Parental Deportation and Child Wellbeing: A Clinical Case Formulation

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Abstract

This case study addresses the impact of United States (US) immigration policies on a 12-year-old US born child whose undocumented father is deported from the US. Drawing on the fear structure model and social cognitive theories of trauma, we formulate how arrest, detention and deportation are experienced as traumatic events that affect Luis' psychological wellbeing.

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Research demonstrates that United States immigration enforcement policies negatively impact the health, wellbeing, and development of US-citizen children (American Immigration Council, 2018; Torres, Santiago, Walts & Richards, 2018). Systematic marginalization, psychological uncertainty, and the prolonged exposure to immigration policy-related stressors, can contribute to mental health problems for children in mixed-status families. For children of deported parents, family separation can lead to attachment disruptions and potentially permanent dissolution of the family unit. We present the formulation of Luis¹, a 12-year-old US-born boy whose parents are unauthorized Guatemalan immigrants. Luis is one of approximately 4.1 million citizen children with one or more unauthorized parents. These families experience chronic risk and uncertainty, especially as the Trump administration prioritizes deportations without consideration of the children left behind. Luis' experience is emblematic of the more than 500,000 U.S. citizen children whose parent(s) were deported between 2008-2018 (American Immigration Council, 2018).

Case Formulation

Luis was referred by his pediatrician for a mental health evaluation with complaints of weight gain; poor school performance; headaches, fatigue, and stomach aches; and poor sleep quality, which had no underlying medical cause. Symptoms were precipitated by his father's arrest one year prior (witnessed by Luis), his subsequent detention, and deportation seven months later. Luis had no previous mental health history. During the evaluation, Luis presented with depressive symptoms, physiological anxiety and ruminative worries, somatization, and posttraumatic symptoms.

¹ All names and identifying data have been changed.

Following his father's arrest, the family entered a period of uncertainty and waiting. Luis' father was held in a detention center. Because his mother was also undocumented, Luis visited him without the buffer of a familiar caregiver to mediate the stress of the environment. During this post-arrest, pre-court decision period, Luis experienced heightened activation of the stress response system. Increased stress hormones activated the autonomic nervous system in dysfunctional ways, manifesting as hyperarousal and compromising his executive functioning (Cross, Fani, Powers & Bradley, 2017). Additionally, this affected his school performance; his grades fell from As and Bs to Cs and Ds and teachers reported him to be uncharacteristically withdrawn and unmotivated. Luis' mother had to assume outside work and had less time to be physically present to supervise the children, help with homework, and observe and react to her children's emotional states. This likely contributed to Luis' increased distress and his social withdrawal from social environments and from activities he once enjoyed.

Witnessing his father's arrest meets Breire's definition of a traumatic event as one that is: a) extremely upsetting, b) temporarily overwhelms internal resources, and c) produces lasting psychological symptoms (2015). The development of Luis' intrusive and avoidance symptoms can be understood via the fear structure model (Foa, Huppert, & Cahill, 2006). The image of witnessing his father's arrest (feared stimulus) became associated to his emotional (fear), physiological (activation of autonomic nervous system), and behavioral (paralysis) responses, as well as the meanings associated with the event, e.g., "the world is unsafe," and "I can't control my fate." When the fear structure was activated, e.g., by seeing police on the streets, it entered his consciousness through intrusive symptoms. Additionally, in order to integrate the trauma event, which is schema-discrepant (i.e., Luis sees his father as benevolent, not as criminal), his beliefs in particular regarding predictability of the world and others, are altered to accommodate this new information. For Luis, these beliefs are overly generalized, leading him to withdraw from important supports and experience negative alterations in mood.

Luis' loss of a primary attachment figure is an ambiguous loss: a loss that is unclear, incomplete or uncertain (Boss, 1999). Ambiguous loss results in confusion and distress and it can complicate the grieving process. Luis' father is physically absent, but psychologically present and may return to the U.S. post-deportation; yet his return poses extreme risk and can result in his prolonged detention. To cope with this loss, Luis' family prioritized silence as coping. Silence was a learned means of survival by Luis' mother, who lived during the civil war in Guatemala and subsequently as an unauthorized woman in the U.S. Although well intentioned, her advice to her son to remain silent ultimately exacerbated the psychological symptoms. Youth like Luis, who are exposed to trauma, have complicated grief, and do not talk about it, are more likely to experience intrusive symptoms and express their stress somatically as physical complaints and behaviorally as school disengagement (Kliewer & Lepore, 2015; Pressley & Spinazzola, 2018).

Conclusion

Luis' experiences and reactions are unfortunately not unique. Our research (Capps, YYY, XXX, Fix & Soto, in press) shows that 67% of second generation Latinx

U.S. born children of immigrant parents present with clinically significant anxiety symptoms and the prevalence of these symptoms increases with immigration enforcement and discrimination related stress. As mental health practitioners, we are tasked with assisting clients to gain skills to understand and manage their distress, safely process and transform trauma, work through grief and loss, reconnect to external supports, affirm cultural strengths, and build a life worth living. Additionally, our efforts to improve the well-being of Latinx youth are limited in a political context that places families and children at risk. Clinical work will benefit by being rooted in a larger commitment to advocacy and dissemination of research that will guide the development and implementation of policies that are in the best interest of the child and protect vulnerable children.

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