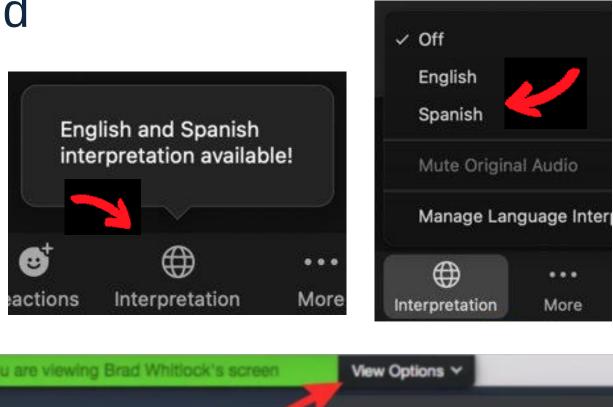
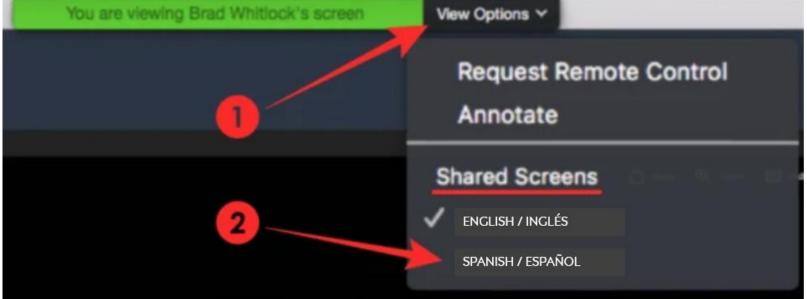
## HOW TO LISTEN TO LANGUAGE INTERPRETATION

- •This webinar is being presented in English and Spanish.
- To listen to the Spanish audio:
  - Click the Interpretation button
  - Select Spanish
  - Click the "Mute Original Audio" to hear the interpreted language only

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- Click the View Options tab at the top of the screen
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## **Continuing Education**

Migrant Clinicians Network is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

MCN has applied for continuing medical education to the American Academy of Family Physicians. Approval is pending.





Participants completing this educational activity (80% time in session) and submission of the post-session evaluation are eligible

to receive 1.0 contact hour

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We have no relevant financial relationships that relate to this presentation, nor do we have any relevant financial relationships with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

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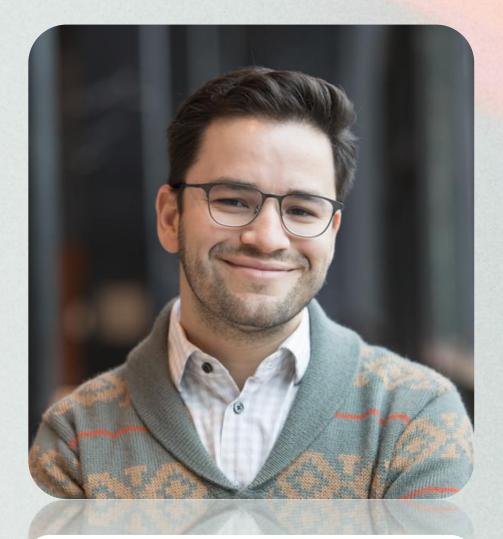
## Words Matter: The Impact of Anti-Immigrant Rhetoric and Policies on Clinicians and Patients

Post-Election Advocacy and Activism for Clinicians Serving Immigrant and Migrant Patients



Germán A. Cadenas, PhD Michelle A. Silva, PsyD Melanie M. Domenech Rodríguez, PhD, ABPP

## Meet the Presenters





#### Germán A. Cadenas, PhD

Michelle A. Silva, PsyD

#### Melanie M. Domenech Rodríguez, PhD, ABPP



Humans need community for our emotional health. We need connection, a sense of belonging. We are not built to thrive in isolation.

## **Session Outline**

#### Objectives

## Key Terms

## Multi-faceted Role of Clinician

Model of collaborative immigration advocacy



## Background Context

## Application through case examples



## Setting expectations: Session Objectives

## Objectives

- Describe the primary components of a model for guiding clinicians in the practice of advocacy.
- Identify outcomes in critical consciousness and its impact on overall client outcomes.
- Recognize the principles of critical consciousness and collaborative advocacy in case examples.
- Apply principles of collaborative advocacy and critical consciousness in your work as a clinician.



## A Word about Words: Definitions



## Key Terms

- Policy-based trauma and harm
- Immigration activism
- Critical consciousness
- Collaborative advocacy
- Trauma-informed policymaking



## Establishing the context: The intersection of policy and clinical work





#### U.S. NEWS

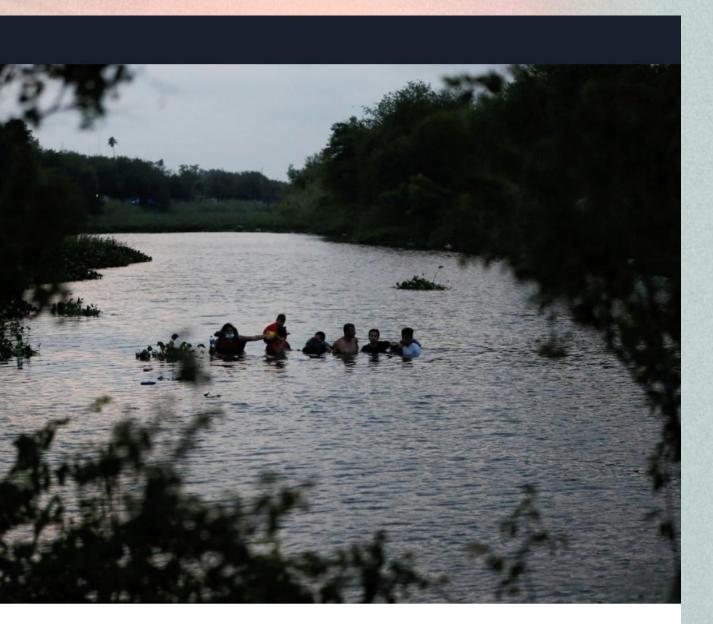
As migrants overwhelm a Texas border city, others wait in Mexico for appointments to enter the US







Leave your feedback



#### What's behind the influx of migrants crossing the U.S. southern border?

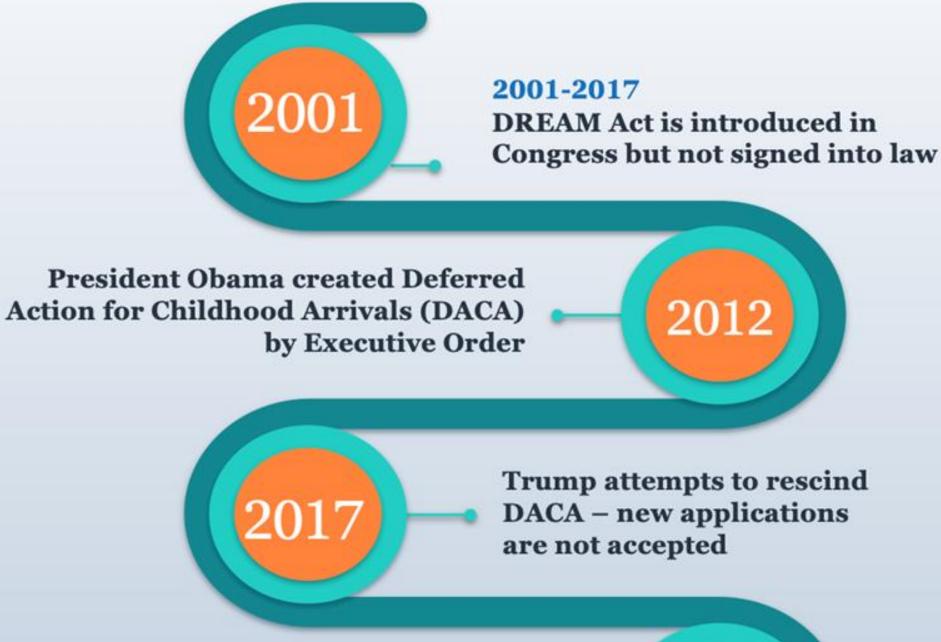
## Over 470 Policy Changes [2017 to 2021]

- Separating children from families at border
- Attempted to end DACA protections for undocumented youth
- Toxic and aggressive narrative
- Started building border wall
- 3 x travel bans targeting Muslim countries
  +Venezuela + N. Korea
- Ended TPS for Salvadorans
- Attempted to end green cards for unaccompanied minors
- Increased raids and enforcement
- Expedite deportation through courts

- Asylum rules changed
- DHS collected social media information on all immigrants
- Attacks on sanctuary cities and CA (sanctuary state)
- Attempted to cut skill-based migration by half, "merit based"
- Ended program educating immigrants about their rights when in detention
- Attempted to end family-based migration ("chain migration")
- "Public charge" rule

Migration Policy Institute: https://www.migrationpolicy.org/research/four-years-change-immigration-trump

## **Policy: Current Context**



**2020: US Supreme Courts** upholds DACA

**2021:** Texas judge rescinds DACA

**2022:** No path to citizenship in **Build Back Better** 





## **Policy Impact on Health Disparities**

- Immigrants and refugees are impacted by intersecting crises and structural conditions (e.g., • immigration policy, COVID-19 pandemic) (Garcini et al., 2021).
  - The COVID-19 pandemic disproportionately impacted immigrants who do not have permanent protections (Capielo et al., 2022; National Latinx Psychological Association, 2021, The Alliance of National Psychological Associations, 2021).

•

- The citizenship shield: Immigration status moderated the links between discrimination and • negative health outcomes during the COVID-19 pandemic (Cadenas et al., 2022).
- Undocumented immigrants reported clinical levels of health concerns and psychological distress • (Latinx Immigrant Health Alliance & United We Dream, 2021).

## Policy Impact on Health and Mental Health Disparities

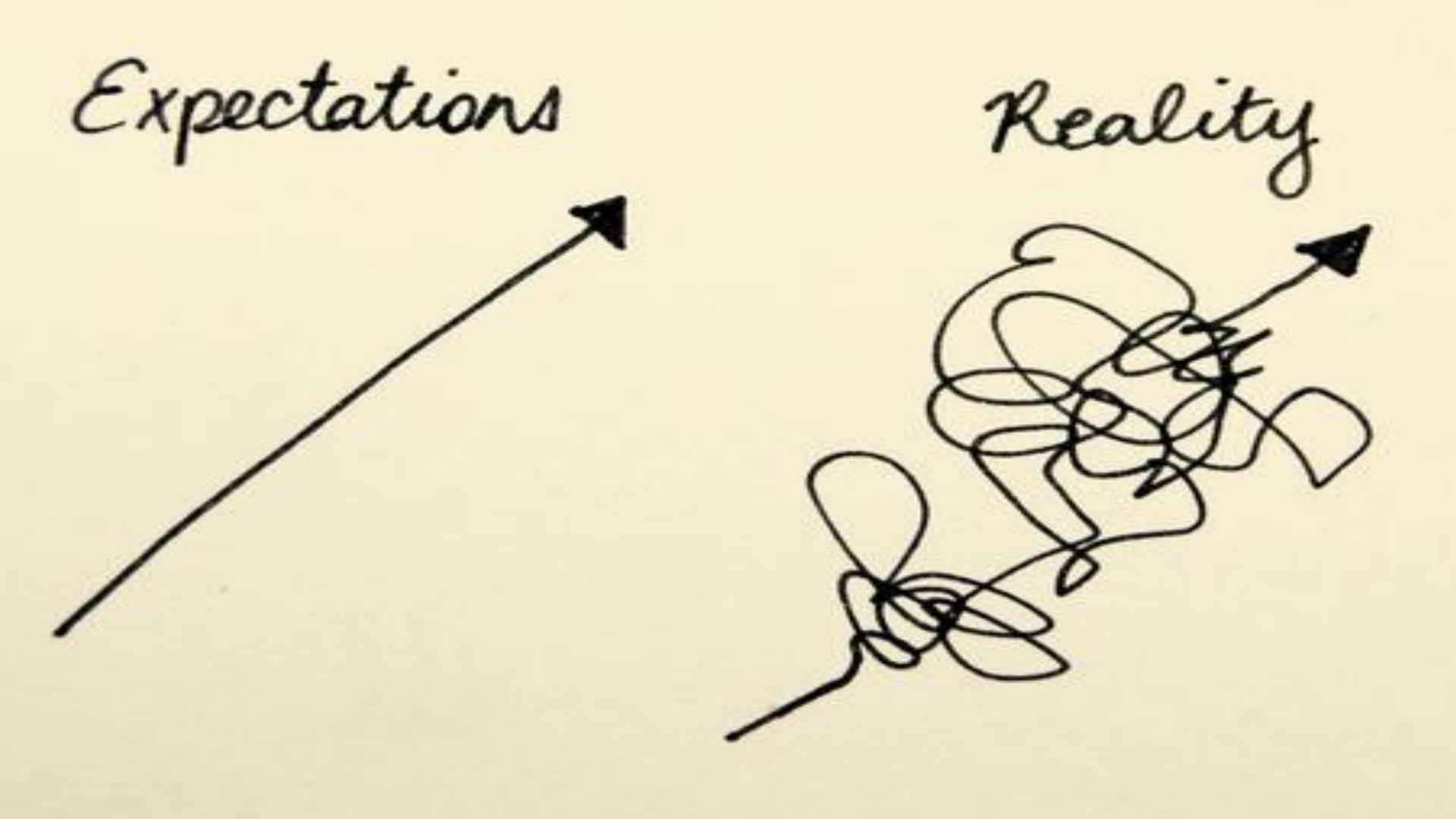
- College students with precarious immigration statuses display greater psychological distress than peers with permanent protections (Cadenas & Nienhusser, 2021).
- Immigration status predicts perceptions of inclusivity, mental health, and educational persistence (Cadenas et al., 2022).
- "Spillover effect:" Stigma of marginalization based on immigration status is related to greater psychological distress among Latinxs, regardless of immigration status (Santos et al., 2021).
- Trauma symptoms predict psychological distress and views of police among Latinx immigrant youth (Venta et al, 2022; Venta et al., in press).
- Undocumented immigrants are at-risk of psychological distress, and use multiple strategies to develop resilience in the face of prolonged stress (Garcini et al., 2022; Garcini et al., 2021; Moreno et al., 2021).

## **American Psychological Association (APA)** Interdivisional Immigration Project (IIP) (2018)

- Preventative approach  $\rightarrow$  Social action and/or forms of activism
- Goals:
  - To foster collaborations between mental health and activist leaders in immigrant communities across the country
  - -To develop advocacy recommendations for mental health providers and community leaders to address harm stemming from anti-immigrant policy
- Intended audience:
  - -Mental health and allied health professionals
  - -Community-based researchers
  - Policy advocates
  - -Community leaders



## Many hats: The multi-faceted role of the clinician



## What's my role?

*Cultural Observer* 

Clinician

Advocate

Educator

- 1. How do you feel about having these roles?
- 2. What do you bring to this experience?
- 3. What do you need to know to feel prepared?



The Voice of Psychology in California

**Recommendations for Psychological Practice with Undocumented Immigrants in California** 

Approved by the California Psychological Association's Board of Directors in February 2018

#### Developed by: Elizabeth Hernandez (co-chair), Germán Cadenas (co-chair), Ivonne Mejia, Esmeralda Zamudio, Diana Peña, and Dania Lopez Beltran

In 2003, APA put forth guidelines that reframed the role of psychologists as leaders and advocates of social justice and multiculturalism in all realms of their professional identity (Constantine & Sue, p. 24). Specifically, APA Multicultural Guidelines identified foundational principles that "articulate respect and inclusiveness for the national heritage of all groups, recognition of cultural contexts as defining forces for individuals' and groups' lived experiences, and the role of external forces such as historical, economic, and socio-political events" (APA, 2003, p. 382). In 2017, APA updated these guidelines, reconsidering diversity and multiculturalism by adopting intersectionality as it main purview and using a layered ecological model (APA, 2017).

- Educate others and challenge myths.
- Acknowledge research limitations and engage in community-based participatory research practices.
- Engage in ongoing culturally responsive and culturally humble practices.
- Stay up to date with immigration policy changes and their intersection with other systems of oppression.
- Engage in institutional, community, and policy advocacy.

 Apply liberation psychology principles (Montero, 2009), challenge inaccurate and detrimental attitudes and beliefs about undocumented immigrants.

- Engage in formal, informal, and
  - experiential education about
  - undocumented immigrants' experiences.

## **APA Immigration Task Force Report**

## **Guiding Principles:**

- Evidence-based practice
- Culturally-competent treatment
- Ecological framework
- Social justice perspective
- Comprehensive community-based services

Suárez-Orozco, C., Birman, D., Casas, J. M., Nakamura, N., Tummala-Nara, P., & Zárate, M. (2013). Working with immigrant-origin clients: An update for mental health professionals. *Washington, DC: American Psychological Association*.





## A Model of Collaborative Immigration Advocacy

# **Psychological Trauma**

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#### Theory Research Practice Policy

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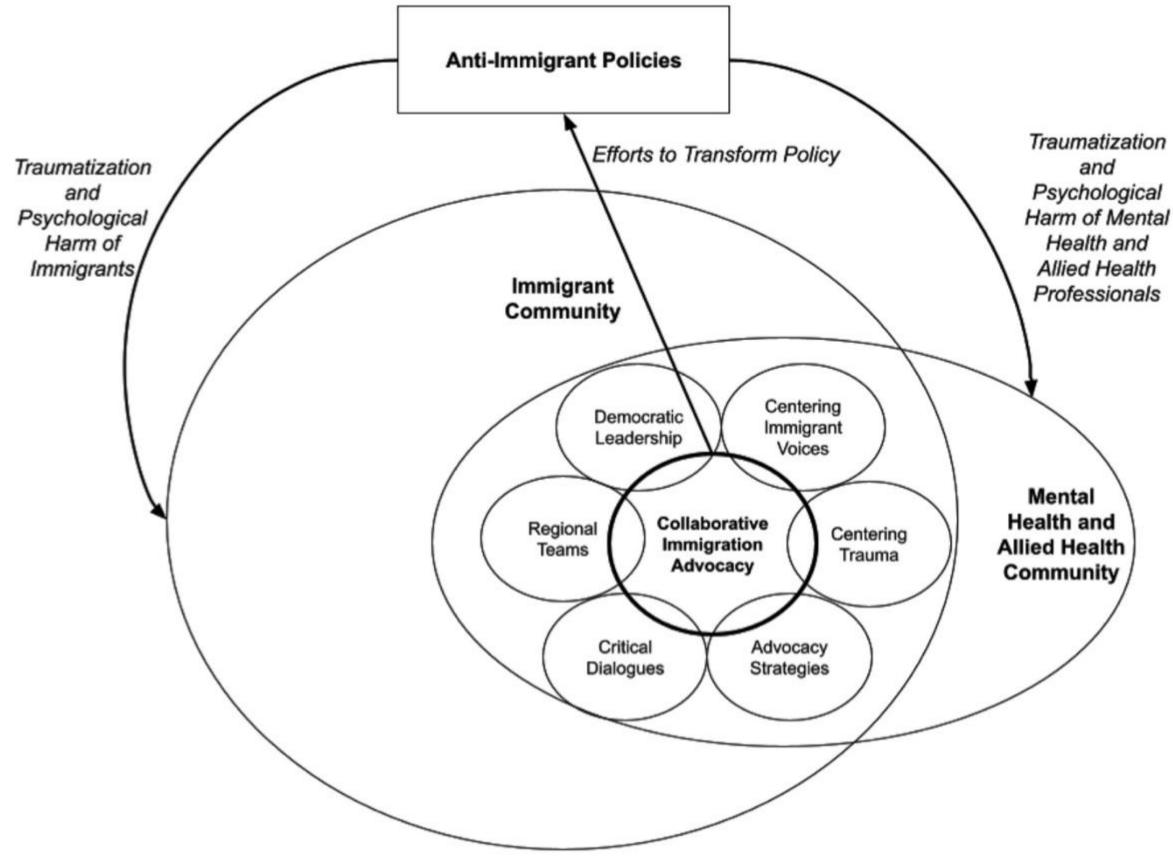
#### A Model of Collaborative Immigration Advocacy to Prevent Policy-Based Trauma and Harm

Germán A. Cadenas<sup>1</sup>, Mary Beth Morrissey<sup>2</sup>, Stephanie Miodus<sup>3</sup>, Elizabeth Cardenas Bautista<sup>4</sup>, Martha Hernández<sup>5</sup>, Shaznin Daruwalla<sup>6</sup>, Falu Rami<sup>7</sup>, and Gabriela Hurtado<sup>8</sup> <sup>1</sup>College of Education, Lehigh University <sup>2</sup>Wurzweiler School of Social Work, Yeshiva University <sup>3</sup>College of Education and Human Development, Temple University <sup>4</sup>Mary Frances Early College of Education, University of Georgia <sup>5</sup>Department of Clinical Psychology and Counseling, Palo Alto University <sup>6</sup>Counseling and Psychological Services, Oregon State University <sup>7</sup>Dr. Falu Global Psychology, Anaheim, California, United States <sup>8</sup>Prickly Pear Therapy and Training, Austin, Texas, United States

Psychological Trauma: Theory, Research, Practice, and Policy

> 2024, Vol. 16, No. S2, S435–S445 https://doi.org/10.1037/tra0001330

#### Figure 1 Model of Collaborative Immigration Advocacy

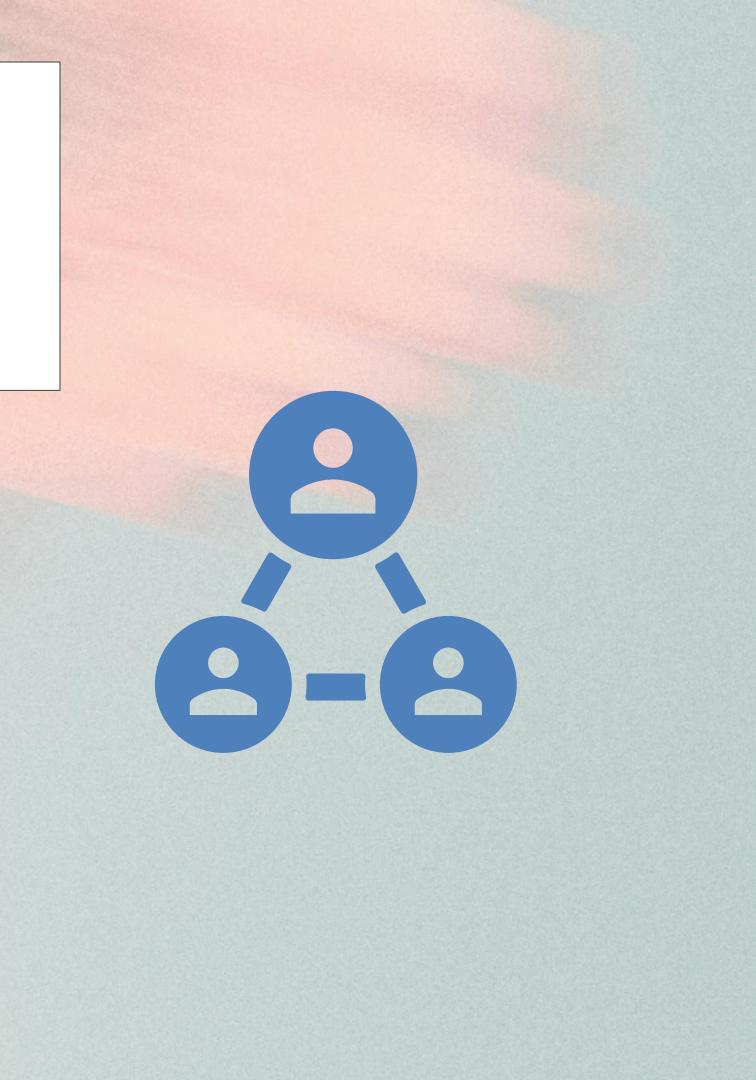


Cadenas, G. A., Morrissey, M. B., Miodus, S., Cardenas Bautista, E., Hernández, M., Daruwalla, S., Rami, F., & Hurtado, G. (2022). A model of collaborative immigration advocacy to prevent policy-based trauma and harm. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication. https://doi.org/10.1037/tra0001330

## Democratic and Egalitarian Leadership Structure

#### Democratic leadership (Gastil, 1994):

- 1. Leadership and authority roles are separate
- 2. Responsibility is distributed
- 3. Empowerment of group members is supported
- 4. Decision-making involved participation from all
- This leadership style is linked to with group satisfaction.
- Transformative social movements tend to embrace this approach.





## **Centering and Uplifting Immigrant Voices**

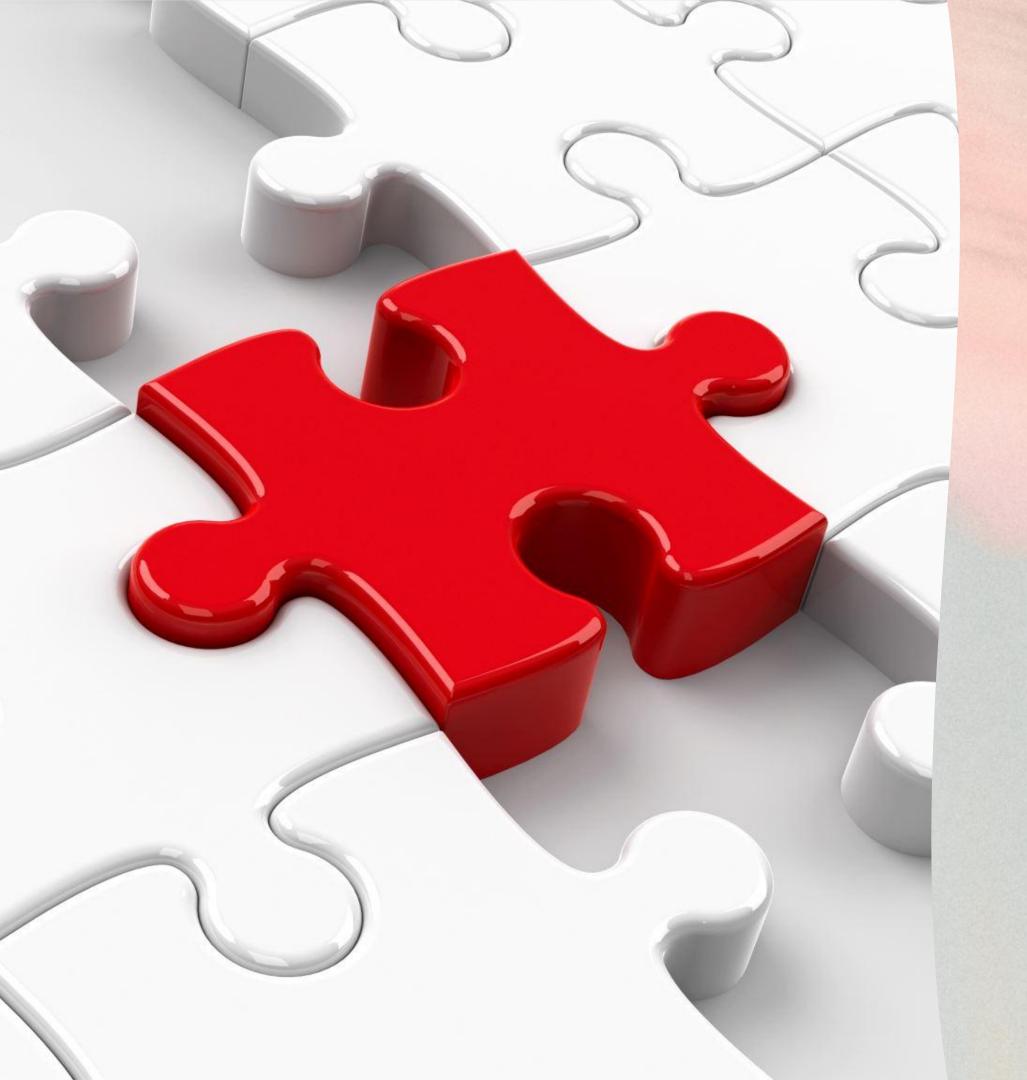
- Liberatory frameworks for education and community-based healing (Chavez-Dueñas et al., 2019; Freire, 1973; French
- et al., 2020; Martín-Baró, 1994).

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- Narratives facilitate empowerment and empathy.
- Narratives are connected to healing in therapy, and to gaining agency and selfdetermination.
- Collaborative environment, power was shared, and resistance against racial hierarchies.



## **Regional Teams**

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Community organizing that is specific to location is a helpful tool for building grassroots power (Christens et al., 2021). Location-specific community organizing helps build coalitions to meet needs, bridge resources, and create spaces for social change (Lardier et al., 2022). Five regional teams were created (West,

Southwest, Midwest, Southeast, and Northeast).

Teams were co-led by psychologists, graduate students, allied health professionals, and community activists.

## **Critical Dialogues**

- Steinmentz, 2020).
- group.

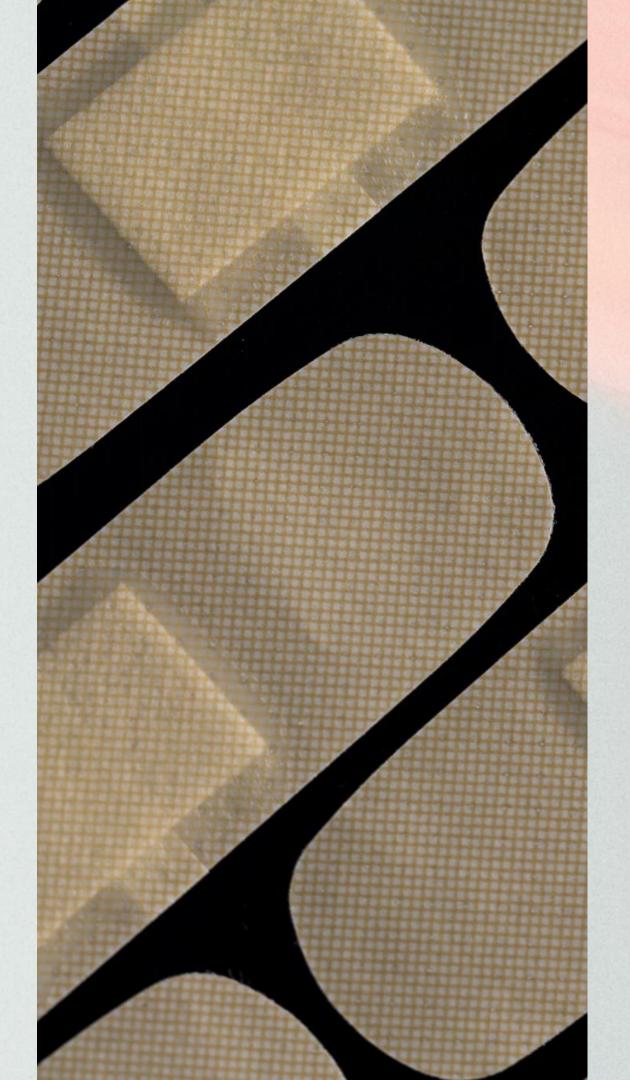
Dialogue is a central method for facilitating spaces that are liberatory and oriented toward social change (Freire, 1973; Martin-Baro, 1994). **Dialogues have been used in popular education** in South America (Freire, 1973), in community empowerment in Central America (Martin-Baro, 1994), and to address racial trauma and healing among communities of color and immigrants in the U.S. (Chavez-Duenas & Adames, 2021;

Chavez-Duenas et al., 2019; French et al., 2020;

Critical dialogues were facilitated in each regional

The structure of the dialogues centered

immigrants' perspectives, while allowing mental health professionals to also reflect and respond.



## Centering Trauma and Empowerment

- Traumatization of immigrant communities, and of mental health and allied health professionals who serve them, is widespread.
- There is a need to promote trauma-informed policy and advocacy (Bowen & Murshid, 2016; Cook et al., 2020).
- Discussing experiences of trauma and of empowerment simultaneously may be key to healing and repairing.
- Open-ended questions during the dialogues prompted sharing about trauma and empowerment.
- Safety was prioritized.
- Mental health professionals were available to respond to distress if needed.



## **Developing Advocacy Strategies**

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- based harm.

Engaging in action, resistance, and development of a social justice and liberation orientation is key in radical healing from ethnoracial trauma, including among immigrant communities (Chavez-Duenas et al., 2019; French et al., 2020).

Method for healing from macro level policy-

Advocacy strategies were co-created by activists and mental health professionals to be responsive to localized needs.

## Implementation

- Public Report for • **Knowledge Mobilization**
- **Building and Expanding** • Partnerships for Advocacy on **Immigration Reform**
- Supporting Efforts by • National Associations

#### **PROTECTING IMMIGRANTS FROM HARM:**

**Collaborative Advocacy Strategies for Mental Health Professionals and Community Activists** 

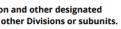
Report of the 2020 Interdivisional Immigration Project Commissioned by the Committee of Divisions/APA Relations (CODAPAR) American Psychological Association

**APRIL 26, 2021** 

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

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







## **National Strategies**

## Policy Advocacy Level

#### Address dehumanization

• Increase collaborations in the community

Service Delivery and **Programmatic Level** 

- Provide mental health support for community activists

Training and **Education Level** 

- Amplify culturally-based healing practices
- Provide training on cultural competency to providers

• Create a national list of resources and a provider network/directory • Provide public education about mental health services to address stigma



## Model "in action" : Examples from the field



Home > Our Work > UndocuHealth & Wellness

# UNDOCUHEALTH

Our UndocuHealth Initiative will walk you through and provide toolkits to facilitate and inform our community. Things like music-ivism, artivism, and breathing practices is what will transform these anxieties and insecurities into something positive!





Fostering Resilience in our Immigrant Families & Communities: Strategies for Building Support Groups in the Face of Adversity

#### **Defining Social Support**

Social support is essential to your overall health and well-being. It means knowing that you can rely on others to help you make important decisions, to gain access to the resources you need, and to offer advice. Social support can come from a relationship with one person or from a group of people with similar lived experiences. Having social support often means feeling that you belong, are connected to a community, and are accepted. A support network can be made up of community activists, family members, close friends, romantic partners, mentors, and/or supportive co-workers.

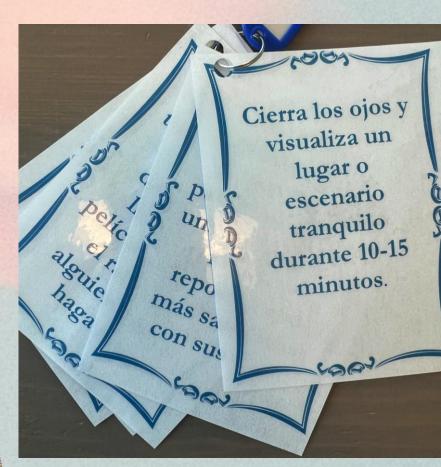
#### Social Support and Stress

Social support is especially important during times of stress. Stress can happen when you feel overwhelmed by your circumstances, or feel you are unsafe. Stress can come from a positive change such as moving to a new city for school or work, or from a negative change such as losing a loved one unexpectedly. Many in our community are experiencing stress from the uncertainty and anticipation of changes to immigration policies. Every person will respond differently to stress; trusting that there is someone to turn to is beneficial to your wellbeing.

#### The Challenge of Developing Social Support

Creating strong support networks in an unfamiliar place is a common challenge for many people, including immigrants. Social support networks often develop naturally, and might include extended family, classmates, friends from work, members of your faith community, and even the people in your neighborhood. Among undocumented and mixed-status families, creating support networks might be compromised by valid feelings of mistrust, limited access to available resources, language differences,

#### 1) United We Dream and Latinx Immigrant Health Alliance (LIHA) collaboration



2) CT Latino Behavioral Health System and Community Health Worker program



## Questions and Reflections

## Thank you!

gc794@gsapp.rutgers.edu michelle.silva@yale.edu melanie.domenech@usu.edu



## **Can I get a copy of the presentation that was used for this event?**

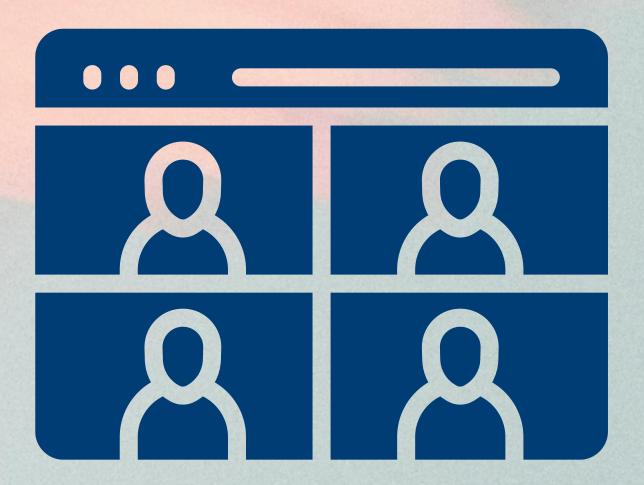
A copy of the presentation will be sent in the follow-up email for today's webinar within 2 business days.

## Can I get a copy of the recording for this event?

You can access this webinar recording and all other archived recordings in the Migrant Clinicians Network archived webinars page on our website.

https://www.migrantclinician.org/webinars/archive

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## and a lot more at www.migrantclinician.org



@MCN\_health









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### @migrantcliniciansnetwork

#### MIGRANT CLINICIANS NETWORK



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