

Intersection of Psychology & Law for Child Asylum Seekers

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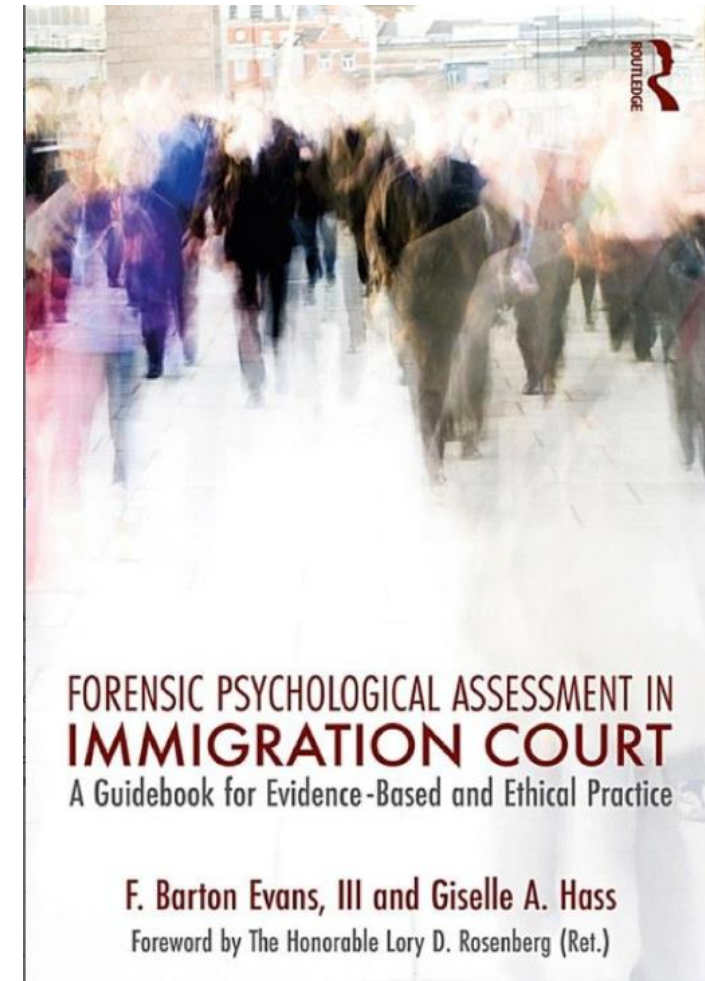
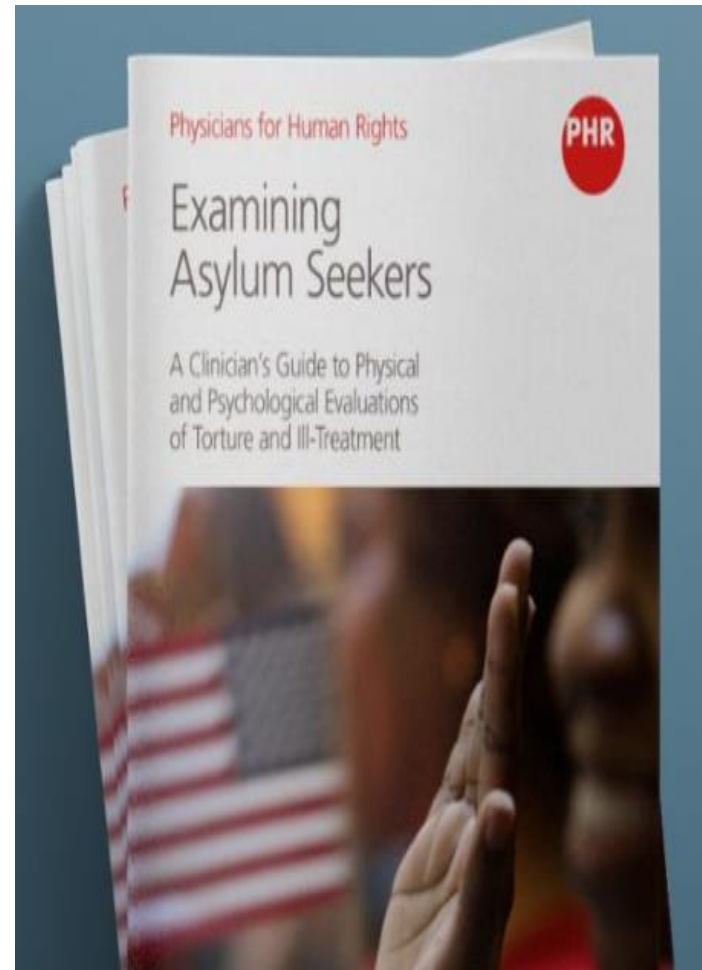
Forensic Assessment for Immigration Relief (FAIR) Clinic



- Pro bono, trauma-informed forensic medical and psychological evaluations to children and adolescents
- **The FAIR Clinic is the only one of its kind in Illinois to specialize in pediatric populations.**
- Goals & Objectives
 - Evaluations
 - Training
 - Research
 - Advocacy
- Partner affiliate of the Midwest Human Rights Consortium



Lack of Standardized **Pediatric** Guidelines



Objectives of Study

1. Investigate the **areas of consensus and variability** of stakeholder groups' (immigration attorneys, psychiatrists, psychologists, social workers) understanding of the **key components of child and adolescent forensic psychological asylum evaluations and affidavit preparation**.
2. Explore how the Trump administration **immigration policies may have impacted children** seeking refuge in the US in terms of both their exposure to trauma and mental health sequelae.
3. Identify the **strengths and protective factors** that correlate with post-traumatic growth, healing, and wellness for asylum seeking children.

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Methods

- Qualitative interviews & Surveys
 - 6 expert forensic psychological evaluators from four different disciplines
- Qualitative interviews
 - 2 immigration attorneys
- Chart review of medical records, affidavits
- Descriptive statistics and directed content analysis

Sample

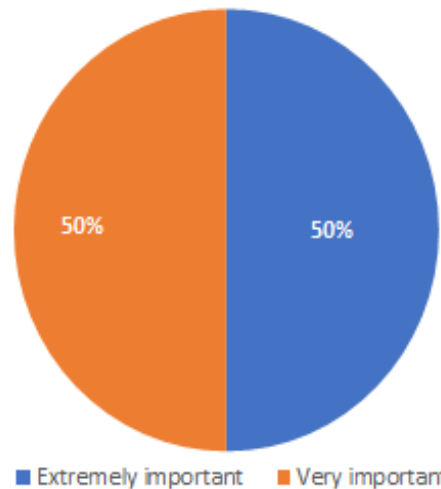
- Expert forensic psychological evaluators (n=6)
 - Average years of experience = 15 years
 - Average number of forensic evaluations completed = 152
- Immigration attorneys (n=2)
 - Average number of experience – 15.5 years
- Asylum seeking minors (n=9) evaluated in FAIR Clinic

Disciplines of Psychological Evaluators

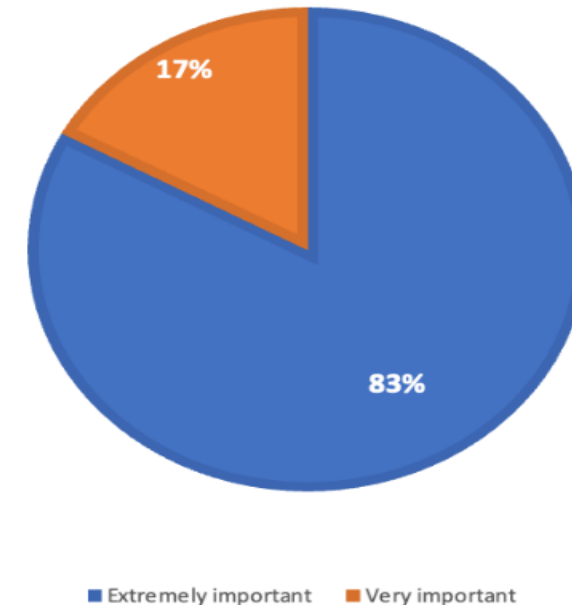
- 2 child psychiatrists
- 2 clinical child psychologists
- 1 licensed clinical social worker
- 1 licensed professional counselor

Aim #1: Areas of Consensus

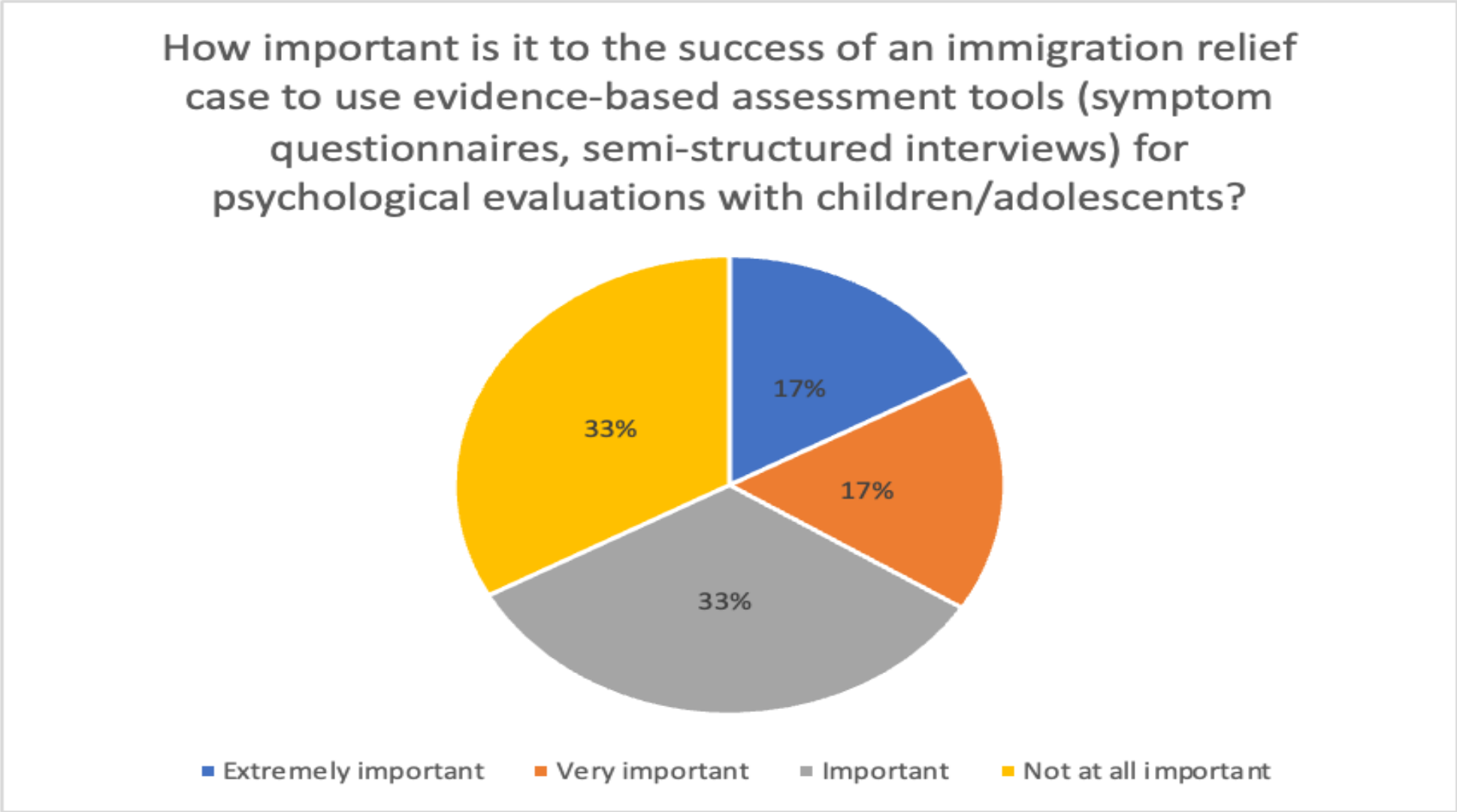
HOW IMPORTANT IS IT TO COLLECT COLLATERAL INFORMATION FROM MULTIPLE REPORTERS IN A FORENSIC PSYCHOLOGICAL ASYLUM EVALUATION OF A CHILD?



HOW IMPORTANT IS IT TO ASSESS DEVELOPMENTAL HISTORY IN COMPLETING A FORENSIC PSYCHOLOGICAL ASYLUM EVALUATION WITH A CHILD/ADOLESCENT?



Aim #1: Areas of Discord



Evaluators on the Use of Evidence-Based Assessment Tools:

Eval8: "I think I've always used at least a couple of scales. So, for talking testing, we're talking more questionnaires and things of that sort... I do think it's important. I mean, how do you know, someone's malingering or not? ... Part of it's our training as psychologists, we're going to be more inclined to, to do testing."

Eval4: *"I don't think it's that important. I don't think your report would be incomplete without it."*

Eval 5: "I don't use any assessment tools. I probably should, but I don't. I go on my experience and what was important to me."



Evaluators on the Use of Evidence-Based Assessment Tools:

Att1: *“With the immigration court they give like a large amount of scrutiny on all this stuff, so I think that standardized is probably more important when you're talking about an immigration judge in a court because the idea is obviously it takes the bias out of it. Right?”*

Att2: *“The expert can testify to the opinion, but they can only do so once they—if they explain the data and how they got at the data. And I think that's what psychologists do, is that they explain the data and how they got at the data which makes their opinion stronger. And so I prefer that because in the legal setting, that impacts what works best.”*



Areas of Discord: Differences by Discipline

Role	Duration of evaluation (hours)	Number of sessions to complete evaluation
Psychiatrist	2-3	1
Psychiatrist	2	1
Psychologist	3+	3+ *
Psychologist	3 – 12	2+
Social Worker	1-3	1
Licensed Professional Counselor	3-3.5	2
SUMMARY	M= 3.34 (SD=2.10) Minimum: 1 Maximum: 12	M=1.67 (SD=0.82) Minimum: 1 Maximum: 3+

* Evaluations completed in the context of ongoing therapy

Duration of the Evaluation

Eval5: [Question prompt: You said that you typically complete the evaluation in one to two hours in just one session?] *Generally, yeah. You know, it depends. It could be a little bit longer. There have been a few occasions when I met with, with the child twice, but ... I'm really concerned about with retraumatizing. I'm really concerned about these kids in this process that they don't quite understand. You know, getting asked a lot of questions, stuff like that.*

Att2: *"I think it's very, very important with respect to just attention span, and it's also how I do my interviews with my clients, right? I try not to feel like I have to...that we have to do—we can take one bite out of the apple on one day, right?... I also do think that building rapport is incredibly important, so that the person feels comfortable telling you the story."*

Eval2: *Yeah, because, at least for the safety and the comfort. Just a child meeting you a second time, makes a big difference because the first time you're just new. So, I think it's even, in my experiences, more important than even with adults. ...with kids ...because their sense of time is different and their sense of meeting you a second or third time, you become a familiar person to them, and then the relationship starts building. ... But then because you need ...more time than just an hour to gather information and also for children just need to be careful, and hour is already a lot for a child and a teenager to be talking about this stuff. So, it's important to break it down and not do it all in one sitting more so for children and teenagers than adults.*



Affidavit Preparation

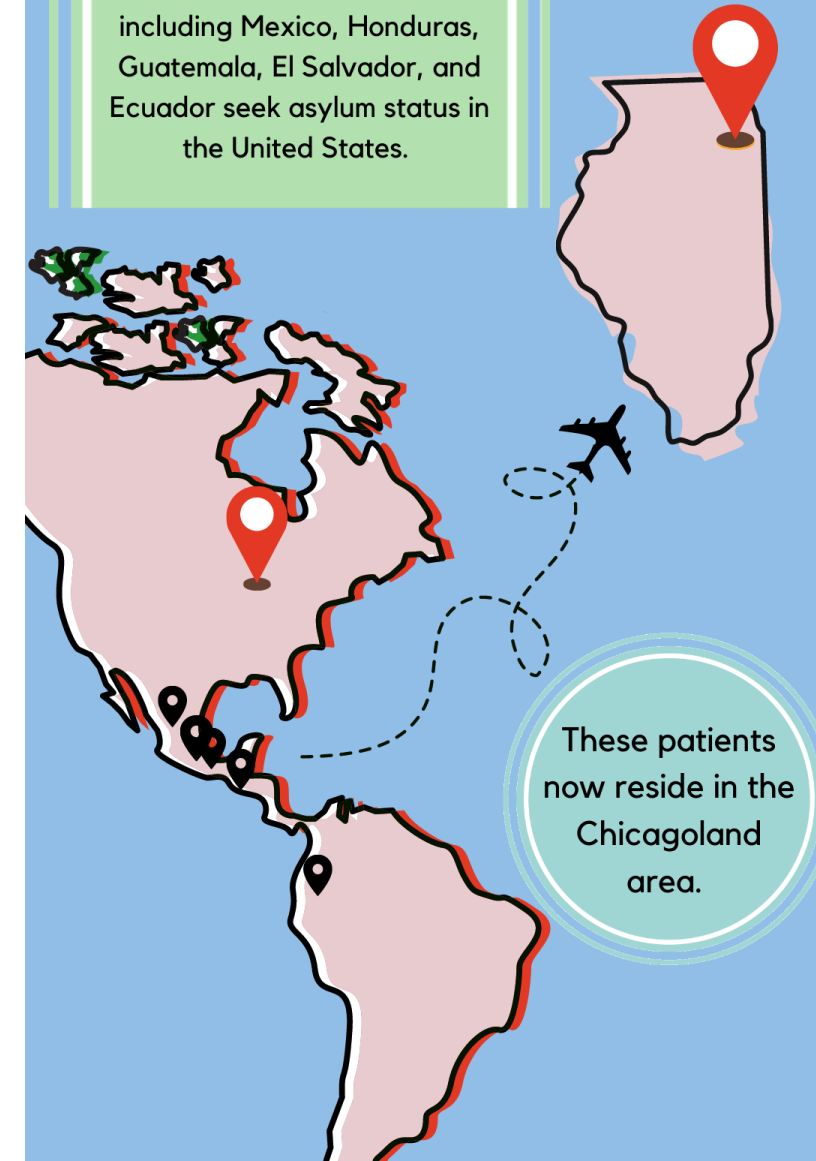
- All evaluators agreed
 - Affidavits should be kept as simple and concise as possible
 - Citations are used sparingly and are not central to the success of asylum grant rates.
- Area of Disord: Length of affidavit
 - Evaluators disagreed about the ideal length of affidavits
 - Average length 8.7 pages (SD = 2.80, minimum=5, maximum=16)
 - Attorneys did not have a specific desired length, but prefer brevity
 - Att1: 2 pages considered too short, but 20 pages would be too long
 - Att2: <15 pages

Asylum Seeking Minors seen in FAIR Clinic

Variables	n=9
Gender	
Female	4 (45%)
Male	5 (55%)
Age	14 (14, 8-18)
Race	
White	3 (33%)
Other	2 (22%)
Unknown	4 (45%)
Ethnicity	
Latinx	9 (100%)
Language	
Spanish	9 (100%)
Country of Origin	
Mexico	4 (45%)
Guatemala	1 (11%)
Honduras	2 (22%)
Ecuador	2 (22%)

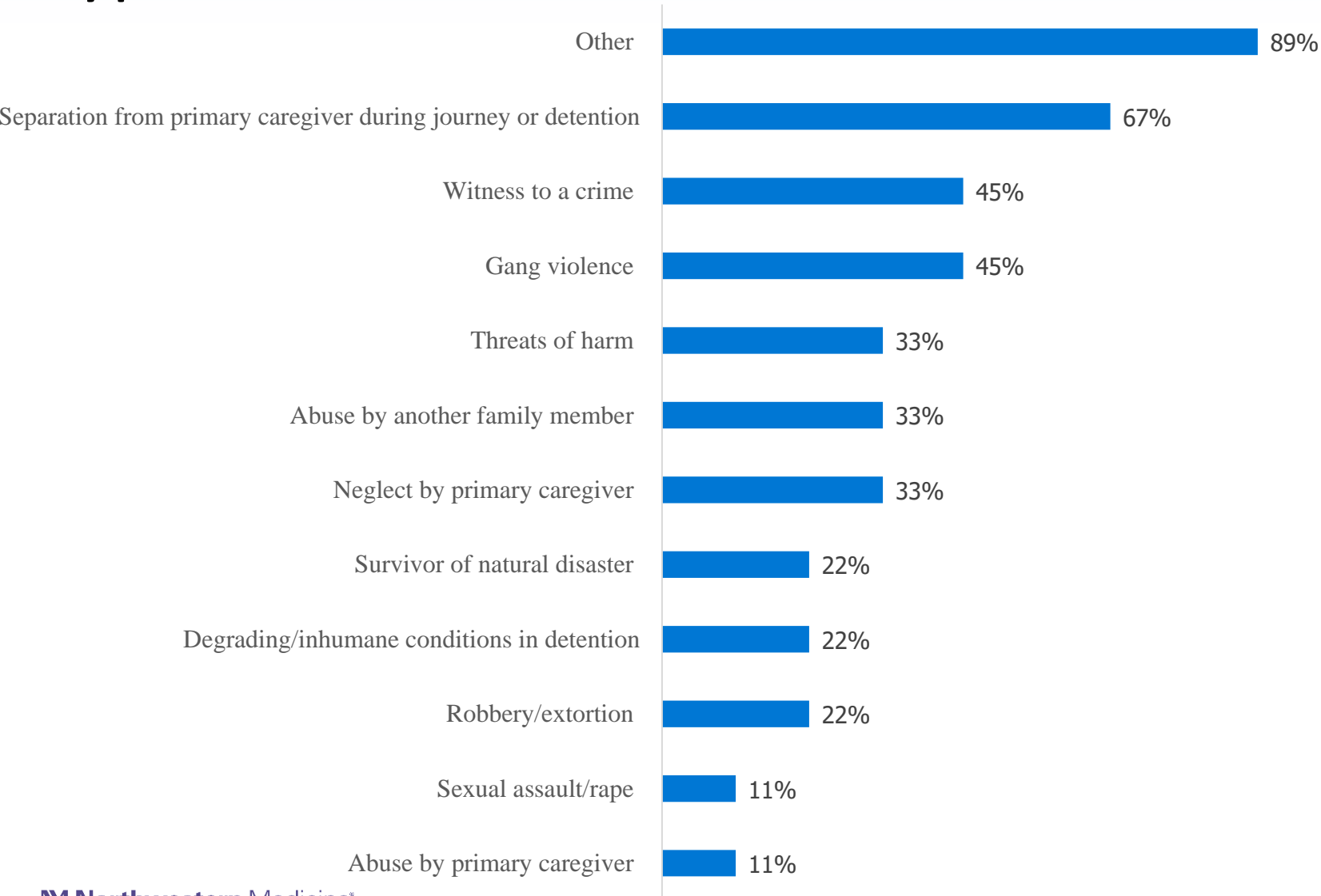


So far, the FAIR Clinic has helped children and adolescents from several different countries including Mexico, Honduras, Guatemala, El Salvador, and Ecuador seek asylum status in the United States.



These patients now reside in the Chicagoland area.

Types of Trauma endorsed

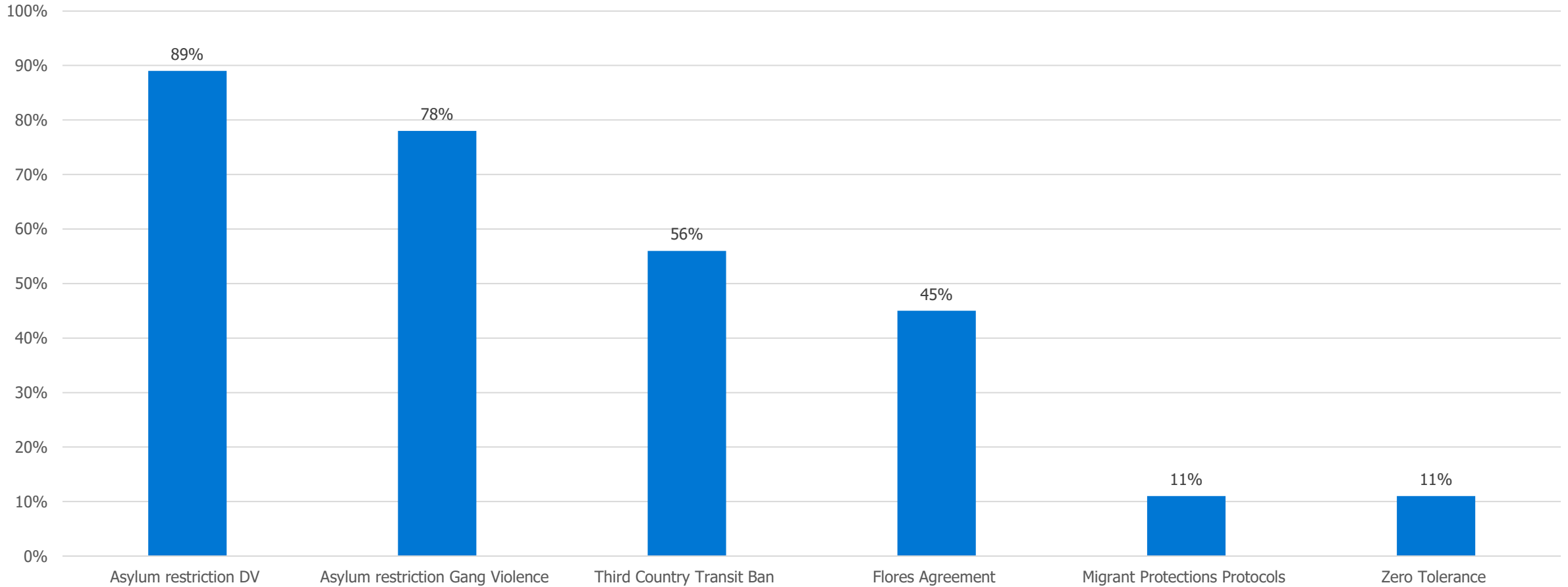


Other types of trauma:

- Chronic exposure to community violence (hearing about murders and kidnappings)
- Witnessed domestic violence
- Kidnapped by family member
- Physically threatened while living in tent camp at the border
- Overhearing adult conversations about threats of harm toward guardian
- Coerced for sex by coyote (human smuggler)
- Heard about the murder of her uncles by cartel from family conversation
- Witness to an accident in which a loved one was seriously injured
- Survived serious car accident in which mom was injured
- Witnessed armed altercations

Immigration Policies that Affect Asylum Seeking Minors

Immigration Policies Impacting Case



Mental Health Impacts of Immigration Policies on Child Asylum Seekers

- Intense fears and anxiety about their ability to remain in the US
- Hopelessness
- Social alienation
- Concentration difficulties
- Attachment and relationship difficulties
- Difficulties with family reunification
- Bedwetting
- Low levels of motivation
- Further experiences of trauma
 - Parent-child separation
 - Trafficking
 - Abuse
 - Physical/sexual victimization
 - Exposure to dangerous environments



Mental Health Impacts of Immigration Policies

Eval 2: *"I mean the types of risks that they were exposed to because they're sent back, ... Like I had kids that had been dropped from a bus, ...on a street by themselves in Mexico or things like that. And then the girl or the boy had had to kind of fence for themselves to find their way back to a refuge ... I saw several kids that had been kidnapped in Mexico, and held for weeks or months... Exploitation in terms of having them do work or beg for money for someone that is abusing them..."*

Eval 4: *"Being separated, is always really emotional for the young person to talk about. I think, on top of whatever they, whatever they fled. To not have one person who knows them who can tell them that everything is going to be okay is traumatic in its own right..."*

Eval 6: *"I think one of the challenges for young people is the need for a safe, secure, consistent environment. And these policies make that all but impossible. It's hard to be in a, to feel safe and secure when you're in a detention setting. Where it is hard to feel safe and secure when you are separated from your attachment figures. It's hard to feel safe and secure when you are in a physically dangerous environment where future harm is potentially right around the next corner, and you don't have any sense of security."*



Strengths & Supports

- Reunification with supportive attachment figures
- Ability to trust
- Hopefulness, future/goal orientation
- Strong sense of family responsibility and protectiveness of family
- Strong social skills and connections
- Faith
- Help-seeking behavior
- Positive school environment, ELL supports



Conclusion

SUMMARY

- There is a high degree of variability in the conduct of forensic asylum evaluations with minors
- Recent immigration policies have put asylum seeking minors in harm's way and have had a detrimental impact on their mental health.
- There are a number of strengths and protective factors that contribute to posttraumatic growth, healing, and adjustment for asylum seeking minors.

NEXT STEPS

- Need for legal and psychological professionals to develop shared understandings of:
 - Experiences of asylum-seeking minors
 - Best practice guidelines for the completion of psychological asylum evaluations with pediatric populations

Acknowledgements: FAIR Team



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- Care Advisors



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