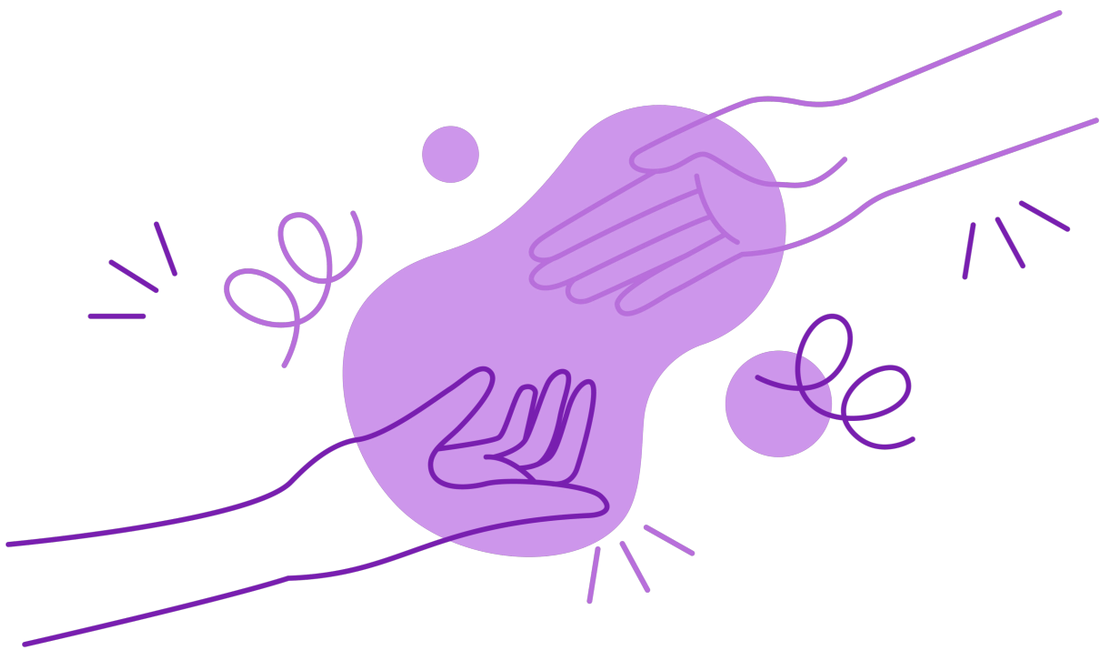
Mental and Behavioral Health Toolkit

Children's Immigration Law Academy

Working with Unaccompanied Children

April 2025



Children's Immigration Law Academy (CILA)
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****This is not legal advice. This resource is for informational purposes only and should not substitute your own research and analysis.*

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Section I

INTRODUCTION

I. Introduction

A. About CILA

The Children's Immigration Law Academy (CILA) is an expert legal resource center created by the American Bar Association (ABA). CILA's mission is to empower advocates who guide immigrant youth through complex legal procedures, to do so with courage, competency, compassion, and creativity. CILA builds capacity for those working to advance the rights of immigrant youth seeking protection through trainings, technical assistance, resource development, and collaboration.

CILA serves nonprofit, pro bono, and private sector legal advocates who work with children in immigration-related proceedings. CILA began operations in Houston, Texas in late 2015 in response to the thousands of children from Central America who entered the United States at our Southern border. Many children were fleeing prolific violence and abuse in their home countries and seeking humanitarian protections offered under U.S. law. Through this work, CILA hopes to ensure more immigrant youth are represented and to provide the resources and expertise needed to support those who endeavor to represent them. In furtherance of this goal, in 2022, CILA expanded its technical assistance program nationwide offering more trainings and working groups to a national audience.

Complementary and critical to capacity-building efforts for legal advocates, CILA's social services program aims to increase capacity for social workers and social services providers serving immigrant youth at legal services organizations in Texas and beyond, thereby ensuring stability in the lives of youth so that they may meaningfully participate in their immigration cases.

- Visit https://cilacademy.org to learn more about CILA, request technical assistance, register for upcoming trainings and working groups, and view our resources.
- Create a CILA account to access more CILA resources.
- Express interest as a pro bono attorney or volunteer to help immigrant youth on CILA's platform, Pro Bono Matters for Children Facing Deportation.
- Sign up to receive a CILA newsletter: Champions for Immigrant Youth (monthly) and/or Pro Bono Matters (quarterly).
- Follow CILA on social media (Facebook, LinkedIn, X, YouTube) to connect with us and learn about current happenings.
- Donate to CILA to further CILA's efforts to support advocates working with immigrant youth and share encouragement and the tools needed for effective legal and social services advocacy.

B. About This Toolkit

Thank you for taking the time to engage with this toolkit. As an advocate dedicated to supporting unaccompanied youth, you are stepping into a critical role during a critical point in the lives of these youth. We understand that unaccompanied children bring with them stories of resilience but also significant experiences of trauma and loss and your commitment to guiding and supporting them through these difficulties is invaluable.

Our goal is to support and help you in your advocacy efforts. This toolkit is designed to be a guide, offering knowledge, tips, and practical tools needed to provide healing-centered advocacy for these youth. This toolkit explores the factors driving their migration, the mental health challenges they often face, and the practical ways you can support their healing journey and integration into their new environment.

DISCLAIMER

Please be advised that the content of this toolkit is intended for informational purposes only and is not meant to replace the advice or guidance of professionals, be it mental health providers or immigration attorneys.

Additionally, this toolkit contains website addresses (external hyperlinks) to other organizations. This does not constitute an endorsement of or responsibility for the content or privacy practices of these organizations or their websites.

Throughout this toolkit, we use the term *"advocate"* to refer to various professionals, including immigration attorneys, child legal advocates, social workers, case managers, therapists, and other staff involved in supporting unaccompanied youth throughout their immigration and post-immigration processes. While these advocates fulfill diverse roles and provide a range of services, they share a common goal: to advocate for the well-being of these youth.

This toolkit offers tips, guidance, and examples that are generally applicable across situations, but it does not aim to make the reader an expert in specialized areas such as trauma or mental health. It is important to recognize that each individual is unique, and what may work well for one person could be ineffective or even counterproductive for another. For this reason, seeking professional assistance and consulting with a mental health provider for personalized support and guidance is strongly recommended.

The primary goal of this toolkit is to foster awareness and understanding and offer support for the challenges that may arise during advocacy efforts, empowering advocates to navigate these complexities with care and sensitivity.

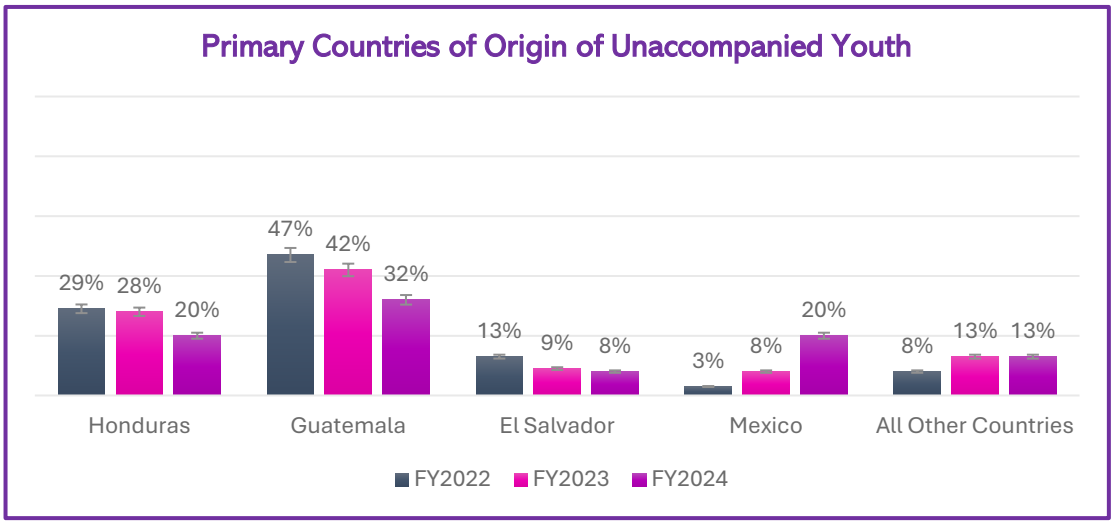
C. Who Are Unaccompanied Youth?

Unaccompanied youth are children who find themselves without the presence or support of a legal guardian, often due to circumstances such as migration, displacement, or home instability. The legal term for a child facing deportation without a parent or legal guardian is "unaccompanied alien child." According to the Homeland Security Act of 2002 and the TVPRA, an "unaccompanied alien child" is defined as a minor who:

- Is under 18 years of age.
- Has no lawful immigration status in the United States.
- Does not have a parent or legal guardian in the U.S. or available to provide care and physical custody. Additionally,, in some cases, a child who has been separated from a family member by immigration authorities is considered unaccompanied, even if they were initially part of a family unit.

In this toolkit, we've chosen not to use the term "unaccompanied alien child" because it can be seen as dehumanizing, reducing the child to a legal status rather than recognizing their individuality and humanity. Instead, we'll be using "unaccompanied youth" to refer to them. However, it's important to note that when we say, "unaccompanied youth," we're talking about children of different ages and stages of development, from toddlers, teenagers, and even young adults. These young adults were designated "unaccompanied children" when they arrived in the U.S. as children.

The number of unaccompanied youths migrating to the United States has been increasing substantially since 2008. This year alone, there has been 137,275 thousand unaccompanied youth who have made it across into the U.S.[1] They come from a many different countries and backgrounds, but the majority come from countries grappling with significant challenges like El Salvador, Honduras, and Guatemala.



[1] Office of Refugee Resettlement (ORR)-Office of the Administration for Children and Families. Last visited November 10, 2023. Available here: https://www.acf.hhs.gov/orr/about/ucs/facts-and-data.

i. Push and Pull Factors

Many of these youth are fleeing areas notorious for gang-related activities and violence, extreme poverty, limited economic opportunities, and inadequate access to basic services like education, healthcare, and clean water. In addition, natural disasters and environmental degradation due to climate change have prompted migration for many in search of safety and better prospects. In recent years, there has been a significant increase in migration by Indigenous youth, particularly from Guatemala, among those migrating to the United States. These youth face many of the same challenges—violence, poverty, and lack of services. However, they are also grappling with unique challenges disproportionately affecting Indigenous communities, such as systemic discrimination and economic marginalization.

"Gangs in a nearby neighborhood wanted to kill me and some other people. They wanted me to give them money, but what money was I supposed to give them? I didn't have any…"

"David" was one of 404 children who shared their personal stories during a study conducted by the United Nations High Commissioner for Refugees Regional Office for the United States and the Caribbean (UNHCR).

For many youth, migrating to the United States signifies new opportunities, access to a safe environment, and/or a chance at the "American Dream." Unfortunately, this pursuit does not come without sacrifices and many challenges. During their migratory journey, these youth encounter numerous obstacles, including hunger, exhaustion, dangerous travel conditions, exploitation, and violence by human traffickers. According to data, between 60% and 80% of women and girls crossing into the United States from Mexico are raped during their journey.[2] Unfortunately, the hardship and challenges do not end for many of these youth after reaching the United States. Some children spend months in detention and at times transfer from shelter to shelter before reunification or a resolution to their case.

"Common forms of pre-migration trauma include natural disasters, war, gang violence, victimization, witnessing a crime, physical and sexual abuse, or attacks based on their sexual orientation or gender identity. Migrant youth traveling alone face an increased risk of undernutrition, dehydration, assault, kidnapping, and others forms of violence"

Castañeda, E., Jenks, D., Chaikof, J., Cione, C., Felton, S., Goris, I., Buck, L., et al. (2021). Symptoms of PTSD and Depression among Central American Immigrant Youth. Trauma Care 2021, 1(2), 99–118. MDPI AG.

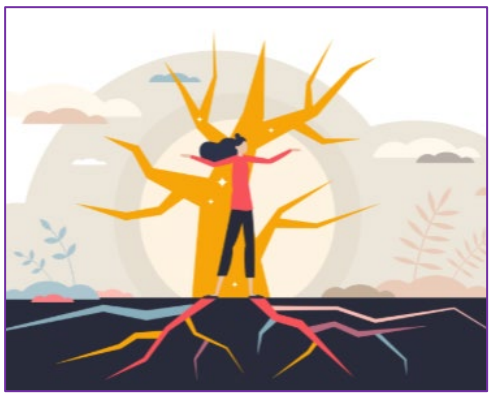
[2] HuffPost Impact-*80% Of Central American Women, Girls Are Raped Crossing into The U.S.* Last visited November 10, 2023. Available here: https://www.huffpost.com/entry/central-america-migrants-rape_n_5806972.

Section II

Approaches to Building Resilience

II. Approaches to Building Resilience

In this toolkit, we will explore the concepts of trauma-informed advocacy and healing-centered advocacy, two approaches essential for effectively supporting unaccompanied immigrant youth. Understanding and applying these approaches is vital for advocates who work with youth facing significant emotional and psychological challenges. Many of these youth have experienced complex trauma, such as displacement, family separation, violence, or persecution. Approaching their needs through a trauma-informed or healing-centered lens involves acknowledging how past experiences shape their current emotional and mental well-being. Trauma-informed and healing-centered practices ensure that advocates respond with compassion, understanding, and sensitivity to the realities of the youth's experiences. It's not just about providing immediate solutions but about creating an environment that allows youth to feel safe, supported, and empowered to heal in their own time and on their own terms. By implementing these approaches, advocates help youth regain a sense of control and hope, which is essential for their long-term well-being.



Please Note: *Adopting a trauma-informed and healing-centered approach is not only beneficial for the youth but also for you, the advocate. Advocates who are equipped with these practices are better able to manage the emotional intensity of their work, preventing burnout and compassion fatigue. These approaches foster a culture of empathy, mindfulness, and resilience in the workplace, allowing advocates to maintain their emotional health while providing essential care and support to their clients.*

A. Trauma-Informed Practices

A trauma-informed approach is one that recognizes the prevalence of trauma and its impact on individuals. This approach ensures that the advocate and organizations promote safety, empowerment, and healing. [3]

There are six key pillars for a trauma-informed approach:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment and Choices

[3] Substance Abuse and Mental Health Services Administration (SAMHSA) – *Trauma-informed approaches and programs*. Last visited, March 31, 2025. Available here, https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs.

- Cultural, Historical and Gender Differences

Below, we will break down each pillar and offer practical guidance and examples to help advocates apply these principles in their work with youth.

Pillar 1-Safety: This pillar involves creating an environment where youth feel physically, emotionally, and psychologically safe.

With youth, you can:

- Provide a welcoming and stable environment where youth feel physically, emotionally, and psychologically safe. This means ensuring the spaces used to meet with youth are free from potential triggers, such as loud noises or unexpected interruptions.

- Establish predictable routines and explain what will happen next during interactions. This means starting a session by explaining that everything discussed will remain confidential unless an exception to confidentiality applies, and explaining any exceptions. This can help reassure the youth that it is okay to share information with you.

This might sound like:

- *"We want this to be a safe space for you. If there's anything that makes you uncomfortable, please let me know."*
- *"We'll meet at the same time every week, so you always know when we'll connect."*
- *"This is your space and time, too—if you need a break or feel uneasy, it's okay to tell me."*

Pillar 2-Trustworthiness and Transparency: This pillar emphasizes the importance of honesty, dependability, and consistency in building and maintaining trust with the youth.

With youth, you can:

- Be open and honest about their legal case, even when the news is not positive.

- Avoid making promises that can't be kept and be reliable. This means showing up when promised or following through with what you said you were going to do. Sometimes things come up and plans can change from one moment to another. If this happens, communicate changes as soon as possible.

- Provide regular updates, even if there are no significant developments. This demonstrates transparency and helps build rapport and trust.

This might sound like:

- *"I'm here to support you and help you navigate the challenges you're facing."*
- *"I want to be honest with you. I'm going to explain what I can help with, and what I can't do. Where I can't help, I'll do my best to find someone who can."*
- *"If there's ever something you don't understand, feel free to ask me to explain."*

Pillar 3-Peer Support: This pillar highlights the importance of connection and shared experiences in fostering healing and resilience. Peer support creates opportunities for individuals to share their journeys, validate each other's emotions, and build a sense of belonging.

With youth, you can:

- Facilitate connections between youth who share similar experiences to foster understanding and mutual support.
- Organize peer groups, mentorship programs, or shared activities to build community.

This might sound like:

- *"Your experiences and feelings are valid, I'm here to listen and assist."*
- *"Connecting with peers or others who have navigated similar challenges can help you feel supported and less isolated as you navigate your journey."*
- *"How are things going at school? Have you met any other youth who recently arrived to the United States in any of your classes? I know that it can be hard to start a conversation, but if you do, you might find you have a lot in common with them."*

Pillar 4-Collaboration and Mutuality: This pillar focuses on recognizing and supporting the youth's strengths and abilities. It encourages them to have a voice in their own care and decisions.

With youth, you can:

- Treat the youth as a partner in their own care and decision-making. Provide the youth with information and answers that address their questions, doubts, or fears. This will allow them to make an informed decision about their own future.
- Demonstrate respect for their autonomy and individuality. Seek their input and perspective in shaping any plans or solutions that pertain to them.

This might sound like:

- *"What do you think would be the most helpful for you in this situation?"*
- *"Would you like to find out together? Your ideas and preferences are really important to me."*
- *"You are the expert as to your life and if you allow me, I am here to offer you support and guidance while always respecting your ability to make your own choices."*

Pillar 5-Empowerment and Choices: This pillar emphasizes the importance of fostering a sense of control and self-determination. By providing opportunities for youth to make decisions about their care and environment, this approach builds confidence and reinforces their strengths. Empowerment and choice affirm each youth's capacity to navigate challenges and play an active role in their own healing process.

With youth, you can:

- Provide opportunities for youth to make decisions and regain a sense of control over their lives.
- Offer options rather than dictating solutions and encouraging them to voice their needs and preferences.

This might sound like:

- *"Would you like to decide how we spend our time today? Here are a few ideas, but you can tell me what's most important to you."*
- *"You have demonstrated such strength by being here today. Would you like to explore with me things that could help make you feel more confident and supported."*
- *"I want you to know that you have choices—I'm here to help you explore your options and support whichever path you take."*

Pillar 6-Cultural, Historical and Gender Impacts: This pillar involves recognizing and respecting the impact of culture, history, and gender on a youth's experience of trauma.

With youth, you can:

- Acknowledge and respect the youth's cultural background, traditions, and identity. As an advocate you can encourage the youth to talk to you about their culture, their favorite food, music, or their experiences, positive or negative, based on their culture or gender identity or sexual orientation.

- Be mindful of historical traumas or systemic issues that may influence their experiences.
- Use culturally appropriate language and be sensitive to gender roles and dynamics.

This might sound like:

- *"Everyone has different ways of expressing themselves. If there are specific foods, clothing, or traditions that make you feel more at home, I'd love to learn about them.*
- *"Your background and experiences are important. If there are aspects of your culture or personal history that you'd like me to understand better, I'm here to listen."*
- *"I respect your identity and how you see yourself. If there's anything I can do to support you in feeling comfortable, let me know."*

B. Healing-Centered Approach

While a trauma-informed approach focuses on understanding and responding to the impact of trauma, a healing-centered approach goes further by emphasizing resilience, empowerment, and holistic healing. For example, healing-centered engagement shifts the focus from a deficit-based approach (emphasizing trauma and its consequences) to a strength-based approach (focusing on resilience, growth, and healing). A healing-centered approach recognizes that individuals and their communities have the capacity to heal from trauma and emphasizes the importance of fostering environments that support healing, growth, and well-being. It also acknowledges the importance of cultural humility and responsiveness, recognizing that healing looks different for each individual and community.[4] Both trauma-informed and healing-centered approaches are important in supporting youth clients and communities affected by trauma, and they can complement each other in providing comprehensive and effective care.

There are four key elements of healing-centered engagement that may at times overlap with trauma-informed practices.[5]

- Holistic Wellness
- Cultural and Historical Context
- Agency and Voice
- Community and Collective Healing

[4] U.S. Department of Health and Human Services, Administration for Children and Families and the Children's Bureau- *Strengths-Based Strategies to Support Mental Health and Well-Being for Youth, Young Adults, and Families*. Last visited September 26, 2024. Available here: https://cbexpress.acf.hhs.gov/article/2023/may/strengths-based-strategies-to-support-mental-health-and-well-being-for-youth-young-adults-and-families/3a3652bd1bc6e1505461ea04bc4bcb90.

[5] The Future of Healing: *Shifting from Trauma Informed Care to Healing Centered Engagement*. Last visited December 10, 2024. Available here: https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c.

Holistic Wellness: This pillar recognizes that healing extends beyond addressing the immediate effects of trauma. It encompasses physical, emotional, mental, and spiritual well-being.

With youth, you can:

- Address the whole person by considering their physical, emotional, social, and spiritual well-being.
- Incorporate practices that promote relaxation, mindfulness, and self-care.
- Recognize the youth's strengths and focus on building resilience rather than solely addressing deficits or symptoms.

This might sound like:

- *"How are you feeling physically, emotionally, and in your relationships? It's all connected, and we want to support you in every area."*
- *"What are some things you do—or would like to try—that make you feel calm, strong, or happy?"*
- *"Let's celebrate how far you've come and all the strengths you've shown along the way."*

Cultural and Historical Context: This pillar recognizes that healing must take into account individual backgrounds, cultures, and histories. This approach values the influence of culture and community in the healing process.

With youth, you can:

- Acknowledge the youth's cultural background, historical experiences, and systemic challenges as essential to their healing process.
- Integrate culturally relevant practices and traditions into their care.
- Be aware of and address historical or intergenerational trauma that may impact their perspective and needs.

This might sound like:

- *"Your culture and history are a vital part of who you are. How can we honor those in the way we work together?"*
- *"Are there specific cultural practices or beliefs that help you feel grounded or connected?"*
- *"I want to understand the unique challenges your community has faced—can you help me learn more about what's important to you?"*

Agency and Voice: This pillar entails empowering individuals by giving them a voice in their healing journey. It stresses the importance of agency in decision-making and personal growth, promoting self-determination and autonomy

With youth, you can:

- Encourage youth to take an active role in their healing journey, empowering them to make decisions and express their needs.
- Validate their perspectives and give them opportunities to lead in defining their goals and the support they need.
- Shift from a focus on what has been done to them to what they can achieve and create for their lives moving forward.

This might sound like:

- *"Your voice matters—what do you feel is most important to focus on right now?"*
- *"You have the ability to shape your future. How can I support you in achieving the goals you've set for yourself?"*
- *"This is your journey, and I'm here to help you explore the possibilities and take the lead."*

Community and Collective Healing: This pillar emphasizes the importance of relationships, community, and networks of support. Healing is viewed not just as an individual process but also as occurring within a community.

With youth, you can:

- Recognize that healing is not just an individual process but also involves the youth's connection to their community and support networks.
- Facilitate opportunities for shared experiences, mutual support, and community-building activities.
- Address systemic issues that affect not only the youth but also their families and communities.

This might sound like:

- *"Healing doesn't happen in isolation—are there people or groups you'd like to reconnect with or build stronger relationships with?"*
- *"Would you be interested in joining others who have had similar experiences to share stories and support one another?"*

- *"Let's think about how we can also strengthen your community, so you feel more connected and supported."*

C. Trauma-Informed Workplace

A trauma-informed framework not only benefits the client but also the advocate, as it ensures protection and support to them in the workplace.

A trauma-informed organization is one that integrates and encourages the principles of trauma-informed advocacy in every aspect of their operation, like their policies, procedures and the day-to-day operation or delivery of services.[6]

The following are some of characteristics of a trauma-informed workplace:
Staff Training and Education: A trauma-informed organization/workplace provides comprehensive training to all their staff on the principles of being trauma-informed, including how to recognize the signs of trauma, secondary traumatic stress and vicarious trauma, and best practices on how to respond and support the client by the advocate as well.
Safe Space: A trauma-informed organization/workplace provides a safe, comfortable, and non-threatening environment that's encourages healing and builds trust.
Clear Policies and Procedures: A trauma-informed organization/workplace prioritizes safety, respect, and informed consent in policies, procedures, and day to day operations. This includes clear guidelines on how to navigate disclosure of abuse, trauma, or risk of harm to a child or others.
Ongoing Supervision and Support: A trauma-informed organization/workplace ensures and encourages ongoing check-ins and support to their advocates/employees. This includes creating a place where advocates/employees feel comfortable voicing their concerns without fear of retaliation and can seek support or guidance on any challenges they may be facing.

The following are some of characteristics of a trauma-informed and supportive supervisor:
Lead by Example: A supervisor demonstrates trauma-informed practices in their interactions with their clients and their employees. They ensure their employees have access to the training, resources, and tools they need to conduct their duties and responsibilities effectively.

[6] Campaign for Trauma-*Informed Policy and Practice*. Last visited January 15, 2025. Available here: TOOLKIT: Trauma-Informed Workplaces.

Encourages: A supervisor encourages the employee to create a self-care plan that can easily be implemented in the workplace if needed.
Balances the Workload Distribution: A supervisor distributes the workload equally or fairly among all the employees and avoids overloading them with work (cases). They conduct frequent check-ins to assess their employees' workload capacity and assess their needs and provide support. In the non-profit space, limited resources and grant requirements can make this challenging and lead to employee burn-out and high turnover. To address this challenge, the supervisor can provide support in other ways, like exploring delegation of some of the duties to others. In addition, the supervisor and employee can explore time management techniques or resources, setting realistic deadlines and expectations, and providing stress management resources or access to mental health resources.
Celebrates Achievements: A supervisor recognizes and celebrates the achievements of their employees, even the small victories.

The following are characteristics of a trauma-informed advocate/employee:
Understand Trauma-Informed Principles: An advocate has a solid grasp of trauma-informed practices, including the recognition of trauma's impact on individuals and systems. They identify workplace practices or policies that could unintentionally re-traumatize staff or clients.
Shows Initiative: They take proactive steps to promote a trauma-informed culture, leading by example and influencing others. For example, they organize or advocate for workshops or training sessions on trauma awareness and resilience-building. They advocate for the inclusion of trauma-informed practices in organizational policies and strategic goals.
Engages in Community Care: They prioritize understanding and compassion in their interactions, fostering a supportive environment. They recognize signs of burnout or secondary trauma in colleagues and offer peer support and create space for open dialogue about challenges without judgment.
Self-Awareness: They are aware of their own emotional boundaries and model self-care and resilience for others. They take steps to manage their own stress and avoid burn-out, such as seeking supervision or engaging in mindfulness practices.

Trauma-informed practices are not just approaches. They are commitments to creating an environment where unaccompanied youth and advocates feel safe, supported, and empowered.

Section III

MENTAL HEALTH

III. Mental Health

According to the Centers for Disease Control and Prevention (CDC), there is not one single cause for mental health conditions. Some causes are genetic or biological in nature, while others are linked to psychological trauma or environmental stressors.

Mental health is a critical aspect of well-being for unaccompanied youth, as they often endure significant emotional and psychological challenges throughout their young life. These youth face not only the trauma of fleeing their home countries, frequently due to violence, poverty, and instability, but also the immense stress of adapting to new environments. The combination of traumatic experiences before, during, and after migration makes unaccompanied youth particularly vulnerable to mental health challenges such as anxiety, depression, and post-traumatic stress disorder (PTSD). They may struggle with trust, attachment, and building meaningful relationships.

It is crucial to recognize these challenges and provide comprehensive support that includes mental health services, education, and social adjustment support to help them heal and thrive in their new communities.

A. Understanding Trauma

Trauma is a significant factor affecting the lives of unaccompanied youth, shaping their emotional and psychological well-being both before and after their migration. The American Psychological Association (APA) defines trauma as "*an emotional response to a terrible event like an accident, rape, or natural disaster*." As advocates, it is essential to understand how trauma affects a client's behavior and development as they navigate their new environments. Understanding the various forms and impacts of trauma is crucial for providing the appropriate support to unaccompanied youth. Advocates can be better equipped to meet the unique needs of these youth by exploring the different types of trauma (e.g., acute, chronic, and complex traumas), how they manifest, and the level of impact (e.g., big "T" and small "t" trauma) they have on an individual.

i. Acute, Chronic, and Complex Trauma

As we previously stated, unaccompanied youth face many challenges. Some youth have endured big "T" and small "t" traumas ranging from acute sudden events to chronic traumatic situations, and even complex and cumulative layers of trauma. In this section, we'll explore the nuances of different types of trauma like acute, chronic, and complex trauma as they relate to the lives of unaccompanied youth. By comprehending the nature of these traumas, advocates can better address the unique needs of these youth.

Below are practical tips and examples on how advocates can better serve unaccompanied youth by recognizing and addressing different types of trauma:

Acute Trauma: A single traumatic event that has a beginning and end.
Possible symptoms: Heightened anxiety, nightmares, flashbacks, and emotional dysregulation.
How this might look like: *Youth said he had a humble but loving and stable upbringing. Youth reported during his intake that he was robbed and physically assaulted during his journey. Youth said he now experiences nightmares and flashbacks.*
How to support: Create a safe and non-judgmental environment where the youth feels comfortable expressing their emotions. Encourage open communication about their experiences and emotions. Use trauma-informed language and active listening.
Example Language: *"I can imagine that what happened to you was incredibly overwhelming for you. I want you to know that it's okay to feel the way you're feeling. Your feelings are valid, and I'm here to support you in your journey. We can work together to find ways to help you cope and heal."*

Chronic Trauma: Exposure to multiple, chronic, and/or prolonged overwhelming traumatic events over an extended period of time.
Possible symptoms: Hypervigilance, difficulty forming attachments, and a sense of hopelessness.
How this might look like: *Youth reported to the ORR clinician that his father had been physically abusing him since he was 5 yrs. old. Youth said he sustained bruises, scratches, and even a broken arm. His father has also physically abused his younger siblings and mother. Youth suffers from panic attacks, anxiety, and nightmares.*
How to support: Offer consistent and stable support, emphasizing predictability in their interactions. Encourage and explore with the youth how to create and maintain routines to provide a sense of security and control.
Example Language: *"I understand that living with what happened to you has been really tough for you. You've shown incredible strength in facing these difficulties. If you are willing, together we can explore ways to bring safety and reassurance into your life. Please know that I'm here to offer support in your process of healing, if you need it."*

Complex Trauma: Usually, multiple traumatic experiences take place over a long period of time.

Possible symptoms: Hypervigilance, difficulty forming attachments, and a sense of hopelessness.
How this might look like: *Youth disclosed to her clinician that she had left her home because her stepfather had been sexually abusing her since she was 9 years old, and her mother did not believe her when she told her. Youth said she decided to migrate to live with her aunt who resides in Texas as she could not bear living with her mother and stepfather anymore. Youth reported that she was kidnapped in Mexico during her journey. Youth said she was beaten and sexually assaulted by two men that claimed to be part of a Mexican drug cartel. Youth is currently experiencing flashbacks, insomnia, anxiety, and depression.*
How to support: Offer consistent and stable support, emphasizing predictability in their interactions. Encourage and explore with the youth on how to create and maintain routines to provide a sense of security and control.
Example Language: *"I understand that you have been through a lot, and it's been extremely challenging and painful for you. If you are willing, together we can explore ways to bring safety and reassurance into your life. Please know that my team and I are here to support you every step of the way."*

ii. Big 'T" and Little "t" Trauma

Trauma affects people differently. What might be traumatic for one person could be less so for another. For instance, certain situations might deeply impact children but have a lesser effect on adults. Similarly, two children in the same situation might react differently based on numerous factors like their personality or previous experiences. To highlight these differences, some use the terms "Big T" and "small t" trauma. The impact of trauma doesn't just depend on the event itself but also on individual factors, including resilience, support systems, and coping mechanisms. Therefore, understanding and validating each person's unique experience with trauma is crucial for providing appropriate support and healing.[7]

Big "T" Trauma: This refers to significant and often life-altering traumatic events. These events have a profound and immediate impact on an individual's life and can lead to long-term psychological consequences.[8]
Examples of big "T" trauma for some can include: Physical or sexual abuse, natural disasters, war-related events, serious accidents, or witnessing a violent crime.

[7] Psychology Today-*Different Types of Trauma: Small 't' versus Large 'T'*. Last visited November 10, 2023. Available here: https://www.psychologytoday.com/us/blog/trauma-and-hope/201703/different-types-trauma-small-t-versus-large-t.
[8] *Id.*

Small "t" Trauma: This encompasses less apparent, more subtle, and often chronic experiences that may still have a significant impact on an individual's mental health. While everyone's threshold for what constitutes a small "t" trauma may vary, these events can accumulate over time, contributing to a person's overall sense of safety and well-being.[9]
Examples of small "t" trauma for some can include: Instances of emotional neglect, verbal abuse, chronic stress, bullying, or family dysfunction.

According to the National Child Traumatic Stress Network (NCTSN) the following are possible factors that can influence the impact of trauma in children: [10]

Possible factors that influence the level of impact of trauma:
Previous history of trauma.
History of mental health problems.
The proximity to the traumatic event or experience.
Immediate family member with health problems.

iii. Understanding Trauma Responses

Navigating the complexities of trauma responses in youth is a critical aspect of providing effective support and care. Understanding these responses is paramount in tailoring advocacy efforts to meet their unique needs. Youth, especially those who have experienced trauma, may exhibit instinctive and protective reactions such as fight, flight, freeze or fawn responses. These protective reactions are the body's way of coping with stress or perceived threat. During this time, the body undergoes physiological changes to facilitate protective actions. For instance, the fight or flight response can increase the heart rate and oxygen flow to muscles, sharpen hearing, and reduce the perception of pain. Conversely, the freeze response involves similar physiological changes but results in physical immobility. This provides the brain with time to analyze and decide on a reaction or to emotionally detach from the situation.[11]

The following are some physical signs of a trauma response:		
Increased heart rate	Sweating	Rapid thoughts

[9] Psychology Today-*Different Types of Trauma: Small 't' versus Large 'T'*. Last visited November 10, 2023. Available here: https://www.psychologytoday.com/us/blog/trauma-and-hope/201703/different-types-trauma-small-t-versus-large-t.
[10] The National Child Traumatic Stress Network-*About Child Trauma*. Last visited Oct. 27, 2023. Available here: https://www.nctsn.org/what-is-child-trauma/about-child-trauma.
[11] Simply Psychology - *Fight, Flight, Freeze, or Fawn: How We Respond to Threats*. Available here: https://www.simplypsychology.org/fight-flight-freeze-fawn.html. Last visited March 31, 2025.

Nausea (might feel like butterflies in the stomach)	Tense muscles	Difficulty breathing or holding breaths
Rapid breathing	Feeling cold or numb	Inability to move

Below we will delve into each of these trauma responses, offering practical tips on how to support a youth that's experiencing any of these four responses:

The fight response is a self-preservation mechanism triggered by a perceived threat. It can involve increased heart rate, heightened arousal, and a tendency to confront the threat with assertiveness or reactivity.[12]

This might look like:

- A *younger child* might become physically reactive, maybe even aggressive, or verbally confrontational in response to a perceived threat.
- An *older child or young adult* might engage in arguments, defiance, or exhibit a combative attitude when feeling overwhelmed or threatened.

How to support: Advocates can help by creating a safe environment for the child to express their feelings without judgment. They can teach coping strategies that promote self-regulation.

Example Language: *"I sense that this is a tough moment for you. I want you to know that I'm here to support you. If there's something (coping strategy) that usually helps you during challenging times like this one, consider trying that. For example, for some, moving (walking) or having a sip of cold water helps them. It's okay to take some time and space if that's what feels right as well."*

The flight response is a self-preservation mechanism that occurs when confronting a threat seems difficult or impossible. It can trigger a surge of adrenaline, an increased heart rate, and a strong urge to escape the perceived danger.[13]

This might look like:

- A *younger child* might attempt to physically run away from a situation they find distressing or overwhelming.
- An *older child or young adult* might avoid certain places, people, or activities that remind them of a traumatic event.

How to support: Advocates can offer guidance in identifying safe spaces and exit strategies to the child/youth. They can help them develop coping skills to manage

[12] Health- *The 4 Trauma Responses: Fight, Flight, Freeze, and Fawn.* Last visited February 4, 2025. Available here: https://www.health.com/fight-flight-freeze-fawn-8348342.
[13] *Id.*

feelings of overwhelm and anxiety. Additionally, advocates can assist in creating a plan for the child/youth to access support or resources when needed.

Example Language: *"It seems like you might be feeling the need to move or for space or distance. If you're comfortable, we can walk around or we can find a calming space. In the meantime, try to focus on your breath. I'm here, and we can talk whenever you're ready."*

The freeze response is a state of paralysis that occurs when a person is unsure how to react to a threat. It is characterized by feeling immobilized, "stuck" in the moment, and unable to move, think clearly, or respond.[14]

This might look like:

- A *younger child* might become visibly still, exhibit a blank or vacant expression, or have difficulty communicating when feeling overwhelmed.
- An *older child or young adult* might seem emotionally detached, have trouble making decisions, or appear "zoned out."

How to support: Advocates can create a non-threatening and supportive environment for the child to express themselves. They can help the child understand that the freeze response is a natural reaction to trauma. Techniques like grounding exercises and mindfulness can also be taught to help the child regain a sense of control and safety.

Example Language: *"I sense that things might feel overwhelming right now. It's okay to take your time. If you can, try grounding yourself. Can you name five things you can see…Four things you can hear…Three things you can feel…Two things you can smell…One thing you can taste…Or gently moving your fingers. Whenever you're ready, we can discuss how you're feeling."*

The fawn response is the least-known trauma response, involving an instinct to appease the threat to maintain safety. It is characterized by a strong desire to please, a tendency to prioritize others' needs over one's own, and efforts to avoid conflict or harm.[15]

This might look like:

- A *younger child* might become overly compliant, excessively agreeable, or seek to pacify others, even if it means compromising their own needs or boundaries.
- An *older child or young adult* might go to great lengths to avoid conflict, become excessively accommodating, or feel a strong need to seek approval from authority figures.

[14] Health- *The 4 Trauma Responses: Fight, Flight, Freeze, and Fawn.* Last visited February 4, 2025. Available here: https://www.health.com/fight-flight-freeze-fawn-8348342.
[15] *Id.*

How to support: Advocates can help the child recognize their worth and establish healthy boundaries. They can empower the child to express their needs and opinions without fear of retribution. Additionally, advocates can provide resources and guidance on building self-esteem and self-advocacy skills.
Example Language: *"I notice that you might be feeling the inclination to please others by only doing what they want and not what you want. It's okay to prioritize your needs. Take a moment to check in with yourself and consider what you need right now. If you feel comfortable talking, I'm here to listen and support you.*

iv. Potential Long-Term Effects of Trauma

Childhood trauma can have profound and lasting effects on the child's mental well-being well into adulthood. The Adverse Childhood Experiences (ACE) study, conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, highlighted how traumatic experiences during childhood, such as abuse, neglect, household dysfunction, or exposure to violence, can increase the risk of various health and social problems later in life.

These adverse experiences can contribute to issues such as higher rates of chronic illnesses, mental health disorders, substance use, risky behaviors, and even early mortality. This study also mentioned how protective factors play a crucial role in mitigating the impact of childhood trauma. These protective factors include supportive relationships, access to mental health services, strong community connections, a sense of belonging, and resilience-building activities can serve as protective buffers against the long-term effects of trauma.[16]

There are limitations to the ACE for screening and addressing the unique circumstances of immigrant youth. Immigrant youth often encounter distinct stressors, such as displacement, cultural adjustment, language barriers, and exposure to community violence, which traditional ACE screenings may overlook.

In 2021, the University of California, San Francisco (UCSF) published findings from their study titled Screening Adolescents for Childhood Adverse Experiences: Addressing the Unique Needs of Immigrant Youth. The study emphasizes the importance of specialized screening approaches to assess adverse childhood experiences (ACEs) specific to immigrant adolescents.

The findings highlight the unique adversity faced by immigrant adolescents and the critical role of tailored screening tools like the Pediatric ACEs and Related Life-events Screener (PEARLS) in assessing their experiences. The PEARLS assessment, developed by UCSF and its partners, expands beyond traditional ACEs (such as abuse and family dysfunction) to

[16] Centers for Disease and Prevention (CDC)-*About the CDC study-violence*. Last visited November 17, 2023. Available here: https://www.cdc.gov/violenceprevention/aces/about.html.

include additional risk factors relevant to immigrant youth, such as food insecurity, housing instability, bullying, and discrimination. These enhancements allow providers to capture a fuller picture of immigrant youth's adversities.[17]

As detailed below, the UCSF study provided key recommendations aimed at improving how ACEs are screened and addressed among immigrant adolescents.[18]

- Culturally Sensitive, Trauma-Informed Screening: UCSF recommends that healthcare providers implement culturally sensitive, trauma-informed approaches tailored specifically to the experiences of immigrant youth. This includes understanding the unique stressors immigrant adolescents face, such as displacement and cultural adjustment, and creating an environment where they feel safe sharing their experiences without stigma.
- Expanded Screening Criteria for Immigrant-Specific Risks: Traditional ACE screening tools often miss critical stress factors unique to immigrant populations. UCSF recommends expanding the scope of ACE assessments to include additional risks, such as community violence, discrimination, housing instability, and food insecurity, which are particularly relevant to immigrant youth.
- Flexible Screening Formats (De-Identified and Identified Options): The PEARLS tool, used in UCSF's research, is recommended for its dual-format option: a de-identified version that allows youth to share a general ACE score without identifying specific experiences, and an identified version for more detailed responses. This flexibility encourages disclosure by letting adolescents choose the format that feels most comfortable.
- School-Based Screening Initiatives: The study highlights the effectiveness of school-based health centers in providing accessible, trustworthy environments for ACE screenings. Schools are often more accessible to immigrant families, making them an ideal location for early screening and intervention.
- Early Intervention and Supportive Resources: UCSF emphasizes that early intervention is crucial for mitigating the long-term health effects of ACEs in immigrant youth. They recommend connecting adolescents to mental health resources and community support systems as soon as ACE risks are identified to build resilience and promote well-being.
- Confidentiality, Time, and Flexibility in Screening: Establishing trust takes time, and immigrant adolescents may need multiple visits to feel comfortable disclosing personal experiences. The study recommends giving adolescents adequate time for ACE screening and avoiding "screening fatigue" caused by long, repetitive

[17] University of California San Francisco - *Screening Adolescents for Adverse Childhood Experiences (ACEs): ADDRESSING THE UNIQUE NEEDS OF IMMIGRANT YOUTH*. Last visited November 13, 2024. Available here: https://www.acesaware.org/wp-content/uploads/2021/12/Screening-Adolescents-for-ACEs-Addressing-the-Unique-Needs-of-Immigrant-Youth.pdf.
[18] *Id.*

questionnaires. It also highlights the importance of ensuring confidentiality, which may require careful explanations to both adolescents and their families about why certain discussions are private. Providers should be mindful of how sensitive information is documented and reassure families that disclosures are managed responsibly and without risk of stigmatization.

- Integrate Social Determinants of Health (SDOH) Screening: To effectively address immediate stressors and differentiate them from past trauma, UCSF recommends that clinics also screen for social determinants of health (SDOH) such as food, housing, and economic security. By offering resources to meet these basic needs, providers can build trust and provide a supportive foundation for addressing trauma. This approach follows Maslow's Hierarchy of Needs, emphasizing that meeting primary needs can help stabilize adolescents and families, making it easier for youth to engage in trauma care and develop resilience through supportive relationships, mindfulness, physical activity, and other health-promoting practices.

For many advocates, especially those without clinical training, formally administering ACEs or PEARLS screenings may not be feasible or appropriate. However, that doesn't mean these tools can't be useful. The PEARLS questionnaire can help guide the conversation that you might have with your client. It can help structure trauma-sensitive discussions that support youth without requiring formal data collection or diagnosis.

Using the PEARLS framework to guide conversations:

It can help:

- Structure sensitive conversations without making youth feel interrogated.
- Spot patterns of toxic stress or unmet needs that could affect behavior, stability, or legal outcomes.
- Pace conversations across multiple meetings to build trust and safety.
- Use insights to refer youth to the right resources—like mental health care, housing support, or legal protections.

Tips for advocates for non-clinical approaches:

- Start with rapport-building: Ask about their current life, *"What's your day like?" or "Who do you talk to when you're upset?"*
- Use everyday language: Instead of saying, *"You experienced adverse childhood events"* try, *"Has anything ever made you feel really unsafe or scared?"*
- Normalize emotions: Say, *"A lot of kids I work with have had tough times, it's okay if you're not sure how to talk about it yet."*
- Let them lead: Respect boundaries. If a youth doesn't want to answer something, move on, you can always try another time when more rapport has developed.

- Act on what you learn: If someone brings up hunger, anxiety, or isolation, connect them to services like food programs, counseling, or legal support.

Although non-clinical staff don't need to be licensed providers, appropriate training is essential to use the PEARLS tool or guide responsibly. Core topics include:

- Trauma-Informed Care: Understanding how trauma affects youth behavior and how to respond supportively.
- PEARLS Familiarization: Knowing the tool's structure, language, and purpose.
- Confidentiality & Consent: Learning how to ethically manage and protect sensitive information.
- Cultural Competency: Understanding and respecting cultural factors that influence trauma, disclosure, and healing.

To find a clinician who can administer the Adverse Childhood Experiences (ACEs) or Pediatric ACEs and Related Life-events Screener (PEARLS) assessments, you can try:

- Research Local Health Providers: Start by researching local healthcare providers such as pediatricians, family doctors, or psychologists. Many clinicians who specialize in mental health and family medicine might be familiar with ACEs and PEARLS.
- Use Online Resources: Websites like Psychology Today offer directories of therapists and clinicians, often allowing you to filter by specialization or services offered, including ACEs or trauma-informed care.
- Contact Local Health Clinics: Community health clinics or mental health centers often have professionals trained in administering these assessments. Contact them directly to inquire about their services.
- Consult School Counselors: School counselors or social workers might have connections or provide referrals to clinicians who conduct such assessments, especially in pediatrics.
- Ask for Referrals: If they already have a healthcare provider, ask for referrals. They might know colleagues specializing in trauma-informed assessments like ACEs or PEARLS.
- Look for Specialized Programs: Some hospitals or health institutions have programs specifically designed for trauma or childhood development that include these assessments.
- Check with State or County Health Departments: State or county health departments often have listings or resources for finding qualified clinicians for specific assessments and interventions.
- Inquire About Telehealth Options: Some clinicians offer telehealth options and can administer ACEs or PEARLS assessments remotely. This can be especially helpful if local options are limited.

If you are interested in learning more or training on PEARLS, below are a few resources to get you started:

- ACEs Aware Training: A free, two-hour course: "Becoming ACEs Aware in California." Covers ACEs basics and trauma-informed care.
- PEARLS Implementation Toolkit – University of Washington: Offers step-by-step guidance for using PEARLS in practice.
- ACE Screenings Resource Guide: Includes scripts and tips for introducing screening topics with youth and families.

B. Mental Health Challenges

Unaccompanied youth carry the weight of immense emotional burdens, making them especially vulnerable to mental health challenges such as anxiety, depression, post-traumatic stress disorder (PTSD), adjustment disorders, or profound grief and loss. These mental health struggles not only impact the youth's well-being but also have practical implications for advocates serving them.

Understanding these challenges is essential for providing effective, empathetic support and preparing for potential obstacles during legal proceedings. For example, mental health issues can affect a youth's ability to recall key details, engage consistently in the legal process, or clearly articulate their experiences-details that may be pivotal in various immigration relief claims. By recognizing the signs of mental health struggles, advocates can better anticipate these challenges, collaborate with mental health professionals when necessary, and develop strategies to ensure that the youth's legal case is managed with sensitivity and care. This holistic approach not only strengthens the case but also contributes to the youth's overall healing, emphasizing that advocacy is as much about emotional support as it is about legal representation.

i. Recognizing the Signs and Symptoms

Distinguishing between typical adolescent behavior and signs of a mental health challenge can be difficult, especially for unaccompanied youth who may already be grappling with stress from their migration experience. The key is to pay attention to those behaviors that suddenly appear or those behaviors that are not within the "normal" behavior range for a specific child.

According to the Mental Health America the following are some possible signs and symptoms of mental health disorders. It is also important to consider that someone might display a few, multiple or even just one sign or symptom.[19]

Younger Children (approx. under 13yrs)	Older Children and Pre-adolescents (approx. 14-17 yrs) *In addition to the previous symptoms*	Young Adults and Adolescents (approx. 18-21 yrs) *In addition to the previous symptoms*
Changes in school performance	Substance use	Confused thinking
Poor grades despite strong efforts	Inability to cope with problems and daily activities	Prolonged depression (sadness or irritability)
Changes in sleeping and/or eating habits	Excessive complaints of physical ailments	Feelings of extreme highs and lows
Excessive worry or anxiety (e.g., refusing to go to bed or school)	Changes in ability to manage responsibilities at home and/or at school	Social withdrawal
Hyperactivity	Defiance of authority, truancy, theft, and/or vandalism	Delusions "Strange thoughts"
Persistent nightmares	Excessive fears, worries, and anxieties	Seeing or hearing things that are not there (hallucinations)
Persistent disobedience or aggression	Prolonged negative mood, often accompanied by poor appetite or thoughts of death	Growing inability to cope with daily problems and activities
Frequent temper tantrums or outburst of anger		Thoughts of self-harm or harm to others

Please Note: *Unless you are a youth's personal mental health provider, your role should not involve diagnosing or treating their mental health conditions. However, as their advocate, you might be the person who identifies or recognizes early warning signs of mental health concerns. You could be one of the few trusted adults in a child 's life who can notice these early warning signs. This means that even without being a mental health professional, you can make a meaningful difference in their healing journey. You can do this by offering a safe and supportive environment, validating their emotions, and guiding them toward professional resources.*

[19] Mental Health America (AMA) - *Mental Illness and the Family: Recognizing Warning Signs and How to Cope*. Last visited April 1, 2025. Available here: https://mhanational.org/resources/mental-illness-and-the-family-recognizing-warning-signs-and-how-to-cope/#:~:text=%20In%20Adults%2C%20Young%20Adults%20and%20Adolescents%3A%20,10%20Suicidal%20thoughts%2011%20Substance%20use%20More%20.

Mental Health Diagnosis:

In this section we'll explore some of the mental health diagnosis that unaccompanied children may experience such as adjustment disorder, anxiety disorders, depressive disorders, and post-traumatic stress disorder, (PTSD) and mental health challenges, including grief and loss as well as challenges to access care.

ii. Adjustment Disorder

Adjustment disorders occur when someone struggles to adapt emotionally or behaviorally to a significant change or stress in their life. For example, when a youth experiences life changes, such as migration or separation from family, this separation can become so overwhelming that the youth struggles to cope. It's like trying to adapt to a major life shift while feeling persistently upset, anxious, or withdrawn. For unaccompanied youth, the stress of navigating a new culture and dealing with legal uncertainties can lead to this condition.[20]

The following are possible signs or symptoms of adjustment disorder in children/youth[21]		
Feeling sad, hopeless, or not enjoying things you used to enjoy.	Feeling irritable or like you can't handle anything and don't know where to start.	Having difficulty concentrating.
Crying often.	Having trouble sleeping.	Having difficulty with daily activities.
Worrying, or feeling anxious, nervous, jittery, or stressed out.	Not eating enough.	Withdrawing from family and friends.

Case Example: Juan, a 15-year-old unaccompanied youth from Honduras, has recently arrived in the United States after fleeing gang violence and poverty in his home country. Since arriving, he has been staying in a shelter and attending school but struggles to adapt to his new environment. Juan is often withdrawn and appears anxious about his future, frequently saying, "I don't know if I belong here." He has difficulty concentrating in school and has stopped participating in activities he used to enjoy, such as playing soccer. He reports feeling overwhelmed by the language barrier, the uncertainty about his immigration case, and the separation from his family.

[20] Stanford Medicine Children's Health- Adjustment Disorders in Children. Last visited February 4, 2025. Available here: https://www.stanfordchildrens.org/en/topic/default?id=adjustment-disorders-in-children-90-P01573.
[21] *Id.*

Presentation of Adjustment Disorder in Juan
This might look or feel like: • Emotional Symptoms: Frequent sadness, irritability, and tearfulness, especially when thinking about his family and life back home. • Behavioral Symptoms: Avoidance of social activities, reluctance to engage in school, and difficulty following rules in the group home. • Other Challenges: Struggles with language barriers and cultural differences leading to isolation, academic underperformance, and conflicts with peers.
How to support: • Normalize Adjustment Struggles: Reassure youth that finding it difficult to adapt is normal and valid. • Provide Stability: Help establish routines and predictable environments. • Connect to Resources: Facilitate access to counselors or culturally informed mental health services for coping strategies. • Empower Them: Encourage participation in integration activities, like clubs or community groups.
Example Language: *"I know it's hard being away from home. It's okay to feel sad or frustrated—we can work through this together."*

iii. Anxiety Disorders

Anxiety disorders involve overwhelming worry or fear, such as a fear of social embarrassment (*social anxiety*) or persistent concerns about day-to-day situations (*generalized anxiety*). For instance, a youth might feel constantly on edge, panic, or fear and might avoid social situations like speaking in class or being around big groups, even if the fears seem irrational. There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, and various phobia-related disorders.[22]

The following are possible signs or symptoms of anxiety in children/youth[23]		
Fatigue (possibly caused by sleep disturbances)	Muscle tension/headaches	Sweating

[22] Stanford Medicine Children's Health- Anxiety Disorders in Children. Last visited February 4, 2025.Available here: https://www.stanfordchildrens.org/en/topic/default?id=anxiety-disorders-in-children-90-P02555.
[23] *Id.*

Startling with ease	Palpitations or rapid heartbeat	Feeling short of breath or not being able to breathe deeply (possible panic attack)
Nausea, diarrhea, or irritable bowel syndrome (IBS)	Difficulty concentrating or remembering facts	Agitation/ Irritability

Case Example: Alina, a 17-year-old unaccompanied youth from Ukraine, arrived in the United States after fleeing her hometown, which was heavily impacted by the war. Since her arrival, she has been living with a host family and trying to adjust to her new school. Despite her efforts, Alina frequently experiences intense worry about her family's safety back in Ukraine and her uncertain immigration status. She has trouble sleeping, often waking up in a panic after nightmares, and reports feeling "on edge" most of the day. At school, she avoids socializing with her peers, fearing they will judge her limited English skills, and she struggles to focus in class. Her physical symptoms include frequent headaches and stomachaches, which the doctor attributes to her heightened stress levels. Alina's anxiety significantly impacts her daily life, making it challenging to participate in activities and build connections in her new environment.

Presentation of Anxiety Disorder in Alina

This might look or feel like:

- Emotional Symptoms: Persistent worry about her family's safety and fears about her future.
- Behavioral Symptoms: Avoidance of social interactions and constant need for reassurance from her host family.
- Other Challenges: Frequent headaches, stomachaches, and trouble sleeping.

How to support:

- Acknowledge Their Fears: Validate their concerns while providing reassurance and stability.
- Teach Coping Skills: Offer relaxation techniques like deep breathing or grounding exercises.
- Provide Predictability: Be transparent about processes like legal hearings to reduce uncertainty.
- Refer for Professional Help: Encourage therapy, especially approaches like cognitive-behavioral therapy (CBT), which is effective for anxiety.

Example Language: *"It's okay to feel scared. Let's talk about what's on your mind and how we can make things a bit easier for you."*

iv. Depressive Disorders

Depression is not just about feeling down, although most people who suffer from depression do. Depression affects emotions and behaviors, causing prolonged sadness, loss of interest in previously enjoyed activities, fatigue, and changes in sleep or appetite. In severe cases, depression can lead to thoughts of suicide. For unaccompanied youth, the isolation, grief, and uncertainty of migration can heighten these feelings. Depressive disorders, including major depressive disorder (MDD), involve persistent feelings of sadness, emptiness, or irritability, accompanied by physical and cognitive symptoms that significantly impair daily functioning.[25]

The following are possible signs or symptoms of depression in children/youth[24]		
Feeling sad, hopeless, or irritable a lot of the time	Not wanting to do or enjoy doing fun things	Showing changes in eating patterns—eating a lot more or a lot less than usual
Showing changes in sleep patterns—sleeping a lot more or a lot less than normal	Showing changes in energy—being tired and sluggish or tense and restless a lot of the time	Having a hard time paying attention
Feeling worthless, useless, or guilty	Showing self-injury or self-destructive behavior	Increased risk-taking behaviors

Case Example: Javier, a 17-year-old unaccompanied youth from Guatemala, arrived in the United States after escaping family violence and extreme poverty in his home country. Since his arrival, he has struggled with profound feelings of sadness and hopelessness. Javier frequently says things like, "It doesn't matter what I do; nothing will change," and he avoids engaging with his caseworker or peers in the shelter. Javier sleeps excessively but still feels fatigued, and he has lost interest in activities he once enjoyed, such as playing guitar. He struggles to eat regularly and has lost a noticeable amount of weight. He finds it hard to concentrate during his school classes and often appears distracted or disengaged. Javier has expressed feelings of guilt for leaving his family behind and occasional thoughts of being better off dead, although he has not made specific plans to harm himself.

Presentation of Depressive Disorder in Javier
This might look or feel like:

[24] *Id.*
[25] Stanford Medicine Children's Health- *Persistent Depressive Disorder in Children*. Last visited February 4, 2025. Available here: https://www.stanfordchildrens.org/en/topic/default?id=persistent-depressive-disorder-in-children-90-P01600.

- Emotional Symptoms: Persistent sadness, feelings of hopelessness, and low self-esteem.
- Behavioral Symptoms: Isolation from peers and loss of interest in playing soccer, which he once loved.
- Other Challenges: Loss of appetite, fatigue, and difficulty concentrating.

How to support:

- Recognize Signs: Pay attention to youth who appear withdrawn, uninterested, or constantly fatigued.
- Build Trust: Offer a safe space for youth to express feelings without fear of judgment.
- Encourage Activity: Recommend engaging in sports or creative outlets to promote mental well-being.
- Facilitate Therapy: Refer to culturally competent therapists skilled in treating depression.

Example Language: *"I can see this is a tough time for you, but you're not alone. If you are willing, we can work together to find ways to help you feel better."*

v. Post Traumatic Stress Disorders (PTSD)

Posttraumatic stress disorder (PTSD) is a mental health condition that can affect individuals of any age. Children with PTSD frequently experience frightening thoughts and memories related to a past event they found terrifying, either physically or emotionally. PTSD symptoms might appear soon after a stressful event or may not manifest until six months or more afterward. Some children experience long-lasting effects, feeling emotionally numb for extended periods. PTSD can sometimes become a chronic issue.[26]

The following are possible signs or symptoms of PTSD in children/youth[27]		
Feeling nervous or "on guard"	Startled easily	Lack of responsiveness
Irritability and possibly aggressive	Loss of contact with reality	Difficulty concentrating
Physical symptoms (such as headaches or stomachaches)	Recreation/reliving an event over a period of seconds or hours or, very rarely, days	A constant sense of danger

PTSD is prevalent among unaccompanied children. Research by the Center for Latin American & Latino Studies (CLALS) at American University in Washington, D.C., reveals

[26] Stanford Medicine Children's Health- *Posttraumatic Stress Disorder (PTSD) in Children.* Last visited February 4, 2025. Available here: https://www.stanfordchildrens.org/en/topic/default?id=posttraumatic-stress-disorder-ptsd-in-children-90-P02579.
[27] *Id.*

that about one-third of unaccompanied minors from El Salvador, Honduras, and Guatemala exhibit symptoms of moderate to severe PTSD, much higher than the general population. Many of these youth have experienced or witnessed traumatic events, such as displacement or violence.[28]

The following are some potentially traumatic events that might trigger PTSD:

- Emotional, sexual, or physical abuse
- Emotional or physical neglect
- Direct abuse or violence to a loved one
- Hostile separation or divorce
- Significant poverty (not having housing, not knowing when you will eat next)
- Substance abuse in the home
- Complicated separation from loved ones
- Natural disasters or serious accidents

Case Example: Jose, now 19, arrived in the U.S. from El Salvador at 17, fleeing violence and instability in his home country. He came alone, crossing treacherous borders, and endured difficult experiences that have affected his emotional well-being. Since his arrival, he has struggled to adapt to a new culture, facing isolation and discrimination while trying to build a new life. The trauma he experienced before arriving followed him, manifesting itself in nightmares, flashbacks, and moments of intense anxiety. Despite his desire to move forward, his PTSD symptoms hold him back, affecting his daily life—whether it's in his relationships, work, or even just navigating the streets of his new city. He's haunted by the past, but he holds onto the hope that he can someday heal, even if he doesn't know how just yet.

Presentation of PTSD in Jose

This might look or feel like:

- Intrusive Symptoms: Recurrent nightmares and flashbacks about the attack.
- Avoidance Symptoms: Refusal to talk about the past or engage in activities that remind him of home.
- Hyperarousal: Difficulty concentrating, easily startled, and a constant sense of danger.

How to support:

[28] Symptoms of PTSD and Depression among Central American Immigrant Youth, (pp. 99-118), Castañeda, E. J., Aug. 11, 2021. Last visited November 15, 2024. Available here: https://www.mdpi.com/2673-866X/1/2/10.

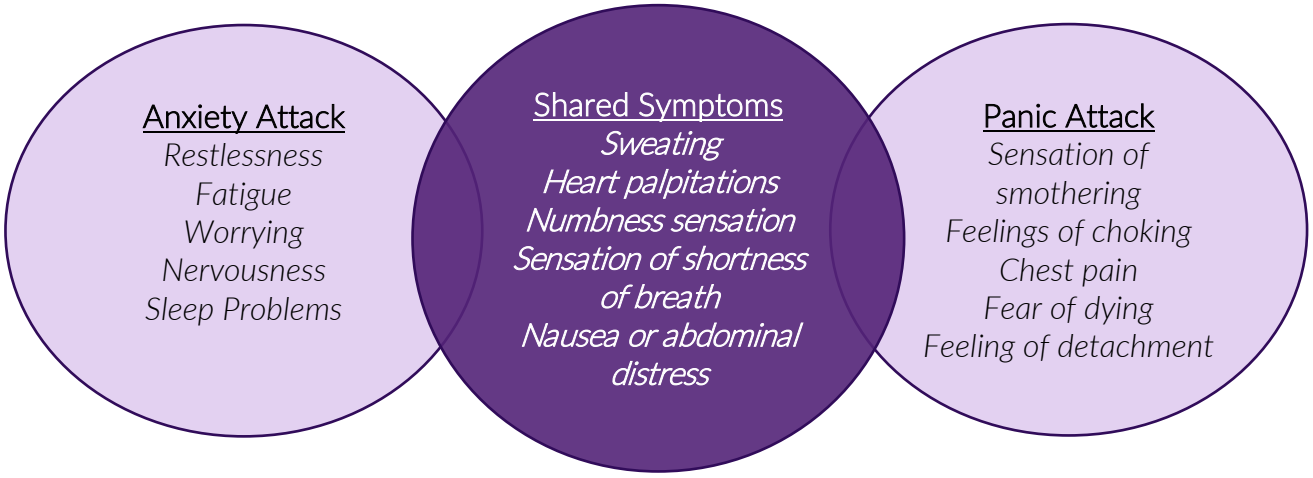
- **Be Trauma-Informed:** Understand that aggression, withdrawal, or other behaviors may stem from past trauma.
- **Minimize Triggers:** Create environments that feel calm and safe, avoiding loud noises or chaos.
- **Offer Consistency:** Provide clear expectations and consistent routines to build trust.
- **Connect to Trauma-Informed Therapists:** Help youth access professionals trained in techniques like EMDR (Eye Movement Desensitization and Reprocessing) or trauma-focused CBT.

Example Language: "You've been through a lot, and it's okay to feel the way you do. We'll take things one step at a time."

vi. Panic and Anxiety Attacks

Some people, including children who have a history of trauma or those who have a mental health condition such as generalized anxiety or PTSD, can or might experience panic attacks or anxiety attacks. You may hear the terms "anxiety attack" and "panic attack" used interchangeably, which is understandable given that they share some common symptoms.

Knowing how to distinguish a panic attack from an anxiety attack is not as important as knowing how to respond. Typically, both a panic attack and anxiety attack can be managed similarly. Below are some of the possible symptoms of panic and anxiety attacks. Note that everyone is different, and the symptoms might manifest differently each time.



A **panic attack** can come without cause or warning. Some have described the physical and emotional effects of a panic attack as profound and not easily forgotten. The physical symptoms can be so intense and extreme that the person believes that they are actually suffering a heart attack. Sometimes it can even occur while someone is sleeping; this can be because of emotional tension buildup.[29]

An **anxiety attack**, on the other hand, is an outburst of anxiety that is usually preceded by feelings of worry or stress and more than likely triggered by a known cause, such as an emotionally charged situation or circumstance or by a known trigger. An anxiety attach can be less intense than a panic attack.[30]

Panick & Anxiety Attack
How to support: • **Stay Calm and Present:** Your calm demeanor can help the youth feel grounded. • **Use Reassuring Language:** Acknowledge their fear without amplifying it. • **Validate Their Feelings:** Show empathy and let them know it's okay to feel anxious. • **Guide Their Breathing:** Help them focus on slow, deep breaths to regain control. • **Encourage Coping Strategies:** Offer calming techniques, such as grounding exercises or positive reframing. You can use sensory grounding to shift their focus away from the fear. • **Help Identify the Cause:** If they're able, guide them to name the worry or stressor. • **Empower Them:** Remind them of their strengths and ability to cope with challenges.
Example Language: • *"I'm here with you. You're safe right now."* • *"I know this feels scary right now. Let's try to breathe together—inhale for four counts, hold for four counts, and exhale for four counts."* • *"Can you tell me five things you see around us right now? Let's focus on that."* • *"It sounds like you're feeling really overwhelmed. That's okay—it's normal to feel this way sometimes."*

[29] Verywellmind- *Panic Attack vs. Anxiety Attack: How They Differ*. Last visited January 31, 2025. Available here: https://www.verywellmind.com/anxiety-attacks-versus-panic-attacks-2584396.
[30] *Id.*

- *"Can we take a moment to talk about what's worrying you? We'll take it one step at a time."*
- *"You've gotten through hard times like this before. I'm here to help."*
- *"If you are able, we can explore a quick grounding exercise together… (pause)…Can you place your feet firmly on the floor and take a deep breath with me?"*

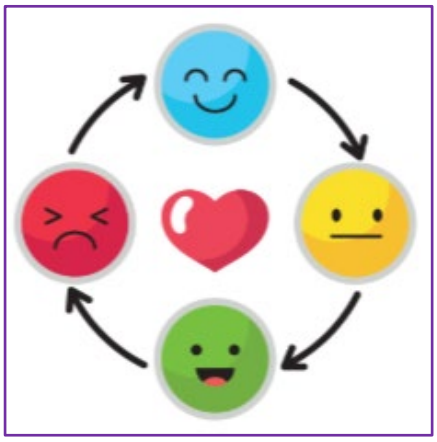
vii. Emotional Dysregulation

You might hear the term ***emotional dysregulation*** when receiving or reviewing information about your client's/youth's mental health. Emotional dysregulation is an important term to familiarize yourself with as it can be associated with trauma or some mental health conditions such as PTSD, depression, or anxiety. Emotional dysregulation is the inability, despite best efforts, to change or regulate emotional stimuli, experiences, actions, verbal responses, and/or nonverbal expressions under normative conditions.[31]

There are various reasons why someone may develop emotional dysregulation which might include early childhood trauma, traumatic brain injury, emotional neglect, and various mental health disorders (*e.g., PTSD, borderline personality, and obsessive-compulsive disorder*).[32] Recognizing these underlying causes can help advocates provide more informed and compassionate support.

Understanding emotional dysregulation is essential, but equally important is exploring ways to manage and support emotional well-being. This leads us to emotional self-regulation and co-regulation, which play a crucial role in helping someone navigate their emotions effectively.

Self-Regulation is the ability to manage one's emotions, thoughts, and behaviors independently. It involves skills like controlling impulses, reframing negative situations, and using strategies to stay calm under stress. Most adults develop this ability over time through experience and practice.[33]



Co-Regulation is the process of an adult providing support to help a child regulate their emotions. Through warm, responsive interactions, adults' model self-regulation and create a calming presence that helps children feel safe and in control. Since emotions are contagious, the adult's ability to

[31] WebMD-*What is Emotional Dysregulation*. Last visited January 5, 2022. Available here: https://www.webmd.com/mental-health/what-is-emotional-dysregulation.
[32] *Id.*
[33] Child Mind-*What is co-regulation?* Last visited February 6, 2025. Available here: https://childmind.org/article/what-is-co-regulation/.

manage their own stress directly influences the child's ability to calm down and learn effective coping strategies.[34]

Emotional Dysregulation
Possible causes: • **Trauma and Stress:** Youth who have experienced trauma or instability may have heightened emotional sensitivity, making it harder to manage intense feelings. • **Underdeveloped Coping Skills:** Many youth, especially those facing abrupt life changes, haven't had the chance to learn effective self-regulation strategies. • **Neurological Factors:** Chronic stress can affect the brain's ability to regulate emotions, particularly in areas like the prefrontal cortex and amygdala.[35]
Emotional dysregulation can manifest in various ways, including: • **Outbursts:** Yelling, crying, or aggressive behavior in response to frustration or stress. • **Shutting Down:** Withdrawing or becoming nonverbal when overwhelmed. • **Impulsive Actions:** Risk-taking or destructive behaviors as a response to emotional distress. • **Overwhelming Emotions:** Difficulty calming down after feeling angry, sad, or anxious.
How to encourage emotional self-regulation: • **Model Calm Behavior:** Show patience and composure during moments of emotional distress to demonstrate what regulation looks like. • **Use Validation and Empathy:** Acknowledge their feelings to help them feel understood and supported. • **Teach Self-Regulation Skills:** Introduce practical tools for managing emotions, such as breathing techniques or grounding exercises. • **Provide a Calm Environment:** Minimize external stressors, like loud noises or chaotic surroundings, to help the youth regain control.
Example Language: • *"It looks like you're feeling really upset right now. It's completely okay to feel this way. Would you like to take a moment together to figure things out?"* • *"Would you like to try something to help calm your body? How about taking a slow, deep breath with me? We can breathe in for four counts and out for four counts."*

[34] *Id.*
[35] Harvard Health Publishing-*Understanding the stress response*. Last visited February 6, 2025. Available here: https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response.

- *"Would you like to try something to help calm your body? How about taking a slow, deep breath with me? We can breathe in for four counts and out for four counts."*
- *"It seems like you might need a break. Would stepping outside or holding something comforting, like this stress ball, help?"*

Emotional Co-Regulation

How can emotional co-regulation help:

- Promotes Safety: A calm, caring presence helps reduce the youth's sense of threat.
- Builds Skills: By modeling regulation strategies, advocates teach youth how to self-regulate over time.
- Strengthens Connection: Co-regulation builds trust and a sense of security, especially for youth who lack stable adult support.

How to support:

- Stay Calm and Attuned: Maintain a steady tone and body language to convey safety and support.
- Acknowledge and Mirror Feelings: Let the youth know their emotions are valid while guiding them toward a more regulated state.
- Offer Physical Comfort: If appropriate, suggest comforting actions like holding a soft object or placing their feet firmly on the ground.
- Guide Them Step by Step: Break down overwhelming situations into manageable parts and provide reassurance.

Example Language to use in the moment:

- *"I'm here with you. Take your time—there's no rush. Would it help if we just sat together for a moment?"*
- *"It sounds like you're feeling really frustrated right now. That makes a lot of sense given what's going on. Would you like to talk about it, or just take a moment to breathe?"*
- *"Sometimes having something to hold can make things feel a little easier. Would you like to squeeze this stress ball or wrap yourself in a blanket?"*
- *"I know this feels like a lot. How about we take it one step at a time? What's the very first thing we can do together to make this feel more manageable?"*

Pro-active approach:

- **Breathing Exercises:** Teach simple techniques, such as box breathing (inhale for 4, hold for 4, exhale for 4, hold for 4).
- **Grounding Techniques:** Use sensory activities, such as naming five things they see, four they can touch, three they can hear, two they can smell, and one they can taste.
- **Movement and Breaks:** Encourage physical activity, such as stretching, walking, or squeezing a stress ball.
- **Journaling or Drawing:** Offer creative outlets for expressing emotions in a safe and non-verbal way.

Pro-active Language:

- *"When you start to feel overwhelmed, remember you can always pause and take a deep breath. We can practice it together now if you want."*
- *"Sometimes it helps to move a little when emotions feel stuck—do you want to try a quick stretch?"*
- *"Would you like to draw or write down how you're feeling? It might help get those feelings out."*

Please Note: *You don't need to be a mental health professional to provide meaningful support to youth. As an advocate, you play a vital role in offering stability, guidance, and connection, even without formal mental health training. By connecting youth to community resources, including mental health resources and using practical strategies, and intentional approaches, you can help build trust, nurture resilience, create a safe, supportive environment where youth feel heard, valued, and empowered.*

viii. Grief and Loss

Grief is a natural response to losing someone or something important. This experience can be one of the hardest that a human being can endure in their life. Although many people only associate grief and loss with death, this can also occur in situations where something happens that we interpret as a loss (e.g., the end of a relationship, loss of health, loss of a job, etc…). As a matter of fact, one can also experience grief when migrating, leaving behind one's family, friends, the place where one was born and the places where one formed core memories. For unaccompanied youth, this might involve the death of a loved one, separation from family, or the loss of their home and way of life.

Grief and Loss

This might look like:

- Sadness, anger, or guilt.

- Physical symptoms like fatigue, headaches, or stomachaches.
- Difficulty concentrating or staying motivated.
- Withdrawal from others or disinterest in activities they once enjoyed.

How to support:

- Acknowledge the Loss: Let the youth know it's okay to grieve and that their feelings are valid.
- Provide a Safe Space: Offer opportunities to talk or express emotions in a non-judgmental environment.
- Encourage Healthy Outlets: Suggest activities like journaling, art, or physical activity to process emotions.

Example Language:

- *"I'm so sorry for your loss. It's okay to feel however you're feeling right now."*
- *"Would you like to talk about what you're going through, or maybe do something that helps you feel better?"*

Migratory grief is the profound sense of loss and longing experienced by those who leave their home country. This type of grief often includes missing family, friends, cultural traditions, and a familiar environment.[36] Though it may look different, grief occurs with migration regardless of whether the migration was by choice or if it was brought about by an economic, political, social crisis, or an environmental catastrophe in the country of origin or the choice sometimes is made by a parent/family member/caregiver.

Migratory Grief
This might look like: • Feeling disconnected or isolated. • Difficulty adjusting to a new culture or environment. • Nostalgia or longing for familiar customs, food, or traditions. • Feelings of guilt about leaving loved ones behind.
How to support: • Recognize the Complexity: Validate the youth's grief as a natural response to leaving behind a significant part of their life.

[36] World Psychiatry Journal - *Migration, cultural bereavement and cultural identity.* Last visited November 22, 2024. Available here: https://pmc.ncbi.nlm.nih.gov/articles/PMC1414713/.

- **Foster Connection:** Help them find ways to stay connected to their culture, such as through food, music, or community events.
- **Social Connections:** Encourage them to connect with others who share similar experiences.

Example Language:

- *"I can see how much you miss your home. That's a very real and valid feeling."*
- *"Are there things from your culture you'd like to share or bring into your life here? Maybe a favorite meal or song?"*

Please Note: *Not all grief requires therapy. Many individuals process their loss naturally over time with the support of friends, family, or community. However, when grief becomes prolonged or interferes significantly with daily life, professional support from a mental health provider may be necessary.*

The following are signs that someone might benefit from support from a mental health professional for grief include:[37]

- Persistent inability to accept the loss
- Intense emotional pain that disrupts normal activities
- Social withdrawal or avoidance of reminders of the loss
- Symptoms of depression, anxiety, or hopelessness

ix. Addressing Mental Health Stigma

In some immigrant communities, including Latinx/Hispanic immigrant communities, mental health remains a stigmatized topic, sometimes creating a major barrier to seeking support. This stigma, combined with a lack of mental health education and limited awareness of available services, often delays help. Many individuals instead attempt to cope alone, which can intensify the challenges of immigration, acculturation, and trauma. Additionally, "the Latinx/Hispanic community faces unique institutional and systemic barriers that may impede access to mental health services, resulting in reduced help-seeking behaviors."[38]

[37] Diagnostic and Statistical Manual of Mental Disorders (DSM) is the DSM-5-TR- *Prolonged Grief Disorder (PGD).* Last visited January 15, 2025. Available here: https://www.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787.
[38] Mental Health America of Greater Houston - *LatinX Mental Health.* Last visited April 1, 2025. Available here: https://mhahouston.org/latinx-mental-health/.

The American Psychiatric Association lists the following as barriers to accessing mental health care by the Latinx community:[39]

- Lack of insurance or inadequate insurance
- Lack of knowledge/awareness about mental health problems and services available
- Cultural stigma associated with mental health disorders
- Language
- Lack of culturally tailored services and culturally competent mental health professionals
- Shortage of bilingual or linguistically trained mental health professionals
- Difficulties recognizing incipient signs of mental health disorders
- Problems identifying psychiatric symptoms when chief complaint is somatic symptoms

Below are some practical tips for advocates on how to support youth with these challenges:

- Assist youth in finding community health clinics and nonprofit organizations that offer free or low-cost mental health services. You can use the Health Resources and Services Administration (HRSA) search engine to locate these clinics.
- Guide youth in applying for Medicaid or other state/local health assistance programs if eligible, referencing resources such as NILC and NIWAP.
- Share clear, culturally accessible information about mental health, including signs, services, and available support (*e.g., pamphlets in their language, community presentations*).
- Foster open discussions to reduce stigma, reinforcing that mental health is just as important as physical health.
- Frame seeking mental health support as a strength and an essential act of self-care.
- Advocate for services in Spanish or other commonly spoken languages and utilize translation services when needed.
- Ensure translated materials and language support are available during appointments.

[39] Psychiatr Ann -*Deconstructing Cultural Aspects of Mental Health Care in Hispanic/Latinx People*. Last visited April 1, 2025. Available here: https://pmc.ncbi.nlm.nih.gov/articles/PMC10540642/#S7.

- Support community programs that integrate cultural knowledge into mental health services.

C. Mental Health Crisis

Working with youth can sometimes be unpredictable, and it's essential to be prepared for moments when situations may escalate into a mental health crisis. A mental health crisis can manifest in various ways, such as self-harm, suicidal thoughts, intense emotional distress, or behaviors that pose a danger to themselves or others. These crises can happen anytime and may arise during interactions with anyone, including you. You might not have experience navigating challenging moments of this nature. Even if you feel you are not the ideal person to deescalate the situation, your compassionate presence can make a significant difference. As an advocate, your role in such moments is to stabilize the situation as much as possible, showing empathy and creating a sense of safety until you can connect the youth to someone better equipped to help, such as a social worker or mental health professional.

i. Providing Support During a Mental Health Challenge

As an advocate you can be of great support to a youth who's experiencing a difficult moment. You can start by approaching them with patience, empathy, and a willingness to meet them where they are emotionally. As an advocate this is your opportunity to show the youth that they are not alone and that their feelings are valid.

Providing Support
Trauma awareness and cultural humility: Recognize that the youth you are supporting may have experienced significant trauma—either during their migration journey or in their country of origin. This trauma can increase the likelihood of mental health struggles. Understand that stigma around mental health may exist in some communities, and the youth might feel ashamed or fearful of seeking help.
Provide a safe environment and encounter: Building rapport is critical. Use positive, empathetic, and affirming language at all times. Example Language: • *"I'm really glad you reached out today, and I want you to know I'm here to support you."*
Educate: Explain what mental health is and how it affects people and normalize the experience of seeking help. Example Language:

• *"Everyone goes through tough times, and it's okay to ask for help. Mental health care is like seeing a doctor for any other health issue. You deserve the support to feel better."*
Connect them with resources/professional help: Help the youth access counseling, therapy, or crisis intervention services. These could be mental health professionals who specialize in trauma or youth, or organizations that assist immigrant populations.
Create a support plan: Work together with the youth to identify a support plan, including coping strategies, people they can talk to, and emergency contacts. Example Language: • *"How about we make a list of people you trust or places you can go if you're feeling really down. Having a plan helps in case things get tough."*

ii. Recognizing a Mental Health Crisis

It is also possible that a child might express concerning sentiments to you, such as "*not wanting to be here anymore,*" "*being done with all this,*" "*feeling worthless and invisible,*" or indicate that they "*can't stop the pain.*" These types of comments can be as simple as them expressing their frustration, or they can be as serious as them indirectly expressing suicidal ideations.

How can you know the difference? There's no way to know for certain based on the statements alone, and that's why it is imperative to have a serious and direct conversation with the youth. Suicidal ideation refers to thoughts or expressions of wanting to harm or end one's life. It is important for advocates to be vigilant and to notice changes in behavior or speech that may signal mental distress. Here are some signs to look for:[40]

Verbal Cues	• "I don't want to live anymore." • "Things will never get better." • "I'm better off dead." • "I just want to sleep and never wake up." • "The pain will never end."
	• Withdrawal from others, including friends, family, or group activities.

[40] National Institute of Mental Health (NIH)-Warning signs of Suicide. Last visited December 3, 2024.

Behavioral Cues	• Giving away possessions or making arrangements for things like their belongings. • Unexplained irritability, sadness, or hopelessness. • A sudden decline in self-care (not eating, sleeping, or grooming). • Engaging in high-risk behavior, such as reckless driving, substance abuse, or self-harm.
Physical Cues/Symptoms	• Dramatic changes in eating patterns. • Complaints of physical pain without a clear medical cause. • Slowed thinking, speaking or body movements. • Poor attendance at school. • Dramatic changes in sleeping patterns.

iii. Immediate Action Required

If you notice any of the signs indicated above or others, it's important not to dismiss them and instead explore with the youth how they are doing and seek help.

When to seek immediate professional help?

- If the youth has made an attempt to harm themselves, call emergency services immediately.
- If you believe there is an imminent risk, including when a youth information that suggests a plan to harm themselves or others, do not hesitate to get them to a healthcare facility or call a crisis helpline for immediate intervention. Hotlines and Helplines:
    - National Suicide Prevention Lifeline (USA): 988
    - Crisis Text Line (USA): Text HOME to 741741
- Always have the number of trusted mental health professional or service provider readily available to share with the youth and their family (if possible).

According to the American Foundation for Suicide Prevention, the following is important to do if suicidal ideation/attempt is suspected:[41]

[41] American Foundation for Suicide Prevention – *Talk Away the Dark #RealConvo Guide*. Last visited December 18, 2024. Available here: https://talkawaythedark.afsp.org/thinkingaboutsuicide.

What to Do if You Suspect Suicidal Ideation or an Attempt, adapted from information provided by the American Foundation for Suicide Prevention:[42]
Remain composed: Just because someone is contemplating suicide doesn't mean they are in immediate danger. It's important to listen calmly and ask follow-up questions such as: Example Language: • *"How frequently do you experience these thoughts?"* • *"In overwhelming moments, what do you do?"* • *"What aspect of these thoughts scares you?"* • *"What do you need to feel secure?"*
Don't leave them alone: If a youth is expressing thoughts of suicide, stay with them if it is safe to do so. Keep them calm and ensure they have supervision until further help can arrive.
Listen without judgment: Use empathetic and non-judgmental language. Avoid making them feel guilty or ashamed for expressing these feelings. Example Language: • *"I can see you're really struggling right now. I'm here to listen, and we can talk through this together."* *"It sounds like you've been feeling really overwhelmed and hopeless. How long have you been feeling this way? I would like to listen and to help you through it."*
Ask direct questions: It's important to ask about their safety in a direct, yet compassionate way. Example Language: • *"Have you thought about how you might hurt yourself?"* • *"Do you have a plan for how you would do it?"* • *"Do you have access to anything that could hurt you?"*
Validate Their Emotions: They may feel isolated, misunderstood, or marginalized. Show empathy and reassure them that their feelings are valid. Example Language: • "It must be really frustrating to feel like you're carrying everything on your own. I see how much you're handling right now."

[42] American Foundation for Suicide Prevention – *Talk Away the Dark #RealConvo Guide*. Last visited December 18, 2024. Available here: https://talkawaythedark.afsp.org/thinkingaboutsuicide.

Encourage seeking professional help: Being supportive in this conversation is wonderful, but remember, you're not a mental health expert. When someone shares that they're contemplating suicide, it's crucial they speak with a mental health professional. Here's how to suggest it:

Example Language:

- *"The fact that you're experiencing these thoughts means something important is happening with you right now. Please know that help is available, and I'm here to assist you in finding the right resources."*
- *"Therapy isn't only for severe issues; it can aid anyone in dealing with challenges, and we all encounter significant challenges sometimes."*
- *"Speaking to a professional can give you perspective and help prevent things from worsening."*

Provide Hope: Remind them that things can improve, even if it doesn't feel like it right now.

Example Language:

- *"I can understand that things may seem overwhelming right now, and it's okay to feel uncertain about what to do next. You're not alone in this. How about we take small steps together to figure out what might bring you some comfort and help you feel more in control? Things may take time, but I believe things can get better, even if it doesn't seem that way right now."*

Be Patient: Sometimes, it may take time for the youth to open up. Avoid pushing too hard, but maintain an open, compassionate stance.

Example Language:

- *"I can see that you're feeling really overwhelmed right now. If you don't want to talk, that's okay. I'll give you a little space. Just know I'm here when you're ready."*

Helpful Resources from the American Foundation for Suicide Prevention:

- General Suicide Prevention Resources
- Talk away the dark-Real Convo Guide
- Mental health resources for marginalized communities
- When someone is at risk
- Find a support group

Please Note: *The information provided in this section and throughout the toolkit is for informational purposes only and is not a substitute for professional mental health advice. Each situation is unique, and individuals should consult with a qualified mental health professional for personalized guidance. Advocates are encouraged to familiarize themselves with their organization's policies or protocols regarding these situations to ensure appropriate support is provided.*

Addressing difficult conversations, especially those involving mental health, is both challenging and crucial. We recommend you first reflect inwardly to understand why these topics might seem daunting to you as the advocate. Often, such difficulty stems from personal discomfort, fear of saying the wrong thing, or the overwhelming nature of the subject itself. For the youth, these conversations are equally intimidating. They might fear judgment, feel ashamed, or worry about being misunderstood. Acknowledging these emotions can help create a safe space for open dialogue. Despite the difficulty, these conversations play a vital role in providing support and understanding.

- CILA Resource: To help you tackle these challenging conversations, we invite you to explore CILA's written resource, *Navigating Difficult Conversations with Child Clients: Guidance & Examples*, that offers practical tips and guidance on how to have these discussions.

Section IV

Helping Youth Build a Strong Support System

IV. Helping Youth Build a Strong Support System

Unaccompanied youth often face overwhelming challenges, from navigating new environments and managing daily life while also processing past trauma. A strong support system can serve as a foundation for their emotional, social, and practical well-being, helping them build resilience and a sense of belonging.

A. The Importance of a Support System

A support system offers stability and encouragement, which are especially important for youth who have experienced disruption or loss. Trusted relationships can provide:

- Emotional support to manage stress and anxiety.
- Practical help with tasks such as education, legal processes, or healthcare.
- A sense of community and belonging, which is vital for mental health and personal growth.

Practical tips for youth on how to build a support system
Leverage Community Resources: They can join community programs or youth organizations or attend support groups or mentorship programs tailored to immigrant youth.
Maintain Connections: They can stay in touch with family or friends, even if they are far away, using the phone or through video calls. They can build friendships with peers in their school and community.
Engage with Trusted Adults: Seek out mentors, teachers, or counselors who can provide guidance and support.

As advocates, you have a unique opportunity to guide and support youth in identifying and strengthening their support systems.

Practical tips for advocates on how to help youth create a support system
Identify Resources: Research and connect youth with local organizations that offer mentoring, counseling, or community events. They can suggest programs for young immigrants, such as cultural clubs or language classes.
Facilitate Connections: Community organizations can help youth identify safe spaces in their community where they can meet others and feel comfortable in the shared community spaces. They can also introduce youth to key contacts, like social workers, community leaders, or mentors.

Provide Encouragement: These organizations can reinforce the importance of reaching out for help when needed and offer reassurance that building a support system is a process, and it's okay to take small steps.
Model Trust and Stability: Members of the community organization can show reliability and empathy in their interactions with the youth and serve as an example of a trustworthy and supportive relationship.

- **CILA Resource:** To help the youth navigate their emotions or feelings, including how to build a support system, check-out CILA written resource, Emotional Wellness Workbook for Youth.

Section V

Safeguarding Against Burnout and Vicarious Trauma

V. Safeguarding Against Burnout and Vicarious Trauma

The immigration landscape is undeniably challenging, especially for vulnerable groups like unaccompanied children. Advocates have stepped up, helping these youth navigate stressful, unjust, and sometimes life-threatening situations. The work can be deeply rewarding but also emotionally challenging for the advocate. However, the sustainability of this work lies in prioritizing our own sustainability as advocates- first ensuring that we take care of our own well-being so we can continue to show up for those who need us.

A. Practicing Self-Care

Embracing self-care is essential, not just for our own well-being, but for the well-being of our entire community, our families, friends, coworkers, and all those we interact with. This concept, known as community care, emphasizes that taking care of ourselves isn't a selfish or transactional act that we only do when we feel we've "earned it." Instead, self-care is a vital, ongoing practice that fuels our ability to show up as our best selves for others.

When we care for our physical, emotional, and mental health, we're not only taking care of ourselves, but also of those we care about. This creates a circle of care, where our well-being supports the well-being of others, and in return, they take care of us. This reciprocal care strengthens not only our own resilience but the collective well-being of our community, creating an environment where everyone thrives. By prioritizing your well-being as an advocate, you ensure you have the capacity and energy to continue your impactful work with unaccompanied youth.

Practical Tips for Self-Care
Community Care: Lean on your colleagues, mentors, and peers for guidance and emotional support. Sharing challenges and successes in a supportive community can reduce feelings of isolation.
Use Your Tools: Incorporate activities/techniques (e.g., meditation, deep breathing exercises, yoga, or journaling) that can help manage stress and stay grounded. Ensure you're getting adequate sleep, eating nutritious meals, and engaging in regular physical activity. Physical well-being plays a significant role in mental health.
Do Not Hesitate to Seek Professional Help: Don't hesitate to contact a counselor or therapist if you're feeling overwhelmed. Therapy can be a vital tool for processing secondary trauma and navigating work-related stress.
Advocate For Your Own Needs: Advocates must advocate for their own needs. This might involve requesting additional training, suggesting workload adjustments, or seeking more collaborative team structures. Remember, asking for help is not a sign of weakness but of strength and self-awareness.

CILA Resource: To learn more about self-care and how to incorporate it in your life, check-out CILA written resource, *Self-Care for Advocates Working with Unaccompanied Immigrant Youth*.

B. Setting Boundaries

As advocates, it's natural to want to give it your all to support your clients, but it's essential to recognize that you cannot solve all your clients' problems, and that's okay. Setting clear and compassionate boundaries is vital for sustaining your mental and emotional well-being while ensuring that you can continue to provide high-quality support over the long term.

Boundaries aren't about pushing others away. They're about establishing healthy limits that protect your personal time and energy which in turn will make you a more efficient and effective advocate. Also, when you model healthy boundaries, you also teach your clients the importance of maintaining their own, a great life skill.

Practical Tips for Setting Boundaries with Your Clients
Have an Open Conversation Early On: From the start, discuss what constitutes a crisis and what doesn't. Be clear about when and how they can reach out to you. Provide them with information on who they can contact if you are not available (e.g., is there someone on-call Example Language: • *"If you feel unsafe or are in immediate danger, it's important to contact our emergency/crisis number or the person on call."* • *"For non-emergency situations, feel free to contact me during working hours. Outside those hours, I'll respond as soon as I can."*
Use Gentle but Firm Language: Communicate your boundaries with kindness and empathy to avoid misunderstandings Example Language: • *"I'm here to support you, but I need to take care of myself, too, to be the best advocate I can be. That's why I have specific times when I'm available. Let's make a plan for what you can do if something comes up when we can't talk right away."*
Define Personal Time: Let your clients know that you have personal hours when you are unavailable but that does not mean they are left without help. Share resources they can rely on during these times, such as: Resources: • *A list of hotlines, local organizations, or trusted contacts they can call in an emergency.*

- *Written guidance or tips on coping strategies and self-regulation techniques.*

C. Creating a Self-Care Plan: Activity and Handout

A self-care plan is a personalized, intentional approach to maintaining your physical, mental, and emotional well-being. This activity will guide advocates in identifying and prioritizing their self-care needs, ensuring they have tools in place to sustain themselves while supporting others.

Step 1: Reflect on your needs

Take a few moments to reflect on what areas of your life feel most challenging right now. Consider the following categories:

- Physical (e.g., sleep, exercise, nutrition)
- Emotional (e.g., managing stress, processing emotions)
- Professional (e.g., workload, boundaries)
- Social (e.g., relationships, community)
- Spiritual (e.g., mindfulness, sense of purpose)

Write down a few challenges and areas you want to focus on improving

Step 2: Identify self-care strategies

Brainstorm activities or practices that can help you feel balanced and supported in each category. Here are examples to consider:

- Physical: Take a daily walk, drink more water, schedule routine check-ups.
- Emotional: Journal daily, practice gratitude, seek therapy or counseling.
- Professional: Take lunch breaks away from your desk, set boundaries for work hours.
- Social: Spend time with friends, join a peer support group, or reach out to loved ones.

- **Spiritual:** Meditate, practice yoga, or engage in activities that provide a sense of peace or connection.

Write down a few strategies/practices that would like to explore further

Step 3: Setting realistic goals

Choose 2–3 strategies from your list that feel achievable and focus on incorporating them into your daily or weekly routine. Be specific (*e.g., "I will do a 5-minute meditation each morning" instead of "I'll meditate more"*).

Write down a few strategies/practices that you are willing to try

Step 4: Build a support system

List the people in your life who can provide support or accountability, such as a colleague, friend, or family member.

Write down the name of people who can provide you support		

Step 5: Create a crisis plan

Think about what you'll do when you feel overwhelmed or need immediate support. Write down resources like a hotline number, a supportive friend to call, or a grounding technique you can use.

Write down the resource/person you'll contact in case of a crisis		

Step 6: Monitor and adjust

Revisit your plan regularly to assess what's working and what needs adjustment. Self-care is an ongoing process.

Self-Care Plan example:

Category	What I Need	My Plan	Support System
Physical	More sleep	Set a bedtime of 10 p.m.	Roommate: They can help by reminding me to set my alarm.
Emotional	Process stress	Debrief at the end of the day by journaling for 5-10 minutes before going to bed.	Therapist or Closest Friend: They can help by listening and holding space for me.
Professional	Less overtime	Log off work at 6 p.m.	Co-worker/Peer: They can help by holding me accountable.
Social	Connection with loved ones	Call my mother every Sunday evening.	Mother: Have her call me to check-up on me if I do not call by set time.
Spiritual	Sense of calm	Practice 1 minute of mindful and deep breathing every hour during the day.	Set apple watch to remind me to breath.

Now, create your own:

Category	What I Need	My Plan	Support System
Physical			
Emotional			
Professional			

Social			
Spiritual			

To learn tips about setting boundaries at work check out the Trauma-informed workplace section in this toolkit.

Section VI

CONCLUSION

VI. Conclusion

Thank you for using the *Working with Unaccompanied Children and Youth: Mental and Behavioral Health Toolkit*. We recognize the challenges that come with supporting unaccompanied children/youth, and we hope this toolkit has provided you with awareness and practical guidance. As you continue your work, remember that your compassion, patience, and understanding play a pivotal role in the healing journey of these youth. Building trust and offering a safe, supportive environment can make all the difference in their mental and emotional well-being.

Remember to take time for your own mental health and seek support when needed. Collaborate with others involved in the child's care, including social workers, mental health professionals, and legal advocates, to ensure a holistic approach. Your work is incredibly important, and the impact you have on these youth's lives cannot be overstated.

Thank you for your dedication and commitment. You are truly making a difference!

Section VIII

RESOURCES

VII. Resources

A. Resources for Advocates:

Resources for Trauma-Informed Advocacy	Webpage/Location
Children's Immigration Law Academy: Visit our website to learn more about our services and resources. Please note you'll need to create a free CILA Account to access some of the written resources.	General Website: https://cilacademy.org/ Here are a few of the many resources that you might be helpful in your advocacy efforts: • Navigating Difficult Conversations with Child Clients: Guidance & Examples. This interdisciplinary resource includes ethical considerations, helpful context for conversations, practical tips for supporting clients, example scripts in English and Spanish and self-care strategies. Available here. • For other CILA resources please visit our resource webpage.
Self-Care Resources	**Webpage/Location**
National Institutes of Health-Social Wellness Toolkit	To learn about evidence-based tips for living well and improving your health. https://www.nih.gov/health-information/social-wellness-toolkit
American Psychological Association/Self-Care	To lean and understand the benefits of self-care and how to apply it to your everyday life: https://www.apa.org/education-career/grad/self-care
Online Mindfulness-Based Stress Reduction (MBSR)	To learn more about Mindfulness Based Stress Reduction and get free training: https://palousemindfulness.com/index.html

Professional Quality of life (Pro QOL)	To learn about caring for yourself cards: https://www.apa.org/education-career/grad/self-care

B. Resources for Youth:

Resources for Youth	Webpage/Location
Children's Immigration Law Academy: To support immigrant youth in their journey of self-discovery, resiliency, and well-being. Visit our website to learn more about our services and resources. Please note you'll need to create a free CILA Account to access some of the written resources.	CILA's Youth Page: • https://cilacademy.org/youth/ CILA's Youth Facing Written Resources: • A New Path: My Toolkit for Navigating Life in the United States. Youth might find this resource helpful as he navigates life in the U.S. It explores a myriad of topics such as mental health, trauma, abuse, sexual health, building resiliency, self-care, and navigating immigration procedures. Available in English and Spanish. • Emotional Wellness Workbook for Youth. This workbook is available in both English and Spanish. It includes 41 activities offering coping and grounding skills, increasing self-esteem, building a support group, and more. It includes links on how to find mental health support. • Understanding Post-Release Services for Unaccompanied Youth: This resource was designed to help advocates navigate Post-Release Services (PRS) for unaccompanied children. Available here. • Understanding and Navigating the Public Education System in the United

	States: This resource is designed to help unaccompanied youth and newcomer students understand the K-12 public education system in the United States, their educational rights, and the opportunities available to them. Available in English and Spanish. • Pathway to Special Immigrant Juvenile Status (SIJS) and a Green Card: A helpful visual guide for explaining the pathway to SIJS and an obtaining a green card. Available here.
988 Suicide and Crisis Lifeline	To find support in a mental health crisis: https://988lifeline.org/?ref=w3use or You can also dial, or text 988.
National Alliance on Mental Illness (NAMI)-Navigating a Mental Health Crisis	To learn more about mental health and how to navigate a mental health crisis: https://www.nami.org/Your-Journey/Individuals-with-Mental-Illness
Substance Abuse and Mental Health Services Administration (SAMHSA) treatment Locator	To find local mental health services, including substance use services: https://findtreatment.gov/ or call 1-800-662-4357.
The National Runaway Safeline (NRS)	To provide 24/7 help, online resources, and support services for runaway and homeless youth, including unaccompanied minors: https://www.1800runaway.org.
National Domestic Violence Hotline	To find crisis support and resources for youth who may be fleeing abuse or dangerous situations, available via phone, chat, and text: https://www.thehotline.org.
The Trevor Project	To find crisis intervention and suicide prevention services for LGBTQ youth, including those experiencing displacement: https://www.thetrevorproject.org.