VISION

The Coalition for Immigrant Mental Health (hereby called “the coalition”) envisions fair, equal and linguistically and culturally accessible mental health services free from stigma and fear for immigrants with mixed and/or undocumented status.

MISSION

The **Coalition** is a collaborative community based and research informed initiative that is a partnership between individuals regardless of status, mental health practitioners, community organizers, researchers, legal advocates, and allies. The Coalition works to promote awareness of and access to culturally and linguistically appropriate mental health services through education, advocacy and resource sharing in order to improve and facilitate access to services for those who are undocumented or of mixed status.



CIMH

The Coalition for Immigrant Mental Health

Strategies/Areas of Action

The Coalition provides a forum for dialogue regarding ongoing challenges, needed resources, and ways to improve current interventions and approaches to mental health in communities of undocumented status through the following areas of action:

Education and Outreach

Develop trainings and educational materials about mental health, for service providers, educators, advocates, community at large, individuals with undocumented or mixed status and their families.

Disseminate developed resources and other relevant information through social media outlets to community organizations, educators, mental health providers and others seeking to support individuals with undocumented or mixed status.

Connect with, support and network with initiatives and/or organizations that support immigrant and refugee communities.

Research and Data

Support and develop community based research to identify gaps in services and knowledge regarding the dynamic mental health consequences of undocumented status and translational research to improve services and interventions for undocumented individuals.

Advocacy/Policy

Engage coalition members, community members as well as other stakeholders in advocating for positive legislative policies, programs and initiatives in support of people who are undocumented.



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The Coalition for Immigrant Mental Health

Accomplishments since November 2016

The Coalition provides a forum for dialogue regarding ongoing challenges, needed resources, and ways to improve current interventions and approaches to mental health in communities of undocumented status through the following areas of action:

Education and Outreach

- Dissemination of information regarding resources, local training offered on psychological first aid/first responders, culturally sensitive mental health practice, and other relevant content areas
- Workforce Development –recruiting mental health practitioner volunteers
- Training for practitioners and community-based organizations and staff

Research and Data

- Annual Community Convening

Advocacy/Policy

- Dissemination of information regarding policy updates, calls to action



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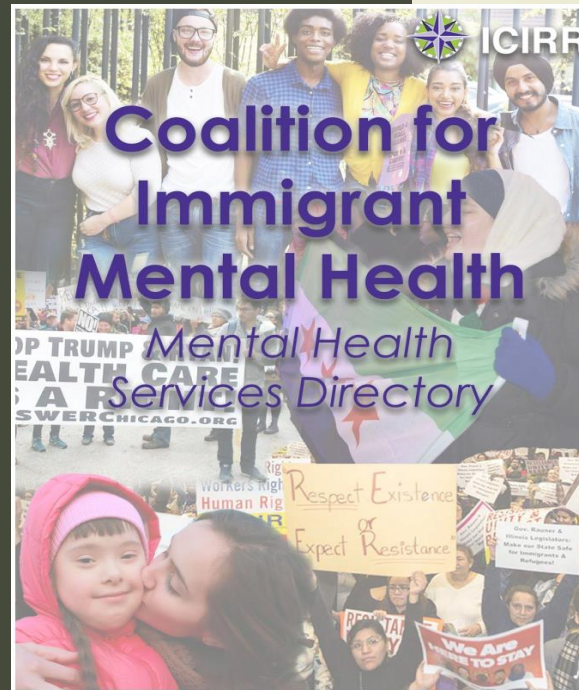
The Coalition for Immigrant Mental Health

CIMH Website

<http://cimhil.org/>

Resource Directory

<http://cimhil.org/resources/mh-directory/>



CIMH Inaugural Research Forum, May 2017 -planning underway for 2018

The Coalition for Immigrant Mental Health, in collaboration with its university and community partners, invites you to join us for this important conversation:

RESEARCH AND COMMUNITY-BASED ACTION:

*Chicago Universities United in Support of Immigrant Youth and Families
with Undocumented Status*



FEATURED PRESENTATION

Dr. Roberto Gonzales from Harvard University Graduate School of Education will deliver a keynote address, to be followed by two panel discussions and roundtable groups during lunch.

Please join us for this inaugural conversation about the role that Chicago-based academic institutions play in supporting research to understand the mental health needs of immigrant communities and the unique consequences of undocumented status. Panel discussions will focus on how these data inform community practice, support local advocacy efforts, and drive local and national policy agendas.

Faculty, researchers, higher education, social service, & mental health professionals, advocates, activists, and government and public officials are encouraged to attend.

**May 26, 2017
8:30 a.m. to 2:00 p.m.**
**The Schreiber Center, Loyola University Chicago
16 E. Pearson Street, Chicago, IL 60611**

Event is Open to the Public but Space is Limited!

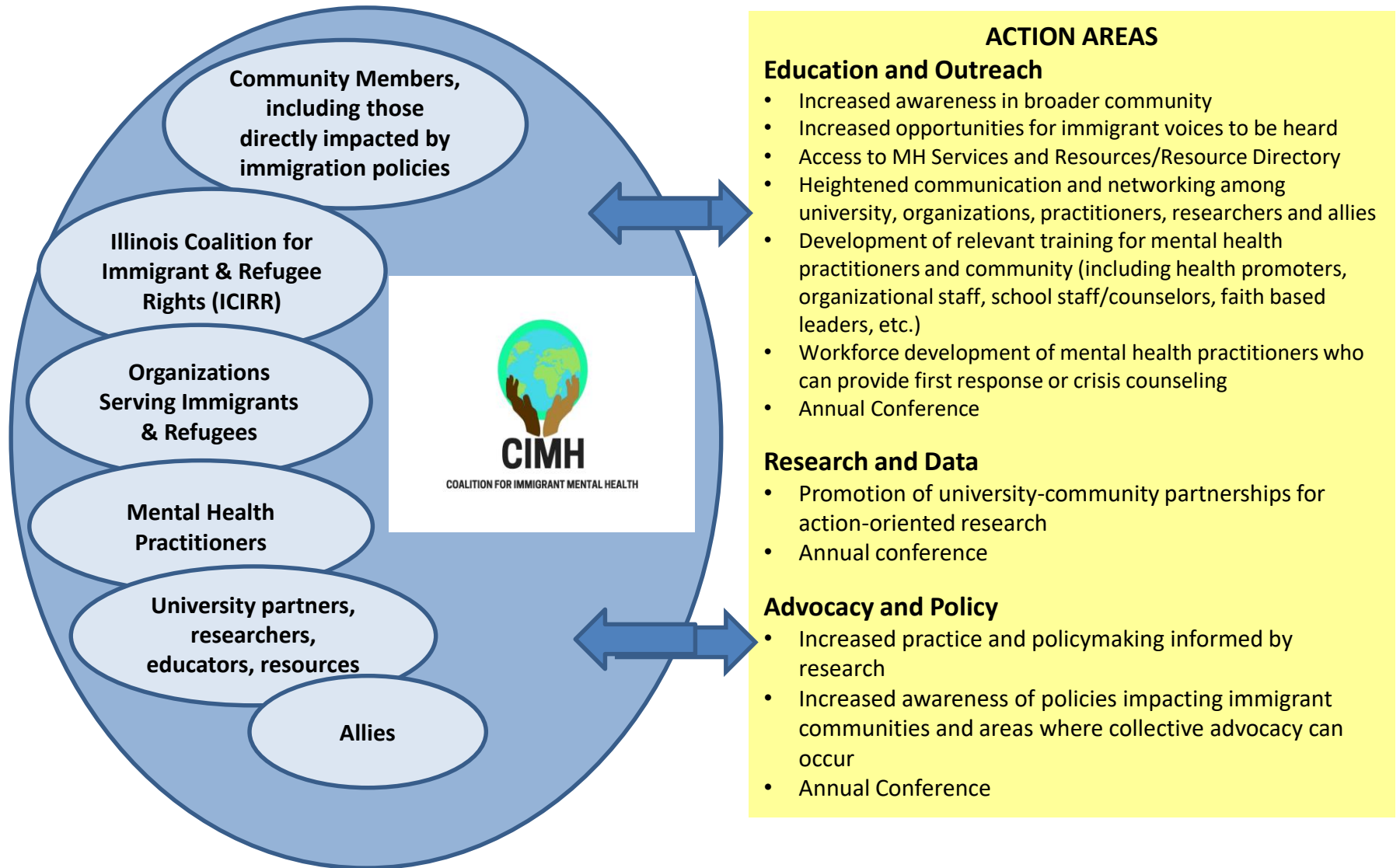
RSVP HERE

For more information, please contact cimh.forumsrvp@gmail.com

The Coalition for Immigrant Mental Health is a community based, collaborative and research informed initiative that is a partnership between immigrants of all status, mental health practitioners, community organizers, researchers, and allies that work to promote awareness of and access to culturally and linguistically appropriate mental health services through education, advocacy and resource sharing. CIMH provides a forum for developing networks and dialogue regarding ongoing challenges, needed resources, and ways to improve current interventions and approaches to immigrant mental health.



CIMH MODEL OF COALITION BUILDING



CIMH

The Coalition for Immigrant Mental Health

NEXT CONFERENCE WORKGROUP MEETING

May 30th, 2018

9:30-11 am

Lincoln Park Campus, DePaul University
Byrne Hall, Room 401: 2219 N. Kenmore Street

NEXT CIMH MEETING

June 15, 2018

9:30 – 11 am

LOOP CAMPUS, DEPAUL UNIVERSITY

ROOM: TBA



What We Need to Know

- Stay informed
- Seek consultation & resources
- Importance of legal counsel
- Learn about local & state advocacy efforts
- Acknowledge intersection of marginalized groups
- Model tolerance and inclusion
- Practice self-care
- Build social support

RESOURCE LISTS

Mental Health
Legal Aid & Advocacy
State & National Coalitions
For Schools & Educators
Community Outreach/Awareness

Mental Health Resources

Coalition for Immigrant Mental Health (CIMH) created a comprehensive list of mental health resources

<http://cimhil.org/resources/>

IL Childhood Trauma Coalition-Refugee & Immigrant Youth Subcommittee resource guide for working with refugee and immigrant communities

<https://docs.google.com/document/d/194nW2RMeAPDrSuOueE9Ma1MW7mJd4TO-gZ-zHY6F-iM/edit#>

Ann & Robert H. Lurie Children's Hospital Center for Childhood Resilience

<https://childhoodresilience.org/youarenotalone>

<https://childhoodresilience.org/daca>

IL Coalition for Immigrant and Refugee Rights (ICIRR)

228 S. Wabash Ave, Suite 800

Chicago, IL 60604

312-332-7360

Community Organizing, Civic Engagement, Policy Advocacy, Mental Health Roundtable,
Educators & Allies Roundtable, Immigrant Healthcare Advocacy, Family Support Hotline,
Community Education, Know Your Rights

ICIRR -Family Support Hotline

- ✓ Toll-free hotline offers help to Illinois families facing deportation
- ✓ Staffed by trained volunteers who will listen to families and offer referrals to lawyers, social service agencies, pastors, and other community supporters
- ✓ Staffed in English, Spanish, Polish and Korean

1-855-HELP-MY-Family

1-855-435-7603

Avoid Fraud

Who can give provide immigration legal advice?

- Licensed Attorney- Immigration law is federal, attorney can be licensed in any state.
 - IL Attorney Registration and Disciplinary Commission www.iardc.org
- Accredited Representative - Has to work/volunteer at a non-profit organization recognized by the US Department of Justice (DOJ)
 - **Partial Accreditation:** Allows the representative to represent aliens before DHS for a period of three years. (i.e. Immigration Benefits)
 - **Full Accreditation:** Allows the representative to represent the alien before DHS, Immigration Courts, and the Board of Immigration Appeals for a period of three years (i.e. Immigration Benefits and Deportation Proceedings)
 - DOJ Roster of Organizations and Representatives: <http://bit.do/biarep>
- Law students under supervision by an attorney



**Victim of
Fraud?**

Chicago: [Department of Business Affairs & Consumer Protection
http://bit.do/chicagoreport](http://bit.do/chicagoreport)

Illinois: [IL Attorney General's Office- Consumer Protection Division
http://bit.do/ilreport](http://bit.do/ilreport)

Legal Resources

- **Illinois Coalition for Immigrant & Refugee Rights (ICIRR)**
<http://www.icirr.org/about/get-involved/protection>
- **National Immigrant Justice Center (of Heartland Alliance)**
<http://www.immigrantjustice.org/>
- **National Immigration Law Center**
www.nilc.org (*includes templates for Family Preparedness Plans)
<https://www.nilc.org/issues/daca/faqdeferredactionyouth/> (DACA updates)
- **Immigrant Legal Resource Center**
https://www.ilrc.org/sites/default/files/resources/post-election_talking_points.pdf
- **American Civil Liberties Union (ACLU)**
<https://www.aclu.org/feature/know-your-rights-discrimination-against-immigrants-and-muslims?redirect=feature/know-your-rights-immigration-and-anti-muslim-discrimination>
- **CLINIC (Catholic Legal Immigration Network, Inc.)**
<https://cliniclegal.org/resources>
- **The Young Clinic (U of Chicago)** <http://theyoungcenter.org/>
- **Loyola Center for Human Rights of Children** <http://www.luc.edu/chrc/>
- **Alianza Americas (Chicago)** www.alianzaamericas.org

DACA Updates

United We Dream

<https://unitedwedream.org/2018/04/yet-another-court-says-trumps-killing-daca-unlawful/>

National Immigrant Justice Center (NILC)

<https://www.nilc.org/issues/daca/>

Temporary Protected Status

Catholic Legal Immigration Network <https://cliniclegal.org/tps>

Alianza Americas <https://www.alianzaamericas.org/save-tps/>

Massachusetts Immigration Coalition fact sheet

<https://www.miracoalition.org/images/Documents/TPS-factsheet-update-Feb1-2018.pdf>

Family Preparedness Plans

- Catholic Legal Immigration Network
- Kids in Need of Defense (KIND)

Proposed Changes to Public Charge

CLASP & NILC webinar from 3/29/18

<https://www.clasp.org/publications/presentation/webinar/32918-campaign-webinar-public-charge-threats-101>

Join the *Protecting Immigrant Families- Illinois* Campaign

Email: pifillinois@povertylaw.org

Recent Health Affairs Today Newsletter on proposed changes

https://www.healthaffairs.org/do/10.1377/hblog20180419.892713/full/?utm_term=Read+More+%2526gt%3B%2526gt%3B&utm_campaign=Health+Affairs+Today+Newsletter&utm_content=email&utm_source=Email+Act-On&utm_medium=2018-04-20&cm_mmc=Act-On+Software+-+email+-+Dangers+For+Immigrants+And+The+Health+Care+System%3B+ACA+Round-Up%3B+Counting+Deaths+in+Puerto+Rico+-+Read+More+%2526gt%3B%2526gt%3B&

State & National Coalitions

State Coalitions

Illinois: <http://www.icirr.org/>

New York: <http://www.thenyic.org/>

Florida: <https://floridaimmigrant.org/>

California: <http://www.chirla.org/>

Massachusetts: <https://www.miracoalition.org/>

Tennessee: <http://www.tnimmigrant.org/>

Michigan: <http://www.miunited.org/>

National Coalitions

National Network for Immigrant & Refugee Rights

<http://www.nnirr.org/drupal/post-election-resources>

Immigration Advocates Network:

<https://www.immigrationadvocates.org/>

American Immigration Council: <https://www.americanimmigrationcouncil.org/>

National Immigrant Integration Conference: <http://niic2017.org/>

Resources for Schools & Educators

- American Federation of Teachers (2016): Immigrant and Refugee Children: A Guide for Educators & School Support Staff

https://firstfocus.org/wp-content/uploads/2016/06/ICE-Raids_Educators-Guide-20161.pdf

- U.S. Dept of Ed (2015) Resource Guide: Supporting Undocumented Youth
<https://www2.ed.gov/about/overview/focus/supporting-undocumented-youth.pdf>

- DACA Toolkit <http://e4fc.org/dacaeducatortoolkit.html>

- IL Student Guide

http://www.icirr.org/content/documents/student_guide_2016_update.pdf

- DePaul OpEd Piece <http://diverseeducation.com/article/92592/>

Classroom / District Curriculum

- Oakland Unified School District <http://www.ousd.org/Page/15092>
- Colorín Colorado <http://www.colorincolorado.org/after-election-ideas-and-guidance-teachers-ells>
- Green Card Voices <http://www.greencardvoices.com/>

Additional Resources

Community Education / Outreach / Training

Welcoming America: <https://www.welcomingamerica.org/learn>

United We Dream: <http://unitedwedream.org/toolbox/>

Informed Immigrant: <https://www.informedimmigrant.com/factsheets>



Inclusion & Awareness Campaigns

<http://welcome.us/>

<https://www.defineamerican.com/>

<https://emergingus.com/>

Social Media & Arts Campaigns (*image courtesy of)

*CultureStrike: <http://www.culturestrike.org/>

Amplifier Foundation: <http://theamplifierfoundation.org/>

Undocumedia: <http://www.undocumedia.org/>

UndocuBlack Network: <http://undocublack.org/>

inVISIBLE Americans: <http://invisibleamericans.tumblr.com/>



Narratives of Youth with Undocumented Status

No Le Digas A Nadie / Don't Tell Anyone

<http://www.pbs.org/pov/donttellanyone/>

The New American Story Project

<http://www.newamericanstoryproject.org/four-kids-tell-their-stories>

NY Times Magazine: “The Only Way We Can Fight Back is to Excel”

https://www.nytimes.com/2017/01/25/magazine/the-only-way-we-can-fight-back-is-to-excel.html?em_pos=large&emc=edit_ma_20170127&nl=magazine&nid=53950040&ref=headline&te=1&r=1

#UndocuGrad-A financial aid disruption startup trying to provide a simpler form for FAFSA applications, which may be helpful for first-generation or immigrant students

<https://blog.withfrank.org/our-19-favorite-undocugrad-tweets/>

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For information on the CIMH:
[**cimhil.org**](http://cimhil.org)

Questions & Discussion

