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ENTERING THE UNITED STATES FROM CENTRAL AMERICA AND MEXICO:
SOCIAL WORK PRACTICE WITH UNACCOMPANIED MINORS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Crystal Duarte
June 2020

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ABSTRACT

Unaccompanied minors from Central America and Mexico have endeavored treacherous journeys to enter the United States for many decades. In recent years, there has been an influx of unaccompanied minors fleeing their native country and arriving at the United States border as a result of poverty, violence, limited prospects and to reunify with their parents. Unaccompanied minors have witnessed and faced adversities, sometimes causing various mental health problems. Providing services to a vulnerable population like unaccompanied minors from Latin America can be challenging. This study explores Department of Child and Family Services (DCFS) social workers' perceived confidence in working with unaccompanied minors. This study employs an exploratory design and compile qualitative data by interviewing DCFS social workers. The researcher evaluated perceived level of confidence among social workers utilizing thematic analysis. Research findings were compelling and will have significant implications for social work literature, social work programs and policies impacting unaccompanied minors.

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I am thankful beyond measure to God, my family and angels I have met throughout my life. I am indebted to my Research Advisor, Doctor Davis, for believing in me and supporting my research project. I am also grateful for all the participants. This study could not have been accomplished without you.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Unaccompanied minors, also known as Unaccompanied Alien Children, are children as young as a couple days old to seventeen years old, entering the United States illegally and without parental or familial guidance. The number of unaccompanied minors has fluctuated every year and there has recently been an influx in the number apprehended at the United States southern border (U.S. Customs and Border Protection, 2018). In 2015, 10,500 children, mostly from the Northern Triangle (El Salvador, Guatemala and Honduras) crossed the U.S.-Mexico border during October and November (Markon & Partlow, 2015; Migration Policy Institute; Stinchcomb & Hershberg, 2014). In 2017, over 40,000 immigrant children were apprehended, and that number increased to 50,000 during the 2018 fiscal year (U.S. Customs and Border Protection FY2017/FY2018). Unaccompanied minors have been crossing the border every month for decades. Although fewer children are crossing the border each year, child migration unquestionably remains high.

El Salvador, Guatemala and Honduras have not recovered from the civil war and are tormented by a shortage of resources and the government's abuse of power to this day (Garcia, 2006). Some children are obligated to skip meals at a young age due to a lack of employment opportunities for their parents. Other

minors prioritize work in lieu of an education for three reasons: 1) not enough money to pay for tuition and books; 2) if money is spent on tuition, the child will not have money to eat or the energy to pay attention during class instruction; and 3) children are constantly threatened by gang members on the streets (Stinchcomb & Hershberg, 2014). The continuous fear of dying in a crossfire or getting killed by a gang member is another reasonable cause to migrate to a country to seek refuge.

Social workers are on the frontlines serving oppressed, marginalized and vulnerable populations, which include children fleeing violence and poverty. A social worker's role is to assist unaccompanied minors in detention centers, shelters and foster care by ensuring children's basic human rights are met, such as the prerogative to a sponsor (family member), medical and mental health care and education (Androff, 2016). This problem is met with the existing deficiency of cultural competence due to social workers worldview, including preference of Western interventions (Fong, 2004). Nonetheless, social workers preference for Western interventions stems from faculty indoctrinating students into the importance of evidenced-based practice without recognizing there is limited multicultural interventions for individuals from other countries. For example, referring unaccompanied minors, refugees, or immigrants with posttraumatic stress disorder to support groups or family therapy may be counterproductive and damaging (Fong, 2004). Although unintentional, culturally incompetent social

workers' judgement may result in endless suffering to minors in lieu of improving their welfare.

Purpose of the Study

The purpose of the study is to evaluate social workers' employed by the Department of Children and Family Services (DCFS) confidence in working with unaccompanied minors. Limited studies assessing social workers multicultural practices with unaccompanied children merits research, as there are currently few studies. It is critical to assess social workers awareness of complex traumas unaccompanied minors have experienced and are experiencing in order to understand the theory guiding social workers practice, and in turn, cultural competence.

Unaccompanied children continue to suffer from high levels of depression, anxiety and stress in the U.S. as they adjust to new laws, values, culture and political climate (Sawyer & Márquez, 2016). Arriving to a country not welcoming to asylum seeking minors; unfamiliarity of the official language; loss of freedom, again; and the pressure to attend and learn in a school are all detrimental to unaccompanied minors mental and physical health. Incorporating multicultural interventions, or the lack thereof, has the potential to engender policies and guidelines to help minimize trauma experienced by unaccompanied children.

To study this matter, the researcher used a qualitative design to explore DCFS social workers confidence in working with unaccompanied minors. Social

workers providing services to unaccompanied minors were asked 13 open-ended questions via a phone call and face-to-face interviews. This research design was selected due to insufficient literature addressing cultural competence in social work practice with unaccompanied immigrant minors. In addition, the researcher hopes to generate an impetus for further research impacting social workers and unaccompanied minors.

Significance of the Project for Social Work

The need to research this issue arose from the absence of evidenced-based, multicultural interventions employed by social workers. Understanding the importance of incorporating multicultural and evidenced-based practices benefits social workers and unaccompanied minors. Social workers may acknowledge the value of their work and their essential roles servicing a vulnerable population. Furthermore, social workers will be encouraged to implement assessments, interventions and problem-solving tools tailored to the minor's cognitive development, level of education and culture. In addition, social workers may be compelled to utilize interventions used in the unaccompanied minor's native country, if applicable. Unaccompanied children will appreciate the fact that people value and care for their well-being and best interest.

The research findings will contribute to the profession by refining the concept of cultural competence to better serve unaccompanied minors and meet the National Associations of Social Work core values. The findings will be of

significant importance to organizations seeking funding, Master of Social Work programs meeting NASW standards in the curricula and policies impacting unaccompanied minors. Legislators may utilize data presented in this study to write and support legislation that benefits unaccompanied minors and taxpayers. For example, legislators may write enhanced, comprehensive and transparent legislations requiring social workers and social providers to meet a criterion to provide services to unaccompanied minors for the purpose of reducing the severity of trauma. A reduction in trauma will be cost-effective to taxpayers as it will prevent cohorts of addiction and homelessness.

This study within the realm of the generalist intervention process will employ the exploring phase to explain the question the study will address: What is social workers perceived level of confidence in working with unaccompanied minors?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The purpose of this chapter is to critically examine research addressing challenges unaccompanied minors, social workers and social providers face by dividing the chapter into four subsections. The first subsection will identify the size of the problem; the second subsection will focus on social workers and social providers; the third subsection will explore social workers practice with unaccompanied minors; and lastly, the fourth subsection will explain cultural humility, the theory guiding conceptualization.

Size of The Problem

Unaccompanied child migration to the United States has substantially increased in the last decade. In 2014, unaccompanied minors under the age of twelve were apprehended at the border at an all-time high with an 117% increase from the year before (Deckert, 2016). Unaccompanied minors are protected by the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2018 if they were victims of smuggling and trafficking (Deckert, 2016). Unaccompanied children from contiguous countries (Mexico and Canada) are returned to their country if they do not present signs of human trafficking (Evans, Diebold & Calvo, 2018). Once apprehended at the border, the custody of unaccompanied minors is transferred to the Office of Refugee Resettlement

(ORR) and are placed in private detention centers, shelters and nonprofit organizations that employ social workers (Deckert, 2016; Evans, Diebold & Calvo, 2018). Some unaccompanied minors have complex traumas as a result of smuggling, human trafficking and apprehension at the border. Culturally competent social work practice is an ethical responsibility, thus social workers should have an understanding of cultural values, traditions and social environments in order to include indigenous and Western interventions to unaccompanied minors' treatment (Chang-Muy & Congress, 2015; Fong, 2009).

Social Worker/Social Service Providers

Social workers and social service providers working closely with detained immigrants face unique challenges compared to how other social workers generally provide services. Social service providers may encounter challenges such as scarce bilingual workers and personal and third-party negative immigration views (Koball, Capps, Perreira, Campetella et al, 2015). Social workers and social providers are not required to learn best practices to serve immigrants or refugees with diverse and traumatic backgrounds in college and may be limited by their employer. Social workers working with detained immigrants and refugees may experience vicarious trauma listening to horrifying narratives regarding violence and other adversities refugees faced in their home country and on their journey to the United States (Lusk & Terrazas, 2015). Social workers and social providers have reported physical and emotional responses to

stories narrated by refugees including, but is not limited to, sleeplessness, crying and feelings of hopelessness (Lusk & Terrazas, 2015). Furthermore, these professionals are conflicted by limited multicultural and evidenced-based practices, bilingual instruments, refugee and immigrant linguistic levels and having to prioritize organizational needs above their client's needs (Furman, Ackerman, Loya, Jones, & Egi, 2012; López & Vargas, 2011).

Social workers have faced ethical dilemmas transferring immigrants to for-profit detention centers compelled by their employer (Furman, Ackerman, Sanchez & Epps, 2015). According to Furman et al (2012), it cost \$1.7 billion to incarcerate undocumented individuals in 2009, approximately \$122 a person per night, which suggest that corporations are not providing immigrants or refugees with shelter out of the kindness of their heart, only for profit. As a result, organizations social workers and social providers serve may not be culturally competent. Some social workers and social service providers receive limited support from the agencies they are employed by. According to Lusk and Terrazas' (2015) study, the participants interviewed reported that minimal resources were available for self-care to cope with experiences lived vicariously on a daily basis. Although they indicated they had strong support from supervisors and family, that is not the case for all professionals; there is not enough educational, organizational or emotional support to work with immigrants and refugees.

Social Workers and Unaccompanied Minors

Unaccompanied minors may be unwilling to work with social workers because they are afraid social workers may have a hidden agenda, recalling traumatic adversities is too painful, or cultural beliefs stigmatize mental health (Nelson, Price & Zubrzycki, 2017). Unaccompanied minors past traumas are essential to be granted asylum, thus social workers must create a safe space and build an alliance to protect them. Social workers are responsible for helping disenfranchised and marginalized populations, including unaccompanied minors by employing empowerment and strengths-based interventions. Evidenced-based practices are critical in social work, however, that is not the case with vulnerable populations as a result of little information. Social workers have identified significant mental health disorders among unaccompanied minors: the most common, post-traumatic stress disorder and depression (Carlson, Cacciatore & Klimek, 2012). Analysis of current practices to treat common disorders among this population is vital to prevent further traumatization.

The National Association of Social Workers has an extensive book highlighting *Standards and Indicators for Cultural Competence in Social Work Practice*. However, there is insufficient empirical information to assess and conclude social workers are culturally competent to work with unaccompanied minors. This study will attempt to bridge the gap and identify limitations social workers may need to become aware of and develop to become culturally competent social workers.

Theory Guiding Conceptualization

The theory used to operationalize concepts of this study is Cultural Humility. Cultural humility is the capacity to maintain an open mind and a non-condemning position to others cultural perspective on subjects important to the person (Hook et al, 2013; Waters & Asbill, 2013). Cultural humility asserts there are three tenets to remain culturally humble: Commitment to everlasting self-reflection, devotion to dismantle power imbalances, and desire to organize with people who advocate for others (Tervalon & Murray-Garcia, 1998; Waters & Asbill, 2013).

Cultural humility is not a mastery, it is a life-long process of self-evaluation and critique (Tervalon & Murray-Garcia, 1998). Cultural backgrounds, values, worldviews are ever-changing and do not pertain to individuals with similar environments. Cultural humility is essential in power dynamic relationships, client-focused care and collaboration with communities to develop non-oppressive advocacy partnerships in support of clients (Tervalon & Murray-Garcia, 1998). Practitioner-client relationships should be equal; practitioners should not use their leverage but endeavor to balance the scale by providing client-focused care and resources not readily available to their clients.

Cultural humility outlined by Hook (2014), emphasizes intrapersonal and interpersonal factors for conceptualization. The intrapersonal element incorporates the awareness of limitations for understanding cultural values and worldviews, while the interpersonal demonstrates the practitioners respect and

openness to their client's worldview (Danso, 2018). Cultural humility models encourage practitioners to gain knowledge about cultures through trainings and literature, however; practitioners are discouraged from discounting peoples experiences based on knowledge obtained in a classroom setting or study (Tervalon & Murray-Garcia, 1998). Learning from the experts, in this case unaccompanied minors, with an open mind and appreciation, regardless of cultural understanding is cultural humility.

This theory provides a foundation for understanding cultural humility in the social work field. Cultural humility shares fundamental ideas and tenets that will help frame social workers perceived level of cultural competence working with unaccompanied minors (Danso, 2018). Assessing for self-evaluation and analysis of preconceived notions and interventions used with unaccompanied minors will provide a depiction of the problem. Power disparities will be examined to strengthen their clients care and to enhance their practice (Tervalon & Murray-Garcia, 1998). Established relationships with individual and community partnerships will be evaluated to illustrate social workers understanding of cultural competence. Evaluating social workers openness and respect towards unaccompanied minors from Central America will provide a baseline and recommendations to address that limitation nationally. Culture humility encourages and commends practitioners to humble themselves by recognizing they have stereotypes and abandoning them to provide their clients and society

as a whole with better patientcare and fewer mental afflictions to vulnerable populations (Tervalon & Murray-Garcia, 1998).

Summary

This study explores social workers' perceived level confidence in working with unaccompanied minors. Cultural competence is crucial to provide services and treatment to unaccompanied minors fleeing violence, famish and scarce means to survive. Challenges social workers and unaccompanied minors confront have been identified in the literature. This study seeks to inform social workers, program directors and legislators about an issue seldom addressed in literature, yet greatly affecting practitioners and clients across the country.

CHAPTER THREE

METHODS

Introduction

This study seeks to identify DCFS social workers' providing services to unaccompanied minors confidence in working with them to engender continuous development of services provided to unaccompanied minors. This chapter is divided in six sections explaining how the study will be executed. The sections discussed below are study design, sampling, data collection and instruments, procedures, protection of human subjects and data analysis.

Study Design

The aim of this study is to investigate DCFS social workers' level of perceived confidence in working with unaccompanied minors, and to identify limitations for the purpose of diffusing insights to improve services provided to unaccompanied minors. The study design for this research project is exploratory, due to little empirical information. As a result of the gap in literature and limited knowledge of the matter, this study employed a qualitative research design to gain DCFD social workers perspective and understanding of the topic. The researcher conducted semi-structured, one-on-one interviews face-to-face and over the phone with DCFS social workers servicing unaccompanied minors in shelters, foster care programs or with their sponsor, utilizing open-ended questions to collect data.

The benefits of conducting an exploratory and qualitative study is the ability to explore the narratives of social workers lived experiences in working with unaccompanied minors. Social workers yielded their thoughts, knowledge and insights regarding the matter without having to limit their responses with a quantitative approach. Furthermore, the researcher asked the social workers to clarify or elaborate their responses to compile critical information. One-on-one interviews allowed social workers to feel at ease and comfortable sharing their lived experiences without any condemnation.

Limitations to this particular qualitative study is the small number of participants due to time constraints, thus, the study will not be generalizable. Participants may feel compelled to provide socially desirable responses due to fear of judgment as a result of a lack of anonymity. Some participants answered questions in front of a live interviewer and in a public setting which may have caused the participant to feel vulnerable and decline to respond.

Sampling

This study used a mix methodology of non-probability sampling, including purposive and snowball sampling. DCFS social workers providing services to unaccompanied minors in shelters, foster care programs, or living with their sponsor were selected to explore the topic in depth. The researcher asked a professional to provide prospective participants for the study. Snowball sampling techniques required the researcher to establish trust and rapport with participants

in order for them to refer other participants and broaden the sample. The sample included 7 social workers participating in a maximum of 20-minute interviews.

Data Collection and Instruments

Qualitative data was collected via phone and live, audio-recorded, semi-structured interviews between February 2020 and March 2020. Demographic information was collected before the interview began on a sheet with open- and close-ended questions. The information queried includes age, gender, ethnicity, and education level.

The researcher adapted an assessment tool created by Weaver (1999) to elicit cultural competency responses from professionals providing services to Native Americans. The three assessment questions in Weaver's study are: 1) What knowledge should a helping professional bring to working with unaccompanied minor clients or groups in a culturally competent manner? ; 2) What skills should a helping professional bring to working with unaccompanied minor clients in a culturally competent manner?; 3) What attitudes or values should a helping professional bring to working with unaccompanied minor clients in a culturally competent manner? (Weaver, 1999). The assessment instrument has not been significantly utilized in research; however, it served as a starting point to develop an extensive open-ended questionnaire. The researcher created a 13-question instrument to explore social workers level of perceived confidence in working with unaccompanied minors and assess interventions and models'

social workers apply while providing services to them. The researcher asked her research advisor to evaluate the instrument tool for face and content validity and reliability. The instrument generated new insights and allowed for further probing.

Procedures

The researcher's Research Advisor provided a professional's contact information to request prospective participants. The researcher emailed and texted participants to explain the purpose of the research and ask for participation without any ramifications for declining to participate. The researcher and participants met in offices and public settings with moderate privacy. Coffee shops near the participant's workplace, with outside seating and minimal distractions were chosen for some interviews to take place. Interviewing dates and times were flexible to accommodate participants limited availability.

Social workers were greeted and thanked for their courage and contribution to academia throughout phone and live interviews. The researcher addressed informed consent, confidentiality and reminded them of the purpose of the study. Social workers were provided with two documents containing material to read, sign and fill out. The first document consists of the informed consent, including consent to audio record their responses, and the second document solicits demographic information. Both documents were collected, the audio recording device was turned on, and the interview began. Once the interview was

concluded, the researcher thanked the participant and answered any questions or concerns.

Protection of Human Subjects

Participants' identity will be confidential to the maximum degree.

Prospective participants were required to select a pseudonym before the interview. Audio recordings were recorded on a digital Olympus Voice Recorder for security purposes. The researcher labeled each interview with participants pseudonym. Once the interview had been recorded, the recording was downloaded and removed from the recorder into a computer encrypted with a password protection. All audio recordings will be deleted from the researcher's Olympus Voice Recorder a year after the completion of the research.

Participants' demographic data has been safeguarded in an Excel spreadsheet on the researcher's computer with a passcode set up to minimize data access. The researcher used the pseudonym saved on the voice recorder to identify participants on the Excel spreadsheet. The Excel spreadsheet will be deleted from the researcher's laptop a year after the completion of the research.

Data Analysis

Thematic analysis was employed to analyze data gathered during the interviews. The first step included the transcribing of audio recordings into writing. Secondly, the researcher read and reread the transcripts. The third step

encompassed the coding process: 1) highlighting emerging themes, 2) defining codes, and 3) organizing codes into an outline (Baily, 2017).

Descriptive statistics were also completed to assess demographic data for respondents. The researcher created a spreadsheet with demographic data collected at the beginning of phone and live interviews on Excel and imported that information on IBM SPSS for analysis.

Summary

This study will explore DCFS social workers confidence in working with unaccompanied minors and gather information to enhance service delivery and practice. The interviews encourage social workers to narrate their lived experiences and contribute knowledge to an issue with insufficient information. A qualitative approach for this study facilitated the process.

CHAPTER FOUR

RESULTS

Introduction

This chapter provides findings of seven semi-structured interviews with DCFS social workers. The following sections will offer an analysis of demographic data and responses provided by the participants. Emerging themes from the interviews are highlighted to encapsulate the purpose of the study.

Demographic Analysis

DCFS social workers from neighboring counties in Southern California participated in the study. Participants age ranged from 28-60 years old (M=44). Of the seven participants, only two individuals had the same age. The majority of participants were female with the exception of one male. 57.1% of participants identified as Latino(a)/Hispanic and 42.9% identified as Caucasian/European American. All seven participants reported they had a Master of Social Work degree. See Table 1.

Table 1. Demographics of Research Participants

Demographic	Participant Response	Percentage
Age		
• 28	1	14.3
• 37	1	14.3
• 43	2	28.6
• 53	1	14.3
• 60	1	14.3
• Unknown	1	14.3
Gender		
• Female	6	85.7%
• Male	1	14.3%
Race/Ethnicity		
• African American	0	0.0%
• Asian/Pacific Islander	0	0.0%
• Caucasian/European American	3	42.9%
• Latino(a)/Hispanic	4	57.1%
• Native American	0	0.0%
• Other	0	0.0%
Level of Education		
• Bachelor of Social Work	0	0.0%
• Master of Social Work	7	100.0%

Thematic Analysis

Participants experience providing services to children extended between 3-31 years (M=16). Participants explained they establish rapport with children by asking them about school-related subjects, interest, hobbies, pets, music and movies. Three participants declared the use toys and games to build a trusting relationship with children. Participants answers varied when they were asked how they would establish rapport with unaccompanied minors. Six out of the seven participants reported they have provided services to an unaccompanied minor. Four out of seven participants declared the “same methods” apply to establishing rapport with children they normally encounter in their caseloads and with unaccompanied minors. Two participants answers were anomalies. Below you will find excerpts from the participants.

Participant 1 (February 2020; 31 years of experience)

“That’s an entirely different situation...usually our initial contact or ongoing contact with unaccompanied minors might not be at school. Typically, it’s because they were taken into custody or came to the attention of law enforcement of a runaway shelter... The one I’m thinking of...he was really uncomfortable, and I really wasn’t sure what to do.”

Participant 5 (February 2020; 18 years of experience)

“I have never done it, but I’m assuming it’s the same with being an unaccompanied minor to my understanding...you need to make them feel comfortable...especially if they have the fear of you sending them back or separating them from their parents.”

Participant 6 (February 2020; 13 years of experience)

“First thing first, is verifying their language...ensure that there is an interpreter. I ask questions about their life, where they come from, about customs and holidays. Asking if they have questions about me. Just like basic, to build rapport.”

Participants identification of theories employed in their practice with children were diverse. They reported the theories that guided their practice were Systems Theory, Client-Centered, Client-Focused, Family-Centered, Safety Organized Practice, Maslow’s Hierarchy of Needs, Theory of Attachment and Bonding, Solution-Focused, Strengths-Based, Crisis Intervention, Family-Centered and Feminist Theory. All participants noted the theories above would also guide their practice with unaccompanied minors.

Participant 1 (February 2020; 31 years of experience)

“I’ve done it for long enough that I’m not looking for a way to get it done so much as looking for what this client needs and how I can best serve them.”

Participant 2 (February 2020; 3 years of experience)

“I usually use client-focused for everyone...We all kind of get stuck into a mode where we’re just kind of like prescribing the same stuff for everyone. Um, but sometimes the families have their own resources that they can utilize, so I try to work with that...I would definitely use the same. If there were different theories out there that I knew worked better with unaccompanied minors, I would definitely try those...But definitely client-centered, family-centered, um, which is hard to do when the [unaccompanied minor’s] family is not here.”

Participant 3 (February 2020; 18 years of experience)

“[Safety Organized Practice] guides the child welfare...You realize that it fits in every situation...I guess I can name a few, but because I don’t do therapy, what I basically focus on is the theory that we use in child welfare.”

Participant 4 (February 2020; 3 years of experience)

“I feel like there’s not just one theory...it’s like you have to use them all.”

Participant 6 (February 2020; 13 years of experience)

“I think it would be the same thing. I think that some things can be universally applied. Of course, culture’s unique, so I don’t want to lose that. So, any theory that might incorporate the importance of culture and incorporate religion, religious beliefs.”

Participant 7 (February 2020; 10 years of experience)

“I think for unaccompanied minors it’s important to use Family System, even though it’s not present.”

Four participants explained they were “just as confident” in working with unaccompanied minors and other children. Two participants described they were not confident, and one participant declared “it depends.”

Participant 1 (February 2020; 31 years of experience)

“I’m probably much more likely to be overconfident [working with children] ...[I] totally didn’t feel confident at all [working with an unaccompanied minor] ... I really felt like I never really got rapport with him...I would say that my confidence level was really low and all I really did was focus on making sure that I gave him the basic, concrete information that I would give anybody.”

Participant 2 (February 2020; 3 years of experience)

“On a scale of 0-10, I’m probably at an 8 or 9 [confidence level with children] ... Definitely less confident [with unaccompanied minors]. On a scale of 0-10, probably a 4, because I don’t know of a lot of resources.”

Participant 3 (February 2020; 18 years of experience)

“I feel confident. I’m originally from Latin America, so there is a lot of things that I understand because I lived them...I think having a background and just being

mindful about the privileges that people here in this country have that other people might not have. I think that will help.”

Participant 5 (February 2020; 18 years of experience)

“I think I would feel as confident...Like I said, trauma might be a little different, but it also goes back to how protected they feel.”

Three participants declared they were bilingual. However, all seven participants reported that speaking both English and Spanish is helpful and a strength, however, multiple participants revealed that some unaccompanied minors from Central America only speak their dialect.

Participant 2 (February 2020; 3 years of experience)

“Some of the times those interpreters are not available. If I get the interpreter on the phone, sometimes they can’t hear each other correctly... Sometimes the interpreter that’s supposed to know their language, they aren’t speaking it correctly, or at least the client isn’t understanding the way that they’re speaking it.”

Participant 3 (February 2020; 18 years of experience)

“This family [from an indigenous community] when we talk, and I know this myself because I have been in that position, is that it takes time for your brain to process the language... [If you speak both languages] You will be more empathetic.”

Participant 5 (February 2020; 18 years of experience)

“I’m fluent in Spanish, so which helps when it comes to most of our cases in DCFS, not that all of them are Spanish-speaking, but we have plenty of them.”

Participant 6 (February 2020; 13 years of experience)

“When I was working in the ER, there was a child, it was flagged as a Spanish speaking, but then as it turned out, they spoke Quiche. So, like, they went out and they’re like, ‘We can’t really communicate because they speak Quiche.’ So, we had to go back and like figure it out.”

Four participants indicated it would be difficult to find and utilize assessment tools and/or evidenced-based interventions in Spanish at their organization. One participant said it would not be difficult and two responded they did not know.

Participant 1 (February 2020; 31 years of experience)

“So, yes, there are troubles creating those things. In the last couple of years when I’ve been creating some Spanish language forms to use in my child and family team meetings is I would have one Spanish speaking person create the form and then I would have another bilingual person double check their work with total transparency that they both know what’s going to happen.”

Participant 2 (February 2020; 3 years of experience)

“There’s difficulty in working with clients [unaccompanied minors] because of the resources that we don’t have, or we lack resources. One of the evidenced-based practices we use in my field is like parenting classes, domestic violence classes...and a lot of the times there are barriers because of language.”

Participant 6 (February 2020; 13 years of experience)

“I don’t know if DCFS has trainings on assessment tools that can be utilized in Spanish because I’m not Spanish speaking, so I can’t verify that or not. But I mean, I don’t think it’s hard to just do general research on evidenced-based interventions through journal articles.”

Four participants stated they would utilize the same process with children and unaccompanied minors who need services but refuse them. Two participants

determined it would depend on the situation and service and one participant illustrated that it would be different.

Participant 1 (February 2020; 31 years of experience)

“Um, there’s a whole another layer, I think with unaccompanied minors...The rules could change and all of a sudden, I’m not welcome here, but the government’s tracking me...There’s a number of cultural barriers. There’s a lot of Hispanic populations that basically look at mental illness completely different than White Western culture. It’s not okay to be mentally ill or it just can’t happen...I have to remember that my dominant culture, legal obligations may not matter much to somebody who’s totally out of culture and just trying to get by and have a roof over their head.”

Participant 2 (February 2020; 3 years of experience)

“I think that eventually they do come around, um, or maybe they just need more time to, um, like mature or they’re not ready to address things right now. So, I definitely understand, that sometimes people aren’t ready, and they will address things when they are. So, I would just keep encouraging the unaccompanied minors also.”

Participant 6 (February 2020; 13 years of experience)

“Obviously, we have different cultures, but I think refusing it, whether you’re unaccompanied or citizen here, I think the same thing applies...If they’re teenagers, you know, like just the authority and they don’t want to do it and they just want to like hang out with friends, stay home, watch TV...Maybe you had a bad experience with it [therapy] when you were younger. If that was the case, well, you’re older now, you can express to the therapist, if it’s therapy, like what your bad experiences were.”

A participant specified how their work environment may influence or challenge their work with unaccompanied minors.

Participant 1 (February 2020; 31 years of experience)

“The running hypothesis was that he’s either from a gang and getting out from under the gang or in trouble with the gang. Half of the professionals I worked with, basically, kind of blew that off and thought that’s probably a ruse so he can have a place to stay and food and kind of, you know, a way to get by. A welcome the United States...Every time I see somebody [I will ask] ‘Hey, have you ever had an unaccompanied minor?’...I start figuring out what the going stereotypes are and how prevalent they are and whether they had any evidence or not when they came up with those things.”

Themes

Six themes emerged from the seven semi-structured interviews with DCFS social workers: 1) Rapport building is effortless; 2) client-centered practice is fundamental; 3) completion of job responsibilities with confidence was high; 4) bilingualism is a strength; 5) organizations lack resources, evidenced-based interventions (practice) and assessment tools in Spanish; 6) right to self-determination.

Summary

Demographic data demonstrated the strengths and limitations of the study. Thematic data provided comprehensive knowledge in regard to DCFS social workers experiences with unaccompanied minors, and six emerging themes were identified.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will evaluate findings and emerging themes from the data; discuss limitations and recommendations for future research; stress the study's significance to social work practice, policy and research and demonstrate the importance of the exploration phase in the generalist model.

Implication of Findings

The results from the study have shed light to the lack of multicultural practice, tools, resources and trainings in the Department of Child and Family Services to serve unaccompanied minors across three counties. DCFS social workers asserted their organization champions evidence-based practices and provided an eclectic range of theories that guided their practice with children. However, cultural humility was not identified and seldom described. For instance, a participant declared, "I usually use client-focused for everyone...We all kind of get stuck into a mode where we're just kind of like prescribing the same stuff for everyone."

Western interventions and evidenced-based practices trump cultural adaption to services and treatment plans for unaccompanied minors in DCFS. According to Bernal, Jiménez-Chafey & Domenech Rodriguez (2009), cultural

adaptation is the flexibility to modify evidenced-based interventions or treatment in order to acknowledge language, culture and values:

“There’s a lot of Hispanic populations that basically look at mental illness completely different than White Western culture. It’s not okay to be mentally ill or it just can’t happen...I have to remember that my dominant culture, legal obligations may not matter much to somebody who’s totally out of culture and just trying to get by and have a roof over their head.”

Self-awareness it imperative to understand the ethical dilemmas that may arise when culture and legal mandates conflict.

A participant reported employing theories in her practice that incorporate culture but did not identify them: “I think it would be the same thing. I think that some things can be universally applied. Of course, culture’s unique, so I don’t want to lose that. So, any theory that might incorporate the importance of culture and incorporate religion, religious beliefs.” Another participant expressed a commitment to utilize theories that facilitate the process of helping unaccompanied minors, if the participant became aware of any:

“I would definitely use the same. If there were different theories out there that I knew worked better with unaccompanied minors, I would definitely try those...But definitely client-centered, family-centered, um, which is hard to do when the [unaccompanied minor’s] family is not here.”

Although everyone has a theory or theories that influence their social work practice, findings conclude that there are limited intrinsic theories that guide DCFS social workers practice across the board. Well-intentioned DCFS social workers are in the frontlines providing client-centered care with limited self-reflection to their clients individual and unique needs.

Self-reflection is a tenet of cultural humility and engenders an open mind to people's culture, values and experiences. An absence of cultural humility may engender stereotypes that affect the relationship between the social worker and the client: "The running hypothesis was that he's either from a gang and getting out from under the gang or in trouble with the gang. Half of the professionals I worked with, basically, kind of blew that off and thought that's probably a ruse so he can have a place to stay and food and kind of, you know, a way to get by. A welcome the United States...Every time I see somebody [I will ask] 'Hey, have you ever had an unaccompanied minor?'...I start figuring out what the going stereotypes are and how prevalent they are and whether they had any evidence or not when they came up with those things." A lack of self-reflection may also exacerbate the client's trauma. A participant explained that treatment plans for all clients were the same. Unaccompanied minors are a vulnerable population with multi-layered traumas that require service and treatment plans tailored to their needs. Minimizing unaccompanied minors' adversities by comparing their hardships to children born and raised in the United States is not client-centered practice: "I think I would feel as confident...Like I said, trauma might be a little different, but it also goes back to how protected they feel."

Unaccompanied minors are fleeing famish, gang violence, and limited opportunities to thrive and face further traumatization on their journey to the United States. As of January 2019, the Supreme Court ruled in favor of the "Remain in Mexico" policy which forces asylum seekers, including

unaccompanied minors, to await their U.S. immigration court date in Mexico (Romo, 2020). Living in inhumane conditions and the perpetuation of fear from the cartels in Mexico have aggravated their complex traumas and compelled more parents to send their children across the border unaccompanied. The study's findings imply that high caseloads, stereotypes, negative immigration views and lack of knowledge alter the services provided to unaccompanied minors and may be a symptom of burnout.

The results also provided insight to several DCFS social workers conceptualization of refusal to services, namely mental health services. Levels of maturity, articulation and readiness to address their traumas were reasons identified for children and unaccompanied minors who refuse psychotherapy: "Obviously, we have different cultures, but I think refusing it, whether you're unaccompanied or citizen here, I think the same thing applies...If they're teenagers, you know, like just the authority and they don't want to do it and they just want to like hang out with friends, stay home, watch TV...Maybe you had a bad experience with it [therapy] when you were younger. If that was the case, well, you're older now, you can express to the therapist, if it's therapy, like what your bad experiences were." Being mindful that culture influences people's identity and paradigm can enhance the social worker and client relationship. Mental health services continue to be stigmatized in a progressive and forward-thinking country like the United States, consequently, people in Latin America are less open to seeking services for their mental and emotional wellbeing. Last but

not least, we cannot expect children and families to readily seek services we have not endeavored ourselves; social workers must be empathetic and lead by example.

Emerging Themes

Rapport Building

All participants implied that establishing rapport with children is important and effortless. Asking children about school, hobbies, interests, movies, music they enjoy creates a trusting relationship. Most participants reported they would build rapport with unaccompanied minors by utilizing the same methods: "I have never done it, but I'm assuming it's the same with being an unaccompanied minor to my understanding...you need to make them feel comfortable...especially if they have the fear of you sending them back or separating them from their parents."

Client-Centered Practice

The theory that emerged in all interviews whether identified by name or described was client centered. All participants conveyed their clients' needs were of the utmost importance and fundamental to providing services: "I've done it for long enough that I'm not looking for a way to get it done so much as looking for what this client needs and how I can best serve them." Client-centered practice embraces diversity, demands culturally competent care and asserts the client as

the expert; however, the data implied that client-centered practice was not employed to its fidelity.

Confidence

Participants' confidence in fulfilling their job responsibilities and tasks were high. However, their confidence does not equate confidence in providing a high quality of care with individualized treatments plans for each client. Legal mandates limit DCFS social workers recommendation of unorthodox services to clients, even though they may benefit them more: "There's difficulty in working with clients [unaccompanied minors] because of the resources that we don't have, or we lack resources. One of the evidenced-based practices we use in my field is like parenting classes, domestic violence classes...and a lot of the times there are barriers because of language." In addition, all participants, especially with greater years of experience, learned through observation and reported assessment or evaluation tools were not essential since the nature of the job requires the use of observation and other skills to investigate allegations.

Bilingualism

Every participant agreed that speaking two languages is helpful and a strength: "I'm fluent in Spanish, which helps when it comes to most of our cases in DCFS, not that all of them are Spanish-speaking, but we have plenty of them." A few participants argued that understanding the process of information acquisition such as a new language assisted their relationship, assessment and service delivery with unaccompanied minors who spoke a dialect: "This family

[from an indigenous community] when we talk, and I know this myself because I have been in that position, is that it takes time for your brain to process the language... [If you speak both languages] You will be more empathetic.” Several participants declared that mindfulness of the differences in Spanish is also critical to assisting Spanish-speaking clients. Furthermore, findings reveal a scarcity of interpreters that speak dialects: “When I was working in the ER, there was a child, it was flagged as a Spanish speaking, but then as it turned out, they spoke Quiche. So, like, they went out and they’re like, ‘We can’t really communicate because they speak Quiche.’ So, we had to go back and like figure it out.” In the last several years, an influx of unaccompanied minors, some from indigenous communities in Guatemala, have sought refuge in the United States: “I had to go out and the whole family spoke some Spanish, but spoke a different dialect of whatever their native language was ‘cause it wasn’t Spanish. Cause I had somebody come out with me that spoke Spanish and it was hard for them to talk to them. She came just like the year before from Guatemala.” Assisting unaccompanied minors who only speak a dialect garner an additional challenge.

Tools

Multicultural evidenced-based interventions (practice), assessment forms and resources in Spanish are elusive, according to most participants: “So, yes, there are troubles creating those things. In the last couple of years when I’ve been creating some Spanish language forms to use in my child and family team meetings is I would have one Spanish speaking person create the form and then

I would have another bilingual person double check their work with total transparency that they both know what's going to happen." Assisting unaccompanied minors from Mexico and Central America who only speak Spanish is challenging. Resources such as mental health services for unaccompanied minors are limited, thus their treatment plans may take longer to accomplish: "There's difficulty in working with clients [unaccompanied minors] because of the resources that we don't have, or we lack resources. One of the evidenced-based practices we use in my field is like parenting classes, domestic violence classes...and a lot of the times there are barriers because of language." Organizations need to identify resources for unaccompanied minors and provide learning opportunities for their employees to assist diverse populations with unique needs.

Self-Determination

All participants value their clients' right to self-determination. Everyone reported they respected their clients' decision to refuse services: "Our clients have the right to self-determination, so we can't force anyone to participate, especially minors." However, all participants acknowledged they would do their best to encourage their clients to engage in services.

Limitations and Recommendations for Future Research

The findings of this study cannot be generalized as a result of a small sample; participation from DCFS social workers in all three counties was low due

to time constraints. The sample was not diverse, and equal representation of male and female DCFS social workers were not reflected in the sample.

Furthermore, asking people to be vulnerable regardless if their identity is going to be confidential and protected to the maximum extent is difficult. People naturally guard themselves from undesirable judgements or ridicule. For this reason, the halo effect must be considered as a limitation for in this study.

The researcher failed to ask follow-up questions and clarification when participants equivocated. The researcher also listed a few theories in two interviews to help participants identify theories that guided their practice since they reported not attending school in years. Subsequently, leading questions is another limitation of the study. Although the researcher explored DCFS social workers confidence in working with children, a scale to measure confidence was not available.

Future research is recommended to measure the scale of the problem in the Department of Children and Family Services across the state of California and to continue to advocate for the highest quality of care to all minors. The researcher recommends adapting a measuring scale that has been tested for reliability and validity and developing questions to assess the skills and values DCFS social workers should marshal to provide services to unaccompanied minors. Moreover, increasing the number of participants in a mixed methods study from counties across the United States will increase the probability of generalizing findings.

Significance for Social Work Practice, Policy and Research

Practice

Social work practice in DCFS and other organizations must consider and exercise the competencies offered by the National Association of Social Workers. Cultural competence is a standard for the purposes of providing holistic services modified to the needs of clients from all walks of life. Cultural competence does not imply we have to know everything about a culture, it is a commitment to cultural humility. Social workers need to be aware of their identity, biases, stereotypes, and privileges to help disenfranchised populations and capitalize on their strengths.

Self-reflection and education are life-long endeavors social workers ought to employ in the best interest of the client. Social workers confidence in working with vulnerable populations such as unaccompanied minors will increase as a result of cultural competence and cultural humility practice. The researcher proposes social workers encourage each other to remain growth-oriented and complete trainings such as Improving Cultural Competency for Behavior Health Professionals to serve their clients with the highest quality of care. The researcher acknowledges each agency has policies and guidelines that must be followed but encourages social workers to advocate for culturally competent practices and services in their agencies.

Policy

The study's findings provide a foundation to future policymaking and implementation of services to unaccompanied minors. Findings may harness an impetus for the Department of Children and Family Services to revise their policies and employ more social workers to alleviate high caseloads and allow time for continued learning. Cultural competence and cultural humility practice are critical to delivering the highest quality of care to clients. Thus, providing the best and highest quality of services to our clients is a covenant to our profession and taxpayers who trust that future cohorts of addiction, homelessness, and crime rates will be reduced as a result of social workers services.

Research

The significance of this research and the exploration phase of the generalist model are evident in the findings. The findings provided an awakening to the lack of trainings, resources and interventions to assist unaccompanied minors in DCFS even though most participants stated they were confident in working with unaccompanied minors. Exploring the quality of services provided to vulnerable populations causes social workers to self-reflect and engenders a call for social justice when problems such as a deficiency of resources have been identified. Even though the study is ungeneralizable, it elicited insights that will generate future research to measure social workers perceived level of confidence working with unaccompanied minors using a survey across the state and nation.

Conclusion

The study evaluated DCFS social workers perceived confidence in working with unaccompanied minors from Mexico and Central America. DCFS social workers from neighboring counties in Southern California provided qualitative data via a semi-structured interview. The findings revealed the lack of DCFS social workers awareness of complex traumas unaccompanied minors have lived. Furthermore, new insights illustrated language barriers among unaccompanied minors from Guatemala who speak dialects. The results also confirmed previous literature findings of the absence of multicultural interventions in agencies providing services to unaccompanied minors. The researcher discussed the limitations of the study and recommendations for future researchers to build on and expand sampling to other counties in California and the nation. Cultural competence and cultural humility are fundamental to client-centered practice and need to be exercised to provide services to unaccompanied minors and meet the National Association of Social Work ethical standards. All in all, embarking on a life-long journey of self-reflection and awareness cultivates invaluable skills to provide the highest quality and delivery of service.

APPENDIX A
INTERVIEW QUESTIONS

Semi-structured interview

How long have you been providing services to children?

How do you establish rapport with children?

How might you see yourself establishing rapport with unaccompanied minors?

Do you think the same methods are applied?

What theories guide your practice with children?

What theories might you use with unaccompanied minors?

How confident do you feel working with children?

How confident would you feel working with an unaccompanied minor? Would you be less confident or feel confident?

Do you happen to be bilingual in your work with children?

Do you think bilingual language would be helpful or a barrier?

Would it be difficult to find and utilize assessment tools and/or evidenced-based interventions in Spanish at your organization for this particular population?

How do you deal with children who refuse services but need them?

How might you feel about unaccompanied minors who refuse services but probably need them?

APPENDIX B
DEMOGRAPHIC QUESTIONS



College of Social and Behavioral Sciences
School of Social Work

Demographic Questions

1. How old are you? _____

2. What is your gender? Circle response.
Male
Female
Other: Please specify _____

3. What is your ethnicity? Circle response.
African American
Asian/ Pacific Islander
Caucasian/European American
Latino (a)/Hispanic
Native American
Prefer Not to Disclose
Other: Please specify _____

4. What is your education level? Circle response.
Bachelor of Social Work
Master of Social Work

Developed by Crystal Duarte

APPENDIX C
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to explore social workers' confidence in working with unaccompanied minors. The study is being conducted by Crystal Duarte, a graduate student, under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to explore social workers' confidence in working with unaccompanied minors.

DESCRIPTION: Participants will be asked questions about their practice with children and unaccompanied minors.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported with pseudonyms.

DURATION: It will take up to 20 minutes to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Davis at (909) 537-3839.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2020.

I agree to have this interview be audio recorded: ____ YES ____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Place an X mark here Date

APPENDIX D
PARTICIPANT RECRUITMENT: EMAIL SOLICITATION

Email Solicitation

Hello,

I hope this email finds you well. Thank you so much for agreeing to participate in my study. I would like to ask you 13 questions face-to-face or by phone. This interview should take 20 minutes or less, and you can stop the interview at any time. I am willing to coordinate a meeting in your area to facilitate this process, or we can schedule a phone interview as well. Thank you for your time.

Best,

Crystal D.

APPENDIX E
IRB APPROVAL



January 11, 2020

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2020-138

Crystal Duarte Thomas Davis
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Crystal Duarte Thomas Davis

Your application to use human subjects, titled "Entering the US from Central America and Mexico: Social Work Practice with Unaccompanied Minors " has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino has determined that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal and documentation of written informed consent which are not required for the exempt category. However, exempt status still requires you to attain consent from participants before conducting your research as needed. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

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