

Long Island University

Digital Commons @ LIU

Selected Full Text Dissertations, 2011-

LIU Post

2022

Applying Dialectical Behavior Therapy to Latinx Youth Experiencing Deportation Stress: A Critical Literature Review and Culturally Congruent Application

Desiree Curcio

Follow this and additional works at: https://digitalcommons.liu.edu/post_fultext_dis



Part of the [Clinical Psychology Commons](#)

Applying Dialectical Behavior Therapy to Latinx Youth Experiencing Deportation Stress: A
Critical Literature Review and Culturally Congruent Application

Desiree Curcio, M.S.

A DOCTORAL DISSERTATION SUBMITTED TO THE FACULTY OF
THE CLINICAL PSYCHOLOGY DOCTORAL PROGRAM
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PSYCHOLOGY

LONG ISLAND UNIVERSITY – POST CAMPUS

April 18, 2022

MAJOR DIVISION: Psychology

SPONSORING COMMITTEE:

JILL RATHUS PH.D.

DATE

EVA FEINDLER, PH.D.

DATE

JENNY SEHAM, PH.D.

DATE

Acknowledgements

There is so much to be grateful for when I think about how I've gotten to this point on my journey. First, I'd like to show my deep appreciation for my dissertation chair, Dr. Jill Rathus. She has been an inspiration to me before I was accepted into the Psy.D. program and I have been so lucky to get the chance to work with her. I cannot believe how I started off as her first-year research assistant, enamored by DBT, and am now completing my doctoral training with her as a life-long mentor. I've not once felt intimidated by her, although she is *the* queen of DBT for adolescents, as she has shown herself to be very humble in her work and teaching. However, what I've learned from her goes way beyond DBT. She has shown me what it is like to be a person first in this field through her undying compassion. I thank her for listening to hundreds of ideas I've had for research over the years and being patient with me as we changed the dissertation topic many times. I will always hold the long discussions after DBT lab on Thursday in my heart. I have a deep appreciation to all the DBT lab members that have engaged in thoughtful discussion on research and kept my research ideas flowing. I'm grateful to the DBT community for encompassing such a genuine approach to treatment and for Dr. Rathus to introducing me to it.

To my committee members, Drs. Eva Feindler and Jenny Seham, thank you for supporting me through this process, taking an interest in my research, and sharing similar passions. Throughout my time in the program, Dr. Feindler has been someone that I looked up to as she knew how to make everyone feel at home. I always appreciated her sass, and I mean that in the most complimentary way, as it has matched my own style. Any idea I brought to her throughout my time in the program she has supported and been open to problem solving, no matter the challenges. I had the pleasure to have Dr. Seham as a supervisor where she brought a

refreshing free-spirited essence allowing me to feel comfortable talking about *real* issues, while learning so much about technique and trauma-informed care. I am grateful to her for helping me to learn what it meant to integrate social justice into psychotherapy.

I've been fortunate to have these wonderful mentors during my time at LIU and would also like to express gratitude to those mentors that came before. To Dr. Michael Barnes who was part of the reason I applied for my doctorate in clinical psychology. He reinforced my desire to learn more by responding to my questions in his clinical research seminar with "when you are a little more 'grown', you will learn about...in graduate school." I did in fact have all of my questions answered, and I guess am "grown" now, even if it doesn't feel that way. To Mr. Michael Ferretti and Mrs. Toni McIntosh who were the first to demonstrate what a caring mentor is, the first to see me in my entirety, and the first to help me pursue this path, I will forever be grateful to you both.

To my friends that have always asked "when are you gonna be done?" but have supported and acknowledged my efforts through this journey and are so excited for me to be finished. As I've always said, "I expect you all to call me doctor for at least the rest of the year or change my name in your phone". I'm grateful to have spent the time where I was not doing schoolwork or clinical work with all of them. That time has truly kept me sane, and I value their time and support for over 10 years more than they might know. To new life-long friends that I wouldn't have dreamt of making during this program. One in particular, Mary, I am unsure how I would've made it through this program without. Through our all-nighters and existential crises, she has always been there. She executes support on all levels. Our polar-opposite strengths have fit together like a puzzle piece and pushed us through. Thank you for all of it. To the students that supported Spanish for Mental Health Professionals and helped motivate this research, I am

grateful to you, too. This research wouldn't have been possible without the efforts of friends who listened to all my worries and supported me through this process. To Licet, I am grateful for her supporting me like family over the years. To my stepfather, Dan, for making me feel loved and supported through my time in school no matter how far he's been. I thank him for raising me to value inclusivity and emotion, as it has driven me throughout this journey. Through his actions he has shown me that anything is possible when you want it and to embrace the unknown. To my Aunt Tracey, who has been my angel watching over me and guiding me throughout this program since she passed away. I know this this research and degree would make her proud.

To my partner, Alex, who has been my rock for more than 10 years (all of which have been in school), I am most grateful. There was never a doubt in his mind that I would accomplish all I set out for. He always saw my vision and admired my passion. He reminded me how special it was to be passionate and to follow it through. His own work ethic and motivation to achieve the unimaginable has continuously inspired me greatly. I am grateful for the encouragement he provided me during the most stressful times in this program and the push to keep going when it was most challenging. He has kept it light and fun when this program has felt heavy. I appreciate him bearing with me through all the changes that come along with becoming a psychologist, like my use of "and" instead of "but." And always, for making me laugh. I am especially indebted to him for the endless support he has provided me.

Last but not at all least, thank you to my mom. It is almost impossible to put into words how lucky I am to have her as a mother. She has been my #1 fan my entire life, and especially during the pursuit of my degrees. She has been genuinely excited and proud of every single step I've made, from completing a paper after a long night to landing the externship I wanted. No matter how financially straining this process has been for us, she always wanted me to have the

best and pushed for me to do what I loved. She always told me we would figure it out. And today, I am one step closer to being able to return the support. I'd like to also thank her for taking care of financial aid and other tasks I did not want to do myself so that I could focus on my schoolwork. Part of the reason I love what I do is because she taught me how to. She taught me what unconditional love is. She instilled the value in me of helping others and empathy. She showed me what it was like to care for another person truly and deeply, and I believe that is why I chose to do this work. I owe it all to you, mom, thank you.

Table of Contents

Abstract.....	8
Literature Review.....	9
Deportation	9
Fear of Deportation	10
Raids and Detention.....	11
Mental Health Effects of Deportation.....	12
Psychosocial Factors	14
Minority Stress Theory	16
Biosocial Theory.....	19
Dialectical Behavior Therapy (DBT).....	20
Cultural Adaptations to DBT	23
Radical Healing and DBT.....	24
Creating Cultural Adaptations for Deportation Stress in Latinx Youth	26
Adapting DBT for Latinx Youth Experiencing Deportation Stress.....	26
DBT Orientation Handouts	28
Teaching Notes and Examples	28
Recommendations to Increase Accessibility, Dissemination, and Feasibility	32
Conclusion and Future Directions	38
References.....	42

Tables 53

Appendices..... 57

 Appendix A..... 57

 Appendix B 71

 Appendix C..... 83

Abstract

Deportation policies from Immigration and Customs Enforcement (ICE) have harmful effects on the mental health of immigrant families in the US. These effects can be experienced at multiple points such as living in fear of deportation, undergoing ICE raids, becoming detained, or being deported. The children that witness these experiences of deportation within their families are impacted substantially. Some of the psychological effects of having a parent deported or detained can include internalizing and externalizing problems, attention difficulties, emotional and behavioral changes, interpersonal conflict, and feeling like a burden. While the impacts of deportation on youth are highlighted in the research, there are no evidence-based treatments for this population specifically. Thus, this article poses that Dialectical Behavior Therapy (DBT) is an appropriate transdiagnostic treatment for these youth experiencing multiple problems when including frameworks such as Minority Stress Theory, the Biosocial Theory, and Radical Healing to address anti-immigrant invalidation faced by this population. As Latinxs make up a large percentage of immigrants that are deported, this article expands on their specific experience. This dissertation aims to review the literature on this population and create cultural adaptations to DBT for Latinx youth experiencing deportation stress (i.e., deportation or detainment of a parent or family member) through the expansion of Linehan's (1993) Biosocial Theory to include four levels of anti-immigrant invalidation: structural, individual, anticipated, and internalized invalidation; additional DBT Orientation handouts for specific psychoeducation; potential strategies for teaching DBT skills; and recommendations for the application of DBT to address the numerous access-to-treatment barriers that Latinx youth face. Future directions for research on efficacy, feasibility, and acceptability are discussed.

Keywords: DBT, Latinx, immigration, deportation, adolescence, cultural adaption

Literature Review

Deportation from Immigration and Customs Enforcement (ICE) is a serious public health crisis impacting millions of families across the United States (U.S.). As of 2017, it is estimated that 10.5 million undocumented immigrants live in the U.S. (Gonzalez-Barrera et al., 2020), with over 16.7 million people living with at least one family member, typically a parent, who is undocumented (Mathema, 2017). About 7.1 million of these individuals are children under the age of 18, of which more than 5 million of the children are U.S. citizens.

Deportation

The incidence of deportations has risen significantly over the last two decades. Approximately 4 million immigrants were deported between the years 2003 and 2013 (Koball et al., 2015; Rosenblum & McCabe, 2014). About 25% of these individuals deported over these years were estimated to be parents of U.S. born citizens. In 2018, there were reportedly 572,566 undocumented immigrants apprehended and 337,287 of these individuals were deported (U.S. Department of Homeland Security [DHA], 2019). Of these deportations, 92% of the individuals were Latinx¹ immigrants, including 217,919 from Mexico, 49,149 from Guatemala, 28,452 from Honduras, and 14,877 from El Salvador. Of note, 56% were due to non-criminal offenses. There are about 60 million Latinxs in the U.S., and Latinxs account for about 73% of the estimated 10.5 million undocumented immigrants and are at a higher risk for deportation than other groups (Gonzalez-Barrera et al., 2020).

¹ This paper uses the language "Latinx" to include all cisgender, transgender, and non-binary youth in the discussion. The controversy on this term is also recognized as research shows 20% of the population does not describe themselves as "Latinx", 76% have not heard of "Latinx", and about 3% use "Latinx" to describe themselves (Noe-Bustamante et al., 2020b). The two dominant labels used to describe oneself include Hispanic and Latino as 65% of those that have heard the term Latinx don't believe it should be used to describe the population (Noe-Bustamante et al., 2020a). It is recommended that clinicians explore the way the individual wants to identify and default to the language they use.

Due to deportation, family members and parents are often forced to leave behind their U.S. born children (Koball et al., 2015; Rosenblum & McCabe, 2014). In addition to this type of separation, children have continued to be forcibly separated from their parents when attempting to cross the border under the “zero tolerance” policy (Amnesty International, 2018; U.S. Commission on Civil Rights [USCCR], 2019). Immigration authorities have forcibly separated about 8,000 family units at the Mexico border (Amnesty International, 2018). In the next five decades, it is projected that 88% of population growth in the U.S. will be due to immigrants and their children, with the majority being Latinx families (Giano et al., 2019). Therefore, the hardship and trauma faced by immigrants in childhood present significant implications for public health.

Fear of Deportation

Deportation can affect families at multiple points in time, in different ways. Undocumented immigrants live with a constant fear and threat of being deported; they may experience raids in their workplace or at home; they may become detained and at some point, deported. As a result, there is a fear of deportation (Dreby, 2012). The greatest stressor for a U.S. born child of undocumented parents is the fear of discovery by ICE (Gulbas et al., 2016). Immigration status can be seen as a social determinant of health and the perceived threat of parental deportation can contribute to psychological suffering. In fact, legal status and concern regarding deportation have been shown to be significantly related to heightened risk of negative emotional and health states (Cavazos-Regh et al., 2007). Acculturative stress, or immigration-related challenges adapting to life in a new country, might be exacerbated by the threat of deportation (Capps et al., 2015). Living in the home where there is a possibility of deportation of a parent has negative effects, as children are in a constant state of vulnerability to losing their

parent (Zayas et al., 2015). Brabeck & Xu (2010) assessed the impact of detention/deportation on Latinx immigrant parents and children. Results of this assessment indicated that parents with greater legal vulnerability reported greater impact of detention/deportation on the family environment and child well-being. The researchers defined family environment as parents' perceptions of their own emotional well-being, ability to provide financially for the family, and perceived parent-child relationships. Child well-being consisted of cognitive, psychological, academic, and physical development measures.

Raids and Detention

In recent years, ICE has intensified immigration enforcement activities by conducting several large-scale worksite raids across the country (Capps et al., 2007). Home enforcement raids also increased dramatically, especially between 2003 and 2008 (Capps et al., 2007; McLeigh, 2010). The impact of these raids on the well-being of children has been described (Capps et al., 2007; Capps et al., 2015), although some of these reports are largely limited to anecdotes (McLeigh, 2010). Depressive symptoms are shown to be significantly higher in Latinx youth that had a family member with an immigration-related arrest than those that did not (Giano et al., 2019). Children of parents detained because of immigration law violations face several negative outcomes, including poverty, depression, anxiety, withdrawal, aggression, attention difficulties, and disruptive behavior (McLeigh, 2010). In the aftermath of raids in the home or workplace, children are often temporarily or permanently separated from their parent(s), leading to feelings of abandonment, symptoms of trauma, fear, isolation, depression, and family fragmentation (Capps et al., 2007). These are similar effects to those seen in children with incarcerated parents such as psychological trauma, material hardship, residential instability, family dissolution, increased use of public benefits, and aggression among boys (Capps et al.,

2015). Families may experience a loss of their basic necessities such as income, housing, and food immediately after detention of a parent. Mental health professionals have highlighted the social exclusion and isolation experienced by children following raids (Capps et al., 2007).

Mental Health Effects of Deportation

Children have strong psychological reactions to their parent being deported (Koball et al., 2015). There is a wide range of mental, physical, and behavioral in children with detained or deported parents. Two studies used the Child Behavior Checklist (CBCL) to assess symptoms (Allen et al., 2015; Zayas et al., 2015). Children with a deported parent were found to display higher rates of externalizing and internalizing problems compared to those whose parents were fighting deportation and a control group with neither parent deported or fighting deportation when controlling for demographic characteristics and trauma symptoms (Allen et al., 2015). Parental deportation has damaging effects on the emotional and behavioral functioning of the child left behind, as they lose their primary social support and become concerned about the well-being of their parent. Children with a deported parent were found to display higher levels of depressive symptoms and emotional problems such as negative mood, physical symptoms, and negative self-esteem, as well as lower levels of freedom, happiness, and life satisfaction than those whose parents were not deported (Zayas et al., 2015). The Urban Institute conducted a large qualitative research study with immigrant communities and families experiencing parental deportation (Koball et al., 2015). Children experience negative emotional and behavioral problems after a parent is detained or deported, according to the spouses and other caregivers. The spouses and partners reported suffering from depression as well, which in turn increases the risk for the child's mental health issues and affects their development.

There are multiple problems that children with parental deportation have been shown to suffer with, including: impulsivity, lashing out at non-detained parents, depression, deterioration in physical health and school performance, refusal to eat, pulling out their hair, substance use, loss of interest in daily activities, social withdrawal, interpersonal difficulties, attention problems, rule-breaking behaviors, and feeling like a burden (Capps et al., 2007; Koball et al., 2015; Gulbas et al. 2016). Chaudhary et al. (2010) found that behavioral changes (i.e. eating and sleeping) and emotional changes (i.e. increased crying, anxiety, anger, aggression, withdrawal, and heightened sense of fear) were still present at a 6-month follow up. Additionally, since there are challenges communicating with detained parents due to strict governmental rules, emotional harm to the children is only exacerbated as they might believe their parent "disappeared." This relates to a child's feelings of abandonment and symptoms of emotional trauma (Capps et al., 2007). According to Capps et al. (2007), children may also experience separation anxiety disorder, post-traumatic stress disorder, and suicidal thoughts, though further research is needed to assess the prevalence of symptoms for this population.

The American Psychological Association (APA) describes alternatives to deportation and recommendations for policies and practices based on the psychological harm deportation and forced separation has on these families. They state, "the effects of deportation and forced separation are many, adverse, long-lasting and multi-faceted; they include psychosocial, physical, and economic adverse outcomes, and extend beyond the individual to powerfully impact families and communities more broadly" (APA, 2018). Thus, the field of psychology has a duty to support and help heal families that have been traumatized by deportation policies in the US.

Psychosocial Factors

In addition to the psychological effects following parental deportation, children and families will also experience environmental stressors. Most families stay in the U.S. after a parent is deported (Koball et al., 2015). It is shown that fathers are often deported, leading to substantial financial hardship. Additional stressors occur if the remaining parent is detained at a later date and the children are under the care of siblings, aunts, uncles, or distant relatives. The loss of the family member typically leads to economic hardship, housing instability, family dissolution, instability of caregiving, and decreases in performance in school (Capps et al., 2007; Koball et al., 2015). School performance declines with an increase in emotional harm, financial stress, and housing instability (Koball et al., 2015). In extreme cases, children may be more vulnerable to abuse and neglect resulting in the involvement of child welfare (Capps et al., 2015). Gulbas et al. (2016) found themes of psychosocial stressors discussed by Mexican children who had a parent deported that contributed to their feelings of sadness, depression, and pain: (1) an inability to communicate with friends, (2) negative perceptions of Mexico, (3) financial struggles, (4) loss of supportive school networks, (5) stressed relation with parent(s) and (6) violence. Therefore, in addition to the loss of their parent to deportation, they have to adjust to many other changes in their lives that create more distress.

Latinxs and immigrant families are at a disadvantage for obtaining necessary resources (Kullgren, 2003; Derr, 2016). Unique barriers that already exist for these families in obtaining public health benefits and mental health services become even more difficult with the additional stressor of potential deportation (Hacker et al., 2015; Koball et al., 2015; Kullgren, 2003). Undocumented immigrant parents often fear interacting with government officials, especially in communities with high deportation rates, and might not apply for benefits for their children.

Children often have fair or poor health and lack health insurance (Capps et al., 2004; Hacker et al., 2015; Derr, 2016). Oftentimes, the basic necessities for survival are not being met. Financial, food, and housing assistance is limited on an ongoing basis after parental detention and deportation. Families reported that legal services were often unaffordable or fraudulent, though they needed assistance to keep their families together. Lack of transportation contributes to children's access to services as parents would not drive without a driver's license due to fear of being pulled over and detained by ICE. Child welfare agencies reported challenges providing typical services with these families such as having parents involved in child court proceedings (Koball et al. (2015). Additionally, social service agencies reported difficulty meeting the needs of children experiencing parental deportation due to lack of staff with resources, expertise, and experience.

The perpetual fear of deportation not only affects undocumented immigrants' mental health, but it also creates a major barrier for them in seeking mental health care as they are afraid of being reported or deported in these settings (Hacker et al., 2015; Derr, 2016). Despite having equal or greater need, Latinxs and immigrants use mental health services at lower rates than non-Latinxs and nonimmigrants due to numerous barriers to treatment (Alegría et al., 2002; Derr, 2016; U.S. Department of Health and Human Services [USDHHS], 2001). Guzman et al. (2015) suggest that the multitude of barriers the Latinx community face in obtaining mental health services consists of personal, system-level, and social factors. Personal factors may include a lack of knowledge about mental illness and which treatment options may be available, demographic variables such as residency status and individualized mental health needs. System-level factors may include a possible language barrier, transportation, location concerns, and the availability of culturally competent clinicians. Lastly, social factors may include lack of social

support in families and mental health stigma within cultural and religious beliefs due to lack of psychoeducation. Given these barriers, it is especially difficult for families that have experienced deportation to receive necessary services. While many undocumented immigrants with children are detained and deported, the immigration policies and practices, as well as mental health treatments, tend to overlook U.S.-born citizen children that are at risk for negative psychological outcomes (Zayas et al., 2015). In fact, while numerous studies discuss the mental health consequences of deportation, there is a lack of research on effective therapeutic practices with this population (Capps et al., 2015). Therefore, the substantial mental health issues faced by children with parental deportation are likely to be left untreated (Derr, 2016; USDHHS, 2001).

Minority Stress Theory

Discrimination has considerable negative effects on the mental health of minority individuals (Araújo Dawson, 2009; Ayón et al., 2010; Moradi & Risco, 2006; Umaña-Taylor & Updegraff, 2007; USDHHS, 2001). Minority stress theory (MST) refers to unique, chronic, and socially based stress that members of marginalized groups experience due to prejudicial attitudes and discrimination (Meyer, 2003). MST emphasizes macro-level and external stigma rather than individual experiences. Societal systems, structures, and institutions both offer foundation for and maintain minority stress. Therefore, when considering minority mental health, we must take into account the systems that perpetuate discrimination and stigma.

Americans perceived Latinxs to be the most discriminated against ethnic minority group in the U.S. (Hovey et al., 2000; Pew Hispanic Center, 2010) and they account for the majority of undocumented immigrants in the U.S. (Gonzalez-Barrera et al., 2020). Latinx immigrant families are thus vulnerable to minority stress. Latinx youth experiencing discrimination are likely to have poorer mental health outcomes such as depression, externalizing problems, and diminished

sense of belonging (Ayón & Philbin, 2017; Priest et al., 2013). Additionally, they are shown to be hyperaware of the discrimination they face and demonstrate indicators of internalized oppression in which they believe that who they are is not acceptable (Ayón & Philbin, 2017). Youth may experience discrimination on an individual level from peers, adults, teachers, and services providers; but on a macro-level, there are policies and processes in school and other systems that may marginalize them further. Another system might include anti-immigrant policies that enforce the deportation of immigrant families (Anti-Defamation League [ADL], 2018; Morey, 2018). Hatzenbuehler et al. (2017) looked at the relationship between state-level policy on four domains (immigration, race/ethnicity, language, and agricultural worker protections) and mental health outcomes (days of poor mental health and psychological distress) in Latinos. They found that the relationship was significantly higher among Latinos vs. non-Latinos. Latinos living in states with more exclusionary immigration policies experience worse mental health outcomes than those with less exclusionary immigration policy climate. Additionally, there are anti-immigrant movements and groups that support these policies and convey the hateful rhetoric to the public (ADL, 2018).

There are endless examples of anti-immigrant rhetoric in the media that galvanize this movement. In the recent years of Trump's presidency, the Trump Administration and its followers perpetuated anti-immigrant stigma through what has been described as "violent rhetoric, hate speech, and continual bullying" (Verea, 2018). Trump's use of anti-immigrant rhetoric as President began during his announcement for presidential candidacy in 2015 when he stated, "When Mexico sends it people, they're not sending their best...they're sending people that have lots of problems, and they're bringing those problems with us, they're bringing drugs, they're bringing crime, they're rapists" (ADL, 2018). Additionally, he used rhetoric that might

provoke a feared response to immigrants in statements such as, “they carve you up with a knife” (ADL, 2018). Trump also referred to immigrants as “an invasion” and posed the question: “why do we want all these people from shithole countries coming here?” (Dawsey, 2018). Trump invalidated immigrants’ human experience in the following statement, “we have people coming into the country...we’re stopping a lot of them...you wouldn’t believe how bad these people are ... these aren’t people, these are animals, and we’re taking them out of the country at a level and rate that’s never happened before” (Davis & Chokshi, 2018; Kirby, 2018).” Latinx youth were thus affected by the people that he removed from the country as they lost a family member. Simultaneously, they were surrounded by language that invalidates their experience of the loss and their existence as humans. Though President Biden has proposed more humane immigration policies and does not promote this anti-immigrant rhetoric, Trump-era anti-immigrant policies are still in place (Montoya-Galvez, 2022). With the continuance of these policies, the invalidation from the Trump-era also continues. Both opponents and allies of Biden criticize his immigration strategies (Montoya-Galvez, 2022). Allies highlight that without end to these policies, over 2 million apprehensions, deportations, and expulsions have taken place under the Biden Administration (Montoya-Galvez, 2022; United We Dream, 2022). While opponents urge for the policies to remain more stringent and continue anti-immigrant rhetoric, e.g., “Biden paved the way for cartels, drugs, & lawlessness”, “The ‘Biden effect’ is in full swing, with literally thousands of illegal aliens entering the country daily” (Cuccinelli, 2021; Roberts, 2022). The demonization of immigrants and promotion of xenophobia and racism becomes normalized to the general public from these anti-immigrant systems, and thus further discriminates against Latinx families.

Biosocial Theory

This anti-immigrant stigma in the U.S. exhibits many of the qualities of an invalidating environment, which Linehan, the developer of Dialectical Behavior Therapy (DBT) defines as “erratic, inappropriate, and extreme responses” to one’s private experience (Linehan, 1993, p. 49). Linehan expands on the idea of invalidation from individual familial environments to include social and cultural levels such as that of sexism (Linehan, 1993). This concept can be further expanded to include an anti-immigrant environment. The U.S. as an invalidating environment for Latinx families might include its anti-immigrant and racist rhetoric from people in power, immigration policies and enforcement, and deportation and separation of family members. Linehan (1993) goes on to further describe invalidation as punishing and/or trivializing one’s experience and disregarding their emotions. Latinx youth are invalidated on a systemic level as they are not receiving necessary resources to cope with parental deportation (Capps et al., 2015) and immigration policies do not deem their experience as “exceptional and extremely unusual hardship” to make changes (Brabeck et al., 2013). This invalidation communicates to individuals that their emotions, beliefs, and actions related to the situation do not make sense and are wrong (Linehan, 1993). Invalidation also deems one’s experience socially unacceptable (Linehan, 1993), as demonstrated by children being told to keep the loss a secret (Brabeck et al., 2013). Invalidating environments are seen to have negative consequences on youth (Miller et al., 2007), which is similar to effects of minority stress. An invalidating environment does not teach children to label their emotions, tolerate distress, or problem solve; instead, it teaches them to inhibit their emotions, jump to extreme emotional states, and invalidate their own experience (Linehan, 1993). Latinx youth experiencing parental deportation may struggle with these consequences of invalidation as a result.

Linehan's (1993) biosocial theory describes that individuals with biological vulnerabilities in combination with an invalidating environment develop pervasive emotion dysregulation. A biological vulnerability might stem from genetic influences, prenatal factors, or traumatic childhood events (Miller et al., 2007). The deportation of a family member could be considered a traumatic event that might lead a child to develop this vulnerability. The literature already demonstrates that youth with parental deportation are vulnerable to experiencing a variety of psychological problems (Capps et al., 2015; Chaudhary et al., 2010; Koball et al., 2015). Therefore, one could argue that the transaction between an ongoing anti-immigrant invalidating environment and the biological vulnerability from the deportation experience leads to a chronic emotion dysregulation in these youth. Additionally, the generational transactions of trauma can be considered biological vulnerability (Pierson et al., 2020).

Dialectical Behavior Therapy (DBT)

To date, there are no evidence-based treatments for youth facing parental deportation with a multitude of complex problems. DBT is an evidence-based treatment for multiproblem adults and adolescents (Linehan 1993; Rathus & Miller 2002). It was originally developed by Linehan (1993) for the treatment of chronically suicidal adults, particularly those with borderline personality disorder (BPD). DBT demonstrates effectiveness for emotion dysregulation, suicidal behavior, non-suicidal self-injury (NSSI), and internalizing and externalizing problems (Valentine et al., 2020). Moreover, DBT has been shown to be a unique transdiagnostic treatment that is applicable to a broad range of clients who might have trouble regulating emotions or behaviors, or who present with complex problems that are difficult to treat (Ritschel et al., 2013; Ritschel et al., 2015), and DBT skills as a stand-alone treatment have been shown effective for depression, anxiety, and emotion and behavior dysregulation (Linehan, 2015a). Thus, it might be

a logical treatment choice to address problems experienced by youth with parental deportation. The four main problem areas that are targeted in DBT skills training include confusion about self, impulsivity, emotion dysregulation, and interpersonal chaos. The essence of this principle-based treatment is the balance of acceptance and change-based strategies, and skills training modules that allow for flexibility and adaptability (Linehan, 1993; Ritschel et al., 2015).

Standard DBT is a comprehensive treatment that utilizes multiple components including skills training group sessions, individual therapy sessions, phone coaching, and consultation team for the therapists (Linehan, 1993). The skills training component is suggested to be a mechanism of change in DBT treatment (Linehan et al., 2015; Neacsiu et al., 2010). Various clinical settings have made adaptations to standard DBT by conducting DBT skills training only (Valentine et al., 2020). DBT skills training only is defined as group skills training therapy sessions in the absence of the other components of DBT. Valentine et al. (2020) examined the feasibility, acceptability, and efficacy of DBT skills training as a stand-alone treatment by reviewing 31 treatment outcome studies (i.e. 14 single group designs, 11 randomized control trials, 6 controlled trials). This was a follow up from the original meta-analysis conducted by Valentine et al. (2015). Each study made adaptations using the stand-alone treatment for their respective samples including individuals with BPD, major depressive disorder, eating pathology, suicidality, NSSI, substance use, attention deficit hyperactivity disorder, and general problems with emotional and behavioral functioning. Overall, DBT skills training demonstrated effectiveness as a stand-alone treatment as the studies showed improvements in psychosocial functioning and coping, depressive symptoms, behavioral dyscontrol, emotional processing and regulation, eating pathology, NSSI, suicidal ideation (Valentine et al., 2015; Valentine et al., 2020). Both systematic reviews concluded that DBT skills training is a critical component in DBT and can be effective as a

stand-alone intervention for a variety of presenting problems, though further research is necessary. Since youth with parental deportation have numerous barriers that effect receiving mental health services (Capps et al., 2015; Derr, 2016), DBT skills training only might be more feasible than full, comprehensive DBT.

The four skills modules taught in group sessions include core mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness (Linehan, 1993). The Walking the Middle Path module is an additional module created for adolescents and their families in DBT (Rathus & Miller, 2015). Core mindfulness skills are used to help bring one's attention to the present moment without judgement (Linehan, 2015a). Youth experiencing parental deportation have been shown to have difficulty with attention (McLiegh, 2010) and anxiety related to deportation experience (Chaudhary et al., 2010). Due to their difficulties with intense emotions, such youth might benefit from mindfulness, which is a foundational skill that one must learn to be able to apply emotion regulation skills. Emotion regulation skills are used to understand and name emotions, change emotional responses, reduce emotional vulnerability, and manage difficult emotions (Linehan, 2015a). These skills will be useful in decreasing reactivity and the emotional suffering of this population. Distress tolerance skills are used to tolerate crisis situations without acting impulsively and for accepting reality (Linehan, 2015a). This population experiences multiple crises and challenges and may engage in impulsive behaviors (Capps et al., 2007; Koball et al., 2015). They would benefit from increasing coping abilities with intense emotions and crises without making their situations worse. It will also help them move toward acceptance of unchangeable circumstances including deportation. Lastly, interpersonal effectiveness skills are used to maintain and improve relationships, assert needs, and maintain self-respect (Linehan, 2015a). This population often has strained relationships as they are

experiencing loss, fear, grief, and a range of intense emotions (Brabeck & Xu, 2010; Capps et al., 2007). These skills can help build a necessary social support system, as well as navigate invalidation and discriminatory interpersonal challenges with a sense of agency.

Cultural Adaptations to DBT

While there are numerous adaptations of the structure of DBT (Valentine et al., 2020), there is a scarcity in the research on cultural adaptations to DBT. Pierson et al. (2020) are the first to propose an antiracist adaptation to DBT in response to the lack of investigation of the needs of Black/African-American patients. The authors emphasize that “there are five published peer-reviewed studies to date that investigate the efficacy of modifying or adapting DBT to improve outcomes for specific racial, ethnic, and cultural groups, including cultural adaptations of DBT for Chinese international students (Cheng & Merrick, 2017), Navajo adolescent females (Kohrt et al., 2017), Spanish speaking Latinx adults (Mercado & Hinojosa, 2017), Nepali women (Ramaiya et al., 2017), and Native American/Alaskan Native youth (Beckstead et al., 2015).” Another study by Germán et al., (2015) described supplemental dialectical corollaries and treatment targets in DBT for suicidal Latina adolescents and their families. When DBT was delivered in a culturally responsive manner to a Latina woman, there were positive outcomes on symptomatology and interpersonal effectiveness (Mercado & Hinojosa, 2017). This study included the use of core values that are common amongst Latinx families such as “*familismo* (a strong orientation and commitment toward the family)” (Mercado & Hinojosa, 2017, p. 83), “*personalismo* (personalism), *dignidad* (dignity), and *respeto* (respect)” (Mercado & Hinojosa, 2017, p. 85) and utilized “*Dichos* [sayings], *Cuentos* [storytelling], and *Platicas* [to chat]” (Mercado & Hinojosa, 2017, p. 90) as styles of communication for skills training. Both studies demonstrate the importance of continued cultural responsiveness of DBT to meet marginalized

group's needs. The current study aims to add to the culturally responsive literature on DBT within the Latinx community by concentrating on the experience of deportation stress. There are some enhancements of DBT that are suggested to increase effectiveness with culturally diverse groups such that the clinician is culturally competent and understands clients' culturally-influenced behaviors, and that discuss the rationale for adherence to culturally congruent treatment (McFarr et al., 2014, as cited in Mercado & Hinojosa, 2017).

Radical Healing and DBT

Pierson et al. (2020) also highlight that current research only represents one side of a dialectic, which is acceptance-focused on helping marginalized patients cope with the effects of racism. The other side of the dialectic that they pose necessary to be included is change-focused by using DBT to change attitudes, beliefs, and behaviors that perpetuate racism. This is relevant to Latinx youth experiencing deportation stress as we aim to increase their ability to cope with deportation stress while simultaneously increasing their agency in resisting the continued systemic invalidation. The concept of dialectics is also present in the framework of Radical Healing for communities of color, which is grounded in social justice education and activism (French et al., 2020). While the radical healing framework has not been utilized in DBT research, it overlaps with the principles of DBT. DBT is based on a dialectical world view (Linehan, 1993). French et al. (2020, p. 25) define radical healing as "being able to sit in a dialectic and exist in both spaces of resisting oppression and moving toward freedom." While making cultural adaptations to DBT for marginalized populations such as Latinx youth experiencing deportation stress, radical healing can provide an essential framework for clinicians. This concept of dialectics within radical healing is further explained as "staying in either extreme—the despair of oppression or the imagination of possibilities—could be detrimental. On one end of the

spectrum, one could get lost in an overwhelming sense of disempowerment. On the other end, only focusing on dreaming for a better future removes oneself from current reality. We believe it is essential that radical healing includes both acknowledgment of and active resistance from oppression, as well as a vision of possibilities for freedom and wellness. Moreover, the act of being in that dialectic is, in and of itself, a process of healing" (French et al., 2020, p. 25). Similar to the antiracist adaptation of DBT (Pierson et al., 2020), radical healing shifts from a deficit-based perspective of individual blame and burden to cope with reality to identifying the systems as responsible for their reality and fostering agency to make change (French et al., 2020). Furthermore, it is important that clinicians partake in advocacy to make systemic changes. Linehan (1993) discusses that clinicians may need to intervene when the environment is intransigent and high in power. For this reason, Pierson et al. (2020, p. 11) proposed the "Consultation to the Environment Agreement" which states: "At times when the problem is an intransigent, high-power environment, as is always the case when the problem is racism, we agree to actively seek out ways to support the patient through antiracist advocacy. We agree to take a dialectical stance by ensuring that consultation to the environment is done in tandem with consultation to the patient, so that environmental intervention does not fragilize or disempower the patient. We agree to provide functional validation (i.e., responding with action) to racially marginalized patients by using our own resources of privilege and power to change racial inequities." As these frameworks are already at the core of DBT principles, the researcher poses antiracism and radical healing to be the nuanced lens of DBT through which clinicians adapt their work with Latinx youth experiencing deportation stress.

Creating Cultural Adaptations for Deportation Stress in Latinx Youth

Throughout the next sections of this paper, we will utilize the language of "deportation stress" to encompass the experience of Latinx youth that have had a parent or close family member deported or detained and/or experiencing fear of deportation of a parent or close family member. Based on the cited literature above, it is shown that there is a need for Latinx youth experiencing deportation stress to obtain mental health services and their multi-problem presentations fit well within the framework of DBT. Aims of the next sections are to create cultural adaptations for deportation stress in Latinx youth through (1) expanding the biosocial theory to include multiple levels of invalidation, (2) providing additional DBT orientation handouts with psychoeducation and resources, (3) creating culturally adapted teaching notes and examples for clinicians, (4) suggesting approaches to increase accessibility, feasibility, and dissemination of DBT for this population.

Adapting DBT for Latinx Youth Experiencing Deportation Stress

DBT Conceptualization

As previously addressed, minority stress theory (MST) emphasizes that discrimination at the structural level can lead to poor outcomes on mental health and Latinx youth with deportation stress are encompassed in this theory. MST sets the stage for Linehan's (1993) biosocial theory by adding this additional layer to invalidation. Morey (2018) discusses the multiple levels in which stigma impacts health disparities in the context of anti-immigrant stigma. The multiple levels include "the individual (e.g., perceived deportation threat), interpersonal (e.g., anti-immigrant discrimination), and structural (e.g., immigration policy)." Morey (2018) also highlighted Ayon's (2016) research on children's' awareness of anti-immigrant stigma leads to internalized racism. While there are no current studies addressing anti-

immigrant stigma specifically when applying DBT, Skerven et al. (2019) provides a model for addressing environmental and structural stigma when applying DBT to LGBTQ+ clients. To expand Linehan's (1993) definition of an invalidating environment, Skerven et al. (2019) introduce macro (structural stigma) and micro (enacted, felt, and internalized stigma) levels of validation. The current paper combines Morey (2018) and Skerven et al. (2019) levels of stigma to expand the definition of an invalidating environment in DBT to include discrimination in the context of anti-immigrant stigma, xenophobia, and racism. It is important to acknowledge the intersectionality between racial, ethnic, and immigrant identities of these Latinx youth as it might vary by demographics. Specifically, the current study adapts these categories of invalidation for Latinx youth with deportation stress to include the following levels of invalidation: *structural* invalidation, *individual* invalidation, *anticipated* invalidation, and *internalized* invalidation. Structural invalidation can be defined as discrimination that occurs because of systems and institutions (see Table 1). Individual invalidation can be defined as discrimination that you personally experience or witness (see Table 2). Anticipated invalidation can be defined as expecting negative experiences to occur because of discrimination (see Table 3). Internalized invalidation, similar to self-invalidation in DBT, can be defined as accepting discrimination to be your personal truth (see Table 4). To note, the word “discrimination” is being used as an inclusive term to incorporate anti-immigrant stigma, xenophobia, and racism. Tables 1-4 demonstrate examples this population might experience and specific DBT skills that clinicians can use as a guide to conceptualize treatment around these multiple levels of invalidation. Within these recommendations for DBT skills, it is important for the DBT clinician to utilize Pierson's et al. (2020) antiracist framework in which they understand that these Latinx youth operate in contexts that may punish them for assertive behavior and pathologize displays of justified

emotional reactions by bringing this into the teaching of the skills and problem-solving regarding safety.

DBT Orientation Handouts

Ayon (2016) discusses that if Latinx youth have an incomplete understanding of the anti-immigrant invalidating environment, there can be devastating effects on their health and well-being. Therefore, providing proper psychoeducation that is tailored to their identity and experience could be helpful in DBT. Appendix A includes adapted DBT Orientation Handouts, in both English and Spanish, that will help aide in providing psychoeducation to these youth. These adapted handouts include definitions related to immigration and deportation, common emotions experienced with deportation stress, expanded biosocial theory including the levels of invalidation for deportation stress, and DBT modules that map on to common problems experienced with deportation stress.

Teaching Notes and Examples

Rathus & Miller (2015) and Linehan (2015) DBT Manuals offer extensive teaching notes for clinicians teaching DBT skills in a group format. While these teaching notes are generalizable, culturally adapted examples can further enhance generalizability for Latinx youth experiencing deportation stress. Appendix B includes modifications to DBT teaching notes for a selection of DBT skills tailored to this population. These modifications were created by first reviewing the teaching notes from both Rathus & Miller (2015) and Linehan (2015) DBT Manuals and then by combining experiences identified as problems in the literature review on Latinx youth experiencing deportation stress. The purpose of these adapted teaching notes is to help DBT clinicians expand the storytelling, examples, and discussion questions that they might typically use when teaching DBT skills in a group format to be culturally inclusive of

experiences that Latinx youth with deportation stress *might* face. A summary of these adaptations by DBT module can be found below.

Orientation. The discussion of dialectics within the framework of Radical Healing is added to the orientation of DBT when defining “dialectical.” An example of the transactional component of Biosocial Theory is provided in which a youth is speaking Spanish to his friends and his behavior and emotional expression is then invalidated by a teacher which leads to a decrease in positive cultural expression and increase in internalized shame. The purpose of adapting this example was to include discrimination as a type of invalidation within the Biosocial Theory of emotion dysregulation.

Core Mindfulness. Acknowledging that mindfulness practice is often built into many cultural practices and exploring any practice these youth and their families might engage in that is relative to mindfulness is a point of discussion added to this module. An example of Wise Mind is added in which a teenager is offered a full-time job that would require him leaving high school before graduation and highlights the three states of mind in this situation. The purpose of adapting this example was to include a common stressor for this population (i.e., financial challenges) and the values of *familismo* to help the family.

Distress Tolerance. Adapted teaching notes for the following skills of this module were made: “Activities” from Distract with Wise Mind ACCEPTS skill, Self-Soothe, “Meaning” and “Prayer” from IMPROVE the Moment Skill, and Radical Acceptance. These recommendations involve creative exploration of activities and self-soothe practices that are feasible, affordable, and connect with Latinx culture. An example provided is watching a TV show or movie with a Spanish-speaking cast. As there are components of the IMPROVE the moment skill that might connect to Latinx values such as family and spirituality, these are highlighted as discussion

points. Regarding Radical Acceptance, an example was provided about the experience of a mother having difficulty accepting the deportation of her husband. This portion of the adaptation also emphasizes with care that acceptance is not equivalent agreement with the policies of the US to deport and detain their families or make life challenging or even more traumatic for immigrant families. It also includes an adaptation made by Mercado & Hinojosa (2017) to include *dichos* (sayings) when teaching this skill to the Latinx community.

Emotion Regulation. Adapted teaching notes for the following skills of this module were made: Model of Emotions, Check the Facts, Problem Solving, Opposite Action, ABC PLEASE (specifically, Accumulating Positives, Cope Ahead, and Physical Illness). For the Model of Emotions, an example was given for a youth experiencing a reminder of the loss of her mother to deportation. For Check the Facts, there are examples of when it is appropriate and when it is not appropriate for clinicians to utilize this skill. This portion highlights when utilizing cognitive strategies related to the experience of discrimination can be invalidating and harmful and provides specific examples (e.g., “is my mother going to be home when I get off the bus?”) An example of a self-invalidating thought is provided that would be appropriate for cognitive strategies and how to do so with care (e.g., I do not belong here). For Problem-Solving, an example is included for a youth faced with the problem of not having her parents being able to physically attend an event at school. For Opposite Action, specific examples are provided for each emotion that is typically discussed in this skill. One example includes feeling angry about a peer asking questions about their family which leads to the urge to physically fight the peer, with the opposite action to gently avoid the peer. For Accumulating Positive Experiences in the short-Term, it is recommended that clinicians explore how to help these youth engage in activities that connect to their culture more often (e.g., related to music, food, dance, language, family,

religion). Recommendations are made within Wise Mind Values and Priorities related to Radical Healing's emphasis on collectivism to help guide the Accumulating Positive Experiences in the Long-Term skill. A list of examples of values orientated behaviors in this context are provided (e.g., following advocacy social media pages, participation in community events). For Cope Ahead, a discussion point is made to balance coping with Anticipated Invalidation from the environment and increased fear and mistrust of the environment. Lastly, for Physical Illness, a discussion point is made to acknowledge barriers to utilizing this skill such as lack of insurance, fear of doctors, or finances.

Interpersonal Effectiveness. An important emphasis made in the teaching notes of this module includes mindfulness from the clinician regarding the youth's emotional and physical safety in interpersonal interactions as anti-immigrant systems they interact with may punish their behavior or pathologize their emotional reactions. The teaching notes recommend emphasizing the "environment" as a possible factor that interferes with interpersonal effectiveness for this population. It is discussed that their behavior should not be deemed as "ineffective" if there are systemic barriers to behaving in ways that the Interpersonal Effectiveness skills involve. When these barriers exist, other skills and ideas are recommended (e.g., assess safety, Wise Mind, Self-Validation, Accumulating Positives in the Long-Term). Specific examples are then adapted for GIVE, DEARMAN, and FAST skills (e.g., a peer is called a derogatory term).

Additional Resources. A resource guide was created by the researcher and a research assistant through a comprehensive web search of organizations that advocate for Latinxs and immigrant families (Appendix C). Each source was examined by the researcher and research assistant individually to assess its legitimacy and potential helpfulness. This guide includes both informational resources and guidance on obtaining services in categories such as legal, health,

mental health, immigrant rights, social media, advocacy, and education. The resources provided in this guide are applicable across the US and local resources are still recommended to be obtained. The purpose of this guide is to provide Latinx youth tangible ways to address psychosocial barriers as well as engage in activism if it is in their Wise Mind values.

Recommendations to Increase Accessibility, Dissemination, and Feasibility

As deportation has been shown to lead to numerous psychological impacts on Latinx youth, psychological treatment is crucial. However, the Latinx community faces a multitude of access-to-treatment barriers, that are likely more intensified for youth after losing a loved one to detention or deportation. While the concepts and skills in DBT align with the probable psychological problems faced by this population, the psychosocial stressors and barriers to treatment decrease the likelihood that they will receive DBT. The “Effectiveness” mindfulness skills can be utilized in order to do what works for this population, as creativity is required to dismantle the access-to-treatment barriers. The recommendations below will include modifications to the structure of treatment, modalities of providing treatment, and clinician roles. Many of the recommendations take into account the feasibility of finding a sample to actually bring this treatment to².

- 1. DBT skills training groups only is a recommended modification to the structure of treatment.**

² This dissertation paper's initial purpose was to assess the feasibility and acceptability of providing this 12-week group to Latinx youth with a parent or close family member deported or detained. It also aimed to assess pre and post measures of trauma, anxiety, depression, and emotion regulation. Recruitment was attempted by reaching out to a multitude of immigrant advocacy agencies, deportation specialty law clinics, local Latinx community centers, mental health clinics, and churches. The researcher offered this as a free service that would utilize a telehealth video platform. However, repeated efforts toward recruitment were not successful. It is important to acknowledge the possibility that these agencies were likely overworked and under-resourced during the COVID-19 pandemic. Additionally, the accessibility of this population was proven to be difficult through the recruitment. Thus, many of the recommendations pertain to the challenges of recruitment and bringing services to this under-resourced population.

- a. The structure of comprehensive DBT (i.e., individual therapy, group therapy, phone coaching, and consultation team) can create access-to-treatment barriers due to the additional resources it requires from clients and clinicians. Since Latinx youth already face multiple barriers to accessing mental health treatment and are less likely to be receiving mental health treatment, the structure of comprehensive DBT further decreases the likelihood that they will receive DBT. DBT skills training only has been shown to be feasible, acceptable, and effective as a stand-alone treatment (Valentine et al., 2020).
2. **The researcher recommends a selection of skills to teach for a 12-week group to increase feasibility and accessibility and can be found in Appendix B.**
3. **Telehealth platforms are recommended as a modality for treatment.**
 - a. Telehealth platforms have been used widely since the COVID-19 pandemic and can be an affordable and logistically accessible alternative to in-person treatment. This method may decrease barriers of transportation, finances, fear of deportation, and stigma in seeking treatment for Latinx families to obtain DBT. This may not, however, eliminate other barriers such as access to technology at home, internet connection, or privacy.
4. **Internet based DBT skills training (iDBT-ST) is recommended as a modality for treatment.**
 - a. While there is minimal research on self-guided iDBT-ST, Wilks et al. (2018) found preliminary efficacy, feasibility, and acceptability when delivering iDBT-ST via videos and interactive tools without involving a real-time provider. Applying this method for Latinx youth with deportation stress with adaptations

made in this article could be crucial to decreasing barriers as it could be disseminated throughout the community organizations that they encounter regularly (e.g., churches, schools, health care providers, advocacy agencies) reaching a larger population, addresses shortages of Spanish-speaking therapists, and eliminates time constrictions, language barriers, and need for insurance. It also allows access to the treatment in public spaces such as the library or school if technology at home is a barrier.

5. DBT Skills in Schools: Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A; Mazza et al., 2016) is recommended as a modality for treatment.

- a. DBT STEPS-A has been implemented across low-income schools in the US and is shown to be acceptable and feasible for teachers in low-income schools, however there is no research documenting its cultural responsiveness to students (Chugani et al., 2021). One school developed a virtual after-school program for students experiencing homelessness to receive DBT STEPS-A. As Latinx youth experiencing deportation are likely enrolled in school, DBT STEPS-A with cultural adaptations could be an appropriate method to disseminating DBT.

6. Psychoeducational workshops and presentations are recommended to be given by DBT clinicians.

- a. Psychoeducation is an imperative component of DBT skills training, and psychoeducation for Latinx youth on deportation related issues and invalidation will be imperative in cultural adaptations. While psychoeducation workshops are not a replacement for psychotherapy, they may be an additional point of access

for this population as they can be implemented in settings that these youth might already be in such as school, church, and community programs and be run by a variety of mental health professionals including graduate students.

- b. Psychoeducational workshops may also help to reduce stigma and can be an entryway for receiving further treatment.
 - c. These psychoeducational workshops could review the biosocial theory with anti-immigrant invalidation adaptations and an overview of crisis survival skills.
- 7. It is recommended that DBT clinicians adhere to the Consultation to the Environment Agreement (Pierson et al., 2020).**
- a. The Consultation to the Environment Agreement (Pierson et al., 2020) in application to Latinx youth experiencing deportation stress reminds DBT clinicians that advocacy through environmental intervention is crucial to meeting this populations' needs.
- 8. It is recommended that DBT clinicians engage in outreach to and partner with community settings that these individuals already partake in.**
- a. Regardless of the treatment modality utilized in providing Latinx youth DBT skills, building connections to settings such as schools, churches, immigrant or Latinx advocacy agencies, local community centers, or deportation law firms can be a means for clinicians to offer services, psychoeducation, and resources. Outreach is essential from the clinician's end as it is identified that Latinx youth may not be seeking services on their own. Targeting community settings are likely the most effective way to access this population.

- b. An example of outreach might be clinicians doing an online search for immigration or deportation law firms in their local area, calling to build a connection, and collaborating on a way to offer services. Another example might be connecting with a local church and providing a psychoeducational workshop on DBT to the families.
9. **Pro-bono DBT skills groups or psychoeducational workshops can be applied in community settings.**
 - a. Pro-bono services can address financial and insurance barriers.
10. **It is recommended that DBT clinicians collaborate with medical settings.**
 - a. Collaborative care models which integrate behavioral health into primary care settings has been shown to improve health disparities for immigrants (Kaltman et al., 2011) and could be another place that clinicians offer these services.
 - b. DBT clinicians can also inform their local primary care settings of DBT services so that medical providers inform their patients. DBT clinicians could provide medical providers with a psychoeducation flyer or culturally adapted DBT handouts to give patients. Some community medical practices might offer services specifically to immigrant families and can be a point of access.
11. **It is recommended DBT clinicians utilize a strengths-based approach that considers strengths of their culture and community.**
 - a. The inclusion of community settings can help to highlight one's values, support system, strengths, and protective factors which is a central component of radical healing.

12. It is recommended that DBT clinicians utilize a holistic approach to treatment by providing environmental resources (e.g., medical, health, legal assistance, housing, employment, etc.).

- a. There are countless psychosocial barriers present in this population. Therefore, in order to treat the individual as a whole in the context of their environment, we can provide resources outside of mental health. A list of national resources is provided in Appendix C, though clinicians should also become familiar with local resources to provide the families they see.
- b. Clinicians can also partner with social workers and case managers on multi-disciplinary teams to help with these roles.

13. Identification of social, familial, cultural, and community supports for this population is recommended.

- a. It can be helpful to have these youth identify individuals they trust and that hold similar values or identities to them to increase their support system and connection to their community.

14. It is recommended that advocacy includes larger system such as law and policy makers.

- a. It is important that DBT clinicians advocate for this population to larger systems as support from law and policy makers can increase resources such as funding, hiring of Spanish-speaking therapists, translation services, and more. Collier (2015) discussed that funding is needed for schools, school-based services, and direct immigrant services through the US Department of Health and Human Services.

- b. This might also include advocating for increased representation of Latinxs and Spanish-speaking clinicians in institutions that are implementing DBT.

15. If accessibility permits providing treatment to these youth and their families,

Walking the Middle Path skills can be included.

- a. While the recommended 12-week group in this paper does not include Walking the Middle Path skills since it is taught in the context of multifamily skills groups, if DBT clinicians are able to include family members in treatment, skills in this module such as Dialectics, Validation, and Behavior Change can be taught.

Conclusion and Future Directions

To the author's knowledge, there is no research connecting DBT and deportation stress amongst Latinx youth. This critical literature review examined the significant mental health impacts that deportation has on Latinx youth in the US and provides a rationale for DBT as an appropriate treatment. Adaptations to DBT are suggested specifically to increase this population's knowledge of an anti-immigrant invalidating environment, cope with stress related to deportation, and navigate the invalidating environment with a sense of agency. Specific adaptations were made to the handouts and to the teaching notes and examples to be culturally congruent and apply to this specific population's problems and challenges. Access-to-treatment barriers were discussed and suggestions for clinicians are made to overcome these challenges.

A limitation of this study is that the efficacy, feasibility, and acceptability of these adaptations were not tested with the population of Latinx youth experiencing deportation stress. However, regarding feasibility, attempts at recruiting this population to participate in a 12-week DBT skills group with these adaptations were made and recommendations for outreach were based on these recruitment efforts as the researcher was in contact with community settings

described. Future research should assess the efficacy, feasibility, and acceptability of a 12-week DBT skills group with adaptations for deportation stress through a telehealth platform or in person through a community setting. To assess feasibility and acceptability amongst clinicians, these adaptations can be sent out to expert clinicians that practice DBT, work with adolescents or Latinx populations, or are bilingual. Feasibility rating scales can be provided to these clinicians to assess the treatment integrity of the adaptations and the ease of providing these adaptations in their settings. Questions regarding acceptability of the adaptations can also be assessed. Bilingual Spanish-speaking DBT clinicians can also evaluate the accuracy of the Spanish translation of the adapted handouts. If the treatment approach proved feasible and acceptable to clients and clinicians, then an open trial and ultimately a randomized controlled study would be useful to test its effectiveness. Future research should also explore the other treatment modalities recommended in this paper as methods of further disseminating DBT skills to this population. For example, the creation of a self-guided iDBT Skills Training videos which could be produced in various languages and the feasibility of disseminating it within the community can be studied as well as effectiveness of the treatment.

While the current discussion reviews the literature on a specific Latinx population, youth that have had a parent or close family member deported or detained, and the specific impacts related to deportation, these concepts are relevant across the Latinx community regardless of immigration status. Latinxs are a diverse group with differing backgrounds, racial identities, countries of origins, and immigration status. The intersectionality of these identities, show the importance of understanding their individual differences. The efficacy, feasibility, and acceptability of applying these treatments in English vs. Spanish for this population could also be explored. In addition to Latinxs, it is believed that some of these adaptations such as the 4

additional levels of invalidation for the biosocial theory can be utilized for other marginalized groups. The 4 levels of invalidation include Structural Invalidation (discrimination from systems and institutions), Individual Invalidation (discrimination that you experience or witness), Anticipated Invalidation (discrimination you expect to occur), and Internalized Invalidation (discrimination you accept as your personal truth). More specifically, the culturally adapted handouts on the Biosocial Theory that includes the impact of discrimination as a type of invalidation can be utilized in treatment settings with Black and Indigenous people of color (BIPOC). The acceptability of these handouts and levels of invalidation can be assessed with BIPOC individuals. Furthermore, research should continue to create DBT skill teaching examples that are inclusive of immigrants, Latinxs, and BIPOC experiences and assess their acceptability in DBT skills groups. This might include qualitative research or focus groups with these populations to gather their experiences firsthand.

As clinicians, we are uniquely positioned to not only develop culturally attuned treatments that serve underserved and highly stressed communities, but to reach out to and foster hope for those within these spaces. It is our duty to engage in community-level advocacy and outreach initiatives in support of Latinx youth experiencing deportation stress, or any marginalized population. The logical first step in doing so, is beginning this conversation in one's various circles – at one's private or group practice, agency, university, or at the dinner table. This may require willingness, dialectics, patience, and compassionate flexibility on the part of clinicians. It is crucial to remember that Latinx youth hold a far heavier burden - the constraint of and fear for their lives. It is hoped that continuous cultural adaptations be made to help these youth heal from the discriminatory systems that constrain them and that, with these adaptations,

they experience the assurance that there are people on their side, and that they have control over their lives.

Ricardo Eliecer Neftali Reyes Basoalto, also known as Pablo Neruda, captures the message of hope and calling I seek to impart: “You can cut all the flowers, but you cannot keep spring from coming.” Collectively, we are called to push back on the structures in place that cut these flowers. We are called to sow more seeds, plant more flowers, water these gardens, and uplift our youth. Together, we will bring spring.

References

- Alegría, M., Canino, G., Ríos, R., Vera, M., Calderón, J., Rusch, D., & Ortega, A. N. (2002). Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino Whites. *Psychiatric Services*, *53*(12), 1547–1555. <https://doi.org/10.1176/appi.ps.53.12.1547>
- Allen, B., Cisneros, E. M., & Tellez, A. (2015). The children left behind: The impact of parental deportation on mental health. *Journal of Child and Family Studies*, *24*(2), 386–392. <https://doi.org/10.1007/s10826-013-9848-5>
- American Psychological Association. (2018). Statement on the effects of deportation and forced separation on immigrants, their families, and communities. *American Journal of Community Psychology*, *62*(1–2), 3–12. <https://doi.org/10.1002/ajcp.12256>
- Amnesty International. (2018). *USA: 'YOU DON'T HAVE ANY RIGHTS HERE.'* <https://www.amnestyusa.org/wp-content/uploads/2018/10/You-Dont-Have-Any-Rights-Here.pdf>
- Anti-Defamation League. (2018). *Mainstreaming Hate: The Anti-Immigrant Movement in the U.S.* <https://www.adl.org/media/12249/download>
- Araújo Dawson, B. (2009). Discrimination, stress, and acculturation among Dominican immigrant women. *Hispanic Journal of Behavioral Sciences*, *31*(1), 96–111. <https://doi.org/10.1177/0739986308327502>
- Ayón, C., & Philbin, S. P. (2017). “Tú No Eres de Aquí”: Latino children’s experiences of institutional and interpersonal discrimination and microaggressions. *Social Work Research*, *41*(1), 19–30. <https://doi.org/10.1093/swr/svw028>

- Ayón, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. *Journal of Community Psychology, 38*(6), 742–756. <https://doi.org/10.1002/jcop.20392>
- Beckstead, D. J., Lambert, M. J., DuBose, A. P., & Linehan, M. (2015). Dialectical behavior therapy with American Indian/Alaska Native adolescents diagnosed with substance use disorders: Combining an evidence based treatment with cultural, traditional, and spiritual beliefs. *Addictive Behaviors, 51*, 84-87. <https://doi.org/10.1016/j.addbeh.2015.07.018>
- Brabeck, K. M., Lykes, M. B., & Hunter, C. (2014). The psychosocial impact of detention and deportation on U.S. Migrant children and families. *American Journal of Orthopsychiatry, 84*(5), 496–505. <https://doi.org/10.1037/ort0000011>
- Brabeck, K., & Xu, Q. (2010). The Impact of Detention and Deportation on Latino Immigrant Children and Families: A Quantitative Exploration. *Hispanic Journal of Behavioral Sciences, 32*(3), 341–61. <https://doi.org/10.1177/0739986310374053>
- Capps, R., Castañeda, R. M., Chaudry, A., & Santos, R. (2007) *Paying the Price: The Impact of Immigration Raids on America's Children*. Urban Institute.
<https://www.urban.org/research/publication/paying-price-impact-immigration-raids-america-children>
- Capps, R., Fix, M., Ost, J., Reardon-Anderson, J., & Passel, J. S. (2004). The Health and Well-Being of Young Children of Immigrants: Brief. *The Health and Well-Being of Young Children of Immigrants: Brief*, 1–4. <https://www.urban.org/research/publication/health-and-well-being-young-children-immigrants>
- Capps, R., Koball, H., Campetella, A., Perreira, K., Hooker, S., & Pedroza, J. (2015). *Implications of Immigration Enforcement Activities for the Well-Being of Children in*

- Immigrant Families: A Review of the Literature*. Urban Institute and Migration Policy Institute. <https://www.migrationpolicy.org/research/implications-immigration-enforcement-activities-well-being-children-immigrant-families>
- Cavazos-Rehg, P. A., Zayas, L. H., & Spitznagel, E. L. (2007). Legal status, emotional well-being and subjective health status of Latino immigrants. *Journal of the National Medical Association, 99*(10), 1126–1131.
- Chaudhary, A., Capps, R., Pedrosa, J. M., Castañeda, R. M., Santos, R., & Scott, M. M. (2010). *Facing our future: Children in the aftermath of immigration enforcement*. Urban Institute. https://www.urban.org/research/publication/facing-our-future/view/full_report
- Cheng, P.-H., & Merrick, E. (2017). Cultural adaptation of dialectical behavior therapy for a Chinese international student with eating disorder and depression. *Clinical Case Studies, 16*(1), 42–57. <https://doi.org/10.1177/1534650116668269>
- Chugani, C. D., Murphy, C. E., Talis, J., Miller, E., McAneny, C., Condosta, D., Kamnikar, J., Wehrer, E., & Mazza, J. J. (2021). Implementing dialectical behavior therapy skills training for emotional problem solving for adolescents (DBT STEPS-A) in a low-income school. *School Mental Health: A Multidisciplinary Research and Practice Journal*. <https://doi.org/10.1007/s12310-021-09472-4>
- Collier, L. (2015). *Helping immigrant children heal*. American Psychological Association. <https://www.apa.org/monitor/2015/03/immigrant-children>
- Cuccinelli, K. (2021, March 17). *Biden in Denial As Border Crisis Escalates Due to His Rhetoric and Immigration Policies*. The Heritage Foundation. <https://www.heritage.org/immigration/commentary/biden-denial-border-crisis-escalates-due-his-rhetoric-and-immigration>

Davis, J., & Chokshi, N. (2018). “Trump Defends 'Animals' Remark, Saying It Referred to MS-

13 Gang Members.” <https://www.nytimes.com/2018/05/17/us/trump-animals-ms-13-gangs.html?smprod=nytcore-ipad>

Dawsey, J. (2018). “Trump Derides Protections for Immigrants from ‘Shithole’ Countries”

https://www.washingtonpost.com/politics/trump-attacks-protections-for-immigrants-from-shithole-countries-in-oval-office-meeting/2018/01/11/bfc0725c-f711-11e7-91af-31ac729add94_story.html?utm_term=.efafce0a0bd5

Derr, A. S. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric Services*, 67(3), 265–274.

<https://doi.org/10.1176/appi.ps.201500004>

Dreby, J. (2012). The Burden of Deportation on Children in Mexican Immigrant

Families. *Journal of Marriage & Family*, 74(4), 829–845. <https://doi.org/10.1111/j.1741-3737.2012.00989.x>

French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a Psychological Framework of Radical Healing in Communities of Color. *The Counseling Psychologist*, 48(1), 14–46.

<https://doi.org/10.1177/0011000019843506>

Germán, M., Smith, H. L., Rivera-Morales, C., González, G., Haliczzer, L. A., Haaz, C., & Miller, A. L. (2015). Dialectical behavior therapy for suicidal Latina adolescents: Supplemental

dialectical corollaries and treatment targets. *American Journal of Psychotherapy*, 69(2), 179–197. <https://doi.org/10.1176/appi.psychotherapy.2015.69.2.179>

Giano, Z., Anderson, M., Shreffler, K. M., Cox, R. B., Jr., Merten, M. J., & Gallus, K. L. (2020).

Immigration-related arrest, parental documentation status, and depressive symptoms

- among early adolescent Latinos. *Cultural Diversity and Ethnic Minority Psychology*, 26(3), 318–326. <https://doi.org/10.1037/cdp0000299>
- Gonzalez-Barrera, A., Krogstad, J. M., & Noe-Bustamante, L. (2020). Path to legal status for the unauthorized is top immigration policy goal for Hispanics in U.S. <https://www.pewresearch.org/fact-tank/2020/02/11/path-to-legal-status-for-the-unauthorized-is-top-immigration-policy-goal-for-hispanics-in-u-s/>
- Gulbas, L. E., Zayas, L. H., Yoon, H., Szlyk, H., Aguilar, G. S., & Natera, G. (2016). Deportation experiences and depression among U.S. citizen-children with undocumented Mexican parents. *Child: Care, Health & Development*, 42(2), 220–230.
- Guzman, E. D., Woods-Giscombe, C. L., & Beeber, L. S. (2015). Barriers and facilitators of Hispanic older adult mental health service utilization in the USA. *Issues in Mental Health Nursing*, 36(1), 11–20. <https://doi.org/10.1111/cch.12307>
- Hacker, K., Anies, M., Folb, B. L., & Zallman, L. (2015). Barriers to health care for undocumented immigrants: a literature review. *Risk management and healthcare policy*, 8, 175–183. <https://doi.org/10.2147/rmhp.s70173>
- Hatzenbuehler, M. L., Prins, S. J., Flake, M., Philbin, M., Frazer, M. S., Hagen, D., & Hirsch, J. (2017). Immigration policies and mental health morbidity among Latinos: A state-level analysis. *Social Science & Medicine*, 174, 169–178. <https://doi.org/10.1016/j.socscimed.2016.11.040>
- Hovey, J. D., Rojas, R. S., Kain, C., & Magana, C. (2000). Proposition 187 reexamined: Attitudes toward immigration among California voters. *Current Psychology*, 19(3), 159–174. <https://doi.org/10.1007/s12144-000-1013-9>

- Kirby, J. (2018). “Trump Wants Fewer Immigrants from ‘Shithole Countries’ and More from Places like Norway.” <https://www.vox.com/2018/1/11/.../trump-immigrants-shithole-countries-norway>
- Koball, H., Capps, R., Perreira, K., Campetella, A., Hooker, S., Pedroza, J. M., Monson, W., & Huerta, S. (2015). *Health and Social Service Needs of US-Citizen Children with Detained or Deported Immigrant Parents*. Urban Institute and Migration Policy Institute. <https://www.migrationpolicy.org/research/health-and-social-service-needs-us-citizen-children-detained-or-deported-immigrant-parents>
- Kohrt, B. K., Lincoln, T. M., & Brambila, A. D. (2017). Embedding DBT skills training within a transactional-ecological framework to reduce suicidality in a Navajo adolescent female. *Clinical Case Studies*, 16(1), 76–92. <https://doi.org/10.1177/1534650116668271>
- Kullgren, J. T. (2003). Restrictions on Undocumented Immigrants’ Access to Health Services: The Public Health Implications of Welfare Reform. *American Journal of Public Health*, 93(10), 1630–1633. <https://doi.org/10.2105/ajph.93.10.1630>
- Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.
- Linehan, M. M. (2015a). *DBT® Skills Training Manual, Second Edition*. Guilford Press.
- Linehan, M. M. (2015b). *DBT® Skills Training Handouts and Worksheets, Second Edition*. Guilford Press.
- Linehan, M. M., Korslund, K. E., Harned, M. S., Gallop, R. J., Lungu, A., Neacsiu, A. D., . . . Murray-Gregory, A. M. (2015). Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder: A randomized clinical trial and

component analysis. *JAMA Psychiatry*, 72(5), 475482.

<https://doi.org/10.1001/jamapsychiatry.2014.3039>

Mathema, S. (2017). *Keeping Families Together Why All Americans Should Care About What Happens to Unauthorized Immigrants*. Center for American Progress; Center for the Study of Immigrant Integration. <https://www.immigrationresearch.org/report/center-american-progress/keeping-families-together-why-all-americans-should-care-about-what-h>

Mazza, J., Dexter-Mazza, E., Miller, A., Rathus, J., & Murphy, H. (2016). *DBT skills in schools: Skills training for emotional problem solving for adolescents (DBT STEPS-A)*. Guilford Press

McLeigh, J. D. (2010). How do Immigration and Customs Enforcement (ICE) practices affect the mental health of children? *American Journal of Orthopsychiatry*, 80(1), 96–100. <https://doi.org/10.1111/j.1939-0025.2010.01011.x>

Mercado, A., & Hinojosa, Y. (2017). Culturally adapted dialectical behavior therapy in an underserved community mental health setting: A latina adult case study. *Practice Innovations*, 2(2), 80–93. <https://doi.org/10.1037/pri0000045>

Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. Guilford Press.

Montoya-Galvez, C. (2022, January 20). *After 1 year and many changes, Biden's immigration record frustrates opponents and allies alike*. CBS News.

<https://www.cbsnews.com/news/immigration-biden-first-year-title-42-ice-texas/>

Moradi, B., & Risco, C. (2006). Perceived discrimination experiences and mental health of Latina/o american persons. *Journal of Counseling Psychology*, 53(4), 411–421.

<https://doi.org/10.1037/0022-0167.53.4.411>

Morey, B. N. (2018). Mechanisms by Which Anti-Immigrant Stigma Exacerbates Racial/Ethnic Health Disparities. *American Journal of Public Health*, 108(4), 460–463.

<https://doi.org/10.2105/ajph.2017.304266>

Neacsiu, A., Rizvi, S., & Linehan, M. (2010). Dialectical behavior therapy skills use as a mediator and outcome of treatment for borderline personality disorder. *Behaviour Research and Therapy*, 48(9), 832–839. <https://doi.org/10.1016/j.brat.2010.05.017>

Noe-Bustamante, L., Mora, L., & Lopez, M. H. (2020a, August 11). *3. Views on Latinx as a pan-ethnic term for U.S. Hispanics*. Pew Research Center.

<https://www.pewresearch.org/hispanic/2020/08/11/views-on-latinx-as-a-pan-ethnic-term-for-u-s-hispanics/>

Noe-Bustamante, L., Mora, L., & Lopez, M. H. (2020b, August 11). *About One-in-Four U.S. Hispanics Have Heard of Latinx, but Just 3% Use It*. Pew Research Center.

<https://www.pewresearch.org/hispanic/2020/08/11/about-one-in-four-u-s-hispanics-have-heard-of-latinx-but-just-3-use-it/>

Pew Hispanic Center. (2010). *Hispanics and Arizona's new immigration law. Fact sheet*.

<http://pewresearch.org/pubs/1579/arizona-immigration-law-fact-sheet-hispanic-population-opinion-discrimination>

- Pierson, A. M., Arunagiri, V., & Bond, D. M. (2021). “You Didn’t Cause Racism, and You Have to Solve it Anyways”: Antiracist Adaptations to Dialectical Behavior Therapy for White Therapists. *Cognitive and Behavioral Practice*.
<https://doi.org/10.1016/j.cbpra.2021.11.001>
- Priest, N., Paradies, Y., Trener, B., Truong, M., Karlsen, S., & Kelly, Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social Science & Medicine*, 95, 115–127.
<https://doi.org/10.1016/j.socscimed.2012.11.031>
- Ramaiya, M. K., Fiorillo, D., Regmi, U., Robins, C. J., & Kohrt, B. A. (2017). A cultural adaptation of dialectical behavior therapy in Nepal. *Cognitive and behavioral practice*, 24(4), 428-444. <https://doi.org/10.1037/0022-0167.53.4.411>
- Rathus, J. H., & Miller, A. L. (2015). *DBT® skills manual for adolescents*. Guilford Press.
- Rathus, J.H., & Miller, A.L. (2002). Dialectical behavior therapy adapted for suicidal adolescents. *Suicide and Life-Threatening Behavior*, 32(2), 146-157.
<https://doi.org/10.1521/suli.32.2.146.24399>
- Ritschel, L. A., Lim, N. E., & Stewart, L. M. (2015). Transdiagnostic applications of DBT for adolescents and adults. *American Journal of Psychotherapy*, 69(2), 111–128.
<https://doi.org/10.1176/appi.psychotherapy.2015.69.2.111>
- Ritschel, L. A., Miller, A. L., & Taylor, V. (2013). Dialectical behavior therapy for emotion dysregulation. In J. Ehrenreich-May & B. Chu (Eds.), *Transdiagnostic Mechanisms and Treatment for Youth Psychopathology*, pp. 203-232. Guilford Press.

Roberts, K., (2022, March 16). *How Biden Paved the Way for Cartels, Drugs & Lawlessness.*

The Heritage Foundation. <https://www.heritage.org/immigration/commentary/how-biden-paved-the-way-cartels-drugs-lawlessness>

Rosenblum, M., & McCabe, K. (2014). *Deportation and Discretion: Reviewing the Record and Options for Change.* Washington, DC: Migration Policy Institute.

<https://www.migrationpolicy.org/research/deportation-and-discretion-reviewing-record-and-options-change>

Skerven, K., Whicker, D. R., & LeMaire, K. L. (2019). Applying dialectical behaviour therapy to structural and internalized stigma with LGBTQ+ clients. *The Cognitive Behaviour Therapist, 12.* <https://doi.org/10.1017/s1754470x18000235>

U.S. Commission on Civil Rights. (2019). *Trauma at the Border: The Cost of Inhumane Immigration.* Washington, DC. <https://www.usccr.gov/pubs/2019/10-24-Trauma-at-the-Border.pdf>

U.S. Department of Homeland Security. (2019). Immigration Data & Statistics.

<https://www.dhs.gov/immigration-statistics>

Umaña-Taylor, A. J., & Updegraff, K. A. (2007). Latino adolescents' mental health: Exploring the interrelations among discrimination, ethnic identity, cultural orientation, self-esteem, and depressive symptoms. *Journal of Adolescence, 30*(4), 549–567.

<https://doi.org/10.1016/j.adolescence.2006.08.002>

United We Dream. (2022, March 30). *Biden Must Stop Deportations Now!*

<https://unitedwedream.org/our-work/protect-immigrants-now/biden-stop-deportations-now/>

- Valentine, S. E., Bankoff, S. M., Poulin, R. M., Reidler, E. B., & Pantalone, D. W. (2015). The use of dialectical behavior therapy skills training as stand-alone treatment: A systematic review of the treatment outcome literature. *Journal of Clinical Psychology, 71*(1), 1–20. <https://doi.org/10.1002/jclp.22114>
- Valentine, S. E., Smith, A. M., & Stewart, K. (2020). A review of the empirical evidence for DBT skills training as a stand-alone intervention. In J. Bedics (Ed.). *The Handbook of Dialectical Behavior Therapy: Theory, Research, & Evaluation* (pp. 325-358). Academic Press.
- Verea, M. (2018). Anti-Immigrant and Anti-Mexican Attitudes and Policies during the First 18 Months Of the Trump Administration. *Norteamérica: Revista Académica Del CISAN-UNAM, 13*(2), 197–226. <https://doi.org/10.22201/cisan.24487228e.2018.2.335>
- Wilks, C. R., Lungu, A., Ang, S. Y., Matsumiya, B., Yin, Q., & Linehan, M. M. (2018). A randomized controlled trial of an Internet delivered dialectical behavior therapy skills training for suicidal and heavy episodic drinkers. *Journal of Affective Disorders, 232*, 219–228. <https://doi.org/10.1016/j.jad.2018.02.053>
- Zayas, L. H., Aguilar-Gaxiola, S., Yoon, H., & Rey, G. N. (2015). The distress of citizen-children with detained and deported parents. *Journal of Child and Family Studies, 24*(11), 3213–3223. <https://doi.org/10.1007/s10826-015-0124-8>

Tables

Table 1*Examples of DBT Skills for intervention of structural invalidation^a*

Structural Invalidation ^a “How to cope with discriminatory environmental barriers” ^(p.8)		
Example	Treatment Task	Useful DBT Skills ^a
Fear of deportation ^b	Decrease negative emotional experiences due to structural invalidation ^a ; “learn to maneuver through oppressive systems in order to get one’s needs met” ^(p.8)	-Radical Acceptance -Problem Solving -TIPP or other Crisis Survival Skills -Wave Skill
Limited resources available in Spanish (e.g., translating for family) ^b	“Learn to effectively navigate complex systems through assertiveness and acceptance” ^(p.8) (e.g., request Spanish-speaking staff, interpreter, or translated documents, request same services as English speakers) ^b	-Problem Solving -DEARMAN -FAST -Radical Acceptance -Effectiveness
Fear of law enforcement (e.g., ICE raid at employment or school, inability to call police when hurt or in danger) ^b	“Learn to maneuver through oppressive systems in order to get one’s needs met” ^(p.8) ; connect with community organizations; increase awareness of policies ^a	-Wise Mind -Effectiveness -Problem Solving -Accumulating Positives in the Long Term
Inability to get health insurance or fear of going to doctor’s office ^b	“Learn to maneuver through oppressive systems in order to get one’s needs met” ^(p.8) ; connect with community organizations; increase awareness of policies ^a	-Problem Solving -DEARMAN -Radical Acceptance -Cope Ahead -TIP -Opposite Action
“Feeling hopeless in one’s ability to effect change” ^(p.8)	“Become an active participant in organizational change” ^(p.8) ; increase strength and resistance to oppression with collectivist values ^b	-Accumulating Positives in the Long Term -Building Mastery -FAST -Dialectics

Entries marked as ^a were adapted from Skerven et al., 2019.

Entries marked as ^b are entirely original.

Direct quotes from the table in Skerven et al., 2019 (p. 8) are in quotations.

Table 2*Examples of DBT Skills for intervention of individual invalidation^a*

Individual Invalidation ^a		
<i>How to cope with discrimination when it happens to you on an individual level^a</i>		
Example	Treatment Task	Useful DBT Skills^a
“Being called a derogatory name” (p.9)	“Address the person(s) in ways that both maintain self-respect and reduce the chances of further discrimination” (p.9)	-DEARMAN -FAST -Opposite Action -Self-Validation
“Being excluded for aspects of one’s identity” (p.9) (i.e., otherness) ^a	“Build a supportive social network” (p.9); seek support from other Latinxs or immigrants ^b	-Accumulating Positives -Self-Validation
Experiencing intense emotions (e.g., anger, fear, shame) when invalidation occurs ^a	“Effectively manage emotions as they occur in the moment” (p.9)	-TIP or other Crisis Survival Skills -Effectiveness -Opposite Action
Being told by family not to discuss immigration status or the deportation and managing burden and shame ^b	Decrease negative emotional experiences due to individual invalidation ^a ; “increase self-validation” (p.9); express emotions effectively to family ^b	-DEARMAN -GIVE -FAST -Self-Validation

Entries marked as ^a were adapted from Skerven et al., 2019.

Entries marked as ^b are entirely original.

Direct quotes from the table Skerven et al., 2019 (p. 9) are in quotations.

Table 3*Examples of DBT Skills for intervention of anticipated invalidation^a*

Anticipated Invalidation ^a <i>“How to cope with the anticipation of discriminatory events”</i> (p.10)		
Example	Treatment Task	Useful DBT Skills^a
Fear of discrimination when speaking Spanish in predominantly English-speaking spaces ^a	Speak Spanish in these spaces (assuming the environment is safe) ^a	<ul style="list-style-type: none"> -Check the Facts (to ensure that a real environmental threat does not exist) -Cope Ahead -Opposite Action or Problem Solving
Having to be in situations where you have experienced discrimination in the past (e.g., classroom, friend’s home) ^a	“Participate in events and activities that bring value and meaning to one’s life” (p.10)	<ul style="list-style-type: none"> -Opposite Action -Participate -Cope Ahead -Accumulating Positives
Fear related to disclosing self or family’s immigration status to others ^a	“Disclose to trusted others” (p.10)	<ul style="list-style-type: none"> -Cope Ahead -Check the Facts -Opposite Action or Problem Solving -Wise Mind -GIVE
Not feeling accepted in predominantly White or English-speaking spaces ^a	“Create meaningful connections and sense of being included” (p.10)	<ul style="list-style-type: none"> -Participate -GIVE -FAST -Problem Solving -Accumulating Positives -Radical Acceptance

Entries marked as ^a were adapted from Skerven et al., 2019.

Direct quotes from the table in Skerven et al., 2019 (p. 10) are in quotations.

Table 4*Examples of DBT Skills for intervention of internalized invalidation^a*

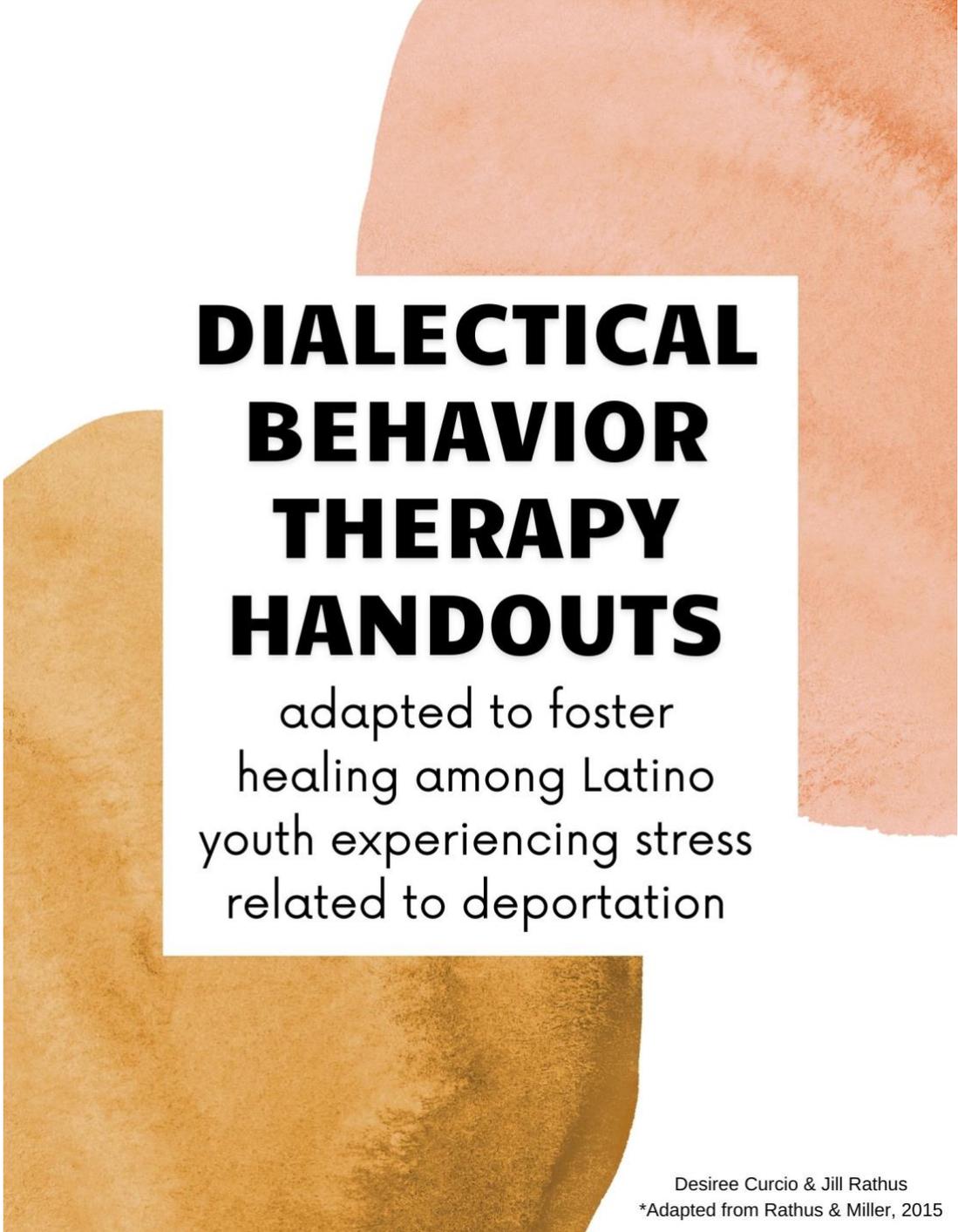
Internalized Invalidation ^a <i>How to cope with self-invalidation^a</i>		
Example	Treatment Task	Useful DBT Skills^a
Shame related to identity as the child of an undocumented immigrant ^a	“Increase self-acceptance and engagement in values-based behaviors” (p.11)	<ul style="list-style-type: none"> -Opposite Action -FAST -Self-Validation -Loving Kindness -Non-Judgmentally -Accumulating Positives
Belief that immigrants don’t belong in the US ^a	“Reduce negative self-talk and beliefs about self” (p.11)	<ul style="list-style-type: none"> -Self-Validation -Check the Facts -Wave Skill
“Reduced well-being associated with internalized stigma” (p.11)	“Increase self-care and resilience” (p.11)	<ul style="list-style-type: none"> -PLEASE -Effectiveness -Wise Mind -Accumulating Positives -Building Mastery
Feelings of worthlessness, guilt, isolation ^a	“Increase sense of connectedness and belonging; reduce maladaptive self-judgment” (p.11)	<ul style="list-style-type: none"> -Self-Soothe -Self-Validation -Check the Facts -Opposite Action

Entries marked as ^a were adapted from Skerven et al., 2019.

Direct quotes from the table in Skerven et al., 2019 (p. 11) are in quotations.

Appendices

Appendix A

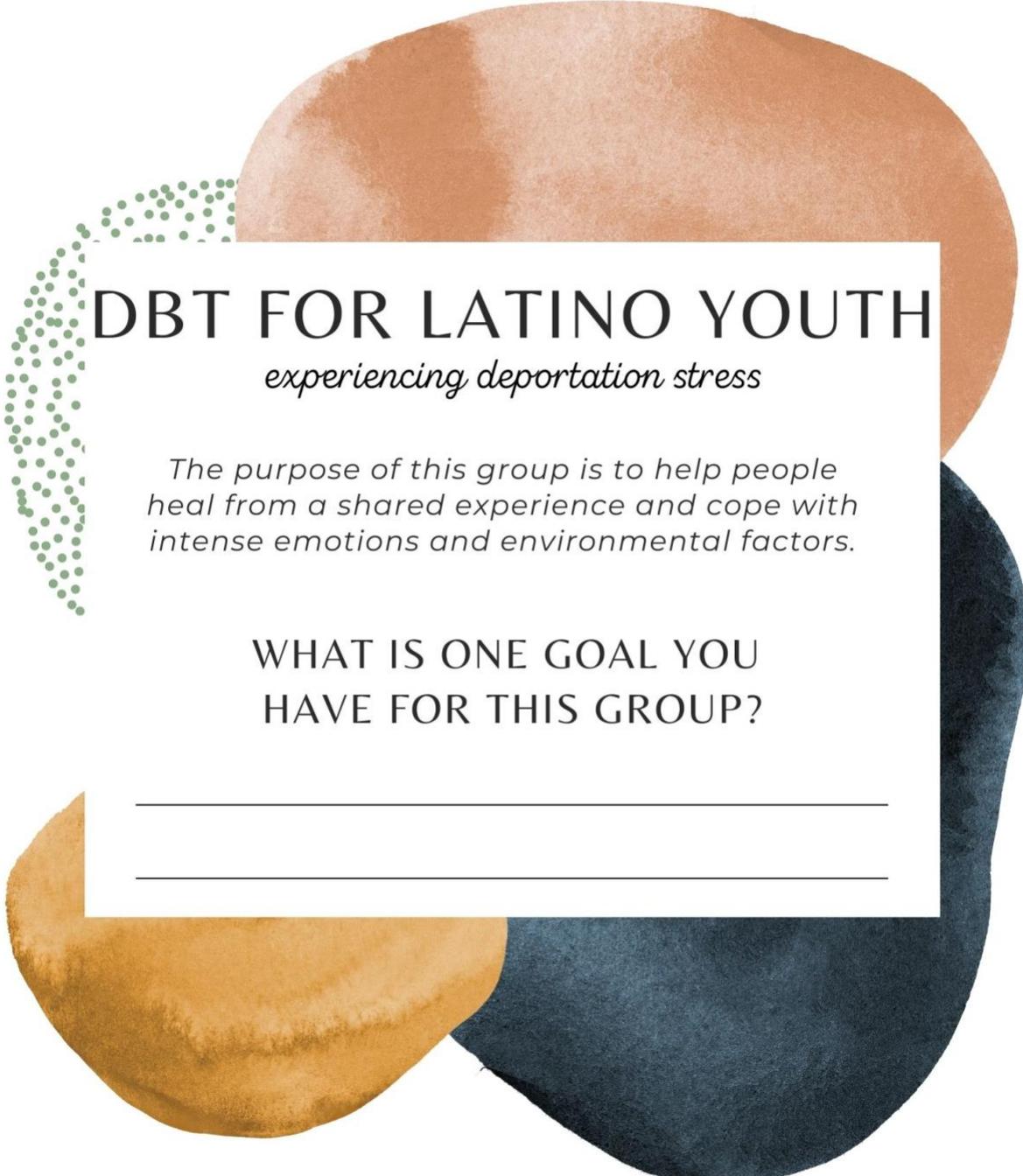


**DIALECTICAL
BEHAVIOR
THERAPY
HANDOUTS**

adapted to foster
healing among Latino
youth experiencing stress
related to deportation

Desiree Curcio & Jill Rathus
*Adapted from Rathus & Miller, 2015

Adapted Orientation Handout 1



DBT FOR LATINO YOUTH

experiencing deportation stress

The purpose of this group is to help people heal from a shared experience and cope with intense emotions and environmental factors.

WHAT IS ONE GOAL YOU
HAVE FOR THIS GROUP?

Adapted Orientation Handout 2
DEFINITIONS

IMMIGRATION

is when families move from one country to a different country.

IMMIGRANTS

are people that were born in a different country than they currently live in.

Children that were born in the US with immigrant parents are called

US CITIZENS**NATURALIZED CITIZENS**

Immigrants can become naturalized citizens after living in the US for several years and passing a test.

Some children who live in the U.S. were born in a different country. Sometimes they were born in the same country as their parents. Maybe they have memories from that country. Sometimes they have gone back to visit. Some children have never been back to that country, but they hear their family members talk about it. Maybe they learn about the country in school or on the computer or they hear about the country on the news.

DOCUMENTED IMMIGRANTS

are people with immigration papers, such as a green card or status as a permanent resident, who have permission by the US government to live here.

UNDOCUMENTED IMMIGRANTS

are people that do not have immigration papers that are needed therefore the US government does not give them permission to live here.

DEPORTATION

happens when a person is forced to leave the country they're living in and return to the country they were born in. This can happen to both documented and undocumented immigrants.

DETENTION

happens when a person who does not have papers with permission to stay in the US is forced to stay in a detention center, where they cannot leave. They must wait for court to decide whether they will be sent back to the country where they were born. Sometimes, the court decides to let the person stay in the US.

LAW ENFORCEMENT & ARREST

People who are immigrants can be arrested by law enforcement for not having the immigration papers to be in the US, which is different from being arrested for committing a crime, like hurting someone. Most people who are deported and detained are not criminals, as many immigrants come to the US without immigration papers. Families usually do this because they want to make a better life for their families in the US, not because they want to break the law.

TASK: THINK ABOUT YOUR FAMILY'S IMMIGRATION STORY, AND PAY ATTENTION TO ANY THOUGHTS AND FEELINGS THAT COME UP.

Adapted Orientation Handout 3

COMMON EMOTIONS

felt related to deportation stress

SADNESS or GRIEF

How we respond to losing something or someone we love or when things are not the way you want or expected and hoped them to be.

You might feel sadness and grief about the loss of your family member.

ANXIETY or FEAR

How we respond to threats on our or a loved one's life, health, or well-being.

You might fear that you or a family member will be deported.

SHAME

How we respond to being rejected by a person or group you care about if your personal characteristics or behaviors are made public.

You might feel shame about your (or your family's) Latino or immigrant identity.

GUILT

How we respond when our behaviors do not fit our values or moral code.

You might feel guilt that you were allowed to continue living in the US when your family member was forced to leave.

ANGER

How we respond to an important goal being blocked or an attack on ourselves or our loved ones.

You might feel angry that you cannot see your family member because of deportation or detainment.

Adapted Orientation Handout 4

COMMON PROBLEMS

experienced with deportation stress

SKILLS TO INCREASE	PROBLEMS
<p>Core Mindfulness Skills</p>	<ul style="list-style-type: none"> • Trouble with attention • Low self-esteem • Physical feelings • Performing worse in school
<p>Emotion Regulation Skills</p>	<ul style="list-style-type: none"> • Intense fear • Feeling more anxious, depressed, angry • Feeling like a burden • Feeling less happy • Less interest in activities you enjoy • Emotional trauma • Negative mood • Not eating • Trouble sleeping • Worse physical health
<p>Distress Tolerance Skills</p>	<ul style="list-style-type: none"> • Grief about loss • Breaking the rules • Acting more impulsively • Drug use • Flashbacks, scary thoughts
<p>Interpersonal Effectiveness Skills</p>	<ul style="list-style-type: none"> • Being excluded in social settings • Family separated • Lashing out at non-detained parents/family • Problems in relationships • Problems communicating with friends • Less freedom • Feeling abandoned and isolated

Adapted Orientation Handout 5

BIOSOCIAL THEORY

Biological

Some people are born with higher emotional vulnerability. This means:

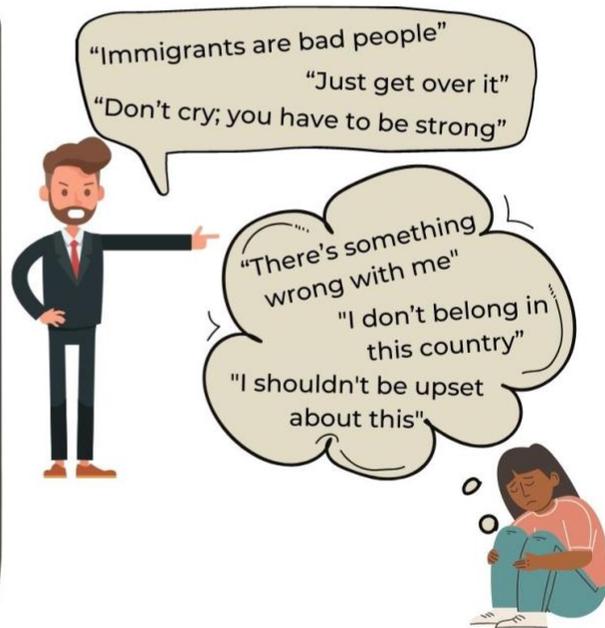
<p>High sensitivity intense emotions occur more often</p>	<p>High reactivity more intense emotions</p>	<p>Slow return to baseline intense emotions last longer</p>
--	---	--

Plus, it is difficult to regulate emotions in an effective way.

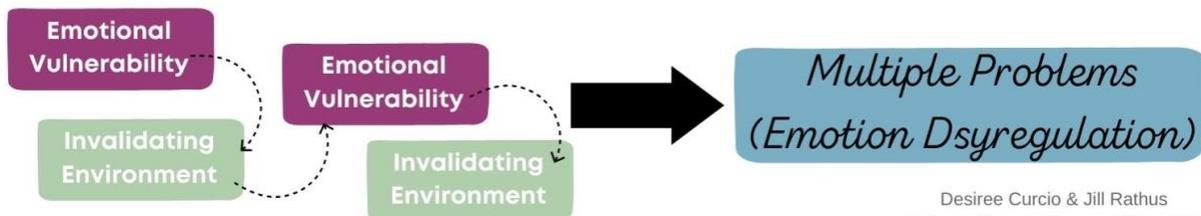
Social

An invalidating environment communicates that what you are feeling, thinking, or doing doesn't make sense or is considered inaccurate or an overreaction. Sometimes, there is a "poor fit" between the person and the environment.

Environments include people such as family, teachers, peers, doctors, or police officers, and systems like school, healthcare, or laws.



Over time, **BIO** transacting with **SOCIAL** leads to...



Desiree Curcio & Jill Rathus
*Adapted from Rathus & Miller, 2015

Desiree Curcio & Jill Rathus
*Adapted from Rathus & Miller, 2015

Adapted Orientation Handout 6

BIOSOCIAL THEORY

Social Continued...

Everyone is different. People aren't all born in the same country, have the same skin color, have the same culture, or speak the same language. Some people don't like those who are different from them, and they think their culture makes them superior to others. Some people are afraid of people who aren't like them.

This is what we call **discrimination**,
and two forms of discrimination are **racism** and **xenophobia**.
Racism and xenophobia are hurtful and invalidating.

**To address these issues in DBT for Latinos with deportation stress,
we break invalidation into 4 levels:**

1

STRUCTURAL INVALIDATION

that occurs because of systems and institutions.

2

INDIVIDUAL INVALIDATION

that you personally experience or witness.

3

ANTICIPATED INVALIDATION

when you expect negative experiences to occur because of discrimination.

4

INTERNALIZED INVALIDATION

when you accept the discrimination to be your personal truth.

Internalized invalidation is also known as self-invalidation, which is when the invalidating environment punishes or sometimes reinforces emotional displays and contributes to the person's suppression or escalation of emotions. This sometimes leaves the person feeling confused and unable to trust one's own emotional experiences

TERAPIA DIALÉCTICA CONDUCTUAL: HOJAS DE TRABAJO

adaptado para fomentar la
curación entre los jóvenes
latinos que sufren estrés
relacionado con la
deportación

Desiree Curcio & Jill Rathus

*Adaptado de Rathus & Miller, 2015

Orientación Adaptada - 1

DBT PARA JÓVENES LATINO

que sufren estrés por deportación

El proposito de este grupo para ayudar a aquellos a recuperarse de una experiencia compartida y hacer frente a emociones intensas y factores ambientales.

¿CUÁL ES UN OBJETIVO QUE TIENES PARA ESTE GRUPO?

Orientación Adaptada - 2
DEFINICIONES

INMIGRACIÓN

es cuando las familias se mudan de un país a otro diferente.

INMIGRANTES

son personas que nacieron en un país diferente al que viven actualmente.

Los niños que nacieron en los EE.UU con padres inmigrantes se llaman

CIUDADANOS ESTADOUNIDENSES**CIUDADANOS NATURALIZADOS**

Los inmigrantes pueden convertirse en ciudadanos naturalizados después de vivir en los EE.UU durante varios años y aprobar un examen.

Algunos niños que viven en los EE.UU nacieron en un país diferente. A veces nacieron en el mismo país que sus padres. Tal vez tengan recuerdos de ese país. A veces han vuelto a visitar. Algunos niños nunca han vuelto a ese país, pero escuchan a sus familiares hablar de él. Tal vez aprenden sobre el país en la escuela o en la computadora o escuchan sobre el país en las noticias.

INMIGRANTES DOCUMENTADOS

son personas que tienen permiso del gobierno de los EE.UU para vivir aquí con papeles de inmigración como una tarjeta verde o estatus de residente permanente.

INMIGRANTES INDOCUMENTADOS

son personas que no tienen permiso del gobierno de los EE.UU para vivir aquí porque no tienen los papeles de inmigración que se necesitan.

DEPORTACIÓN

ocurre cuando una persona se ve obligada a abandonar el país en el que vive y regresar al país donde nació. Esto le puede pasar tanto a los inmigrantes documentados como a los indocumentados.

DETENCIÓN

ocurre cuando una persona que no tiene documentos de inmigración con permiso para permanecer en los EE.UU es obligada a permanecer en un centro de detención, de donde no puede salir. Deben esperar a que los tribunales decidan si serán devueltos al país donde nacieron. A veces, la corte decide permitir que la persona se quede en los EE.UU.

CUMPLIMIENTO DE LA LEY Y EL ARRESTO

Las personas que son inmigrantes pueden ser arrestadas por la policía por no tener los documentos de inmigración para estar en los EE.UU, lo cual es diferente a ser arrestado por cometer un delito como lastimar a alguien. La mayoría de las personas que son deportadas y detenidas no son delincuentes, ya que muchos inmigrantes llegan a los EE.UU sin papeles de inmigración. Las familias generalmente hacen esto porque quieren mejorar la vida de sus familias en los EE.UU, no porque quieran infringir la ley.

TAREJA: PIENSE EN LA HISTORIA DE INMIGRACIÓN DE SU FAMILIA Y PRESTE ATENCIÓN A CUALQUIER PENSAMIENTO Y SENTIMIENTO QUE SURJA

Orientación Adaptada - 3

EMOCIONES COMUNES

*que se sienten relacionadas con el
estrés de la deportación*

TRISTEZA o PENA

Cómo respondemos a la pérdida de algo o alguien que amamos o cuando las cosas no son como uno quiere o espera y espera que sean.

Puede sentir tristeza y pena por la pérdida de uno de sus padres o familiar.

ANSIEDAD o MIEDO

Cómo respondemos a las amenazas a nuestra vida, salud o bienestar o la de un ser querido.

Puede temer que usted o un miembro de su familia sean deportados.

LÁSTIMA

Cómo respondemos al ser rechazados por una persona o grupo que le importa si sus características o comportamientos personales se hacen públicos.

Puede sentir lástima por su identidad Latino o inmigrante (o la de su familia).

CULPA

Cómo respondemos cuando nuestros comportamientos no se ajustan a nuestros valores o código moral.

Puede sentirse culpable de que se le permitió continuar viviendo en los EE.UU cuando su familiar se vio obligado a irse.

ENOJO

Cómo respondemos al bloqueo de un objetivo importante o un ataque contra nosotros mismos o nuestros seres queridos.

Puede sentirse enojado porque no puede ver a su familiar debido a la deportación o detención.

Orientación Adaptada - 4

PROBLEMAS COMUNES

experimentados con el estrés de la deportación

HABILIDADES PARA AUMENTAR	PROBLEMAS
HABILIDADES DE PLENA CONCIENCIA	<ul style="list-style-type: none"> • Problemas con la atención • Baja autoestima • Sensaciones físicas • Desempeño peor en la escuela
HABILIDADES DE REGULACIÓN DE EMOCIONES	<ul style="list-style-type: none"> • Miedo intenso • Sentirse más ansioso, deprimido, enojado • Sentirse como una carga • Sentirse menos feliz • Menos interés en las actividades que disfruta • Trauma emocional • Estado de ánimo negativo • No comer • Problemas para dormir • Peor salud física
HABILIDADES DE TOLERANCIA DE ANGUSTIA	<ul style="list-style-type: none"> • Duelo por la pérdida • Rompiendo las reglas • Actuar más impulsivamente • El consumo de drogas • Recuerdos, pensamientos aterradores
HABILIDADES DE EFICACIA INTERPERSONAL	<ul style="list-style-type: none"> • Ser excluido en entornos sociales • Familia separada • Arremeter contra los padres/familiares no detenidos • Problemas en las relaciones • Problemas para comunicarse con amigos • Menos libertad • Sentirse abandonado y aislado

Orientación Adaptada - 5

TEORÍA BIOSOCIAL

Biológico

Algunas personas nacen con una mayor vulnerabilidad emocional. Esto significa:

<p>Alta Sensibilidad las emociones intensas ocurren con más frecuencia</p>	<p>Alta Reactividad las emociones son más intensas</p>	<p>Regreso Lento a la Línea de Base las emociones intensas duran más</p>
---	---	---

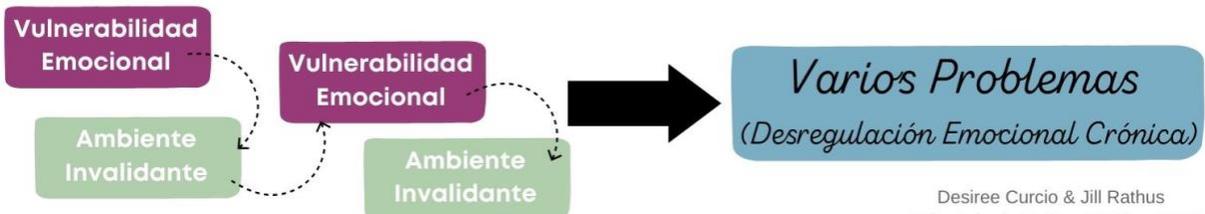
Además, hay una incapacidad para regular efectivamente las emociones.

Social

Un ambiente invalidante comunica que lo que te sientes, piensas, o haces no tiene sentido o se considera equivocado o una reacción exagerada. A veces, hay un “mal ajuste” entre la persona y el ambiente.

Los ambientes incluyen personas como la familia, los maestros, los compañeros, los médicos o los agentes de policía, y sistemas como la escuela, la atención médica o las leyes.

*Con el tiempo, **BIO** haciendo transacciones con **SOCIAL**, lleva a...*



Desiree Curcio & Jill Rathus
*Adaptado de Rathus & Miller, 2015

Desiree Curcio & Jill Rathus
*Adaptado de Rathus & Miller, 2015

Orientación Adaptada - 6

TEORÍA BIOSOCIAL

Social Continúa...

Todos son diferentes. No todas las personas nacen en el mismo país, tienen el mismo color de piel, tienen la misma cultura o hablan el mismo idioma. A algunas personas no les gustan los que son diferentes a ellos y piensan que su cultura los hace superiores a los demás. Algunas personas tienen miedo de las personas que no son como ellos.

Esto es lo que llamamos discriminación,
y dos formas de discriminación son el racismo y la xenofobia.
El racismo y la xenofobia son hirientes e invalidantes.

Para abordar estos problemas en DBT para latinos con estrés de deportación, dividimos la invalidación en 4 niveles:

1

INVALIDACIÓN ESTRUCTURAL

que se produce a causa de los sistemas e instituciones.

2

INVALIDACIÓN INDIVIDUAL

que usted experimenta o presencia personalmente.

3

INVALIDACIÓN ANTICIPADA

cuando espera que ocurran experiencias negativas debido a la discriminación.

4

INVALIDACIÓN INTERNALIZADA

cuando aceptas la discriminación como tu verdad personal.

Invalidación internalizada se conoce como auto-invalidación, que es cuando el ambiente invalidante castiga o a veces refuerza demostraciones emocionales y contribuye a la represión o intensificación de las emociones, y a veces deja a la persona confundida e incapaz de confiar en sus propias experiencias emocionales.

Appendix B

Recommendations for a 12-Session DBT-A Based Skills Group Adapted for Latinx Youth Experiencing Deportation Stress

The following skills have been chosen to map on to the common problems that this population experiences. In order to increase accessibility and feasibility for this population, we are proposing a shortened version of the DBT-A skills group session structure to 12 sessions. Ideally, they would receive individual DBT as well to help apply the skills to individual problems and crises that arrive. However, this 12-session group can be utilized as a stand-alone treatment.

SESSION OUTLINES

ORIENTATION

SESSION 1: Orientation

- Introduction of Group Members and Skills Trainers
- What is DBT? (*Orientation Handout 1*)
- DBT for Latino Youth with Deportation Stress (*Adapted Orientation Handout 1*)
- Definitions (*Adapted Orientation Handout 2*)
- Common Emotions Experienced (*Adapted Orientation Handout 3*)
- Common Problems Experienced and Skills to Increase (*Adapted Orientation Handout 4*)
- Biosocial Theory with Adaptations (*Adapted Orientation Handouts 5-6*)

MINDFULNESS

SESSION 2: Wise Mind

- Brief Mindfulness Exercise
- Orientation of Clients to Mindfulness Skills and Rationale (*Mindfulness Handouts 1-2*)
- Three States of Mind (*Mindfulness Handouts 3*)
- Assignment of Homework (*Mindfulness Handout 4*)

SESSION 3: What/How

- Brief Homework Review (*Mindfulness Handout 4*)
- Steps to Wise Mind
- Mindfulness “What” Skills (*Mindfulness Handout 5*)
- Brief Mindfulness Exercises Using “What” Skills
- Mindfulness “How” Skills (*Mindfulness Handout 6*)
- Brief Mindfulness Exercise Using “How” Skills
- How to Practice Mindfulness (*Mindfulness Handout 7*)
- Assignment of Homework (*Mindfulness Handout 8*)

DISTRESS TOLERANCE

SESSION 4: Distract with Wise Mind ACCEPTS, Self-Soothe

- Brief Mindfulness Exercise
- Brief Homework Review (*Mindfulness Handout 8*)
- Orientation of Clients to Distress Tolerance Skills (*Distress Tolerance Handout 1*)
- Distract with Wise Mind ACCEPTS (*Distress Tolerance Handout 3*)
- Self-Soothe with Six Senses (*Distress Tolerance Handout 5*)
- Assignment of Homework (*Distress Tolerance Handouts 4 & 6*)

SESSION 5: TIPP, IMPROVE the Moment

- Brief Mindfulness Exercise
- Brief Homework Review (*Distress Tolerance Handouts 4 & 6*)
- TIPP Skills (*Distress Tolerance Handout 11*)
- IMPROVE the Moment (*Distress Tolerance Handout 7*)
- Assignment of Homework (*Distress Tolerance Handouts 8 & 12*)

SESSION 6: Radical Acceptance

- Brief Mindfulness Exercise: Half-Smile
- Brief Homework Review (*Distress Tolerance Handouts 8 & 12*)
- Reality Acceptance Skills (*Distress Tolerance Handouts 14-17*)
- Assignment of Homework (*Distress Tolerance Handouts 18*)

EMOTION REGULATION

SESSION 7: Model of Emotions

- Brief Mindfulness Exercise
- Brief Homework Review (*Distress Tolerance Handouts 8 & 12*)
- Orientation of Clients to Emotion Regulation Skills (*Emotion Regulation Handout 1*)
- Goals of Emotion Regulation Training (*Emotion Regulation Handout 2*)
- The Function of Emotions (*Emotion Regulation Handouts 3-4*)
- Model of Emotions (*Emotion Regulation Handouts 5-6*)
- Assignment of Homework (*Emotion Regulation Handout 7*)

SESSION 8: ABC PLEASE

- Brief Mindfulness Exercise
- Brief Homework Review (*Emotion Regulation Handout 7*)
- Orientation of Clients to ABC PLEASE Skills (*Emotion Regulation Handout 8*)
- Accumulating Positive Experiences – Short Term (*Emotion Regulation Handouts 9-10*)
- Accumulating Positive Experiences – Long Term (*Emotion Regulation Handouts 12-13*)
- Building Mastery and Coping Ahead (*Emotion Regulation Handout 15*)
- PLEASE Skills (*Emotion Regulation Handout 16*)
- Assignment of Homework (*Emotion Regulation Handouts 14 & 17*)

SESSION 9: Wave Skill, Check the Facts, Problem Solving, Opposite Action

- Brief Mindfulness Exercise: Wave Skill (*Emotion Regulation Handout 18*)
- Brief Homework Review (*Emotion Regulation Handouts 14 & 17*)
- Check the Facts and Problem Solving (*Emotion Regulation Handout 19*)
- Opposite Action (*Emotion Regulation Handout 20*)
- Assignment of Homework (*Emotion Regulation Handout 21*)

INTERPERSONAL EFFECTIVENESS**SESSION 10: Goals, GIVE**

- Brief Mindfulness Exercise
- Brief Homework Review (*Emotion Regulation Handout 21*)
- Orientation of Clients to Interpersonal Effectiveness Skills
- Goals of Interpersonal Effectiveness (*Interpersonal Effectiveness Handout 1*)
- Factors that Interfere (*Interpersonal Effectiveness Handout 2*)
- GIVE Skills (*Interpersonal Effectiveness Handout 3*)
- Self-Validation (*Walking the Middle Path Handout 10*)
- Assignment of Homework (*Interpersonal Effectiveness Handout 4*)

SESSION 11: DEARMAN, FAST

- Brief Mindfulness Exercise
- Brief Homework Review (*Interpersonal Effectiveness Handout 4*)
- GIVE Skills (*Interpersonal Effectiveness Handout 3*)
- Self-Validation (*Walking the Middle Path Handout 10*)
- DEARMAN (*Interpersonal Effectiveness Handout 5*)
- FAST Skills (*Interpersonal Effectiveness Handout 7*)
- Worry Thoughts and Wise Mind Self-Statements (*Interpersonal Effectiveness Handout 8*)
- Assignment of Homework (*Interpersonal Effectiveness Handouts 6 & 9*)

REVIEW**SESSION 12: Takeaways, Environmental Resources**

- Brief Homework Review (*Interpersonal Effectiveness Handouts 6 & 9*)
- Discuss Takeaways from Group Sessions
- Problem Solve Any Challenges
- Provide Environmental Resources (*Latino Youth Resource Handout*)

TEACHING NOTES

The DBT-A Skills Training Manual (Rathus & Miller, 2015) provides stories, examples, and discussion points in the teaching notes for each skill taught in group sessions. This guide will provide some additional teaching examples and ideas for group leaders to include with this population.

ORIENTATION

- When defining Dialectical on *Orientation Handout 1*, it can be helpful to discuss how dialectics apply within the framework of Radical Healing (French et al., 2020) to set the groundwork for the group's purpose. This includes discussing the two extremes of "the despair of oppression" and "the imagination of possibilities." One extreme could lead to an overwhelming sense of disempowerment. The other can lead to focusing on dreaming of a better future, denying reality. When there is acknowledgement of the reality of oppression and discrimination, as well as hope and vision for possibilities for freedom and change, you are in the dialectic. The dialectic can help to heal from circumstances faced, including threatened or experienced deportation.
- Provide some context to the youth that this group with *Adapted Orientation Handout 1*, about shared experiences and identities, and that this group will target ways to cope with the impact of the environment.
- The purpose of the "Definitions" *Adapted Orientation Handout 2* is to assure that these youth have an understanding of these words related to immigration and to bust any myths they may have heard from their environment. Clear definitions can possibly decrease fear and self-invalidation. While asking them to think about their family's immigration story you can try to foster some feelings of pride and connection to their culture and family. If negative emotions and thoughts arise during this task, you can help them identify those as goals for treatment.
- The definitions of emotions on *Adapted Orientation Handout 3* are based off emotion definitions within the Opposite Action skill. It is important to recognize here that these are experiences that youth might have and individual differences are important.
- The common problems experienced on *Adapted Orientation Handout 4* is an adaptation of *Orientation Handout 2, Goals of Skills Training*. This adaptation includes problems that have been identified within this population in the review of the literature. These problems are then aligned with the DBT Skills Modules. Here, you can ask the group which problems they are currently experiencing.
- In reviewing the Biosocial Theory of Emotion Dysregulation with *Adapted Orientation Handouts 5-6*, the major additions include adding systems and discrimination into invalidating environments. There is also an explanation of discrimination, including xenophobia and racism to discuss the context of invalidation.
- One example that can be utilized for the transaction of biosocial theory is as follows:

- Alex is speaking Spanish in his class with a few of his peers. The teacher comes over and says, "we speak English here, only!" *The behavior and his identity are rejected.* A few days later, Alex expresses that he's sad that he can't speak the language he wants to with his friends. The teacher then says, "you'll get over it, the rest of us speak English." *The low-level emotional expression is ignored and punished.* Alex then begins to speak English in class with his peers. His teacher notices and says, "great job!!" Alex begins to think, "I can't be myself here, there's something wrong with who I am." *The shame is then internalized, and the positive expression of his culture has been punished as a consequence.*

MINDFULNESS

- When orienting to mindfulness, it is important to acknowledge that mindfulness built into in many cultural practices which are at the foundation of DBT. After explaining what mindfulness is in DBT, you can ask if there are parts of their culture that use this technique. One example might be through prayer. You could ask the group if someone has an example of a prayer or a practice and utilize this as a mindfulness exercise at the onset of one of the upcoming groups if they are interested.

Wise Mind:

- Consider the following teaching example: Anthony has been working weekends as a babysitter and was offered a full-time job by the family he works for. He is in his senior year of high school and has a few months left to graduate. If he takes the job, he will have to move with the family and won't be able to graduate on time. The family offers him a competitive wage, as well as the opportunity to live with them full-time, rent-free. Emotion Mind says, "It's so much money, it's a great house to live in, I have to take it now." Reasonable mind says, "I won't graduate on time. I won't see my family as often. I can send the extra money to my mom." Wise Mind reminds Anthony of his long-term value of obtaining his high school diploma to increase other opportunities in the future. Wise Mind guides Anthony in asking for a later start date for the full-time position.

DISTRESS TOLERANCE

- For feasibility purposes, Distract with Wise Mind ACCEPTS and Self-Soothe skills can be taught in one session; TIPP and IMPROVE can be taught in one session.

Distract with Wise Mind ACCEPTS and Self-Soothe with Six Senses

- **Activities and Self-Soothe:**
It can be helpful to think creatively with the group about activities that are feasible and affordable, as well as ones that connect with their culture (e.g., music, food, language, family). Some ideas might include dancing, watching a TV show or movie with a Spanish-speaking cast, eating their favorite homecooked meal, or crafts of cultural importance like crotchet or embroidery. Consider asking the group members to recommend a song of significance to practice the skill during the group.

IMPROVE the Moment

- **Meaning:**
 - This skill could be important to highlight as often it is discussed in the context of relationships. Meaning making can include connecting more with other family members connecting with others through similar experiences, moments with family are more special because of the situation, opportunity to connect with each other in this DBT group because of your experience, how did I get here and how have I become stronger and more resilient through this.
- **Prayer:**
 - Religion or spirituality can be explored as a value to the youth and their family as it may relate to a common Latinx value called *fatalismo* (fatalism) in which life is not under one's control. You might discuss how they can engage in prayer or engage in their relationship to God individually, with their family, or with their community. It also is possible that not all Latinx youth will not utilize this as a method of coping even if it is a family value.

Radical Acceptance

- Consider the following teaching example: “One teen’s father was deported, but the teen’s mother couldn’t accept it. The mother stopped answering the father’s and other family members’ phone calls. She didn’t speak to the children about him. She stopped making the children’s favorite meal on Sundays. Finally, she realized the deportation was real and actually happening to the family. She decided to put out photos of the father and family together in the home. She began answering phone calls with her husband. She spent more time talking to her kids about her father and share her feelings. They began planning shared meals on video-calls between the family and father. Did it remove the pain of the deportation? No, but it allowed her to move forward and reconnect with her family. It reduced the additional suffering she was causing herself by isolating and removing moments of joy from her days. Nonacceptance gets you stuck, and you cannot move forward or be effective.”
- Emphasize that acceptance is not agreement with the state of the country and its policies that deport or detain their families or make life challenging or even traumatic for immigrants. Acceptance does not mean giving in or giving up or resignation. By seeing reality as it is, it allows you to advocate for yourself. And it isn’t giving up on change within society.
- *Fatalismo* was mentioned in the Prayer skill of IMPROVE. Additionally, Mercado & Hinojosa (2017, p. 87) utilizes *dichos* (sayings) as a style of communication for Radical Acceptance related to this value that clinicians can use as an adaptation: “viewing the previous events as ‘Que sea lo que Dios quiera’ (‘It’s in God’s hand’) and ‘Esta es una prueba de Dios’ (‘This is a test of God’).”

EMOTION REGULATION

Model of Emotions

- **Prompting event:** Michelle gets home from school and tells her aunt that a friend at school asked her what they were doing for her mom’s birthday this year and she felt sad that this was the first year they weren’t spending together. Her aunt replied that she shouldn’t be talking about her mom with anyone outside of the family and needs to get over it.
- **Vulnerability factors:** Michelle was tired and skipped lunch at school and has been feeling lonely and sad thinking about missing her mother’s birthday this week.
- **Thoughts about the event:** “I have nobody, I can’t trust anyone, I have no right to be so sad, I’m ungrateful for the home I have here with her, why am I like this?”
- **Internal body reactions:** Sinking feeling in heart, pit in her stomach, tension in shoulders and neck, and lump in her throat, and fighting back tears
- **Urges to act:** yell at her aunt that she doesn’t understand her, curse her out, leave the house.
- **Facial expression, body language, words, and actions:** Michelle is not making eye contact with her aunt, looking down at the floor, with her shoulders slumped. She doesn’t respond to her aunt.
- **The emotion name(s):** sadness, shame, loneliness, guilt
- **After Effects (including secondary emotions):** Michelle feels anger toward her aunt and the situation. She walks away, goes into her room and slams the door. She then hits her legs a few times and yells, “why is this happening?”
- **A second prompting event:** Michelle’s aunt bangs on the door shouting to come out and complete the homework and stop acting like a child.

Check the Facts

- If an invalidation occurs that is based on anti-immigrant stigma or other components of the youth’s identity, it is important not to be checking the facts of these discriminatory experiences. Instead, we as DBT clinicians will name these invalidations as such and validate their emotional experience.
- Consider this an example of when NOT to use Check the Facts:
 - Joylin notices that a peer in her class, Kevin, glares at her every time she speaks Spanish with her friends. She shared that she thinks, “this kid does not like me or my friends.” You challenge her to consider other reasons why Kevin might be looking in the direction of her and her friends. Is it possible Kevin is interested in being your friend? Is it possible that Kevin is looking in her direction but not directly at her or her friends? Joylin then shares that Kevin created a group chat with all of the other kids in the class and named the group chat, “English Only” after hearing Joylin and some of her friends speaking Spanish. At this point, it is crucial to validate her emotions in a radically genuine way. The therapist can avoid engaging in a therapy-interfering behavior by not jumping into checking the facts as the coping skill to use.
 - Another thought that would NOT be appropriate to use Check the Facts that is related to deportation might be “is my mother going to be home when I get off the

bus?” Here, you might want to focus on validating the emotion of fear and worry and discuss a Cope Ahead plan as these worries are valid given the reality.

- Consider this as an example for when TO use Check the Facts that can be shared with the group:
 - “Kayla has been feeling down lately after hearing invalidating statements about immigrants not belonging in the US on the news and social media. She has been having thoughts like, ‘I do not belong here.’ It makes sense that these ongoing messages have been leading Kayla to feel down and sad lately. It also makes sense that Kayla has internalized these messages. In order to help Kayla, check the facts on the thought, since it is making her feel more down, we think of other interpretations by asking questions like: ‘Are there somethings about it here that feel like home to you? Do you wake up here and go to school and work and the stores just like other people? Are other people’s opinions about you the facts? What does it mean to YOU to belong? Have there been some people in your life that accept you? Have you ever felt connected to someone or understood? Are there people in the news or in this country that advocate for your belongingness?’”
 - We want to be cautious in this case to not inquire about immigration status as that is not what we are checking the facts on. An assumed relationship between immigration status and belongingness in the US would instead require the therapist to check the facts.

Problem Solving

- Fátima landed a role in the school play and is feeling excited. Her peers begin to discuss who will be in the audience, including their parents and other family members. Some even ask her who will be there to watch her on opening night. She is faced with the problem that her parents cannot physically attend and her uncle that she lives with is working that night. She begins to worry what others might think if her parents aren’t there and if she should drop out of her role. Some effective and creative problem solving is needed to consider ways for Fátima to feel supported and include her family while they cannot physically attend. *What solutions might you offer Fátima?* Examples might be, asking a teacher to video-call Fátima’s parents or record the play to share with her parents; wearing a sentimental or meaningful piece of clothing or jewelry during the play; sending pictures of the costume to parents; asking uncle to attempt to switch shifts and come for even a portion of the play; making a photo album to send in the mail.

Opposite Action

- **Sadness:** You’re feeling sad and grieving about losing your family member and have the urge to cancel your plans with friends and stay home. The opposite action would be to accept your friend’s invitation to hang out.
- **Anger:** You’re feeling angry that your peer was asking too many questions about your family. You have the urge to fight this person, throw them against the wall and curse at them. The opposite action would be to gently avoid this person, give yourself some physical space and take some time away from this person.

- **Fear:** You're afraid to go to the doctor because of the questions they might ask about legal status and guardianship. You have the urge to avoid the doctor and not treat your illness. The opposite action would be to go to the appointment and use other skills such as problem solving and coping ahead.
- **Shame:** You're feeling ashamed about your family's legal status because you have a friend whom you trust and who has begun asking questions about you and your family. You have the urge to tell your friend to mind her own business, and to avoid spending time with her. The opposite action would be to proudly tell her about your familial relationships, and your experience, and also decide to share this with other trusted friends.
- **Guilt:** You're feeling guilty because you missed your nightly phone call with your mom. You have the urge to forget about the call for tonight and lock yourself in your room. The opposite action would be to pick up the phone and engage in a mindful conversation with your mom.

ABC PLEASE

- This 12-session adapted version of the group combines ABC and PLEASE skills into 1 session, whereas with more time, it would typically be taught in 2 sessions. Therefore, while teaching these skills we want to focus on the adaptations for this population to accumulate experiences that connect them to their culture, cope ahead for anticipated invalidation in their environment, and acknowledge barriers to utilizing PLEASE skills.
- **Accumulating Positives in the Short-Term and Long-Term.**
 - We want to think creatively of ways to Accumulate Positive Experiences that help them connect with their culture and values similar to the adaptation discussed in the Activities in the Distract with Wise Mind ACCEPTS skill.
 - For the short-term this might include music, food, dance, language, family, religion. As this population may not be able to engage in activities with their parents due to deportation or detention, please skip *Emotion Regulation Handout 11: Parent-Teen Shared Pleasant Activities List*. Instead, explore more broadly family members that they are close with and can engage in activities with.
 - For the long-term, we can discuss the concept of Building a Life Worth Living in the framework of the Dialectic from the Orientation group of discriminatory reality AND vision for possibilities. This skill can be utilized when the individual is falling into the disempowered end of the dialectic or when continued Structural Invalidation occurs in their life.
 - Wise Mind Values such as making changes in society, resisting discriminatory systems, or feeling accepted can be considered. Radical Healing's emphasis on collectivism is relevant in this skill as to help these youth connect to their culture and community; and increase their sense of belonging and pride. Some core values that many Latinx families hold can be discussed such as:
 - *Familismo* (familism)
 - *Personalismo* (personalism)

- *Respeto* (respect)
 - *Dignidad* (dignity)
 - Some examples of engaging in values-oriented behaviors could be:
 - Searching online or asking members in the community about local activities, events, or groups that exist
 - Participation in community events
 - Participation in school groups
 - Participation in community service
 - Participation in local activism or political action
 - Participation in creative writing groups online or in the community
 - Signing online petitions
 - Following activism and advocacy social media pages
 - Listening to podcasts or watching videos of Latinx or immigrant folks sharing their stories
 - Finding a Latinx mentor or becoming a mentor to a Latinx individual in their school, community, church or online
 - Protesting if safe and if local
 - Volunteering by helping with organization, folding brochures, stamping, and mailing letters, getting signatures, etc.
 - Deepening connections with extended family members
 - Please refer to the resource list as there are national organizations that offer information in some of these areas. Local organizations will still need to be explored.
- **Cope Ahead:**
 - Discussion points for Cope Ahead might be surrounding the Anticipated Invalidation level defined in the Biosocial Theory. For example, how to Cope Ahead with having to go to an event or being around people that might invalidate their identity could be explored. At the same time, we don't want to foster increased fear or mistrust by overpreparing for these situations and can highlight this dialectic.
- **Physical Illness:**
 - A discussion point might be exploring what gets in the way of treating physical illness. This might include lack of insurance, fear of doctors, or finances. Problem Solving and Cope Ahead skills can be mentioned to work with these barriers.
 - There are national healthcare related resources in the resource list to be referenced here. There are also often local healthcare agencies that dedicate providing healthcare to immigrant families. Just informing them that these resources exist can be helpful.

INTERPERSONAL EFFECTIVENESS

Goals and Priorities, Factors that Interfere

- During the orientation this module, we discuss goals and priorities and what interferes with the use of these skills on *Interpersonal Effectiveness Handouts 1-2*. “Environment” is identified as a barrier for skills use. With this population, it might be important to expand this barrier and provide guidance on using other skills that were taught in prior skills training sessions. The purpose of this expansion is to consider systems and people of power they may interact with that might punish or invalidate their expression of emotions or assertion of their needs. We can discuss with them that if they do feel uncomfortable or unsafe in interpersonal interactions, there are other DBT skills we can recommend using. Here are some possible suggestions and areas of discussion:
 - Reinforce the concept of identifying priorities and goals in interpersonal situations while also preparing for situations where they may have experienced invalidation in the past by individuals in power.
 - Assess safety in these environments. Discuss what physical and emotional safety means to them in these interactions. Some possible examples of anticipated environments that might not feel safe are when people ask about documentation status, teachers/employers that have power in the educational/employment status and have punished skills use in the past, or situations where law enforcement is involved. If they identify that they are unsafe, discuss further what they can do to increase their sense of power and control.
 - Discuss accessing Wise Mind. When might walking away or leaving the situation be a Wise Mind decision?
 - Discuss using mindfulness to observe thoughts, feelings, and urges that come up and do what works. If emotions are intense, Crisis Survival Skills can be used (e.g., culturally informed ACCEPTS or IMPROVE).
 - Have them list in their mind or write out who their support systems are that they could rely on if the environment interferes with interpersonal effectiveness. Additionally, have them utilize self-validation statements to tap into feelings of pride and belongingness (that will be reviewed with the GIVE skill).
 - The problem identified in this situation would be not getting interpersonal needs met due to the environment. Utilizing the Accumulating Positives in the Long-Term Skill could be a solution as it can help them revisit their Wise Mind Values and guide actions that promote collectivism.

GIVE

- **Example Situation:** Your friend is complaining about her parents being overbearing. You begin to notice negative judgments about the friend such as “she’s ungrateful, her problems aren’t that serious”
- *Walking the Middle Path Handout 10: Self-Validation* is listed in the session outline as a handout to provide even if *Walking the Middle Path* is not taught due to feasibility. While discussing GIVE, clinicians can spend some time discussing self-validation to address internalized invalidation as well as other types of invalidations. When discussing self-

validation, an activity for the group members might be identifying statements that relate to their values or to their Latinx/immigrant identities to increase ethnic pride.

DEARMAN

- **Situation:** Joe needs extra help from a teacher. His teacher provides extra help, but the extra help weekly hours conflict with his work schedule.
- **Describe:** “I am struggling to complete the assignment that is due soon and need extra help. I know you have extra help hours on Wednesdays. I work during those hours and am not able to change my schedule.”
- **Express:** “I’m feeling conflicted between work and school. I am worried that I will either lose my job or do poorly in your class.”
- **Ask:** “Can we find another time to meet for extra help hours?”
- **Reinforce:** “I would really appreciate any time you’re able to give me. I know your help can make a big difference.”
- **(Be) Mindful:** If the teacher starts asking Joe to rearrange his work schedule, he can reiterate that that is impossible as he needs to help with finances and ask again to find another time.
- **Appear confident**
- **Negotiate:** “I will try to make any other day that you have available. Even meeting once in the next month will be really helpful!”

FAST

- **Example Situations:** 1) A peer uses a derogatory term in a conversation about your friend. You feel hurt, sad, and angry about this. You know that if you don’t say anything, you will feel shame and guilt after the interaction. 2) Someone continues to mispronounce your name.

Appendix C

Resource Guide for Latino Youth Experiencing Deportation Stress

INFORMATIONAL

1. IMMIGRANTS' RIGHTS RESOURCES

American Civil Liberties Union

<https://www.aclu.org/know-your-rights/>

212-549-2500

Centro De Los Derechos Del Migrante

<https://cdmigrante.org/workers/>

Florence Immigrant and Refugee Rights Project

Know your Rights Videos

<https://firrp.org/know-your-rights-videos/>

National Immigrant Law Center

Workers' Rights

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

National Network for Immigrant and Refugee Rights

<https://nnirr.wpengine.com/education-resources/community-resources-legal-assistance-recursos-comunitarios-asistencia-legal/know-your-rights/>

National Network for Immigrant and Refugee Rights

Legislative Resources and Tools

<https://nnirr.wpengine.com/education-resources/popular-education-training-tools/legislative-resources-tools/>

Immigrant Legal Resource Center

Considerations for LGBTQ Immigrants LGBTQ immigrants have the same rights under immigration law as all other non-citizens. However, there are some areas where LGBTQ immigrants might face unique challenges. This resource is an outline of some special considerations for LGBTQ immigrants

<https://www.ilrc.org/special-considerations-lgbtq-immigrants>

Family Preparedness Plan

This packet will help people to create a Family Preparedness Plan, regardless of immigration status. However, because of the additional challenges immigrant and mixed status families face, we also have additional advice for immigrants. The document is available in both English & Spanish

<https://www.ilrc.org/family-preparedness-plan>

Know your rights: What Immigrant Families Should Do Now

It's important for everyone to know their rights if approached by an immigration (ICE) agent as well as how families can best prepare for something happening. This resource provides practical tips for things immigrant families can do now to prepare as well as information on rights everyone has in the United States, regardless of immigration status. Document available in English, Spanish, and Chinese.

<https://www.ilrc.org/know-your-rights-and-what-immigrant-families-should-do-now>

Red Cards

All people in the United States, regardless of immigration status, have certain rights and protections under the U.S. Constitution. The Red Cards were created to help people assert their rights and defend themselves against

constitutional violations. Knowing and asserting rights can make a huge difference in many situations, such as when ICE agents go to a home. Red cards provide critical information on how to assert these rights, along with an explanation to ICE agents that the individual is indeed asserting their rights.

<https://www.ilrc.org/red-cards>

Department of Education

Resource Guide for undocumented youth

<https://www2.ed.gov/about/overview/focus/supporting-undocumented-youth.pdf>

Informed Immigrant

<https://www.informedimmigrant.com/guides/know-your-rights/>

2. SOCIAL MEDIA PROFILES

Americans for Immigrant Justice

Instagram - @americansforimmigrantjustice

Facebook - <https://www.facebook.com/AIJustice.org/>

Asylum Seeker Advocacy Project

Instagram - @asylumadvocacy

Facebook - <https://www.facebook.com/asylumadvocacy>

Florence Immigrant and Refugee Rights Project

Instagram - @the_florenceproject

Facebook - <https://www.facebook.com/FlorenceProject>

National Immigrant Law Center

Youtube - <https://www.youtube.com/user/NationalImmLawCenter>

Instagram - @NILC

Facebook - <https://www.facebook.com/NILC/>

National Network for Immigrant and Refugee Rights

Instagram - @NNIRRnetwork

Facebook - <https://www.facebook.com/NNIRR/>

Films and Multimedia - <https://nnirr.org/films-and-multi-media-resources/>

Informed Immigrant

Instagram - @informed_immigrant

UndocuProfessional

Instagram - @undocuprofessionals

Fioeffect

Instagram - @fioeffect

Cafecito con Estrelitta

Instagram - @cafecitoconestrellita

Facebook - <https://www.facebook.com/groups/325084185314086>

Coalition for Immigrant Mental Health

Instagram - @thecimh

Facebook - <https://www.facebook.com/cimhil/>

Scholars for Immigration

Instagram - @scholarsforimmigration

3. MOTIVATIONAL STORIES/VIDEOS VIA TED TALK & YOUTUBE

10 Great TED Talks by Hispanic and Latinx Speakers for Hispanic Heritage Month

<https://ideas.ted.com/10-great-ted-talks-by-hispanic-and-latinx-speakers-for-hispanic-heritage-month/>

Proud Daughter of Immigrants from Mexico

https://www.ted.com/talks/jessica_hinojos_proud_daughter_of_immigrants_from_mexico

I'm Mexican. Does that change your assumptions about me? | Vanessa Vancour | TEDxUniversityofNevada

<https://www.youtube.com/watch?v=sE4-req-Hes>

What Being Hispanic and Latinx Means in the United States | Fernanda Ponce | TEDxDeerfield

<https://www.youtube.com/watch?v=Q1A4Vsh5Qas>

Through the eyes of a child immigrant | Erik Gomez | TEDxPSU

<https://www.youtube.com/watch?v=46wWjKTn4Ac>

Battling Cultural Stereotypes | Sadie Ortiz | TEDxYouth@ParkCity

<https://www.youtube.com/watch?v=cr-7-RooA14>

Hiding in plain sight -- my life as an undocumented American | Leezia Dhalla | TEDxSanAntonio

<https://www.youtube.com/watch?v=tBoBC3nBoFs>

Actions are illegal, never people | Jose Antonio Vargas | TEDxMidAtlantic

<https://www.youtube.com/watch?v=tmz9cCF0KNE>

I am not my status: an undocumented immigrant's perspective | Ernesto Rocha | TEDxCSULB

<https://www.youtube.com/watch?v=iQ7juMMw3DQ>

(de)Americanization of Latino Youth | Maria Chavez | TEDxTacoma

<https://www.youtube.com/watch?v=aeXkXayo7VE>

Defining Latino: Young people talk identity, belonging

<https://www.nbcnews.com/news/amp/ncna908086>

4. PODCASTS

Latinx Therapy

<https://latinxtherapy.com/shows/>

UndocuProfessionals

<https://www.undocuprofessionals.net/podcasts>

Las Doctoras

<https://lasdoctoras.net/podcast>

Cafecito con Estrellita

<https://cafecitoconestrellita.com/>

Nopal Kweenz

<https://nopalkweenz.podbean.com/>

Hella Latin@

<https://www.odalysjasmine.com/hella-latin-podcast>

Creating Espacios: Interviews with Self-Made Latinas Who Are Innovating in Their Spaces

<https://podcasts.apple.com/us/podcast/creating-espacios-interviews-with-self-made-latinas/id1102772735>

5. PARENT RESOURCES

Florence Immigrant and Refugee Rights Project

Parental Rights

<https://firrp.org/resources/prose/parentalrights/>

Women’s Refugee Commission

Plan for immigrant parents to prevent family separation. Available in English & Spanish

<https://www.womensrefugeecommission.org/rights/resources/1031-make-a-plan-migrant-parents-guide-to-preventing-family-separation-english>

Immigrant Legal Resource Center

Immigrant Parent Toolkit

<https://icrace.files.wordpress.com/2018/05/final-immigrant-parent-toolkit.pdf>

<https://icrace.files.wordpress.com/2018/05/final-spanish-immigrant-parent-toolkit1.pdf>

The National Child Traumatic Network

<https://www.nctsn.org/resources/guiding-caregivers-how-talk-child-about-deportation-or-separation>

6. ADVOCACY

National Council of La Raza (NCLR)

NCLR is the largest national Hispanic civil rights and advocacy organization in the U.S. It is an institution committed to strengthening this great nation by promoting the advancement of Latino families.

<http://www.nclr.org/>

The Immigrant Learning Center

The ILC Public Education Institute has compiled resources for immigrants, refugees, parents and educators. These include health, finance, legal and employment services, resources for combating discrimination, and immigration-related lesson plans and activities for homeschooling and distance learning. The lists will be adjusted as needed during the epidemic.

<https://www.ilctr.org/covid-help/#immigrants>

Florence Immigrant and Refugee Rights Project

How to Defend your own case

<https://firrp.org/resources/prose/>

National Immigrant Law Center

Take Action

<https://www.nilc.org/action/>

National Network for Immigrant and Refugee Rights

Campaigns and initiatives

<https://nnirr.org/get-involved/campaigns-and-initiatives/>

Support

<https://nnirr.org/get-involved/creative-ways-to-support-nnirr/>

United We Dream

The largest immigrant youth-led organization in the nation. Includes a powerful nonpartisan network made up of over 100,000 immigrant youth and allies and 55 affiliate organizations in 26 states. United We Dream organizes and advocates for the dignity and fair treatment of immigrant youth and families, regardless of immigration status.

<http://unitedwedream.org/>

UndocuProfessionals

<https://www.undocuprofessionals.net/events>

KIND - Kids in Need of Defense

<https://supportkind.org/what-we-do/policy-education-outreach/>

7. MENTAL HEALTH

National Alliance of Mental Illness

Mental Health Education

<https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Compartiendo-Esperanza-Mental-Wellness-in-the-Latinx-Community>

<https://nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>

American Psychological Association

<https://www.apa.org/topics/immigration-refugees>

Latinx Therapy

<https://latinxtherapy.com/>

Therapy for Latinx

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

Mental Health America

<https://www.mhanational.org/issues/latinxhispanic-communities-and-mental-health>

United We Dream

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

<https://unitedwedream.org/our-work/undocuhealth-wellness/>

The Steve Fund

The Steve Fund is dedicated to supporting the mental health and emotional well-being of young people of color.

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

The Thrive Center

<https://thethrivecenter.org/resources/>

Services

1. HEALTH CARE

National Immigrant Law Center

<https://www.nilc.org/issues/health-care/>

Online MSW Programs

60 Resources for Supporting Immigrant and Refugee Communities - Health

<https://www.onlinemswprograms.com/resources/support-resources-immigrants-refugees/>

My Undocumented Life Health Resources

<https://mydocumentedlife.org/health/>

HealthCare.gov

How to find low-cost health care in your community

<https://www.healthcare.gov/community-health-centers/>

CostPlus Drug Company

"Everyone should have safe, affordable medicines with transparent prices."

<https://costplusdrugs.com/>

2. MENTAL HEALTH

The Coalition for Immigrant Mental Health (CIMH)

<https://ourcimh.org/>

Psychology Today

Find a Hispanic and Latino Therapist

<https://www.psychologytoday.com/us/therapists/hispanic-and-latino>

KIND - Kids in Need of Defense

<https://supportkind.org/what-we-do/social-services/>

United We Dream

Mental Health Directory

<https://unitedwedream.org/our-work/undocuhealth-wellness/mental-health-directory/>

Latinx Therapy

<https://latinxtherapy.com/find-a-therapist/>

Therapy for Latinx

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

Inclusive Therapists

<https://www.inclusivetherapists.com/therapy/immigration-diaspora-refugee>

American Society of Hispanic Psychiatry

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

Open Path Psychotherapy Collective

<https://openpathcollective.org/>

Seneca Family of Agencies | Unconditional Care: Todo por mi familia

We provide free, confidential mental health services to families who were forcibly separated at the US border. Seneca is a leading national nonprofit and we need your support to continue to help the children and families heal from the trauma this action has caused.

<https://senecafoa.org/todopormifamilia/>

Confidential Hotline Phone: 844-529-3327

Email: info@todopormifamilia.org

The Tribe

A social support group for teens who are dealing with mental health struggles and/or difficult family dynamics.

<https://support.therapytribe.com/teen-support-group/>

Young People of Color @ 7 Cups

An online support community for young people of color. It includes daily check-ins, celebrations, icebreakers and Q&As.

<https://www.7cups.com/home/poc/#:~:text=The%20Young%20People%20of%20Color%20at%207%20Cups%20is%20supported,of%20young%20people%20of%20color.>

3. HOTLINES**National Suicide Prevention Lifeline**

Provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones and best practices for professionals.

www.suicidepreventionlifeline.org

Phone: 1-800-273-8255

Substance Abuse and Mental Health Services Administration National Helpline

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

<https://www.samhsa.gov/find-help/national-helpline>

Phone: 1-800-662-4357

National Domestic Violence Hotline

Free. Confidential. 24/7. Everyone deserves healthy relationships. When you're ready we're here to listen.

www.thehotline.org

Phone: 1-800-799-7233

Text "START" to 8878

National Alliance on Mental Illness

The NAMI HelpLine is a free, nationwide peer-support service providing information, resource referrals and support to people living with a mental health condition, their family members and caregivers, mental health providers and the public. HelpLine staff and volunteers are experienced, well-trained and able to provide guidance.

<https://www.nami.org/help>

Phone: 1-800-950-6264

Text "STEVE" to 741741 for a culturally trained Crisis Counselor

The Trevor Project

The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) young people.

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

Phone: 1-866-488-7386

Text "START" to 678-678

National Network for Immigrant and Refugee Rights (NNIRR)

Immigration Hotlines

<https://nnirr.wpengine.com/education-resources/community-resources-legal-assistance-recursos-comunitarios-asistencia-legal/immigration-hotlines-lineas-directas-de-inmigracion/>

United We Dream Migrawatch Hotline

To get help if someone that you know is in deportation proceedings or to report ICE activity in your community.
Phone: 1-844-363-1423

4. EDUCATION

National Immigrant Law Center

Education Services

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

National Immigrant Law Center

Educational Materials

<https://www.nilc.org/get-involved/community-education-resources/>

National Network for Immigrant and Refugee Rights

<https://nnirr.org/education-resources/>

Online MSW Programs

60 Resources for Supporting Immigrant and Refugee Communities – Education & Employment

<https://www.onlinemswprograms.com/resources/support-resources-immigrants-refugees/>

Informed Immigrant

Guide for High School Students

<https://www.informedimmigrant.com/guides/students/>

Resources for Undocumented Students & Their Families

<https://www.informedimmigrant.com/resource-type/resources-for-undocumented-students-families/>

UndocuProfessional

Student Scholarship Fund

<https://www.undocuprofessionals.net/post/undocu-students-scholarship-fund>

My Undocumented Life

For College Students

<https://mydocumentedlife.org/college-students/>

For High School Students

<https://mydocumentedlife.org/high-school-students/>

For Graduate School Students

<https://mydocumentedlife.org/graduate-school-students/>

SPLC – The Southern Poverty Law Center

Protecting Immigrant Students Rights to a Public Education

<https://www.splcenter.org/plyler>

https://www.splcenter.org/sites/default/files/cr_plyler_pamphlet_english_june_2021.pdf

https://www.splcenter.org/sites/default/files/cr_plyler_guide_final_june_2021.pdf

Higher Ed Immigration Portal

A new digital platform that integrates data, policies, and resources about DACA and undocumented, other immigrant, international, and refugee students to support immigration reform and federal policymaking, fuel change at the state and campus level, and build a diverse movement of partners and stakeholders advocating for these students.

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

5. ADVOCACY

Physicians for Human Rights

<https://phr.org/issues/asylum-and-persecution/join-the-asylum-network/>

Asylum Seeker Advocacy Project (ASAP)

<https://www.asylumadvocacy.org/about/>

Centro De Los Derechos Del Migrante

<https://cdmigrante.org/our-programs/>

Florence Immigrant and Refugee Rights Project

Adult Team

<https://firrp.org/what/adult-team/>

Children's Program

<https://firrp.org/what/the-childrens-program/>

Advocacy and Outreach

<https://firrp.org/what/advocacy/>

Border Action Project

<https://firrp.org/border-action-team/>

National Immigrant Law Center

DACA

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

UndocuProfessionals

DACA

<https://www.undocuprofessionals.net/post/first-time-daca-applicants>

6. VOLUNTEER AND MENTORSHIP

Americans for Immigrant Justice

<https://aijustice.org/volunteer/>

Centro De Los Derechos Del Migrante

<https://cdmigrante.org/volunteer/>

Florence Immigrant and Refugee Rights Project

Volunteer

<https://firrp.org/getinvolved/volunteer/>

UndocuProfessional

Mentoring Programs

<https://www.undocuprofessionals.net/initiatives>

Hispanic - Big Brothers Big Sisters of America

<https://www.bbbs.org/hispanic/>

MENTOR National

Become a mentor, find a mentor, advocate for change

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

Latin American Association*Mentoring plus other youth services for latino community*<https://thelaa.org/what-we-do/education/>**Physicians for Human Rights**<https://phr.org/issues/asylum-and-persecution/student-asylum-clinics/>**Latino Justice PRLDEF***Mentoring and networking*<https://www.latinojustice.org/en/next-generation-lideres>**Mental Health America***Center for Peer Support*<https://www.mhanational.org/center-peer-support>**7. LEGAL****American Civil Liberties Union**<https://www.aclu.org/>

Phone: 212-549-2500

Americans for Immigrant Justice*Family Defense Program*<https://aijustice.org/programs/family-defense-program/>*Children's Legal Program*<https://aijustice.org/programs/childrens-legal-program/>*Detention Program*<https://aijustice.org/programs/detention-program/>*Pro-Bono Program*<https://aijustice.org/programs/pro-bono-program/>**Asylum Seeker Advocacy Project (ASAP)**<https://www.asylumadvocacy.org/about/>**Centro De Los Derechos Del Migrante**<https://cdmigrante.org/our-programs/>**Immigration Advocate Network***Search for Legal services by state*<https://www.immigrationadvocates.org/nonprofit/legaldirectory/>**National Network for Immigrant and Refugee Rights**

List of legal resources

<https://nnirr.org/education-resources/community-resources-legal-assistance-recursos-comunitarios-asistencia-legal/>**National Immigrant Justice Center***Services for Detained Immigrants*

The Detention Project provides legal orientation and representation to immigrant adults and children who are held by the Department of Homeland Security Immigration and Customs Enforcement in immigration detention.

Detained immigrants call collect at (312) 263-0901 or use the pro bono platform and NIJC's 3-digit code, 565. All others call (312) 660-1370 or (773) 672-6599.

<http://www.immigrantjustice.org/services/detained-immigrants>

LGBT Immigrant Rights Initiative

NIJC's LGBT Immigrant Rights Initiative provides legal services to low-income immigrants who identify as lesbian, gay, bisexual, or transgender (LGBT) and those who are living with HIV.

Phone: (773) 672-6551

Email: lgbtimmigrants@heartlandalliance.org

Legal Service for Unaccompanied Immigrant Children

NIJC's legal staff can help children who entered the country as unaccompanied minors assess their options for immigration legal relief.

Phone: 773-672-6550

Hours: Thursdays between 2:00 and 4:30 p.m.

National Immigration Law Center (NILC)

The National Immigration Law Center (NILC) is one of the leading organizations in the U.S. exclusively dedicated to defending and advancing the rights of low-income immigrants.

https://www.nilc.org/about-us/what_we_do/

Mexican American Legal Defense Fund (MALDEF)

MALDEF is the nation's leading Latino legal civil rights organization. Often described as the "law firm of the Latino community", MALDEF promotes social change through advocacy, communications, community education, and litigation in the areas of education, employment, immigrant rights, and political access.

<http://www.maldef.org/>

National Council of La Raza (NCLR)

NCLR is the largest national Hispanic civil rights and advocacy organization in the U.S. It is an institution committed to strengthening this great nation by promoting the advancement of Latino families.

<http://www.nclr.org/>

Women's Refugee Commission

Report on groundbreaking research on threats to parental rights faced by parents who are detained and facing deportation. Also provides a toolkit for families caught between the immigration and child welfare systems and those who assist them.

https://www.womensrefugeecommission.org/images/zdocs/parental_rights_report-final.pdf

Online MSW Programs

60 Resources for Supporting Immigrant and Refugee Communities - Legal

<https://www.onlinemswprograms.com/resources/support-resources-immigrants-refugees/>

National Immigrant Justice Center

<https://immigrantjustice.org/services>

KIND - Kids in Need of Defense

<https://supportkind.org/what-we-do/legal-services/>

UnitedWeDream

<https://unitedwedream.org/>

Informed Immigrant

<https://www.informedimmigrant.com/help/>