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THE STRATEGICALLY BROKEN SYSTEM: A GROUNDED THEORY STUDY OF THE  
CLINICAL IMPLICATIONS OF IMMIGRATION LAW, POLICY, AND PRACTICE

A Dissertation

Presented to the Faculty of  
Antioch University Seattle

In partial fulfillment for the degree of  
DOCTOR OF PSYCHOLOGY

by

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July 2021

THE STRATEGICALLY BROKEN SYSTEM: A GROUNDED THEORY STUDY OF THE  
CLINICAL IMPLICATIONS OF IMMIGRATION LAW, POLICY, AND PRACTICE

This dissertation, by Kelle Agassiz, has  
been approved by the committee members signed below  
who recommend that it be accepted by the faculty of  
Antioch University Seattle  
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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## ABSTRACT

### THE STRATEGICALLY BROKEN SYSTEM: A GROUNDED THEORY STUDY OF THE CLINICAL IMPLICATIONS OF IMMIGRATION LAW, POLICY, AND PRACTICE

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Seattle, WA

The majority of clinicians do not receive education pertaining to the legal aspects of immigration in their curriculum, training, or continuing education. In addition, the process of navigating the immigration system has been exacerbated in recent years due to rapid policy changes under the Trump administration, which has contributed to a hostile political climate, particularly for immigrants from Central America and Mexico. Using a classic grounded theory research approach, this study explored the relationship between the psychological implications of immigration and the legal challenges that immigrants face today, with a specific focus on immigration from Central America and Mexico. Through semi-structured, qualitative interviews with attorneys and clinicians with expertise in immigration, an in-depth understanding of the psychological ramifications of immigration law, policy, and practice was formulated and the grounded theory, *The Strategically Broken System* emerged. Further, U.S. citizenship privilege was examined, including the impact of participants' awareness of their own privilege on their work, as well as the factors that contributed to participants' awareness of U.S. citizenship privilege. The results of this research aim to bolster clinicians' awareness of the psychological implications of immigration law, policy, and practice by serving as a liaison between attorneys and clinicians, with the ultimate goal of improving the quality of care for immigrants. This

dissertation is available in open access at AURA (<http://aura.antioch.edu/>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

*Keywords:* immigration, immigration law policy and practice, anti-immigrant rhetoric, citizenship privilege, clinical implications, grounded theory, Central America, Mexico

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## CHAPTER I: INTRODUCTION

In recent years, anti-immigrant attitudes and rhetoric have shaped the landscape of immigration in the United States. Deep-rooted racial ideologies of Mexican and Latinx immigrants were embraced by the Trump administration and translated into immigration policies that have magnified existing structures of enforcement and inhumane treatment of immigrants (Canizales & Vallejo, 2021). Early in his presidential term, Trump enhanced interior and exterior enforcement while also decreasing protections granted to asylees and refugees (Canizales & Vallejo, 2021; Wadhia, 2021). These efforts, in addition to dehumanizing rhetoric, have contributed to the expansion of detention, deportation, and forced family separation of immigrants from Central America and Mexico in particular (Canizales & Vallejo, 2021). The present landscape of immigration in the U.S. has been manipulated to fulfill an anti-immigration agenda, thereby sustaining racial boundaries and unequal power dynamics in the U.S.

Current immigration law, policy, and practice in the U.S. exacerbates inequality by creating vulnerabilities for immigrants from Central America and Mexico in particular (Torres et al., 2018). The influence of current immigration law, policy, and practice in the U.S. also detrimentally impacts the families and communities of these immigrants. Many immigrants from Central America and Mexico experience traumas before, during, and after the migration process (Kaltman et al., 2011). As clinicians, it is our duty to understand the traumas which immigrants encounter prior to the migration journey, as well as the additional traumas experienced once settling in the U.S., in order to prevent additional harm in the lives of vulnerable populations (Salas et al., 2013). Therefore, it is imperative for clinicians to be informed regarding current immigration law, policy, and practice in the U.S. by continuously educating ourselves,

particularly clinicians working with immigrant populations, in order to uphold socially just and culturally competent practice.

However, many clinicians are not educated regarding the legal aspects of immigration in their curriculum, training, or continuing education (Martinez-Brawley & Zorita, 2011). Studies of professionals within the human service sector have revealed that these professionals are not provided with adequate legal knowledge about the immigration experience (Haverkamp, 2008; Martinez-Brawley & Zorita, 2001, 2009). Another study revealed that social workers who work with immigrants frequently reported that they lack the necessary knowledge regarding specific aspects of immigration law, which can result in poor facilitation of the challenges their immigrant clients face due to the lack of training (Martinez-Brawley & Zorita, 2011). Therefore, these researchers concluded that many social workers did not receive their acquired knowledge through prior training or curriculum, and as a result were responsible for obtaining the necessary knowledge on their own or via contact with their clients. Further, Martinez-Brawley and Zorita (2011) argued that to become a trusted provider of services to newly arrived immigrants, “practitioners need to have the basic tools of well-informed advocates. They need to make legal or labor referrals, identify contextual limitations and risks for the immigrant and the agencies, and keep an open mind to alternative and empowering possibilities” (p. 23). Thus, the dearth of information provided to clinicians regarding the legal aspects of immigration in their curriculum, training, or continuing education is cause for concern.

This study explored the relationship between the psychological implications of immigration and the legal challenges which immigrants face today. This was done in order to facilitate a sophisticated and in-depth understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians. Therefore, the audience for this

research are clinicians who work in the human service sector, particularly clinicians that typically work with immigrant clients, such as case workers, social workers, master's level therapists, psychologists, and psychiatrists. The goal of this research is to serve as a liaison between attorneys and clinicians to bolster understanding amongst clinicians of the therapeutic implications of immigration law, policy, and practice. Ultimately, this study seeks to improve the quality of care for immigrants from Central America and Mexico specifically by increasing clinicians' knowledge regarding immigration law, policy, and practice and effects on immigrants.

Qualitative methods were utilized in this study, specifically classic grounded theory established by Glaser (Glaser & Strauss, 1967). Grounded theory was chosen as the research strategy for this study because of the focus on the perspectives of participants, which allows them to express their thoughts regarding issues they consider important, permitting them to reflect on these issues of concern to foster an understanding and acquire new insights (Glaser, 1998). Further, grounded theory methods align with social justice inquiry, as these methods can connect individuals and interactions to oppressive social policies and practices; enable interpretive analyses regarding structural inequality; and facilitate the study of inequitable policies and practices that may not be readily apparent (Charmaz et al., 2017). Semi-structured interviews were conducted with attorneys and clinicians with professional expertise in the area of immigration. Each of these procedures were utilized to explore the relationship between the psychological implications of immigration and the legal challenges which immigrants face today.

Of note, the purpose of this research is not to dive into the intricacies of immigration law, policy, and practice, but rather to bring awareness to clinicians regarding the ever-changing legal aspects of the immigration experience and the effects on immigrant clients. In grounded theory, the intent is to develop a "unified theoretical explanation" for a process or an action (Corbin &

Strauss, 2007, p.107). Therefore, development of theory stems from an explanation of the process, which participants in the study have experienced (Creswell & Poth, 2018). In this case, participants included in this study have personal or professional experience with the process, specifically immigration law, policy, and practice. Theory development is “grounded” in data from participants who have experienced the process, and thus the explanation of the process is shaped by the views of participants (Creswell & Poth, 2018; Strauss & Corbin, 1998).

The current state of immigration in the U.S. did not originate with the harsh policies put forth by the Trump administration. In the 1990s and 2000s, a prevention through deterrence strategy that was largely based on militarizing the U.S.-Mexico border was employed to tackle unauthorized migration in the U.S. (Andreas, 1998, 2000; Dunn, 2010; Martinez & Slack, 2013). In addition, policy-makers enacted stringent immigration legislation by coupling “immigration control to criminal law enforcement” (Coleman, 2007, p. 56). This process was fueled by fear surrounding potential terrorist attacks in the 1990s and early 2000s (Martinez & Slack, 2013). Thus, the “criminalization of immigration law,” as well as anti-immigration attitudes and climate during this time, contributed to the heightened threat of apprehension, incarceration, and deportation of immigrants (Coleman, 2007, p. 56; Martinez & Slack, 2013).

Legislative acts such as the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996, Immigration Reform and Control Act (IRCA) of 1986, Immigration and Nationality Act of 1965, and the Undesirable Aliens Act of 1929, have origins in *crimmigration*, the overlap between criminal and immigration laws (Chavez-Dueñas et al., 2019; Chomsky, 2014; Coleman, 2018; Kerwin, 2018; Stumpf, 2006). With the enactment of IIRIRA, came the amplification of existing elements of U.S. immigration law which were punitive in nature (Abrego et al., 2017; Kerwin, 2018). Therefore, the passing of IIRIRA established the “legal and

operational infrastructure” for the Trump administration’s anti-immigration agenda, which sought “to remove millions of undocumented residents and their families, to terrify others into leaving ‘voluntarily,’ and to slash legal immigration” (Kerwin, 2018, p. 192).

The remaining chapters will first provide an overview of four key legal areas of immigration involving, asylum, mixed-status families, Deferred Action for Childhood Arrivals (DACA), and forced family separation through detention and deportation. This will be followed by a discussion regarding the clinical implications of this research, an explanation of the classic grounded theory research strategy, and an introduction to the grounded theory developed in this study, *The Strategically Broken System*. Finally, the grounded theory will be substantiated with definitions of the foundational components of the theory and associated excerpts from interviews with participants.

### **Definition of Key Terms**

In order to clarify the use of the terms, *law*, *policy*, and *practice*, several definitions will be provided. Laws are rules established by government which require adherence or compliance, and thus are mandatory (Logan & Ramsay, 2012). The term law refers to established governmental authority or requirements that can be located in various sources, such as constitutions (federal and state), statutes and ordinances, executive orders, court decisions, and regulations. Policy is an outlined course or method of action chosen amongst alternatives and in light of given conditions to direct and determine present and future decisions. Thus, policy denotes collectively to laws, programs, goals, and other documents and actions that direct decision making and activities in a certain area. An aspect of formulating policy is implementation, which involves putting the policy into action. The implementation of a policy



represents the term practice, which is utilized throughout this study. Within the government, one or more agencies are typically tasked with specific roles in the implementation of a policy.

Further, several terms specific to immigration will be explained in order to clarify their usage throughout the remaining chapters. First, the term *asylum* is a protection granted to foreign nationals already present in the U.S. or arriving at the border who meet the international law definition of a refugee (American Immigration Council, 2020). The United Nations 1951 Convention and 1967 Protocol designate that a refugee is someone who is unable or unwilling to return to their home country, and cannot obtain protection in that country, due to past persecution or a well-founded fear of being persecuted in the future on account of race, religion, nationality, membership in a particular social group, or political opinion (American Immigration Council, 2020). Second, a family unit that includes members with different legal statuses can be referred to as a *mixed-status* family (Taylor et al., 2011). Third, the *Deferred Action for Childhood Arrivals (DACA)* program is an administrative policy that offered temporary protection from deportation and work authorization to eligible youth, which was introduced on June 15, 2012 (Batalova et al., 2014). Fourth, the term *detention* refers to the imprisonment of noncitizens involved in immigration proceedings (Ryo & Peacock, 2018). Immigration detention is considered civil, and thus, “nonpunitive and merely preventative” (Jennings v. Rodriguez, 2018; Rodriguez v. Robbins, 2015). Lastly, the term *deportation* refers to the removal of noncitizens from the U.S. to the U.S.-Mexico border or their home country (Capps et al., 2018).

## **CHAPTER II: LITERATURE REVIEW**

A preliminary review and analysis of the relevant scholarly and research literature was conducted prior to data collection in this study. This preliminary review highlights multiple areas of the existing literature, which aided in providing a framework of research and practice for this study. These areas of scholarly and research literature include U.S. citizenship privilege, asylum, mixed-status families, Deferred Action for Childhood Arrivals (DACA), and forced family separation through detention and deportation. Further, a gap in the existing literature is demonstrated and a rationale for the present study is provided. In accordance with classic grounded theory, the majority of the literature review in this study was conducted at the end of the data collection process (Glaser, 1978; Glaser & Strauss, 1967). Following data collection and analysis, a focused review of the literature was conducted, which was guided by the conceptual categories identified during data analysis. Therefore, additional areas of the existing scholarly and research literature examined in this study are included in the discussion and integrated with the research findings.

### **U.S. Citizenship Privilege**

The role of citizenship as a source of social identity and a system of privilege are important factors within the scope of this research (Gee et al., 2016). Citizenship represents a central element of structural inequality, as citizens receive the rights and privileges which are typically not available to noncitizens. Numerous federal and state government programs within the United States omit noncitizens from eligibility. This may include the ineligibility for jury duty, federal student loans, and service in Congress (Bean & Stevens, 2003). However, many noncitizens may avoid receiving public assistance even when eligible due to the fear that

utilizing services will compromise their application for citizenship (Berk & Schur, 2001; Gee & Ford, 2011; Johnson, 1994).

The privilege that accompanies citizenship also allows citizens to benefit from a range of advantages, which are unavailable to noncitizens (Gee et al., 2016). Some of these advantages include employment, educational attainment, and wages, as noncitizens are faced with a multitude of obstacles in these areas (Sumption & Flamm, 2012). Further, a study conducted by Light et al. (2014) found that U.S. federal courts imposed harsher sentences when the defendant was a noncitizen in comparison to citizens who committed similar crimes. This finding unequivocally signifies the privilege that accompanies citizenship and the additional challenges noncitizens are faced with as a result.

DeJaeghere (2003) offers a definition of *citizenship privilege*:

The embodiment of citizens' rights and responsibilities. It is the internalization of a sense of efficacy that one has to operate in his or her contexts. Citizenship as privilege is also the internalization of an identity. Power is acting on this internalized sense of efficacy and identity in various contexts. (p. 46)

Further, DeJaeghere describes several factors of citizenship privilege and their related characteristics, including sense of belonging, access to and use of knowledge and resources, protection of institutionalized rights, and personal involvement in issues. A sense of belonging as a factor of privilege and power as citizens refers to inclusion in a community through an embodied sense of rights and responsibilities; a shared identity around common values, ideals, or issues; and a shared identity based on gender, race, ethnicity, or other cultural characteristics (DeJaeghere, 2003).

Another factor included in DeJaeghere's (2003) conceptualization of citizenship as privilege is access to and use of knowledge and resources. The characteristics attributed to this factor are socioeconomic status of individual citizens and the geopolitical and economic status of

a country, as well as the distance from and connection to centers of economic and political power. In other words, access to knowledge and resources vary based on an individual's citizenship status. Thus, this factor demonstrates an area in which those without privilege (noncitizens) lack access to certain services, such as technology and communication. The protection of institutionalized rights represents another factor described by DeJaeghere as it relates to a sense of privilege and power as citizens. The characteristics of this factor include being granted political, civil, economic, and social rights; a sense of protection by these rights; and a sense of ability to act on these rights. Thus, these particular aspects of citizenship inherently provide privilege and power to citizens.

Lastly, DeJaeghere (2003) discussed the factor of personal involvement in issues or organizations as it pertains to a sense of privilege and power as citizens. This factor can be described by multiple characteristics including meaningful engagement in personal relationships and the ability to affect change. Therefore, DeJaeghere found that individuals felt less privilege and power as citizens due to a reduced presence of these factors. These factors provide a useful framework for understanding how noncitizens may experience a lack of agency as a result of their noncitizen status, as well as the challenges that result from this lack of privilege and power.

Koleva et al. (2012) examined the relationship between individuals' moral judgments and their views on a variety of issues. Their work utilized the moral foundations theory, which asserts that human groups construct moral virtues, institutions, and meanings in variable ways by relying on five innate psychological systems (Haidt & Graham, 2007; Haidt & Joseph, 2004). The five moral foundations include harm/care, fairness/reciprocity, ingroup/loyalty, authority/respect, and purity/sanctity. The research conducted by Koleva et al. (2012) exposed a tie between opposition to illegal immigration and the concepts of purity and authority, indicating

that individuals who view undocumented immigrants as dampening the U.S. economy might also fear that immigrants will bring dangerous and contaminating foreign elements and undermine American traditions and order. Therefore, the use of the Moral Foundations Theory can aid in facilitating a deeper understanding of the multiple psychological motivations which may underlie an individual's position regarding a controversial issue.

## **Asylum**

Individuals arriving at the U.S. border, or already in the U.S., can apply for protection from persecution, known as asylum (American Immigration Council, 2020). This process has been exacerbated in recent years as those seeking asylum are subjected to a lengthy and complicated process involving multiple government agencies. This section provides an overview of the asylum system in the U.S., including related law and policy, as well as the social and psychological ramifications of seeking this form of protection.

### ***Immigration Law and Policy***

The foundation of asylum law and other humanitarian protections is international refugee law (Gansallo & Bernstien-Baker, 2016). Individuals seeking asylum in the United States must demonstrate a well-founded fear that if returned home, they will be persecuted based upon one of five characteristics: race, religion, nationality, membership in a particular social group, or political opinion (Wasem, 2011). Moreover, individuals already in the United States or at the border who satisfy the refugee definition may be granted asylum (Schmidt, 2019).

The U.S. asylum system originates from the Refugee Act of 1980, a portion of legislation that integrated into domestic law the United States' international legal obligations under the 1967 Protocol Relating to the Status of Refugees (Gansallo & Bernstien-Baker, 2016). In 1995, the number of new asylum claims filed with the Immigration and Naturalization Service (INS), the

predecessor agency to the DHS for handling asylum claims, rose to an unprecedented high of 150,000 cases. This record-breaking number added to the existing record backlog of almost 500,000 cases. As a result, significant reforms to the U.S. asylum system were implemented in 1994 and 1995 (Meissner et al., 2018). With these reforms in place, the U.S. asylum system witnessed application levels which decreased substantially, remaining under 40,000 per year for the majority of the following decade and a half, while approval rates increased (Meissner et al., 2018). These reforms were built on several basic principles that offer asylum applicants two pathways to make asylum claims—through either affirmative or defensive processes, according to the circumstances under which they file their claims.

Included in the reforms to the U.S. asylum system in the 1990s was the recognition that serious backlogs in asylum case processing reveal a law enforcement vulnerability, in addition to the specification of a designated timeframe of 180 days for the government to adjudicate cases (Meissner et al., 2018). Further, the 1990s reforms rested on the basic principle that asylum decisions are most suitable for a process that is not adversarial. Consequently, the U.S. Citizenship and Immigration Services (USCIS) Asylum Division became solely responsible for affirmative asylum case determinations rather than the immigration courts.

Merits of an asylum case rest on the credibility of the claim, as well as the likelihood that persecution would occur if the foreign national, or alien, is returned home (Wasem, 2011). *Alien* is a technical term, which appears throughout the Immigration and Nationality Act (INA) and refers to a foreign national who is not a citizen or national of the United States (Kandel, 2016). The credibility of the claim and the likelihood that persecution would occur are two critical aspects of establishing the standards for asylum (Wasem, 2011). A third element includes the

concern of mixed motives for persecuting the foreign national. With regard to the standard of credible fear, the Immigration and Nationality Act (1990) states that:

The term credible fear of persecution means that there is a significant possibility, taking into account the credibility of the statements made by the alien in support of the alien's claim and such other facts as are known to the officer, that the alien could establish eligibility for asylum. (Section 235)

The standard for a well-founded fear of persecution necessitates several requirements to be met, including that: (a) the fear of persecution in the individual's country of nationality or last habitual residence is on account of race, religion, nationality, membership in a particular social group, or political opinion; (b) there exists a reasonable possibility of experiencing persecution if returned to that country; and (c) the individual is incapable or unwilling to return to, or avail themselves of the protection of, that country due to that fear (Wasem, 2011). Lastly, in the case of mixed motives, this element designates that the intent of the persecutor may stem from more than one motive, on the condition that the motive is one of the statutorily enumerated grounds. Thus, the individual seeking asylum must demonstrate that the primary motive of the persecutor was the asylum seeker's race, religion, nationality, social group, or political opinion.

As mentioned previously, two pathways to make asylum claims exist within the U.S. asylum system (Wasem, 2011). Although the two paths are distinctive procedurally, they follow the same legal standards. Further, for both pathways, the burden of proof is on the individual seeking asylum to establish that they meet the refugee definition outlined in the INA. Individuals who are presently in the U.S. and not in removal proceedings may apply for asylum affirmatively with the USCIS (Meissner et al., 2018). Defensive applications occur when individuals are placed in removal proceedings and assert a claim for asylum as a defense to their removal (Wasem, 2011).

In 1996, statutory changes were put into place, which established expedited removal and credible-fear protection (Meissner et al., 2018). Credible-fear functions as a pre-screening process that occurs when individuals who are seeking asylum make a claim for protection at or near the U.S. border, which involves both the USCIS and the Executive Office for Immigration Review (EOIR) (Meissner et al., 2018; Wasem, 2015). However, many migrants who are placed in custody at the U.S. border do not possess the proper documentation to enter the country (Meissner et al., 2018). Consequently, a majority of these individuals are detained and placed in expedited removal, which does not initially permit a hearing before an immigration judge to occur. Those who express fear of return to their home country during the expedited removal process are referred for a credible-fear interview. Individuals who demonstrate a significant possibility of establishing eligibility for asylum, withholding of removal, or protection in the U.S. under the Convention Against Torture are placed in formal immigration removal proceedings and permitted to apply for protection defensively. The Convention Against Torture rule also established the screening process for reasonable fear of persecution or torture for those applying for withholding of removal, which applies to certain individuals who are not eligible for asylum (Bruno, 2019).

In recent years, the U.S. asylum system has been subjected to an unparalleled assault by the Trump administration (Schmidt, 2019). Several top officials including the former Attorney General and the former DHS Secretary asserted without proof that the system has attracted a large number of fraudulent applicants and enticed undocumented migration. As a result, President Trump declared a national emergency at the U.S.-Mexico border on February 15, 2019. Further, President Trump, as well as the DHS and the U.S. Department of Justice (DOJ), issued a proclamation and Interim Regulations that markedly restricts the right of individuals who arrive



at the border to apply for asylum. Specifically, these actions indicate that those who enter the U.S. anywhere that is not an official port of entry will be ineligible for asylum.

### ***Social and Psychological Ramifications***

Individuals applying for asylum in the United States are seeking legal recognition as refugees, or as individuals who have a “well-founded fear of persecution” based on race, nationality, religion, membership in a particular social group, or political opinion and who are unable to return to their country of origin as a result of this fear (Haas, 2017). Asylum seekers, otherwise known as asylum claimants, hold a status within the U.S. which denotes both the possibility for security, as well as the potential for expulsion. This dual positionality situates asylum seekers in legal limbo as they await the outcomes of their cases. The legal limbo asylum seekers are subjected to during the process of awaiting an asylum decision has widespread ramifications in terms of their mental health, social engagement, and hope for the future.

Individuals who are awaiting an asylum decision are faced with an existential insecurity, in part due to the perceived lack of control over their situation (Haas, 2017). Denial rates of asylum cases vary by region in the United States, though approximately 60 percent of asylum cases are denied, with a perceived lack of credibility commonly noted as reason for denial (U.S. Department of Justice, 2016). Legally, asylum claimants are frequently confronted with suspicion or disbelief regarding their cases (Bohmer & Shuman, 2007, 2008; Fassin & d’Halluin, 2007; Jacquemet, 2011; Lawrance & Ruffer, 2015; Rousseau et al., 2002). This increased suspicion has contributed to the growing amount of backlogged cases within the U.S. asylum system (Haas, 2017). As a result, asylum claimants often wait several years for the asylum decision in their cases to be made. Haas (2017) describes the extended periods of waiting

experienced by asylum seekers as a disciplinary technique, which includes “increased levels of surveillance, bureaucratic processing, and protracted investigations” (p. 78).

In a phenomenological study, Haas (2017) uncovered through individual interviews with asylum claimants in the U.S. that the experience of waiting was a particularly detrimental aspect of the asylum process. More specifically, she noted that asylum claimants often reported feeling as though they were always waiting, described by Haas (2017) as an existential limbo or suspended life. Further, the status of being “in between” that is inherent to the asylum process can be recognized as a time of rupture, as “a discontinuity of subjective time, in which powerful forces operate to change perceptions of time, space, and personal values” (Haas, 2017; Little & Jordens, 1998, p. 1492). Haas (2017) also described the shattered expectations of many asylum seekers who had hopes for safety and security once they arrived in the U.S. In contrast, these individuals were met with long periods of waiting and intense suspicion. Thus, the division between expectations of reception in the U.S. and the actual reception they faced spurred feelings of confusion and distress for asylum seekers (Haas, 2017).

Individuals seeking asylum frequently present with a variety of physical, psychiatric, and psychosocial concerns, specifically torture survivors (Momartin et al., 2004). Moreover, a great deal of these individuals are without health care or social services for protracted lengths of time (Utržan & Northwood, 2017). The combination of these factors is exacerbated by the loss of a defined future, country, culture, or place of resettlement while waiting for the outcome of their asylum cases. Raghavan et al. (2013) studied the relationship between mental health problems, such as depression, anxiety, and posttraumatic stress disorder (PTSD), and immigration status in a multinational sample of torture survivors. These researchers identified a notable relationship between immigration status, such as the legal authorization to remain in the U.S., and improved

mental health symptoms. Other studies have found evidence indicating that refugees in particular are vulnerable to the weight of displacement-related trauma (Slobodin & de Jong, 2015; Utržan & Northwood, 2017).

Utržan and Northwood (2017) described the asylum process within the framework of the Ambiguous Loss Theory, which conceptualizes the indeterminate losses that accompany waiting for asylum/deportation (Boss, 2004, 2006). The foundation of this theory rests on the idea that ambiguity, or an absence of information, forces individuals to exist “with a paradox of absence and presence” (Boss, 2007, p. 105). The concept of ambiguous loss can be described as “a situation of unclear loss resulting from not knowing whether a loved one is dead or alive, absent or present” (Boss, 2004, p. 554). Ultimately, the asylum process is marked by an all-encompassing absence of information regarding one’s national identity and future safety, frequently with critical implications for family members abroad that are listed on the asylum claimant’s application, and whose prospect for security fundamentally falls upon (Utržan & Northwood, 2017).

### **Mixed-Status Families**

A family unit that includes members with different legal statuses can be referred to as a mixed-status family. In recent years, the strain placed on mixed-status families in the U.S. has been amplified by anti-immigration attitudes, discriminatory political rhetoric, and restrictive immigration policies (Logan et al., 2021). The following section will provide an overview of pertinent immigration law and policy, as well as discuss the social and psychological impact of living in a mixed-status family in the U.S.

### *Immigration Law and Policy*

The United States admits immigrants for three primary reasons: to escape foreign oppression, to work, or to reunite with family (Super, 2019). Family reunification denotes the admission of immigrants to reunify with close relatives who are citizens of the United States or lawful permanent residents, also referred to as “LPRs.” Family-based immigration has been a vital element of U.S. immigration policy since 1965 (Gubernskaya & Dreby, 2017). The Immigration and Nationality Act (INA) of 1965 outlined a numerical limit for admission of immigrants who have family connections to LPRs and citizens, which was expanded by the Immigration Act of 1990. As a result, family-based immigrants comprise approximately 65% of the total annual number of immigrants to the United States in any given year.

Although immigration law in the United States appears to value family unity, the current immigration system relies on assumptions regarding families and immigration that may not accurately mirror the lived experiences of these families (Gubernskaya & Dreby, 2017). For instance, immigration law in the U.S. relies on the idea that a distinct difference between temporary and permanent migrants exist, that most families consist of a married couple and children (nuclear family), and that there are a small number of immigrants in the process of adjustment of status, in a temporary protected status (TPS), or entirely outside of the legal immigration system (unauthorized). By relying on these assumptions, the U.S. immigration system in turn facilitates the occurrence of family separation for extended periods, rather than fostering family unity (Bergeron, 2013; Enchautegui, 2013; Enchautegui & Menjívar, 2015; Kandel, 2016).

Additionally, family preference immigration to the United States is marked by restrictive numerical quotas, which prioritize particular groups of relatives over others and place limits on

admission for certain countries (Gubernskaya & Dreby, 2017). As a result, families typically face long periods of waiting prior to being reunited, depending on these factors. For instance, the current wait time for family-sponsored immigrants from the majority of countries ranges from approximately two years for spouses and small children of LPRs to roughly 13 years for siblings and adult children of U.S. citizens (U.S. Department of State, 2017). More specifically, family-sponsored immigrants from Mexico are faced with a current wait time that exceeds 20 years (U.S. Department of State, 2021). Furthermore, the immigration system in the U.S. places restrictions on travel for prospective LPRs living outside the U.S. during the time that their petitions are being processed (Gubernskaya & Dreby, 2017). Thus, due to the differentiation between temporary visitors and permanent migrants contained in immigration law, once a petition on behalf of a family-sponsored immigrant is filed, the family-sponsored immigrant is not eligible for a visitor visa because one could not prove the absence of the intent to immigrate permanently, a condition necessary for receiving a temporary visitor visa.

Unauthorized family-based migrants also face the risk of permanent separation because many are required to return to their country of origin and seek approval of a waiver of inadmissibility (Kerwin et al., 2011). A waiver of inadmissibility permits someone who was formerly deemed inadmissible to be lawfully admitted to the U.S. (Sarabia, 2012). If they are denied, they can be barred from readmission for three years, ten years, or permanently barred. Therefore, the restrictions placed on family-based immigration in the U.S. threaten family unity, and oftentimes impose the opposite action of what the laws were supposedly intended for (Gubernskaya & Dreby, 2017). As a result, the number of mixed-status families in the United States has increased dramatically. According to a recent estimate, approximately 16.7 million

individuals in the United States have at least one unauthorized member of their household (Mathema, 2017).

Previously, immigrants who lived and worked in the U.S. for extended periods became eligible for legalization through U.S. citizen immediate family members (Gubernskaya & Dreby, 2017). However, this is no longer a common occurrence, with current numbers indicating that two-thirds of all unauthorized individuals have lived in the United States for more than a decade, which is a 35% increase since 1995 (Krogstad et al., 2014). The limitations placed on family-based immigration in the U.S. have clearly contributed to the rising numbers of mixed-status families in the United States, with current numbers estimating that 3.35 million unauthorized individuals live with at least one U.S. citizen child, and 5.1 million U.S. citizen children currently live with at least one unauthorized parent (Capps et al., 2016; Migration Policy Institute, 2017).

### ***Social and Psychological Ramifications***

The current immigration system in the United States subjects undocumented immigrants and their families to significant hardship. Deportation and long-term detention have substantial costs for not only the individual, but also their household, family, and community due to the forced separation that results. In 2015, it was reported that approximately 100,000 individuals with U.S. citizen children are deported from the United States each year (Capps et al., 2015). As a result, millions of children are subjected to forced family separation in the U.S., with detrimental implications that include housing instability, mental and emotional health issues, reduced school performance, and economic hardship (Brabeck & Xu, 2010; Dreby, 2012b; Dreby, 2015a; Dreby, 2015b; Koball et al., 2015).

The consequences of long-term detention in the lives of migrants and their families is unequivocal. In particular, long-term detention negatively impacts families of detained individuals in terms of financial security. In one study, it was found that 69% of detained individuals who typically lived in the U.S. for 20 years had a U.S. citizen or Lawful Permanent Resident spouse or child (Patler, 2015). Further, 94% of these detained individuals reported that they were a source of financial or emotional support for their families previous to detainment. Thus, long-term detention has extreme financial implications for the family members of these detained individuals. Their study also found that 63% of detained individuals stated that family members experienced economic difficulties, including trouble paying rent, mortgage, and utilities. The damage caused by immigration detention in the lives of mixed-status families is irrefutable, particularly in terms of financial and housing stability, as well as the overall well-being of the individual family members.

The efforts of Immigration and Customs Enforcement (ICE) include activities such as raids, detention, and deportation. The ramifications of immigration enforcement raids are irrefutable, with the number of children separated from one or both parents consistently increasing. One study found that for every two migrants deported, one child was left behind (Capps et al., 2007). The involuntary separation caused by ICE raids in families with unauthorized parents increases the likelihood that children will report psychological symptoms, particularly as separation is prolonged (Suárez-Orozco et al., 2011). Further, children whose parents are detained during ICE raids in the workplace and home are subjected to traumatic experiences which can produce a range of psychological problems (American Psychological Association, 2012). Some of these psychological issues can include poor identity formation, inability to form relationships, PTSD, acculturation stress, high distrust of institutions and

authority figures, fear of school, depression, and anxiety (Gonzales, 2010; Kohatsu et al., 2010; Suarez-Orozco et al., 2011).

The above-mentioned efforts on behalf of Immigration and Customs Enforcement, such as detention, deportation, and raids, have a clear detrimental impact on mixed-status families in the United States. However, De Genova (2002) suggested that the fear of “deportability” alone has widespread ramifications for these families. One study reveals a decreased use of social programs, including Medicaid and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) due to the threat of deportation (Vargas, 2015). Further, children in Latinx families within the United States have described a fear of separation regardless of their own legal status or family members’ involvement with immigration officials (Dreby, 2012b). This fear of separation was echoed by children whose parents were legal migrants to the United States. Thus, immigration policies that concentrate on enforcement efforts as well as the criminalization of unauthorized migration destabilize the well-being of unauthorized migrants, legal immigrants, and U.S. citizens (Gubernskaya & Dreby, 2017).

### **Deferred Action for Childhood Arrivals (DACA)**

The Deferred Action for Childhood Arrivals (DACA) program was established by the Obama administration in 2012 (Alulema, 2019). This program was designed to offer work authorization and a temporary reprieve from deportation to qualified undocumented young immigrants who had entered the United States as minors. DACA permitted recipients to seek higher education, to strengthen social connections in the U.S., and to obtain better prospects for employment. In order to qualify for DACA, recipients were required to meet numerous conditions and provide extensive documentation (USCIS, 2018).



DACA necessitated that recipients fulfill several requirements to be eligible for the program, including the demonstration of recipients' continuous presence in the U.S. following June 15, 2007, as well as the satisfaction of specific age limitations. The age limitations of the DACA program required that recipients had arrived in the U.S. before 16-years of age, were at least 15-years-old at the time of their first application, and were younger than 31 years of age as of June 15, 2012. Other requirements necessitated that recipients: (a) hold no lawful status in the U.S., (b) be enrolled in or graduated from high school (or completion of GED) or be an honorably discharged veteran from the Armed Forces, and (c) demonstrate good moral character by having no felony or "significant misdemeanor" convictions and fewer than three minor misdemeanor convictions (USCIS, 2018).

In addition to these conditions, individuals applying for DACA were required to pay a substantial fee of \$495, as well as provide considerable detail regarding their personal and residential history, school location, and workplace (USCIS, 2018). Every two years, DACA recipients were required to renew their status in order to remain in the U.S. and work legally without threat of deportation (Alulema, 2019). According to the U.S. Citizenship and Immigration Services (USCIS), as of June 30, 2019, the USCIS had accepted 909,700 initial applications from the start of the program in 2012 to 2019 (USCIS, 2017). Out of this number, the USCIS had approved 825,258 applications, or 91%, and denied 81,568 applications, or nine percent (USCIS, 2017). The majority of DACA recipients (80%) originated from Mexico, while other countries of origin include El Salvador (four percent of DACA recipients), as well as Guatemala (three percent of recipients; USCIS, 2017).

## **Forced Family Separation Through Detention and Deportation**

Immigration detention undoubtedly causes additional turmoil in the lives of immigrants and their families, who in many cases have just concluded a perilous journey to the United States in pursuit of safety. Undocumented immigrants are in a position where they are accountable to the law but also excluded from legal rights and protections, which highlights a contradiction of immigration law and policy (Longazel et al., 2016). For instance, the U.S. Commission on Civil Rights (2015) found a lack of compliance with medical standards within immigration detention facilities, including failing to administer appropriate medical protocols, postponing transfer to a hospital setting, overmedicating detainees, and neglecting serious medical conditions. The system of immigration detention in the United States reinforces racial hierarchies and criminalizes marginality by directing resources toward confinement efforts and away from social programs (Longazel et al., 2016).

The wreckage caused by immigration detention and deportation is widespread, impacting individual immigrants, families, and their communities. The dismantling results of deportation and detention not only negatively impact the individual, but produce and reproduce inequality in immigrant communities as well (Patler & Golash-Boza, 2017). A component of immigration detention in the United States is the lack of basic constitutional protections. For instance, there are no statutory limits on the length of time that migrants who are held administratively while their deportation cases unfold can be detained. Consequently, migrants are frequently held mandatorily throughout the process of their removal proceedings, resulting in long-term detention involving uncertainty regarding the length of detainment.

The collateral consequences of deportation are evident, in which migrants are arrested, held in detention facilities, and sent unwillingly, in shackles, to their country of birth (Patler &

Golash-Boza, 2017). For many, the United States has been home for many years, and thus their family and social connections exist within the U.S. As a result, deported individuals frequently struggle to reintegrate into their countries of birth, while some are faced with stigma due to the association between deportation and criminality. Thus, deportation exacerbates inequality within the United States and other countries as well as compounds marginality in the lives of immigrants, their families, and their communities.

### **Gap in Existing Literature**

Based on a review of the existing scholarly and research literature, it is clear that a dearth of research exists, which illuminates the psychological ramifications of immigration law, policy, and practice. Many studies have explored the social and psychological impact of the immigration process, primarily from a sociology perspective. Moreover, prior literature from the legal perspective has focused on the widespread consequences of immigration. The psychological implications of immigration law, policy, and practice have been documented in the extant literature, although they have not received adequate attention from the field of clinical psychology. This study examined immigration law, policy, and practice from a distinctly clinical psychology perspective. Further, the present study incorporates multiple viewpoints, including the perspectives of both attorneys and clinicians with experience in immigration.

The gap in the existing literature exposes a concerning issue, as a clinician who is uninformed regarding the legal aspects of immigration may pose a risk to their immigrant clients. Thus, even well-intentioned treatment can have devastating consequences without a legal understanding of immigration. As a result, this research seeks to fill this gap by exploring the relationship between the psychological impact of immigration and the legal challenges faced by immigrants. The intention of this exploration is to facilitate an in-depth understanding of the

therapeutic implications of immigration law, policy, and practice amongst clinicians, in order to improve the quality of care for immigrants.

### **Rationale for Research**

As clinicians, it is our responsibility to understand the traumas that immigrants face prior to coming to the U.S., in addition to the traumas directly caused by immigration policies and climate, in order to prevent additional harm in the lives of vulnerable populations (Salas et al., 2013; Torres et al., 2018). Thus, it is critical for clinicians to be informed regarding the legal components of the immigration experience, as well as the detrimental effects of current immigration law and policy. This is particularly necessary for clinicians, who may work with individuals who have immigrated to the United States in order to uphold socially just and culturally competent practice.

*The Report of the American Psychological Association (APA) Presidential Task Force on Immigration* urges psychologists to understand the immigration experience from a contextual perspective, with regard to the influence of cultures, societal institutions, and local settings (American Psychological Association, 2013). The APA also discusses the interaction of person and environment and related intersections of social identities (e.g., ethnicity, age, gender, race, social class, immigration status) consistent with an ecological perspective. Thus, clinicians must be mindful of the role culture plays in the clinical context and the ways in which cultural context influences how clients conceptualize and convey psychological distress and resilience, as well as manage distress and ask for help. The report also concludes that awareness of the intricate exchange between person and context is imperative, specifically when working with immigrant populations. Some of the major presenting problems experienced by many immigrants include barriers to treatment, assessment and diagnosis, and intervention.

Clinicians can also contribute through advocacy efforts for immigrant populations. The APA (2013) outlined several recommendations for enhancing collaboration and advocacy between individuals, organizations, and systems that offer care to immigrants. Clinicians are recommended to support opportunities for dialogue between researchers and practitioners who work with immigrants to improve the effectiveness of current clinical services, as well as advocate for communication and systematic collaboration among interdisciplinary systems (i.e., education, legal/immigration, health care, etc.) that provide services to immigrants and families in order to develop strong networks of support (APA, 2013). Finally, clinicians are urged to continue raising awareness of the mental health effects of detention and deportation on immigrants and their families, as well as continue to bring attention to the psychological impact of discrimination and racism on individuals, families, communities, and society (APA, 2013).

In 2018, the APA Presidential Initiative introduced, *The Citizen Psychologist*, which emphasized the development of a curriculum to train future generations of psychologists to become community leaders who are driven to deliver both volunteer and career-focused activities in public service psychology (APA Citizen Psychologist Presidential Work Group, [CPPWG], 2018). The aim of this initiative focused on reinforcing the next generation's involvement in the broadest sense of public service psychology in their community and public service settings, including services offered to an array of vulnerable populations. The CPPWG (2018) defined the *citizen psychologist* as an all-encompassing concept that integrates an unwavering responsibility to social justice, service learning, advocacy, and public services within the community:

Citizen psychologists serve as leaders in their various communities and who, through prolonged engagement in significant activities, contribute to improving the lives of all. This can include public service, volunteerism, board membership, and other strategic roles [in communities or public service settings] . . . (CPPWG, 2018, p. 7)

The curriculum designed by the CPPWG to prepare future citizen psychologists is centered around the fact that psychology has an extensive history of and devotion to psychologically literate citizenship, including problem solving with ongoing ethical and social responsiveness (Halpern, 2010; Henderson Daniel et al., 2020). Previous studies have shown that service learning course work facilitates students' development of improved awareness of diversity and political awareness, civic engagement, and community self-efficacy (Simons & Cleary, 2006). Thus, the goal of this curriculum was to ensure that the next generation of psychologists are motivated to become citizen psychologists by acting as leaders and bettering the wellbeing of their communities as volunteers or to seek career paths in public service settings (Henderson Daniel et al., 2020).

It is imperative that clinicians responsible for providing services to immigrants are informed regarding legal aspects of the immigration experience. This knowledge is critical, as the uninformed clinician can pose risks to immigrant clients, as well as the community at large. Padilla (1997) stated that “along with an understanding of immigrant experiences, the ability of social workers to provide services to immigrant families is defined by the policy context in which they operate” (p. 596). Padilla made the distinction between knowing immigration policy and knowing about immigrants. She highlights this distinction within the field of social work because the individual adaptation of immigrants is highlighted, often at the expense of the necessary legal, policy, labor, and administrative understandings. Thus, Padilla (1997) asserts that “the success of immigrants also depends on the extent to which social and economic conditions and related policies facilitate their integration” (p. 595).

Martinez-Brawley and Zorita (2011) discuss the need for clinicians to understand the legal discourse when working with immigrant clients. For instance, even documented

immigrants experience fear related to utilizing the few available health programs due to the ‘public charge’ and ‘sponsor liability’ provisions that these programs contain (Swingle, 2000). It is essential for clinicians to understand these provisions as it is our responsibility to support immigrant clients in the process of navigating these complex bureaucracies. A study conducted in 2001 revealed the significance of labor practices in immigration interventions, as many undocumented immigrants are not familiar with nor experienced in exercising their own legal rights (Martinez-Brawley & Zorita, 2001). However, their findings indicated that few social workers are well-informed regarding the intricacies of immigrant labor. Thus, clinicians must be aware of anti-oppressive practices in order to prevent authorities or other power structures from infringing on the rights of immigrants.

Goodman et al. (2004) urge psychologists to acquire the knowledge necessary to consult with community members regarding the tools required to bolster what Miller (1969) meant when describing how to “apply our science to the personal and social problems of the general public” (p. 1063). Therefore, it is imperative for clinicians to understand the underpinnings of immigration law, policy, and practice, which are typically not contained within their curriculum, training, or continuing education. The need for clinicians to be well-informed regarding legal aspects of the immigration experience is evident. The proposed research intends to serve as a liaison between immigration attorneys and clinicians in order to fill the gap in the existing knowledge amongst clinicians. This gap must be bridged to assure that immigrants obtaining mental health services are receiving the best possible care from legally informed clinicians.

### **CHAPTER III: METHODOLOGY**

This research study utilized qualitative methods to explore the clinical implications of immigration law, policy, and practice in order to facilitate a sophisticated and in-depth understanding of these implications amongst clinicians. Qualitative methods are appropriate when a detailed and intricate understanding of the issue is needed (Creswell & Poth, 2018). Researchers rely on qualitative research to develop theories when insufficient theories exist for specific populations or current theories do not sufficiently capture the intricacy of the problem being examined (Creswell & Poth, 2018). Thus, qualitative methods were utilized in this study due to this central tenet, which is fundamental to the purpose of this study. Included in this chapter is a detailed description of the methods employed in this study, such as the research philosophy, research strategy, sample population, and procedures involving, data collection and analysis.

#### **Research Philosophy—Post-Positivism**

In qualitative research, it is important to set the stage upon which the research will unfold; thus, the philosophical foundation for which the study is based must be articulated. Post-positivist researchers see inquiry as a series of logically connected steps, consider multiple perspectives from participants, and embrace thorough methods of qualitative data collection and analysis (Creswell & Poth, 2018). In this study, a post-positivist research philosophy was employed due to the fitting nature of the framework with regard to the purpose of the study and the research question.

The interpretive framework of post-positivism has the components of being logical, empirical, and cause-and-effect oriented (Creswell & Poth, 2018). Several philosophical beliefs



that are associated with post-positivism should be noted. These beliefs include methodological, ontological, epistemological, and axiological beliefs, which describe the central tenets of post-positivism. These philosophical beliefs inform the research questions, data collection and analysis, and the interpretation within a qualitative study. Within post-positivism, the object of research is to create new knowledge and meaning (Creswell & Poth, 2018; Ryan, 2006). Further, post-positivists believe that an objective reality exists, although the researcher may not be able to understand it due to the absence of absolutes. Another belief within post-positivism is that reality can only be estimated, however it is constructed through research.

The post-positivist social researcher assumes a learning role as opposed to a testing role (Agar, 1988). Thus, the researcher acknowledges the shared humanity that connects researchers and the individuals who participate in research (Ryan, 2006). The philosophical views of post-positivism endorse research that: (a) occurs in the natural setting; (b) utilizes the researcher as an instrument; and (c) employs qualitative methods, purposive sampling, inductive data analysis, emergent design, and idiographic interpretation (Lincoln & Guba, 1985). Therefore, these qualities inherently guide research toward the grounded theory research strategy, which was utilized in this study.

The notions and values that provide the framework for post-positivist research align with this research study. Post-positivist research emphasizes “multiplicity and complexity as hallmarks of humanity” (p. 16), underscoring the importance of values, passion, and politics in research which requires an ability to see the entire picture (Ryan, 2006). Further, the post-positivist researcher’s commitment to and motivations for research are central and important to the work (Schatz & Walker, 1995). Thus, the philosophical principles associated with post-positivist research support the purpose of this study.

### **Research Strategy—Grounded Theory**

This research used a grounded theory methodology in which theory development is generated or “grounded” in data from participants who have experienced the process (Strauss & Corbin, 1998). A theory can be described as an explanation or an understanding that a researcher develops (Creswell & Poth, 2018). In grounded theory, this explanation or understanding is an illustration of theoretical categories that are aligned to display how the theory works. The aim of this research is to generate a theory based on the experience and insight from participants which can aid in informing clinicians. The classic, or Glaserian, method of grounded theory permitted the emergence of a core variable that supports a theory regarding the current legal and psychological implications of immigration law, policy, and practice.

The unique benefit of using grounded theory is in part due to the conceptual overview it provides regarding the phenomenon under study (Birks & Mills, 2015). Moreover, grounded theory highlights the perspectives of participants and offers them opportunities to express their thoughts regarding issues they consider important, permitting them to reflect on these issues of concern to foster an understanding and acquire new insights (Glaser, 1998). Glaser (2003) asserted that thorough adherence to the complete grounded theory method is necessary to facilitate the likelihood for a multivariate conceptual theory. Glaser and Strauss established criteria for which grounded theory should be assessed, which was later reaffirmed by Glaser (Glaser, 1978; Glaser & Strauss, 1967).

The four criteria include fit, work, relevance, and modifiability (Glaser, 1978; Glaser & Strauss, 1967). Fit denotes the emergence of conceptual codes from the data, as opposed to relying on preconceived codes from existing theory. The criterion of work signifies the capacity of the grounded theory to clarify and understand behavior in a fundamental area and to predict

future behavior. Relevance refers to the focus of the theory on a core aspect or process which emerges in a substantive area; thus, the conceptual grounding in the data represents the importance of this core concern, which ensures relevance. Lastly, the criterion of modifiability denotes the ability of the theory to be repeatedly modified as new data emerge to produce new categories, or dimensions of the theory (Glaser, 1978; Glaser & Strauss, 1967). Therefore, studies which utilize grounded theory can be evaluated against these criteria to ensure that the research is methodologically thorough.

By utilizing grounded theory, researchers can generate theory pertinent to the context of the study, with the benefit of flexibility for addressing real-world issues (Corbin & Strauss, 2015). Classic grounded theory involves a group of essential methods, including initial coding and categorization of data, concurrent data collection and analysis, memoing, theoretical sampling, constant comparative analysis, theoretical sensitivity, intermediate coding, identifying a core category, and advanced coding and theoretical integration (Birks & Mills, 2015). These methods, which are fundamental to grounded theory, were utilized in this research study.

Generating a theory from data entails that hypotheses and concepts are thoroughly worked out in relation to the data during the research process (Glaser & Holton, 2007). This is known as theoretical sensitivity, which necessitates that the researcher possess two critical characteristics. First, the researcher must have personal and temperamental bent, which requires the researcher to “enter the research setting with as few preconceived ideas as possible—especially logically deducted, a priori hypotheses” (Glaser, 1978, pp. 2–3). Second, the researcher must possess the ability to develop theoretical insight into their area of research, in addition to the ability to conceptualize and organize these insights. Strauss and Corbin (1998) assert that literature can be useful in the initial stage of research “to formulate questions that act

as a stepping off point during initial observations and interviews” (p. 51). Although, the researcher cannot foresee which concepts, if any, will have the same focus once data collection and analysis proceed (Glaser, 2006). It is probable that some will persist, which will be incorporated into new explanations of processes and relationships. Thus, an important step in gaining theoretical sensitivity is to begin research with minimal predetermined ideas.

Classic grounded theory aligns with and supports the aims of this research. Holton (2008) describes the advantage presented to qualitative researchers when utilizing grounded theory as “a systematic and rigorous method for developing theory but it requires that they transcend the canons of the qualitative paradigm if they are to access its power about social processes” (p. 50). Therefore, Glaser (2003) asserts that abstraction frees the researcher from concerns associated with qualitative research, such as accuracy and interpretation of multiple perspectives, by placing the emphasis on concepts. Thus, it is the abstract concepts that lie within the data that are of concern to the grounded theorist (Holton, 2008). The guiding principles behind the classic grounded theory methodology coincide with this research as well as align with the research strategy of this study.

### **Researcher Reflexivity and Positionality**

In qualitative research, it is important for researchers to position themselves in their writing (Creswell & Poth, 2018). Researchers hold various social positions that influence the ways in which research is approached, investigated, and analyzed (Jacobson & Mustafa, 2019). These social positions shape the lens through which the researcher sees and understands the world. Thus, it is necessary for the qualitative researcher to be reflexive and explicit regarding one’s position and how it may impact research. The concept of reflexivity refers to a researcher’s self-understanding about the biases, values, and experiences that they bring to a qualitative

research study (Creswell & Poth, 2018). Creswell and Poth (2018) suggest that the researcher first discuss their experiences with the phenomenon being studied and then discuss how these past experiences influence the researcher's interpretation of the phenomenon. In this section, I will discuss my positionality using the Addressing framework developed by Hays (2016).

Hays (2016) developed the Addressing framework to summarize nine key cultural influences, including: (a) age and generation, (b) developmental or other disability, (c) religion and spirituality, (d) ethnic and racial identity, (e) socioeconomic status, (f) sexual orientation, (g) indigenous heritage, (h) national origin, and (i) gender. Using this framework to position myself as a researcher, I am a millennial, White, heterosexual, cisgender female, neurodiverse, atheist, middle class, a native English speaker with no indigenous heritage or physical disabilities. I hold agency in several cultural influences within the Addressing framework, which inevitably determines how I engage in research. Regarding my positionality specific to immigration, I am a fourth-generation U.S. American. The most recent immigration in my family history involves my paternal great-grandparents, who immigrated to the U.S. from England and Scotland.

My positionality as a researcher, including my beliefs, values, perspectives, and experiences, undoubtedly influenced data collection and analysis in this study. As a researcher, I recognize that the agency I hold has an impact on how I conduct research, draw conclusions, and interpret the findings. The multiple generations separating my experience from those of my immigrant great-grandparents has shaped my worldview and thus has shaped my interpretation of the results in this study. Thus, my privilege as a U.S. citizen has influenced my approach to this research and has also allowed me to understand the experience of U.S. citizenship privilege described by participants. This understanding has aided in the exploration of this type of privilege in this study. By acknowledging and continuously examining my positionality as a

researcher, I continue to develop awareness of the assumptions and biases I possess and how they impact my engagement in research.

### **Participants**

This study utilized qualitative interviews with two participant populations. In order to better understand the legal challenges and psychological implications of immigration today, the participant population was comprised of both attorneys and clinicians. Of note, immigrants from Central America and Mexico were not interviewed for this study and were not included in the participant population. This decision was influenced by unforeseen challenges that increased the amount of risk to potential immigrant participants, such as the use of video conferencing necessitated by the COVID-19 pandemic.

Clinicians with experience in immigration were included in this study, specifically three psychologists, one social worker, and one master's level therapist. These professionals comprised the sample of clinicians due to the frequency at which they provide clinical services to immigrant clients. Moreover, clinicians with experience in immigration aided in examining U.S. citizenship privilege, including the ways in which this form of privilege, and their awareness of it, influence the therapeutic dynamic when working with immigrant clients. Eight attorneys and one accredited representative with expertise in area of the immigration were included in the sample population to explore the legal challenges and overall impact of immigration law, policy, and practice on immigrant individuals. Gathering this information was directed toward educating clinicians from a legal perspective regarding the difficulties that immigrants face and the associated psychological ramifications. Table 3.1 provides participant demographic information, including participant identification (ID), profession, and credentials. To protect participant confidentiality, identifying information has been replaced by a participant ID.

**Table 3.1***Participant Demographics*

| Participant Identification | Profession                | Credential                    |
|----------------------------|---------------------------|-------------------------------|
| Attorney A                 | Attorney                  | JD                            |
| Attorney B                 | Attorney                  | JD                            |
| Attorney C                 | Attorney                  | JD                            |
| Attorney D                 | Attorney                  | JD                            |
| Attorney E                 | Attorney                  | JD                            |
| Attorney F                 | Attorney                  | JD                            |
| Attorney G                 | Accredited Representative | DOJ Accredited Representative |
| Attorney H                 | Attorney                  | JD                            |
| Attorney I                 | Attorney                  | JD                            |
| Clinician A                | Psychologist              | PhD                           |
| Clinician B                | Psychologist              | PsyD, ABPP                    |
| Clinician C                | Social Worker             | LMSW                          |
| Clinician D                | Psychologist              | PhD                           |
| Clinician E                | Therapist                 | MS                            |

**Recruitment**

An initial pool of potential attorney and clinician participants was acquired from the principal investigator's dissertation committee. The committee provided contact information for potential participants, which involved attorneys and practicing clinicians with experience in the area of immigration. Snowball sampling was then utilized to increase the pool of potential participants. In addition, various immigrant advocacy groups were contacted in order to recruit participants.

A recruitment flyer was disseminated to potential participants via email, which discussed the nature and goals of the study (see Appendix B). Following a communicated interest in participating in the study, participants were asked to complete the informed consent form. Identifying information pertaining to participants was safeguarded throughout this study. This information was not stored on portable devices or in a cloud-based system, and was destroyed or

deleted from all locations as soon as data collection had ended. Any identifiable information obtained from interview participants was stored separately from the key linking the code to the identifiers. Further, this data was stored in a locked or password protected location separate from the raw data and only accessible to the principal investigator and research advisor.

Compensation was provided to all participants for participation in the interview process. Participants were provided with a \$20 Amazon gift card to compensate for their time. The decision to provide participants with a \$20 gift card for participation in this study was not coercive, nor did it represent an undue influence (inducement). The gift card amount is considered reasonable for participation in an interview (approximately 60 minutes in length), and not strong enough to compel an individual to participate against their interests.

## **Procedures**

This research utilized semi-structured interviews conducted with attorneys and clinicians with professional expertise in immigration. Semi-structured interviews were conducted to develop an understanding of the relationship between the legal challenges that immigrants currently face and the psychological implications of immigration law, policy, and practice. The researcher began each interview with a pre-determined set of questions but was not bound to the question list (see Appendix D).

Consent to participate in the study was obtained from interviewees by completion of the consent form approved by the Institutional Review Board (see Appendix C). The Antioch University Ethics Application pertaining to this project was approved by the Antioch University Seattle Institutional Review Board on July 28, 2020 (see Appendix A). All interviews were conducted via Zoom, which allowed for flexibility with scheduling and travel. All interviews were audio recorded, following consent provided by each participant. The length of time devoted



to each interview spanned approximately 60 minutes in length. Audio recordings of the interviews were stored digitally via encrypted files accessible to the researcher and research advisor only. Following the interview, audio recordings of the interviews were transcribed with all identifying information redacted (see Appendix E). Further, memo writing was used during data collection to document the main ideas during interviews with participants (see Appendix F), as well as during data analysis to facilitate theory development.

### **Data Analysis**

This study utilized a process of data analysis which is guided by classic grounded theory established by Glaser (Glaser & Holton, 2004; Glaser & Strauss, 1967; Holton, 2010). The qualitative analysis software program, Dedoose, was employed throughout the data analysis process involved in this study (SocioCultural Research Consultants LLC, 2019).

Grounded theory contains detailed procedures for analysis. According to Strauss and Corbin (1990), this process consists of three phases of coding, including open, axial, and selective. Glaser differentiates between substantive coding, which consists of both open and selective coding, and theoretical coding (Glaser & Strauss, 1967). In the open coding phase, categories of information are developed based on the text, such as transcripts, field notes, and documents (Creswell & Poth, 2018). In accordance with classic grounded theory, the constant comparative analysis process was utilized (Glaser & Holton, 2004; Glaser & Strauss, 1967). This process involves the researcher identifying incidents and activities and constantly comparing them to an emerging category to develop and saturate the category (Creswell & Poth, 2018). Further, theoretical sampling was employed to address gaps and saturate emerging codes and categories, which is an emergent process driven by the data.

When an initial set of categories has been developed, a single category is identified from the open coding list, as the central phenomenon of interest or core category (Creswell & Poth, 2018; Strauss & Corbin, 1990). Once the core category is situated as the central aspect of the theory, data collection continues or focus is returned to the data to understand the categories that pertain to the core category. This phase is known as the axial coding phase, in which the researcher interconnects the categories of information (Strauss & Corbin, 1990). These procedures allow for a conceptualization to develop regarding how the final set of categories relate to one another, referred to as theoretical coding (Glaser & Holton, 2004). Following this phase, a theory is built in which hypotheses are generated that interrelate the categories in the coding paradigm, referred to as selective coding (Creswell & Poth, 2018; Strauss & Corbin, 1990). Lastly, the researcher can begin to develop a set of theoretical propositions related to the central phenomenon.

The above-mentioned procedures for analysis were utilized in this study. In addition, memo writing was conducted in order to document thoughts throughout the analytic process (see Appendix F). Moreover, an additional review of literature was conducted which was informed by the theory generated in this study. This additional literature review was conducted following data collection and analysis to develop a deeper understanding of the core category and related categories.

## CHAPTER IV: RESULTS

### Grounded Theory

To advance a theoretical explanation that explains what is happening in a social setting under study, the process of conceptual abstraction must occur (Holton & Walsh, 2016). This process involves abstracting the conceptual idea from incidents in the data. With regard to grounded theory, an explanation for the latent social pattern underlying the behavior in a substantive area must be provided, which facilitates the progression of the theory beyond description. In this study, the techniques of theoretical sampling, theoretical saturation, and theoretical coding were utilized to build and shape the emerging theory and to present it as an integrated conceptual explanation.

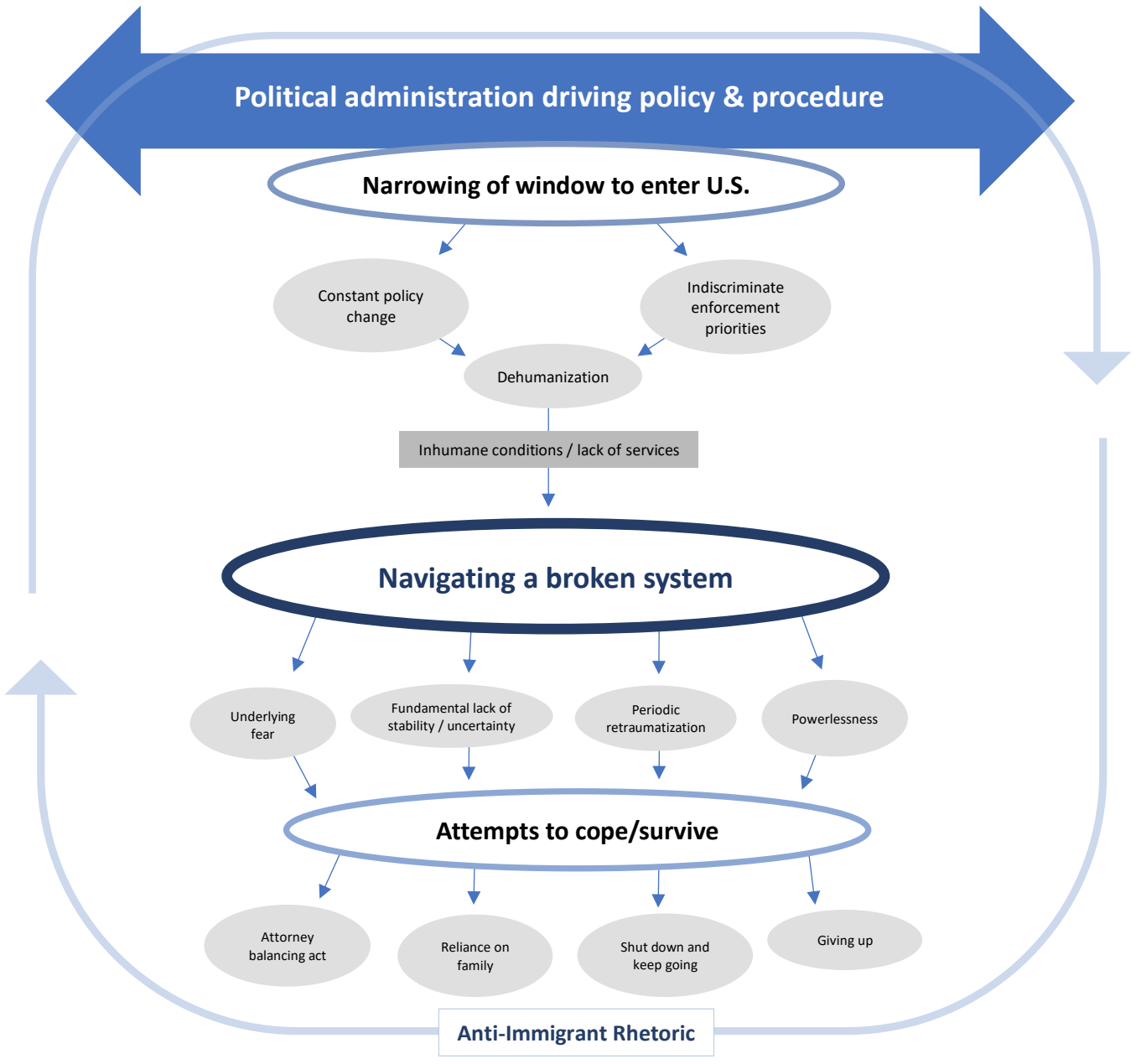
The grounded theory proposed in this study will be detailed in this section. Figure 4.1 illustrates *The Strategically Broken System*, which displays each theoretical level of conceptualization, conceptual category, and related property to provide clarity and facilitate understanding of the theory. The grounded theory in this study emerged from interviews with two participant populations, including attorneys and clinicians. Each participant population offered a unique perspective regarding the experience of immigration today.

Clinician participants aided in the exploration of U.S. citizenship privilege, such as the ways in which this form of privilege, and their awareness of it, influence the therapeutic dynamic when working with immigrant clients. Additionally, interviews with attorney participants illuminated the legal challenges and overall impact of immigration law, policy, and practice on those navigating the immigration system, including immigrants and attorneys. Each participant population was included in this study to explore the relationship between the psychological implications of immigration and the legal challenges which immigrants face today. Thus, the

perspectives of two participant populations contributed to the grounded theory which emerged in this study.

**Figure 4.1**

*The Strategically Broken System*



Anti-immigrant rhetoric is displayed in Figure 4.1 as circulating all three levels of conceptualization, *Core Causes*, *Core Consequences*, and *Coping/Surviving*. Anti-immigrant rhetoric is situated in such a way due to the overarching influence it has on the Level 1: Core

Causes. Thus, anti-immigrant rhetoric represents the context in which the grounded theory proposed in this study can be understood. The immigration system in the U.S. is influenced by the collective beliefs, ideas, and attitudes held by Americans regarding immigration. When these collective attitudes are in opposition to immigration, the results can be observed in policy and procedure consistent with anti-immigration perspectives.

The first level of the grounded theory, *Core Causes*, represent current immigration policy and procedure in the U.S., which is manipulated by the political administration in power to fulfill an anti-immigration agenda. The phrase political administration in power is used because this manipulation did not originate during the Trump administration but has been consistent throughout U.S. history. The Core Causes of Level 1 indicate the origin and root source of the Core Consequences that comprise Level 2. In recent years, efforts by the Trump administration to narrow the window to enter the U.S. have been marked. This crusade to narrow the window has materialized in frequent and unrelenting changes to immigration policy, the expansion of ICE enforcement priorities, as well as restricting and/or ending protections and forms of relief available to immigrants. These changes to policy and procedure have compounded the dehumanization and suffering of immigrants navigating the immigration system. The dehumanization of immigrants within the immigration system is executed through the deprivation of individuality, autonomy, control, and freedom, which is most acutely apparent in detention. More specifically, immigrants are dehumanized by way of inhumane conditions in ICE detention facilities and the lack of access to services.

The second level of the grounded theory, *Core Consequences*, signify the ramifications that occur as a result of navigating a broken system. Thus, the Core Consequences that comprise Level 2 are a byproduct of the Core Causes of Level 1. The Core Consequences of navigating a

broken system include Underlying Fear, Fundamental Lack of Stability and Uncertainty, Periodic Retraumatization, and Powerlessness. These consequences exacerbate the hardship and adversity faced by immigrants navigating the immigration system. The ultimate objective of the Core Causes in Level 1 is to impel immigrants who are navigating the system to self-deport, which is performed by inflicting the Level 2: Core Consequences.

The third level of the grounded theory, *Coping/Surviving*, is comprised of various strategies employed to cope with and survive the process of navigating the immigration system. These methods of coping/survival are utilized by both attorneys and immigrants. The strategy referred to as Attorney Balancing Act, involves the attempts made by attorneys to provide legal, mental health, and social services to their clients. Additional methods of Coping/Surviving used to navigate the immigration system include Reliance on Family, Shut Down and Keep Going, and Giving Up. Shut Down and Keep Going is the process of shutting down emotionally in order to proceed with one's immigration case. The strategy of Giving Up was exerted by both immigrants and attorneys. For attorneys, Giving Up signifies the decision to practice a different type of law or the discontinuation of their work as an attorney altogether. For immigrants, Giving Up denotes self-deporting to their home country.

The U.S. immigration system is effective for some and broken for others. The efficacy of the system is only experienced by the political administration in power that seeks to advance an anti-immigration agenda by way of systemically manipulating immigration policy and procedure, and deliberately narrowing the window to enter the U.S. For others, navigating the immigration system is like playing a rigged game, in which the rules are constantly changing. Without the rules of the game, understanding when you can play and how becomes nearly impossible. Thus, immigration policy and procedure, which is dictated by the political

administration, symbolizes rule changing in the rigged game metaphor. Upon arrival in the U.S., immigrants in pursuit of the American dream are confronted with the harsh reality of a broken system that has been altered with the goal of exclusion rather than opportunity. As a result, immigrants are exposed to an American dream, which has long expired.

One facet of the broken system is the dearth of mental health and social services available to immigrants. During interviews, it became apparent that clinicians who work with immigrants navigating the system appear to be sidelined and disconnected from the action in comparison to attorneys. Therefore, the burden of the broken system was experienced differently by clinicians and attorneys. To understand why the burden differed, a theoretically oriented interrogation of the data was conducted. As a result, an explanation for this difference was revealed. By excluding clinicians from the immigration process, the political administration in power continues to fulfill their anti-immigration agenda. If those navigating the broken system were to receive the mental health and social services that they need, these individuals would be better equipped to navigate the system. Thus, enabling immigrants navigating the system with services is antithetical to the objective of the broken system, which is to prevent immigrants from successfully entering the country.

### **Core Category**

By comparing incident to incident in the data, then incidents to emerging concepts, *Navigating a Broken System*, emerged as the core category. While coding incident by incident, Glaser (1978) suggests asking questions of the data to facilitate the generation of a core category. Thus, by probing the data and asking, “What is their main concern, and how do they manage or resolve it?” the core category emerged (Glaser, 1978, p. 57).



*Navigating a Broken System* represents the core category as it accounts for most of the variation around the main concern and it explains how the main concern is managed (Holton & Walsh, 2016). Further, *Navigating a Broken System* meets the criteria suggested by Glaser (1978) and Glaser and Holton (2004) for selecting and confirming a core category, which include centrality, frequency, relevance, grab, and variability. Based on these criteria, the core category must: (a) appear central to the main concern (centrality), (b) reoccur frequently in the data and represent a stable pattern (frequency), (c) relate meaningfully and clearly with other categories (relevance), (d) hold explanatory power with general implications beyond the substantive area (grab), and (e) account for variability amongst the related conditions (variability).

Immigration policy and procedure, and thus the immigration system in the United States—is susceptible to influence by the political administration in power. Under the Trump administration, this influence was demonstrated by Constant Policy Change, the expansion of ICE enforcement priorities (Indiscriminate Enforcement Priorities), and a systematic Narrowing of the Window to Enter the U.S. (*Level 1: Core Causes*). These modifications to existing policy and procedure resulted in a broken immigration system designed to be difficult to navigate. Therefore, immigrants, attorneys, and advocates are forced to navigate a broken system.

Through the process of *Navigating a Broken System*, immigrants experience fear that underlies each aspect of daily life (Underlying fear), a Fundamental Lack of Stability/Uncertainty, Periodic Retraumatization, and Powerlessness (*Level 2: Core Consequences*). To cope with and survive the broken system, immigrants, attorneys, and advocates utilize various methods of coping and survival (*Level 3: Coping/Surviving*). Attorneys attempt to navigate the broken system by straining to provide legal services to their clients in

addition to psychological support in lieu of nothing at all (Attorney Balancing Act). Immigrants navigate the broken system by relying on family for support and motivation (Reliance on Family), as well as shutting down emotionally to proceed with their immigration case (Shut Down and Keep Going). Both attorneys and immigrants attempt to cope with and survive the broken system by Giving Up, through self-deportation or the discontinuation of one's work as an attorney.

*Navigating a Broken System* accounts for the greatest amount of variation around the main concern, it explains how the main concern is managed, and it relates meaningfully and clearly with all other categories in the data.

### **Conceptual Categories**

Open coding resulted in 640 initial codes, including 465 excerpts from interview transcripts. During selective coding, these initial codes were organized into 44 categories. As coding continued, the selective coding phase resulted in 12 conceptual categories. Through theoretical coding, three relationships between the 12 conceptual categories were identified and include *Level 1: Core Causes*, *Level 2: Core Consequences*, and *Level 3: Coping/Surviving*. Theoretical codes “conceptually punctuate the emerging theory with an organizing pattern” (Glaser, 2007, as cited in Holton & Walsh, 2016, p. 105). Each theoretical code represents a conceptual level in which the 12 conceptual categories can be organized and understood (see Table 4.1). The following section describes each conceptual category, the number of times it occurred in the interview data, the relationship it has to the other categories, and illustrative quotes from study participants. To protect participant confidentiality, all identifying information has been removed and quotes are followed by the participant's ID.

**Table 4.1***Conceptual Categories and Definitions*

| Category Level             | Conceptual Category                       | Definition  | Theory Implication  |
|----------------------------|---|---|---|
| Level 1: Core Causes       | Narrowing of Window to Enter U.S.         | A systematic and deliberate attempt to restrict and prevent non-White immigrants from entering the U.S.                         | Narrowing of the Window to Enter the U.S. is executed through constant policy change and indiscriminate ICE enforcement priorities.                                     |
|                            | Dehumanization                            | The perception of a person or group as lacking humanness.   | Dehumanization is executed by subjecting immigrants to inhumane conditions in detention, and by limiting the mental health and social services available to immigrants. |
|                            | Underlying Fear                           | The experience of fear (fear of deportation, family separation, etc.) that underlies every aspect of an immigrant's daily life. | Underlying Fear is generated by the Level 1: Core Causes to impel immigrants to self-deport.  |
| Level 2: Core Consequences | Fundamental Lack of Stability/Uncertainty | The inability to settle down or make long-term plans, as life is on-hold/in-limbo with an imminent threat of deportation.       | Fundamental Lack of Stability/Uncertainty is a byproduct of the Level 1: Core Causes to increase the likelihood of self-deportation.                                    |
|                            | Periodic Retraumatization                 | The cyclical nature of retraumatization (re-experiencing of the initial trauma event) inflicted throughout the                  | Periodic Retraumatization is generated by the Level 1: Core Causes to impel immigrants to self-deport.  |

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|                               |                          |   |  |
|-------------------------------|--------------------------|---|--|
|                               |                          | immigration process.  |  |
|                               | Powerlessness            | The complete loss of control and autonomy over one's life direction, fate, and choices.   | Powerlessness is a byproduct of the Level 1: Core Causes to increase the likelihood of self-deportation.   |
| Level 3: Coping/<br>Surviving | Attorney Balancing Act   | Attorneys attempt to juggle providing legal services to their clients, while also providing psychological support – in lieu of nothing at all.                            | Attorney Balancing Act is employed by attorneys to cope with/survive the Level 2: Core Consequences.   |
|                               | Reliance on Family       | The strength and motivation provided by the family support system.  | Reliance on Family is utilized to cope with/survive the Level 2: Core Consequences of Navigating a Broken System.  |
|                               | Shut Down and Keep Going | The process of shutting down emotionally by suppressing one's response to trauma, as a mechanism of survival.   | Shut Down and Keep Going is employed by immigrants in order to proceed with their immigration case, and cope with/survive the Level 2: Core Consequences.                    |
|                               | Giving Up                | The decision to self-deport back to one's home country (immigrants), and the decision to discontinue work as an attorney or practice a different type of law (attorneys). | Giving Up is relied on by attorneys and immigrants as a way of coping with/surviving the process of Navigating a Broken System, specifically the Level 2: Core Consequences. |

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### **Level 1: Core Causes**

The first theoretical level of conceptualization, *Core Causes*, provides an overview of the ways in which current immigration policy and procedure in the U.S. are influenced by anti-immigrant rhetoric, and shaped by the political administration in power. Therefore, the Core Causes of Level 1 represent the origin and root source of the Core Consequences that comprise Level 2. The first theoretical level, Core Causes, contains two conceptual categories involving, Narrowing of Window to Enter U.S. and Dehumanization. Five properties are contained within the two conceptual categories and include: Constant Policy Change, Massive Delays, Indiscriminate Enforcement Priorities (Narrowing of Window to Enter U.S.); Inhumane Conditions, Lack of Services (Dehumanization). Each conceptual category will be discussed and exemplified using participant quotes.

### ***Anti-Immigrant Rhetoric***

This code was mentioned in six of the interviews with participants. Anti-immigrant rhetoric encompasses perspectives and attitudes that are in opposition to immigration. With regard to the present study, anti-immigrant rhetoric represents the context in which the proposed grounded theory can be understood. Anti-immigrant rhetoric is an overarching force in the U.S. which influences the political administration, and thus, immigration policy and procedure.

I can't put that in the lap of Mitch McConnell and Donald Trump. But the constant rhetoric about rapists from Mexico and, you know, violent criminals and people committing asylum fraud and taking advantage of our system and taking our jobs and all of this nonsense that has been amped up times a million under this administration is definitely it's a change in terms of the way people feel about the immigration system, the fears they have. And it has translated into administrative policies where cases that would have been approved in the prior administration are now denied right on the same thought patterns, the same, you know, things like that. I mean, and it's just been chipping away at things. Right. The Trump administration actually has people who are very smart in terms of the way the immigration system works, that what they've done that's much different, I think, than prior administrations isn't so much even that they like big changes. Right.  
(Attorney C)

Participants noted the long-standing history of anti-immigration perspectives in the U.S., including the ways in which immigration law, policy, and procedure have targeted particular groups.

Yeah, I mean, unfortunately, it's been like this since our country was started where we've had immigration laws that have unfairly targeted certain groups and that kind of rhetoric is not new. And there was, you know, Deportations and incarcerating, detaining immigrants, it's kind of, been going up even before Trump was president. So. But I did notice even before he was elected, but more when he was starting to campaign is a lot of people felt very afraid. I would even use the word kind of like terrorizing immigrants. Just all the stuff that you would say. Other politicians would say and kind of stuff on the news. And, I think it's been a really scary time. (Clinician E)

One participant described their experience of facing anti-immigrant rhetoric head on. They outlined multiple components that contribute to anti-immigrant rhetoric, including the process of othering immigrants, the rejection of commonalities, and detachment from the suffering of immigrants.

I say it was basically every encounter I had every day. I mean, I wish every American, you know, every time there's the past two elections, at least people have brought up the anti-immigrant thing, you know, they're murderers and rapists kick everybody out. And I would occasionally, when I was working to meet with people and they'd find out I worked for ICE and they'd be like, that's great throw out those stinking immigrants. It's like, well, no. And they'd say, they should just throw them out. And this one guy I was at a get together and he was going on about this, I said, really? So, if I took you to work and let you talk to a 20-year-old girl who's been repeatedly raped and human trafficked, who's been beaten, who's never had a chance to go to school, if I take you to work and you can listen to her for 20 minutes. And then at the end of that, you can walk with her out to the plane, you can walk away from the plane, you can buckle her seat belts, you can get she can get flown back to Guatemala. You think you can do that? He said oh I shouldn't have to. It's like, well, if you're going to be such a tough guy, I mean, why contract out your cruelty, you know, I mean, if you think it's such an important thing, you go do it. He was a close minded, stupid person who didn't really get what I was telling him. So, I don't think it's helpful. But I think some of it they. You know, people want to be tough with the immigrants, and if they ever had a chance to talk to them for 15 minutes and find out, oh, this person is a lot like me, I think all this immigration garbage would go away. (Clinician B)

During interviews, participants underscored the influence of anti-immigration attitudes and their development over time. They discussed how the political climate has been shaped by these attitudes, noting decisions made by the Obama administration.

But the politics were, though, because he was trying to get DACA passed, that he didn't want to be perceived as soft on immigration. So, they got a pretty hard line under Obama. Look, it's weird because, you know, you would think he'd be I mean, obviously, he was championing DACA and he did an executive order when it got to out of the Congress. Was that playing ball with him? And so, he issued the docketing and then it was just a big war going on. And in order for him to get a certain amount of cred, he kept it. He asked that the laws be enforced pretty strictly and they were. So there hasn't been a lot of change, actually. There's been a change in tone, you know, the wall and there's been more draconian steps that the government has taken for people coming into the United States. And so, there's a change there. (Clinician A)

Another participant described the rise of anti-immigration rhetoric during the Trump administration, specifically regarding immigrants of color and those coming from less affluent areas of the world.

Well, Obama has been coined the deporter in chief and I think prior to Trump, that was an accurate title. And it still is to some extent. Right. But the focus with Trump's administration was clearly. And I say this from my own perspective, right, but there seem to be a clear animus against non-influential, non-white immigration. And to see that kind of motivation within an immigration system, within a federal system, has just been pretty astounding. (Attorney E)

Anti-immigrant rhetoric can be understood as the context which surrounds the grounded theory in this study. Thus, anti-immigration attitudes within the U.S. comprise the environment for the broken system and represent a Level 1: Core Cause.

### ***Narrowing of Window to Enter U.S.***

This code was mentioned in seven of the 14 interviews. Participants identified a systematic and deliberate narrowing of the window to enter the U.S. for non-White immigrants orchestrated by the Trump administration. The narrowing of the window to enter the U.S. has

been performed by methodically increasing the difficulty of navigating the immigration system using harsh and oppressive means.

I think in a lot of ways the law has gotten worse. And so, it's a lot the pathways to relief are a lot more restrictive than they were even a few years ago. Where and I think the government is sort of has been empowered to use really pretty draconian measures. So, I think there's a lot more uncertainty and it's a lot harder to win cases now, just sort of because the legal landscape has shifted mostly for sort of political reasons, where it's just it's just much harder than it was. And it's harder to get resolution or even to collaborate with opposing counsel or the government attorneys to try to resolve issues or narrow issues for a case. So, it's just it's just a lot harder and we win a lot less frequently.  
(Attorney I)

Participants noted specific instances in which forms of relief and protections available to immigrants were restricted and/or ended by the Trump administration, ultimately narrowing the window to enter the U.S. One instance includes the expedited review process, which was discontinued over Trump's four-year term in office. This decision created a range of additional challenges for immigrants navigating the immigration system.

So definitely more fear within the immigrant population community where people were afraid to apply for some type of benefit, and then there became the policy memos where they did make it more. Where they said that if you were denied, you would be placed in proceedings. Also, there used to be an ICE policy where if you were detained and you applied for a visa that takes this many years in detention, you can request expedited review. But in 2020, they changed that and they said that there was no longer any expedited review. So, we request expedited review from the prosecutor, from the Department of Homeland Security. They said that that's no longer an option. So, people were taking a removal order and then waiting for their application abroad. And so, then that causes more family separation and difficulties coming back after being in abroad. So, yeah. So, it became more difficult. We also saw more denials cases where even now that under Biden, I didn't think that they were going to get approved because it's so difficult. And in under Biden, recently we've seen a change in the judges where they've made it more easier and more cases are being granted and literally in December or January, where it was still very, very difficult. (Attorney G)

Another instance includes an executive order issued during the Trump administration which directed the Departments of State and Homeland Security to force recalcitrant countries to accept their citizens.



One thing that I forgot to mention that changed under the last administration is that we used to have policies with certain countries where we didn't deport anybody. So that was Vietnam, Iraq, Cambodia are the three that come to mind. And then the last administration took that policy away. (Attorney H)

Participants also noted changes made by the Trump administration to various forms of humanitarian relief, such as Special Immigrant Juvenile Status, T-Visas, and U-Visas.

There's also something called a priority for visas. And so, for the 360, for the special immigrant juvenile, it seems like it would be a type of humanitarian relief, but for whatever reason, the federal government has said that it falls under an employment visa category. So, like when you're looking at relief, it feels like you have to look at the employment categories and those typically take a while. So, you're always waiting for the priority date to become current. And it's the Department of State that identifies what visas are available. So right now, if you're safe from Guatemala and you filed your special immigrant juvenile application in I think early 2018, then you might be eligible for to apply for a green card, but in 2016 that was current, you didn't have to wait at all. So, it's, it's whatever it is, it's whatever the Department of State decides. And that's hugely influenced by the administration. Yeah. So that that's just special immigrant juvenile T-visas and U-visas which are forms of humanitarian relief, tend to take three to four years to get an answer on and for asylum cases to get an interview with the asylum office. It's just their priorities are always changing and they always announce new priorities and whatever the priorities were before kind of get kicked to the curb. (Attorney E)

The narrowing of the window to win asylum in the U.S. was highlighted by participants. This window to win asylum has noticeably tapered over time, but particularly in recent years.

And I think one of the biggest challenges that that they face is particularly over the last four years, but the phenomenon by no means began in 2017. It's just the narrowing of the window that you have to get through to win asylum in this country. And it sort of feels like every possible foothold or way to make an asylum claim that's going to end up being meritorious is getting taken away in a very, very efficient, systematic manner. (Attorney A)

Yeah, I guess the big one I mentioned, like the window to get asylum is narrowing and that's true for any legal status in the United States. It's just, it's just harder now. (Attorney A)

Narrowing of Window to Enter U.S. represents a Level 1: Core Cause, in that it directly contributes to the Core Consequences of Level 2. Two properties stem from this conceptual code and include Constant Policy Change and Indiscriminate Enforcement Priorities.

**Constant Policy Change.** This code was captured in seven of the 14 interviews.

Constant Policy Change describes the incessant and unrelenting approach to immigration policy by the Trump administration, designed to increase difficulty for those navigating the immigration system in the United States.

But I think that the worst is really come in the back half of this presidential administration's first term and it almost feels like, like clockwork, like every month or so there's like new bad news that there's a new policy change that's going to make it harder for the people whom I represent to achieve their goals. (Attorney A)

The overwhelming number of modifications to immigration policy by the Trump administration was emphasized by participants. They noted the ramifications for attorneys produced by the frequent changes to policy.

And one stat that was thrown out there was there was over. And I can't remember the exact number, well over a thousand changes to immigration over the last four years, which amounts to almost a daily policy change over the last four years. So actually, advising people, litigating, preparing like all of these things that we're tasked with doing and that the clients are tasked with assisting us in doing, of course, their lives are in the balance has been virtually impossible to do in an ultra-competent manner, that that's the best way to put it. It's not that we didn't do it. It's not that there weren't successes and that we weren't able to give clients good news on days. But it's been an all-out, drag out battle in which you didn't feel like you had the best weapons or armor or anything like that because it's all being taken away from you, like piecemeal. And so, one day you're like, well, I don't have that tool anymore. OK, well, that's gone. And then it'll be like injunction from a court. And you're like, great news. We got that back or it's constant change. (Attorney F)

Attorney participants described the frustration and discombobulation they experienced due to their efforts to navigate an ever-changing immigration system.

They would try to implement it on the on the heels of it being implemented. The courts would intervene. Then there would be a stay. Then that would be there would be this reversal because the appeals were going on. And then, you know, the administration would change policy in a different way. And it was just whiplash that occurs. And as a as a practitioner, as a as an attorney, you're like, I don't I don't know what it is. Right. And so, clients will ask you a question and they'll say, well, what do you think's going to happen? And you sound, I mean, it erodes at your own sanity, is what I can say. (Attorney D)

The extent of changes to immigration policy, procedure, and interpretation process was noted by attorney participants, as well as the far-reaching impact of those changes.

And there's been some 900 or so changes to either policy procedure, interpretation process, enforcement priorities. I mean, you name it. And it's been touched right in the what I what I tell folks is it really feels like a bull in a china shop and there's just so much carnage that people who don't interact with the immigration system have really only heard about maybe one percent of the true carnage that has occurred. (Attorney D)

Additionally, the systematic fashion in which the Trump administration enacted changes to immigration policy was emphasized by attorney participants.

But in terms of like sort of the nuts and bolts policy tinkering, like I'm not I don't think that that's something that, like, my clients are necessarily, like, fully aware of, other than just having, like, a generalized sense that under the Trump administration, it's much harder for asylum seekers to win asylum. (Attorney A)

Constant Policy Change is one tactic used by the political administration in power to narrow the window to enter the U.S. The byproduct of constant changes to immigration policy are Massive Delays for immigrants navigating the system, and thus, signify a property of the Level 1: Core Cause, Constant Policy Change.

**Massive Delays.** This code was mentioned in seven of the 14 interviews. Unremitting changes to immigration policy by the Trump administration represent a deliberate attempt to increase the amount of difficulty for those navigating the immigration process, which resulted in massive delays within the immigration system.

So, again, was a shift that started to occur. So, you saw that on the benefit side, everything slowed down, but it's systematically done in a way to inflict as much harm as you possibly can. Right. And it's not so in your face that if you're not someone who is savvy to, oh, you're going to delay the work card so that it has all of these flowing consequences. Most of the public's not going to get that. Right. (Attorney D)

The unceasing changes to immigration policy seen during the Trump administration created a backlog of cases in the immigration system. This backlog of cases ultimately led to the

massive delays and extended periods of waiting for immigrants navigating the immigration system.

Well, yeah, so now what's happened is, is that court hearings are so far in backlog now, there's over a million cases in backlog in the immigration court system. And so, if you're an asylum seeker and you can't get to your family because half of your family's over there, but you need to be granted asylum so you can be reunited with your family. I mean, your court hearing is not going to occur for the next three years. (Attorney D)

Participants noted the negative impact of massive delays and periods of waiting for their immigrant clients. More specifically, they highlighted the detriment to morale as well as the inability to work, and support one's family.

But even before that, just massive delays causing people to wait years to get decisions on a green card. Right. It's absurd, you know, but it does a lot to dissuade people, right? Their morale goes down when you tell them you have to wait four years for a decision on a crime victim visa and you don't get a work permit until you get your decision, like, what am I supposed to do for four years to support myself and my kids and whatever? Why even bother to pay to file an application that you won't reap any benefits from them for more than four years? I mean, I guess the upshot of four-year delays on those cases is that you've skipped the Trump administration and you hopefully get a good decision after four years in a violent administration. That's about the only upshot I can see right now of it. It is it's a four and a half year wait time for a crime victim visa to be adjudicated right now. (Attorney C)

Further, participants noted the lengthy periods of waiting for one's immigration case to move forward as another factor that contributes to the revictimization of immigrants navigating the system.

Yes, for sure, because then I have had this one domestic violence client who was in a domestic violence abusive situation, had difficulty securing a job, was working in the fields, picking salal here in Shelton area. And she was a single mother. So, she got, she met this guy and got into another domestic violence situation. So, we're seeing clients, you know, who, while their application is pending, we see them being trafficked or revictimized from a new abuser or new trafficker. (Attorney G)

**Indiscriminate Enforcement Priorities.** This code was mentioned in six of the 14 interviews. Prior to the Trump administration, ICE enforcement priorities primarily focused on immigrants who became involved with the criminal justice system.

They went from having priorities in which cases they were going to seek to enforce. And so, under the Obama administration, they were saying somebody who has a felony or a lot of criminal priorities. And then under the last administration, they went to no priorities whatsoever. (Attorney H)

Under the Trump administration, ICE enforcement priorities were expanded causing all undocumented immigrants to become targets for removal.

The enforcement priorities for ICE have shifted in that they've become indiscriminate. Like during the Obama administration, people who were undocumented but had no criminal history just simply were not a priority and could go about their lives with some level of confidence that they would not be apprehended by ICE agents, but that is no longer the case, it was one of the first things that the Trump Department of Homeland Security did was say we have no priorities if you are here without permission, you are a priority, regardless of if you have citizen children, regardless of if you have any sort of criminal record. Yeah, and I mean, I think that that was even explicitly aimed at creating a culture of fear and trying to coerce people to self-deport because they don't want to go about their lives thinking that at any moment they could be snatched off the street. (Attorney A)

Participants described the impact of indiscriminate enforcement priorities on the families of detained immigrants. More specifically, the shift in enforcement priorities prevented family members from visiting their detained loved ones due to fear that they would be placed in removal proceedings.

You know, the detention policies became unworkable. So if you wanted to get a bond, otherwise they would have been eligible for bond, but they couldn't get a bond because of the enforcement priorities and the limitations that the judges were being placed on. . . . Plus, you have covered restrictions on visitation, plus you have increased enforcement. So, families who are undocumented don't feel comfortable to go out and visit their loved ones because now they feel like they're going to be at risk. (Attorney D)

The need for clinicians to understand the change in ICE enforcement priorities and what that means for their immigrant clients was emphasized during interviews with participants.

And then I think clinicians working with the immigrant population at large who may or may not be in any sort of immigration court proceedings and who might just be utterly undocumented and going about their lives in the community, I think would do well to learn one about immigration enforcement policies and practices, because I think that that can inform, like a better understanding of the people they're working with. The likelihood

of ending up in deportation proceedings or getting taken in by ICE, or going to state custody, that's a big one that we see a lot of. (Attorney A)

Participants noted the impact of shifting ICE enforcement priorities on victims of crime in particular. They discussed the lack of safety for immigrants on the U-visa waitlist fostered by the shift in priorities.

So people who are of lower risk and being removed from the United States, they had a certain level of predictability and a little bit of protection that they felt it that's been stripped away, you know, and so people who were, for example, with U-visas, which is for victims of crime, you know, the wait times on U-visas anywhere four to five years from when you file it, when you get on what is known as the U-visa wait lists, that historically, once you filed your application, they left you alone. Unless something unless you went out, did something to aggravate the situation, you committed a crime, you hurt someone, whatever. You didn't do any of those things and left you alone. And families felt secure in being able to apply for that relief. Right. The shifting enforcement priorities takes that away. So, it takes away that safety net that it used to exist. And I think that that has a much. Now, people you know, the laws were supposed to say, if you're a victim of crime, come forward and we will protect you. And now it. Well, if we come forward, how do we know we are going to be protected? Because the enforcement priorities have changed. I think that's important. (Attorney D)

Indiscriminate Enforcement Priorities can be understood within the grounded theory as a property of the Level 1: Core Cause, Narrowing of the Window to Enter U.S. Further, this property represents a causal factor in the development of the Core Consequences in Level 2.

### ***Dehumanization***

This code was captured in eight of the 14 interviews. The systematic dehumanization of immigrants navigating the U.S. immigration system was stressed during interviews. Participants underscored the ways in which immigration policy and procedure are inhumane, and result in the dehumanization of immigrants.

And I know that the policies have become much more strict and I mean, again, not an immigration attorney, and not really knowing much about the laws or how they've changed, but from my impression, it seems like it's just become very harsh. And inhumane. (Clinician E)

Participants emphasized the dehumanizing treatment of immigrants within the immigration system. They noted the lack of information provided to immigrants, the complete lack of control and autonomy, and the deprivation of individuality as aspects of the dehumanizing treatment of immigrants within the immigration system.

So, I think when clinicians are approaching it, similarly, it's important to kind of, name those things so that they're not feeling that, you know the shame, and the stuff that, you know, when they know the lens in which they're being viewed by the guards, they feel it and even if no one says anything, they're being put in a uniform, they're being, you know, shuttled around and told very little. You know, some of these people get told, you know, it's 3:00 in the morning, get up, get in the van, and they're like, where am I going? And like, I don't remember having court today, they don't know if they're being removed or not. So, it's like they're not, they're being told a little information or misinformation and being treated like cattle and just moved around. And so, I think it's important to really tell them, like, I know what you're going through and I think it's wrong. You know, for what it's worth, I mean, my opinion doesn't matter. What matters is what's going to happen in court, and that's what I'm here to help with, or in your case, what matters is the ultimate results of your case. And I get that, but just so you know how I feel about it. And I think that helps disarm them a little bit and make them feel comfortable and maybe dispel some of that shame that they carry. (Attorney F)

One participant highlighted the limited rights of immigrants in detention, including the lack of a release date. They described the indefinite and open-ended length of detainment faced by immigrants navigating the immigration system. Thus, as outlined by participants, immigrants in detention have fewer rights than those serving a criminal sentence in a prison.

That it's a prison, meaning, the term detention, it sometimes it gets distorted and that it's not punitive. It's not supposed to be, certainly, but it is, it is a prison. If you ever been to one or seen one, it's a prison. There's no other way to describe it. Their movements are monitored, they don't. Arguably, they have less rights, I think than prisoners do, than people that are serving sentences. And a lot of ways they don't have a right to a public defender. . . . conditions are the same as a prison would be. So, I think it's just important that to know that detention is a prison by another name, so. These people are imprisoned, and unlike the other thing that is important, I think to note is unlike somebody in prison, they're not serving a sentence. So actually, there's no end point to their detention. (Attorney F)

The lack of court-appointed counsel was emphasized by participants as a unique component of immigration court proceedings, unlike criminal court. This accentuates the

dehumanization of immigrants navigating the system as they are not provided with the essential tools necessary to proceed with their case.

And in immigration court, contrary to criminal court, there's no right to counsel. You don't get a free attorney just because the government's trying to deport you like you do when the government has charged you with a crime. (Attorney A)

Participants discussed the use of dehumanizing language within immigration detention, and the damaging repercussions that result.

And, you know, people are referred to not as people, but as beds or mouths, depending on whether we're talking about whether where they're sleeping or whether they're eating. You know, it's all very dehumanizing. (Attorney B)

One participant described the dehumanizing treatment of immigrants by interpreters, guards, etc. within the immigration system as a form of self-protection or trauma response.

Even if I don't like it, I want to, you know, if they're not my most favorite people to be sympathetic to it, they're still feeling it, like the translators feel it. I suspect the guards who sit in those courtrooms every day, like there's no way you can sit there and listen to the sort of things that happen without, you know, experiencing some trauma response. And whether you do that by, I think there's a lot of people, unfortunately, on the other side of the system, who kind of do a shut down and they stop treating people as people. It's very dehumanizing. But I still think that's actually a trauma response. It's a way to protect yourself. (Attorney B)

The conceptual category of Dehumanization fits into the grounded theory as a Level 1: Core Cause. Emanating from this category are two properties, including Inhumane Conditions and Lack of Services. These properties facilitate the process of dehumanization within the U.S. immigration system.

**Inhumane Conditions.** This code was captured in four of the 14 interviews. During interviews, participants repeatedly underscored the inhumane conditions of immigration detention. They emphasized the prison-like nature of ICE detention facilities, although immigration detention is not intended to be punitive.



I think there's a lot of things about the immigration court system that is extremely traumatizing. You know, like I said, when you're when you're placed in detention and we always say detention, it's technically civil, but these are prisons, they're placed into a prison setting with concertina wire around the building, and they have to wear the uniform and restricted movement. (Attorney B)

Participants discussed the lack of medical and dental care provided to immigrants navigating the system in detention. They noted instances in which detained immigrants with pressing medical or dental concerns were dismissed by employees within ICE facilities.

And the conditions in detention are very difficult. We oftentimes get complaints about, you know, it again, it runs the gamut. I think inadequate medical care is a huge issue. We have clients who tell us, you know, we had one client who had a tumor that was causing pain and they said it was non, it wasn't malignant. So, they weren't doing anything about it. And he just kept being told to drink more water and given Advil or ibuprofen, rather. But, you know, I think about like I had one client who had dental problems, and because it's expensive to fix dental work, they just pulled a bunch of his teeth and then he had no teeth and we had to fight for about a year and a half to get them dentures. And in the meantime, he was just eating whatever food he could mush up sufficiently to eat without teeth. So, yeah, like medical care is a serious issue. (Attorney B)

One participant spoke to the standard of care for detained immigrants. They noted the poor conditions within a prominent ICE detention facility that is known for the quality of health services they provide.

Yeah. So, this detention center is like, remarkable, but sort of the flagship ICE detention center for like quality medical care and access to mental health services, which is, you know if this is the best they can do, that's really quite, quite something. (Attorney A)

Participants also highlighted the neglected psychological needs of immigrants in ICE detention facilities. They described the ways in which the mental health symptoms of detained immigrants are frequently ignored and minimized in detention.

We have clients with psychological needs, I think a lot of the doctors in the facilities, from what I've seen, don't oftentimes want to really address people's psychological needs. I think there's a disturbing number of medical records I've reviewed for people who have documented outside of detention or by our psychologists who will go talk to the people. It's like very clear, like PTSD or other things like that going on. I think PTSD is one that I go to most naturally because, again, we have a lot of asylum seekers. And so, we have a lot of people who are who have suffered really traumatic experiences and might be

experiencing symptoms of PTSD. And so many of the medical records that I have read label it all as inadequate coping. And they label it as essentially just like you're not you're not adjusting well to detention. (Attorney B)

One participant shared about their work with immigrants that are navigating the system who have been found not competent to proceed with their immigration case. This participant underscored the harm caused by detaining immigrants with serious mental illness.

Yeah, it's like I mean, detention is just the worst environment possible for people with chronic mental disorders. It's so cruel, what that group of my clients has to go through, many of them without a real rational understanding of what's happening, much less why. (Attorney A)

The compounding impact of the COVID-19 pandemic for those in detention was highlighted by participants. They described the heightened risk of becoming sick with COVID-19 for detained immigrants because of the conditions in ICE detention facilities.

I've talked to more than one client who thought they were going to die during the pandemic because it seemed inevitable that they would get COVID and that given their medical vulnerabilities, wouldn't survive it. (Attorney A)

One participant spoke to the restrictive treatment experienced by their clients within ICE detention facilities, in which they were subjected to periods of isolation due to their criminal history.

And then these people often come with a rather extensive criminal record and because of that are placed in the more restrictive, higher security cell blocks of the detention center, which, again, is just a terrible setting for them. And I mean, I have a lot of these clients who ultimately end up in, like, segregated protective custody, and that as I've seen those rooms and it is a very bleak. (Attorney A)

**Lack of Services.** This code was captured in five of the 14 interviews. Participants highlighted the lack of mental health services available to immigrants navigating the system.

And I think it's something that we have definitely experienced is that there's just there's a huge dearth of, you know, there's a lack of services for people who need that kind of who need treatment coming out of immigration. (Attorney B)

Participants discussed the dearth of mental health services provided to immigrants who are detained in ICE facilities.

So, yeah, but I think like the extent to which there's like actual therapy and counseling for these people is almost nonexistent at those facilities. (Attorney B)

One participant explained the need for national mental health associations to increase their level of support for those navigating the immigration system by facilitating access to mental health services.

Well, this is a giant system out there that's crushing people. So, if you're so systems oriented why are you, why aren't you taking a more aggressive and more active role? And why aren't the associations taking a more aggressive and active role with treating the poor? I mean, technically, you know, from a, because of the influence of, you know, just the instances of depression and alcoholism, a poor diet, you know, the works are just incredibly high with that population. They're not getting treated. And the American Psychological Association, the American Association for Family Therapy have all this rhetoric about this, you can catch a raillery, but the compassion doesn't have any real follow through, you know, people are left in the lurch. (Clinician A)

The challenging process of reentry was emphasized by participants who noted the lack of services available to immigrants as a barrier to their transition into the community.

Totally. And they don't have you know, they're not really given resources for reentry. So, they have no money. They may not have a cell phone, they may not have a place to stay. And so, it can really feel not that they're well taken care of in detention by any means, but to be left totally on their own is hugely overwhelming for a lot of clients. (Attorney I)

### ***Summary of Level 1***

The Level 1: Core Causes encompass the ways in which current immigration policy and procedure in the U.S. have been manipulated by the political administration in power to advance an anti-immigration agenda. During interviews, participants discussed the history of anti-immigration perspectives in the U.S., including the rise of anti-immigrant rhetoric during the Trump administration and the impact on current immigration policy and procedure. The deliberate narrowing of the window to enter the U.S. was emphasized by participants. They

highlighted the ways in which forms of relief and protections available to immigrants were restricted and/or ended by the Trump administration, such as Special Immigrant Juvenile Status, T-Visas, U-Visas, and asylum.

Also revealed during interviews with participants were the repercussions of indiscriminate ICE enforcement priorities and unceasing changes to immigration policy and procedure made by the Trump administration, including massive delays in the immigration system. Furthermore, participants underscored the ways in which immigration policy and procedure are inhumane, and result in the dehumanization of immigrants, such as the prison-like nature of ICE detention facilities and the lack of available services.

## **Level 2: Core Consequences**

The second theoretical level of conceptualization, *Core Consequences*, outlines the ramifications of Navigating a Broken System. Thus, the Core Consequences that comprise Level 2 are a byproduct of the Core Causes of Level 1. The Core Consequences of Level 2 contain four conceptual categories, including Underlying Fear, Fundamental Lack of Stability/Uncertainty, Periodic Retraumatization, and Powerlessness. Each conceptual category will be discussed and exemplified using participant quotes.

### ***Underlying Fear***

This code was captured in seven of the 14 interviews. Participants described the undercurrent of fear in their clients' lives as omnipresent and unremitting. As a result of this underlying fear, immigrants navigating the system are reluctant to make long-term plans or take steps to settle down.

Well, to my knowledge, I've only had one client who's purchased a house. Right, like you just. You're less likely to make plans if you don't know if you'll be able to fulfill them. So, you know, I think we see a lot of clients who do quite well for a period of time, but it's still a struggle. It's difficult as they grow up and they want to form romantic attachments

and maybe have children with a special immigrant juvenile visa. They can't get married until they have a green card. So, if that process takes several years and you're in love and you want to start living your life, it's on hold because that will derail your immigration. I think that it's just it's so tenuous. . . . So, as much as yeah, I think that there is benefit to building that stability, I just. There's this constant underlying fear. (Attorney E)

The undercurrent of fear experienced by those navigating the immigration system encompasses the fear of being forcibly returned to dangerous conditions in their home country.

And their fear that they won't they will not get asylum. The fear of being returned. So, it's just it's levels of anxiety, depression to them and the ongoing fear, underlying fear that they will be sent back. The lack of safety. (Clinician D)

Those navigating the system also fear being separated from their family members. The underlying fear of family separation invades the lives of the entire family unit and surrounding community.

Yeah, I think one of the biggest things has to do with the fear of being separated that I think if someone has a pending immigration case, that's always a reality or if they don't have legal status. And I think it's kind of like this underlying fear that impacts, you know, almost every aspect of a family's life. And I think also during different political things that are happening and different things that are put out in popular culture in the news, that can absolutely create a lot of anxiety and fear. So, I'm thinking a lot about, for example, children. I see that a lot of times parents will try to hide the stuff from their kids when they're especially when they're younger, they don't want to scare them. But a lot of times the kids can pick up on a lot more than what the parents realize. And at school, kids, we'll talk about these things, too, and so I think for kids, it's especially difficult because they need to have that stability, knowing that they're going to be able to stay with both of their parents or other family members needing to know that they're going to be safe and taken care of. So, it's a really difficult conversation, I think, for families, definitely. (Clinician E)

Participants discussed the expansion of ICE enforcement priorities during the Trump administration, which created a culture of fear for undocumented immigrants and those navigating the immigration system.

The enforcement priorities for ICE have shifted in that they've become indiscriminate. Like during the Obama administration, people who were undocumented but had no criminal history just simply were not a priority and could go about their lives with some level of confidence that they would not be apprehended by ICE agents, but that is no longer the case, it was one of the first things that the Trump Department of Homeland

Security did was say we have no priorities if you are here without permission, you are a priority, regardless of if you have citizen children, regardless of if you have any sort of criminal record. Yeah, and I mean, I think that that was even explicitly aimed at creating a culture of fear and trying to coerce people to self-deport because they don't want to go about their lives thinking that at any moment they could be snatched off the street.

(Attorney A)

Participants highlighted the ramifications of indiscriminate ICE enforcement priorities in the lives of their immigrant clients and their communities.

Yeah, yeah, I think that's the priorities thing was like and I keep coming back to that, but it was just it was this like trying to create this fear of just being an immigrant. You know, it was like. Even people who had green cards and who had no criminal history, it was just a creating this air of like, I don't know, do you ever OK, this is silly, but I sometimes have in the airport and like, one of those bomb dogs comes by and sniffing. And I get the sense of just like I do something, oh, no, you know, I don't have a bomb in my bag, but I just I could think of that as kind of a similar air of just like. Something somebody sniffing and I know I didn't do anything, but for some reason it feels like they're going to get me.

(Attorney H)

The expansion of enforcement priorities facilitated an assault on their immigrant clients' sense of safety. Furthermore, this expansion prevented immigrants from accessing the U.S. immigration system and deterred them from applying for various forms of relief.

So, the first, I think, probably the most tangible one is you strip away at the sense of safety. Right, and you now invoke, and this is why I say it's almost like you're victimizing the individual, because you strip away at their sense of safety, which arguably, depending on the nature of the crime of which they were a victim, that's already occurred. Right? So, if someone has been a victim of robbery, they don't feel safe going out to begin with. And now on top of it. OK, but you can file for this immigration benefit and you will be safe and your family will be not targeted by immigration authorities. Well, you've now stripped that away. (Attorney D)

Participants shared about their clients' experience of fear as a result of the expansion of ICE enforcement priorities, which created a sense of impending doom and hypervigilance.

Yeah, I think that that's right and I think like what's going on with ICE enforcement and like what ICE's policies at their, sorry, priorities at any given moment happen to be, I think would, would be useful because from working with some folks who are just undocumented and in the community and just hoping to continue going about their lives without having any brushes with the immigration system, it's like the uncertainty, I think,

really, really eats at them. Right. And the fear that one day there will be a knock at the door and that'll be it. (Attorney A)

The fear of deportation produced by the expansion of ICE enforcement priorities has left many immigrants afraid to report abuse or crime to the police. As discussed by participants, this fear has increased the likelihood of revictimization in immigrant communities.

And also, for example, like something I see a lot with domestic violence. If someone reports their spouse, it's not just that they might go to jail for a night by reporting them, if their spouse doesn't have legal documentation, they could be deporting them or not. They wouldn't be deporting them, but they could be putting them in the justice system, which would alert ICE, which could potentially lead to their partner being deported. And so that can have a lot of ramifications in terms of like the family and financially. You know, this person might not be able to be involved in their kids' lives anymore, so there's a lot more to consider involving the police. (Clinician E)

The conceptual category of Underlying Fear represents a Level 2: Core Consequence.

Thus, The Core Causes in Level 1 directly correlate to the development of pervasive fear in the lives of immigrants navigating the system.

### ***Fundamental Lack of Stability/Uncertainty***

This code was mentioned in six of the 14 interviews. Participants outlined the Fundamental Lack of Stability and Uncertainty experienced by their clients as a result of navigating the immigration system and proceeding with their immigration case. The instability created by the immigration process in the U.S. represents a major roadblock for immigrants seeking to pursue their goals and aspirations for the future.

I think primarily it's a fundamental lack of stability, and so it's hard for them to plan for their futures or to feel safe enough to grow and develop, to pursue their goals or dreams when they can't even count on being in one place for even a year. And so that's a huge barrier to being able to sort of pursue their own self-growth. (Attorney I)

Moreover, this lack of stability forces those navigating the system to put their plans on hold as they wait for their immigration case to move forward. As a result, immigrants navigating the system are kept in limbo, which is often characterized by economic instability.

I think it's like a survival mode. Yeah, like pushing through it, but not, you know, not going back to school like they had dreamed or not finding a stable, secure housing situation or something like that where a lot of it is just sort of put on hold or they don't have the resources to get the tools they need to do those things because of the lack of like economic security or stability or something like that. (Attorney I)

The inability to work for extended periods of time while awaiting a work permit in the U.S. can take a devastating toll on an individual, and their family.

Yeah, I think, for example, if I request an evaluation from someone, it might take years before I actually see if that was sufficient for USCIS. Yes, so I might need to have another review or (inaudible) or something like that, so processing time. It's definitely how long it takes, but also how that affects the client is now having this uncertainty and having no work permit and no access to any financial or social services and how this person is just in the limbo. (Attorney G)

The burden of uncertainty felt by those navigating the immigration system encompasses the ongoing threat of deportation as well as the possibility of being separated from one's family.

One participant discussed the burden of pervasive uncertainty, as well as the financial ramifications that result from deportation/family separation.

Well, for one thing, there's just the simple uncertainty of the situation, obviously, that creates a certain amount of anxiety, just not knowing what's going to happen. And for a lot of people, there was. You know, they knew the possibility of losing existed, but for them, they create a lot of stress because if they go back to El Salvador, Guatemala or wherever they're from in Mexico, their chance of being exposed to pretty severe violence is pretty high. So, a lot of them had a tremendous amount of fear and dread associated with that. Also, if, say you're in Mexico and a construction worker, you come up here and you do the exact same job, you're making about probably eight times as much money up here doing the exact same job. So, for them, it's also a gigantic financial hit, you know. Imagine if your income got reduced by seven eighths, you know, it'd be a hard hit for them. (Clinician B)

One participant emphasized the need for clinicians who work with undocumented immigrants in the community to remain informed regarding ICE enforcement priorities. They identified the ability to recognize what is, or is not a valid concern, based on current ICE enforcement priorities, as an important skill when working with this population. Thus, when engaging in clinical work with undocumented immigrants in the community, remaining informed regarding



current enforcement priorities can allow for realistic conversations with clients about mitigating risk.

Yeah, I think that that's right and I think like what's going on with ICE enforcement and like what ICE's policies at their, sorry, priorities at any given moment happen to be, I think would, would be useful because from working with some folks who are just undocumented and in the community and just hoping to continue going about their lives without having any brushes with the immigration system, it's like the uncertainty, I think, really, really eats at them. (Attorney A)

Attorney participants shared about their own experience of uncertainty. They underscored the political climate, as well as shifting immigration policy and procedure in the U.S., as having contributed to the level of uncertainty experienced by those navigating the system.

So, I think there's a lot more uncertainty and it's a lot harder to win cases now, just sort of because the legal landscape has shifted mostly for sort of political reasons, where it's just it's just much harder than it was. (Attorney I)

I guess I can do my best to make them. Um, side with us, but, you know, there's just no certainty, um, I think that's a lot of the really scary part is just like no control and no way to up your odds, right, you can't just, like, be really good and hope it'll help you or you can't, you know, there's just there's just nothing you can do. Your case is totally in someone else's hands and. And I think that's really scary and I think it's scary for attorneys too right, you know, it's. But obviously, we're not going to the same level of, I'm not being sent somewhere. (Attorney H)

One participant noted the instability that is inherent to immigration detention, as well as the multiple ways in which instability can manifest in the lives of non-detained immigrants navigating the immigration system.

I think. It's, if a client is not detained and if they have a good support system and they are authorized to work, a lot of them can hang in there. I mean, there's always that hanging over their heads, but they can still have a family and have like a measure of stability. When they're detained, it's just a totally different, you're just sort of run through the system. And then there's kind of in between where maybe you're not detained, but you have no lawful way to make money. Maybe you don't have any support system or your support system is unstable, like you're in a domestic violence situation or you're evicted or there's a lot of other compounding issues. And then I think sometimes we just worry that that clients are going to deteriorate. And so maybe they're just like not going to be able to participate in their case or things are going to change so much that they really can't continue. (Attorney I)

Participants explained the need for, and the pursuit of certainty, which was observed in their clients. They described their clients' need for certainty while navigating an immigration system that is punctuated with uncertainty and insecurity.

I think that people are looking for certainty because everything around them is so uncertain in that moment. (Attorney H)

The conceptual category of Fundamental Lack of Stability/Uncertainty represents a Level 2: Core Consequence. The lack of stability and the overwhelming uncertainty experienced by immigrants navigating the system results from the Core Causes of Level 1.

### ***Periodic Retraumatization***

This code was mentioned in seven of the 14 interviews. Participants emphasized the traumatizing nature of navigating the U.S. immigration system today. More specifically, the retraumatization inflicted periodically throughout the immigration process was underscored during interviews.

Also, the re-traumatization. What I have seen is the greater the increased instability, it goes one of two ways, either the greater increase and stability leads to someone being able to manage the trauma better, or it is the absolute opposite, right. As soon as you take some of that away and begin to reopen some of these wounds, like it brings you, your lower down than you were when you when you came here seeking asylum. It's really one of two ways. And I think the more time that you have for that stability, the better. But it really is to some extent, just a gamble. You don't know what's going to happen when you start the process of re-traumatizing your client to prepare for a case. Now, it is also interesting that we have the asylum interview, where we're traumatizing my client and in the preparation for traumatizing the client, and then if that gets referred, you're waiting several years to go to court to discuss these things again. So, it's periodic re-traumatization throughout the process rather than like a single period in time. And I think that that's difficult for clients as well. (Attorney E)

One participant explained the ways in which the immigration system is psychologically damaging on all accounts. They outlined the criminal-like treatment of immigrants who are navigating the system, as well as a lack of familiarity with the U.S. immigration system as retraumatizing.

I think I mean, the whole system is incredibly traumatizing, I. Pretty much, I mean, I've said this a lot of times since grad school where it's like, so much of my job was like everything about meeting with my clients is like the opposite of what you would want for a client situation. Where it's they have this legal case that they don't understand. They're being treated like criminals when many of them have never committed any crimes in their whole life. Just even that concept, then you're having to explain like all these court systems and these documents and that people. People who live here don't have a framework, let alone if you're coming from another country, just trying to escape with your life and your family's lives and. Just the strain, I think there's so much of the combination where it's like the whole process is so traumatizing. (Clinician C)

Immigration detention was highlighted by participants as a component of the immigration system which is retraumatizing in every aspect. The traumatizing nature of detention compounds the traumas incurred prior to one's arrival in the U.S., consequently, retraumatizing these individuals navigating the system.

I have a client who was, has a number of mental health symptoms and he was released from detention and was like initially doing well, but. And I'm not you know, I don't know all of the factors that I went into this, but I know some of it is related to the stress of his case. And he. There was like a suicide attempt and he was briefly, involuntarily committed. That's a pretty extreme example. But I also have clients who have, you know, just like I have a client who is homeless and I you know, there are a number of issues, so it's not like I can't say it's because of the instability of his case, but I think it's just compounding trauma. And so, they were already traumatized. This is like another layer. And it can just at a certain point, people can't take on more than a certain level of pain. And so, at some point, you just kind of glitch out. (Attorney I)

The retraumatization that occurs for those navigating the immigration system often results in an increase in trauma symptoms. This was described by participants who noted the range of trauma symptoms observed in their clients as their case moved forward.

I mean, it can make it can get in the way of their ability to think about the case, talk about it, which we have to do to present a case that involves a lot of really, re-traumatizing stuff, unfortunately. So, they can have an uptick in like nightmares, shaking, crying, just when talking about it. It brings back so much of what's very painful and the reasons why they left their countries. (Attorney I)

Participants described the retraumatization that takes place as a result of retelling one's story, which is necessary for a psychological evaluation and intake interview.

I think the second one would be the retraumatization and revictimization, when we do an intake, when we conduct an intake, we ask a lot of questions and then we prepare a declaration, we ask a lot of questions. And then when we send that declaration to a psychologist, we expect the psychologist questions. So, yeah, I think by the time a psychologist meets with the client, they've been revictimized multiple times. (Attorney G)

One participant described multiple aspects of immigration detention that negatively influence the intake process. They noted the high volume of detained immigrants in need of services as a contributing factor to the short time frame they can allot to each individual.

And then having to repeatedly talk about the worst things that have happened to you. Fortunately, like our legal teams are wonderful, they try really hard to make it a less traumatizing process, but they still need that information to be able to put forward an adequate case. And it's something that I'm that I'm always focused on. How do we make this a little bit better, like even just like our intakes for so many fast conversations, just trying to get all this legal information without, you know, they're still going to go back and process which cases we can actually take or do more for. But even that process is like, that's getting so much really terrible information from people in a quick time frame just because of the volume of people that that we have to be able to reach and assess. (Clinician C)

The ramifications of recounting past traumatic experiences for immigrants navigating the immigration system can be devastating. This was discussed in the interviews, including one participant who described the extent of their client's retraumatization as a result of retelling their story.

I've certainly seen where we've had clients where sometimes most of the time they can manage pretty well. But there are clients that the extent of their trauma is really impactful. And as soon as you start to scratch and flake away at that surface, it all comes back. And I've had clients that really just don't seem to recover from that, like they've been able to repress it. They managed to give you enough information for the interim, but then they haven't had to talk about it for a year or more and they're feeling pretty stable. And then all of a sudden everything comes back up. And that's, that's really tough. (Attorney E)

In particular, the process of asylum was portrayed by participants as retraumatizing. The ongoing impact of trauma for those seeking asylum was described by participants. They noted

the multiple traumas experienced by their immigrant clients in their home country, during their journey to the U.S., and after their arrival.

I think, in terms of the psychological effects on asylum seekers in the United States. . . . But they're living through the trauma still. Right. Especially those that are detained. So, they're coming with trauma from home country and then they're here. But I should say, before they even get here, the journey itself can be very traumatic, the very definition of being in a destabilized environment. Right. Like you're not home anywhere. You're not home at home because you're not safe there and then you're not home during the journey, certainly because you're trying to get somewhere and then you get to the United States. And if you're detained, then you're not home and you're being told that at any point you could be removed. But certainly, that's how it feels, even if there's a legal process between you and that removal. And that's really hard to explain, understand, and not fear constantly. So, I see them as almost like so if we're thinking of, the trauma or the stressful situation like it's like a lion, like they're still being chased by a lion in a lot of ways.  
(Attorney F)

Participants underscored the lasting impact of asylum hearings. They described the process of an asylum hearing as one that exacerbates existing trauma or contributes to further traumatization of their clients.

And that's just the tension, then we then we have court, right. And courts scary for most people, even in the best of circumstances. You know, it's stressful and scary. And we're talking about people being sent to court, you know, it's a confrontational system where the government is represented by a trained attorney and you're standing there by yourself not knowing what you're doing. Oftentimes, our clients don't speak English. They may not be literate. They certainly are not experts in immigration law. And so all. And then you have to get up and be essentially cross-examined by both a government attorney and a judge, because the judges will ask the questions too. Really digging at your story, and this is particularly traumatic, like I said, for asylum seekers who, you know, I've had cases where I've seen judges ask women who are victims of really extreme sexual violence. Essentially, the judge, because it's on the on the individual who's in in removal proceedings to explain to prove that they deserve asylum. And so, the judge will ask them really detailed questions about what was going through their assailant's mind when they attacked them, because essentially, they need to prove that the assailant's motive was a protected ground, a reason for asylum, because you can only get asylum if you can prove that you were persecuted on account of your race, religion, national origin, political opinion or membership in a particular social group. I'm having sort of flashbacks to listening to a transfer, listening to a CD of a judge, asking a woman repeatedly. You know, why did this man break into your house and rape you, like why did he do it? Are you sure he wasn't just, you know, just a criminal? Are you sure it's because you were a woman? And like I you know, I listen to that, and I was just like, I don't know how the hell I would answer that question. And I'm a, you know, much more equipped person to

answer that question than she was. And she just broke down. She couldn't I mean, she couldn't do it. So, yeah, it's not trauma-informed. It's not, it's so far from trauma-informed, it's not even funny. But that's the sort of thing that is pretty common in immigration court. So, it's all extremely traumatizing. (Attorney B)

Further, participants identified retraumatizing components of the asylum process, such as the necessary requirement of disclosing details of their traumas within a confrontational setting, and immigration detention.

I think, you know, the immigration system, even when it works out well, is extremely difficult and traumatizing for people. You know, and I'd say that particularly keeping in mind that I work with a lot of people who are asylum seekers, so like even the best-case scenario for them involves digging up a lot of traumatic experiences and having to go through that. And all of my clients are detained in removal proceedings. And so, they're in an additionally traumatizing setting. And they are having to do this on a defensive application, which means that they're in a highly confrontational setting while they're trying to explain their story. And so, like that is all a recipe for traumatization and new trauma. And so even if they win, like that is going to stay with you. (Attorney B)

The conceptual category of Periodic Retraumatization is a Level 2: Core Consequence.

Therefore, the cyclical nature of retraumatization inflicted on immigrants navigating the system is resultant of the Core Causes in Level 1.

### ***Powerlessness***

This code was mentioned in four of the 14 interviews. Participants described their clients' experience of Powerlessness throughout the process of navigating the immigration system.

Powerlessness was described as the total loss of control and autonomy over one's life and future.

Attorney participants underscored the desperation for reassurance sought by their clients.

And so, as the attorney, the way that I see it manifesting psychologically right, I'm sure that there's more that they're going through with their families that they're talking to me about, what I actually see is this like. I need you to tell me definitively if this is going to work and if this is what we should do, because I feel like I have no control over anything. And so, you're my source of feeling like I have some control. And unfortunately, this is not something we can offer. (Attorney H)

Participants described their clients' experience of powerlessness, which was amplified for detained immigrants navigating the system. They described the lengths taken by detained individuals to regain some level of control and power in their own lives, including going on hunger strikes in protest of their detention.

I think it's kind of a pressure cooker environment, too. So, I've had clients who have been attacked by other people in detention. There are reports that they're not treated very well by the guards. And, you know, they might like I've heard of people who will go on a hunger strike is an example just because they have no power except that left. And so that's the one way they can try to just protest what's going on. And then that becomes a really big problem at the detention center. When that happens, ICE really handles that pretty harshly. (Attorney I)

Attorney participants shared about their own experience of powerlessness while helping their clients navigate the immigration system.

I think it's helpful for clinicians to know that these cases take a long time, that these are usually years where someone's in a proceeding. And so, sort of being able to sustain that unknowing and that uncertainty, I think is going to be huge. And I also think one thing that I've struggled with as a practitioner, and I share that with my clients, is that it can be so difficult to work so hard for something and to bear the personal cost of that. But the decision is ultimately out of your hands where there's such a loss of control or autonomy. And so, I think that is a huge challenge to sort of manage during the process. (Attorney I)

Another participant provided an example that highlights the powerlessness experienced by those navigating the asylum process in particular. They noted the harsh and dismissive aspects of the asylum interview, which often leads to feelings of powerlessness and futility.

Like taking a client into, for example, an asylum interview. I think this is kind of the area where we see it the most because we have a lot of asylum work. You know, you take a child into an asylum interview, you prepare them for the case as best you can. And you really think that they're going to get a comprehensive interview, two or three hours, going through several questions about their fear of return and everything that's happened to them. And you prepare them for that. You do prep sessions, which you try to minimize how traumatizing that is. But to some extent, just it's very traumatizing. And so, if you go into that interview and it takes 20 minutes and then the officer says we're not we can't conduct any more of this interview because this child lives with their parents, that's really horrific for the child, it feels I think pretty powerless and futile. I mean, that's certainly how I feel as the representative, seeing that my child has come in, they're already nervous

about this process and they're just kind of brushed off because of a bureaucratic system. And it feels very harsh. (Attorney E)

This conceptual category represents a Level 2: Core Consequence. Powerlessness can be understood within the grounded theory as the result of the Level 1: Core Causes.

### ***Summary of Level 2***

The Level 2: Core Consequences outline the ramifications of a broken immigration system. Interviews with participants revealed the undercurrent of fear experienced by those navigating this broken system due the fear of deportation and family separation. The fundamental lack of stability and uncertainty pervasive in the lives of immigrants was also discussed by participants, such as economic instability due to the inability to work. The cyclical nature of retraumatization inflicted throughout the process of navigating the immigration system was exposed during interviews, in addition to the overwhelming sense of powerlessness experienced by immigrants.

### **Level 3: Coping/Surviving**

The third theoretical level of conceptualization, *Coping/Surviving*, encompasses various attempts to cope with and survive the process of navigating the U.S. immigration system. These attempts to cope and survive are made by both immigrants and attorneys navigating the system. The third theoretical level, Coping/Surviving, incorporates four conceptual categories, including Attorney Balancing Act, Reliance on Family, Shut Down and Keep Going, and Giving Up. Each conceptual category will be discussed and exemplified using participant quotes.

#### ***Attorney Balancing Act***

This code was mentioned in four of the 14 interviews. Participants discussed the overwhelming lack of mental health and social services available to immigrants navigating the immigration system, as well as the urgent need for services.



Nothing specific to someone who's already interested in it, but I would say I think the integration of social services into immigration relief is fundamental. It is absolutely essential to the well-being of the clients, to the success of the case. It's just, I can't even begin to think of all the ways that it has a positive impact on both of those things. It's, it's the case, but it's also the client's life. So, anyone who is even considering it right, like I want them to give it a shot. I want them to dive in. I think that there is more visibility about need for access to counsel than there is visibility about need for access to services. And I would encourage anyone who is considering it to give it a try or to do some research about getting into it. I know that there are legal service providers who don't have a social services component, and the attorneys and the legal assistance take on that role to some extent. And it already feels like a balancing act when I just have to worry about the applications in the court cases. Right. It's an incredible service to provide to the legal team and to the client. Right. Like you are helping a wealth of people by doing that work. And I just hope that more people would consider it and we could create more of that integration. (Attorney E)

Participants explained the ways in which their clients' mental health can impact the quality of legal services they provide. More specifically, they described their clients' unaddressed mental health difficulties as a barrier to proceeding with their immigration case.

One thing that is hard for me is, on the legal side of things, is that what really gets in the way is the client's mental health or a sort of like a huge barrier to the case. But and I it's something I'm not qualified to really weigh in on. And I don't want to overstep my professional boundaries and I don't want to, I'm not qualified. And so, a lot of what they really present with are mental health needs and then the legal needs are sort of discrete, if that makes sense. (Attorney I)

As a method of coping and survival, attorney participants explained filling this gap in available services by attempting to provide legal, mental health, and social services to their clients.

Yeah, I definitely find that. I found that really difficult in non-detained, I think, because a lot of my clients were victims of crime, single mothers. And so, it was more difficult for me to have that boundary. But like I said, I have been here at the office after hours helping someone submit a Section eight housing application. Fortunately, once we got our social worker, we were able to refer them to a social worker. . . . I think the one thing that I felt like I could do is just listen to someone or talk on the phone like they would call me. And they in this case, she was a trafficking victim who wanted to bring her children to the United States because the trafficker had kept her children. And so, she was still under this psychological coercive control because he had control of the children. And so, they her application was denied. And so, we were appealing it. And so, I think just her calling me and talking about how much it hurt her and how she blamed herself because of the trafficking situation. And so, she trafficked or forced her to leave her children behind in her home country. And so, she blamed herself. And so, yeah, I think in those situations,

all I could do is just listen to her and explain that it's not her fault. This is processing time. This is how long it's taking. And the children are also angry how long it was taking. So just explain to her to explain to the children that this is out of our hands. Yeah. So, sometimes just an hour long talk with a client, just kind of giving them space to process what was going on. (Attorney G)

Moreover, attorney participants noted the strain of balancing multiple roles in addition to the depletion of valuable time and energy necessary for their clients' immigration case.

Yeah, where I mean, if a client had an ongoing mental health support, I think it would be it would free up the client to sort of work on all of the issues. And then our relationship could be more about the legal side of things so that. I guess, like their support system is strengthened and diversified. (Attorney I)

Attorney Balancing Act represents one of the ways participants are trying to resolve the main concern in this study, and thus serves as a method to cope with/survive the Level 2: Core Consequences. Therefore, this conceptual code can be understood within Level 3: Coping/Surviving of the grounded theory.

### ***Reliance on Family***

This code was mentioned in five of the 14 interviews. Participants noted their clients' reliance on family as a major source of support, strength, and motivation to push forward with their immigration case.

Yeah, paradoxically, I think a lot of the strength comes from the family itself. Yeah. Just like the need to kind of protect each other, preserve the family unit, keep each other safe and support each other and. I think that that's, you know, because a lot of times the reason why. Parents might immigrate as for their children to have better, healthy, safe lives with more opportunities than what they had. So, yeah, I think the family is oftentimes one of the largest assets or. I'm not sure what words you would put on that, you know, provides a lot of strength and motivation to push forward. (Clinician E)

The importance of having family ties and community in the U.S. was highlighted in interviews. Participants described factors such as isolation and language barriers as hurdles that immigrants face, which can be ameliorated by relying on family and community.

Yeah, yeah. And the fact that, like a lot of times, immigrants are more isolated due to language barriers and things like that, neighborhoods tend to be segregated in that sense as well. And so, people really have to rely on their families and also their community. (Clinician E)

Participants identified family as an important resource for coping with the stress affiliated with navigating the immigration system for individuals both in and out of detention.

I think people try to call their family and friends, and I think whenever you can, it helps when people have different assignments or things they can work on. It's just I feel like really hard to fill that time in detention. So, people spend a lot of a lot of time with their thoughts. So, but I think those are kind of like the bigger activities. For released clients we have its kind of the more typically, like if they're with family or friends, they might have a more of a support network to help mitigate some of the stress. (Clinician C)

One participant shared an example that exemplified the positive impact of relying on family in the U.S. They emphasized the support provided by family members as a valuable protective factor.

Thinking about, like, for example, an evaluation that I did for an adolescent boy who was from Central America. They had to flee due to persecution and him and his father came to the US. And because he was kind of young during some of the incidents, there were some things that he remembered and other things that he didn't in terms of like the family being threatened and things. But as soon as the father was kind of able to help him get settled in, he really is very motivated in school and I think that was a place fortunately, his school was like a supportive environment for him and he connected a lot with his teachers and. Even speaking English as a second language, he was really able to integrate into the school environment and that was like a place where he really flourished and was doing really well. So, I think that was an instance where the school was really helpful and his father too, his father was really committed to helping him overcome all of this. And they did have some extended family in the US already. And that was helpful, helping them kind of get settled and oriented and helping the dad find work and finding a place to stay. So. Yeah, in his case, I think it was probably his father, his extended family in the school that were the main supportive factors for him and his dad did get him into counseling as well. (Clinician E)

Participants noted the challenges faced by immigrants who do not have family in the U.S. The lack of accessible services was underscored in interviews as compounding the strain and difficulty associated with not having family in the U.S.

Exactly, exactly, because usually the family abroad, they're the ones sending money to their home country, but if they have family here, they've been here for a very long time, community and support, I think they have more of a safety net. Yeah, but people who've just come here seeking asylum, it's very difficult. We've had people who came here, unaccompanied minors, asylum seekers, and decided to return because it was just so difficult being able to survive without access to services. (Attorney G)

Reliance on Family signifies the attempt to cope with/survive the process of navigating the immigration system. This conceptual code fits into Coping/Surviving of Level 3 and functions as a strategy employed by immigrants to cope with/survive the Level 2: Core Consequences.

### ***Shut Down and Keep Going***

This code was mentioned in three of the 14 interviews. Participants described a method of attempting to cope with/survive the immigration system observed in their immigrant clients, in which they shut down emotionally to proceed with their immigration case. Shut Down and Keep Going represents a mechanism of survival utilized by immigrants navigating the immigration system.

Yeah, I feel like I've got Humpty Dumpty, you know, I'm going to put these people back together again. It's so devastating to them that. And it's sort of like they almost have to shut down and keep going, keep working or keep going to school, whatever it is that helps them. (Clinician D)

In order to move forward with their immigration case, immigrants must suppress the trauma experienced in their home country, and during their journey to the U.S., as well as the trauma incurred as a result of navigating the U.S. immigration system.

And then, of course, of course, when they see me, I drag them through all. So, it's kind of retraumatizing in a certain way because I you know, I want I want to see how they are coping and you know how they. But I would say generally most people handle it by being in a semi state of denial. They just don't want to think about it, so they don't and they put it off, too, because the other part, the other part, especially for most of my Hispanic clients, you know, they don't have any money. And you have any idea what they're paying for this, a lawyer? (Clinician A)

The adaptiveness of Shut Down and Keep Going as a way of coping with/surviving the immigration system was discussed in interviews with participants. Specifically, they noted the compartmentalization employed by their clients to move forward and continue navigating the system.

Some people are better at compartmentalizing than others. Some people are more subject to rumination. I mean, I just do a random distribution of the people, the people who have come here and who have been able to, you know, the undocumented people have come here and able to maintain a certain amount of survival. You know, they're used to being a threat. And they you know, they've adapted. They do have, they have a way of coping with the uncertainty by compartmentalizing, they don't worry so much about stuff. (Clinician A)

Shut Down and Keep Going was identified as a coping/survival mechanism used by immigrants in detention facilities. Participants noted that their clients often experience an increase in their mental health symptoms following release from an ICE detention facility.

I think that's definitely true. It's hard to generalize, but I sort of unexpectedly have found that a lot of my clients experience or report an uptick in mental health symptoms after they released detention, which is not what I would have expected. But I think it's sort of the leaving a facility. Maybe they've been detained for a really long time. And on top of that, maybe they're coming from a criminal sentence. So, it's a really long time. They've been out of the community. And so, a lot of them have a really hard time during the reentry process. (Attorney I)

Participants described the difficulties experienced by their clients upon release from detention. They emphasized the challenging transition back to daily life after operating in survival mode for an extended period of time while detained.

I think that's totally it and detention is such a closed universe with such a singular objective to get out or to win your case, sort of getting out one way or another, that when it happens, it kind of creates this vacuum. And you form really intense personal relationships when you're in detention and then often with your attorney. And then when the case concludes, it can really feel sort of jarring for the person. (Attorney I)

Shut Down and Keep Going corresponds with Level 3: Coping/Surviving, as it represents a strategy used by immigrants navigating the system to cope with/survive the Level 2: Core Consequences.

### ***Giving Up***

This code was mentioned in four of the 14 interviews. Giving Up was described by participants as a method of coping with/surviving the immigration system used by both immigrants and attorneys. For attorneys, Giving Up represents the decision to practice a different type of law or the discontinuation of their work as an attorney altogether. This decision was ultimately prompted by feelings of helplessness and incompetence that arose from trying to navigate and guide others through an ever-changing immigration system.

Because you're like, I don't know, because you keep second guessing everything that they know and have known. And I think you see that in a lot of practitioners even. Right. Is that anxiety level increase because you don't want to give someone the wrong information. And what I've seen in newer practitioners is for some of them, they couldn't they couldn't withstand it. It just was too much. And they said, you know what, I'm just going to go practice something else. And for the experienced practitioners, what you're seeing is this this real anxiety that increased to say, I don't want to get this wrong, but now I'm looking everything up, things that I know, like the back of my hand, I'm looking them up again because I'm like, I just don't I don't change that. Maybe they didn't change it. (Attorney D)

For immigrants, Giving Up symbolizes the decision to self-deport back to their country of origin or continue their migration to a different location outside of the U.S.

And for a lot of people, you know, there were clients were saying we're going to pack up and leave. And we saw a lot of that. We saw a lot of people give up and just go. Say, forget it. There's a you know, there's a whole world out there. Even if I don't go back to Central America, even if I don't go back to Mexico, even if I don't go back to pick another country, we'll go someplace else. (Attorney D)

Participants described their clients' difficult decision to return to dangerous conditions in their home country prompted by the harsh and challenging process of navigating the immigration system in recent years.

And that's why people give up. They're like, you know what? It's fine. I understand. Then I'm going back to a country where it's not necessarily safe, but I'd rather take that risk than deal with this. Which is horrible, which is just horrible. (Attorney D)

Detention is another aspect of navigating the immigration system which contributes to individuals Giving Up and self-deporting. This was described by participants, including the impact of retraumatization incurred during detention.

So, detention is extremely difficult and as I said, re-traumatizing. And because it's so difficult, we also have a lot of people who end up giving up on their cases and saying they just can't handle it anymore and they'll take their deportation and take the, you know, face the risk that they face in their country of origin because they can't do it anymore. (Attorney B)

We can try but understand we may not prevail here, you know? And so, I think that that would be the story that people should understand is, is that people in detention right now, I mean it's, they're giving up. They're like, forget it. We'll just leave. You know, families are giving up. (Attorney D)

Further, participants noted the impact of anti-immigrant rhetoric and the political climate as factors which influenced their clients to give up and self-deport.

A lot of our clients lost their jobs that way. And so, one of the other clients, that was the reason she actually decided to go back to her home country because she just thought it was a really uncomfortable life for an immigrant in this country, and they had been through some discriminatory stuff at her husband's work and just a lot of like an environment that was really nasty as far as the immigration court, they went from having priorities in which cases they were going to seek to enforce. (Attorney H)

Giving Up symbolizes a strategy used to cope with/survive the process of navigating the immigration system, specifically the Level 2: Core Consequences. This conceptual code can be understood within Level 3: Coping/Surviving of the grounded theory in this study.

### ***Summary of Level 3***

Level 3: Coping/Surviving illuminates the strategies employed by attorneys and immigrants to cope with and survive the process of navigating the U.S. immigration system. Methods of coping and survival utilized by attorneys were described by participants, such as

providing legal, mental health, and social services to their clients due to the lack of available services. Moreover, attorney participants described the decision to practice a different type of law or the discontinuation of their work as an attorney altogether, as a way of coping/survival. Also emphasized by participants were strategies employed by immigrants to proceed with one's immigration case, such as relying on family for support and shutting down emotionally. Additionally, participants noted the survival method of self-deportation used by immigrants navigating the broken system.

### **U.S. Citizenship Privilege Awareness**

Interviews with participants also explored the development and impact of U.S. citizenship privilege awareness, which will be outlined in the following section. Participants described experiencing moments of clarity which facilitated awareness of their U.S. citizenship privilege. These moments of clarity discussed by participants were spurred by bearing witness to the experiences of their immigrant clients. It was through these moments that participants indicated that they developed an awareness of their privilege as a U.S. citizen. One participant discussed the ability to operate in settings like airports with ease and comfortability, as an aspect of U.S. citizenship privilege.

I just helped a client get through the airport a week or two ago, and it was just like, you know, he had all his release paperwork from ICE, but then being able to like. I have my [state] ID, I am very White, I am a fluent English speaker and that its far easier for me to go to a TSA agent being like, no, look, again, this should work, you need to call your supervisor. I'm going like, don't give my client a hard time just because you aren't trained on what documentation is acceptable and should be. And so, its yeah. It's just kind of, I've seen it up at all different levels, and just a very you know, there is something very, very visceral about being able to walk in and walk out of a detention center and leave all your clients behind. It's really. Yeah, it's I mean, it's not fun to work and like to work and meet with clients in those places, but the fact that, you know, there's no questions asked about getting out those doors just kind of really always, at least to me, always makes me just feel extremely privileged. (Clinician C)



Another participant emphasized the higher standards that are required of noncitizens in the U.S., as well as the disproportionately harsh consequences for a criminal violation of any kind for noncitizens.

And what is it about citizenship of the United States that is so sacred that we cannot give it to people? So that has always been in the back of my mind of working with these kids. It's even more you have an 18 or 19-year-old who gets a DUI that can be their deportation. Right. Like something that happens to many of us. Right. Like we're drinking under age and we get caught. It's a slap on the wrist or it's a stern conversation from a judge for many kids in America. And that's not what our clients are looking at all. . . You have to be better than an American citizen to stay here if you're not an American citizen. (Attorney E)

Participants also highlighted different aspects of U.S. citizenship privilege, which were illuminated through their work with immigrants. One participant described developing an awareness of the feeling of belonging, the ability to apply for academic scholarships, the right to vote, and not fearing deportation should one have an interaction with law enforcement as aspects of U.S. citizenship privilege.

I think there are so many things that I took for granted as a citizen before I started working more with immigrants and. You know. There are things that, that I'm really lucky to have. And just being able to vote and being able to get scholarships for school. Not having to fear, even being separated from my life in the US that I've worked really hard to build and my family and also just walking into a room and feeling like I belong. (Clinician E)

Another participant discussed facets of their life as a U.S. citizen that they had taken for granted prior to working with immigrants. They attributed their development of an awareness regarding their own privilege as a U.S. citizen to their work with immigrant clients.

On a very like, superficial level, it has made me aware and appreciative of all the things I can take for granted that my clients cannot, right, like I will never have to worry about whether my daughter and I will have to relocate to a Third World country because I can't obtain lawful immigration status in the United States. I will never have to worry about whether or not I need to obtain fraudulent documents in order to get a job because I don't have authorization to work in the United States. I mean, I'm also, as you can see clearly, a white woman, right? So, there's a level of privilege that I you know, I don't deal with in

terms of racial or ethnic insensitivities that many of my clients have to deal with.  
(Attorney C)

Interviews with participants illuminated the complexities of U.S. citizenship privilege. These findings will be reviewed further in the discussion, including the clinical implications of this form of privilege.

## **CHAPTER V: DISCUSSION**

The following chapter consists of a summary of the study, discussion of the findings, limitations, recommendations for future research, and clinical implications. The purpose of these sections is to expand upon the conceptual categories within the context of the existing literature in an effort to provide a further understanding of their influence on clinical practice, as well as offer suggestions for further research that targets the understanding of immigration law, policy, and procedure amongst clinicians.

### **Summary of the Study**

The purpose of this study was to explore the relationship between the psychological implications of immigration and the legal challenges that immigrants face today. Frequently excluded from the curriculum, training, and continuing education of clinicians is information concerning the legal aspects of immigration, which is cause for concern. In order to maintain socially just and culturally competent practice, clinicians must be knowledgeable with regard to immigration law, policy, and practice by routinely obtaining further education. This is imperative for clinicians who work with immigrant populations. This study utilized a classic grounded theory research strategy established by Glaser (Glaser & Strauss, 1967). Semi-structured interviews were conducted with 14 participants, including attorneys and clinicians with professional expertise in the area of immigration. Data analysis techniques involving, open, selective, and theoretical coding resulted in 12 conceptual categories, which are organized by three conceptual levels. Each of these procedures were employed to investigate the relationship between the psychological implications of immigration and the legal challenges which immigrants face today.

## **Discussion of the Findings**

The previous chapter presented the findings of this study by organizing data into conceptual categories. The purpose of this chapter is to provide interpretive insights into these findings. The discussion takes into consideration the literature on immigration law, policy, and practice and the effects on immigrants. Of note, in accordance with classic grounded theory, “researchers integrate existing literature on the substantive topic into their thinking as the theoretical categories and framework stabilize” (Locke, 2001, p. 122). While an initial engagement with the existing literature occurred prior to data collection in this study, it is essential to review the extant knowledge as it ensues from the emergent grounded theory (Stern, 2007). This stage is significant in terms of academic honesty and to demonstrate the ways in which the study contributes to and advances extant knowledge within the field.

The results of this study support the need for clinicians to be informed regarding immigration law, policy, and practice, including psychological and legal aspects. *The Strategically Broken System* explains how individuals resolve the process of navigating a broken immigration system, and exposes the components which contribute to the brokenness of the system. Three levels comprise *The Strategically Broken System*, including the *Core Causes* of the broken system (Level 1), the resultant *Core Consequences* (Level 2), and the *Coping/Surviving* efforts of individuals navigating the broken system (Level 3). The multiple conceptual categories which constitute the three levels will be integrated with existing literature and discussed in this section.

### ***Level 1: Core Causes***

The results of this study are consistent with existing literature which indicates that racial ideologies of Mexican and Latinx immigrants have materialized in immigration policies that

have magnified existing structures of enforcement and inhumane treatment of immigrants (Canizales & Vallejo, 2021). Chavez (2013) defined the Latino threat narrative, in which men are depicted in the media and political rhetoric as criminal, illegal, as well as inferior culturally and intellectually. Canizales and Vallejo (2021) argue that the depiction of Latinos as a threat designates them as non-American and thus unworthy of access to citizenship rights and resources, and condones dehumanizing policies. The findings of the current study align with these assertions and provide additional evidence which illustrates the impact of anti-immigrant rhetoric in the U.S. on immigration policy and procedure, as well as the dehumanization of immigrants.

The research in this study supports the underpinnings of anti-immigration attitudes identified in prior research, such as othering. Othering is the process of rejection or oppression of individuals who are perceived as “different” in a given society (Chavez-Dueñas et al., 2019). This process has been amplified through the use of anti-immigrant rhetoric and dehumanizing language seen during the Trump administration. This study asserts that othering enables the use of anti-immigrant rhetoric through the rejection of commonalities and detachment from the suffering of immigrants.

Further, the current study offers evidence in support of existing literature, which emphasizes the detrimental effect of dehumanizing maltreatments. Christoff (2014) proposes that when people are dehumanized in a mechanistic manner, by being treated as objects, they often enter into states of cognitive deconstruction. These states are typified by emotional numbing, cognitive rigidity, and “a narrowly concrete focus on the immediate present rather than a broadly meaningful thought pattern” (Bastian & Haslam, 2011; Christoff, 2014; Twenge et al., 2003, p. 410). The results of this study advance the prior literature and suggest that the dehumanizing

treatment of immigrants navigating the immigration system results in cognitive deconstructive states. As a result, immigrants who are mechanistically dehumanized shut down emotionally by suppressing their response to trauma as a mechanism of survival (Shut Down and Keep Going).

The results of the present study suggest that the political administration in power in the U.S. manipulates immigration policy, procedure, and enforcement to fulfill an anti-immigration agenda. This is reflected in the existing literature which indicates that legislative acts such as, the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996, Immigration Reform and Control Act (IRCA) of 1986, and the Immigration and Nationality Act of 1965, have origins in crimmigration, the overlap between criminal and immigration laws (Chavez-Dueñas et al., 2019; Chomsky, 2014; Kerwin, 2018; Stumpf, 2006). These legislative acts initiated a persistent attack on immigrants and gave rise to the policies put forth by the Trump administration. Therefore, the findings of this study offer additional evidence indicating that immigration policies and procedures in the U.S. are exploited to accomplish the anti-immigration aims of the political administration in power. Thus, it is imperative that clinicians are aware of these aims in order to prevent authorities or other power structures from infringing on the rights of immigrants and to minimize harm to this population.

### ***Level 2: Core Consequences***

Numerous studies have illustrated the impact of the threat of deportation, describing this threat as an “omnipresent threat,” and a “constant threat” (Gonzales, 2011, p. 605; Menjívar & Abrego, 2012, p. 1388). In the current study, the results are consistent with existing literature, which indicates that fear experienced by immigrants in the U.S. is amplified by anti-immigration rhetoric and current immigration policy and procedure (García, 2018; Garcini et al., 2016; Rios Casas et al., 2020). Further, the present study also builds on existing literature by emphasizing

the increased likelihood of revictimization produced by indiscriminate ICE enforcement priorities due to the fear of deportation. Prior studies have exposed similar findings, such as Caraballo (2020), who discussed postmigration immigrant victimization and its relation to immigration policy, including enforcement and media coverage. Caraballo indicates that these policies stigmatize immigrants and increase vulnerabilities, which creates susceptibility to victimization in the U.S. Therefore, the results of this study add to the existing literature by highlighting the connection between indiscriminate ICE enforcement priorities and the revictimization of immigrants in the U.S.

The outcomes of this study are consistent with prior research that has highlighted the instability created by deportation-related family separation, immigration policies, and the fear of immigration enforcement. Previous studies have documented the economic impact, including food and housing instability, as well as the overwhelming insecurity about the future experienced by many immigrants (Green, 2019; Lovato et al., 2018; Rojas-Flores et al., 2017). Moreover, the ways in which current policy and procedure contribute to poverty among documented and undocumented immigrants has been identified in the existing literature, such as exploitative working conditions, as well as detention and deportation due to the loss of income (Dreby, 2012a; Hall & Greenman, 2015; Torres et al., 2018). This study offers additional evidence suggesting the detrimental impact of immigration policy and procedure by illuminating the fundamental lack of stability experienced by those navigating the immigration system.

In addition to instability, immigrants navigating the immigration system experience pervasive uncertainty, which erodes every aspect of their daily lives. This finding has been reflected in the prior literature by Martinez-Aranda (2020), who proposed the concept of collective liminality, a condition of constant uncertainty that is shared between detained

immigrants and their families due to the threat of deportation and resultant hardships. This study advances the existing literature by offering further evidence of the uncertainty experienced by immigrants navigating the system, as well as their families, and communities.

The retraumatization of immigrants navigating the immigration system has been underscored throughout the existing literature. For instance, von Werthern et al. (2018) conducted a systematic review of existing literature and asserted that detention should be viewed as a traumatic experience in and of itself. Further, prior research has noted the harm caused by immigration law and policy, including an increased risk for additional trauma and distress – compounding trauma experienced prior to and/or during the process of migrating (Torres et al., 2018). The current findings add to the existing research by emphasizing the cyclical nature of the retraumatization that occurs throughout the immigration process, often as a result of retelling one’s story and providing an account of the traumas incurred prior to their arrival in the U.S., during evaluations, intakes, and immigration court proceedings.

Powerlessness was exposed as a Core Consequence of navigating the U.S. immigration system. Participants described the total loss of control experienced by immigrants, particularly in detention, which has contributed to hunger strikes amongst detained immigrants. Haas (2017) points to powerlessness as a key element in the “existential limbo” experienced by immigrants as it pertains to “their limited capacity to define the parameters of their positionality” (p. 83). The findings in this study support the existing literature by emphasizing the damaging influence of harsh immigration policies and procedures on immigrants.

### ***Level 3: Coping/Surviving***

Attorney Balancing Act emerged as a method used to compensate for the lack of mental health and social services available to immigrants navigating the system. Therefore, attorneys



compensate for the dearth in services by attempting to fill this gap. This finding has not been previously identified in the literature per se. Although, prior research by Harris and Mellinger (2021) has explored the asylum process and how it can cause and exacerbate trauma for both asylum seekers and the attorneys representing them. The results of the current study offer a different perspective regarding the unaddressed mental health and social service needs of immigrants navigating the system, and the ways in which attorneys bear the weight of and compensate for, these unaddressed needs.

Reliance on Family was highlighted by participants as an important method of Coping/Surviving, who noted strength and the motivation to proceed within the broken system as aspects of support received from family. This is consistent with prior research, such as the family compensatory effects model, in which family level strengths aid in offsetting adversities outside the home (Roche & Leventhal, 2009; White et al., 2012). The conceptual category of Reliance on Family also aligns with recent research by Calzada et al. (2020), which identified the compensatory effect of family strengths amidst an adverse immigration environment.

Shut Down and Keep Going was emphasized by participants as a method of Coping/Surviving used by immigrants navigating the system. This finding has been seldomly reflected in existing literature. The pain of waiting for one's immigration case to proceed has been described in the existing literature as, "an abiding of intolerable present circumstances, a new kind of day-to-day survival" (Biehl & Locke, 2010, p. 332; Haas, 2017). Previous studies have identified coping tactics for the pain of waiting, which have been portrayed as, "crucial to the 'embodied endurance of time' where the uncertainty and pain of the present sometimes threatened to otherwise overwhelm asylum seekers" (Haas, 2017, p. 92; Pardy, 2009, p. 207). Further, in a study examining coping strategies utilized by asylum seekers in New Zealand, Sama

et al. (2020) identified denial and self-distraction as coping behaviors. While these findings are similar, they fail to capture the true meaning of the conceptual category of Shut Down and Keep Going. Shut Down and Keep Going, the method of coping with/surviving the immigration system by suppressing one's emotional and trauma response, to proceed with one's immigration case, adds to the existing literature by advancing the current understanding of coping/survival strategies employed by immigrants navigating the immigration system.

Giving Up emerged as a way in which both attorneys and immigrants attempted to cope with/survive the broken system. For immigrants, Giving Up signified the decision to self-deport to their home country. This finding is consistent with prior research, which identified self-deportation as a resolution to the arduous process of navigating the immigration system. Park (2018) described *self-deportation* as, "a concept to explain the removal strategy of making life so unbearable for a group that its members will leave a place" (p. 1879). Park (2018) asserts that self-deportation is a governmental tactic for controlling the migration of undesired populations. The present study provides additional evidence in support of the systematic use of immigration policy and procedure to exacerbate hardships for immigrants navigating the system, ultimately contributing to their decision to self-deport.

For attorneys, Giving Up symbolizes the decision to practice a different type of law or discontinue their work as an attorney completely. This finding is consistent with existing literature which points to professional burnout, secondary trauma, compassion fatigue, and vicarious trauma as detrimental to an attorney's representation and overall health (Harris et al., 2020). The incidence of vicarious trauma in attorneys is even higher for those engaged in removal defense and affirmative practices. Further, Harris et al. (2020) identify the ways in which constant changes to policy by the Trump administration have added to the complexities of

attorney burnout and subsequent attorney departures. Thus, the current study provides additional evidence in support of the harmful ramifications of navigating the current immigration system for attorneys, in addition to the immigrants they represent.

### ***Exclusion of Clinicians from the Immigration System***

The results of the present study suggest that clinicians are purposefully sidelined and excluded from the immigration process. Prior research emphasizes the need for mental health and social services among immigrants navigating the immigration system (Baranowski & Smith, 2018; Garcini et al., 2016; Wylie et al., 2018). Salami et al. (2019) assert that the hardships experienced by immigrants can lead to adverse mental health outcomes when coupled with a lack of sufficient support-enhancing resources. Few studies have examined the reasons behind the scarcity of mental health and social services available to immigrants.

Browne et al. (2016) indicate that social service organizations are constrained in their ability to provide services to immigrants due to restrictive state laws and increasing competition over limited funding. The current study builds on the existing literature by providing an explanation for the exclusion of clinicians from the immigration process, asserting that the integration of mental health and social services would ameliorate the challenges of immigrants navigating the system, which is antithetical to the anti-immigration objective of the political administration in power.

### **Limitations**

The limitations of this study stem from two main areas, including the sampling of participants and the lack of respondent validation. First, the present study utilized snowball or chain sampling to identify participants in which referrals are made among people who share or know of others with characteristics that are of research interest (Biernacki & Waldorf, 1981).

Snowball sampling is an effective method frequently utilized in exploratory qualitative research studies. In this study, the use of snowball sampling to identify participants may have impacted the composition of the sample due to the nature of this particular sampling method.

Second, respondent validation was not conducted in the present study. Member checking, also referred to as participant or respondent validation, is a technique used to examine the credibility of results in a research study (Birt et al., 2016). In this technique, the results are returned to participants to check for accuracy with their experiences. This process is utilized to evaluate the trustworthiness of results in a qualitative study (Doyle, 2007). In the current study, participants were not involved in the interpretation of data, including checking and/or confirming the results. While researcher bias may have impacted the overall findings, the use of grounded theory methods also reduced the potential for bias due to the openness to all data that is inherent to grounded theory, which produces a form of triangulation in data sources (Holton & Walsh, 2016). Other grounded theory procedures were employed to diminish the effects of researcher personal bias in this study, such as theoretical sampling, constant comparison analysis, as well as collecting a large breadth of data from several different sources (Glaser, 2002).

### **Criteria for Evaluating Grounded Theory**

The quality of a classic grounded theory can be evaluated by applying the criteria of fit, workability, relevance, modifiability, and parsimony (Glaser, 1992; Glaser & Strauss, 1967). The criterion of fit relates to validity, which can be finetuned through constant comparison (Holton & Walsh, 2016). The following question can assist in evaluating the fit of a grounded theory, “Does the concept adequately express the pattern in the data which it purports to conceptualize?” (Glaser, 1992, pp. 116–117). With regard to workability, the following question may be asked, “Do the concepts and the way they are related into hypotheses sufficiently account for how the

main concern of participants is resolved?” (Glaser, 1992, pp. 116–117). Workability is similar to transferability and can be refined through theoretical sampling and constant comparisons (Glaser & Strauss, 1966).

The criterion of relevance pertains to the utility, or “conceptual grab” of the theory (Glaser, 1978, p. 100). Establishing relevance is important as it suggests that the theory can be applied to a variety of situations with enough accuracy to guide thinking and research (Glaser & Strauss, 1966). The criterion of modifiability relates to the idea that new data can modify the theory, and thus be expanded upon (Glaser & Strauss, 1967). Lastly, Glaser and Strauss (1967) recognize the value of the “parsimony of variables” by way of delimiting the emergent theory to a core category and related concepts (p. 110). Thus, for sufficient scope, “the range of the phenomena encompassed by the theory,” the constructs must adequately and parsimoniously draw out the domain of the phenomenon in question (Bacharach, 1989, p. 509).

In the present study, the fit of the grounded theory, *The Strategically Broken System*, was “continually sharpened” through the constant comparative approach (Glaser, 1992, as cited in Holton & Walsh, 2016, p. 155). Moreover, the grounded theory in this study sufficiently accounts for how the main concern of participants is resolved, which was achieved through theoretical sampling and constant comparative analysis. Further, the grounded theory in this study can be applied to a variety of situations with enough accuracy to guide thinking and research, which implies relevance and utility of the theory. In the current study, the grounded theory is modifiable as it can be further developed in the future. Finally, parsimony was achieved through the constant comparative method including the delimitation and saturation of categories. Thus, coding was delimited to just that which pertains to the core category in significant ways.

### **Future Research**

Prospective research could build on the current study by delving into the intricacies of U.S. citizenship privilege and its impact on the clinician-client relationship. While there were data concerning U.S. citizenship privilege within the clinical context, further research could strengthen understandings of this aspect. Limited research has explored the concept of U.S. citizenship privilege and further insights would benefit the quality of services for immigrants.

Researchers could also investigate the point at which immigrants would benefit the most from receiving mental health care during the immigration process. Further, a similar study might also focus on which types of support or treatment modalities are most appropriate during specific phases of the immigration process. Additional research in this area would support the aims of this research and would provide important implications and support for a trauma-informed immigration system.

In the current study, the purposeful exclusion of clinicians from the immigration process was unearthed. While prior studies have examined the lack of mental health services during the immigration process, little research has investigated the intentional sidelining of clinicians as a tactic employed by the political administration to fulfill an anti-immigration agenda. This finding could be expanded upon in future studies by examining the intentions and specific motivating factors behind this exclusion within the immigration system.

### **Clinical Implications**

The following section will discuss the clinical implications of this research. The main areas of this discussion involve knowledge of immigration law, policy, and practice; advocacy regarding the integration of mental health and social services into the immigration system; immigration reform advocacy efforts; and U.S. citizenship privilege awareness.

### **Knowledge of Immigration Law, Policy, and Practice**

The present study supports the need for clinicians to be informed regarding immigration law, policy, and practice. The findings in this study assert that it is essential for clinicians, particularly those who work with immigrant clients, to obtain a basic understanding of the legal aspects of immigration. This is consistent with prior literature which urges clinicians to understand the challenges that their immigrant patients face and be informed of necessary knowledge (Berlinger & Zacharias, 2019). The current study contends that clinicians must acquire and maintain a basic understanding of immigration which encompasses, court proceedings, immigration detention, various forms of relief, and a general familiarity with legal terminology. Further, the results of this study indicate that clinicians must be aware of the lengthy timelines for immigration cases, which include extended periods of waiting for their immigration case to move forward.

This study emphasizes the need for clinicians to understand and recognize the dissimilarities of immigration court proceedings from other types of court proceedings in the U.S. Participants described these distinctions and pointed to the lack of an independent judiciary and the lack of court-appointed counsel as major differences. This is supported by the existing literature, which notes the lack of appointed counsel undermines the due process of individuals navigating the system (Kerwin, 2018; Patler & Golash-Boza, 2017). The findings of this study also revealed the importance for clinicians to maintain a general familiarity with legal terminology. Participants noted basic legal terms such as master calendar, master calendar hearing, and merits hearing.

Further, this study supports the existing literature by highlighting the urgency for clinicians to appreciate the punitive and dehumanizing aspects of detention (Berlinger &

Zacharias, 2019; Longazel et al., 2016). The results of this research underscore the qualities of immigration detention that are worse than prison, including the indeterminate length of detention/no release date, fewer rights, and more misinformation. This finding is consistent with existing literature, which has found that people who experienced both prison and immigration detention frequently indicated that detention was worse due to the absence of commissary services and programming, as well as the lack of clarity regarding their release date (Golash-Boza, 2015).

The results of the present study contend that clinicians should be familiar with various forms of relief, such as asylum, visas for victims of human trafficking (T-visas), and visas for victims of crimes (U-visas). This aligns with prior research by Lewis et al. (2017), which indicated that mental health professionals lack knowledge of the legal processes of immigration, such as various types of U.S. visas and the Legal Permanent Resident (LPR) process. Thus, it is imperative for clinicians to maintain, at the very least, a basic understanding of different forms of relief, as this information may be applicable to the clients which they provide services to.

This study also identified the need for clinicians to be aware of the current wait times for various legal processes within the immigration system. Participants highlighted the importance of obtaining this knowledge as it pertains to treatment planning, managing client expectations, and bolstering healthy methods of coping to proceed with their immigration case despite persistent uncertainty. Prior literature has reflected this finding, underscoring the ramifications of prolonged periods of waiting for the adjudication of one's case (Haas, 2017; Lewis et al., 2017). Therefore, it is necessary for clinicians to possess an awareness of the lengthy wait times involved in the immigration process in order to work competently and ethically with this population.



## Advocacy Efforts

A significant implication of this research is the urgency for clinicians to become active in advocacy efforts for the inclusion of mental health and social services within the immigration process. The findings of the present study suggest that the integration of these services into the immigration process is essential. Participants stressed that the integration of mental health and social services is integral to the well-being of immigrants navigating the system and could alleviate strain placed on attorneys. Previous literature has also stressed the urgency to improve mental health and social service access for immigrants navigating the immigration system (Salami et al., 2019). Clinicians can utilize their role to minimize harm to immigrants in the U.S. by advocating for the humane and just treatment of those navigating the immigration system.

Further, the results of the current study underscore the important position of clinicians in the fight for a trauma-informed immigration system. The critical need for an immigration system in the U.S. that is trauma-informed has been reflected in the prior literature, which describes a *trauma-informed system* as one that,

realizes the widespread impact of trauma and understand potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (Beckman et al., 2021; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 9)

As stated in the definition, a trauma-informed immigration system could ameliorate the impact of secondary trauma, and burnout amongst attorneys as well as clinicians. This impact was emphasized by participants who described the ramifications of secondary trauma as a contributing factor in their coworker's decision to discontinue their work.

The Center for Victims of Torture (CVT) calls attention to five steps that can facilitate movement toward a trauma-informed asylum system (Beckman et al., 2021). The first two steps

suggest that training be required for all government personnel (who regularly engage with asylum seekers) regarding trauma and trauma-informed principles, in addition to secondary trauma training and support for these government personnel. The last three steps suggest: (a) trauma survivors be provided with government-funded rehabilitation services, (b) immigration detention be discontinued, and (c) aspects of the asylum system that are “unnecessarily adversarial or otherwise exacerbate or cause trauma” be eliminated (Beckman et al., 2021, p. 12). The findings of this study support an overhaul of the asylum system in the U.S., from one that is adversarial in nature to one that is based in humanitarianism (Beckman et al., 2021).

### **U.S. Citizenship Privilege Awareness**

Lastly, the results of the present study offer evidence in support of the recognition and awareness of U.S. citizenship privilege amongst clinicians. The findings of this study unearthed aspects of U.S. citizenship privilege, such as the feeling of belonging, the ability to apply for academic scholarships, the right to vote, and not fearing deportation should one have an interaction with law enforcement. Participants experienced moments of clarity which facilitated an awareness of their own privilege as a U.S. citizen. Therefore, clinicians must actively seek to understand their own citizenship privilege and the ways in which this privilege impacts the clinician-client relationship, in order to provide socially just and culturally attuned services to immigrant clients.

### **Conclusion**

The purpose of this study was to explore the relationship between the psychological implications of immigration and the legal challenges that immigrants face today. A classic grounded theory research strategy was employed, in which semi-structured interviews were conducted with 14 participants, including attorneys, and clinicians with expertise in immigration

(Glaser & Strauss, 1967). Through these procedures, a grounded theory emerged. *The Strategically Broken System* explains how individuals resolve the process of navigating a broken immigration system, and exposes the components which contribute to the brokenness of the system. Three levels encompass *The Strategically Broken System*, including the *Core Causes* of the broken system (Level 1), the resultant *Core Consequences* (Level 2), and the *Coping/Surviving* efforts of those navigating the broken system (Level 3).

The results in this study indicate that immigration policies and procedures in the U.S. are exploited to accomplish the anti-immigration aims of the political administration in power. Further, the current study provides an explanation for the exclusion of clinicians from the immigration process, asserting that the integration of mental health and social services would mitigate the difficulties of immigrants navigating the system, which is antithetical to the anti-immigration objective of the political administration in power. Thus, a critical implication of this research is the need for clinicians to become active in advocacy efforts for the inclusion of mental health and social services within the immigration process, as the integration of these services is essential.

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## **Appendix A: IRB Application**

- 1. Principal Investigator(s) name(s):** Kelle Agassiz
- 2. Academic Department:** PsyD
- 3. Departmental Status:** Student
- 4. Phone Number:** (xxx) xxx-xxxx
- 5. Name of research advisor:** Jude Bergkamp, PsyD; Kara Hartzler, JD; Tanya Golash-Boza, PhD
- 6. Name & email address(es) of other researcher(s) involved in this project:** N/A
- 7. Project Title:** Clinical Implications of Immigration Law, Policy, and Practice
- 8. Is this project federally funded:** No.
  - a. Source of funding for this project (if applicable):**  
Costs of this project have been covered by the principal investigator.
- 9. Expected starting date for data collection:** July 15, 2020
- 10. Expected Completion date for data collection:** July 15, 2021

**11. Project Purpose(s):**

Current immigration law, policy, and practice in the United States exacerbates inequality by creating vulnerabilities for immigrants from Central America and Mexico (Torres et al., 2018). The influence of current immigration law, policy, and practice in the U.S. also detrimentally impacts the families and communities of these immigrants. However, many clinicians are not educated on the legal aspects of immigration in their curriculum, training, or continuing education (Martinez-Brawley & Zorita, 2011). This research aims to facilitate a sophisticated and in-depth understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians. Thus, the goal of this research is to serve as a liaison between attorneys and clinicians in order to bolster understanding amongst clinicians of the therapeutic implications of immigration law, policy, and practice.

Many immigrants from Central America and Mexico experience traumas before, during, and after the migration process (Kaltman et al., 2011). As clinicians, it is our duty to understand the traumas immigrants encounter prior to the migration journey, as well as the additional traumas experienced once settling in the U.S. in order to prevent additional

harm in the lives of vulnerable populations (Salas et al., 2013). Therefore, it is imperative for clinicians to be informed regarding current immigration law and policy in the U.S. by continuously educating ourselves. This is particularly important for clinicians working with immigrant populations, in order to uphold socially just and culturally competent practice.

The proposed qualitative research study will utilize a classic grounded theory methodology (Glaser & Strauss, 1967). The researcher will conduct qualitative interviews with attorneys and practicing clinicians with experience in the area of immigration, as well as immigrant-origin individuals with lived experience. This will be done in order to facilitate an in-depth understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians.

**12. Describe the proposed participants- age, number, sex, race, or other special characteristics. Describe criteria for inclusion and exclusion of participants. Please provide brief justification for these criteria.**

This study will include qualitative interviews with three participant populations: attorneys, clinicians, and immigrant-origin individuals. Participants will include attorneys and practicing clinicians with experience in the area of immigration, in order to explore the legal challenges and psychological implications of immigration today. Clinicians will include social workers, psychologists, case workers, and master's level therapists. The third participant population will be immigrant-origin individuals from Central America and Mexico in order to better understand the lived experience of immigration law, policy, and practice in the U.S. Immigrant-origin individuals under the age of 18 will be excluded from participation in this study. The inclusion and exclusion criteria for interview participants is attached.

**13. Describe how the participants are to be selected and recruited.**

This study will include three groups of participants: attorneys, clinicians, and immigrant-origin individuals from Central America and Mexico. An initial pool of potential attorney and clinician participants will be acquired from the principal investigator's dissertation committee, including Kara Hartzler, JD, and Tanya Golash-Boza, PhD. The committee will provide potential participants who are attorneys and practicing clinicians with experience in the area of immigration. The principal investigator will contact local

immigrant advocacy groups who will help facilitate the recruitment of immigrant-origin individuals.

Once contact is established with various immigrant advocacy groups, a recruitment email will be disseminated to the point of contact within the advocacy group (see attached). The recruitment email will discuss the nature of the study, the intended goals of the study, and the rationale for seeking participation from their immigrant-origin clients. The recruitment email will not be sent directly to potential immigrant-origin participants; communication regarding the participation of immigrant-origin participants will only occur via the point of contact within the immigrant advocacy group. Emails pertaining to the participation of immigrant-origin participants will not include any identifying information in order to prevent identification or labeling of specific individuals. All emails pertaining to the participation of immigrant-origin participants will be deleted as soon as possible once the communication is no longer needed. If contact information is provided for immigrant-origin participants by the point of contact at the immigrant advocacy group, it will be collected over the phone and written down via pen and paper. Once communication is established the paper which contains the contact information of the immigrant-origin individual will be destroyed.

Compensation will be provided to all participants for participation in the interview process with regard to this study. Participants will be provided with a \$20 Target gift card to compensate for their time. The decision to provide participants with a \$20 gift card for participation in this study is not intended to be coercive, nor does it represent an undue influence (inducement). The gift card amount is considered reasonable for participation in an interview (approximately 60 minutes in length), and not strong enough to compel an individual to participate against their interests.

**14. Do you have a prior or current relationship, either personal or professional, with any person who will be involved in your research? No.**

**15. Describe the process you will follow to attain informed consent.**

Each potential interview participant, including attorneys, clinicians, and immigrant-origin individuals, will be provided a copy of the informed consent form which describes the nature and purpose of the research, as well as the goals of the study (see attached). The principal investigator will be available to answer any questions regarding the informed

consent or the study in general prior to the interview. Additionally, a Spanish version of the informed consent form will be available for immigrant-origin participants (see attached). Interviews with immigrant-origin participants will be carried out in their preferred language. Therefore, during interviews with immigrant-origin individuals, an interpreter will be available if necessary. With regard to the interpreter's participation in the study, they will be asked to sign a confidentiality agreement regarding the information disclosed during the interview and the identity of the participant involved in the interview (see attached). Prior discussion between the interpreter and the principal investigator regarding the purpose of the interviews, ethical issues, and objectives of the study will allow for clarification of the function of the interview, as well as various terms used during the interview.

Further, in order to limit personal information that would link participants to a signed consent form, a waiver of documentation of consent is requested for this study (see attached). The waiver of documentation of consent is requested because signed consent forms may pose risks to participants by connecting the participants' signed names with what may become known about their documentation status (Hernández et al., 2013). Employing procedures which safeguard participants' identification, such as a waiver to signed consent, is one method of protection when conducting research with immigrant-origin populations.

**16. Describe the proposed procedures, (e.g., interview surveys, questionnaires, experiments, etc.) in the project. Any proposed experimental activities that are included in the evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described. USE SIMPLE LANGUAGE, AVOID JARGON, AND IDENTIFY ACRONYMS. Please do not insert a copy of your methodology section from your proposal. State briefly and concisely the procedures for the project.**

This study will include the use of qualitative interviews; detailed below are the procedures that will be used. Interview data will be collected as voice recordings from semi-structured interviews, which will be conducted via the video conferencing service Zoom. Each interview will be carried out in the preferred language of the participant; thus, interviews will likely be conducted in English, or Spanish with the aid of an

interpreter. Additionally, since many Mexican and Central American immigrants speak an indigenous language as their first language, the preferred language of the participant will be clarified at the outset of the interview. Interviews conducted with attorneys and practicing clinicians with experience in the area of immigration, as well as immigrant-origin individuals will be conducted via Zoom. All interviews will be assigned an identification number and transcribed with all names and identifying information redacted. Identifiable information obtained from interview participants, with the exception of immigrant-origin participants, will be stored separately from the key linking the code to the identifiers. No identifying information will be obtained from immigrant-origin participants. The estimated length of time devoted to each interview will vary; however, it is predicted that each interview will span approximately 60 minutes in length. Audio recordings of the interviews will be stored digitally via encrypted files accessible to the principal investigator and research advisor only. Following all data collection, data will be analyzed with the aid of the research platform, Dedoose.

**17. Participants in research may be exposed to the possibility of harm – physiological, psychological, and/or social – please provide the following information:**

- a. **Identify and describe potential risks of harm to participants (including physical, emotional, financial, or social harm).**

The procedures in this study that involve clinician and attorney participants are unlikely to pose risk of physiological, psychological, or social harm due to the measures taken to ensure confidentiality and nature of the questions.

However, with regard to immigrant-origin participants, who have immigrated to the U.S. either legally or illegally, the risk for social or psychological harm is greater given the potential ramifications of being identified. Therefore, numerous precautions will be taken to ensure that their identities are kept confidential.

**Identify and describe the anticipated benefits of this research (including direct benefits to participants and to society-at-large or others).**

The foreseeable benefits of this research include an improvement in care for immigrant-origin clients by properly informing clinicians regarding current immigration law, policy, and practice and related psychological implications, as many clinicians are not exposed to the legal aspects of immigration in their

training, curriculum, or continuing education (Martinez-Brawley & Zorita, 2011). As clinicians, it is our responsibility to understand the traumas that immigrants face prior to coming to the U.S., in addition to the traumas directly caused by immigration policies and climate, in order to prevent additional harm in the lives of vulnerable populations (Salas et al., 2013). Thus, it is critical for clinicians to be informed regarding the legal components of the immigration experience, as well as the detrimental effects of current immigration law and policy. This is particularly necessary for clinicians who may work with individuals who have immigrated to the United States, in order to uphold socially just and culturally competent practice.

*The Report of the APA Presidential Task Force on Immigration* urges psychologists to understand the immigration experience from a contextual perspective, with regard to the influence of cultures, societal institutions, and local settings. The APA also discusses the interaction of person and environment and related intersections of social identities (e.g., ethnicity, age, gender, race, social class, immigration status) consistent with an ecological perspective. Thus, psychologists must be mindful of the role culture plays in the clinical context and the ways in which cultural context influences how clients conceptualize and convey psychological distress and resilience, as well as manage distress and ask for help.

Psychologists are recommended by the APA to support opportunities for dialogue between researchers and practitioners who work with immigrant-origin individuals to improve the effectiveness of current clinical services, as well as advocate for communication and systematic collaboration among interdisciplinary systems (i.e., education, legal/immigration, health care, etc.) which provide services to immigrant-origin individuals and families in order to develop strong networks of support. Thus, the need for clinicians to be well-informed regarding legal aspects of the immigration experience is evident. The proposed research intends to serve as a liaison between immigration attorneys and clinicians in order to fill the gap in the existing knowledge amongst clinicians. This gap must be



bridged to assure that immigrants obtaining mental health services are receiving the best possible care from legally informed clinicians.

- b. **Explain why you believe the risks are so outweighed by the benefits described above as to warrant asking participants to accept these risks. Include a discussion of why the research method you propose is superior to alternative methods that may entail less risk.**

This research aims to improve the quality of care for immigrant-origin clients by obtaining a deeper understanding regarding the immigrant experience, including legal challenges and psychological impact. The inclusion of perspectives and descriptions of first-hand experiences from immigrant-origin individuals will help to accurately inform clinicians regarding the clinical implications of immigration law, policy, and practice in the U.S. today. The goal of informing clinicians will be bolstered by discussing the concept of citizenship privilege with clinicians in order to stimulate an awareness of their own privilege with regard to citizenship. The use of grounded theory is best suited for this research because a current theory is not available and one is needed to explain how individuals are experiencing this phenomenon (Creswell & Poth, 2018). A theory that is grounded in the data from participants who have experienced the process will provide the framework necessary to better understand this phenomenon (Glaser & Strauss, 1967). A fundamental aspect of grounded theory research is the use of interviewing. Therefore, to properly explore the relationship between the psychological implications of immigration and the legal challenges immigrants face today, conducting interviews is critical. Further, the rich qualitative data that can result from interviews with participants will likely be the most beneficial for clinicians in terms of providing the necessary legal knowledge to understand the immigration experience.

- c. **Explain fully how the rights and welfare of participants at risk will be protected (e.g., screening out particularly vulnerable participants, follow-up contact with participants, list of referrals, etc.) and what provisions will be made for the case of an adverse incident occurring during the study.**

Several precautions will be taken to ensure that the rights and welfare of participants at risk will be protected. Specific steps will be taken throughout the proposed study in order to safeguard immigrant-origin participants from potential risk and unease stemming from their involvement. When recruiting immigrant-origin participants for this study, precaution will be taken by assuring that the recruitment email is not sent directly to potential immigrant-origin participants. Therefore, any communication regarding the participation of immigrant-origin participants will occur via the point of contact within an immigrant advocacy group, this point of contact will facilitate communication. Emails pertaining to the participation of immigrant participants will not include any identifying information or information that would lead to direct identification or labeling of individuals. All emails pertaining to the participation of immigrant-origin participants will be deleted as soon as possible, once the communication is no longer needed.

In order to limit personal information that would link participants to a signed consent form, a waiver of documentation of consent is requested for this study (see attached). This will be done because signed consent forms may pose risks to participants by connecting the participants' signed names with what may become known about their documentation status (Hernández et al., 2013). The intended use of the qualitative data obtained through interviews will be addressed with and explained to participants in order to clarify the nature and purpose of the study, as well as the goals of the research. Participants are informed that they may discontinue participation at any time, as is made explicit in the interview consent forms.

Each interview will be assigned an identification number and transcribed with all names and identifying information redacted. The removal of any identifying information from the transcript is important to protect participants from being identified. Any identifiable information obtained from interview participants, with the exception of immigrant-origin participants, will be stored separately from the key linking the code to the identifiers. No identifying information will be obtained from immigrant-origin participants. Further, this data will be stored in a locked or

password protected location separate from the raw data and only accessible to the principal investigator and research advisor. This information will not be stored on portable devices or in a cloud-based system, and this information will be destroyed or deleted from all locations as soon as data collection has ended. Research data will be stored in a location that only the investigator and research advisor have access to. Paper documents will be stored in locked drawers or rooms where only the principal investigator has the key. Electronic data will be stored on one hard drive that only the principal investigator has access to, including a password protected laptop computer. Finally, in the reporting of results following data collection and analysis procedures, identities of participants will not be reported, nor will descriptive information be included that could lead to the identification of an individual through indirect identifiers.

**18. Explain how participants' privacy is addressed by your proposed research. Specify any steps taken to safeguard the anonymity of participants and/or confidentiality of their responses. Indicate what personal identifying information will be kept, and procedures for storage and ultimate disposal of personal information. Describe how you will de-identify the data or attach the signed confidentiality agreement on the attachments tab (scan, if necessary).**

The privacy of participants is addressed within the informed consent forms, including the option for participants to decline involvement in the study or withdraw at any time. The privacy of immigrant-origin participants is addressed by requesting a waiver of documentation of consent (see attached). Interviews conducted with attorneys, clinicians, and immigrant-origin individuals will be conducted via Zoom. Zoom is a video conferencing platform which encrypts the video session's video, audio, and screen sharing with the Advanced Encryption Standard (AES) 256 using a one-time key for that specific session. Zoom is HIPAA compliant and only collects the user data that is required to provide Zoom services to a user, including basic technical information. Qualitative interviews will be audio recorded on an audio recorder which will be kept in a locked safe, only accessible to the investigator. Audio recordings will be assigned an identification number and transcribed with all names and identifying information redacted. Audio recordings will be deleted after transcription. Identifiable information

obtained from interview participants (with the exception of immigrant-origin individuals) will be stored separately from the key linking the code to the identifiers. All anonymized data will be stored on a password protected document, on a password protected computer. No identifying information will be collected from immigrant-origin participants, in order to safeguard them from adverse risk as a result of their participation. With regard to the interpreter's participation in the study, they will be asked to sign a confidentiality agreement regarding the information disclosed during the interview (see attached).

Following all data collection, data will be analyzed with the aid of the cloud-based research platform, Dedoose. With regard to general data protection, Dedoose will not sell or trade personal information or data with any third parties. Dedoose explicitly requires opt in for communications, providing mechanisms to be able to view and export data, to control personal data, and to permanently delete all data and all personal information stored in or by Dedoose.

In terms of data use and sharing, Dedoose does not share any customer information with any third-party organization. The cloud hosting provider associated with Dedoose is Microsoft Azure. Data centers managed by Microsoft have extensive layers of protection: access approval, at the facility's perimeter, at the building's perimeter, inside the building, and on the datacenter floor. This layered approach reduces the risk of unauthorized users gaining physical access to data and the datacenter resources (<https://azure.microsoft.com/en-us/blog/azure-layered-approach-to-physical-security>).

Additional security parameters certified by Dedoose include the following:

- a. Data Communication Security: All data communication through Dedoose occurs through a 2-lock system. First, Dedoose sets up an AES (Advanced Encryption Standard)-256 CBC (Cipher Block Chaining) Encrypted SSL/TLS (Secure Sockets Layer) tunnel using a premium SSL/TLS-EV certificate. All communication following this channel is encrypted. The user is not prompted for login information until this communication channel is established. The server then provides the Dedoose client with a one way write key using RSA encryption. The Dedoose client then applies a per user salt hashing algorithm (SHA-256) and encrypts this result with the one-way write key, RSA, to verify the user password. This means Dedoose does not store user passwords. Rather, the system stores the

known result of this algorithm against the username and password and then compares that result to the result the Dedoose client sends to the server for authentication, and prevents both man in the middle attacks, as well as brute force password attacks, and, in the event our database is compromised, user passwords will not be revealed. This login system follows the security industry's best practices and has been verified by Leviathan Security Group.

- b. **Data Access Security:** Dedoose includes an account workspace and project security workspace for managing per user data access. This includes the ability for an account's administration to manage users, enable, disable users, reset user passwords, and define users, groups, and permissions at a granular per-project level. This security is enforced both on the client-side and the server-side.
- c. **Data Storage Security:** Dedoose is hosted on Microsoft's Azure US servers with all project data backed-up in-full on a nightly basis, encrypted using AES-256 processes, and transferred automatically to redundant storage volumes. One of these volumes is on-site, while the other two are off-site and replicated across geographic regions. All project file data are encrypted and stored in a Microsoft Azure fault tolerant storage volume and, for added safety, this storage volume is encrypted and mirrored in real-time to an Amazon S3 storage volume in the same geographic region. To ensure these processes are working as designed, an automated program runs weekly which includes: a) downloading the most recent backup files from each storage volume, b) verification the backup file is the correct version, c) a full test restoration of the database to assure data integrity, and d) email reporting of all backup and restoration process results to key members of the Dedoose Admin team.
- d. **Data Retention:** By default, Dedoose keeps a backup of all data for restoration purposes for a period of 2 years. This data backup is encrypted using AES256. A user can delete their project from Dedoose at any time and we can remove that data permanently from our backups by a certified written request if needed.

In terms of general data management, contact information will not be collected by the investigator from immigrant-origin participants. Contact information may be collected by the principal investigator with regard to clinician and attorney participants.

However, the information will not be connected to the research data. Further, this data will be stored in a locked or password protected location separate from the raw data and only accessible to the principal investigator and research advisor. This information will not be stored on portable devices or in a cloud-based system, and this information be destroyed or deleted from all locations as soon as data collection has ended. Research data will be stored in a location that only the principal investigator and research advisor have access to. Paper documents will be stored in locked drawers or rooms where only the investigator has the key. Electronic data will be stored on one hard drive that only the principal investigator has access to, including a password protected laptop computer. In the reporting of results following data collection and analysis procedures, identities of participants will not be reported, nor will descriptive information be included that could lead to the identification of an individual through indirect identifiers.

**19. Will audio-visual devices be used for recording participants? Will electrical, mechanical (e.g., biofeedback, electroencephalogram, etc.) devices be used? If YES, describe the devices and how they will be used:**

An audio recording device will be used to record interviews with participants and will be password protected. A cell phone will not be used as the audio recording device in this research. No visual recording equipment or other electrical or mechanical devices will be applied to participants.

**20. Type of Review:** Full review.

**Please provide your reasons/justification for the level of review you are requesting.**

I am requesting a full review. This research will involve a vulnerable population, as interviews will be conducted with adult immigrant-origin individuals. There will be direct interface between interviewer and participants via video conferencing. No physiological intervention, no deception, and no participants under the age of 18 will be included in this research.

**21. Informed consent and/or assent statements, if any are used, are to be included with this application. If information other than that provided on the informed consent form is provided (e.g. a cover letter), attach a copy of such information. If a consent form is not used, or if consent s to be presented orally, state your reason for this**

**modification below. \*Oral consent is not allowed when participants are under age 18.**

Informed consent forms for participants are delineated by participant type (see attached). Informed consent for immigrant-origin participants is included in English and in Spanish (see attached).

However, in order to limit personal information that would link participants to a signed consent form, a waiver of documentation of consent is requested in this study (see attached). Signed consent forms may pose risks to participants by connecting the participants' signed named with what may become known about their documentation status. A waiver to signed consent is a procedure which safeguards participants' identification and serves to protects immigrant-origin participants when conducting research.

**22. If questionnaires, tests, or related research instruments ae to be used, then you must attach a copy of the instrument at the bottom of this form (unless the instrument is copyrighted material), or submit a detailed description (with examples of items) of the research instruments, questionnaires, or tests that are to be used in the project. Copies will be retained in the permanent IRB files. If you intend to use a copyrighted instrument, please consult with your research advisor and you IRB chair. Please clearly name and identify all attached documents when you add them on the attachments tab. I have agreed to conduct this project in accordance with Antioch University's policies and requirements involving research as outline in the IRB Manual and supplemental materials. I certify that I have attached documentation confirming completion of the CITI Modules.**

Yes.

## **Appendix B: Recruitment Email**

My name is Kelle Agassiz, and I am a Clinical Psychology doctoral student at Antioch University Seattle. I am conducting qualitative research for my dissertation which seeks to understand the relationship between the legal challenges that immigrants face today and the psychological implications of immigration.

The goal of this research is to serve as a liaison between attorneys and clinicians in order to facilitate an in-depth understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians, with a specific focus on immigration from Central America and Mexico. Ultimately, through this study, I aim to improve the quality of care for immigrants who seek mental health and human services.

I am interested in interviewing attorneys and clinicians with expertise in the area of immigration. Interviews will span approximately 60 minutes and will be conducted via Zoom video conferencing (HIPAA compliant version). The interview will be audio recorded. A \$20 gift card will be provided to participants as compensation for their time.

This research study has been reviewed and Certified by the Institutional Review Board, Antioch University, Seattle. If you agree to participate, the material collected will contribute to both a dissertation and a book (published by the academic and professional publishing company, Taylor & Francis). Your identity and responses will remain anonymous, with the exception of your profession (i.e., clinician or attorney). You have the choice regarding whether your name and geographic region can be used. Of note, participant names will not be used for the purposes of the dissertation.

**If you are interested in participating in this study, or if you have any questions or concerns, please contact the project's principal investigator:**

Kelle Agassiz, MA  
kagassiz@antioch.edu



### **Appendix C: Clinician & Attorney Consent**

Study Title: *Clinical Implications of Immigration Law, Policy, and Practice*

This study seeks to understand the relationship between the legal challenges that immigrants face today and the psychological implications of immigration. The goal of this research is to serve as a liaison between attorneys and clinicians in order to facilitate an in-depth understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians.

You are invited to participate in a qualitative interview to discuss your thoughts and opinions regarding this topic. Examples of possible interview questions are included on the following page for your reference. If you agree to participate, the material collected will contribute to both a dissertation and a book (published by the academic and professional publishing company, Taylor & Francis). The interview will be audio recorded. Your identity and responses will remain anonymous, with the exception of your profession (i.e., clinician or attorney). You have the choice regarding whether your name and geographic region can be used. Of note, participant names will not be used for the purposes of the dissertation.

*Please select the box below indicating your permission for the use of identifying information:*

- I consent to the inclusion of my profession, for the purposes of this project
- I consent to the inclusion of my profession, geographic region, and name, for the purposes of this project

Your signature connotes that your responses may be used towards academic purposes that include publication and presentation. Interviews will span approximately 60 minutes in length. A \$20 gift card will be provided to you to compensate for your time. This research study has been reviewed and Certified by the Institutional Review Board, Antioch University, Seattle. For research-related issues, or various questions regarding participants' rights, you may contact Antioch University's Institutional Board Chair, Mark Russell, PhD at [mrussell@antioch.edu](mailto:mrussell@antioch.edu).

I have read the above statement and understand that I may withdraw from this study at any time. Additionally, I may also ask for a summary of the results of this study and/or any

subsequent publications that emerge in relation to this project. Please contact Kelle Agassiz, MA, the project's principal investigator, with any questions or concerns at [kagassiz@antioch.edu](mailto:kagassiz@antioch.edu).

Participant Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix D: Interview Questions**

Classic grounded theory uses semi-structured interviewing starting with general questions and allowing the interviewer to inquiry further depending on the interviewee responses (Glaser & Strauss, 1967). The following are examples of the general questions that were used to begin and focus the interviews. Two sets of questions were utilized in this study, including a set of questions for attorney participants and a set of questions for clinician participants.

### **Attorney Questions:**

1. What legal challenges do your immigrant clients face?
2. What has changed in the last several years with regard to immigration that clinicians need to understand?
3. What legal knowledge should clinicians understand about the immigration experience today?

### **Clinician Questions:**

1. How does your understanding of U.S. citizenship privilege impact your work with clients?
2. What legal challenges do the immigrant clients that you work with face?
3. How do you see complex trauma impacting your immigrant clients?

## Appendix E: Interview Transcripts

**Participant ID:** Attorney A

**Interviewer:** So, as you know, the kind of the goal of the project is to kind of inform clinicians of. You know, the therapeutic implications of immigration law, policy, and practice.

**Interviewer:** Kind of going from there, I just kind of want to gather some of your initial thoughts about kind of the aims of the project and kind of started off there.

**Respondent:** Yeah, that sounds perfect.

**Interviewer:** Let's see. OK, sorry.

**Interviewer:** So, you work in [city], is that correct?

**Respondent:** Yeah.

**Interviewer:** And you're an attorney at [organization]?

**Respondent:** Yeah.

**Interviewer:** OK, so I guess I kind of just start off kind of asking you about some of the legal challenges that your clients face.

**Respondent:** Ok, yeah, that sounds great. I mean, it's. There's a lot, right, I guess. The majority of my clients are people who are seeking asylum.

**Respondent:** And I think one of the biggest challenges that that they face is particularly over the last four years, but the phenomenon by no means began in 2017. It's just the narrowing of the window that you have to get through to win some easy in this country. And it sort of feels like every possible foothold or way to make an asylum claim that's going to end up being meritorious is getting taken away in a very, very efficient, systematic manner.

**Respondent:** And relatedly, I think that the same is true with getting people out of detention. It's just the hill feels steeper and steeper.

**Interviewer:** Mmm hmm.

**Interviewer:** And you've noticed like a significant worsening of kind of both of those challenges in the last, you know, four years or so?

**Respondent:** Yeah, yeah. So, I've only been doing this since the fall of 2018. And by then some significant policy changes that are happened since January 2017. But I think that the worst is really come in the back half of the, this presidential administration's first term and it almost feels like, like clockwork, like every month or so there's like new bad news that there's a new policy change that's going to make it harder for the people whom I represent to achieve their goals.

**Interviewer:** Definitely. And how do you see that impacting the clients that you work with?

**Respondent:** That's a really good question, because I think, like the majority of my clients aren't necessarily informed or sophisticated enough to know like the going on in the background of their claim. I mean I mean, like people who maybe had family members, like a particularly Central Americans who had family members who came to the United States during the Obama administration, I think probably have a bit more of a sense that things are harder or worse now umm people who went through family separation definitely have come away with the impression that things are worse now.

**Respondent:** But in terms of like sort of the nuts and bolts policy tinkering, like I'm not I don't think that that's something that, like, my clients are necessarily, like, fully aware of, other than just having, like, a generalized sense that under the Trump administration, it's much harder for asylum seekers to win asylum.

**Respondent:** There's some exceptions. I have some clients who are not detained and have access to the Internet and who held graduate degrees in the country where they're from and have like really, really gotten into immigration policy and know everything just as well as I do, but they they're sort of the outliers.

**Respondent:** I think the majority of my clients don't necessarily have the level of education necessary to keep up with, like, every development in immigration law and policy.

**Interviewer:** Right. And there's been so many changes that it's like even if the kind of the knowledge and the kind of resources to understand what's really going on, it's a lot to keep up with.

**Respondent:** It's dizzying.

**Interviewer:** Yeah, definitely. Um.

**Interviewer:** How would you say that you see some of those issues impacting your clients, like mental health and kind of overall functioning?

**Respondent:** So, I guess the caveat this should bring up that about a quarter of my caseload, I'm actually I'm appointed counsel for people who are not competent to represent themselves because of a mental disorder.

**Respondent:** And so, we can we can we can cabin their mental health, because that's sort of a much more complicated topic. But, yeah, I think that feelings of despair, particularly among detained clients, are very common. I think that got a lot worse during the pandemic. We work primarily out of the [detention center], which was the detention center that had one of the worst outbreaks of COVID of any ICE detention center in the US. And it was where the first person in ICE custody to die of COVID was detained.

**Interviewer:** And what detention center was that? Did you say?

**Respondent:** The [detention center].

**Interviewer:** Ok. Wow. Yeah, and so you work with a lot of clients who are currently detained at that detention center.

**Respondent:** Yeah, right now. I don't have. Probably about my clients are detained maybe a little less than half, but pre-pandemic, it was like 80 percent of my clients were detained.

**Interviewer:** OK.

**Interviewer:** So, you see a lot of despair among the clients you work with that are detained, particularly now with COVID and kind of, you know, outbreaks and like in the facilities and stuff like that?

**Respondent:** I think that that's right and few things that come to mind are one like. Surprise and a lot of negative feelings by asylum seekers who are who find themselves being treated like criminals when they're doing something that they understand to be the correct thing to do under the law and following the correct process to get asylum there. I mean, they're literally like criminals in the sense that this detention center also houses people who are awaiting criminal trial and who are in the custody of US Marshals. And it's. It's not really distinct in any way, you

can tell from criminal pretrial detention and people wear colored jumpsuits and sleep in bunk cellblocks and all of their movement is restricted and they have a very small amount of recreational time. And it's really no different from any other surreal setting and then the other thing is that particularly with my clients who are more medically vulnerable for whatever reason.

**Respondent:** I've talked to more than one client who thought they were going to die during the pandemic because it seemed inevitable that they would get COVID and that given their medical vulnerabilities, wouldn't survive it.

**Interviewer:** Wow. Wow, yeah, umm.

**Interviewer:** Yeah, that's a lot it sounds like COVID has just kind of. Exacerbated a lot of the kind of existing concern and yeah.

**Respondent:** Yeah, yeah, that's that's about right.

**Interviewer:** Mmm hmm. And.

**Interviewer:** Let's see. So, what legal knowledge would you say clinicians should be knowledgeable about in terms of the immigration experience today, like clinicians who work with immigrants?

**Respondent:** Yeah, I think it probably depends on the immigrant population. Like, I think if they're working with more like recently arrived asylum seekers or, you know people who. Yes, let's start with that, I think people working with recently arrived asylum seekers would do well to know sort of like the very basics of how one obtains asylum in the United States and the various avenues for doing that, why somebody might be detained for at least some part of their asylum case and what it takes to win asylum as a legal matter.

**Respondent:** And then I think clinicians working with the immigrant population at large who may or may not be in any sort of immigration court proceedings and who might just be utterly undocumented and going about their lives in the community, I think would do well to learn one about immigration enforcement policies and practices, because I think that that can inform, like a better understanding of the people they're working with, the likelihood of ending up in deportation proceedings or getting taken in by ICE, or going to state custody. That's a big one that we see a lot of. And then, also, for people working with that population, I think a working knowledge of the various forms of immigration relief that are available to those people would be useful, too, because, you know, it's not utterly hopeless if you are undocumented and get taken into custody.

**Respondent:** There is, there's still, there are rights you can assert. And that can, in some narrow subset of cases, even put you on a pathway through immigration court to obtaining some sort of legal status.

**Interviewer:** Mmm hmm. So, you're, umm it would be more important for clinicians to kind of understand, who work with like people that aren't, you know, immigrants and aren't in detention more so important for them to understand, like the policy and practice side of things.

**Respondent:** Yeah, I think that that's right and I think like what's going on with ICE enforcement and like what ICE's policies at their, sorry, priorities at any given moment happen to be, I think would, would be useful because from working with some folks who are just undocumented and in the community and just hoping to continue going about their lives without having any brushes with the immigration system, it's like the uncertainty, I think, really, really

eats at them. Right. And the fear that one day there will be a knock at the door and that'll be it. And so, I think.

**Respondent:** Yeah, sort of a knowledge about how immigration enforcement in the United States works to maybe be able to push back when that when that concern seems not particularly well founded or to say, yes, that is a valid concern that you have based on what ICE has been doing in this community, I think would be a good starting place.

**Interviewer:** So, kind of knowing enough about, you know what's going on in terms of ICE and like to be able to gauge the level of, you know, like the impact on the individual's functioning in terms of like the fear that they experience. It sounds like so that they don't.

**Respondent:** I think that that's right. Try to try to make it in reality somewhat, because I think there's a lot of necessarily disinformation, but just like generalized panic, like some of which is very well founded. But when I come across people who are who are in that situation, I think like being able to talk through, like what their biggest risk factors are and like coming up with good strategies for mitigating that risk. At least to me, like seems to be helpful.

**Interviewer:** Well, what would be an example of like a risk factor that you would identify with someone?

**Respondent:** Yeah, so even in [state], which is a sanctuary state in some respects, something we see a lot of is people getting arrested and brought into state custody for things as simple as like a moving violation or a DUI.

**Respondent:** I mean, people usually don't get arrested for moving violations. We'll say like a DUI or a simple possession or like a domestic violence call. And then they'll make bail in their state criminal case or the charges will get dropped in their state criminal case.

**Respondent:** And then as soon as they leave state prison or the state of jail, there's ICE agents out there waiting to take them in. So, I think that, like, emphasizing that even though state law enforcement and ICE are distinct from each other like things that can bring you into contact with state law enforcement, like namely driving under the influence, among other things, can ultimately lead to you coming in to ICE custody. And then at least here in [city], there's a few different Border Patrol checkpoints on the freeway that are fairly distant from the border and an awareness of where those are, I think, is also really, really useful.

**Respondent:** Because, yeah, I've met a number of people who found themselves in immigration proceedings because they had the misfortune of driving through a checkpoint, oftentimes for a trip that that could have been avoided.

**Interviewer:** Yeah, OK. Yeah, that makes sense.

**Interviewer:** And so, you see that that's pretty frequent, that, you know, individuals aren't aware that there's like a difference between, you know, being arrested for a DUI or domestic violence or something like, umm difference between that kind of criminal proceeding and then like, you know, immigration proceedings. Have you seen that pretty frequently?

**Respondent:** Yeah, I mean, I think a lot of people are surprised to learn that one leads to the other or that particularly coming from cultures where, like driving under the influence is not as stigmatized or policed as it is here.

**Respondent:** Like I think there's a little bit of a gap in terms of like realizing that doing something ultimately really frivolous like that can have like horrendous consequences for you and your family.

**Interviewer:** Definitely.

**Respondent:** And it's more like more people, I think. I don't know if this is statistically true, but like my impression is that, like, the risk that that presents is far greater than like a random raid at your workplace or in your neighborhood. But I think the perception of risk is much more. It is the inverse. Right.

**Respondent:** Like a lot of undocumented people have the fear of like a workplace raid or the knock on their door when it's more often like a traffic stop or a domestic violence call is what's going to set things in motion.

**Interviewer:** Mmm hmm.

**Interviewer:** Yeah, that's interesting that the. Yeah, that definitely makes sense. So, part of my dissertation is kind of looking at U.S. citizenship privilege. So how would you say that your work with immigrant clients has impacted your awareness of your own US citizenship privilege?

**Respondent:** Hmm, good question. I don't, I don't know that it has a ton, and the reason why is because when I when I was in law school, I did a lot of work in sort of the international human rights in Latin America space.

**Respondent:** And I spent a summer working at a human rights non-profit in Mexico that did work on abuses committed by the armed forces.

**Respondent:** And I did some some work on criminal justice reform in Honduras and a number of things. And I think all of that sort of put like very much at the front of my mind that. Being a US citizen brings with it a number of guarantees and wonderful things not to be taken for granted that your average person in the world over doesn't necessarily enjoy. So, I would say that my experience doing the work that I'm doing now has more reinforced that feeling than it has brought it to my attention. Though, I will say I've had a few experiences that have just like, underscored how silly the arbitrary fact of your citizenship has this potential to determine the course of your life. And what comes to mind in particular is a case, it's one of my mental health cases, really sad facts. But that the bottom line is he was brought to the country. He was brought here when he was like one-year-old and his two younger siblings who were born a year after that. And then a year after that, our citizens and my client got into some trouble with law enforcement because of his mental disorder, ultimately. And now he finds himself in deportation proceedings just because he was born a year earlier than his younger brother. And if his younger brother had been the one who had these problems in state criminal court, he would have served his sentence and gone home and gone on with the rest of his life. But when my client left state custody, there were ICE agents there ready to take him in. And that's that set off this whole process.

**Interviewer:** Mmm hmm. That, that story has kind of, exemplifies some of your awareness of citizenship privilege, it sounds like.

**Respondent:** Yeah, I think it drives home how it's you know, it's just it seems so silly that this this one fact about you is. That shapes so many things and.

**Respondent:** Has these really wide-reaching ramifications for reasons that don't make a whole lot of sense.



**Interviewer:** Mmm hmm. Definitely. Let's see, so it sounds like your you kind of developed an awareness of your own U.S. citizenship, which kind of quite, quite a while before kind of working with the population that you work with now.

**Respondent:** Yeah, yeah, that's accurate.

**Interviewer:** With some of the work that you did in other countries, like in Central America?

**Respondent:** Mm hmm.

**Interviewer:** Do you have any examples of like how your awareness was kind of fostered or kind of moments of kind of clarity around that?

**Respondent:** Let me think, I mean.

**Respondent:** One, I don't know if it was like the watershed moment, but what an example that comes that occurs to me is doing research on the criminal justice system in in different Latin American countries, but primarily Mexico. I mean, I think that's why I did the deepest dive and, not I think that helped me fully appreciate the, and I guess this isn't so much citizenship privilege as it is where you happen to be physically situated privilege, but just that the number of guarantees from government abuse that we have is far from perfect that we enjoy here relative to the rest of the world, and that you're just you're far less likely to become the victim of some horrendous abuse at the hands of security forces in the United States, and if it does happen, you're far more likely than in a number of other countries to be able to get redress on the back end. But I'm not sure if that's totally responsive to your question, because it's not it's not citizenship like those rights apply here if you're if you're not a citizen.

**Respondent:** So, I think that's interesting.

**Interviewer:** Yeah. No, it's kind of a tough question, but that definitely makes sense. And I think, I can definitely see how that would kind of shape your own awareness of privilege in general, for sure.

**Respondent:** Yeah.

**Interviewer:** So, when you refer clients that you'd like that you work with for mental health services, that's like working with like a social worker or a therapist or like a hardship evaluation. What, are there any concerns or kind of worries that you have about referring them to a clinician?

**Respondent:** Really, really good question.

**Respondent:** So, I guess I'll start to answer that by saying there's kind of two contexts where we refer people to clinicians and the first is like in a for forensic reasons, like when somebody's case is ongoing. And for example, we work really closely with the nonprofit called [organization], and they conduct forensic psychological evaluations and forensic medical evaluations, and then we use those as evidence, for example, that somebody has scars that are consistent with the sort of torture that they claim to have experienced or that they are suffering from PTSD, and that that is why their recollection of the events surrounding their past persecution is maybe not flawless or that they're suffering from trauma and stressor related disorders that would be consistent with having been tortured, so on the forensic and oh and I also work really closely with in our in my mental health subset of cases where I'm appointed counsel I work with a really wonderful neuropsychologist who evaluates all of our clients for us and gives expert testimony. And that's super useful because sometimes those clients are particularly poor historians, and it's good to be

able to get her take on things. So, in the sort of forensic context, I don't. It's. Trying to think of what my primary concerns are, it all feels so um.

**Respondent:** We're doing it also defensively, right, it's under these really tight deadlines in court and oftentimes it's like, OK, like [organization] has availability. They can do a medical evaluation and turned out the night before the deadline like, oh, it's all hands-on deck. So, I candidly am not sure I have time to think about like what? How I wish it could go better or what my concerns are. I did have one case where it was a transgender asylum seeker and usually with [organization], it's a psychologist who does the psychological eval. But this time because of a backup and a deadline, it was a licensed clinical social worker and it was an older man. And I got from his evaluation, which was very respectful in its tone, but like not. How do I put this like he didn't seem as conversant in transgender issues as other clinicians who have come across and like I didn't take him to be doubting whether she was transgender or looking down on her or expressing any sort of discriminatory view, but I could just the language felt a little clunkier. And like he, I could tell that he wasn't as conversant sort of in that world as other clinicians who I've come across who seemed very, very in that world. And then so the other the other time when we refer people to clinicians is once they're out from detention, and it's sort of like not for forensic reasons, but just because it's something that they really benefit from. And a lot of the times when they qualify for services from [organization] to this concern falls away, but when they don't, I worry or I hope that the clinician with whom they'll be meeting has a sufficient background in trauma to, and isn't caught off guard, I guess, by the gravity and just the, honestly, like sheer horribleness of what my clients have a lot of my clients have gone through because it's really some of it's quite, quite extreme, and I'm guessing beyond what your average licensed clinical social worker in the US is, is used to coming across in the course of their work if they're not like a trauma specialist.

**Interviewer:** Yeah, that makes sense.

**Interviewer:** What would you say are like some of your concerns about, you know, somebody who's not very well versed in any kind of trauma, that would, you know, be more common with like an immigrant population. You know, them working with that group and not being informed.

**Respondent:** Yeah, I don't even know if I can articulate my concerns, I'm not sure I know enough, but I just know that this is something that crossed my mind, that crosses my mind, that I hope so and so client who I feel extremely protective over, like is able to link up with somebody who gets it and who's going to be able to like ultimately help this person and in light of what they've suffered

**Interviewer:** Definitely.

**Interviewer:** So, it sounds like kind of being well versed in trauma, as well as having somewhat of an understanding of how immigration policy and practice have evolved in recent years are the two things that you had highlighted that are important for a clinician to kind of know.

**Respondent:** Yeah, yeah, I'd say those are the two big areas.

**Interviewer:** And in terms of the kind of you mentioned, like the forensic kind of psychologists working at the [organization] and then the neuropsychologists that you worked with in more of a forensic capacity.

**Interviewer:** You said that things are pretty kind of last minute and like really just all hands-on deck so there's not a whole yeah. You kind of can, you know, maybe not even enough time to kind of have concerns, but in terms of kind of working with that population and kind of cultural impact on the process of doing a competency evaluation and things like that, are there things that you've noticed or things that you've been exposed to that you would want to share?

**Respondent:** Let me let me think for a minute.

**Respondent:** I think with the with the forensic stuff, pretty much all my clients are so happy to see, somebody and this is going to be for evidence gathering purposes and is ultimately going to strengthen their case that they're all fairly cooperative and willing to make that leap of like going directly to talking about trauma, because they know that this two hour interview is like the only slot that they're going to have with the evaluator. And they need to get to the point. I'm always really pleasantly surprised and grateful with how readily our evaluators can establish rapport with our clients.

**Respondent:** It's a little different with my mental health clients. They particularly folks who have like stronger persecutory delusions, often suspect that the evaluator is in cahoots with the government or is trying to undermine their interests. and they can be a little bit more hesitant to share information. But I don't think it's because of cultural reasons. I think it's because their symptoms and I actually.

**Interviewer:** Can you say that again? Sorry, it kind of cut out.

**Respondent:** Oh, yeah. Yeah. Not, not for cultural reasons, but just I think because of their symptoms, I actually haven't like noticed any. I represent people from, more or less every continent, and I I can't think of any big cultural differences that like that stick out when it comes to that, I've noticed when it comes to interacting with clinicians, everybody seems like really, really forthcoming. And I don't think there have been too many barriers to establishing rapport, at least in the forensic context. I don't really you know, I don't review the file or see any work product or anything like that when people are seeing clinicians for their own good. So, I can't really say there.

**Interviewer:** Gotcha, that makes sense.

**Interviewer:** Yeah, that that I can see how that would be quite complicated, you know, kind of trying to parse out persecutory delusions and then also, you know, just the kind of natural concern of being like in detention and like being, you know, like, you know, going through immigration proceedings and being an undocumented immigrant, like in the US comes with a lot of.

**Respondent:** Yeah, it's like I mean, detention is just the worst environment possible for people with chronic mental disorders. It's so cruel, what that group of my clients has to go through, many of them without a real rational understanding of what's happening, much less why.

**Interviewer:** Yeah, I guess I'm not fully even aware of kind of like what that looks like for kind of individuals who are detained that do have serious mental illness, because I know what it looks like in the general population.

**Respondent:** Yeah. So, this detention center is like, remarkable, but sort of the flagship ICE detention center for like quality medical care and access to mental health services, which is, you know if this is the best they can do, that's really quite, quite something. But at any rate, a lot of

people are transferred in from other places in the country to this detention center and in immigration court. Contrary to criminal court, there's no there's no right to counsel. You don't get a free attorney just because the government's trying to deport you like you do when the government has charged with a crime. Except if you are found incompetent because of a mental disorder, then that's the one subclass of people who do get a free attorney. And that's me. So oftentimes these people come into ICE custody in one way or another, whether they've sought asylum at the border or whether they've been in the community and were detained there. Once it comes to the Department of Homeland Security's attention that they might have a mental disorder, they have to tell the immigration judge in their case. And then the immigration judge conducts a competency evaluation. And if the immigration judge concludes that they're not competent, then I, or one of my colleagues gets appointed as their counsel and all of their immigration court proceedings.

**Interviewer:** And what stage does the competency eval happen? Did you say that...?

**Respondent:** It should happen like at the very start, like before anything happens in their case, but sometimes people have latent competency issues that come to the judge's attention, like later in the proceedings, for example, when they get a filled-out asylum application. And it's like a narration of this person's persecutory delusion and they otherwise seem lucid. And the immigration judge will read it and say, hold on a second, I think we need to do a competency evaluation, right?

**Interviewer:** Yeah, I could see how that would. I mean, that happens in the general population. You don't realize until, you know, there, more interaction is going on. And then you kind of see and I could see that being worsened because of language barriers and cultural differences.

**Respondent:** Yeah, I think that that's right, and then these people often come with a rather extensive criminal record and because of that are placed in the more restrictive, higher security cell blocks of the detention center, which, again, is just a terrible setting for them. And I mean, I I have a lot of these clients who ultimately end up in, like, segregated protective custody and that as I've seen those rooms and it is a very bleak

**Interviewer:** Yeah. Do they, like what kind of mental health services to those individuals receive like on a day-to-day basis?

**Respondent:** At the detention center, I think they have access to like Telehealth, where they can talk to a therapist, seems like not many of them avail themselves of it. They can be prescribed medication. I can go to court to get an order to require them to take psychotropic medication in certain cases, which I've seen before. I mean, it's based on talking to the neuropsychologist who's our expert witness in these cases, it seems like people are frequently misdiagnosed in detention and are not medicated optimally. And yeah, a number of my clients in this group are just on and off suicide watch constantly too.

**Interviewer:** What kind of like mis-diagnoses, mis-diagnoses would you say are common

**Respondent:** The big one that comes up is and I've just learned about this, you'll probably know way more than I will. But I guess disorganized schizophrenia is from the DSM four, but didn't make it into the DSM five yet.

**Respondent:** My clients are often diagnosed with disorganized schizophrenia. And then it seems even when it's not disorganized schizophrenia, like in the in the opinion of the neuropsychologist

who we work with, like the they over diagnose schizophrenia when it's oftentimes bipolar disorder. I think that's, in her opinion, a common one that they miss bipolar and jump straight to schizophrenia. And then there's just a lot of I don't know if it's like a lazy diagnosis, but it's just so often like other

**Interviewer:** Yeah. Like other specified or something

**Respondent:** Yeah. Yeah, exactly.

**Interviewer:** Like all the pieces aren't there, but they kind of move forward with. Yeah,

**Respondent:** Yeah that's right. And, you know, according to the expert we work with, like that's just a symptom of like a product of not spending enough time or not really like rolling up your sleeves and trying to get to the bottom of it.

**Interviewer:** Yeah. And that kind of. All of that kind of sounds like, you know, it could be the byproduct of trauma, too, you know, and being in that kind of environment is worsening the trauma symptoms as well.

**Respondent:** Yeah, yeah, for sure, I mean, some of some of these people come with, like just a fascinatingly complex history, like the expert says, that these are these are consistently like the most interesting and complicated cases we come across. So many of my clients are just like a. A crazy story of like repeated incidences of blunt force, head trauma, protracted substance abuse, a family history of mental disorders, exposure to traumatic events, it's really like sort of a testament to what the human body can go through and still survive. Yeah, I'm thinking of one client in particular who I have right now who? The neuropsychologist describes as one of the like most complex case issues she's ever encountered in her career, and it's like he when he was an infant, he had really bad asthma and experienced hypoxia for some amount of time and is genetically has a family history of bipolar disorder, and then the rest of his life is like methamphetamine use, starting from a super young age with just like incident after incident of blunt force head trauma.

**Interviewer:** My goodness. Wow. So, a lot of kind of all over the map, of like different kind of major disruptive kind of experiences and insults to the body and the brain, and so what does that client?

**Respondent:** Yeah.

**Interviewer:** Yeah, what are the current difficulties facing that client?

**Respondent:** Oh, he's interesting because he's I mean, he's cognitively impaired for sure. But it's very easy to carry on like a normal conversation with him. And but then there's like certain trigger words or concepts that will just, you know, will fall down the well into his delusions. And it's like that, and he'll just like start talking in like an incomprehensible stream of consciousness about his ability to inhabit various dimensions and how he's using his powers to protect the United States. And that's why you can't go back to Mexico and how you can control the weather. And certain colors and numbers have special meaning to him in a way that relates to his powers. It's very interesting because you could probably meet him like in your day to day life outside of the detention center and have, like, come away with the impression that maybe this is a somewhat cognitively impaired person, but is know more or less capable of functioning on his own. And unless you put him on one of those actual words and then and then he's off.

**Interviewer:** Yeah. So, he's kind of learned ways to kind of like, keep that kind of contained somewhat, unless there's those words that kind of swing things into

**Respondent:** Yeah.

**Interviewer:** How has it been like?

**Respondent:** It's been tricky. Right, because he said he has an account of why he was harmed in Mexico and some of that's plausible and some of it's not. And it's the heavy lift is convincing the judge that like some of it's a persecutory delusion, but not all of it. Right. Like the police did harm him, but like not necessarily in the way that he's describing.

**Interviewer:** Yeah, I can see that being really complicated, definitely trying to parse those out, especially for people that don't work with the client every day, trying to get them to believe that, like it like a judge.

**Respondent:** Yeah. Yeah, exactly. Fortunately, but in those cases, even if there's not passed, are our fallback argument is that this person's symptoms put him at such a risk of harm going forward that for that reason alone, he has a meritorious case for proper action in the United States.

**Interviewer:** Definitely, yeah, that makes sense.

**Interviewer:** Wow. Is there anything like I know we had kind of talked about at the beginning, you know, how much immigration has kind of evolved in the last several years, but is there anything in particular that stands out that clinicians should be aware of ... all the different changes?

**Respondent:** Hmm, let me think for a second.

**Respondent:** Yeah, I guess the big one I mentioned, like the window to get asylum is narrowing and that's true for any legal status in the United States. It's just it's just harder now umm and second, this may all change in January, depending on how the election shakes out, but as of right now, the enforcement priorities for ICE have shifted in that they've become indiscriminate. Like during the Obama administration, people who were undocumented but had no criminal history just simply were not a priority and could go about their lives with some level of confidence that they would not be apprehended by ICE agents, but that is no longer the case, it was one of the first things that the Trump Department of Homeland Security did was say we have no priorities if you are here without permission, you are a priority, regardless of if you have citizen children, regardless of if you have any sort of criminal record. Yeah, and I mean, I think that that was even explicitly aimed at creating a culture of fear and trying to coerce people to self-deport because they don't want to go about their lives thinking that at any moment they could be snatched off the street.

**Interviewer:** Yeah, yeah, that makes sense.

**Interviewer:** Yeah, that definitely makes sense, and that's kind of like, that seems like a different kind of new, more nuanced changes to how things are, how ICE is enforcing kind of the, you know, the policy in the US. Yeah, that definitely makes sense.

**Interviewer:** Well, is there anything that I haven't touched on that you kind of wanted to add or mention?

**Respondent:** Hmm let me think for a second.

**Respondent:** No, I feel like we covered a lot of ground, I'm glad to talk about my mental health cases. I think that's the most interesting part of my job, so I love getting to talk about that because it's kind of like an unknown corner of this world that has to do with, like a hyper-vulnerable population.

**Interviewer:** Definitely.

**Interviewer:** Yeah, yeah, I mean, I've definitely learned more just from talking to you today that, you know, the different pieces of, you know, the competency and how that affects that population. So, yeah, it was helpful for me.

**Respondent:** And I'm sure you know this way better than I do. But I think, like, one of the one of the things that has surprised me about doing that work is just learning about, like how little of a safety net there is for people who grow up undocumented or just otherwise low income and have mental health issues. Like I can't tell you how many of my clients have some variation of the same story or was like I was in my late teens and I started hearing voices and I didn't know what to do. So, I started using meth to try to quiet down the voices and that problem snowballs. And yeah, it's also like common and this might be relevant in my cases, where it's like immigrant parents not necessarily like grasping the mental disorders or mental health issues or it comes up a lot where they'll talk to the client's mom and say like, oh yeah, like the school told me that, like, he should see a therapist or take something. But like, you know, I just figured, like, boys will be boys and this is a phase and he'll grow out of it or something like that. And just or clients who I think from cultures where mental health is like super, super stigmatized and they start hearing voices and like don't feel empowered to tell anyone or seek help or just think that like, oh, this this means that I'm crazy and this is hopeless.

**Interviewer:** Yeah, definitely, I could see that, yeah, and like especially if families have different cultural views about what it means to hear voices and, you know, but they live in the US, so it's like, you know, the greater society here is going to respond quite differently than maybe in a different area.

**Respondent:** Yeah.

**Interviewer:** Great. Well, that's all the kind of questions that I have.

**Respondent:** Cool. Well, this was a lot of fun. Good, good luck with the rest of your dissertation.

**Interviewer:** Thank you so much. I really appreciate it.

**Respondent:** Yeah, let me know if you ever have any follow up questions or otherwise want to follow up or clarify or anything? You got my email.

**Interviewer:** Awesome. OK, cool. Thank you so much.

**Respondent:** Have a good rest of your day. Yeah, you too. Bye.

**Participant ID:** Attorney B

**Interviewer:** Awesome. Um, so I kind of wanted to just start in and see kind of like what your thoughts are on kind of the goals of the research and kind of what we're looking at and.

**Respondent:** Yeah, so I guess I'll start with sort of a repeat back about what I heard to make sure I'm on point, which is just essentially that you're really trying to understand a little bit more about the different ways that the immigration process can impact people who go through it psychologically and figure out like what ways clinicians and people, I'm not sure if you're focused mostly on those who are actually actively going through the process versus sort of on the back end. But like how that understanding can help improve treatment and outcomes for people who have gone through this process. Right?

**Interviewer:** Yeah.

**Respondent:** OK. I think that's great. I think, you know, the immigration system, even when it works out well, is extremely difficult and traumatizing for people. You know, and I'd say that particularly keeping in mind that I work with a lot of people who are asylum seekers, so like even the best-case scenario for them involves digging up a lot of traumatic experiences and having to go through that. And all of my clients are detained in removal proceedings. And so, they're in an additionally traumatizing setting. And they are having to do this on a defensive application, which means that they're in a highly confrontational setting while they're trying to explain their story. And so, like that is all a recipe for traumatization and new trauma. And so even if they win, like that is going to stay with you. And I think it's something that we have definitely experienced is that there's just there's a huge dearth of, you know, there's a lack of services for people who need that kind of who need treatment coming out of immigration. We largely work with people who are detained, but we do have some clients that we continue to work with once they are released.

**Respondent:** And again, this is part of the reason why I think you should absolutely speak with some of our social workers, because this is a huge part of their job, is trying to identify and help them find services. We don't have clinicians on staff because of complications with ethical obligations and different things, but we have case management services and just trying to find people, mental health treatment or options out of immigration custody is extremely difficult and the resources are just extremely limited. Which is nothing new. I mean, mental health resources in general are extremely limited. And then when you talk about adding in complications, about language access, about whether or not a person has insurance or has even access to get insurance and whether or not a person has status, because a lot of our clients may get released while they're still in proceedings, they don't technically have any official legal status in the United States yet. Yet many programs, to the extent they exist, have certain types of requirements about establishing that you can work, that you can do different things, that you may or may not be able to do if you're in immigration proceedings.

**Respondent:** So, yeah, anything that helps get more resources, I think is, uh, is very much a need and is probably it's coming too late. We're having you know, it's been decades and decades of this, but it'd be good to have some forward motion on that.



**Interviewer:** So, the like, the clinicians that you refer to in the community, they like what kind of clinicians like do you kind of?

**Respondent:** So, it's ranging I think there are definitely some psychologists who we work with, who they also do a lot of our in detention sort of evaluations for folks. And so, some of those people have clinics on the outside also that have different types of like sliding scale fee options.

**Respondent:** So, we might refer somebody to something like that where they could get much more extensive therapy if they're able to pay for it now if somebody really has no money.

**Respondent:** You know, the services that we can identify are typically linked in with, so for instance, like in [city], there's an organization called [organization] and we refer a lot of people to [organization] because [organization] has an office at the local like the homeless shelter campus. And so, people can go there and get some limited therapy. They can definitely get medication management assistance there, which is huge for our clients who already have a diagnosed mental health condition and are on medications for it. Because one of the things that we do is we're appointed counsel in any case where an immigration judge determines that a person, because of a mental health condition, is incapable of representing themselves, that they lack the capacity to represent themselves you get appointed as counsel and those are the cases that we oftentimes follow out of detention. And so, like we have clients who are, you know, who have schizophrenia, paranoid type or delusional disorders. We have a shocking number of delusional disorder cases given that they're supposed to be fairly rare. So, things like that, people with really severe bipolar disorder, with psychotic features, things like that. And so, a lot of our clients do come out with medication and medication needs. And so [organization] can be a place in [city], [organization] in [city]. [Organization] is an organization that that does this will help people, even if they don't have status like identify at least lower cost ways to continue their medication or antipsychotic and other medications.

**Interviewer:** Wow, it's important.

**Respondent:** So, yeah, but I think like the extent to which there's like actual therapy and counseling for these people is almost nonexistent at those facilities. Those are really it's like help identify, get the meds if you if you need them. But I'm not sure that most people get like ongoing treatment or therapy at [organization].

**Respondent:** And we've tried to identify other organizations that might be able to provide that. So, but that's it's been a challenge. And one of the biggest challenges is, it surprises me in [state], but like just finding therapists who speak Spanish. Who can do therapy and, in a language, other than English, and I mean, that's for our Spanish speakers, let alone like our people who speak Mam or K'iche' or. So, yeah, language, language access is actually a fairly significant barrier I'd say.

**Interviewer:** Wow, yeah. I would think that that would be less of an issue like in [state], like. But yeah.

**Respondent:** And I think it's, you know, it's, it's lighting up both like I'm sure that there are therapists who speak Spanish. I have no doubt about that. But, you know, it's a therapist who speaks Spanish, who also is willing to do therapy either for free at a very low cost. Right. And like that is really hard to find. Yeah. Yeah.

**Interviewer:** Yeah, that makes sense, so there's a yeah, there's a lot of obstacles and kind of a general lack of mental health services, it sounds like.

**Respondent:** Oh yeah. Yeah.

**Interviewer:** So what kind of, so you said that the, kind of, the clients that you work with are, have like a mental disorder and are it's like you're like appointed counsel in your case in some cases.

**Respondent:** So, I guess I should give you an overview of what the [organization] does. So, we are a nonprofit organization that provides free legal and social services to immigrant men, women and children who are detained in immigration custody in [state]. So, we've grown a lot. When I started the [organization], we had 12 people on staff. We now have over one hundred and fifty. And that's over the last ten years we've had that growth, which is great.

**Respondent:** Less great is part of the reason why we've had that growth, which is so we're the only organization that's providing these free legal services in immigration detention and immigration detention in [state] has grown extensively. So, we have a staff, like I said right now, of 150. That's not just lawyers. That includes our development team and admin staff and stuff like that. But we are 150 people. And in [state], on any given day, there's bed space for 7,000 people in immigration removal proceedings, about 5,500 of whom are going to be detained adults. So. Yeah, so the numbers are overwhelming in terms of.

**Interviewer:** It's like, wow, yeah.

**Respondent:** And in immigration removal proceedings, as you may already know, you have no right to publicly funded counsel. So, if you can't afford an attorney, you represent yourself. So, we're there to try to fill that gap as much as we can. But obviously, we still can't represent everybody. And so, we do represent some individuals. And again, like the people that I mentioned, because I think it's most relevant to your project, is that we are appointed counsel because of a lawsuit. So, this is government funded. It's one of the only places where there's government funded representation, but only once a person has been found to be incompetent to represent themselves, which is a fairly high bar, which and what that means is that we also have clients who we both represent and who we help in a pro se manner, which is our, lawyers we love the stupid Latin fanciness, but pro se just means like you're by yourself. So, these are people who are going forward in front of the immigration court on their own, representing themselves. And we provide what we call pro se assistance, where we might kind of be like a teacher or a guide through the process, but we're not actually going to court with them. And so, we provide those services to last year in 2019, we provided this type of service, either pro se or representation. But overall, we provided services over 10,000 in 2019. So so, yeah. I think.

**Interviewer:** At [organization], like the 100 or so team members providing services to 10,000? Wow.

**Respondent:** Correct. Yeah.

**Respondent:** And obviously the range of services vary like for some people it might be that they get sort of a group orientation and a chance to talk to a lawyer briefly about their case. And then we give them some written materials that explain how to do stuff processing. And that's kind of it for some people, it's a full-blown representation. Again, when we get appointed as counsel for these folks with severe mental health conditions, we're doing everything. In that case, we're

representing them in the removal case and their bond case and anything else that comes up. So, it really runs the gamut. But yeah, overall in 2019 we worked with on some degree or another over 10,000 individuals and a lot of those folks are it's about a 50/50 split. Now, about half of them were detained adults and about half of them are unaccompanied minors who have crossed the border without a parent or guardian who are now legal proceedings on their own. So that's what we do and our office, as I said, we do have social workers who are assisting us in some of our cases. We only have and I say only it's actually grown a ton also. But I think we now have something about 14 social workers.

**Interviewer:** OK. Yeah.

**Respondent:** And again, so what do you talk about? Like, we had 10,000 clients and 14 social workers. I just.

**Interviewer:** Yeah.

**Respondent:** So yeah, there's that. And then also a lot of our clients, obviously our clients kind of run the gamut. We have people from. I can't remember how bad it was last year, but like in years past, we've had people from over 52 different countries. Obviously, many people are from Mexico and Central America. That is where we see the bulk of our clients. But we have people from all over the world. We have people who this is the first time the United States and they're seeking asylum. We have people who have lived in the country since they were two years-old and are 70 years-old. Now, we have people who have legal status and are subject to deportation, arguably because of certain criminal convictions. We have people who have never had a criminal conviction in their life. You know, it's all over the place. And in recent years, I'd say really since, like, 2014 or so, I think we've seen a real a significant increase in the number of asylum seekers because of a lot of what's going on in the Northern Triangle in Central America. So just really, a lot of people who are coming with really difficult life experiences and showing up, seeking asylum and then getting stuck in detention centers for months or oftentimes years. I've had clients, you know, we just had a client actually who was released yesterday who had been in detention since 2011. So.

**Interviewer:** Yeah, that's insane, that's...

**Respondent:** So, and he's actually an example of some of what I mean, he's a mental health client, so we were appointed to represent him. We got notice less than 24 hours before he was going to be released. And he'd been denied release many times. But they changed their mind in part because of what's going on with COVID and other things, and they decided to release them. We got less than 24 hours of notice. And this is a man who, again, he's been detained since 2011.

**Interviewer:** Years and then 24 hours.

**Respondent:** Yeah. And luckily, he actually has a family support network, so friends were able to come pick him up and we knew where he was going to stay. But like a lot of our clients, that's not the case. And you're talking about like putting somebody into a shelter where they may or may not be equipped on a lot of different levels to manage that. So. Yeah.

**Interviewer:** Wow, yeah. Let's see. How will how do you see some of the legal challenges that your clients face, like impacting them kind of overall and then psychologically?

**Respondent:** Well, I'm not a psychologist, but again, I think there's a lot of things about the immigration court system that is extremely traumatizing. You know, like I said, when you're

when you're placed in detention and we always say detention, it's technically civil, but these are prisons, they're placed into a prison setting with concertina wire around the building, and they have to wear the uniform and restricted movement. And, you know, people are referred to not as people, but as beds or mouths, depending on whether we're talking about whether where they're sleeping or whether they're eating. You know, it's all very dehumanizing. And the conditions in detention are very difficult. We oftentimes get complaints about, you know, it again, it runs the gamut. I think inadequate medical care is a huge issue. We have clients who tell us, you know, we had one client who had a tumor that was causing pain and they said it was non- it wasn't malignant. So, they weren't doing anything about it. And he just kept being told to drink more water and given Advil or ibuprofen, rather. But, you know, I think about like I had one client who had dental problems, and because it's expensive to fix dental work, they just pulled a bunch of his teeth and then he had no teeth and we had to fight for about a year and a half to get them dentures. And in the meantime, he was just eating whatever food he could mush up sufficiently to eat without teeth. So, yeah, like medical care is a serious issue. We have clients with psychological needs, I think a lot of the doctors in the facilities, from what I've seen, don't oftentimes want to really address people's psychological needs. I think there's a disturbing number of medical records I've reviewed for people who have documented outside of detention or by our psychologists who will go talk to the people. It's like very clear, like PTSD or other things like that going on. I think PTSD is one that I go to most naturally because, again, we have a lot of asylum seekers. And so, we have a lot of people who are who have suffered really traumatic experiences and might be experiencing symptoms of PTSD. And so many of the medical records that I have read label it all as inadequate coping. And they label it as essentially just like you're not you're not adjusting well to detention. You know, we have clients, I mean, like the types of fights that we have to have include things like, you know, if somebody... we are actively right now having to fight about whether or not so the way that this whole appointment of counsel thing works is if somebody has certain types of diagnoses or exhibit certain types of behavior, it's supposed to trigger a competency inquiry with a judge. And one of the things that is triggering is if a person has or exhibits signs of suicidal or exhibits and essentially attempts suicide, it's not just suicidal ideation as to be a significant step towards a suicide attempt and. We are fighting with the government about. Because they say, well, it's that language is about a psychologist or as a medical professional at the facility, has to identify that this person meets that criteria. And so, if you attempted suicide in the detention facility, and that's documented, but by the time the psych comes to talk to you about whether or not you're suicidal and you deny suicidal ideation, at that point, they're not referring those people for competency evaluations, even though it's clear to everybody that this person attempted suicide. Like we have had clients who have scars all down their arms or who had to go to the hospital to have their stomach pumped because they took a bunch of pills or ate a bunch of glass or swallowed batteries, and those people weren't identified because they said, well, at the time they talked to the psych. At that moment in time, they denied suicidal ideation. Yet, I mean, they clearly had it, they tried, so. So, yeah, inadequate medical and mental health care is a major thing. I think another thing that comes up in detention that is particularly difficult when it comes to things about around mental health care, aside from it being ignored largely by the medical staff, is that when it's not ignored,

oftentimes the result is that people get placed into segregated housing. That's sort of the response to a mental health, a serious mental health need, which can also, for obvious reasons, really discourage people from talking about their need and talking about their depression and things like that. Because if you say something to the doctor about the fact that you're having suicidal thoughts, you know, the odds are decent that if they pay any attention to you, you're going to be placed on constant watch. You're going to be placed in like you oftentimes at all, your clothes will be taken away. You're going to be given a suicide blanket and you're going to have somebody sitting outside your door checking every 15 minutes and the lights are on all the time. And if that doesn't make you want to kill yourself more, I don't know what does. And then other awful things happen. I mean, again, like talking about like people who have attempted suicide, we have the standard response to a suicide attempt if they don't have enough guards on duty to have multiple people go into the cell at the same time is actually to pepper spray people. So, like, yeah.

**Respondent:** So, we have clients who have attempted to strangle themselves using bed sheets or something like that. And if the guard is there by themselves and they don't have the right number of people to go into the cell to stop it, they actually spray pepper spray into the room, which is just like how counterproductive is that? Somebody who's trying to asphyxiate themselves is now not able to breathe because of pepper spray.

**Interviewer:** It doesn't sound like, that doesn't even make sense. It's like, how would that be? Yeah.

**Respondent:** It doesn't make any sense. And it's a you know, these are official protocols about like whether it's a safety for the guards' perspective is the idea about, like, not sending guards into the cells alone in certain circumstances, but like that. You know, it's placing the safety of the guards well over safety of the people that they're supposed to be guarding, right. And so, you know, we have a lot of issues with like use of force in response to suicide attempts and things like that. So, detention is extremely difficult and as I said, re-traumatizing. And because it's so difficult, we also have a lot of people who end up giving up on their cases and saying they just can't handle it anymore and they'll take their deportation and take the, you know, face the risk that they face in their country of origin because they can't do it anymore. And that's just the tension, then we then we have court, right. And courts scary for most people, even in the best of circumstances. You know, it's stressful and scary. And we're talking about people being sent to court, you know, it's a confrontational system where the government is represented by a trained attorney and you're standing there by yourself not knowing what you're doing. Oftentimes, our clients don't speak English. They may not be literate. They certainly are not experts in immigration law. And so all. And then you have to get up and be essentially cross-examined by both a government attorney and a judge, because the judges will ask the questions too. Really digging at your story, and this is particularly traumatic, like I said, for asylum seekers who, you know, I've had cases where I've seen judges ask women who are victims of really extreme sexual violence. Essentially, the judge, because it's on the on the individual who's in in removal proceedings to explain to prove that they deserve asylum. And so, the judge will ask them really detailed questions about what was going through their assailant's mind when they attacked them, because essentially, they need to prove that the assailant's motive was a protected ground, a

reason for asylum, because you can only get asylum if you can prove that you were persecuted on account of your race, religion, national origin, political opinion or membership in a particular social group. I'm having sort of flashbacks to listening to a transfer, listening to a CD of a judge, asking a woman repeatedly. You know, why did this man break into your house and rape you, like why did he do it? Are you sure he wasn't just, you know, just a criminal? Are you sure it's because you were a woman? And like I you know, I listen to that, and I was just like, I don't know how the hell I would answer that question. And I'm a, you know, much more equipped person to answer that question than she was. And she just broke down. She couldn't I mean, she couldn't do it. So, yeah, it's not trauma-informed. It's not, it's so far from trauma-informed, it's not even funny. But that's the sort of thing that is pretty common in immigration court. So, it's all extremely traumatizing. And I feel like there's more to your question, but I got on a ramble about how bad it is, so I'm not sure if I missed something that was.

**Interviewer:** Yeah, you definitely answered. It was, my question was basically asking about the impact of some of the legal challenges that your clients face in general and then psychologically.

**Respondent:** Well I do think like there's some aspects of immigration law in particular that actually really make this more intense than it than it maybe needs to be. And, you know, for instance, again, like going back to like that woman, like she is being told that she has to establish by clear and convincing evidence or persecutors motives like that's. I don't know how you do that, really. And another area that's a huge area and immigration, more asylum claims in particular is credibility. And so, one thing that we see regularly, again, with clients who have experienced serious trauma, is that they may have different difficulties with how they are able to remember or recall and relay what happened to them. Right. And for different people, it comes up in different ways. But some people can't talk about it and they block it out. Some people get really confused about the order in which things happen or like they kind of get jumbled and misspeak about what happened. You know, different people react differently to trauma, right, but, you know, I think judges and government prosecutors have a very set idea about what a quote unquote, credible story looks like. And I think that very rarely takes into account the complexities of the human memory and trauma response. And so, again, like you're in this confrontational system, the judge just keeps asking you, like, you know, why did you say the wrong month? Why did you say it was, you know, different, different things. But it's like any little slip up can be used to kind of pin this as a as an adverse credibility moment. And then another place that it comes up regularly with credibility issues is that many of our clients, because we're here on the border, they come into proceedings because they presented the border seeking protection and they have an initial interview with a Border Patrol agent. And so, they don't immediately spill their guts to the Border Patrol, which like nobody does for very obvious reasons. So, if they don't tell the whole story to the Border Patrol agent and that doesn't get recorded appropriately, which also Border Patrol is not great at taking notes on these things. You know, we've seen a lot of judges, you really use that as a way to say, well, you're not credible because you told the Border Patrol agent a different story. You told him that you came here to here to work. You told you didn't you didn't mention the five other times you had been raped or beaten. You only mentioned one. So that means you're making it up now. So, yeah, I think it's like the list goes on and on in the ways in which people's trauma and mental health conditions

can really negatively interact with the legal system to harm their cases, even when it's not something that's really in their control.

**Interviewer:** Yeah, when it you know, in my opinion, those things should really strengthen credibility because I mean, just, I like how you said earlier, it's just like the whole system really is not trauma informed.

**Respondent:** Not at all. Yeah. And I mean and we do our best to be as trauma-informed as possible to like and how we provide service is but like it's really hard to as providers like we know that we don't want to be traumatized people, but we also have the reality, like I said, with those numbers, that oftentimes we have maybe 15 minutes to talk to somebody about their case and get their story and make a decision based on that 15 minutes about whether or not we can provide additional services or not. So, we're trying to get as much information as we can in a very short period of time without having really established all the trust. And so, again, like we do a lot of work on our site and our social workers have done a lot of really great trainings for like how to be as informed as possible and how to build and establish trust and what to look for to try to figure out, well, maybe that person does need some follow up, like maybe we have to do a second visit with that person. But the reality is in the system, because not everybody gets a lawyer. I am sadly deeply confident that there are people who have had things that would absolutely allow them to qualify for asylum happen to them that we never knew about because they never felt OK telling us. And, and that one shot that they had to talk to us wasn't enough to, you know, to open up the doors and let us help you. And I wish that were the case, but I'm one hundred percent sure that it has been.

**Interviewer:** Well, that's a quick amount of time for you guys to do your job and for them to feel comfortable, especially given the environment, and it's just.

**Respondent:** Yeah, and it's like you're in detention again. And a lot of readings, you know, things that should go, I would think, without asking and a lot of other settings. It's like we do these group presentations and then after that we're doing one on one visits and we try as much as we can to have like a private room or a private space. But depending on how busy that room is that day, if you had a group of 78 people and we're trying to get through a bunch of folks like you might be doing this visit with like a five-foot barrier for the people over, you know, sitting next to you. Right. And that, again, it's just not conducive if you have I mean, I think the people that I have, most often, you know, really, you know, been worried about they are like a lot of the folks who are LGBTQ who just are not comfortable revealing some of this information because of the detained setting. We have, unfortunately, in immigration custody, especially for trans folks. You get housed with your birth gender, not your gender that you identify with. And so, you know, people are just afraid to talk about this because it makes you at risk of being a victim, you know, and that's I guess I have also seen it with people who are afraid of cartels because, you know, there are people who are involved in the cartels also inside the detention centers. I like to think that there's not. But there are there's both victims and perpetrators in there. And so, we have to talk very quietly. You have to, like, really try to give people that comfort space. But and we try to really, like I said, as an office like, train people on how to do that best. And also like, how do I identify what kind of things you might look for to say, like, hey, this person probably needs. They're going to need a follow-up. They're going to need a private room. They're going to need

something more than what we're able to give them in this group setting. But like I said, am I sure that we've missed people. Yeah, I'm sure we've missed people.

**Interviewer:** What are some of the things that you look for, or like that you notice that you're like, OK, this person is going to need a second visit?

**Respondent:** I mean, me personally, I think there's so much that gets communicated through body language, just paying attention to somebody's sort of posture, how they're, the level of their voice might change, like how much they're looking around. There's also like, obviously there's times where, like, you talk to somebody and they just they just burst into tears. You know, when I'm going to the detention centers regularly, I always make sure to have tissues with me because you can ask a question just about like, well, why did you come to the United States? And it just starts right. It's like you might get part of the story there, but you're definitely not getting all of it. Like anybody who responds that way has had a lot of stuff happen. And yeah, I think, like there's also I'm just trying to I don't know how to put my finger on it exactly, but there's things like there's just like different ways people pause when you ask a question, like my ask clarifying questions or different things, like the way that they kind of like. You know, it's like pausing, sitting back, different things that they can do that you just kind of like try to pay attention to how somebody seems to be reacting to the question, because they're definitely been times. You know, I can think of at least one client who later revealed that indeed she identified as trans, but she wasn't comfortable with that becoming known information in detention for a whole bunch of reasons. And as she traveled, she had always tried to, like, make herself look as masculine as possible to avoid all types of assaults and things on the route. And so. Yeah, I mean, it's just, you know, like different ways that people might. Yeah, I guess, like I said, body language can tell you a lot if you're just paying attention to it. And then I think in terms of. Try to think, too, if there's anything else, like with like I think with mental with other types of underlying mental health conditions, like there's also other things like, you know, a person who is reporting things that, you know, they're not able to kind of stay focused on, like what the question is asked, like they're getting tangential answers. They're kind of nonresponsive or, you know, a lot of people who have severe memory difficulties, like they're just like this thing happened. I have no idea when or like they're giving you kind of like a really mixed timeline. I frequently flag those people is like, hey, there might be something going on here. And we try to make a point of like making social services referrals for anybody where we think that there's a serious potential underlying mental health condition. And explain to the person why, you know, like not to the you know, to the individual is like, OK, somebody is going to follow up with you or they might have additional questions. But to our staff member to kind of say, like, here are the behaviors that I noticed. And I know that's been all sorts of things. Like I said, it's like I can't remember much of anything I can't give you is giving you inconsistent information. Even in the in the course of the interview, you know, people who are just telling you things that are clearly not based in reality. I mean, I definitely I had one client who told me that I still come to the United States and said, oh, because I found a planet underneath the surface of the Earth called Mars. And I'm like, OK, great. Like, that's a pretty clear yeah, there's something going on here. But there's also the clients who just like had a really hard time, like they were just looking around a lot and didn't feel comfortable talking to me and like. It's just anxious, like, you know, like a lot of like movement, tapping feet,



hands moving, didn't want to sit down and like wanted to keep moving and just go, OK, like there might be something going on here. I don't know exactly what. I'm not a psychologist. Like I said, I'm not a clinician, but it's worth following up on. So, lots of different things.

**Interviewer:** Like a total range. Yeah.

**Respondent:** Yeah.

**Interviewer:** What legal knowledge do you think clinicians should know about the immigration experience today for clinicians who want to work with immigrants?

**Respondent:** I mean, I think the broad strokes about like what, especially if they're working with somebody who's going through removal proceedings, like just having that broad stroke, understanding of what that actually means, like I said about the like the details of, you know, it's going to be a confrontational system. It's they're going to ask, like, these really difficult questions and they're really going to dig in and needle at, you know, different things that have happened to you in the past, because I think that's maybe not intuitive to a lot of clinicians that like somebody would say like, you know, I've had this horrible traumatic event and they're going to say, OK, tell me about it in detail now and like what color you have to be consistent, like what color shirt the guy was wearing. If you get asked multiple times, like, it's just like, you know, whatever. So, I think like that understanding is important, I think also if you're going to be involved in any way, shape or form in the case itself, which may or may not happen, but. I think it's worth like if you're in a situation where the person's in removal proceedings and you're being talked to by lawyer, like really try to understand like what's the form of relief that's being sought because different things matter. Like I said, we oftentimes work with clinicians who help us not only identify somebody who has a serious mental health condition that maybe should get counsel appointed, but you'll help us document things like, you know, what their post-traumatic stress response is and what their symptoms are so that it can help explain, like why they can't give you a clear timeline about when events happened or why we're asking as a safeguard that this person may not have to testify about certain aspects of their case. Right. Because, like, it's just it's too traumatic. It's going to cause a complete comatose like or the person is just going to go catatonic on you. So different things like that, but there's also cases that aren't asylum based, so, for instance, like I've also oftentimes worked with clinicians who are working actually with family members of my clients, because, you know, one form of belief that exists, for instance, it's called cancellation of removal for non-lawful permanent resident. So, this is oftentimes for people who have been in the United States undocumented for a long time, 10 years or more. And one of the things they have to prove is that they have a qualifying family member in the United States who is a citizen or a permanent resident. So, a green card holder. So, it's often times like their kid, right. Or their wife or their parent. And they have to show that that qualifying family member will suffer extreme and exceptionally unusual hardship if that if the person is deported. And so, again, I talk about kids a lot because I think that's the most common example. But, you know, spouses and parents, this happens to too. You know, oftentimes we talk to people. So, what's your qualifying family member's hardship? They'll say like, well, they're really sad. They're having a really hard time, you know, not being able to pay the bills, things like that, and I'll talk to them about like what are they seeing a therapist like? They'll say, my kid is not doing as well in school. Are they seeing a child therapist? Like is there is there anything there? Because I think

that oftentimes that they are actually sometimes seeing people. But when we reach out to the clinician, I think we do a lot of work and I do a lot of work when I do this to explain to them, like why it is I'm reaching out. And how that information might be useful, but I think so I do think, like if you're a clinician who's working with somebody who is in removal proceedings or whose family members in removal proceedings, it's worth, if you're being involved in that way, like it's worth understanding, like, really, what is the, what's the case about here? Because sometimes it's really just like about like documenting like, you know, this kid was doing really well in school and then really started to fall off or was having behavioral issues and all these things. And it turns out it's all tied to the fact that Dad's disappeared and is probably going to get deported. Right. That's a no brainer and a lot of ways. But like having compelling documentation about it makes or breaks that case, because our judges at least will always say, like, of course, your kid's going to miss you, but they'll survive. Right? Like, it's like, how are you going to show the level of trauma that this kid is going through in the way the negative ways in which it's really impacting this kid's life like and the long-term likely trauma of losing a parent that way. So. That sort of thing.

**Interviewer:** And how about for you said, like, when clinicians are like more involved, going to be more involved in the legal aspects, but just in terms of like a clinician who, you know, might be working with someone in a mixed-status family or somebody, you know, that would be pretty common, or somebody who just came here and may be not facing in removal proceedings, but like it has, you know, is probably facing some kind of immigration..

**Respondent:** Still fear? Yeah.

**Interviewer:** Yeah, what would you about that?

**Respondent:** You know, I'm just I'm trying to think I mean. I mean, I tend to be somebody who thinks. That everybody in our society should probably understand a little bit more about how immigration actually works, because I do think that there's just like a lot of like real. You know, mistakes in people's understanding people. I've had very intelligent people tell me, like, oh, they have a kid in the United States is a citizen like, doesn't that just get them citizenship? And was like, you know. And so, I think. You know, if you're going to be working with people who are part of mixed-status families or who are undocumented themselves or even who are permanent residents, but they have other types of issues going on that could lead to down the road. Like I said, I constantly work with people who are permanent residents, who have substance abuse issues and other things like that, that that place them into removal proceedings. Eventually, any conviction for possession of a controlled substance other than 30 grams of marijuana places a lawful permanent resident removal. So, you know, these things happen and I think. You know, if you're working with a population like that, I think really making sure that. You're at least relatively aware of how the immigration system kind of works, like trying to kind of educate yourself a little bit. So, you're not saying things like it will be fine or like this is you know, this is like, no, don't worry. Your dad your dad's not going to get deported. You're a citizen. Like, that's nonsense. It's not useful. And I don't know that clinicians ever do such things. But like, you know, I definitely think that those in society at large, there's sort of a lot of like, really broad misperceptions about how immigration works or. You know, even with things like, you know, maybe you're having trouble because your parent isn't here and you'd like to bring a family

member over, I was like, oh, well, like really understanding what the stressors are there because, like, that's. You know, for some people, that's like a 25-year saga and understanding that, I would think, like if I'm treating somebody who's like main stressor is like my mom is sick and I really want to bring her to the United States. And we've applied, like knowing that that's going to take years is important in my treatment plan. Right. Like as opposed to thinking like, oh, this will be resolved in the year and a half. Like, no, like if you're if you're from Mexico, we're talking about like you had to file back in 1994. So.

**Interviewer:** So, having different. Yeah. For sure. It's a long-term battle. Yeah.

**Respondent:** Yeah. And I, and I think that's obviously they can't all be immigration experts. Right. And all that and all the aspects. But I think like I guess the task is to like. Pay attention to what assumptions are making. And maybe you investigate those a little bit, just like do a little poking around or talk to somebody like there's a lot of resources online that can explain some of the difficulties with some of these things, like just be mindful of what kind of assumptions you might be making. And that, I think, goes also to like I think I said something earlier about like if you're working with this population. Right. But I think that's also a really slippery slope. And so, I think, like clinicians in general should know, like immigrants are everywhere. It is not one picture that you have of like who the you know, the immigrant population is probably wrong. Right. And so, like you may. You know, and again, I don't know how this aligns with what a clinician's role and job is like, I know with like defense attorneys, for instance, like we do trainings all the time for defense attorneys. And I tell defense attorneys like I don't care how good the English is, I don't care if they say they've always lived here. I don't care. You always ask the question, are you a U.S. citizen? Because you cannot know just from talking to somebody whether or not they were born here. Then again, I have clients who I have a client who keep saying I'm a U.S. citizen because he really thinks he is and he has some serious mental health conditions also. But he definitely entered the United States when he was about one week old. There's no reason to think he's not a U.S. citizen. Like every other way that he behaves is one hundred percent, as one might expect to use because he grew up here. Is he part of the community? Is this where his whole life is? Does he speak like somebody who grew up in [part of state]? Yes, yes, yes, yes. But, he's not a U.S. citizen. Wish he were, but he's not. And so, I think like being careful about those assumptions to the extent it makes sense to do so in your practice, because, again, I don't want to it's a little bit different in the public defense world. You have a constitutional obligation to give people correct advise. And so, you need to know that information. So, I feel very confident telling a defense attorney, you have to ask that question, don't make assumptions. Right, in therapy I'm not sure that you have to ask that question, but I definitely think, like, again, it's about questioning your assumptions. Like don't assume just because somebody speaks great English or that they've lived here their whole life, quote unquote, like that, that means that this might not be something that they're going through or that people in their family are going through.

**Interviewer:** Definitely, and that would kind of dictate what kind of services that they could receive and yeah, I mean, just there's a lot of different aspects.

**Respondent:** Yeah, and I mean, again, like because of the population I work with is largely detained, it's a slightly different scenario. But like, you know, I have I have coworkers who have DACA and we have many a conversation about like when we're talking about like our health care benefits and things like that, like are we, is anything that we're providing as an organization actually not serving all of our staff because they have different types of status. And so, I think, again, it's just it's about questioning some of those underlying assumptions mentally.

**Interviewer:** Yeah, definitely. Yeah, that's really important.

**Interviewer:** Well, I want to be kind of aware of time and everything is there, is there anything else that you wanted to comment, like share that I didn't touch on all?

**Respondent:** I mean, I don't know if this is going to be in any way part of anything that you're working on, but I know also something that we spend a lot of time thinking about is and you probably heard it in my voice and some of the ways I answered some of those questions, the secondary trauma and the very real, because this is a system that's traumatic, not just to the individual who's obviously suffering. I would say the greatest amount of trauma, but like it's traumatic for everybody who's touching it. I think I tend to think that, like, maybe those of us who are doing defense are more in tune with the trauma and probably more impacted by it. But I don't pretend like the judges, the court interpreters, the defense, you know the prosecuting attorneys to some degree, depends on the person. But I think it's traumatizing for everybody. And again, how we deal with that trauma is very different. You know, I think that's part of the reason some of our judges get so shut down is I actually think it's their trauma and they don't want to hear another story about horrific abuse. And so, they will just try to direct the conversation away from that, even though it's something that. Is incredibly important for the person to be able to talk about because it's the basis of their claim, right? So different things can happen. But I you know, I guess it's just thinking through. And again, maybe it's also about kind of tying back to clinicians like if you're working with somebody who's not an immigrant but who works in this system, like, be aware that they're coming at you with trauma. Whether or not they recognize it. They're probably coming at you as a pretty substantial trauma and things that they've been through as well as. Yeah, it's all that stuff that, you know, I mean, you know, like the first responders and people go through and, you know, I think like clinicians and people, you guys are all trained to like, recognize and be thoughtful and mindful about your own trauma. And we're not necessarily I think, again, our organization has tried to do a lot of work to kind of bring that out of the shadows and talk about it and give people like good tools for their toolbox, because obviously everybody deals with their trauma in different ways. And so, we want to just like build out people's toolboxes and give them ideas, but. I mean, I remember when I first came to the [organization], I was, I think like a couple months before they had to give it, they'd given their first ever training about secondary trauma, which I think was like, here's what secondary trauma is. You guys are all super traumatized. And then no tools were given for, like, how to respond to that. So, it's like everybody was like super traumatized from the trauma training and then the work that they're continuing doing, it's just like you're all really messed up. Good luck. So, I always kind of think about that again, because we've tried to be much better in how we approach it. But also, I think, like I said, it is like, you know. I think it's most important, and I do think it's right to focus mostly on the people who have actually experienced the system in a first-hand

basis in the way that the responded the person who was actually the immigrant is in it. But I think, like, again, like as a clinician, like if you're treating an attorney who's doing this type of work, again, even if I don't want to talk about it like this is part of the job. Dealing with trauma is part of the job. If you're doing removal, defense at the very least. And so, yeah, if you're like a judge, like that's part of the job. And, yeah, it's something to be aware of, I guess.

**Interviewer:** Yeah. No, that's... I didn't wasn't thinking about that as much as you know before, I mean, that is huge still and everybody kind of touched by the system and.

**Respondent:** Yeah, yeah, like I mean, like focused mostly on the people who are the most traumatized for sure, but like I said, like if you're if you're treating a judge, you can be a middle aged, white, wealthy, privileged gentleman who's a judge and you think like this guy's fine, like we're just talking about his wife or whatever, this is couples counseling, but like no, if that person is an immigration judge, they're coming at you with trauma and a lot of it, because these are the stories they hear every day. This is their job is to sit there and listen and ask questions and to decide whether that person stays or goes back to a country with that happens again. And that's on their shoulders. Like that's. There's no way that's not traumatizing and it's not that person has a lot of other, like antisocial behavior that needs to be addressed.

**Interviewer:** But yeah, and yeah, trying to work in a system where, you know, trying to deal with that. It's a lot.

**Respondent:** And now I'm not I'm not always the most sympathetic to everybody, but, you know, it is one of those things where it's like. I have my levels of sympathy unless sympathetic to DHS and the judges, and I am to like my co-workers and my clients, but I do think it's real. Even if I don't like it, I want to, you know. If they're not my most favorite people to be sympathetic to it, they're still they're still feeling it like the translators feel. I suspect the guards who sit in those courtrooms every day, like there's like. There's no way you can sit there and listen to the sort of things that happen without. You know, experiencing some trauma response and whether you do that by I think there's a lot of people, unfortunately, on the other side of the system who kind of do a shut down and they stop treating people. It's very dehumanizing. But I still think that's actually a trauma response. It's a way to protect yourself.

**Interviewer:** Yeah, I can definitely see that. Yeah.

**Interviewer:** Well, yeah, I want to be mindful of time, and I don't want to hold you too long.

**Interviewer:** But yeah, thank you so much for meeting with me today. It was really yeah, you were really awesome to talk to.

**Respondent:** And if there's anything that you realize, like, oh, I really should have asked, like, I'm here, that's fine. We can set up another talk or email or whatever. Makes sense, OK.

**Interviewer:** That'd be great. Yeah. I'll, I'll stay in touch and let you know.

**Respondent:** Cool.

**Interviewer:** Awesome.

**Respondent:** All right. And then I'll email by my stuff so hopefully people will be reaching out soonish.

**Interviewer:** Thank you so much. OK, well, it was great meeting you.

**Respondent:** Good to meet you too. Thank you.

**Interviewer:** Thank you.

**Participant ID:** Attorney C

**Interviewer:** Ok, so as you know, the research is looking at how the legal system plays into psychological issues that come up with immigrant clients, and I'm specifically focusing on immigration from Central America and Mexico. And through this research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law practice and policy amongst clinicians.

**Respondent:** Ok.

**Interviewer:** So, I guess I'll start off and just kind of, ask you kind of like what legal challenges that your clients face.

**Respondent:** What kind of legal challenges do my clients face? That was the question?

**Interviewer:** Yeah.

**Respondent:** I mean, I'm an immigration attorney, so I mean, I think the primary legal challenge that my clients face is finding a way in which their circumstances fit into the very narrow and often unrealistic ways in which our immigration laws define people's eligibility for lawful status in the US. And then just sort of the practical angle is, even if you do fit into one of those categories, knowing how to navigate the system, to submit a request for that type of status.

**Interviewer:** Yes, and how do you see some of you know, some of the legal challenges and everything that you just described, like how do you see that impacting your clients?

**Respondent:** From a psychological perspective or just in total, how are they impacted?

**Interviewer:** I was going to ask about psychological, but kind of in general also.

**Respondent:** Well, I mean, you know, accessing a legal system comes with a series of like cultural and linguistic barriers for most of my clients, right? The first is. And economic barriers, right? The first is an assumption, I hope that the client will be able to afford to retain an attorney with whom they can communicate in their language of choice. Right. Who will be able to help them navigate, you know, understanding both their legal eligibility for status, but also the where do I file this? What do I need to the practical nature of a request for immigration status in the US or if their case is in an immigration court system. Right. To represent them in the ongoing litigation. You know, specifically looking at my asylum-seeking clients. Right. There's a whole other level usually of trauma. Right. You're working with a population which for some reason has fled their home country, presumably due to some sort of violence or threats of violence, you know, that have you as a human being left with them with some level of trauma and oftentimes as an attorney who needs to present that narrative to an asylum officer or an immigration judge. Right. I have to work with the client until they have a level of trust with me. Right. Till there's a level of rapport that's built that they can even talk to me with a level of freedom and detail orientedness on what happened to them.

**Respondent:** And sometimes I guess this is this is probably not nothing new for you. Right. Like some clients are more traumatized than others. Right. Some need professional help before they can, you know, before they can come to me with the full details. I'm representing an older woman in her. I think she's in her 60s now who was raped repeatedly by the military in her home country. She does not speak English. She does not speak the European colonial language of her country either. She only speaks that, you know, the local African language which created

multiple levels. Right. I don't speak Lingala. Most of my Congolese clients speak French and I communicate with them through French interpreters. I don't have that option with her. And she is incredibly traumatized. She's incapable of speaking more than two or three words at a time about her experiences. And she went and applied for asylum without an attorney at the asylum office. It was an utter disaster and now I'm representing her in court. But I pretty much determined early on that forget the whole linguistic barrier where I need to have a Lingala speaking interpreter available.

**Respondent:** She's not capable of talking about what happened. And so, I've been spending a good deal of the last year finding some trying to find some sort of psychological services to connect her with before I even approach talking to her directly again about what happened. And so, I know that in the end, I was able to reach out to the to an African advocacy group. But they then had to still find somebody who spoke her specific African language who could interpret for the therapist because a therapist doesn't.

**Respondent:** And I, I just these things come with all kinds of logistical challenges. I recently emailed the therapist to say, hey, where are you finally able to make contact with? Just like I did. But then my interpreter got really sick. And so, we haven't been able to do anything past the initial contact. I'm waiting for the interpreter to get to get better. Right.

**Respondent:** So, these are all that's I mean, that's it's one of my more extreme cases of all of these different types of barriers being in place at once. But it's not by any means an unusual circumstance for an asylum seeker in the US to face linguistic, psychological. And I imagine that the more we dig into this, there will be some cultural barriers that we encounter to read a reluctance to talk about sexual assault from a cultural perspective, as well as just, you know, that she's been traumatized by the fact that she was repeatedly raped by the military.

**Interviewer:** And what kind of like how to how do you find a therapist like, you know, in situations like that, like to kind of work with some of the people that you?

**Respondent:** So luckily, [city] has a really great advocacy organization. So, I start almost always with the [organization]. If it's a case of government sponsored harm, government inflicted harm. That's actually where I started with this woman. But because they don't have anybody institutionally that speaks Lingala and we tried to use a family member to translate for not even a family member, but like a friend and the friend just she's not patient enough to do it with somebody who's only answering in one or two words.

**Respondent:** Right. We just they decided that they're the ones that can help me get in touch with the African Advocacy Coalition in the hopes that they would have a professional interpreter or a therapist who speaks Lingala directly, you know, to try to eliminate the need for this well-meaning but not qualified friend to be translating. I mean, that friend is going to end up translating for me in my office when I prepare. But I'm hoping by the time we get there, she will be a little bit more. Psychologically capable of discussing what happened in more than one in two words, or if it turns out she's not, at least I'll be able to get a good psychological report from the therapist about why she's not capable of articulating things in detail that I can present to an immigration judge and try to get, you know, accommodations and how we litigate the case accordingly.

**Interviewer:** It's complex.

**Respondent:** It is, I mean, and that that's a legal level, right, when you do when you have a client who is who is in fact, so psychologically harmed. Right. That they're not capable of fully participating in legal proceedings and that the next step is, you know, I have to go to the immigration judge with that kind of proof and say, look, we can't run this hearing the way we normally would. Right. We need to put some safeguards in place, given the competency issues presented by, you know, her psychological state.

**Respondent:** Luckily, in this particular case, I have like the world's nicest immigration judge and I have every belief that if I present her with psychological evidence that she will give me whatever safeguards we can come up with it are appropriate.

**Interviewer:** That's good. Yeah

**Interviewer:** So, do you mostly work with clients who are like in the community versus in immigration detention or. Just trying to get a feel for, like kind of the.

**Respondent:** I mean, I work with both detained and on detained people. So, both people in immigration detention centers and people who are residing in the community, most of my asylum clients are residing in the community, I do occasionally get detained asylum cases that I take on, but. I think the last time I did a detention asylum case was last spring, though fewer to were a part of it.

**Interviewer:** And so, I'm assuming that similarly, you work with clients that are have been here for quite some time and also newly immigrated as well?

**Respondent:** Yes. I mean, so asylum law generally requires you to file an asylum application within one year of entry to the US, with some limited exceptions. So most of my asylum-seeking clients are recent arrivals or relatively recent. But there are other areas of immigration law that I practice in besides asylum. And many of those are people who have lived here for many years. And so perhaps for them, the challenges are different. They may already have some economic support or maybe they have some English language skills, although lots of people don't even who have been here for 20, 30 years are either not English proficient or are comfortable in English. Even if they do speak some English, they still prefer to speak in their language of origin. So those, I mean, I want to say those cases tend to present fewer non-legal barriers, like many of them, still face the legal barrier of you simply don't qualify for an immigration status because of the way our immigration laws are written. But I think the longer people have been here, the less difficult it may be for them to do things like understand how to call a lawyer and get a consultation right or pay for whatever their expenses may be. Right. They tend to have more family or community support already in place.

**Interviewer:** What kind of legal I mean, not legal, psychological issues would you say are impacting those specific clients that have been here for longer?

**Respondent:** Well, the legal barriers, as I said, a lot of them simply don't qualify for immigration status. It's the biggest legal barrier. They've violated some portion of the immigration law or they, you know, that makes them ineligible or they were just never eligible in the first place because of the way the laws are written. And, you know, to say that they've violated the immigration law depending on their circumstance, it could be something as innocuous as they simply entered without inspection. Right. They did the what we talk of generically as illegal entry is right, though. The over the over the mountains and through the desert approach, right to entry.



Sometimes that just that's the only problem they have. But like, that's the problem. And it makes it might be incurable depending on their circumstances. Sometimes it's things that also seem innocuous, like claiming to be a U.S. citizen on a I-9 form to get a job when they're not a U.S. citizen. Falsely claiming U.S. citizenship is a big no no in our immigration laws, it's basically treated on par with things like getting convicted of selling drugs, like honestly in terms of the consequences, which I realize makes no sense from any sort of common-sense perspective.

**Respondent:** But that's how we treat these things. You know, psychological barriers for people who have been here for a long time, I think a lot of that is driven by the political climate, right? When you know, Donald Trump came into office, people were scared.

**Respondent:** And that and that has it has effects in both directions. Some people are scared and that motivates them to go get a lawyer and find out if they can regularize their status in some way and do it if they can. Right. Because, you know, in the Obama years, I could often tell people who might not be eligible for anything but who otherwise were not violating any criminal laws and were paying their taxes and doing what they were supposed to do, that by and large, they were probably just going to continue to live their lives undisturbed, that we're going to be undocumented.

**Respondent:** But nobody was likely to be taking affirmative steps to deport them. That was not the case under the Trump administration. And so that leaves you know, it leaves me as an attorney having to explain the pros and cons of trying something under an administration that was becoming increasingly difficult to get things approved under versus not trying anything when everybody is a moving target basically to this administration. And so, I think that the fear of understanding that if you do nothing, you might get deported. And if you do something, you still might get deported is really a stressor, a psychological stressor for folks that have lived here for a long time.

**Respondent:** Because, I mean, obviously, the longer you've lived here, the more likely it is that you have kids, own a business, bought a house, you know, things that aren't it's not just where you physically going to be.

**Interviewer:** Yeah. Yeah, one of my questions is kind of like what has changed in the last several years with regard to immigration that clinicians need to understand?

**Respondent:** The rhetoric. I mean, it's not that things were so peachy keen under the Obama administration. I don't want to pretend like everything was perfect and everything. And Trump is to blame for everything. He's not right. Particularly the legal barriers. Right. That do qualify. I mean, that's been we have not had a significant update to our immigration laws since 1997. Pretty much. There's been a few pieces that have been updated along the way.

**Respondent:** But on a large scale, it was 1997 and by and large, 1997 was all really bad updates, making things harder and making creating more violations that prevented people from getting status in the United States. I mean, the last time we had good immigration reform in the US is probably like the late 80s. So, you know, you're talking you're not you're you can't.

**Respondent:** I can't I can't put that in the lap of Mitch McConnell and Donald Trump. But the constant rhetoric about rapists from Mexico and, you know, violent criminals and people committing asylum fraud and taking advantage of our system and taking our jobs and all of this nonsense that has been amped up times a million under this administration is definitely it's a

change in terms of the way people feel about the immigration system, the fears they have. And it has translated into administrative policies where cases that would have been approved in the prior administration are now denied right on the same thought patterns, the same, you know, things like that. I mean, and it's just been chipping away at things. Right. The Trump administration actually has people who are very smart in terms of the way the immigration system works, that what they've done that's much different, I think, than prior administrations isn't so much even that they like big changes. Right.

**Respondent:** It's understanding the daily operation of the immigration system and being able on many small changes to interrupt that in a negative way. Right. To impacted in a negative way. You know, it's a I mean, this is a very hyper technical example, but it's one that we deal with a lot. Right. So, immigration judges used to be able to what we would call administratively close cases that that meant basically not ending them as though they don't exist, but taking them off calendar. And that was until one of the parties requested they be re calendar. And that was a really useful tool if we were applying for some kind of immigration status with another office like that.

**Respondent:** The immigration judge didn't have the authority to make a decision on because very often those other offices might take a year, two years, in some cases four years to make decisions on those applications. But if those applications were approved, it would mean the person wasn't going to be deported and the immigration court proceeding could end. Right, because they had been awarded some sort of lawful status. So, in those situations where we knew we were going to have to wait four years, it was very useful for a judge to be able to just close the case and say, look, you get a good decision in four years, make a motion or a calendar, and we'll dispose of the case. You get a bad decision. Hey, government, you can make the motion to reconsider and we'll proceed along with whether or not this person is going to get a deportation order. The Trump administration removes the authority that the attorney general, Jeff Sessions, when he was attorney general, issued a decision saying that immigration judges don't have the authority to administratively close cases and then also issued a decision saying that basically judges make it much more difficult for judges justifying continuing case. Right. So, like the less good alternative to an administrative closure. And one of these cases where we needed to wait four years would be to say, OK, come back next year, let's just check in and make sure that no decision and then we'll come back the year after and like once a year will come in and check on this. Right. To just continue the case.

**Respondent:** But then the administration issued a decision making it much more difficult for judges to justify granting continuances. Right. So, you slowly eliminate basically the ability of a person in an immigration court proceeding to seek status from another office is what happens is the impact. That's a really smart way and it's a very technical way, but a very smart way of basically preventing people from accessing legal immigration in the United States. And it's not about grand reform. It's not about like these big cases of people fleeing domestic violence are not eligible for asylum or I mean, those are impactful, too. But this they didn't need to go that they've done a couple of those big cases. But what they've done, by and large, is a lot. Or these small things that you know. Yesterday, they announced a proposed regulation that will be published, I think, later this week.

**Respondent:** You know, we don't have repatriation treaties with some countries. For example, Iran, you can you can order an Iranian deported for violating immigration laws. But generally speaking, we don't have any ability to physically return them to Iran. We have no diplomatic relations with them. So, our you know, the current scheme allows people who are, for whatever reason, still here after being deported and on some sort of order of supervision where they have to go check in with us once a year to get work permits because what the hell are they supposed to do in terms of supporting themselves?

**Respondent:** They just proposed a regulation yesterday to eliminate the existence, but not eliminate, but mostly eliminate the existence of work permits for people with final removal orders. So, these are people that physically can't be deported because we don't have anywhere to send them, but we're not going to let them work either. I mean, clearly, it's designed to encourage them to leave on their own.

**Interviewer:** Yeah. So, like, the smaller changes are really impacting like a larger number of people on people.

**Respondent:** Yeah, yeah, yeah.

**Respondent:** And then, you know, lots of delays. And I mean, again, nobody could foresee COVID -19 shutting down the immigration system for months. But even before that, just massive delays causing people to wait years to get decisions on a green card. Right. It's absurd, you know, but it does a lot to dissuade people, right? They get them. Their morale goes down when you tell them you have to wait four years for a decision on a crime victim visa and you don't get a work permit until you get your decision, like, what am I supposed to do for four years to support myself and my kids and whatever? Why even bother to pay to file an application that you won't reap any benefits from them for more than four years? I mean, I guess the upshot of four-year delays on those cases is that you've skipped the Trump administration and you hopefully get a good decision after four years in a violent administration. That's about the only upshot I can see right now of it. It is it's a four and a half year wait time for a crime victim visa to be adjudicated right now.

**Interviewer:** Wow. Yeah, that that's quite a long time.

**Respondent:** Mm hmm.

**Interviewer:** Let's see, when you're referring clients for mental health services, like therapy or social work. Or even on the hardship evaluations, do you, are you concerned about anything in terms of like the clinician and being prepared to work with this client.

**Respondent:** Ok, so I think there's a couple of. For my, so for my reason, for my asylum seekers, for my crime victim to be like my, you know, my humanitarian cases, right. I generally refer them to like [organization] or [organization] or if they qualify, you know, these are organizations that are experienced and working with people seeking an immigration status and are pretty culturally competent and also familiar enough with what we need from a legal perspective, that it's pretty easy to usually communicate with them about what I need in their report in order to do my job hardship evaluations, which are usually, you know, waiver cases where you're actually evaluating the hardship to a US citizen or green card holding a spouse, parent or child. Ideally, in those cases, I actually want my client to get in into not just to get an evaluation done, like a forensic evaluation of the harm they've suffered, like I might in a U-visa, or in a T-visa, which is

a trafficking victim visa case or in an asylum. I want them to establish a therapeutic relationship because the one-shot psych eval these days is not given much in the way of wait for establishing hardship. Right. So, what I do one of two things, right. I, I tell them if you have insurance, go find out who's covered, get into therapy. If that therapist is willing to work with me on writing an evaluation. Great. If it's like Kaiser where you basically have to go through a root canal to get them to put three sentences on a piece of paper, then fine, just get the three sentences that says you've been in therapy for six months and get your records. And then I will send you to somebody who specializes in doing forensic evaluations. And they can they can take your records from Kaiser and integrate them into their forensic evaluation. And there are a couple there are a number of psychologists who have created part of their practice doing hardship waivers. Right. Like that's something they do regularly. I have one I work with in the community who I really like in [city].

**Respondent:** And again, so at that point, those folks are pretty experienced in working with immigration lawyers. They understand as a name is it sounds like they understand there are buzzwords, right, that we like to see so that we can quote them to the immigration authorities. They understand the various aspects that we need to explore and why the person is suffering extreme or exceptional, extremely unusual hardship if they're separated from their relative or they're forced to go abroad with their relatives.

**Respondent:** So those cases, I think, are. You know, it's not it's not as bad, but the you know, and the one that's a new person, like when they've established a therapeutic relationship and they're happy to write the evaluation, even if they don't do that regularly, you know, as long as they're willing to communicate with me, I'm always happy to sort of give them a bullet point list, like these are the things I need you to touch on. And oftentimes those things can be touched on a one to two-page letter if they want to make it more formal, where they have a section on the DSM diagnosis and why it's applicable. Maybe it's five pages. It happens. The person I like working with in Sherman Oaks, it comes from an old school, you know, 20-page report background, which is also fine. I just don't think it's always necessary, you know, to do it that long. And sometimes judges don't want to read 20 pages anyway.

**Respondent:** So, you know, but I guess back to the question at hand, mostly it's just being able to communicate adequately with them from a legal perspective what is it that we need to document and have them be able to do that within the appropriate professional boundaries of their, you know, therapeutic or evaluation relationship with the person that we're sending to them.

**Interviewer:** And so, you mentioned that you kind of prefer that the therapist or psychologist would develop rapport with the client before writing the evaluation versus like a one-time kind of?

**Respondent:** Yeah. I think if I'm trying to demonstrate psychological hardship, the USCIS and IJ's don't believe you don't think it must be much hardship if you just want one afternoon to get evaluated. Right. If that whether it is a true statement or not, there is an institutional bias that if you are, in fact, suffering from some diagnosable form of anxiety, depression, whatever it may be, that you would be seeking ongoing treatment for it and not just going one afternoon to a therapist to do an evaluation. So, it's it is I mean, it is for me less about it. I mean, it sounds

heartless. I guess it's less for me about ensuring that they're getting whatever help they need and more about ensuring that the evidence that is being produced from the relationship with the evaluator is good, is good evidence for our purposes in court. Will serve my client from a litigation standpoint.

**Interviewer:** Yeah, that makes sense. That's interesting.

**Respondent:** Which is to say that I don't encourage them to stay in therapy anyway if they're finding it helpful for their lives. I actually once had a U.S. citizen spouse who originally just enrolled in there because I told her we need to get you documented to demonstrate the hardship you'd have if your husband weren't granted his case. And then at some point she was she's like, I love this. She's like, today we're going to my therapist and I'm going to talk about how I can approach my boss to get a raise. I was like, OK, fantastic. I am so thrilled that you're actually finding this useful for life. Go, go, go. Keep going.

**Interviewer:** So, prior to kind of realizing that the courts, you know, really prefer to see, like the individual in therapy to make the claim that there's a hardship, were you seeing like a lot of those cases, like being denied?

**Respondent:** Well, so, I mean, I became a private attorney around the same time that the Obama administration created something called the provisional waiver process, so it used to be that that non-citizens who were going to have to apply at the consulate abroad and we're going to need waivers as part of that process, had to leave, go to the consulate, get the notice that the waiver was required, then filed a waiver weight abroad for it to be adjudicated and then only if it was approved, go back to the consulate. In some cases that still the case. But in some cases, the Obama administration created the ability to file the waiver while you were still here before you went to the consular, the conservatives sort of like prospectively get it approved so that you only had to be gone for a couple of weeks as opposed to a year or more.

**Respondent:** So, I mean, like many things, when they first came out, a lot of them were approved, right. With one shot hardship evaluations if we thought it was necessary. I mean, sometimes you don't need psychological hardship. If you're if you're qualifying relative, you know, is in the middle of, like, chemo, you know, it's pretty clear they're not moving to Mexico with their spouse. Right.

**Respondent:** And it's probably pretty clear that they're not capable of taking care of themselves in the middle of a chemo without their spouses help. So psychological evaluations were often a tool used in cases where there was no what we would call obvious hardship to the spouse.

**Respondent:** The longer that those waivers existed, the harder they got we started to see denials about one shot evaluations and at first it was isolated. Right. And we might just refile that case and hope for a different adjudicator who would approve it on round two. But then it became more prominent to be getting more frequent that we were seeing those denials, that the one-time evaluation did not really establish the psychological hardship to the level required for the waiver to be approved. And so, then we got the clue that we needed to send the spouse to, you know, a therapist. And there's no magic number. I tell people I'd like you to have at least six sessions before you get the evaluation done. Is that a magic number? No, it's just a number to me that seems like, OK, it's credible that they've gotten maybe it's because when I had Kaiser, they pretty much cut you off at four. I remember like I had I went to therapy when my parents got divorced.

And I remember, at like, my fourth session, they were like, OK, so you're feeling better now, right?

**Respondent:** It was like, no, I'm not. And why don't you like one of our sessions got canceled because of scheduling issues anyway. But it was like it was it kind of was clear to me. And look, this is just part of Kaiser, right? Like they have they have like a number right. Where they're like and at this stage, you check in and decide if they still need services. Right. And they're very formulaic.

**Respondent:** You know, so it was it was just clear to me that, like the formula told them after four sessions, you should discontinue unless the client says that they really need you know, the patient says they really need more therapy.

**Respondent:** So, you know, so there's no magic number. I just I think I just picked six because it seemed reasonable.

**Interviewer:** Yeah. A little bit more to, like, establish that there is, you know, psychological impact that's going on and then enough to establish rapport and.

**Respondent:** Well, and to make it sound like that's diagnosable. Right. And I'm like I don't doubt that a good evaluator after two hours can determine from various forms of testing that a person meets the criteria for PTSD or general anxiety disorder or whatever the case may be. But USCIS evaluators seem to doubt that you can make that determination after a two-hour session with somebody. But for whatever reason, if they've gone to you six times for regular therapy, then you can you can make a DSM. And it's again, that's formulaic. But that's the way we do these cases, because that's what's expected. Right? They want a DSM diagnosis. I actually had a client whose wife asked her prior therapist. She'd been in therapy previously to just OK to write that letter. And, you know, he was he was kind. He said, I don't know. He said I practiced pastoral counseling. I don't use the DSM. But if I did, you know, she would have qualified under this this particular and I was like, thank you. I was like, I know that you don't, as a professional matter, use the DSM for your treatment. But that's what they want to see.

**Respondent:** So, it's really kind of was kind of him to adjust his usual practices to that's going to say that case.

**Interviewer:** So, in that case they ended up like giving a diagnosis in order to kind of move the case along or?

**Respondent:** Yeah, well, I mean, and he was actually he had been providing her therapy in the past when she was going through a particularly difficult time in life and was not actively giving her providing her with therapy now. But, yes, he was willing. I am I imparted to the a citizen spouse and she imparted to him that for our purposes, it was important to have a diagnosis as to what she had been treated for by him. And I believe he provided them with their premarital counseling also. So, he was able to include very nicely, you know, I was treating her. I don't use the DSM, but if I did, she would qualify as having had whatever it was.

**Respondent:** And, you know, I was providing the premarital counseling for her and her husband. And so, I can really attest to the fact that at this time he was integral in providing her with, you know, this the you know, the family support that she needed to deal with the issue she was having. And I'm paraphrasing, but that was helpful to. You know, it was a good example of a good working relationship with a therapist, in my view, a therapist who I don't think regularly

does hardship evaluations for immigration purposes, like he actually he just has a general pastoral counseling practice for people who are seeking therapy for life issues, not immigration purposes.

**Interviewer:** Did you say pastoral?

**Respondent:** I think that's what he identified is I think so this particular family are devout, Christian, churchgoing folks. And so, I don't think he is a minister. But I but I think he identifies the form of counseling that he provides as pastoral counseling. And therefore, that's why he doesn't use the DSM. I mean, I think he's I think he's a trained got a master's degree in family therapy guy, but he chooses to practice his therapy through this philosophy.

**Interviewer:** Integrated with religion, or a Christian philosophy.

**Respondent:** Yeah.

**Interviewer:** Yeah, that makes sense.

**Respondent:** In which I assume, although I didn't ask that the therapy is probably much more focused on integrating one's spiritual and religious beliefs than perhaps like evaluating if you need to see a psychiatrist for medication or other more, I guess.

**Interviewer:** Medical model.

**Respondent:** Medical oriented. Yeah, yeah. I mean, I don't I don't want to sound degrading to, you know, whatever whatever works for you and your patients, as long as it's not creating harm, you know, I'm fine with you know, it's not it sounded to me like it wasn't just what I would think of as a standard psychological practice, but it clearly was helpful to my client's wife. Like she expressed that to me very clearly, that she really valued the therapeutic relationship she had had with this clinician at the time, so.

**Interviewer:** Have you had experiences in the past with clinicians that you've referred clients to or that, you know, you like you maybe you've heard of other attorneys referring to that were not informed of certain legal aspects of the, you know, legal aspects of the immigration experience and trying to, you know, provide counseling or psychological services for an individual who's facing legal challenges involving immigration?

**Respondent:** Is the question that have I encountered like a psychologist providing services to my client who just basically wasn't familiar with, like why we ask for immigration and how to focus it for immigration purposes?

**Interviewer:** Yeah. Or, you know, kind of lacking an understanding of current, you know, the legal, you know, kind of how you were describing with the immigration law and or policy is changing. And like a clinician, whether it's a social worker or a psychologist working with a client who's an immigrant and currently facing legal challenges, you know, giving them advice and maybe not fully understanding.

**Respondent:** What they're going through?

**Interviewer:** Yeah, what's really going on legally.

**Respondent:** So, I've been really lucky, actually, I think in my practice, I certainly there are certainly been therapists or clinicians who are not necessarily familiar with the immigration process and don't quite understand what I'm asking for, you know, but most of them are willing to give me 15 minutes on the phone to explain to them. That's sort of the legal process, right? Like, why do I need this, what do we need to demonstrate? I guess to the extent if we're talking

more about cultural competency issues, like a clinician who is not as informed about sort of that rhetoric and the atmosphere it creates and why that might be psychologically or emotionally impacting or impairing their patient.

**Respondent:** I don't think I have to be honest, that's probably a geographic bias because I'm in [city] and I feel that most people in [city] know somebody who is undocumented, either by first or second degrees of separation. It's, you know. I think it's hard in [city], I mean, maybe you didn't know that you knew them, but if you dug in that you didn't never ask somebody about their immigration status. But just by way of example. Right, I belong to an Orthodox synagogue in [city] called [name].

**Respondent:** And the Orthodox Jewish community has not historically been as informed about immigration issues as many of the church communities, simply because we don't have members who are typically directly impacted by immigration. The way, I mean, it'd be difficult to walk into any church with a significant Spanish language population in [city] and not find somebody who's either in removal proceedings or applying for status or is a first degree relative of somebody in that situation. Right. It's not difficult to walk into an Orthodox synagogue in [city] and not find somebody who meets that definition are our rabbi is a particularly. Well informed individual, I think, in that he felt it was important for our community to address, to have conversations about immigration issues and be informed, even though they're not our members, because what he understood was that first degree of separation, right, to be honest, were where our socioeconomically affluent community on the [part of city], there's very few people in my community who don't have either a housekeeper or a nanny or a landscaper or some combination of the of a domestic employee right. In their homes. And so, to him, it was unlikely that we were not employing somebody who was facing immigration issues in that capacity in our community. In fact, he realized at some point that we have a DACA recipient who works as a janitor in our home for our community, like somebody right there.

**Respondent:** So, he may you know, so I think that was illustrative of [city], even in the parts of [city] where you are not necessarily living in a heavy immigrant population area, that you're aware, you know, somebody impacted by immigration because of those types of first degrees of separation of like domestic employees and caregivers for the elderly. Right. Another great another example of a population in our area that is very largely staffed by immigrants.

**Respondent:** So. I guess I just assume that most clinicians in [city] are at least aware, right on some level of immigration difficulties, even if they're not like aware of the nuance of exactly what the process entails.

**Respondent:** Yeah, I mean, I think I actually got a call. I don't remember why it might have been from somebody in my religious community who was a psychologist who had was treating somebody who had that she figured out had been through the immigration system that also had been the victim of a very serious crime that might have qualified them for a crime victim visa, and so I think she was aware enough at least to be like these people need to consult with an attorney about what's going on in their immigration case. Right. Even if not aware of the fact that there's a whole area of immigration status for people who have been the victims of certain types of serious crimes.

**Interviewer:** Yeah, that's a good example.



**Respondent:** At least some sort of peripheral awareness. You know, and I don't remember the details, but I did not get the impression that this was a clinician who herself would have had, you know, personalized experience nor in her professional life was treating any significant or treating or working with, you know, providing services to any significant number of undocumented or, you know, and partially documented immigrants, just that. But it was at least aware enough. As a person who watches the six o'clock news, you know, that people encounter these types of difficulties and may need legal assistance.

**Interviewer:** Yeah.

**Respondent:** Does that answer your question? I feel like I may have gone off on a tangent.

**Interviewer:** Oh, no, it definitely did. Yeah, my question was complicated and not articulated very well. And, yeah, I think that definitely answered. Part of my part of my dissertation is looking at US citizenship privilege.

**Respondent:** Mm hmm. That's a thing, that's a thing.

**Interviewer:** How has your work with immigrant clients impacted your own awareness of U.S. citizenship privilege?

**Respondent:** Well. I mean, I know we say this like jokingly a lot of people to one another, but hashtag first world problems, right? It's definitely, you know, as a as a natural born citizen who has never dealt with immigration issues and whose immediate relatives are all natural born U.S. citizens. In my family, you have to go back two generations for an immigrant, which isn't that far. But I'm actually much to my personal sadness at this stage. My grandmother passed away just before I began law school, and so I didn't have as much of a keen interest or understanding of immigration law while she was alive to ask questions of about her process. And she died in [state]. And it's apparently like really hard to get a copy of her death certificate now so that I could do a FOIA on her.

**Respondent:** I had this project in mind where I was going to request her immigration file, because I'm not really interested about what immigration status she actually came out and she was a Holocaust survivor, you know. So, but whatever side note, I'll get around to figuring out [state]'s idiocy later so I can get I need her death certificate to do her for I have to show she's dead so that she can sign a consent form for me to get her records.

**Respondent:** So but I mean, it has definitely, you know, on a on a very like, superficial level, it has made me aware and appreciative of all the things I can take for granted that my clients cannot, right, like I will never have to worry about whether my daughter and I will have to relocate to a Third World country because I can't obtain lawful immigration status in the United States. I will never have to worry about whether or not I need to obtain fraudulent documents in order to get a job because I don't have authorization to work in the United States. I mean, I'm also, as you can see clearly, a white woman, right? So, there's a level of privilege that I you know, I don't deal with in terms of racial or ethnic insensitivities that many of my clients have to deal with.

**Respondent:** My husband is of Middle Eastern background, and we chose to give our daughter an ethnic name that my daughter is a cute little blonde, curly headed white girl.

**Respondent:** But if you didn't know that, if you just saw her name right, it's an ethnic name. And so, we've actually had a great deal of conversations. And I think this is informed from his

perspective. He's not an immigration lawyer, but from my perspective, definitely informed a little bit by my work.

**Respondent:** We have definitely had conversations about whether we did the right thing by giving her an ethnic name and whether she will in things like job applications or school applications, you know, in the future, or face the kind of discrimination that my clients face because people will think she is a person of color, even though she's, you know, I mean, she she'll pass as white despite having, you know, Middle Eastern descent from my husband. She's whiter. She's whiter than I am. I'm just if you look at her, she's whiter than I am and blonder than I am, you know.

**Respondent:** But so, I mean, it has made me aware of US citizen privilege that I have, but also made me aware of the limitations that that can have. Right. Where being you still as a US citizen can face ethnic discrimination. Right. Ethnic or racial based discriminations. And I mean, this is a whole complicated area where people told graduate level courses or at the intersections of privilege and what the limitations of privilege. And if you are also still a person of maybe you're privileged in one category, but not in another. Right. In terms of citizenship versus racial or ethnic background.

**Respondent:** You know, I think the other the sort of the reverse of that, the less the less altruistic or less self-informed aspect of this is the never-ending shock that I have of, you know, one generation removed from emigrating or even people who immigrated and are naturalized themselves who absolutely do not understand or do not empathize with the currently undocumented. Right. Who support political candidates or political policies that are detrimental to the immigrant population because they don't identify with them anymore. I guess privilege subjectively can pass very quickly into one's consciousness. I that is not a concept I can understand, like from an intellectual, irrational perspective. I understand it exists. I can see it all the time. I don't understand how it exists or how people so who themselves are so closely, very so closely, very tiny removal from the immigrant experience can have those feelings and views that I have to assume that it's part of US citizen privilege, as you put it.

**Interviewer:** Yeah. I mean, what do you make of that?

**Respondent:** I mean, honestly, I don't I on it. I don't understand it. I really don't. You know, the people who are like third generation, like my grandparents did it the right way, they came through like it's ignorance of how immigration worked 80 years ago versus how it works now. And it's not that ignorance is excusable, but it is different.

**Respondent:** It is sort of, at least on a human level, an understandable disconnect from reality. But a person who is themselves a naturalized citizen or their maybe first-born US citizen, I don't understand it. They're not that far removed. They should understand that our process is not accessible to most people and that even when it is accessible, it is so arduous that it's not accessible. Practically speaking. Right.

**Respondent:** So, I mean, I don't know what to make of it, I really don't I don't understand it, but a lot of discussion, a lot of, you know, deconstruction since the election about why the Venezuelan and Cuban American population of Miami-Dade County voted so heavily for Trump. You know, and the only explanations that, you know, at least the not the only but the primary

explanation, I think, is the misunderstanding of what the political left is in the US versus what the political that it's not communism the way it is in Cuba or Venezuela.

**Respondent:** That's not socialism. It's not communism. The things that those folks fled when they came to the United States to begin with, the Cuban experience is has always been different in the United States. I think actually, I understand that. Right. Until the Obama administration, you just had to get here and you were exempt from all of the usual requirements of the immigration system. You were allowed to obtain legal status because of our foreign policy towards Cuba. But it has not been that way for Venezuelans or Colombians or any other country. And it's not it's actually not that way anymore for Cubans either, although that's that is reason enough of a change. Right. That is tail end Obama administration that I understand why that hasn't permeated the consciousness of a community yet. You know, but so. So, I guess I can make something of it from a logical perspective from the Cuban-American community, but not I really can't from any other immigrant community in the US, recent immigrant community. I just don't understand. They don't have that privilege that the Cuban-American community had in the immigration process. And although the obstacles that they encountered were probably they may have been different than various undocumented communities, now, there were still obstacles, like nothing was easy about immigrating to the US. And so that I don't understand the lack of empathy.

**Interviewer:** Yeah, it's confusing, definitely, and that's an interesting piece that you bring up about, seeing, you know, those communities support like Trump recently. And it is it's hard to make sense of. Definitely.

**Respondent:** Especially because, I mean, I'm not sure it's so much an issue of competing political concerns like, oh, I don't like Trump on immigration, but I'm deeply Catholic and I don't believe in abortion. Right. I don't actually get the sense that not that I've done any sort of in-depth sociological research on this, but I just anecdotally don't get the sense that that's the reasons that people give for supporting political candidates with and with what are just blatantly anti-immigrant political stances. They actually seem to support the immigration policy.

**Interviewer:** Do you think it's because they want to provide support to the group that they're fearful of. You know, in terms of. The risk to their you know, I guess maybe not their own actual ability to stay in the US, but I guess the possibility of something happening?

**Respondent:** I honestly don't know, I really I don't really have insight, I really find it incredible and not in the good way. Like I find it unfathomable. I find it irrational. I find it to be lacking in empathy. You know, the. And I am deeply suspicious that many of them, to the extent that the claim is, well, I did it the right way and therefore I'm somehow better than the folks that are. And I'm deeply suspicious that they understand what the right what that means. Right. What it means for most asylum seekers is they you know, honestly, they're lucky that they came from a circumstance in which they could claim that the person that was going to harm them was a government official, which makes a huge difference in whether or not you can fit into the definition of an asylee from a legal perspective. While many of the Central American and Mexican asylum seekers are fearful of criminal organizations, those are just legally much more difficult cases to win. Because our asylum laws were written in the wake of World War II, where the world was made up of bad communists that locked up political dissidents and bad Nazis who

liquidated religious and ethnic minorities. If it weren't made up of bad criminal groups that were functioning at the same level of influence as an as a government. And therefore, they weren't written in a way to contemplate eligibility for asylum based on harm from those kinds of non-state actors. You know, a Venezuelan can come here and say, I was I've been arrested or will be arrested because I'm a political dissident, a Cuban. Same thing. Right. And that is not a difficult concept to accept. Right. Given the regimes in a Mexican and an El Salvadoran, they're probably not afraid of their government. They're probably afraid of cartels and gangs.

**Respondent:** So. But to the extent that Venezuelan's says well, I came here on a tourist visa and then applied for asylum and then I was approved. Well, lucky you. Right. But what if you hadn't been approved? You know, it's kind of I don't know, I'm getting sidetracked. That's how I feel about a situation which doesn't answer your question about why these why these ethnic groups have these political you know, what the motivation might be for supporting political policies. Maybe it is just maybe it is still ignorance, like the white person who says my great great grandfather came here the right way through Ellis Island. Maybe it's the same concept that they don't understand. That they kind of lucked out into fitting into a pretty arbitrary category at this point, but that they could have been just as unlucky and denied and then with what they consider themselves to have done it the wrong way. Probably not.

**Interviewer:** It's interesting, it's definitely. Yeah, it's hard to understand for sure.

**Respondent:** I'm really sorry, but I have a 10:30 phone call.

**Interviewer:** Yes, I was going to say I want to be mindful of time.

**Respondent:** I'm happy to, like, do another call if you have more questions that I didn't answer because I went off on tangents.

**Interviewer:** No, no, you were great. Yeah. I'll let you go. And thank you so much.

**Respondent:** Good luck with your dissertation.

**Interviewer:** Thank you. It was great talking to you.

**Respondent:** Yeah. Good luck.

**Interviewer:** Thank you.

**Participant ID:** Attorney D

**Interviewer:** Great. So, my research is looking at how the legal system plays into psychological issues that come up with immigrant clients, and I'm specifically focusing on immigration from Central America and Mexico.

**Respondent:** OK.

**Interviewer:** And so, through this research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law, policy and practice amongst clinicians. So, I just wanted to kind of start off and let you know, kind of reminds you of the premise of everything. So, do you want to kind of start and just tell me kind of about some of the work that you do and the clients that you work with?

**Respondent:** Sure. So, we're predominantly a removal defense firm, so most of our clients are facing deportation. It's not the only thing we do, but it is a large part of what we do. The other parts that we also do is we do family immigration, which is benefit side. So, if someone's married to a citizen or a resident or is trying to obtain their status through some other filing, then we do that. That's not employer based. We don't do any employment-based immigration. And then the last part is, is we do federal court litigation. So, because the immigration laws are written so poorly and there's so much confusion still on what sections of the law still mean, even though the last real immigration reform came in 1996. So, we spend a lot and we spend a lot of time litigating on behalf of non-citizens as to either the benefit side or the removal side. So, it may be a question of does this make the person deportable or it could be are they eligible for release? So, we straddle both sides that come back from litigation.

**Interviewer:** Gotcha. OK. And how do you see some of the legal challenges that your clients are facing, like how do you see that impacting them and their functioning?

**Respondent:** Well the last four years have been hell. I mean, there's just no other nice way to put it right. It's been sheer hell across the board for clients, for advocates, for attorneys, for anyone in any way connected to the U.S. immigration system. There's a professor at Stanford who's been keeping track of all of the changes that have occurred in the last four years, starting with the Muslim ban in January of 2017. And there's been some 900 or so changes to either policy procedure, interpretation process, enforcement priorities. I mean, you name it. And it's been touched right in the what I what I tell folks is it really feels like a bull in a china shop and there's just so much carnage that people who don't interact with the immigration system have really only heard about maybe one percent of the true carnage that has occurred. And I know that people are hopeful that with a change in administration, some of this is going to calm down. But it's been done in a pretty Machiavellian way that some of these things are going to take time to undo. It's not going to happen on day one. So, I think I think that's been the biggest challenge for everyone in the last four years. It's taken a toll emotionally, psychologically, physically, mentally, you name it. You know, from the families that you're watching being divided to the uncertainty, to the anxiety that goes on with both the clients as well as advocates, I think we're suffering from it.

**Respondent:** I really believe that this is a form of PTSD that we're all going to have to cope with when it's done. I used to joke and now I think I'm more serious than I've ever been, which is that I used to joke that once this administration was no longer in power, that everybody who ever had

any contact with the immigration arena in the last four years was going to need mental health counseling to cope. I think that's true. I honestly now I don't feel like that's a joke anymore. I think that's honestly true. I think that if there had been a second term, there are many, many, many practitioners who said we're just it's not sustainable, we aren't going to do it. And so, you would have seen this mass exodus of lawyers and qualified, you know, individuals, advocates who are just calling it quits if there had been a second term. So that's kind of the state of where we are at currently. I think that for us at least, you know, having a change in this situation, we literally we kind of down until the election and now we're counting down to the inauguration because it really is it's the ramp that's off the freeway of what we've been on for so long that I think it is it was such a release when the election went the way it will be.

**Interviewer:** Yeah. Yeah. I've talked to... in some of the interviews that I've already been doing, they've also spoke about kind of like the secondary trauma that comes with this work and how that's really just grown exponentially during this last administration.

**Respondent:** Well, not only secondary trauma, honestly, it's also direct trauma, right, because what happened is, is, is that let's take, for example, one policy, which is the public charge policy. Right. So, it is just one of many things.

**Respondent:** But it kind of it does a nice job of explaining what I mean by direct trauma. Right. So what it would do is, is that the administration would pass a policy.

**Respondent:** They would try to implement it on the on the heels of it being implemented. The courts would intervene. Then there would be a stay. Then that would be there would be this reversal because the appeals were going on. And then, you know, the administration would change policy in a different way. And it was just whiplash that occurs. And as a as a practitioner, as a as an attorney, you're like, I don't I don't know what it is. Right. And so, clients will ask you a question and they'll say, well, what do you think's going to happen? And you sound I mean, it erodes at your own sanity, is what I can say.

**Respondent:** Right? Because you're like, I don't know, because you keep second guessing everything that they know and have known. And I think you see that in a lot of practitioners even. Right. Is that anxiety level increase because you don't want to give someone the wrong information. And what I've seen in newer practitioners is for some of them, they couldn't they couldn't withstand it. It just was too much.

**Respondent:** And they said, you know what, I'm just going to go practice something else. And for the experienced practitioners, what you're seeing is this this real anxiety that increased to say, I don't want to get this wrong, but now I'm looking everything up, things that I know, like the back of my hand, I'm looking them up again because I'm like, I just don't I don't change that. Maybe they didn't change it. You know what you are seeing not only the secondary. I mean, you certainly see that. And I went down to the border to the courts and to the campsites, the refugee camps on the on the Mexican side and yeah, I mean, I think that again, until you've been down there, you really don't have an appreciation for what is happening.

**Respondent:** So, I think I think that is true. There is a lot of secondary but direct trauma I would say even.

**Interviewer:** Mmmhmm. Yeah. That makes a lot of sense.

**Interviewer:** What out of you know, you mentioned some 900 changes to policy and procedure over the last four years. What of those changes do you think would be most important for clinicians to kind of be familiar with and understand?

**Respondent:** I think there's probably the easiest way for me to answer that would probably be you get a lot of policy changes. Right, which is hard.

**Respondent:** But I think what is probably the most mentally unsustainable or the most emotionally unsustainable is the attack that has been under the systematic attack that has been undertaken in the humanitarian grounds of relief. Right. So, whether you're an asylum seeker, whether you are a victim of violent crime, whether you are a victim of human trafficking, whether you are a long-term resident of the United States who is trying to avoid deportation, those kinds of attacks because you're closing so many doors. Right. But it's most difficult because you already have an incredibly vulnerable population.

**Respondent:** I mean, if you've been trafficked or if you've been a victim of violent crime or you've been a victim of domestic violence, and all of a sudden, laws that were enacted to protect you are now being utilized to punish you. That takes an incredible toll. And I think that it's a revictimization of those who are in the most vulnerable place. And so that's one aspect and then the other aspect of it is, is his advocates and attorneys, you know, we've grown somewhat accustomed to saying these laws are going to protect our clients. And so, there is this incredible amount of helplessness that gets felt by the advocates because you're like these are not supposed to work like this. They're supposed to work to the benefit of this vulnerable population. No matter what I do, it's not sufficient to be able to protect them. And so, I think it's a double assault in that way. And so that is the one thing I think that clinicians should be paying attention to is, is that a direct assault on those humanitarian forms of relief. Asylum has been all over the news, so I think everybody goes, OK. The asylum seekers. But, you know, there used to be this reasonable application of the enforcement priorities.

**Respondent:** So people who are of lower risk and being removed from the United States, they had a certain level of predictability and a little bit of protection that they felt it that's been stripped away, you know, and so people who were, for example, with you visas, which is for victims of crime, you know, the wait times on you visas anywhere four to five years from when you file it, when you get on what is known as the U-Visa wait lists, that historically, once you filed your application, they left you alone. Unless something unless you went out, did something to aggravate the situation, you committed a crime, you hurt someone, whatever. You didn't do any of those things and left you alone. And families felt secure in being able to apply for that relief. Right. The shifting enforcement priorities takes that away. So, it takes away that safety net that it used to exist. And I think that that has a much. Now, people you know, the laws were supposed to say, if you're a victim of crime, come forward and we will protect you. And now it. Well, if we come forward, how do we know we are going to be protected? Because the enforcement priorities have changed. I think that's important.

**Interviewer:** Definitely.

**Interviewer:** So, yeah, so you kind of you mentioned several different things, like it's a really a direct assault on the humanitarian grounds of relief. And then you and you mentioned several

other things, but also like a shift in the enforcement priorities. What would you say are like the psychological impacts of the shift in enforcement priorities?

**Respondent:** So, the first, I think, probably the most tangible one is you strip away at the sense of safety. Right, and you now invoke and this is why I say it's almost like you're victimizing the individual because you strip away at their sense of safety, which arguably, depending on the nature of the crime of which they were a victim, that's already occurred. Right. So, if someone has been a victim of robbery, they don't feel safe going out to begin with. And now on top of it. OK, but you can file for this immigration benefit and you will be safe and your family will be not targeted by immigration authorities. Well, you've now stripped that away.

**Respondent:** And so that's what I mean when I say that you re victimized them because that sense of safety is already being assaulted and now re assaulted by taking away the protections they think they have as a result of applying for some of these benefits.

**Interviewer:** Yeah, that makes sense. Um, let's see. What legal knowledge should clinicians understand about the immigration experience today?

**Respondent:** Today? Think that's a whole different question than four years ago. You know, some of the things that I mean today, I think you are dealing with a very.

**Respondent:** And with this, I think you are dealing with a broader community of vulnerable people. And that's why that's kind of what I was saying in the beginning, is, is that before we looked at people who were struggling were clients. And the attorneys weren't struggling, the advocates weren't struggling, right? Yes, under the Obama administration, there was still family detention. There were still some of these atrocities that was that were going on. But it was at a whole different level like this is that's so far off the pail and off the mark, you weren't seeing the lawlessness, just the absolute lawlessness that has occurred at this point. And so, again, you know, as lawyers, we tend to mean the one thing that we feel like we know how to do is, is to work the law, to do something right.

**Respondent:** And so now not only do you have a vulnerable client, but you are kind of adding to that into the playing field is now a broader base of people who are struggling as opposed to being divided in those who are in need of help and those who are capable of helping.

**Respondent:** And it's going to take time, I do think that, you know, once this administration has shifted and some of the hemorrhaging stops, because I think right now we're going to need a tourniquet quick. And I think the Biden administration is pretty aware of the fact that, you know, right out of this she's better find some tourniquets because of the hemorrhaging that's happening. But once that stops, we think it's going to take attorneys and advocates a little bit of time to say, OK, now we've got to be able to go, OK, we can find our equilibrium to go back to doing what we need to do.

**Respondent:** And so, I think there is a sense of hopefulness that has been lacking for the last four years. So much so that I really mean we were on a brink. And if you looked at the number of clients who were giving up and saying, you know what, if he wins, we're just going to leave. We're just done. We're going to move. And attorneys who are giving up and advocates who are giving up. You know, when the administration started targeting advocates and targeting, that whole thing goes under Jeff Sessions, when he started referring to immigration attorneys as "dirty immigration lawyers." Right. And so, there was a personal attack on the advocates. Right.



So, I think that some of that you're going to see some of that that's going to I think it's going to get better. I really do. I think that there's already a sense of relief and a sense of hopefulness that has returned ever so slowly. So, I think the attorneys are going to get better, faster, but I think the trauma is real on both sides of the coin, and it's going to take a little bit of time to kind of overcome some of that. So, I mean, right now, if you said what is the state of the mental health of everyone, I think it's hopeful for the first time, but certainly shaken. And for a lot of people, you know, they were clients were saying we're going to pack up and leave. And we saw a lot of that. We saw a lot of people give up and just go say, forget it. There's a you know, there's a whole world out there. Even if I don't go back to Central America, even if I don't go back to Mexico, even if I don't go back to pick another country, we'll go someplace else.

**Interviewer:** Do you have, like a story of a client that went through that process of kind of giving up on the process?

**Respondent:** So many, so many, so many gave up, they just did. They said, you know what we're tired of? You know, the detention policies became unworkable. So, if you wanted to get a bond, otherwise they would have been eligible for bond, but they couldn't get a bond because of the enforcement priorities and the limitations that the judges were being placed on. And then, of course, COVID in the middle of this last year has added a whole spectacular new level of helplessness and hopelessness. Right. And so, like, for example, we have jails, we don't, unlike in [city] that has an ICE facility. We don't have an ICE facility. We have the local jails that ICE contracts with. And they are out anywhere from three hours to five hours from their families. Right. So now you have a situation where before if somebody was detained, family members could get in to see them. They can't see them now because they're out three or four hours away. Plus, you have covered restrictions on visitation, plus you have increased enforcement. So, families who are undocumented don't feel comfortable to go out and visit their loved ones because now they feel like they're going to be at risk.

**Respondent:** But you're getting phone calls and families are getting phone calls with me. We have one jail that we know has widespread COVID. And it's a small it's a small county jail that doesn't have sufficient protective gear, doesn't have sufficient space to isolate everyone. And so, you're having families who are on top of the separation and the anxiety are now terrified whether their loved ones are going to die alone in in a in a in a jail cell with. And again, there's a huge difference. It's sad to say, but it's a huge difference between the federal courts in a more progressive state than here in the middle of the country where the federal courts are about as conservative as conservative can get care. And so, when you file a lawsuit, you don't care. And, you know, that's just one more added. Mental defeat for someone who's in custody, and so they you're like, should we try? We can try but understand we may not prevail here, you know? And so, I think that that would be the story that people should understand is, is that people in detention right now mean it's they're giving up.

**Respondent:** They're like, forget it. We'll just leave. You know, families are giving up. They're not doing raids right now. They're not running around doing that.

**Respondent:** They're also not as aggressively. I know when COVID first started, it was pure chaos in the communities where people were getting rounded up and people were getting put in

detention facilities. We're not hearing that. But the folks who are in custody right now at an even greater risk because they don't have proper protective gear.

**Interviewer:** Yeah, yeah, I wasn't aware of how different areas of the country would be kind of responding with the detention facilities, one and then also, you know how immigration cases are handled in courts, that makes sense, though.

**Respondent:** Yeah, it's rough like practicing in this area. You know, you're in [city], so you have a more progressive court, a district court, federal district court. But you also have a still, say, 9th Circuit Court of Appeals, which again, yes, they have done a lot to try and alter the makeup of the Ninth Circuit because it was one of the most progressive circuits. But, you know, I function in the 8th Circuit, which is the last circuit. I mean, they grant one immigration case a year.

**Respondent:** You know, and so you say to clients, you're like, look, we can try and do this, but if I mean, we're not really in the most fertile ground for relief here.

**Interviewer:** Yeah, and I'm sure, yeah, that kind of just adds to the feelings of kind of, like you said, the hopelessness and then the helplessness kind of.

**Respondent:** And that's why people give up. They're like, you know what? It's fine. I understand. Then I'm going back to a country where it's not necessarily safe, but I'd rather take that risk than deal with this. Which is horrible, which is just horrible.

**Interviewer:** Yeah. I have some, kind of curiosity about how long specific legal processes are currently taking, like what the timeline is?

**Respondent:** Ok.

**Interviewer:** And I'm sure that that's also to kind of like a moving target that's shifting a lot over the past several years, but if you could kind of speak about at least the cases that you work with.

**Respondent:** Well, so, again, let's look at it. Let's divide this into the benefit side, and when I say benefits side, I'm specifically speaking about USCIS cases, right. And when I talk about defensive side, I'm specifically speaking about the immigration court system.

**Respondent:** So, two separate sides, the benefits side had been going along at a. Reasonable pace up until the last year. And when I say last year, I don't mean since March, I mean since about November, September of last year going forward. So, it's even pre-COVID. And what we saw is twofold. And that's why I say this was so unsustainable. Had had there been a second term is because what we saw over the course of the last four years is a shutdown of transparency that's shut down accountability and a shutdown of accessibility. So, it used to be that if you had an issue with USCIS, there were mechanisms for advocates and attorneys to be able to reach to the to the agency and say this is screwed up. How do we fix it? Right. And I think it was sometime last year, maybe even before then. I lost track, quite honestly. But there was a overhaul in the mission statement of USCIS. You have to look it up. I don't remember when that was. But since that, you know, they went from this, we are going to where we are an agency that believes in benefits. We are a nation of immigrants. And all of that to where the USCIS mission statement changes. And it goes more towards this exclusion that occurs. Right. And so, what you see shortly thereafter is now you are getting denials and things were taking longer, used to be before 2017 that a work card if someone files for a work permit, it took 90 days to get their work card. And it makes sense. Right, because if your person is working, they can sustain themselves. They're not using false documents, not using false information. They're able to get their driver's

licenses. They're able to do some of these things. When you take away their work card, they can't get a driver's license. They can't get a Social Security number. They can't get a job. They can't support their families. So, it's very Machiavellian, right? And on its surface. You go, oh, well, it's just going to take longer to get your work card. Yeah, but the natural consequences of that delay can be life altering. Right. And so now you would so you saw that systematic breakdown occur and yes, it looks like it was February of 2018 when the USCIS mission statement changes and they got this idea of we are a nation of immigrants, which, as I say, is about its pre-COVID.

Right. So, but you started to see that shift in the slowdown of applications on the benefits side.

**Respondent:** The other thing you did not see ever is, again, this is kind of going back to what we were talking about before is this if you were a vulnerable population and the agency denied you relief, they didn't automatically refer you to ICE. It just wasn't done. You don't take a U-Visa victim who's worked with law enforcement, done these things, and then deny their application on a matter of discretion, purely discretion, and then refer them over to ICE.

**Respondent:** So, again, was a shift that started to occur. So, you saw that on the benefit size, everything slowed down, but it's systematically done in a way to inflict as much harm as you possibly can. Right. And it's not it's not so in your face that if you're not someone who is savvy to, oh, you're going to delay the work card so that it has all of these flowing consequences. Most of the public's not going to get that. Right.

**Respondent:** On the immigration defensive side, on the removal proceedings, what you saw is there was the metering and the issues of MPP that was happening at the border with asylum seekers with people getting turned away, turned out, you know, hearing notices. I mean, that whole process, by the way, is it was a joke, like the whole thing. You want to talk about a flagrant violation of the Constitution, that that was it. You know, you it was it was designed to break people down so that they gave up. It really was I mean, you have a nine o'clock hearing at the court, you're supposed to get in line at the bridge at 4:00 in the morning. So, you have these kids in, you know, four or five years old that are being woken in the middle of the night to go stand in line on the bridge.

**Respondent:** And if you didn't get there on time, then they weren't letting you into your hearings. The tent courts, which again, was a joke, were kept so cold that it's 90 degrees in Brownsville, Texas. With the tent courts. You have to have a winter coat because it's so damn cold that you can't be in there for hours at a time. It was designed to make people give up. It really was. And then they slow things down. Right. So, then you'd have court hearings that were either one of two things. Pre-COVID, it was more of a how do we railroad people through this process as fast as we can and get them, you know, everything was a denial, you can't get a continuance. There were assaults made on the ability to get continuances, on the ability to get timely decision. I mean, it was just a pure assault, right? They wanted they could they would schedule four to five asylum trials in one afternoon. It's not it's not it's not doable, right? I mean, you have to it's just not doable. They would they would set it up to where, you know, you'd have five trials. Two of them or three of them would be the same attorney. Well, the attorney can't. I mean, there's it's just not sustainable. Right. But it was designed to have the appearance of due process without the substance of due process. Right. So up until COVID, that's how the defense

side was running and how fast they were running, then COVID hits and some of the courts didn't close.

**Respondent:** And in fact, they didn't tell people that there was a COVID scare. In fact, if you ever if you're on Twitter, follow the immigration judges union. Right. They were very vocal about what was happening. And, you know, they weren't closing courts down. They weren't doing all these things until the administration tried to dissolve. And I think they succeeded in dissolving the immigration court judges union. And then what you see almost instantly thereafter is now they're saying, oh, there was a COVID scare in Denver, there was a COVID scare in wherever. And so that's why we're closing down the courts. But until then, you weren't having it. And so, people would show up without any protective gear, right, and you were you were literally exposing them to the risk until probably about June when some of this started going down in lockdown across the country. Well, yeah, so now what's happened is, is that court hearings are so far in backlog now, there's over a million cases in backlog in the immigration court system. And so, if you're an asylum seeker and you can't get to your family because half of your family's over there, but you need to be granted asylum so you can be reunited with your family. I mean, your court hearing is not going to occur for the next three years.

**Interviewer:** Yeah, that's... has it been like historically, has it been at any point in the last 30 or 40 years that long of a wait?

**Respondent:** So, I can't talk to a time before I practiced, but I can tell you that I mean, this is really unprecedented, you know, I mean, again, I think this is an administration that wanted to do I mean, we've decreased legal immigration to the United States by 80 percent.

**Respondent:** Legal immigration.

**Respondent:** Right. I mean, this is a very Machiavellian and so that's why I'm saying is this and that, that's legal immigration, both family and employment. So, I'm not isolating that, just family cases. But I mean, you know, again, if you're an employer, you can go, well, you know what? Forget it. Not I'm not going to worry about it. And that's what you're seeing, you're seeing employers struggle to find people. I mean, you've got record unemployment, but because of the poorly, poorly way that the current COVID crisis was handled, you have taken most women out of the workforce because they're dealing with kids at home who are trying to go to school. Right. So, when you look at jobs that are routinely considered to be female dominated right off staff office assistants, receptions, jobs, you know, school workers, paraprofessionals, things that are traditionally considered to be women oriented, those you're seeing a decrease in because they're at home trying to make sure kids get to school. Right. And then the rest of everybody else is still trying to either they're either someplace where, you know, in some kind of a job that can't be done remotely.

**Respondent:** Right, and so you see this phenomenon that's going on where there are jobs and employers are looking at you and you have record unemployment, but you don't have a connection, there's no way to connect them. On top of that, you have foreign workers who aren't coming because they're like, forget it, we've got other places to go that are much easier and much more welcoming.

**Respondent:** So that's why I say the carnage is real and it's going to take more than just, you know, a stroke of a pen and some of these have been regulatory done that are going to take time to undo because they have to go through the proper legal procedures to undo the.

**Interviewer:** Yeah, in terms of like the timelines for specific legal processes to be carried out. Is it helpful for, is it helpful for clinicians to like if they're working with an immigrant client to be checking in about how the process is going or what would be helpful for them to understand in that situation and to kind of align with what the reality of the situation is?

**Respondent:** So, I think what you see is. I think until they have work authorization. Right, there is a feeling of a lack of control over their own life.

**Respondent:** Right, and so you take something, if someone is struggling with let's say they're struggling with depression, right. Hypothetical for other reasons. Right. And now they are incapable of getting their work authorization quickly, so now they can't take care of their families. And so now you have a feeling that's compounding the problem, right? Because not only do they already have the underlying depression, but they're also now, I think, feeling incapable of contributing. And taking care of them, so it just becomes another layer that's adding to their mental health issues. So, I think it's important for clinicians to understand the overlapping nature of some of these immigration issues with the underlying diagnosis that may exist. Right. So, for example, we always say that there is a connection between a domestic violence victim and criminality in the sense of theft offenses in particular. So, there's usually substance abuse and theft, right? Those are the two, because the theft gives them a sense of control. And in the in the substance abuse gives them a form of numbing, if you will. And so, in that and they're in that situation, if you've got somebody like that, it's already got some of those issues going on. And they are afraid that they can't get immigration assistance because some of the outrageous craziness that's been going on and it becomes a contributing factor. Right to it, it's woven into the rest of the diagnosis in that way.

**Interviewer:** Yeah, that's fascinating about the connection that you kind of noticed between you said like a victim of domestic violence and theft charges and then like potentially charges around substance dependence as well.

**Respondent:** Yeah, I think theft in particular. So, theft, whenever I see a conviction for a theft offense, I always go digging for their domestic violence because it's a number one clue for women in women in particular.

**Respondent:** Not so much. It isn't it doesn't manifest in the same way for men. For men, it's manifest. It's slightly different because I tend to then start looking for, OK, where are the what's going on in their story that's causing that men to feel overwhelmed? For women, it's usually an indicator of domestic violence because it plays out as a as a form of this piece I can control. So, if I steal a pair of earrings, it's because I feel so out of control because of domestic violence. In the end, the cycle of violence that's going on, that that's so if you ever see that in women, you tend to go back and go where what happened? And then you go back and start winding those threads out. Substance abuse for the most part, again, not in men so much, but in women where you see these spikes like that or patterns of it. So, you'll see criminality for two years, no criminality for five, and then criminality again. In those patterns, then as a as a as an attorney, I

go back and say, OK, tell me what was happening in your life here, because there's something else going on that you were acting out through the criminal behavior.

**Respondent:** So, you know, I laugh. I have an undergraduate degree in psychology that's not near is I mean, I would love to have gone back and done some form of forensic psychology, but I always tell attorneys that, you know, there's a reason we're called counselors. And so, you have to go back and look for some of these patterns. I mean, I'm not going to do nearly as good of a job as you will, but there will be enough there for me to say you need to go someone and go talk to someone who's more of a professional, who has the proper tools to kind of help us unpack some of this stuff.

**Interviewer:** Well, is there is there anything that you are concerned about when you do refer a client, you know an immigration case, when you refer a client for mental health services, whether that's with like a social worker or psychologist or mental health counselor?

**Respondent:** Yes, I think that this is this is just this is going to be my soapbox on the profession. So please take it for what it was. I think that I think that clinicians one. Not all of them know how to write a proper report.

**Respondent:** And the reason I say that, it's so important because, you know. We stand as attorneys and people to talk to a mental health professional because we are trying to understand what's going on right. We may be able to say, OK, we know that is the color blue, but we can't tell you what color, what specific kind of blue that is. Right. We just know it's a color. So here we go. We're going to send and a lot of times the two kinds of reports and there's some therapists that I work with that that's who I work with because they have a profound understanding for I don't want them to advocate. I want them to educate. Right, and it's so important to me that they be able to make some of these connections that I can write, and there is there is I mean, there are some therapists that I will work with that every single time I learn something new to go. OK, I understand. So, when you say to me, you know, what's going on here, it's not just a conclusion that says you're suffering from PTSD. OK, well, great. But can you give me a little bit more as to what that means and how is it manifesting itself in terms of what are the symptoms? What are the traits? What are you looking at? Right.

**Respondent:** That or a lot of times clients will self-report. Right? I'm scared. And so, then the therapist will say, well, see, they're manifesting signs of being scared. Well, yeah, but I want to know what objective signs are there. Right. I mean, yes, it's subjective, but I want to know what objective signs are there.

**Respondent:** And I think that if that therapist who can do that, who can take the subjective and the objective and really tell you a good narrative on what's happening and educate not only the attorney, but also the court or USCIS or whoever, that therapist is worth their weight in gold, you know, because so many times or I'll get a report that's one page long. And what am I supposed to do with that? I mean, there's nothing that that does because it doesn't give me anything that helps an adjudicator, because remember the world of immigration, it's all paper filing. I don't have a judge and a jury. I don't have a courtroom unless they're in deportation proceedings. It's all going to happen through paper. Right. And so, I think that as if you're going to have someone who's going to do this as part of their normal practice is that they're going to provide reports that can be helped and used in the furtherance of a noncitizen who's trying to seek a benefit, then educate. I

mean, do it like an educator to teach us, OK, this is what this is. This is what that means. This is what you know, this is where you see it. You know that the childhood trauma and sometimes some of the childhood trauma, you can't say, well, you know, they had so much trauma in their life until they were 10 and then they didn't have anything. But it's manifesting here when they're 30 because they're now having to deal with adult relationships and they didn't know what to do with it. You don't tie those strings, tighten them, you know. And so now I can make the argument, but I don't have I don't have the credentials to make the argument. Does that make does that help? Does that make.

**Interviewer:** That makes a lot of sense. Yeah, that makes a lot of sense. And so, you're seeing a lot of like in reports, more, you had talked about like the client reports they're scared or fearful, but not enough of like this is what it looks like, the objective signs of PTSD or what they're reporting, if they're scared and like this is what to look out for and how this shows up in their day to day life. Is that right?

**Respondent:** I mean, you know, so I just did I just did this case. This is why it's fresh in my mind. But PTSD under the DSM-5. Right. Has specific criteria. But what you see in reports is that therapists won't address. Here are the seven, you know, criteria that the DSM-5 puts out in here. It says they're depressed. Here's all the things you're used to, the actions that they're taking that are consistent with depression. Right. They go to sleep at five o'clock. They don't wake up until noon, whatever that is. Right. They don't they don't go into that detail. And I think that that is, you know, yeah, the client is obviously going to report that. They're going to say, well, I go to sleep, but they're not going to necessarily tie that to a symptom of depression. They're not going to tie that to I don't sleep. Every time I leave my house, I carry my keys in a certain way. So if I have to stab someone when I do, they're not going to make the connection right. That behavior is a result of something else. But counselors can. Right.

**Respondent:** And so that is like I say, there's a few of them that I work with because I think they do a they have a profound understanding of like some of this is subjective, but we have to be able to also tie it to the objective behaviors, because otherwise what you're going to get is you're going to get the USCIS officer, the immigration judge is going to go, well, this is all self-serving. Anybody can say they're scared. Well, yeah, they could, but when you talk to the person, they don't necessarily say that, you know, every time they leave, they carry a pocket knife with them or whatever the heck it is that they're doing. Right. Whatever, whatever the factual basis.

**Respondent:** So, I think that is that is something that I think that is worth your profession being a little bit more mindful of is that if you're going to work in the context of the courts or work in the context of immigration or anything like that, the way those reports become good reports, I mean, they absolutely can make or break a case. And I mean, just I've seen some that are just so good that I mean, I had one when the person did one for a human trafficking victim. And I mean, I refused to I mean, I didn't really want to talk to the client about the specifics of what she was under, you know, how she'd been trafficked because I didn't want to re-victimize her. And so, I relied on the counselor to kind of spend the time that was necessary to build a rapport to get to the heart of what was happening. And I mean, that report made I mean, that completely made the case because we were able to say, look, we don't know but this counselor has the expertise to be

able to look at the facts in here and kind of pull out some of these details that we wouldn't have known.

**Interviewer:** Yeah, well I want to be mindful of time. Is there anything that I didn't touch on that that you would want to add?

**Respondent:** No, I don't think so. I think that, you know, I don't I don't know what exactly you're looking for, so I hope it was helpful, you know, to do what you needed.

**Interviewer:** It definitely was. Yeah. Yeah, it was great. And yeah, I really appreciate that you spent the time with me today, so thank you.

**Respondent:** Of course. Thank you.

**Interviewer:** OK, all right. Bye.



**Participant ID:** Attorney E

**Interviewer:** So, as you know, from the consent form and the flyer, this research is looking at how the legal system plays into psychological issues that come up with immigrant clients. And I'm specifically focusing on immigration from Central America and Mexico. And through this research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians specifically.

**Interviewer:** And so, I kind of wanted to start and ask you if you could talk a little bit about what you do at the [organization].

**Respondent:** Yeah, absolutely. I am a managing attorney on the children's team in [city], and I've been with the [organization] since 2017. I started as a staff attorney, but I've always been with the kids team. So, what we do primarily is we, under the TDPRA and under federal requirement. The children who enter Office of Refugee Resettlement Facilities have to receive your rights presentations and get legal screenings within 10 days of entry. So that is one component of our job is interacting with those children and doing initial assessments, follow ups, kind of tracking their cases. If they reunify, where we can, we will do a referral for local counsel. And if they don't reunify and they remain detained, then we are assessing for representation. We also represent children in the community who have been released from our programs. So, on the kids team, that's primarily where our client base comes from. Now, of course, there are special protections for children, and that's where a lot of our team comes from. But those children become adults. So, at some point we often start to see a melding of, OK, this child is now 18 and what are the consequences and how are things developing and changing for this child as they enter adulthood legally as well as in life.

**Interviewer:** And so, I know you kind of just talked a little bit about some of the legal challenges that your clients face, but if you could speak specifically about those legal challenges, that would be great.

**Respondent:** Sure. So, most of the children that we work with are something called an unaccompanied alien child. And that's a legal term. So essentially, it means that a child who has been designated by the federal government to be present in the United States without a parent or guardian,

**Respondent:** And that protection in particular gives children certain rights. They can request asylum directly from us, us, rather than having to do it with the immigration court. So, they essentially get two bites of the apple if USCIS refers their case. There are special restrictions regarding things that happen in court, taking pleadings for unaccompanied alien children, things like that. And we're seeing this interesting tension at the moment, like where, how and when a child might lose that UAC designation, I'm just gonna say UAC, that's how we commonly refer to it.

**Respondent:** Because if a child reunifies with a parent, does that mean that they are no longer UAC? And if they turn 18, does that mean that they are no longer a UAC? And our position is that they don't that they preserve these protections and that that was the intent when this designation was created. But we're seeing a lot of pushback and a lot of areas on that. And there's even a class action lawsuit that's ongoing right now about can USCIS say that a child is in NYC

after they file their asylum application? And what are the implications for that child's asylum application if they filed it in good faith? But now USCIS says we can't actually look at it, so.

**Interviewer:** So, it sounds like. It's kind of written the way it's written is pretty unclear in terms of kind of whether or not they lose some of those protections when they turn 18 or file for asylum or things like that.

**Respondent:** Yeah, there's no there's no explicit regulation with regards like does a UAC remain a UAC forever or is that something that's stripped from them naturally or by an affirmative action?

**Interviewer:** And how do you see that impacting some of the clients that you work with, kind of you know, I know they are children. So, their understanding of some of the legal implications of that, you know, I'm not sure how aware of that they are, but the uncertainty of the whole process, I'm sure you see that impacting them.

**Respondent:** It's definitely a factor, right? Like taking a client into, for example, an asylum interview. I think this is kind of the area where we see it the most because we have a lot of asylum work. You know, you take a child into an asylum interview, you prepare them for the case as best you can. And you really think that they're going to get a comprehensive interview, two or three hours, going through several questions about their fear of return and everything that's happened to them. And you prepare them for that. You do prep sessions, which you try to minimize how traumatizing that is. But to some extent, just it's very traumatizing. And so, if you go into that interview and it takes 20 minutes and then the officer says we're not we can't conduct any more of this interview because this child lives with our parents, that's really horrific for the child, it feels. I think pretty powerless and futile. I mean, that's certainly how I feel as the representative, seeing that my child has come in, they're already nervous about this process and they're just kind of brushed off because of a bureaucratic system. And it feels very harsh.

**Interviewer:** Yeah, definitely. And so, you mentioned that they would be, like if either the interview would be cut short or they would be turned down because they live with their parents, you mentioned that?

**Respondent:** Yeah. Yeah. That is. I've had that happen on a few instances in the past.

**Respondent:** So, yeah, you go into the interview, you think you're going to proceed in the interview and nothing happens. Additionally, not strictly related to cases, but with regards to interviews, the asylum office certainly make an effort. But they overbook their officers as if it were a plane seat. And so, you have sometimes you prepare your client for the interview and you get there to the office and they just say, we don't have enough officers, you're going to have to come back. And that's just, it's horrific. It's horrible.

**Interviewer:** Yeah, I can only imagine.

**Interviewer:** And you touched on the re-traumatization of the children through the process, the interview, I guess, can you speak a little bit more about kind of what you've seen and the effects of that?

**Respondent:** Yeah, absolutely. I would say, generally speaking, to some extent, it is always very traumatizing and we try to control that as best we can. Right. Like the [organization] is really lucky. We have a social worker component and they integrate very well. They give us a lot of information and training about how to handle the re-traumatization and also creating plans for

the client and for ourselves to try and diminish that impact. That said, I've certainly seen where we've had clients where sometimes most of the time they can manage pretty well. But there are clients that the extent of their trauma is really impactful. And as soon as you start to scratch and flake away at that surface, it all comes back. And I've had clients that really just don't seem to recover from that, like they've been able to repress it. They managed to give you enough information for the forum, but then they haven't had to talk about it for a year or more and they're feeling pretty stable. And then all of a sudden everything comes back up. And that's, that's really tough.

**Interviewer:** Yeah. That's kind of a theme in the interviews that I conducted so far, as just that the whole immigration process is very, not trauma-informed.

**Respondent:** No, not at all. Not at all.

**Interviewer:** Yeah. And so, in the last several years with the last administration, kind of what have you noticed that has changed with regard to immigration?

**Respondent:** Well, I can say I started at the beginning of the last administration. It was actually Trump coming into office that compelled me to come back into immigration law. And I don't plan to go anywhere anyway. Like when I started, all of my colleagues were talking about how much harder things have become in the past 18 months, two years like even under Obama. And in the nearly four years that I've been with the [organization], it has just been an escalation of stress and constant changes and increases in difficulty in any form of relief. UPSs in particular, have been under a lot of attack, right. Like we had family separation. The administration seems to be taking actions to try and inhibit relief for several of these kids, creating new roadblocks. Asylum has also been under attack. And to some extent, immigration is always very much in flux. There are a lot of changes and you should anticipate that in the field. But literally, I'd say since August, August, until mid-January, it was chaos. Like no one could keep track of anything like these new rules came out. Are they actually in effect? Did they have like the requisite comment period? Who's challenging them legally? What injunctions are in place right now? It's just been like a ball game where you don't know the rules. Right? You get a set of instructions and then after every play, they give you new rules. And how do you remember what they are?

**Interviewer:** Yeah, I mean, I'm, you know, this is the focus of my dissertation, so I'm not working in it full time. But, you know, I had my dissertation proposal in June, and since then, there's been so many changes that it's been very difficult for somebody who's not an attorney to keep up with the changes that have been going on.

**Respondent:** Yeah, yeah. It's tough for the attorneys too and it's tough to advise our clients. Like, at this point, I just tell them, like, hey, this is where we are right now. Like when I when I sign a retainer with the client, this is where we are right now. I can't make any promises. But this we're going to try to do.

**Interviewer:** That's challenging. And so, you kind of talked a little bit about the changes from Obama to Trump. How would you say that immigration has changed from Obama to Trump?

**Respondent:** Well, Obama has been coined the deporter in chief and I think prior to Trump, that was an accurate title. And it still is to some extent. Right. But the focus with Trump's administration was clearly. And I say this from my own perspective, right, but there seem to be a clear animus against non-influential, non-white immigration. And to see that kind of motivation

within an immigration system, within a federal system, has just been pretty astounding. But so that's clearly been part of it. And it's not it's not that we're emphasizing individuals with criminal activity like under Obama. It is, we are, we're coming for all of you. We're coming for all of you. We're taking you away from your children. We're taking your children away from you. And there were no, there was no cohesive plan at any point through several of these processes and systems, which created a lot of chaos within the field, but also a lot more chaos for the people that were living it in a way that I don't think we saw under the Obama administration. Like, yes deportation was increased, but there was still a system, was my impression, and as much as I think the American immigration system is lacking in dignity, it has degraded substantially in the past four years.

**Interviewer:** What do you predict in terms of changes to the immigration system with the new administration?

**Respondent:** I expect that we'll see some things alleviating. I don't expect that Biden's proposal is going to pass, especially not in its original form. There's just no way. It's, it's far too progressive for Congress to agree to. That said, I think we've already started to see some of those pressure points easing a little bit. There was a lot of hostility with the department, and I think a lot of it was just the Department of Homeland Security. I think a lot of that just stems from them receiving instructions that they didn't have any opportunity to refuse. But of course, they couldn't disclose that to us. But my impression is that things got harder whether people wanted to make them harder or not. And we've started to see that that might be changing again. So that, that's really, I suppose a relief in a way. I do hope that there are regulatory changes. I hope that a lot of the harm that has been done to asylum law can be reversed. But even in the interim, we're starting to see that we might not be having to fight quite so hard on the reasonable request.

**Interviewer:** So, you're already noticing some improvements in terms of the timeline of different legal processes and the outcome?

**Respondent:** Yeah, and I don't want to say that it's substantial, but there was a glimmer, maybe a little bit of hope compared to the last four years. Yeah.

**Interviewer:** And so, in terms of clinicians who are working with immigrant clients, what kind of legal knowledge do you think it would be important for them to kind of have a general understanding of, to be able to help their clients effectively?

**Respondent:** I think the first thing that clinicians have to understand is that immigration is pervasive and potentially it touches everything. Right. Ability to work, filing your taxes, whether you can be listed as a dependent on taxes. And. You know, what I love about our social workers is that they help us to ensure that our clients have their minimum needs being met, because when you're not meeting those things, it's impossible to focus on a legal case. It's just there's no way. So, I think first and foremost is taking care of the client, like the immigration component is important, but fundamentally they need to have somewhere to sleep, they need to have food. They need to have basic access to mental health and health services. And once we have those, then the client can really come to the table and contribute meaningfully on their case.

**Interviewer:** Yeah, that makes sense. Kind of having some of those basic needs met and kind of building from there.

**Respondent:** Yeah, also, I mean, I think it's just partially cultural competency. Right. And you would think that any clinician would need to have that to some extent, but. You can't bring your own preconceived notions of how things work into the conversation, and I've learned that a lot myself, like practicing as an unmarried woman without children, like a lot of my clients don't understand my background and where I come from. So it's removing yourself from the equation and what you expect of people because they come from an entirely different cultural norm.

**Interviewer:** It's important. So in terms of, so part of my dissertation is looking at U.S. Citizenship privilege. And so, some of that you were just talking about kind of relates to that, has your work with immigrant clients impacted your awareness of your own U.S. citizenship privilege?

**Respondent:** Yeah, absolutely.

**Respondent:** And so, the reason that I always was kind of interested in immigration law, even in undergrad, before I knew that I wanted to head in this direction, you know, I've been interested in ancestry my entire life, and I have the privilege of, and the notoriety of having ancestors who have been in the United States for at least one hundred years. I have no recent ancestors who immigrated. And my most recent ancestor immigrated in the early 20th century. And he was a co-worker. He had no special skills and he was a citizen within two or three years. Right. So, I've always been perplexed, like what has happened that in a few generations it's become so very difficult to become a citizen of the United States. And what is it about citizenship of the United States that is so sacred that we cannot give it to people? So that has always been in the back of my mind of working with these kids. It's even more you have an 18 or 19-year-old who gets a DUI that can be their deportation. Right. Like something that happens to many of us. Right. Like we're drinking under age and we get caught. It's a slap on the wrist or it's a stern conversation from a judge for many kids in America. And that's not what our clients are looking at all.

**Interviewer:** Yeah, it's much more severe.

**Respondent:** You have to be better than an American citizen to stay here if you're not an American citizen.

**Interviewer:** And is there like a specific client, or like story that you could share that has impacted your awareness of your own U.S. citizenship privilege?

**Respondent:** Well, there so there's that the most indicative thing is the DUI. It's been a couple of cases where I've had a client who gets a DUI or they get into an accident. And that is the starting point of adult detention. And the process, as adverse as it is to children, becomes much more so when you are an adult detained setting. And that, that's very hard to be a part of, even if you're fighting it. It's very hard to be a part of that. This also isn't related to my work as a lawyer, but I have I don't know, maybe this story will be useful to you. I have a friend and her partner is naturalized. And he has lived in the United States since he was a child. He's white. He doesn't speak with a clear non-American accent. Right. He's very normalized for lack of a better term. There's not visibility that he's an immigrant or anything other than the norm or the expected norm, and he naturalized two or three years back. And when he did, he expressed just this feeling of safety that he didn't realize he didn't have. And I think it must be that much worse for those who do have visual or audible markers that they aren't, I don't even want to say the norm, like white America is not the norm, but you know what I mean.

**Interviewer:** Yeah, yeah. Those with you know, I think there's a certain amount of privilege that comes with being able to, you know, no one questions whether you're an American citizen.

**Respondent:** Definitely. And I doubt that anyone on January 6th had their citizenship questioned when they participated in the Congress. Right. Right. That's just it's not something that ever occurred to anyone because they were a bunch of white men. So, it's just different.

**Interviewer:** Thank you for sharing that story.

**Interviewer:** Yeah, that was definitely helpful. Let's see. So, when referring clients for mental services, I know that you have social workers on your team there, but is there, if you're referring clients to mental health services outside of the [organization], are there things that you worry about in terms of, the clinician and them working with the client?

**Respondent:** If we're doing the referral, typically no to be honest. My primary concern is if we have a detained child in our programs, there are clinicians there and I am glad that they have that resource. But I also have serious concerns as a lawyer because they're not bound by confidentiality. And in fact, there are things that they're mandated to report or to know, and those are federal records. So, to me, it seems like a conflict of interest, a clear conflict of interest, where you have a medical clinician who's providing information to the adverse party that is also causing the child and has physical custody of the child. So that's my biggest concern with outside clinicians. Other than that, I think having access to mental health services is typically such a boon in such an incredible resource for our clients. Now, of course, we have clients who aren't interested in that, and that's their choice. But when they choose to utilize it, I, I think that it can make a huge difference.

**Interviewer:** Would you be able to kind of talk a little bit about or share maybe a story about what you were speaking to, about the clinicians who are working for the opposing party and kind of the issues with confidentiality that come with that?

**Respondent:** I don't have a specific example that I can draw on other than to say just generally, you know, the clinicians are working for a contractor of the federal government through these or other facilities, and they are my understanding under our policy is that they're required, required to take notes. I don't know if that's related to their license or to our specifically, but they're required to take notes. And, you know, as a clinician, they, I think, generally invite a feeling of safety because they want to help these children. But that doesn't mean that even if they have the best intentions, that the information they receive is going to be protected. And there are things in the legal process, right. Due process. You cannot the judge can't just ask a child, where are you from? They're just certain questions. You can't ask their evidentiary concerns. And a clinician's notes might very openly state like child was talking about since his birth in Guatemala X, X, X and Y. And conceivably that could be obtained by the federal government. That is the property of the federal government. So, we always have that concern that it will be used against them. There are also instances where we have clients who might disclose that they did things that were not legal, and that is a concern as well to really create heightened scrutiny against them by ICE, by the Department of Homeland Security. And then for that to be admitted in court or to refuse an application for relief when the child didn't know that they were making an admission that would be used against them.

**Interviewer:** Yeah, that was going to be kind of a follow-up question. You know, whether or not these kids are able to consent to treatment or to any kind of discussion with a clinician, and being able to fully understand that, you know, what they share with this person who may be inviting and acting like a clinician would may complicate things for you. Do you think that they are able to consent to that?

**Respondent:** Not to my knowledge. I don't really think that they're provided with that information. Now, I'm not sure, but that's not my understanding that they receive a conversation from the clinician that there might be an obligation of disclosure. So, I would be with a client, but I don't to my knowledge, they don't receive that conversation affirmatively from the program or from the clinician directly. But that's something that you kind of make clear to them. Yeah, I mean, one of the things that we discuss is that they are detained by the federal government and the people that they interact with. There are employees of the federal government and they might have to say things about the case or about something that the client said, whether they knew that in advance or not. So, yeah.

**Interviewer:** Yeah, it's very complicated and challenging, especially with kids. And so, I know that you kind of spoke about how things are changing slightly now with the new administration. But, you know, some of the legal challenges that your immigrant clients face, you know, I'm curious about some of the timelines of those and if you could kind of share about that, how long some of those processes take.

**Respondent:** Forever. I mean, you're curious about naturalization. We don't even work in naturalization, right? It's just, it's so far afield where we're focusing on, like, the initial relief to remain in the country. So, there's there is a form of relief called voluntary departure. That is a way of returning to your country of origin without taking a deportation order. It's not something that everyone is eligible for. And it can be discretionary. It depends on various circumstances. But that is by far the fastest form of relief that I have seen in the work that we do. Right. Like the government typically has no issue saying, yes, you can return, you just have to go to court and get a judge to say, OK, other than that, the process is very time consuming by law. 360's. This is technical, but special immigrant juvenile is a type of relief that we often request for our clients and it requires state court findings of neglect, abuse, abandonment or something similar in the country of origin, essentially by the legal caretakers that they can't protect them from that harm. And by law, once you have that order and you submit the application to USCIS, they're supposed to adjudicate it within six months to give you a decision. It seems like that might be starting to improve a little bit. But I have, I have had those applications pending more than two years at some points. And it's just it's we've seen, you know there are various techniques you can try to utilize to get them adjudicated once they're outside that 180-day mark. But it's a real uphill battle, essentially. USCIS says we'll have an answer when we have an answer. And so, there's that. There's absolutely that. Right. And if you don't have adjudication on the underlying application, which makes you eligible for the green card, then what defense do you have to the court? The court doesn't care that it's not your fault that a government agency is taking too long. You're expected to have something for the court to adjudicate now. So, we're always fighting against that to make sure that children have the opportunity to actually get relief that they are entitled to. There's also something called a priority for visas. And so, for the 360. For the special immigrant

juvenile, it seems like it would be a type of humanitarian relief, but for whatever reason, the federal government has said that it falls under an employment visa category. So, like when you're looking at relief, it feels like you have to look at the employment categories and those typically take a while. So, you're always waiting for the priority date to become current. And it's the Department of State that identifies what visas are available. So right now, if you're safe from Guatemala and you filed your special immigrant juvenile application in I think early 2018, then you might be eligible for to apply for a green card, but in 2016 that was current, you didn't have to wait at all. So, it's, it's whatever it is, it's whatever the Department of State decides. And that's hugely influenced by the administration. Yeah. So that that's just special immigrant juvenile T-visas and U-visas which are forms of humanitarian relief, tend to take three to four years to get an answer on and for asylum cases to get an interview with the asylum office. It's just their priorities are always changing and they always announce new priorities and whatever the priorities were before kind of get kicked to the curb. So, I literally have a client, one of my earliest clients. We filed an asylum application in the summer of 2017. He has a record for an interview. And I don't know that he will be at this point because he's now eligible through other means for a green card. So that's like we're never even going to get to the asylum claim. But if you do get to the asylum claim and it's referred to earlier, if you don't get an approval, then you're waiting on the individual hearing. And that is the last I heard. They were scheduled for the end of 2022. So, they're probably into 2023 by now. And, you know, there are times that that's actually beneficial. Like if you have a very young child who isn't able to really speak with any amount of eloquence about what happened to them, like years of maturity and development can help. Also, years of stability and access to mental health services and making sure that you have what you need can be very beneficial for a client at times. But with regard to the efficiency of adjudication, there's just no such thing.

**Interviewer:** And so what kind of effect do you see that having on these long timelines? What kind of effect do you see that having on your clients?

**Respondent:** Memory loss is a big one. You know, the same way that, that time can give you the ability to speak to things better and to understand connections. You just don't remember the details. If you were seven years old when you suffered a trauma and you're now 12, right. Like that's almost half of your life. What do you what are you going to be able to tell the court? You don't remember much at all. So that's a really big concern with these timelines. Also, the re-traumatization. What I have seen is the greater the increased instability, it goes one of two ways, either the greater increase and stability leads to someone being able to manage the trauma better, or it is the absolute opposite, right. As soon as you take some of that away and begin to reopen some of these wounds, like it brings you worth it, your lower down than you were when you when you came here seeking asylum. It's really one of two ways. And I think the more time that you have for that stability, the better. But it really is to some extent, just a gamble. You don't know what's going to happen when you start the process of re-traumatizing your client to prepare for a case. Now, it is also interesting that we have the asylum interview, where we're traumatizing my client and in the preparation for traumatizing the client, and then if that gets referred, you're waiting several years to go to court to discuss these things again. So, it's, it's



periodic re-traumatization throughout the process rather than like a single period in time. And I think that that's difficult for clients as well.

**Interviewer:** Definitely, yeah.

**Interviewer:** Are you, kind of, informing the clients that this could potentially take a very long time? I know that would be difficult because things seem to be so in flux with the entire immigration system. But are they able to kind of comprehend what they're facing with that?

**Respondent:** I think to an extent they can write like we always inform clients that the timeline is very variable, but it's likely to take several years. So that, that is always part of the initial conversation. But, you know, our clients leave such very complex lives, we are one part of that, and I think it can be very hard when everything else is going right to see that your immigration case is stalled out, even if you were told that was going to be the case. Everything else in your life is progressing and moving forward, and that feels very stagnant. And I think that's very frustrating for many of our clients.

**Interviewer:** Things are going well in their life outside of the immigration process, but then everything's kind of. On contingency with the immigration outcome it sounds like.

**Respondent:** Yeah, there's always that element of uncertainty.

**Interviewer:** Yeah. Yeah, that's something that has come up a lot in the interviews. And how do you see your immigrant clients coping with that level of uncertainty that's kind of underlying?

**Respondent:** Well, to my knowledge, I've only had one client who's purchased a house. Right, like you just. You're less likely to make plans if you don't know if you'll be able to fulfill them. So, you know, I think we see a lot of clients who do quite well for a period of time, but it's still a struggle. It's difficult as they grow up and they want to form romantic attachments and maybe have children with a special immigrant juvenile visa. They can't get married until they have a green card. So, if that process takes several years and you're in love and you want to start living your life, it's on hold because that will derail your immigration. I think that it's just it's so tenuous and. I lose sleep at night thinking about what's going to happen in this case and what if my client has to be deported? What if we don't win the case? What if we don't win the appeal? But ultimately, it's not my life, right. Like, everything I'm worried about has to be exponentially harder for them. So as much as yeah, I think that there is benefit to building that stability, I just. There's this constant underlying fear.

**Interviewer:** Yeah.

**Respondent:** I'm sorry, I'm rambling a lot.

**Interviewer:** Yeah, it's yeah, just overwhelming kind of thinking about that level of uncertainty, because I think any uncertainty that can't really be resolved in a short amount of time is hard to deal with, but when there's so much on the line, it's debilitating for adults, let alone children.

**Respondent:** Yeah, yeah. And I mean, I hadn't even thought about this before to mention it. Right, but it's not just that person. It's their entire community that they've built here. It's their families. Many of these are children who have come to live with relatives or good friends. And this entire, you know, family, whether it's by biological or something that you built, it's, it's on tenterhooks. There's, you don't know what's going to happen to this person that you love, and it affects everyone who's involved.

**Interviewer:** Yeah. Is there anything that you feel a clinician who intends to work with immigrant clients, should know about the immigration process before they engage in that work?

**Respondent:** It's crueller than you might think, if you're not directly involved in it. You know, justice is blind, does not apply. And there's oftentimes very little justice or there doesn't feel like there is very much justice in this process. I think it's also important for them to understand that this is a different type of court than most courts. You would see it doesn't fall under Article three of the Constitution. It is technically part of the executive branch, which means that it falls under the president and the attorney general and the Department of Justice. So, the rules are very, very, very different. And that might be a shock the first time that you're really delving into it and seeing what it looks like. You think that there are a lot more protections and procedures that just don't apply at all. Like this is not Elle Woods, you know, reviewing all of the. Well, it's not, it wouldn't be Elle Woods to begin with. But every perception you have of a normal courtroom, if you've ever been in court yourself or been on a jury or something, this is not what that looks like. There are no charges. Due process is minimal at best. And most of the rules that we rely on and that we're taught as attorneys don't apply. So, it's, I always think of it as being like the wild, wild west of legal practice, it's just so chaotic and crazy. So, they should be prepared for that, they should be prepared that it's not what they would have envisioned out of a normal courtroom.

**Interviewer:** So, it sounds like kind of checking some of their assumptions about what the immigration process entails and kind of their ideas of what a courtroom looks like and how things function, is very different currently and for immigration specifically.

**Respondent:** Yeah, yeah. And I would say that also applies to the, um, the more administrative processes if you're doing something through USCIS. Personally, I had an expectation, I just had this thought that, you know, bureaucracy is big and messy and that's annoying. But they're doing their job right. And, you know, whether people are probably very well intentioned in the jobs that they are doing. But there is a lot of human error. There's a lot of human error, and there's also a lot of miscommunication and misinformation. I think even within government bodies, and they should be prepared for that.

**Interviewer:** Can you speak a little bit more about the misinformation and the human error that you were talking about?

**Respondent:** One of the most annoying things that we see is when applications get rejected wrongfully. I think that the staff that they have at USCIS is very overworked and they do receive legal training, so I know that they do. I had a summer internship at USCIS when I was in law school, but it's very much a volume practice. And you have a client who is eligible for that work authorization, but they don't even review all of the information in the file to see like while they apply because of this or they don't have to provide this because of something else. So, they just reject the application. And your client, who is seventeen or twenty-five, or however they want to work, and all of a sudden the process has been delayed by six to eight weeks because that's how long it took you to get the rejection notice. And if your client paid for the ad they didn't have a fee waiver, then they have to cough up the money again. So, it's really difficult. And that's just the EAD, right? Like we get asylum applications that are rejected. USCIS decided at one point that they were going to deny any application that didn't have every box filled in. And I get that to a point. But if you say you're not married, why do you have to write an essay on every field

relating to the spouse? You shouldn't have to. You already said you weren't married, but they make you fill out every single field, even if you are not married, have no children, have never been to school. You have to fill up every single box. And we saw a lot of applications that were denied because that.

**Interviewer:** Yeah, is that stated like on the form or is that just something kind of through word of mouth, like, OK, this was rejected and then we know why?

**Respondent:** My recollection is that there was some sort of notice that was sent out like essentially like this is our expectation going forward and we're going to be enforcing it. But like, if we didn't have notice, it was just, this is the expectation now.

**Respondent:** Yeah. And there wasn't there weren't clear. There was no clear explanation. It was just you have to fill out every box. But, you know, if you say you have no children and it's asking what gender your children are, male or female, there's no not applicable box. So what box do you fill? There's a lot of ambiguity. So, we saw a lot of rejections based on that. And, you know, conceivably it affected children's relief as UAC's because if they were de-designated between the first submission and when it was rejected. Now they have to go through the immigration court. So, it had very real ramifications for some people.

**Interviewer:** Yeah. So, you said re-designated?

**Respondent:** De-designated.

**Interviewer:** Could explain that a little bit?

**Respondent:** Yeah. So, it goes back to the thing I was talking about earlier. So, there's this memo with us to us that says that only specific entities can designate a child of their UAC designation. So, if that has happened during the intervening time and that in and of itself is ambiguous, right. It just takes an affirmative act has designated these children. But of course, we don't know what that affirmative act is. So, on occasion, we've had USCIS rejected application saying you've been designated, but the child has had notice. So, designation is this very ambiguous, squirrely, nebulous region of its own that we are fighting against. Now, fortunately, there's an injunction right now, but who's to say if they don't get lifted at some point? It is very odd and perplexing

**Interviewer:** And yeah, that's complicated, kind of beyond my level of expertise and understanding about immigration law.

**Interviewer:** Is there anything that I didn't touch on that you think would be helpful, kind of, for clinicians who want to work with immigrants to understand or learn more about, you know, if they want to work with this group?

**Respondent:** Nothing specific to someone who's already interested in it, but I would say I think the integration of social services into immigration relief is fundamental, it is absolutely essential to the well-being of the clients, to the success of the case. It's just, I can't even begin to think of all the ways that it has a positive impact on both of those things. It's, it's the case, but it's also the client's life. So, anyone who is even considering it right, like I want them to give it a shot. I want them to dive in. I think that there is more visibility about need for access to counsel than there is visibility about need for access to services. And I would encourage anyone who is considering it to give it a try or to do some research about getting into it. I know that there are legal service providers who don't have a social services component, and the attorneys and the legal assistance take on that role to some extent. And it already feels like a balancing act when I just have to

worry about the applications in the court cases. Right. It's an incredible service to provide to to the legal team and to the client. Right. Like you are helping a wealth of people by doing that work. And I just hope that more people would consider it and we could create more of that integration.

**Interviewer:** Are there things that you can think of that would improve the integration of, you know, that you're kind of speaking to?

**Respondent:** The first thing for legal services providers is probably just funding if more legal service providers have the funding for social services. I'm sure that they would create that arm. I think reducing stigma of mental health needs and services generally would be great. One concern that a lot of people in the immigration process have is public charge, like, if you are deemed a public charge, you are not eligible for various things, including potentially permanent residency or citizenship. So, if social services became available separate from government access, that would be an incredible strength to these individuals, right? They would have some security knowing that they could contact someone with their needs and have them met. Having made it seem so negatively and especially. If immigrants have that need for like they're sapping resources from us somehow, which is absolutely not the case, but, yeah, like there's stigma in that from within the United States, there's probably also stigma in that from the places that many of these individuals are coming from and eliminating that is the challenge, I think. Funding and eliminating those stigmas.

**Interviewer:** That makes sense, definitely.

**Interviewer:** Well, I want to be kind of mindful of time,

**Interviewer:** But, thank you for meeting with me today. It was very informative and helpful.

**Respondent:** I love that you're doing this. I love that this research is happening. So hopefully I was helpful. But just again, anything we can do to get more people, more clinicians and social workers in this field would be such a boom, it would be incredible.

**Interviewer:** And that's the goal to help kind of facilitate that process and kind of help clinicians be more prepared to do that work.

**Respondent:** All right. Well, thank you so much.

**Interviewer:** Thank you so much.

**Respondent:** Have a good one. Thank you. Bye.

**Participant ID:** Attorney F

**Interviewer:** Ok, so as you know, this research is looking at how the legal system plays into psychological issues that come up with immigrant clients and with this research, I'm specifically focusing on immigration from Central America and Mexico.

**Interviewer:** And through this research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law, policy and practice amongst clinicians specifically. And so, I wanted to start off and ask you if you could kind of tell me a little bit about what you do at the [organization].

**Respondent:** So, my current role is as a pro bono mentor, but I'm an attorney and was a senior staff attorney on the adult detained docket. So, the adult detained clients is who we would represent folks in removal proceedings. So, I, I come from that background. I'm currently a pro bono mentor on that team and also acting as the interim manager for the children's pro bono project. So, I kind of wear a couple of hats at for my experience lies in the representation of children and adults in removal proceedings.

**Interviewer:** Ok. So, you're currently working with both adults and kids?

**Respondent:** Yes.

**Interviewer:** So, kind of starting off a little more broad, what kind of legal challenges do immigrants that you work with face?

**Respondent:** So, the biggest legal challenge is deportation, like they're in removal proceedings, so for they could be charged a number of ways. But in essence, the United States is saying you don't have authorization to be here or you violated some law that has made you removable from the United States. And so, we're trying to remove you. And that's like, I guess the overarching umbrella in which all of our clients follow is that they are all facing removal in one way or another. They come from all sorts of different walks of life. Some are asylum seekers who recently arrived in the United States and came here specifically with the intent to seek asylum. Others might be legal permanent residents who perhaps have picked up a criminal charge or something like that that would make them removable. Others can be longtime residents just living undocumented, so someone like a dreamer or that term of art usually refers specifically to DACA recipients, but it's much broader than that. You could have somebody who doesn't fit into the neat little box of DACA eligibility and is still a Dreamer. And like they arrived us as children or close to children and have been here their entire lives.

**Interviewer:** So, a pretty big umbrella of different kind of legal challenges. And how do you see that impacting the clients that you work with?

**Respondent:** I think it can be really probably different for each one, I think, in terms of the psychological effects on asylum seekers there in the States, and I'm obviously not I'm not trained in any medical terminology. So, it's really I'm going to speak very in layman's terms, I guess, in terms of what they're experiencing. But they're living through the trauma still. Right. Especially those that are detained. So, they're coming with trauma from home country and then they're here. But I should say, before they even get here, the journey itself can be very traumatic, the very definition of being in a destabilized environment. Right. Like you're not home anywhere. You're not home at home because you're not safe there and then you're not home during the journey,

certainly because you're trying to get somewhere and then you get to nine states. And if you're detained, then you're not home and you're being told that at any point you could be removed.

**Respondent:** But certainly, that's how it feels, even if there's a legal process between you and that removal. Know, that's really hard to explain, understand and not fear constantly. So, I see them as almost like so if we're thinking of, like, the trauma or the stressful situation or like that, it's like a lion, like they're still being chased by a lion and a lot of ways. And so, it's like that's how. I imagine they feel in the context of an individual that has been here, that's a little different. I think that they suffer from predominantly what I've seen, I guess, in the clients is that they suffer from. Something more probably turns and things that we're more familiar with, like depression, lack of self-esteem, anxiety, those are all things that they report, right. So, some for example, I had a client who for criminal history would otherwise criminal history and just not having applied in time. Now, certainly that avenue could be open to him, but. He would have otherwise been Dacca, is my point, and, you know, hearing about his life and kind of what led him to make certain choices, which he had picked up a couple of shoplifting charges and whatnot. And when you break it down and you and you really get in there and ask him the reasons behind some of his actions or he tells you a little bit about his life, it's very clear that until the age of 18 or he discovered that he was undocumented, you have lived a relatively normal life.

**Respondent:** It was a very loving family. And he was playing football in high school, was preparing himself for potentially maybe even getting a scholarship for football to go to university when his entire world comes crashing down that he's undocumented. So, they're very they're different. They're all forms of trauma, but they're different and how I think it affects them. So, the individual that's been here, they're not necessarily actively being chased by a lion, but they're aware of the threats, almost like a sword that kind of hangs over them and they don't know when they'll get next kind of thing. So, and then it affects their self-esteem. And that, for example, that client I just described, he tried to get odds and end jobs, but he's not documented. So, the jobs available to him are less. And then he has a family, but he can't provide for that family. And so that affected him and caused him to be depressed, which caused him to then use coping mechanisms that weren't necessarily the best, which then caused him to pick up the criminal history. So, it just sort of starts to spiral that way. So, I would say that those two are examples of generalization, I'm sure gets a lot more complex. And folks, we do have an entire program dedicated to individuals with mental health issues. So, we see severe mental illness. But those are probably the two scenarios that I can generalize about the best.

**Interviewer:** Thank you. Yeah, you did a really good job of explaining kind of, you know, the range of impact that accompanies the different legal processes that people are facing.

**Interviewer:** So, what would you say has changed within the last several years with regard to immigration that clinicians need to understand?

**Respondent:** I think that in addition to everything that I've just said and mind you, I'm just going to take a snapshot like January 15, 2021, because I do think that there is a shift of not. I'll get to that, I guess, but. When discussing the last four years, I think in addition to everything that I've just described, being that's like the base layer of what they have going on now, you have to add that they're being told by their advocates, assuming their advocates are doing their job, that

everything's really uncertain and that we're in a really, really unfriendly, not hospitable climate for any claim before an immigration judge and before the immigration system. And that from the very top, everybody below that is being given orders that by any means necessary to remove people because that that was the directive in so many words. It took form in so many different policies over the last four years. But for some perspective, I had to do I did a debriefing at first really quick following the first batch of executive orders that came down from the Biden administration regarding immigration.

**Respondent:** And one stat that was thrown out there was there was over. And I can't remember the exact number, well over a thousand changes to immigration over the last four years, which amounts to almost a daily policy change over the last four years. So actually advising people, litigating, preparing like all of these things that we're tasked with doing and that the clients are tasked with assisting us in doing, of course, their lives are in the balance has been virtually impossible to do in a ultra-competent manner, that that's the best way to put it. It's not that we didn't do it. It's not that there weren't successes and that we weren't able to give clients good news on days. But it's been an all-out, drag out battle in which you didn't feel like you had the best weapons or armor or anything like that because it's all being taken away from you, like piecemeal. And so, one day you're like, well, I don't have that tool anymore. OK, well, that's gone. And then it'll be like injunction from a court. And you're like, great news. We got that back or it's constant change. And then another thing that is true of the last year, to add to the layer of representation and the difficulties of representing immigrants in detention specifically is the pandemic. And so now, folks. Who are detained are dealing with the threat of a global pandemic in a detained setting where it's impossible to socially distance. They're being given very little information, little resources, subpar medical treatment, and in addition to that, that physical the medical part of it there is the constant changing of court dates, cancellations because of COVID quarantines that go for days on end, lockdowns, you name it. So, it was just a nightmare. Detention's a nightmare anyway. But detention the last year was really, really, really rough for people. And so, yeah, that's how I would kind of summarize the last four years.

**Interviewer:** It's yeah. It's been a lot. I think you said over a thousand changes. So, like one a day is insane and you know, very difficult if not impossible to keep up with and. Yeah, and then COVID impacting detention, making it more complicated for people to receive information and have any kind of routine or expectation that the process is going to look like, which is already unclear for a lot of people.

**Respondent:** Absolutely. Absolutely.

**Interviewer:** So, what legal knowledge should clinicians understand about the immigration experience today? I know that there's obviously a new administration, but kind of with everything that's happened and where things are going.

**Respondent:** I think if so, clinicians and you it and just let me know if I'm on the right track, but you mean individuals that would serve this population, right?

**Interviewer:** Yes, yeah. Clinicians that are intending to work with immigrants. Yeah.

**Respondent:** I think that it's certainly important to have a basic understanding of asylum law and what folks have to establish. So, there's all the official laws that are important to have a basic understanding of. Then there's how things are put in practice. There's a second component to it.

So, for example, the Biden administration has just decided that their enforcement priorities are more akin to what it was pre-Trump. But that information will take time to actually trickle down into actions from foot soldiers, if you will. Right. So just like it did in the reverse, honestly, 2016 or 2017 wasn't as much of a nightmare as 2018, 19, and 20. It took a minute and then it started. But even though it does take a minute, what I will say another thing that's true of immigration law that is important is that they suffer a lot from like. Sort of rumored just a mentality shift when these policy changes happen, so oftentimes, as an example, I can use that to the case that everybody says ended domestic violence, gender-based violence, asylum. It didn't actually in actuality, when you read it, their decision says very little. It's fluff and not based on law and should be arguing against pretty emphatically every time.

**Respondent:** But people get, for lack of a better way, of putting it exhaustively, whatever is going on, on there. And they'll just kind of spout that while domestic violence cases are not a thing anymore. And it's like, no, it is. It's actually established law that gender is a protected ground. And so, it's something that should be litigated every time. But practitioners, judges, people seem misinformed either intentionally or unintentionally, but they just kind of are sometimes. So, there's a lot of misinformation out there. So, I think that's important when serving this population to know, to guard against and to be able to understand how confusing it can be for them, because know they could be told the wrong information by somebody very official is what I'm saying. And that that's very like everything from like a CBP customs and border officer to an ICE officer to a judge could be just a guard in the detention center, could be telling them things that aren't true, again, intentionally or unintentionally. But it happens so.

**Interviewer:** For clinicians, it's important for them to kind of understand the level of misinformation?

**Respondent:** Yeah, yeah, the misinformation that's around, because I think if you ever encounter a client and they're telling you they could be completely distraught about something they heard or they could be irrational, you just want to.

**Respondent:** Well, times are upset because there's one people and. That's unacceptable. They know the reason why that's important is because I think managing expectations always is an important aspect of what we do.

**Respondent:** That sort of it's an important skill. And yet it's not something that you learn in law school or even where we need to. We're not here to give them. The best-case scenario is where our job is the opposite, actually, to prepare for the worst-case scenario. Be honest and clear and provide information and empower the clients, make their own decisions. And that becomes even harder if you're surrounded by a lot of people telling them the wrong thing or implementing things incorrectly.

**Respondent:** And then your job is the job of the attorneys at least becomes equally hard in educating judges and stuff that have made up their mind that this case meets what they're saying when in reality it doesn't. So, you're like, that's not that's not correct. So that's what I mean to say. Like, it's not quite legal knowledge, but it's important to know that that's how the system operates and that it's very often arbitrary, too. Like decisions seem very arbitrary and often are at the whim, a lot of stuff. The judge. Both has a lot of power and yet is disempowered by some of the decisions that come from the attorney general and the Justice Department because they work.



**Respondent:** Oh, that's sorry. That's another really important point that I think a lot of people understand. When you think, judge, you're probably thinking impartial adjudicator like this is somebody who is impartial, like, that's the nature of the judge. There's a prosecutor at the Department of Homeland Security. Right. That's my opposing counsel. And then there's me and then there's a judge. And that person is supposed to lie in the middle and be neutral. But the judges work for the Department of Justice. And so, once you get back there, you understand that that is the executive. So, they work for the Department of Justice. I mean, it's just it's the same. Yeah. So, you can't extricate the two things.

**Respondent:** Whereas if you were to, God forbid, go to a criminal court, can you pick up a charge or something like that, like that person? I'm not saying that it's a perfect system, but that person is, in fact an independent arbiter of facts.

**Respondent:** Whereas in the immigration context, I don't feel that we have that these people are employees of an administrative agency under the executive and that there's a conflict of interest.

**Interviewer:** Thank you for explaining that, because even when you said, you know, the difference of how an immigration court that the judges are employed by the Department of Justice, I wasn't fully wrapping my mind around like what that actually means.

**Respondent:** Oh, no. Yeah. So, like, they're basically their boss, the person that's responsible for their livelihood. Was Donald Trump before, so it's like that just yeah, like they they're subject to policy changes and the winds of change politically. Right. And that is inherently chaotic. So, yeah, that's I think, another really important point when people think of it because they're wearing a robe and they're we call immigration judge that it's similar. And in fact, it's very different from the state court and even the federal court settings. They're under a different article. So that I want to say it's like their Article one, Article three would be an independent judge, kind of like a bankruptcy, like the bankruptcy courts, I think are Article three, so.

**Respondent:** Yeah, the point is there's no independent, true independent judiciary and immigration, so that's important to understand. Yeah, I would say that that's.

**Respondent:** Those are probably the big ones I'm trying to think of what else would be pertinent, but there are so many different types of relief. So, like understanding that people could be eligible for relief from deportation a number of ways I say asylum seekers, because that's a large population of folks that I think we would deal with and we would represent. So, if you're working in conjunction with a project or you're working in conjunction with a clinic or office that does specifically like refugee asylum type work and asylum is important.

**Interviewer:** When referring clients to for mental health services or different human services, are there things that you are worried about when it's maybe outside of the clinical team that you have at the [organization]?

**Respondent:** Ok, sorry, so I'm trying to understand your question, is there something that the folks internally don't cover? Is that what you mean?

**Interviewer:** So, if you were to refer a client to a social worker or a therapist or somebody doing a hardship evaluation in the community... are there things that you would be concerned about in terms of like them not being privy to the misinformation?

**Respondent:** Yeah, I think that like everything and this is a problem for attorneys as well. When you're talking your Mexican populations is like having the cultural competency to understand the

lens at which they're speaking, but they view the world and that and that includes indigenous populations rights.

**Respondent:** If you've never worked with anybody from that region, then you might be like everyone speaks Spanish. Right. And it's like incorrect. Right. There's like a very large number of dialects and indigenous original languages that are important to realize. And along with it cultural differences, even very significantly, especially in Mexico. It's enormous going to say it's so different from like somebody close to the Guatemalan border or somebody who is indigenous to somebody from Mexico City or another major city or district. So, I think that's really important.

**Respondent:** So, I mean, I'll share with you, even within my own context, of going to seek therapy as an attorney, I I'm off to one of my barriers is like I really don't want to talk to just anybody I really like in order to truly cut through the crap sort of thing and be able to assist you to understand a lot about what we do and what we're facing. I think because otherwise I get exhausted at like I need to explain all of this so my clients are never going to feel that way. If I send them to somebody, they're just going to be grateful, to be honest. But it's super important for that person to kind of identify that in order to truly help and really understand what's going on here, I need to view it through their lives. One great example of that is gender and sexuality in these communities. And like really like somebody like the expectation of our asylum system is that a transgender person won't be able to identify that they're transgender and know what that means. Use the proper terminology and say it's a uniformed officer that many of you get to the United States or else.

**Respondent:** And it's like, what? Like that's never going to happen. So that's what I mean. And so oftentimes will encounter situations where someone might disclose their gender identity much later after arriving. And then we're sitting there dealing with the prosecutor, a judge calling that person a liar because they didn't articulate it sooner. And it's like that it doesn't mean the same thing for you that it does for me. They don't have I mean, like they don't have that intrinsic knowledge or they don't have it from when they grew up in their community. Just as or better yet, they have a completely different set of gender constructs and norms and things that they identify with. So, it's I think. That aside from a little bit of a basis of understanding. Yeah, like recognizing that there's so many different cultures and context in which things can be viewed, so usually when we send folks places like we try to screen for that kind of thing. And then finally, I will say, like, it's helpful when people know what it's like in detention. Right. And so, if you think through that lens, because that's like a special animal, you.

**Interviewer:** And with regard to detention, is there specific pieces that you feel are more important for clinicians to kind of understand what that experience is like or how that impacts?

**Respondent:** That it's a prison, meaning, the term detention it sometimes it gets distorted and then it's not punitive? It's not supposed to be, certainly, but it is like it is a prison. If you ever been to one or seen one, it's a prison. There's no other way to describe it. Their movements are monitored. They know arguably they have less rights, I think, than prisoners do than people that are serving sentences. And a lot of ways they don't have a right to a public defender. So, they have folks like the [organization] that come in and assist and we can handle a drop, a drop of a drop in the bucket of what's of the folks in detention and. Yeah, because there's so many

limitations like that, so it's not that they can deny access to counsel necessarily, but it's a little bit it's different. I think it's a lot more sacred. And the criminal context, actually, conditions are the same as a prison would be. So, I think it's just important that to know that detention is a prison by another name, so. These people are in prison and unlike the other thing that is important, I think to note is unlike somebody in prison, they're not serving a sentence. So actually, there's no end point to their detention. You can give them a guesstimate and then COVID-19 happened, and that estimate of when we actually think this case will come to fruition changed by six, seven months, at least.

**Respondent:** So, and then if they lose their appeal. They need to be, let's say, predominantly if they're detained and they lose their case and they want to appeal, they will remain detained. So, and those appeals can last years. So, between going through the Board of Immigration Appeals and then going to the next layer, which is the Ninth Circuit. In our case, but the circuit courts, right, and that can last years. And you can't you can't actually tell them when somebody's serving a sentence, has a release date, and that is a very powerful thing, actually, even if it's 10 years, because then the mind can prepare for that. And this is just. There's nothing like that, not to mention the psychological view of an asylum seeker like I've done nothing wrong. I in their mind, that's why I came here.

**Respondent:** Looking for help, I've literally done I've lived a good life, I've never been in trouble with the law, and all of a sudden I'm being treated like, you know, like I've done something wrong.

**Interviewer:** That was something I wanted to touch on, actually, and that's come up a lot in the research that I've been doing is that clients in immigration detention often feel misunderstood and treated like a criminal, even though they've done their best to follow all the rules and procedures when coming to this country. How do you make sense of that?

**Respondent:** Yeah, I think I remind them I think I usually try to tell them, especially when I'm upset about something or whatever it is that I just kind of name that I'm upset about it or that meaning like I to find this egregious and awful and upsetting, but I don't. And then I kind of tell them I don't I cannot spend time with you, like sitting in it and being upset with the way that I channel that energy is into your case.

**Respondent:** And I try to use that to go full throttle and, you know to help you, because I can't help you if I'm sitting there crying and screaming either, so and that's kind of like my. You know what I say to them, usually when we start the representation and of course, I try to just you try really hard, especially as advocates, to be empathetic and recognize that and name it and say and acknowledge. I sometimes apologize on behalf of the United States because I'm like, I'm sorry. This is this country promised to do a lot of things that they're not holding up their end of the bargain. And so, and I just say that. So, naming it and talking about it and really telling them that I see them being how unfair this is and how wrong it is. That's I think all you can do.

**Interviewer:** Yes. How do you think clinicians who intend to work with immigrants? How could they approach kind of touching on this this issue in their work, telling them that?

**Respondent:** I think along the lines of what I'm what I'm saying, I just thought of another example. I know in the kids, I remember one of the first times I heard it, just finding it very impactful that like on a big side they have. And when they do the care for the children saying

something else, you're not criminals like telling them that, which for the kids is true one hundred percent of the time basically. Or like close to one hundred of the time because they're kids. And so, you're not typically dealing necessarily with some of the things I've described, like a legal permanent resident that picked up, I don't know, two shoplifting charges, which, by the way, is a removeable situation. So, if somebody picked up to shoplifting charges, they can literally lose their residency and be deported to a place they haven't stepped foot in 40 years. So, like, wrong is also relative. And then it's like, OK, even when you're talking to those folks, it's like, yes, to those folks. I think my narrative is a little bit different. Like, you are not the sum of your charges. Like there's so much more. We're going to learn about that. And we're going to tell your story in front of the judge. Right. And then, of course, I always also similar to talking about the unfairness and detaining asylum seekers, I talk about the unfairness of detaining individuals that have criminal charges as well, because, I mean, for a perspective on that, I'm about to represent an individual who has done his crimes are very serious, no doubt. And he's done some stuff that's pretty gnarly.

**Respondent:** That said, he served his time, but he's not going to be let out now of immigration detention until he accepts a deportation order. And he's not going to do that because Mexico isn't home. And so, he's now appealing, but he's been detained and he's been institutionalized by the time we're done with this case in its entirety, assuming he's successful and not deported or even if he is deported because he's going to ride it out till the very end. You're talking about between the charge and sentence and immigration detention over 15 years of institutionalization and the immigration court will make up, I don't know, three years of that, four years of that. It's like, it's wild.

**Respondent:** So, with them, I talk about how unfair it is that they're still being detained and supposed to be not a non-punitive detention and yet is absolutely punitive. And you're being held, in essence, indefinitely for some of your charges has happened to be serious. But there are others that perhaps aren't as serious and they're still kind of holding pattern like this person would have served a night in jail if that.

**Respondent:** Right. They would have gotten a pretrial diversion program. They would have gotten probation. And they are now detained for over two years awaiting a decision on their case. So that kind of stuff. So, I think when clinicians are approaching it, similarly, it's important to kind of, name those things so that they're not feeling that, you know the shame, and the stuff that, you know, when they know the lens in which they're being viewed by the guards, they feel it and even if no one says anything, they're being put in a uniform, they're being, you know, shuttled around and told very little. You know, some of these people get told, you know, it's 3:00 in the morning, get up, get in the van, and they're like, where am I going? And like, I don't remember having court today, they don't know if they're being removed or not. So, it's like they're not, they're being told a little information or misinformation and being treated like cattle and just moved around.

**Respondent:** And so, I think it's important to really tell them, like, I know what you're going through and I think it's wrong. You know, for what it's worth, I mean, my opinion doesn't matter. What matters is what's going to happen in court, and that's what I'm here to help with, or in your case, what matters is the ultimate results of your case. And I get that, but just so you know how I

feel about it. And I think that helps disarm them a little bit and make them feel comfortable and maybe dispel some of that shame that they carry.

**Interviewer:** Thank you. That's really helpful. So, naming it and...

**Respondent:** Yeah, really naming, I think and I mean, if you're if it's a therapeutic context and not just evaluation context, I think that's different than I think it would probably be helpful to ask them, obviously, how they're feeling about that stuff, because as empathetic and sensitive as we try to be as advocates, we're also there for the specific purposes of getting the information. I know. And so, it's like I have to get the information out of you and that's uncomfortable. And sometimes I don't have the time, especially now that you're having to have really horrific conversations and you're like, this is awful. And I know it is, but I need to know. Right. And I need you to describe it in detail and I need you to tell me that kind of stuff. And it's not with a therapeutic approach in mind. You try to be trauma informed and sensitive. But ultimately, if I'm tasked with, like, getting every bit of information and detail the most horrific events in your life and it's not, I don't have a year in therapy to do it. I've got 15 minutes or whatever it is, I mean, it's probably an exaggeration and we usually take a couple hours. And when we were in person, certainly you do your best to pace it. Like, I would try to tell the client, like, we don't have to talk about this today and we're not going to I'm warning you that the day will come where I will have to talk about it. And I promise you that I won't do it more than I have to. Like, I'll just we'll talk about it on one day. I'll tell you about it. And I try to do stuff like that. But yeah. So, I think if you as a clinician are really there for a purpose, even if you're evaluating that you have the skillset. Right, that I don't. Then really delving into how they're feeling about it. Not all of my clients volunteer that. I just know because I see it, but they don't always they're not always able to articulate, "I feel this way."

**Interviewer:** Yeah. That makes sense. Well I want to be mindful of time. Are you needing to run at 12?

**Respondent:** No, no, I can I can see longer. And again, I'm so sorry for taking.

**Interviewer:** That's OK. But I don't know how long the ... I think it's scheduled until 12. So, I don't know if the meeting was going to cut us off, you know, we can roll with it and see.

**Interviewer:** I think it should maybe go 15 minutes after.

**Interviewer:** Yeah. Let's see. So, I'm curious about the timelines of various legal processes that your clients are faced with, if you could kind of talk about that.

**Respondent:** That's over the last several years and the because there are more individuals in detention or there have been right now we're dealing with a situation where because of the national order that took place on the detention centers have cleared out more like there was an injunction and the 9th Circuit that came down ordering the release of a number of people. So that has caused the detention centers to clear out, which is great.

**Respondent:** But previously and what's happened last couple of years is there have been more detention and so more detention, more backlog. Longer time for cases, I would say that an asylum case from start to finish could be anywhere from six months in detention, I should say, and the release context totally different. It could be absolutely years, like even a decade. But in the detain context, anywhere from six months to two years. It's about and that could include the appeals or not, it just depends on how quickly it moved on the front end.

**Interviewer:** And you said two years?

**Respondent:** Yeah, yeah, I would say six months to two years, so it's pretty big.

**Respondent:** Yeah. And the two year no, I say it like it's very likely the person will have their final hearing in that time. It's unlikely.

**Respondent:** But for something like a pandemic and like continuous quarantines and I mean, you could have like a comedy of errors literally happen where it's like, oh my God, this person has been here so long and a year and a half later, they're finally having their first like their final hearing in court on. But yeah, I think two years would be an extreme end for that hearing, but then appeals happen and that can go. Like I said, it could expand. If you include the appeals, then you're looking at two to three years.

**Interviewer:** Total or additional?

**Respondent:** No, no. Total. So like on average, if somebody's case went all the way to the circuit court, we're looking at like two to three years for sure. I don't think I mean, I don't see it being less than that ever. If you won and were successful, then it could be as little as six months, it could even be less, but it's highly unlikely in the previous climate. I think it remains to be seen what it looks like as the new administration really implements some of these enforcement priorities.

**Interviewer:** And how do you approach that with the clients that you work with addressing that is could take a very long time, but it could also be shorter and kind of managing the expectations.

**Respondent:** I think I tell them on the front end, what I just told you in terms of timelines, although I will tell you some of them are aware of it because they're watching it happen.

**Respondent:** So, it's like meeting like at the within the detention centers, like it's a kind of a topic of discussion. Right. And so, they might tell you all my friend was waiting, but also they come in with an idea. No surprise. I feel like necessarily by the information, although, of course, it's very daunting if you just arrive to hear that it could take two years if you're going to appeal this thing. But then I try to let them know that that I know how frustrating that can be, that I'm here to guide them. Right. Because most of the time when I. When I when I'm working with somebody, because there are different teams, like there's a pro se model, which means you empower people to represent themselves and help them navigate the case, but you're not representing them. I actually represent the person. So, when I'm sitting down, talk to them, I'm like, you know, I explain the difference in the models. And I say, I'm taking your case like I'm accepting it. It's my baby sort of thing. So, like, I'm going to give you, I take it from here kind of thing. And then I just tell them I know what this means is like I'm going to be here every step of the way and I'm going to keep you informed.

**Respondent:** And yeah. And that's the best we can do. And then I try to manage expectations because things take so long about when I'm going to be actively working on their case, because I always tell them, like I in order to litigate a case, like on the day that I'm going in there to actually do your have your hearing, your final hearing, I want to be the most knowledgeable person in the room on your case. So, I want to know better than you do. Frankly, I want to be like on this date, this happen and this day this happened. And so, to do that, I obviously I kind of put other things aside and just do a deep dive on your case. So that will likely not happen until you know. And I'll explain. I'll be like I have one, two, three, four more hearings like that before

yours. So, I'm going to be giving them my attention. I'm going to be coming to see those individuals. When we get closer to your court date, I will come multiple times a week. It'll kind of rev up. So, I kind of give them a timeline of like it may seem like I've forgotten that I haven't. And then, you know, closer to your final hearing date, I'll be here.

**Interviewer:** And how do you see some of the clients that you work with, how do you see them coping with those long timelines?

**Respondent:** A lot of them are well, I should say a lot of them, a good number of them are people of faith and I think really say, like, I've been praying a lot and I know God is watching over me or things like that. So, I think they rely on faith. I think some of them try to stay productive by taking jobs within the detention center. Some of them engage in certain activities like arts and crafts. This is something someone made over like this. So, they do stuff that keeps them entertained. So, they all they all kind of use, like, I think, different things to cope. Certainly some make friends. Some, I remember one client, a DACA person. Really utilized the fact that he spoke English right? And was working in the library and helping people fill out their forms and things like that, so I think it just depends. Certainly they struggle and it's really hard. The pandemic has no doubt made it much harder, because the other thing I found was that in moments when I would get a phone call from them and they were feeling particularly desperate or not doing too hot, if I like, I would come to visit. And that would be enough, you know, like I didn't have anything to report or anything, but I might put them on my roster just to check in and a client that was like, look, I'm going I can do this anymore. Think I'm going to take a deep walk, would all be like, no, I'll hang on, I'll be OK. It gave them like a little bit of breath of their life to see folks from our office, you know, and that hasn't happened now for almost a year. So, it's hard. I mean, you try to do over the phone and it's like on occasion, I think they need a pep talk or two and only so much you can do them. I feel like meaning I never took it to, like, hang on.

**Respondent:** Like, no, I, I always, always, always. And I think it's important for clinicians to do this as well, which is like, I go home at night and you don't. And so ultimately, the decision is yours of what to do.

**Respondent:** I think that's important, too, because I don't want to ever to be perceived like I'm trying to persuade the person to take one strategy versus another. It's their decision. I'm just there to give you the options and that kind of thing. In a sense, it depends on what the purpose of the relationship is. It's like more therapeutic or not, but always recognizing that it's like things are up to you. So, if they're coming to their clinician point, I don't want to do anything for being respectful of the fact that I see a lot of that happen. Really well-intentioned people. Kind of going like no, but like feeling like just hang on, because so much work has been done on it or like you feel like you're so close and it's like, yeah, wait, you're not the one that had, you know, so.

**Interviewer:** So respecting, you know, that they are living a different reality and, you know. That is influencing their choices and to trust that.

**Respondent:** Yeah, they like I said, they really like end points, so even if they're like they're like I remember one client I was when I first started the representation, I was like, I'm going to have to take a continuance in order to do this case the way I would want to do it. And they were like, oh, OK. I really like and like you don't understand so that it's really hard. Like they just like they

see that day as their day out. And so, you're kind of like, yes, but barreling, barreling to like a bad result is not helpful. But you know that to them it's like it's an end point.

**Respondent:** So, they want that end point. Yeah. So, another thing that's important with them is like kind of once there is those things, like I think we have a final hearing and that's the day that we intend on moving forward, focusing their energy on that. Right. I try to tell them, like now you have a date in mind, which is great. So, we have a date we're working towards and you have your homework and I have my homework. I give him homework. That's the other thing. I think that like meaning I give them stuff that I want them to do. So usually that entails writing their story. For me and I tell them literally, like your entire life, you can tell me when you were born and how many siblings you have, you can tell me what you dreamed of being in school or whatever it is, just your narrative and then ending with what brought you here. Right. So, giving them tasks like that I think is also helpful, meaning as much as I could, I could take on the task of, like, sitting there and writing it out with them. I think it's best that they do it in their own voice. And then even other tasks like, oh, you have a cousin who saw what happened. Do you think that you can get me that information if they have a line of communication to their family? Because I think it gives them training, like now they're gathering their own evidence. And, yeah, if that makes sense, like they're a part of the legal team, they're the essential part. And I told them that. So, I can't do anything without them. And so, I think giving them a role or telling them do the full. Yeah.

**Interviewer:** And, you know, provide some sense of control for them that they know they are making a difference in how things move forward, especially a lot of a ton of uncertainty and long timelines.

**Respondent:** Yeah, yeah, yeah.

**Interviewer:** Well, I don't I don't want to keep you for too much longer after 12, because I know that you have other work to do today. But thank you for speaking with me.

**Respondent:** Yeah, absolutely. Thank you and good luck with that. Sounds like a really interesting project and research project out there. So, I look forward to. I don't know if you do share it with us later.

**Interviewer:** So, the research is going to be used in my dissertation and then also used in a kind of different way in a book as well, that I'm writing with my dissertation chair. And so, I think once everything's finished, I think you can request a copy of the dissertation, and I'd be happy to send that, for sure.

**Respondent:** Cool, very interesting. Oh, awesome. It was great to meet you and sorry again for being late. Just yeah, OK.

**Interviewer:** That's OK. Thank you.

**Respondent:** All right, thank you, bye.



**Participant ID:** Attorney G

**Interviewer:** Ok, so as you know from reading the consent form, this research is looking at how the legal system plays into psychological issues that are coming up with immigrant clients, and I'm specifically focusing on immigration from Central America and Mexico. And so, through the research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians. And so, I wanted to start and ask if you could tell me a little bit about what you do and your role.

**Respondent:** Ok, yes, I am an accredited representative, so the Department of State has authorized certain people with knowledge and training, extensive sufficient knowledge and training to be able to practice because there's not enough immigration attorneys who want to do this type of non-profit work because of the big debt. But, yeah, so after you submit this application, you're authorized to represent clients. So, from 2015 until 2020, I did mostly non-detained. So, people who are mostly victims, so trafficking victims, survivors of certain crimes, sexual assault, domestic violence. And then my current role working in the detention center here in [city], the [facility]. Yeah. And so, things have definitely been more difficult in the detention center since we've done things remotely. One of the biggest issues we see is that because we were we used to be able to go to the attorney client rooms, have confidential conversations. We've had to do this over the phone in the past where someone who knows, for example, their asylum story is talking about it openly in front of the people that they sleep with. So, we try to work with the jail and ice to help them try to set up a video phone call, a confidential phone calls at the detention center. I was successful with one client, but over the phone having her transferred to a private attorney room, but it was just really difficult. So, I think if the client is OK with talking over the phone in the pods, then we just proceed with doing the case like that.

**Interviewer:** I can see how that would be quite challenging, though, trying to navigate an already very difficult process and then having to do it over the phone and not having any kind of visual communication or cues from them or from you.

**Respondent:** Yes. And so that specific client where I felt. They need to persist as be confidential in a confidential location was because she believed that one of the people in her pods was actually one of her persecutors. And so, it's I think for asylum seekers, you know, the telling us these really confidential stories about people that have hurt them or, you know, maybe about drug cartels or gangs names. And so, it's putting themselves at risk to be providing this information in front of everybody even.

**Interviewer:** And you said that you've only been able to kind of advocate and get that for one client?

**Respondent:** Yeah, yeah. In her case, because she was terrified and she believed that one of the persons that was in her pod was one of her persecutors.

**Interviewer:** Yeah, well, yeah, the pandemic I'm sure has had a lot of impacts.

**Respondent:** It has made it a lot more difficult for sure. Yes, that's detention and the detention. People are dealing with family separation and the individual calendar hearings or trials are scheduled in six weeks, which means the attorney only has six weeks to prepare for case. And so, if we need a psych eval evaluation or medical evaluation, it has been really difficult because of

the short turnaround, the cost. We don't have all the funds to be able to provide these applications for every client. So, we do partner with the [organization], but recently they haven't been received or been doing referrals, I think I'm not sure. But I have in the past been able to successfully do a referral in the detention center, specifically with that client that I was talking to you about.

**Interviewer:** So, you've been kind of running into roadblocks like with the ability for someone to do the evaluation with the timeline that is given by the court.

**Respondent:** Exactly, yeah. So, we have six weeks and then you're supposed to file everything to the court within 15 or 20 days before, depending on, what, 10 or 15 days before when the judge designates that the filing deadline. And so, this is a psychologist having to, you know, put it in their schedule and then meet with them once, maybe twice, and then prepare a full report. And it's very difficult.

**Interviewer:** It's time crunch.

**Respondent:** Yes, definitely.

**Interviewer:** So, I was hoping that you could kind of talk about the different legal challenges that your immigrant clients are facing.

**Respondent:** Yeah, so for now, I can talk about non-detained, so for non-detained, there has been when I was working with victims of crimes, including trafficking survivors, and there was a shift in the it's called a notice to appear policy memo.

**Respondent:** So, what happened was during Obama, when I was doing this, we would we will be able to file these applications knowing that it was very low risk that they would ever be placed in removal proceedings if they were denied. And also, the priorities back then were different under Trump. So, the priorities were those three priorities and they were mostly serious crimes. And so, clients felt more were more confident and comfortable in. And so many of these applications under Trump, there was this being called a notice to clear policy memo where if any person that's been denied application or relief, it will be placed in removal proceedings. So, anybody who's here in the United States who's applying for a trafficking application, so TDA and they get denied then and then there's like a warning that says you're going to be referred to the immigration judge. And so, a lot of people were too scared to apply, especially when the case is not like a slam dunk, where there might be issues. And so that was one big challenge, was just having to explain to the client the risks, explain how viable their cases. And so, we saw a decrease in people asking for help. And then as soon as Biden became elected, then we saw an increase of people calling our office and asking for our assistance. So definitely who's because who's president will definitely change how many people are able to reach. Yeah. And then I think wait times. I don't know if you've heard of how long the applications are taking right now.

**Interviewer:** I was going to ask you about that. Yeah. Kind of how things were going and how things have changed in the progression of things, if you could talk about, that would be great. Yeah.

**Respondent:** Yeah. So so, for example, I'm going to talk about a person who's a U.S. citizen child is a victim of rape. So, this person has gone through this horrendous crime. Right. Their child was a victim of sexual assault. And so, they reported this to the police cooperating with the prosecutor. So, they're being victimized, having to tell the story in trial or wherever it is. And

then they get referred to us or they call our office and then we conduct an intake. And then we think that they have a viable case. But then we put them on a wait list because we're a nonprofit and we're not we don't have enough resources. They have to wait even in our office. And so we put them on a wait list. And I wait can be two to one to three years. We finally are able to call them and say, OK, we're ready to take your case. We have to prepare a declaration or victimizing them again, having to get all these documents that they've been putting away and storing away for so long. And so then and so then. Yeah. So, for this app, this person whose child was raped and is trying to apply for a visa, I've had clients tell me that it's really hard for them to come to our office and ask for help because it's like them, you know, trying to get benefit from something that happened so horribly to their child. Right. But it's also going to help them get legal status and be able to support their child here while remaining here in the United States. So, it's it is very difficult for this specific scenario. And so, then we submit the application. And right now, we're looking at USCIS looking at the case for the first time in about five years. So, yeah, I tell you right now, and the processing times for this application right now, they're looking at cases of April 21, 2016.

**Respondent:** So, it's just a very long time then after they...

**Interviewer:** Sorry, after they originally filed and submitted to the court in 2016, and it's now just kind of starting to move forward, is that I just want to make sure I'm getting it.

**Respondent:** Exactly. So, somebody has submitted their application in April 21, 2016, not to the courts, to U.S. Citizenship and Immigration Services is a different story. I'm getting a call. OK, that is to a different agency. But yeah. So, in this case, the person the sample I gave you, this person is not a proceeding so they themselves want to apply for a benefit. And so yeah.

**Respondent:** So, I did a really quick diagram. I don't know if you can actually even see you might not be able to see it, but yes, we're looking at requesting a certification from the police.

**Respondent:** So that's asking from the police agency that they cooperative our victim of the crime and then use of that is valid for six months. So, within those six months, they're supposed to submit the application they file. You wait five years, they possibly could receive a request for evidence or a notice of intent to deny, which is just them asking for more information. So, during Trump, we saw an increase of this where this kind of this delays and application and they were asking very similar things that were already provided. And then once we submit a response, then they get the preapproval. So, this is just saying that we would build a case, but because we're only allowed to give ten thousand dollars a year, you're going to be put on a wait list. And so, then they're put on deferred action and work. So, this person would have to wait until five years to be able to hopefully get a work permit. And then then after a few months, maybe years, they finally get the visa granted. The visa granted is valid for four years. And then but after two years, you can apply for a green card and then you have a green card for five years and then finally apply for citizenship.

**Respondent:** And if you can see the rest for an asylum application, somebody who came here, let's say, on a tourist visa and apply for asylum from last I heard, people that have submitted their applications in 2015 are still waiting for their interview.

**Respondent:** Are you frozen?

**Interviewer:** No. Are you? Am I?

**Respondent:** So, yeah, so last time, so since I switched to detention, when I was mandated in early 2020, they were still not scheduling interviews for asylum.

**Respondent:** So, people have been waiting so long. So, this is someone who came on a tourist visa to apply for asylum and then and they've just been waiting. So, they're kind of hard this work permit, but they're on this limbo right where they can get a green card, they can reunite if they want to bring their family members to for family reunification, which is something that they consider for this case. Yeah, just wait. Times are very long.

**Interviewer:** Well, thank you for telling me that. That was really helpful and the visual was helpful.

**Respondent:** But it's a long process, it's a lot complicated. But yeah.

**Interviewer:** And so, did you see did you notice the timelines for some of the legal processes? You know, extending quite a bit after Trump was elected.

**Respondent:** Yeah, yeah, so there was more delays, especially for T-visas, for trafficking applications. I definitely saw a delay in that.

**Respondent:** Yeah, but you're either not indicating where things are just taking too long or you're in detention where things are because you've been six weeks and it's too fast. There's no way.

**Interviewer:** Yeah. That requires a lot of flexibility to be able to do both. It sounds like at different times that you've worked in both, but yeah, it's quite the difference in pace.

**Respondent:** Yes, yes.

**Interviewer:** And so how do you see the extended timelines impacting the clients that you work with?

**Respondent:** So, in detention, it means that we're rushing and might not be able to obtain all the evidence we need. So then when the immigration judge, when the immigration judge asks, where is this evidence, where's document? Where is this letter of support, then excuse me? Our response is we don't have enough time to obtain it and non-detained, then that means that a person doesn't isn't able to get a work permit for a very, very long time or for asylum seekers who are just in this limbo where they're just waiting for their asylum interview. And so, a lot of when I was working and auditing had a lot of families go through homelessness, you know, while we're waiting for their applications, go to homelessness or, you know, have to go to the hospital and have access to health insurance and lack of access to services, social services, because the social services are federally funded and they need a Social Security number or whatever it is. And so, yeah.

**Interviewer:** And how do you see your clients kind of coping with the lack of services and the extended timelines and kind of the combination of all those different factors?

**Respondent:** It's, how do I see them coping. It's hard. So, they call my office and then our legal service provider, we don't provide social services. We recently just got a one social worker. And so that's where we have good partnerships with like [organization] and other organizations. So, I refer them. But I think it has been difficult for some legal advocates, including myself, with drawing the line of legal service provider versus social service provider. So I have helped people submit Section eight housing applications and stuff like that, but. But yeah, I think it's been really difficult, I think if a person has strong family ties. It's a lot easier because they're able to

move in with family or get some help, financial help. But if a person is here by themselves or a single mother, it's really difficult living in their cars with their children.

**Respondent:** Yeah. I forgot, was there a part B or does that answer?

**Interviewer:** Yeah, that answered. Yeah. So, you've noticed it kind of depends on the type of support system that they have here in the United States?

**Respondent:** Exactly, exactly, because usually the family abroad, they're the ones sending money to their home country, but if they have family here, they've been here for a very long time, community and support, I think they have more of a safety net. Yeah, but people who've just come here seeking asylum, it's very difficult. We've had people who came here, unaccompanied minors, asylum seekers, and decided to return because it was just so difficult being able to survive without access to services.

**Interviewer:** Could you, do you have a case example, that you could share that comes to mind?

**Respondent:** Not personally, but in my office, yes, where there was a trafficking victim who decided to return and also an unaccompanied minor who was diagnosed with. With a medical health issue, and so I think they just wanted to be near their family and so they decided to return as well.

**Interviewer:** Yes, it's challenging.

**Respondent:** Yes, yes.

**Interviewer:** And you mentioned something that was interesting, kind of being pulled in two different directions in terms of your role and not having enough social services to talk with the clients. And so, kind of having to draw a line between what your what your role is. Can you talk a little bit more about that?

**Respondent:** Yeah, I definitely find that. I found that really difficult in non-detained, I think, because a lot of my clients were victims of crime, single mothers. And so, it was more difficult for me to have that boundary. But like I said, I have been here at the office after hours helping someone submit a Section eight housing application. Fortunately, once we got our social or social worker, we were able to refer them to a social worker. And the social worker was helping a lot of the clients when [state] got funds for undocumented people. And so, she helped that. But yeah, I'm trying to think of another example. Yeah, I think sometimes I think the one thing that I felt like I could do is just listen to someone or talk on the phone like they would call me. And they in this case, she was a trafficking victim who wanted to bring her children to the United States because the trafficker had kept her children. And so, she was still under this psychological coercive control because he had control of the children. And so, they her application was denied. And so, we were appealing it. And so, I think just her calling me and talking about how much it hurt her and how she blamed herself because of the trafficking situation. And so, she trafficked or forced her to leave her children behind in her home country. And so, she blamed herself. And so, yeah, I think in those situations, all I could do is just listen to her and explain that it's not her fault. This is processing time. This is how long it's taking. And the children are also angry how long it was taking. So just explain to her to explain to the children that this is out of our hands. Yeah. So sometimes just an hour long talk with a client just kind of giving them space to process what was going on and.

**Interviewer:** Yeah. And share it with somebody who obviously understands the process. And but yeah, I would imagine that it's very difficult to try to do both roles.

**Respondent:** Yeah. Yeah, I mean, I don't know, it's kind of. Like, I felt like I could do that, but. But I wasn't actually doing anything for her like case.

**Interviewer:** Let's see.

**Interviewer:** So, I know that clients who are detained often feel misunderstood and treated like a criminal, although they haven't committed a crime necessarily. And despite their best efforts to follow the rules and procedures when coming to this country. I was hoping you could kind of share your thoughts about this and what your experience of that has been.

**Respondent:** Yes, I have heard people say that they don't understand why they're detained, they're not criminals, and that is to people who enter seeking asylum lawfully in the United States. We have provided this this avenue for people and unfortunately, our country decides to detain people. And so, yeah, that has been very difficult. Even people with who have some criminal history, they've already completed their sentence or they've already paid their debt to society, actually things that have a reminder. So how this Canadian person that would constantly call us because his removal would be delayed for so long. And so, he completed his because his criminal sentence, but he was transferred to ICE custody. And because Canada has stronger restrictions on receiving people because they have to be tested. And it was just very it took a very long time after he was ordered removed. And so, he wanted to talk to the media. He wanted to talk to the council member and he was outraged that he continued to be detained.

**Respondent:** And yeah. So unfortunately, we have this country where we decide to incarcerate people for profit, where there are other alternatives, but. But that person comes to mind.

**Interviewer:** And are there things that you... oh sorry.

**Respondent:** Oh, and I think he was, so I checked the online detainee locator and I haven't I haven't seen him. So, I think he was released finally. But, yeah, this was a person who had medical, health issues. And so, we were trying to get him released due to COVID.

**Interviewer:** And, are there things that you say to your clients who are feeling really misunderstood and treated like a criminal. You know, are the things that you tell them or say to them, you know, when that's coming up at the detention center? When they're feeling like, I've done everything right, trying to come here and like and I'm still being incarcerated are the things that you say to them.

**Respondent:** Yeah, no, I, I say I'm sorry unfortunately this is how we treat people in this country.

**Respondent:** Yeah, I think that's. Yeah, I think especially with people who have very weak immigration cases, I think it's. I'm trying remember what I.

**Respondent:** But I wish them luck and. Yeah, I think for the person who I was talking to, that's from Canada, um, you know, just listening to him, because I feel like that's all we could do to give him more ideas, like maybe a contact immediately contact the council member. You can get your letter of support from your daughter, that she has a residence here in [state] and she's able to help you if released. But, yeah, I think we're kind of stuck and we there's not much we can do.

**Interviewer:** Yeah. Let's see, so what does a clinician who wants to work with immigrant clients need to know about the immigration process?

**Respondent:** Um. So, the type of cases we take, asylum victims of crime, trafficking. They usually need to show some type of harm, some severe harm versus like family or employment basis are more like based on their relationship or their skills or employment. But for these type of applications, it's usually there, you know, whether they have any PTSD, how this trauma affects the day to day. So, a lot of T-visa sex trafficking applications are getting denied because the trafficking happened more than three years. And so, the U.S. Citizenship and Immigration Services USCIS was saying that that they were no longer physically present to the United States because the crime happened so long ago. And so, one way, Rachel, the amazing psychologist that I work, was able to demonstrate just how it affected their daily activity. And so, I think that's one thing when I correspond with psychologists, try to explain, like how whether they have their washing dishes and they have certain flashbacks or they have memory loss and those kind of things. Is that the question you're asking?

**Interviewer:** Yes, yeah. I guess it was kind of, it's kind of a complicated question. Sorry, but I was kind of getting at, what clinicians should know and understand legally about the immigration process in order to effectively work with immigrant clients. You know, just before they just kind of jump in and start the work, you know, like what you think is important for them to know in a general sense before kind of starting. Does that make sense?

**Respondent:** I think so, so definitely processing times, how long an application takes? Yeah, I think, for example, if I request an evaluation from someone, it might take years before I actually see if that was sufficient for USCIS. Yes, so I might need to have another review or (inaudible) or something like that, so processing time. It's definitely how long it takes, but also how that affects the client is now having this uncertainty and having no work permit and no access to any financial or social services and how this person is just in the limbo and that.

**Respondent:** Yeah, I think it's very difficult for clients. Yeah.

**Interviewer:** So, kind of, being caught in a in limbo waiting and not, you know, not having the ability to do certain things like work and kind of move forward in other ways.

**Respondent:** Exactly.

**Interviewer:** Yeah, that's a big psychological toll, as well as financially and in terms of stability.

**Respondent:** Yes.

**Interviewer:** So that's like one of the most important things for clinicians to know?

**Respondent:** Yes, and then I think the second one would be the retraumatization and revictimization, when we do an intake, when we conduct an intake, we ask a lot of questions and then we prepare a declaration, we ask a lot of questions. And then when we send that declaration to a psychologist, we expect the psychologist questions. So, yeah, I think by the time a psychologist meets with the client, they've been revictimized multiple times.

**Interviewer:** So, knowing that that's already occurred is important?

**Respondent:** Yeah. Yes, I'm trying to think if there's anything else.

**Respondent:** I think that, that's it.

**Interviewer:** And so, we kind of touched a little bit already on this, but in what ways did you see immigration law, policy, and practice change from Obama to Trump?

**Respondent:** So definitely more fear within the immigrant population community where people were afraid to apply for some type of benefit, and then there became the policy memos where

they did make it more. Where they said that if you were denied, you would be placed in proceedings. Also, there used to be an ICE policy where if you were detained and you applied for a visa that takes this many years in detention, you can request expedited review. But in 2020, they changed that and they said that there was no longer any expedited review. So, we request expedited review from the prosecutor, from the Department of Homeland Security. They said that that's no longer an option. So, people were taking a removal order and then waiting for their application abroad. And so, then that causes more family separation and difficulties coming back after being in abroad. So, yeah. So, it became more difficult. We also saw more denials cases where even now that under Biden, I didn't think that they were going to get approved because it's so difficult. And in under Biden, recently we've seen a change in the judges where they've made it more easier and more cases are being granted and literally in December or January, where it was still very, very difficult.

**Respondent:** And so, yeah, and the judges were just denying anything they could. And so, it's the immigration court, which is the immigration judge. And then we have the Board of Immigration Appeals. And so, the Board of Immigration Appeals were making, you know, making these decisions that were making it very difficult to win cases. I don't know if you've heard of Matter of AB, where before a person who suffered domestic violence, gender-based violence, was seen as a protection under asylum, the matter of which I want to say was I want to say was issued in 2019 maybe. They said that that was no longer an eligibility under asylum. And so, women who have suffered gender-based violence, we're having to appeal their cases to the Ninth Circuit and try to, if you're in detention and you're trying to appeal these cases all the way to the Ninth Circuit, you're talking about a two, three, four year wait.

**Interviewer:** Yeah, wow, um.

**Respondent:** Ooh. And so, for example, I have this amazing client that I really, really appreciate, survivor of one of the most severe trafficking that I have ever heard. So, she lost her case that the immigration judge immigration law. And so, she went to the Ninth Circuit. The Ninth Circuit remanded because they found that she had PTSD and possibly not found her incompetent to represent herself. So possibly find an attorney to be able to help her because of her severe trauma and PTSD. And so. So, all these cases are being denied and then also the bond hearings so are also being denied. And so, we had to request to the district court to issue a bond hearing for this client. They granted the bond hearing. We went to the immigration judge and the immigration judge denied the bond. And so, she's appealing the bond. So, yeah, it was just denial after denial.

**Interviewer:** Just like, yeah road blocks after road blocks.

**Respondent:** Yeah.

**Interviewer:** And so, you you've said that you've already noticed some positive changes since Biden was elected, even in January, you started noticing things.

**Respondent:** February.

**Interviewer:** February, that's right. Okay. Could you talk a little bit about what you've noticed and then kind of what you predict with Biden in office.

**Respondent:** Yes. So, there was an asylum seeker who submitted his asylum application in 2015, and there were some issues he presented himself at the Canadian border, was detained. And so, he had to apply for his asylum application before the immigration judge. So, when we



requested his initial application, he submitted in 2015. Some other person helped him. He had just arrived. Know the process, the application, the applications are all in English, which is another big issue for asylum seekers. And so, it wasn't it wasn't correct. It wasn't based on his story. This person had submitted some other additional information. And so previously at the end of I want to say, when was this you want to say August? Another colleague had kind of a similar type of where the initial application was not didn't wasn't was it was inconsistent to the to the declaration and the current corroborating evidence. And so, the at that time, the immigration judge ripped that client apart. He said he was not he was found not credible and so denied that case. Fast forward to February. It was the end of, February 22 was the hearing. The client we had kept a close like this might happen. Like this is what we've seen before, like, is it going to be very difficult? But my colleague said that the immigration judge did not have a question and he wanted to hear the explanation of why he was inconsistent, but then he granted asylum. And so, yeah, that's just a big shift from August to February. And so, under Biden, I hope, you know, we're going to see you know, immigration judges are actually willing to grant cases. Yeah, I suspect under Trump, they were told they had all these trainings and were told to deny anything and everything they can. So hopefully under Biden, he has made these priorities of who can be detained and so before under Trump, anybody with any who was here unlawfully or had any issues, like criminal history, you know, was going to be detained. And under Trump there's priorities.

**Respondent:** Yeah, so. I think it's going to be like the Obama, I think. Yeah.

**Interviewer:** So, you kind of predict some things kind of reverting back to pre-Trump era?

**Respondent:** Yes, that's my prediction.

**Interviewer:** And do you see improvements beyond that era or, do you see some of the damage that's been done by the Trump administration being long lasting?

**Respondent:** There is a long lasting by the Trump administration he has elected so many, or nominated, so many conservative immigration judges that are forever going to see these cases and have precedent law. But also, for example, Matter of AB, the domestic violence case that I was talking to you about, the attorney general certified and published his decision. And so, unless Biden, you know. The new attorney general decides to reverse it. We're still we still have a lot of what's under Trump, a lot of the case law, precedent case law. Yeah, but hopefully, you know, and hopefully he does something for DACA recipients. Maybe, I don't know.

**Interviewer:** Yeah, definitely. And I had a question and now I'm trying to remember.

**Interviewer:** And so, you were talking about the case law that that affects asylum seekers that are victims of domestic violence or gender-based violence.

**Interviewer:** So that couldn't be changed by Biden? Or like, that would have to be... I'm not totally you know, this isn't my entire wheelhouse. So, could you kind of explain that, just so I can wrap my mind around it.

**Respondent:** Yeah. So, Immigration Court Board of Immigration Appeals, the attorney general certifies this decision and said, you know, gender-based violence or domestic violence is pretty much not eligible for asylum. And so, the immigration judges use this case to say, oh, we should deny your your domestic violence case or gender-based violence case. And so, you know, what is

the individual attorney general decides to reverse it. And hopefully we're back to the good case law.

**Respondent:** Yeah, I guess. Until then.

**Interviewer:** Until then it will continue the way it is?

**Respondent:** Until then. Yeah. Right now. That's what's currently being cited to for denying cases.

**Respondent:** Yeah. But if you're still going to interview Stacy, I would ask more about this because she's definitely a wealth of information.

**Interviewer:** OK, yeah. Awesome. Yeah I will, I'll make sure to ask her about that. Well, I want to be mindful of time. Is there anything that I didn't touch on that you think would be helpful for me to know or ask about?

**Respondent:** I think that I just want to say two things. That client that I was talking about that's detained and a victim of trafficking. So, her only crime is directly result of the trafficking incident, which is what the T-visa they have this to waiver where they say that if you're direct result of the trafficking, that they could waive it, that they could forgive that crime. But unfortunately, under Trump, we saw more denial, saying that this this crime is too serious or whatever, even though had you never been in this trafficking situation, this would have never happened. And the other thing just really quickly about the work permits, one thing that this national organization, I think it's a system. Yeah. One thing that they had proposed was instead of waiting so long these five years for work permits, they were proposing after submitting the application where USCIS can do like a preliminary look. And if it seems like they check off the basic check boxes, that they would be issuing this work permit. And so, it's kind of I think to me that would be a great option. Instead of waiting five years for the preliminary look review, submit the application, you have a preliminary review, check the boxes and then later on, however long it takes to get the actual, in this case, visa. And so, I think that's definitely the biggest hurdle our clients faces is without a work permit or Social Security number. I think I would hope, like they have all these obstacles and difficulties and with the work would help. So, a lot of these. Yeah.

**Interviewer:** So, moving that piece of the timeline up could lessen some of the suffering and struggle that comes along with it.

**Respondent:** Yes, for sure, because then I have had this one domestic violence client who was in a domestic violence abusive situation, had difficulty securing a job, was working in the fields, picking salal here in [city] area. And she was a single mother. So, she got she met this guy and got into another domestic violence situation. So, we're seeing clients, you know, who, while their application is pending, we see them being trafficked or revictimized from a new abuser or new trafficker.

**Interviewer:** That's interesting. So, the timeline and the, you can't get a work permit for an extended period of time. Those things are contributing to like the cycle of domestic violence.

**Respondent:** Yes, they're just more vulnerable to control, financial control and everything by an abuser.

**Interviewer:** That's really interesting. Yeah, thank you. That has helped me understand that a lot more, so thank you.

**Respondent:** Yeah, yeah, well, hopefully I explained things clearly.

**Interviewer:** Yes. You did. Thank you so much.

**Respondent:** Have a good rest of your day.

**Interviewer:** Thank you, you too.

**Participant ID:** Attorney H

**Interviewer:** So, as you know, this research is looking at how the legal system plays into psychological issues that are coming up with clients, and I'm specifically focusing on immigration from Central America and Mexico. And so, through this research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians specifically. OK. And so, I wanted to start off and just ask if you could kind of tell me a little bit about what you do at the [organization].

**Respondent:** So, I am a staff attorney in [city], [city] offices, non-detained unit, so there we sort of split our cases between clients who are detained, the [organization] in [city] and those who have their cases before the [city] Immigration Court or USCIS. And so, I'm in that side of it, although I do some detained cases, typically about two per year. But the majority of my cases are with children and youth and then some adults.

**Interviewer:** So mostly non-detained children and youth, kind of split between [city] and [city]. Is that right?

**Respondent:** None of my use cases are in [city], that's all people over 18 over the age of 18 who are detained in [city] by law, they have some detained youth. But there's another nonprofit that has like a social contract for a detained youth. So, we don't do any of those cases.

**Interviewer:** Ok, that makes sense. So, I'll kind of start more general. Could you talk about the different legal challenges that that your clients are faced with?

**Respondent:** Like what sort of benefits they're seeking or?

**Interviewer:** Yeah.

**Respondent:** Ok, so, um, I would say the majority of our cases are people who have been transferred from the border up to [state], either because they had family there and that's where they chose to come or in the cases of people who are detained and later released. It's just where the government had space to detain them. So, the people at the border who are adults are typically seeking asylum. So, they fear persecution in their home country and is asking for the government to protect them by not making them return to their country. And our youth clients are a lot of them also have fear based claims, but some of them also are eligible for the special immigrant juvenile status, which is for children who have been abused, abandoned or neglected by one or both of their parents. And it leads to this path toward a green card and eventually citizenship. We also do cases or we call them affirmative cases. Cases that don't go before the immigration court are people who are basically presenting themselves affirmatively to the government saying, I'm eligible for this visa or I want to apply for asylum or I'm a victim of a crime in the United States and I have helped law enforcement. And so, I am logical for this movie Visa.

**Respondent:** Um, but yeah, I guess to break it down, we do mostly asylum, special immigrant juvenile status and cancellation, which is based on hardship to a U.S. citizen, parent, spouse or child.

**Respondent:** And then some U-visas, which is the victim of a crime, so there's T-visas we also do, which is a victim of human trafficking.

**Respondent:** And. Yeah, that's the majority of it.

**Interviewer:** Thank you.

**Interviewer:** Um, and, you know, especially with the past administration and, I know that the timelines for different legal processes have really extended under Trump. So how do you see, those kind of things impacting the clients that you work with, specifically unique to their situation? You know, the kind of cases and the, um, you know, the asylum cases that you're working on. Yeah.

**Respondent:** So, I had two U-visa cases. So, people who are affirmatively presenting themselves in both of those cases that we fully prepared the case. And then last minute, the client decided they were too scared and didn't want to bring their case forward. One of them, it was because the last administration issued a policy where they would be sending out letters to employers who had they call them No-Match Social Security numbers. And so sometimes what people will do if they don't have lawful work authorization is rather than commit fraud and steal or an existing real Social Security number, they'll just make up some.

**Respondent:** What is it, 469 number. Social Security. They'll just make up some nine numbers.

**Interviewer:** So, a number that no one has?

**Respondent:** Right. Yeah, and that's not even a real number.

**Respondent:** And so, then the last administration was sending out these letters to employers that was like to scare the employer into scaring the employee, that if that number didn't match up with the number that already existed in the Social Security Administration system, that they would have to either present evidence that they did have a valid social or get fired. And so, a lot of people lost their jobs that way. A lot of our clients lost their jobs that way. And so, one of the other clients, that was the reason she actually decided to go back to her home country because she just thought it was.

**Respondent:** A really uncomfortable life for an immigrant in this country, and they had been through some discriminatory stuff at her husband's work and just a lot of like an environment that was really nasty as far as the immigration court, they went from having priorities in which cases they were going to seek to enforce. And so, under the Obama administration, they were saying somebody who has a felony or a lot of criminal priorities. And then under the last administration, they went to no priorities whatsoever. And so, what that meant was they were bringing so many cases that the system was just collapsing in itself. There's like a backlog of over a million cases. So, I've had cases during COVID that have been rescheduled just because they weren't hearing cases for a while. And they're now set to the end of 2023. So that's like the next available. And they have been in removal proceedings since 2014.

**Interviewer:** And their case is, so you're talking about the two. So, they've been you know, they applied in 2014 and like now 2023 because of COVID on top of everything else. Is that right?

**Respondent:** Sorry I was, I don't mean OK, so that was people who decided not to apply and present themselves affirmatively and then these other cases. I was just trying to talk about the backlog that's going on in the where the lack of it.

**Interviewer:** Yeah, that's insane. I mean, 2023. I just want to make sure I was getting that right. So, if people that maybe applied more recently, but they won't be able to have anything moving forward until 2023. Yeah.

**Respondent:** Yeah.

**Respondent:** So, yeah, that one case that so I mean, obviously it wasn't due to the last administration that COVID cancellations happened, but it is just an example of like how on how long like, you know, she they started her case in 2014. This huge backlog meant that she wasn't going to have her trial until 2020. And then because of COVID it's now end of 2023 because this like huge docket has just been filled with all of these non- or what used to be a non-priority case.

**Interviewer:** And so how do you see, like, those long-extended timelines impacting the clients that you work with, kind of the uncertainty and you know what comes with that?

**Respondent:** Yeah, I think it is very scary for affirmative clients, especially so the people who are presenting themselves for a U-visa right now, we're telling clients that they should expect to not have an answer on their case before 10 to 12 years. And so, they are putting themselves on the line and they're not given any protection with that application pending. But then they have this 12-year period where they've turned over their information to the government. And, you know, they may or may not have already been on the government's radar. It's hard to know, but I. We just got clients who call a lot knowing that it's going to be 10 to 12 years, but they're just like, you know, their children are born here, their children don't even speak the language in the country of their parents' birth. And a lot of cases. And it's just a lot to think that you could be deported at any minute. And in most of the cases that we work on, because they were seeking protection. Right. So, they're eligible for these visas because they're humanitarian visas. So, yeah, I think it's really psychologically harmful.

**Interviewer:** Yeah, um. And so, you mentioned the major shift in priorities from Obama to Trump. Are there other things that stand out in your mind that have changed in the last several years under Trump with regard to immigration, that clinicians who want to work with immigrants should understand?

**Respondent:** Yeah, I mean, I do think the priorities is a huge thing just because for so long it was like, as long as you were paying your taxes and not having any criminal issues, you could feel relatively safe and not like you have a target. And I just think that has been really scary for a lot of clients and with that long period, but otherwise I think that there have been these policies where so in immigration law, you're not you don't have a right to a government appointed attorney.

**Respondent:** So, in criminal law, for example, if you are going to possibly go to jail for six months or more, you have a right to an attorney at the government's expense in immigration law. It almost never happens.

**Respondent:** I say almost, and I'll explain some cases in a second, but so, um, a lot of people go forward without an attorney just because of expense and because of, you know, government funding for immigration attorneys means that it's pretty reliant on, um, private funds like our organization. Um, so a lot of people go forward without an attorney. We call that process pro se.

**Respondent:** And. So, I think that the changing and the changes in law and changes in case law has only made it harder for people to present a full legal case on their own. And I think I read that there were like a thousand changes to regulations and negative case law during the Trump administration, which is like, you know, one point five days in between everyone. You know, it's just so much that it's hard for even an attorney to keep up with. So, for somebody who may even be illiterate, you know, we have a lot of clients who never learned to read or write. They don't

even speak Spanish. They speak a Mayan language to just be able to go through that system on their own. Always has been hard, but it's been exponentially harder on us as attorneys and no doubt on people appearing pro se.

**Interviewer:** And then you said. That there's exceptions.

**Respondent:** Yeah, so there is actually this was a case of the [organization], we call ourselves [organization]. So, it's the awful sounding acronym of ours, but I will say that there is a [organization], which sounds way worse.

**Respondent:** But so, [organization] litigated this case that said that if a person isn't competent to stand trial before the immigration court, then they will be afforded an attorney at the government's expense. So, it's pretty hard to qualify for that. And they go through a judicial competency hearing specifically to see if they qualify. And a lot of that is dependent on ICE's psychological records. So, ICE has its psychologist on staff.

**Respondent:** And so basically the case is dependent on those records and also how the person presents himself in front of the judge. Because it's ICE's burden to bring that forth to the judge, so because it's only for unrepresented people, too, so it's a weird thing where an attorney can't get involved and can't get like a psychological evaluation, which we do in most of our cases, that we actually represent somebody. But in those cases, they're solely dependent on ice, which I don't know. Seems like there's a conflict there. Right.

**Interviewer:** That's interesting.

**Respondent:** Yeah, but those people are afforded attorneys, which is. The best we've gotten we tried to get it for children to saying that they weren't competent to represent themselves, but we lost that litigation.

**Interviewer:** And see, do you think, so it's like only ICE is going to be flagging somebody, you know, for an evaluation?

**Respondent:** The judge can do it, too.

**Interviewer:** Ok.

**Respondent:** Yeah, but it's ICE's burden, like they're the ones who are supposed to do it. So, because they're the ones who have access to the records, they're the ones who would see it because the person in that instance wouldn't have an attorney. Right. They don't need an attorney appointed to have one. So, it's basically the only people in the room are ICE, an impartial judge who's not supposed to be making these decisions through the court or not client, but, you know, the immigrant appearing. So that's why it has to be ice. But it's weird nonetheless.

**Interviewer:** Definitely. Well, thank you for explaining that to me. That is helpful.

**Respondent:** Are you seeking mostly to understand, like how a clinician could be interacting, like better interacting with immigrant clients, or are you interested in, like, how we involve clinicians in our practice?

**Interviewer:** The first the first one. And then also I mean, it's a grounded theory. And so, it's. So, I don't know if you're familiar with that, but it's like the data from what I talk with, talk about with the participants is where the study goes. So, I don't really go in with a preconceived idea, but. An aim is to look at psychological issues that are going on with immigrant clients and then the impact of the legal system and all the changes recently and those two and how they interact. So, whatever comes of that discussion is very applicable and great. Yeah, so it's open.

**Respondent:** OK, cool.

**Respondent:** Yeah. Because my most of my involvement with clinicians would be in the psychological evaluations that we request in. Most of our cases. And so that's what we actually read, and that's when we actually interact with each.

**Interviewer:** And so mostly psychologists?

**Respondent:** Yeah, sometimes we work with licensed social workers, but more often than psychologists, a lot of the time it is through this [organization]. It's like an organization that has a network of psychologists that work on a pro bono basis for free.

**Respondent:** And so, they'll do the evaluations for us.

**Interviewer:** And you said that you typically have an evaluation for each of the cases that you're working on.

**Respondent:** Yeah, not every time you've said we don't always do it, but for an asylum case, I would say most cases, because you have to show, like one of the elements that you have to prove is the harm that the person suffered. And if a person doesn't have, like, you know, a visible cut, then you have to show how it affects them emotionally and psychologically. And so, we bring in the psychologist as an expert sometimes. I'll testify in the case as well. In other cases, for T-visa cases, I think they are, that's the trafficking, these are, um.

**Respondent:** They're really important as well. It's just I would say those are probably my most traumatized clients or my trafficking clients. And psychologists have been able to help us sort of learn more information about the client's case as well, just being able to establish a different level of rapport than, you know, an attorney who's seeking.

**Respondent:** I need to prove ABCDE, and I'm only poking at those issues and then a psychologist can try and get like a more holistic and then sort of finds different roads into that ABC do. So those, I think, are irreplaceable. Well, I think one area where we have a dearth of psychologists is in cases where a client has an old criminal history. And we are looking to prove that the client is not likely to re commit any crime. So, like a forensic evaluation on a likelihood of recidivism. Those are like ten thousand dollars. And so just sort of not accessible for. You know, the public defenders of immigration law are basically so. I've never been able to get one. Actually, that's how I started speaking with your professor was trying to see if he would do it.

**Interviewer:** Yeah, that's right. Yeah. Well, see, you haven't had, like, um. You haven't been able to find someone that's able to do those types of evaluations that is willing to do them pro bono or like work with a...

**Respondent:** Sliding scale. Yeah.

**Interviewer:** OK, interesting. So that's there's definitely a need for that.

**Respondent:** Absolutely. And you see that. So, is that something that the assistant not an attorney, so I don't know, but like, is that something that the courts are asking for? Like, can you help that? They're like, we can't be sure that this person won't, you know, commit another crime if we let them stay? Or are they wanting that kind of information? Yeah.

**Respondent:** So, the interesting thing about immigration law is that there's always a discretionary element to the adjudicators, the ability to grant or deny a case. And so, in a criminal case, for example, if you don't prove all of the legal elements as a prosecutor. Right. I'm saying you robbed the store, which means I have to prove that you went in there with the intent to take



it. You took something and you intended to permanently deprive whatever. So, if I don't prove those three things, I lose my case. But in immigration court, the immigrant has the burden to prove their entire case. And then on top of that, the judge can say, yeah, you proved all of these things, but I really like you.

**Respondent:** And so, then they can deny and discretion. So, for example, there's all of these crimes that would disqualify you for immigration relief. And so, theft in [state], it's been determined through case law that it doesn't disqualify you. But the judge can say, OK, technically you qualify. But I think theft is bad and I don't like it, so I don't. And so that's the discretion. And that's sort of what you're working with in evaluations, too, is sometimes to say this person went through a lot as a child. So ,it's like a child sitting like a child sex abuse crime or something. Right. We work with a psychologist to understand that the person is sort of going through these cycles of abuse and that they experience this as a child. And, well, we're not like trying to condone their behavior to the court. We're trying to explain how this may have come about. And so, a likelihood of recidivism evaluation is super helpful when you're like, yeah, that was a nasty crime. It was 10 years ago. Their life has been changed and the evaluation can just show for discretion. Like, judge, you're not letting those dangerous criminal out into the world. You're actually, um, you know, the person served their time.

**Respondent:** And if he or she weren't an immigrant, then they would be out in the world just like anybody else, right, like if you go to jail and you serve your two years, then you just get to leave and live your life. And the judge doesn't get to think about whether like, oh, are you going to do this again? And should I send you to some country here for immigrants? They almost get this like second form of punishment and so.

**Respondent:** Yeah, sorry, I went on a little long about that.

**Interviewer:** That was really helpful the way you explained that. Yeah. The what you were saying about like a second form of punishment for individuals who have immigrated here and then have committed a crime at one point and then are facing, you know, potentially removal proceedings or.

**Respondent:** Yeah, yeah. It's really sad for cases like even if the charge is dismissed, the criminal charges dismissed, if a person, especially under the last administration, it was like a person could have been here for 30 years when the border was like the Mexico and U.S. border was basically open, you didn't even you know, they just let people because it was good for commerce. It was good for everything. Basically, they've been here forever. Nothing bad is ever happened in paying their taxes. If, like six U.S. citizen children and then they get charged with something, the charge gets dismissed. Like it's not even they couldn't didn't have enough facts to even convict a person on this. But then immigration still has them. And under the last administration, it would have been like, well, you're not a priority.

**Respondent:** You don't even you don't can't even prove they committed this crime. But under this one, now they're in detention and. Yeah, we would just get people who are like, I don't understand why this is happening and the judge has like, really no sympathy. They're like this is happening because you entered illegally. And anyway, um, I think just like for somebody who has been here that long and who has such strong ties and to think that they could have to go back to this place that they don't really know, never lived in as an adult, it's pretty scary.

**Interviewer:** Yeah, it is scary. How do you see those kind of issues, like looking at having to return to a country that you haven't lived in for over 30 years or the uncertainty of facing a prospect like that... How do you see that manifesting in your clients psychologically?

**Respondent:** I think that people are looking for certainty because everything around them is so uncertain in that moment and so as the attorney.

**Respondent:** The way that I see it manifesting psychologically right, I'm sure that there's more that they're going through with their families that they're talking to me about, what I actually see is this like. I need you to tell me definitively if this is going to work and if this is what we should do, because I feel like I have no control over anything. And so you're my source of feeling like I have some control. And unfortunately, this is not something we can offer. No, I don't know how a judge is.

**Respondent:** I guess I can do my best to make them. Um, side with us, but, you know, there's just no certainty, um, I think that's a lot of the really scary part is just like no control and no way to up your odds, right, you can't just, like, be really good and hope it'll help you or you can't, you know, there's just there's just nothing you can do. Your case is totally in someone else's hands and. And I think that's really scary and I think it's scary for attorneys to write, you know, it's. But obviously, we're not going we're not going to the same level of I'm not being sent somewhere. One thing that I forgot to mention that changed under the last administration is that we used to have policies with certain countries where we didn't deport anybody. So that was Vietnam, Iraq, Cambodia are the three that come to mind. And then the last administration took that policy away.

**Respondent:** And so, we had these people who Cambodia, for example, they're actually born in Thailand in a refugee camp. So, they've never even stepped foot in Cambodia, but they have Cambodian citizenship. And they had like really old deportation orders, say, like mid 90s deportation orders that the U.S. government could just not act on. And so, because they weren't allowed to deport people to Cambodia, that was like our policy forever. And so, you had people who, like, completely turned their lives around, like maybe they had some criminal issue that got them to that order of deportation in the mid 90s. But, you know, it's 25 years later and they're like a model citizen and some of them like organizers in their community. And just like it's pretty cool to see, actually. But now the government is trying to deport them and it's like, those cases are really hard. And they did get deported, a lot of them did get deported at some point, there's just not much you can do to change the past, even though you have so many positive equities in the past years.

**Respondent:** But, yeah, they're deported to Cambodia. Don't speak the language. Literally never been there. And. So those cases were pretty heavy. We tried to get pardons from the government or from the governor and we're able to in some cases.

**Interviewer:** And it's heavy and difficult, especially with the last administration, is just kind of relentless.

**Respondent:** Yeah, yeah, I think that's the priorities thing was like and I keep coming back to that, but it was just it was this like trying to create this fear of just being an immigrant. You know, it was like.

**Respondent:** Even people who had green cards and who had no criminal history, it was just a creating this air of like, I don't know, do you ever OK, this is silly, but I sometimes have in the airport and like, one of those bomb dogs comes by and sniffing.

**Respondent:** And I get the sense of just like I do something, oh, no, you know, I don't have a bomb in my bag, but I just I could think of that as kind of a similar air of just like. Something somebody sniffing and I know I didn't do anything, but for some reason it feels like they're going to get me.

**Interviewer:** Definitely, yeah, that explained it well. I like that example, good visual. Let's see. So, when referring clients for mental health services like the social worker or for a psychological evaluation, are there things that you worry about, or are kind of concerned about in terms of the clinician and their ability to provide services to the client.

**Respondent:** As in ongoing therapy or?

**Interviewer:** Any yeah, any kind of clinical work.

**Respondent:** So, let's start with evaluation's just because I know that way better, but. I think that one thing I don't think clinicians love about doing them is that there is follow up, so it's quite a lot of work, right? You sit typically for like a three-hour session. If there's an interpreter needed, it could go even longer than. And then they have to write up a pretty lengthy affidavit of their findings and then the attorney comes in and says, oh, we can't say this, we can't say this. So I think that is something that clinicians should be aware of, will be part of it just because we're looking for issues that will hurt their case. So, say someone is. Seeking asylum, because they fear that if they stay in their home country, that they'll be harmed. So, we have to fit the case into these sort of legal boundaries of like, say, the case is based on political opinion and then the evaluation starts to weave into. You know, I just wanted a better life for my children. Well, that's going to kind of hurt the case of you saying you fled because you were going to be harmed in your political opinion. And it makes you seem like an economic migrant. So, while that's something that, like a clinician would probably want to get into. Right. I'm just like, what happened to you that you wanted, you know, whatever it is, but. So, I think that's something that typically comes up and can be a little bit of an annoyance for clinicians just because it adds as a bit of work, you know, going back and forth. As for working with clients, I have seen, especially in my trafficking clients, a lot of avoidance that has been hard. I have one psychologist working with pretty thoroughly with one of my clients, and she wants to show up to a lot of appointments.

**Respondent:** She has very physical reactions to I guess like being retraumatized, I guess, like the psychologist said, it was like a symptom of PTSD that she would like to vomit before her session. And so she hates it. Right. She understands that, like, in the long run, it's probably better for her. And she wants to do right by her kids by being healthy. But she'll get there, throw up and then just leave. She's like, I don't want to do this. This is awful. And so, the therapist has felt like she needs to create boundaries with the client because the client has trouble creating those boundaries for herself. And so, she wants to model them. But then it ends up that the client has no access to mental health services because she's the only one who works with this other non-profit that we work with that's able to pay for the sessions. And so, I understand, of course, why the you know, why they're setting those boundaries, but it's just a tough, tough thing for everybody.

**Interviewer:** Yeah, I think it. You know, the need to kind of set those boundaries is kind of outweighed by the fact that, like, this person doesn't have any other options, you know, because if they're left with no mental health treatment, I think that there's a way to continue the treatment and then also, you know, show that boundaries are important or whatnot.

**Respondent:** But, yeah, it's hard, I feel for the psychologist. If I had a client who kept, like, not showing up to appointments, I think I would have trouble saying not saying I have other people that I want to help and I'm not helping and I want to help you. But you're not letting me help you. And these other people aren't getting it. Because I'm trying, you know what I mean, like, it's just it's not easy.

**Interviewer:** Yeah. That makes sense. So that's kind of something that you think about when you refer a client for mental health services specifically like therapy?

**Respondent:** I mean, I will always refer and hope for the best. Work a lot with an organization called [organization], and so they've been able to work with their clients. I think we think a lot about whether an interpreter will be needed.

**Respondent:** So, a lot of our clients are monolingual Spanish speakers and just adding somebody else to the room is.

**Respondent:** Awkward sometimes. And so, it's nice if we can just have them be able to communicate to each other. Also, just cultural competency, I think, can be pretty important. And obviously that can be learned, but there is some advantage to just having that knowledge first hand.

**Interviewer:** That makes sense.

**Interviewer:** And does [organization] have a lot of people who work in mental health and human services that speak Spanish and some of the dialects?

**Respondent:** Yeah, yeah, they do. I don't think I've met any who speak any of like the Mayan dialects, but. Some of our clients will speak Spanish and know or whatever it is, so they can sort of get by. Yeah. And they're given the option to, if they prefer interpreter or sort of mangled Spanish.

**Interviewer:** But I could see how that would be helpful to have less people in the room, and it can be while obviously an interpreter is extremely valuable. It can also be kind of disruptive in terms of like a therapeutic flow and feeling comfortable and building that rapport.

**Respondent:** Yeah, totally. And just you don't ever know if you're getting the full story. There's so many times in court where we have an interpreter who is totally bilingual and grew up speaking both languages, but. You have to correct them because Spanish in one country is different than the other, and, you know, sometimes I know my client's case and I know what they're trying to say and I have to correct the interpreter. And I'm not bilingual. I speak Spanish fluently, but I didn't grow up with the whole thing. So anyway, the only reason I give that example is to say, like, is there going to be perfect? It could make a difference.

**Interviewer:** And then that kind of adds another layer of, like, potential misunderstanding as well.

**Respondent:** Yeah, totally.

**Respondent:** I guess another thing that I think is helpful for clinicians is for them to understand that they are the expert in our cases a lot of the time. And so a lot of times we'll get evaluations

that say the client is a poor historian of the facts because they have gone through trauma. And I think like. Being able to be the expert who educates the adjudicator on what that means and what that means for this case, but what it means generally is really important.

**Respondent:** And I think it's something that you could kind of copy and paste from evaluation to evaluation, but I think it's pretty essential.

**Interviewer:** I mean, I've heard that, I can't tell you how many times I've read that in reports and you know the client is a poor historian. And so, you feel like it's important for a clinician to be able to kind of explain that, if they're like testifying, what that means. Is that kind of what?

**Respondent:** Yeah, I've seen it used against clients by judges. The judge will say. I think the client objectively believes what they're saying is true, but we have this expert saying that they're a poor historian, so I'm going to not believe them. And, you know, we've introduced this expert in order to help the client's case and of course, we're not expecting the expert to try and sway one way or another because they're supposed to be an unbiased, just like observer of what's going on. But I think some sort of explanation of like. That doesn't mean that this person isn't credible, it just means whatever it does mean they don't actually know.

**Respondent:** But maybe I mean, that makes sense because I think not having enough clarification about why they're not a very good historian and. Out of context, it could look a lot of different ways, you know, it could be due to PTSD or sounds like the court sometimes takes it. As you know, they are kind of giving conflicting information and maybe aren't telling the truth or whatnot, you know, and so that makes sense.

**Respondent:** So, in that case, specifically, the person couldn't remember how many people it was that attacked him. And he would say it differently each time we talked. And it wouldn't be like a huge variance variation, but like it was enough to make us feel like we needed somebody to explain that people who are survivor, who have PTSD sometimes have trouble with this. But instead, it was interpreted by the judge as like, well, nothing they're saying is true because they don't even know what they're saying. Right.

**Interviewer:** So, something that was supposed to be helping them kind of was held against them.

**Respondent:** I think it was misinterpreted.

**Respondent:** Like I think that it was meant to say, like, yes, I have no reason to believe this person is malingering or that their story is incredible. But due to symptoms of PTSD, at times, this can happen that it's difficult to precisely remember details of something, right? I just think the added explanation would have probably made that case completely different. And because I'm not an expert, I can't then in court say this is what the psychologist meant. I mean, the psychologist to be the expert who says it makes sense.

**Interviewer:** Well, I want to be mindful of time. Was there anything that I didn't touch on or was there anything else that you wanted to add?

**Respondent:** Nothing I can think of at this second. If I think of something I can email you or likewise, if you have any follow-up questions, I'm happy to talk to you.

**Interviewer:** Perfect. Thank you. I appreciate it.

**Respondent:** Yeah. Good luck with this, it's a great project and I'm happy you're doing it.

**Interviewer:** Thank you. Thank you so much for agreeing to meet with me today.

**Respondent:** Yeah. Good luck.

**Interviewer:** Thank you.

**Respondent:** All right. Bye.

**Participant ID:** Attorney I

**Interviewer:** So, know, this research is looking at how the legal system plays into psychological issues that are coming up with immigrant clients, and I'm specifically focusing on immigration from Central America and Mexico. And through this research, I'm hoping to facilitate and understanding of the therapeutic implications of immigration law, policy and practice amongst clinicians specifically. So, I guess I'll just start and ask if you could tell me a little bit about what you do on the [organization]?

**Respondent:** Yeah, I have a, I divide my time. I have a, I manage a caseload, and then I also do some pro se assistance. So, I provide legal assistance to people who don't have an attorney in their cases. And my practice is almost exclusively on detained non-citizens facing removal. The vast majority of which are from the Northern Triangle and Mexico. But I also have some clients I stay with after they've been released. We continue working on the case together. So, I have a mix of detained and non-detained clients.

**Interviewer:** And how do you see some of, what kind of legal challenges are your clients facing?

**Respondent:** I think the central concern is their imminent deportation or removal. Most of them, all of them are in removal proceedings or deportation proceedings. And then so that's usually the primary concern. But then they have a whole host of sort of additional legal obstacles, maybe criminal proceedings or issues with working and labor issues and sometimes some family issues that necessitate family court involvement or something like that. And then I also am I should mention, I have some clients who are under the age of 21, and so we appear before juvenile court. So there's also juvenile court cases at play.

**Interviewer:** Ok, so you, kind of, you work with both juveniles and kind of adults as well.

**Respondent:** As well. Yeah, I have worked with children in custody in the past, but now I'm mostly over the age of 18.

**Interviewer:** Ok, so kind of, you have a lot of variation.

**Respondent:** And a little bit of a few different things here.

**Interviewer:** Yeah, and like detained, non-detained and yeah, yeah. And so how do you see some of the legal challenges impacting the clients that you work with?

**Respondent:** I think primarily it's a fundamental lack of stability, and so it's hard for them to plan for their futures or to feel safe enough to grow and develop, to pursue their goals or dreams when they can't even count on being in one place for even a year. And so that's a huge barrier to being able to sort of pursue their own self growth. And then I think they're also worried in many cases for their physical safety. If they're in a detention center, they're worried about their physical safety, but they're also worried about maybe being deported back to a country they haven't been to as long as they can remember, or that they fled under really extreme circumstances. So, there's a huge sort of undercurrent of fear that's just sort of omnipresent and can really get in the way of the representation, their ability to work with me on the case and even to do things outside of the case.

**Interviewer:** Do you have like a case example that stands out that you would be willing to kind of share?

**Respondent:** Sure. I think one from like a happier example is I was working with a woman who had survived really severe domestic abuse in Central America and fled to the United States and was also HIV positive and had been detained. And I worked with her and so did other attorneys. And this was when I was a law student and she. When her case was finally over and we had sort of the final hearing where we won relief for her, it was only then that she was like, I've but I feel at peace. And that was the first time she'd felt that in such a long time. That's a nice example. But I think more common is on the flip side, where people have sort of like cyclical periods. I found with my clients where they have maybe they're OK for a while and then they just like the fear sort of bubbles up. And then they're just they don't feel like I can't work or I don't I don't feel like I can move forward with my life. I just feel like I'm in a holding pattern.

**Interviewer:** And you said like a cyclical kind of pattern of the fear kind of resurfacing. Do you do notice that that's kind of stirred up by something to do with their case or things in the media?

**Respondent:** I think that's definitely true. It's hard to generalize, but I sort of unexpectedly have found that a lot of my clients experience or report an uptick in mental health symptoms after they released detention, which is not what I would have expected. But I think it's sort of the leaving a facility. Maybe they've been detained for a really long time. And on top of that, maybe they're coming from a criminal sentence. So, it's a really long time. They've been out of the community. And so, a lot of them have a really hard time during the reentry process.

**Interviewer:** Yeah, that's really interesting, and I could see, you know, being in like a survival mode, you know, in detention and then. You know, maybe, you know, releasing and having a little more room to kind of have things settle and where you can actually feel some of what you've put in, put through and then at all. Yeah.

**Respondent:** I think that's totally it and detention is such a closed universe with such a singular objective to get out or to win your case, sort of getting out one way or another, that when it happens, it kind of creates this vacuum. And you form really intense personal relationships when you're in detention and then often with your attorney. And then when the case concludes, it can really feel sort of jarring for the person.

**Interviewer:** Definitely, yeah. Kind of the loss of those connections and then and then everything like trying to build their life and all the things that can happen after that would be very overwhelming.

**Respondent:** Totally. And they don't have you know, they're not really given resources for reentry. So, they have no money. They may not have a cell phone, they may not have a place to stay. And so, it can really feel not that they're well taken care of in detention by any means, but to be left totally on their own is hugely overwhelming for a lot of clients.

**Interviewer:** Definitely. That makes sense. So, what has changed in the last several years with regard to immigration that clinicians need to understand?

**Respondent:** That's tough. I think in a lot of ways the law has gotten worse. And so it's a lot the pathways to relief are a lot more restrictive than they were even a few years ago. Where and I think the government is sort of has been empowered to use really pretty draconian measures. So, I think there's a lot more uncertainty and it's a lot harder to win cases now, just sort of because the legal landscape has shifted mostly for sort of political reasons, where it's just it's just much harder than it was. And it's harder to get resolution or even to collaborate with opposing counsel



or the government attorneys to try to resolve issues or narrow issues for a case. So, it's just it's just a lot harder and we win a lot less frequently.

**Interviewer:** Kind of, as a whole.

**Respondent:** Just as the whole, it's just it's just a lot more losing.

**Interviewer:** So, it sounds like are kind of across the board. There's been a lot of changes that have had negative impacts, your clients and you know the process for them.

**Respondent:** Yeah, unfortunately, that's true.

**Interviewer:** Is there anything specific that stands out to you that, you know, a clinician who wants to work with immigrant clients should understand that, you know, about immigration, that that's changed?

**Respondent:** I think one sort of clear example is that the pathway to relief for certain sort of domestic violence issues or child abuse issues has gotten a lot tougher, which is a lot of the clients that we see and a lot of people who are actively sort of open to therapy, that those cases have gotten a lot tougher. And I think asylum seekers in general and recent arrivals, it's just much more challenging.

**Interviewer:** And some of the changes to kind of the relief for individuals who have experienced domestic violence. Could you explain that a little bit more?

**Respondent:** Sure, so there's, you know, it varies by circuit and in the United States, but. We used to have more. We used to have better, luck is not the right word, but used to have more success with those types of cases or family-based cases where we are in the Ninth Circuit, the court has held that the family is like a quintessential group that could get you protection in the United States. But the former attorney general certified some cases to himself and created these new rules, saying that this isn't really, we're not doing this anymore and this isn't a viable option, and also made it harder to seek relief based on past harm by other government actors.

**Interviewer:** Gotcha.

**Respondent:** I hope that makes sense.

**Interviewer:** It does. So, it closed some important doors that were previously open.

**Respondent:** Exactly.

**Interviewer:** That makes sense. So, what, you know, for clinicians who want to work with immigrant clients. You know, what kind of legal knowledge should they have about immigration to be able to effectively work with their client? Do you think there's things that would be helpful for them to understand, at least in a general sense?

**Respondent:** I think. I mean, in my experience, I haven't had any clients who are detained who have been able to get regular counseling or therapy. So, it's probably more in the non-detained context, I'm guessing. And in that case, I think it's helpful for clinicians to know that these cases take a long time, that these are usually years where someone's in a proceeding. And so, sort of being able to sustain that unknowing and that uncertainty, I think is going to be huge. And I also think one thing that I've struggled with as a practitioner, and I share that with my clients, is that it can be so difficult to work so hard for something and to bear the personal cost of that. But the decision is ultimately out of your hands where there's such a loss of control or autonomy. And so, I think that is a huge challenge to sort of manage during the process.

**Interviewer:** Yeah, that's huge, the kind of, understanding the ongoing uncertainty and lack of control that persists for years. And I mean, it's just it's really difficult to cope with that.

**Respondent:** Right. I'm trying to think also there can also be many steps to add to a case and so you can lose at different junctures and that can sort of feel like intermediate blows, like it can be really hard to think, oh, we'll keep appealing because I've lost twice before and that's what's the point anymore. And so, I think being able to sort of understand that there are different steps to a case and that you can have sort of. Intermediate losses or losses and then choose to keep fighting in that sector.

**Interviewer:** Ok, that makes sense. So, you know, for a clinician, what would be helpful for them to kind of do in order to like understanding that there can be some setbacks in the course of someone's case, but then you can still move forward? Are there things that would be helpful for a clinician to say or encourage?

**Respondent:** I think, I'm not a clinician at all and have no mental health training, but I try to help my clients sort of really take the long view that we have to think far ahead. And what would you know in 10 years? Will you regret not pursuing this as much as you can or something like that to really try to think outside of the particular difficulties of this specific moment? I wish I had better tools. I mean, I think this is something that we struggle with all the time, to be honest. It's it's sort of acute in detention, but it's just longer outside of it.

**Interviewer:** So, kind of encouraging them to make some long term goals and focus on those, but even though for them it might not feel like I can imagine that that would be very difficult to try to do something like that, to set some long term goals when you know that your security and safety is really.

**Respondent:** Yeah. And I also I don't want to get their hopes up just to be dashed, too. And so, I, I it's hard. You don't want to overpromise or something when you have no control over the outcome, you'll do your best work, of course. But it's not it's not up to you.

**Interviewer:** Yeah, so how do you balance the two, like managing their expectations, but then also having them kind of look for the long term and move forward?

**Respondent:** It's not easy. I think I, I, I try to say, like, what I think is strong about the case. And if it's like someone's trying to stay to be with his children or something, I'll remind him of what he said at the beginning, that his goal is to try to keep the family together, something ideally frame it in the client's sort of what's important to the client, what the client has identified as sort of a reason for sticking it out. But I also maybe I try not to focus so much on the ultimate outcome of the case, but maybe sort of the process or this is about you telling your story and having them understand your story. And this is about due process or being treated with dignity and respect. So, it's I mean, it obviously it's about the outcome, but also trying to shift the perspective that that they're worthy of pursuing this process and that if there was an incorrect decision down at a at a prior court level, that we should try to fight it and have it corrected.

**Interviewer:** And so. Yeah, kind of using multiple different approaches to kind of, help them realize that justice for them is really important and that they should move forward.

**Respondent:** Yeah, I try that. And I also think depending on what sort of issues a certain case implicates, it can also be helpful that to frame it as what the client is doing is helping other people. So maybe this is a case where we could move the law forward or we don't want what

happened to happen to anyone else or sending a message or something like that. So it can be so isolating to go through this process and whatever we can do to sort of try to create a solidarity or that you are helping others by pursuing this can be can sort of help people think through these tough choices.

**Interviewer:** And kind of, you know, adding more meaning to the process and. And looking more bigger picture here could be helpful to get through the long timelines that they're looking at and then they can. So, when referring clients for mental health services like therapy, social work, or like hardship evaluations, are there things that you are worried about or concerned about when you refer them?

**Respondent:** Yes. I am worried about. If we use an evaluation or records or something like that, if there are certain things disclosed, like maybe substance use or something that could. That could torpedo their immigration case and so and I've seen where clients have spoken, they thought in confidence to a case manager or something, and then those records have been used against them in court. It's really, really devastating. So, and where I see that come up most often is substance abuse, which is a an automatic out for a number of different forms of immigration relief and then also maybe forced gang affiliation or usually in the home country where they've had to where they have been trafficked or where they've had to do things to survive for an organized criminal gang. And then that's used against them later.

**Interviewer:** Yeah. So, yeah it sounds like they're. Yeah, thank you for explaining that, because I wasn't totally aware of substance use would be an automatic out, which is.

**Respondent:** Not in every single case, but in many, many cases. And even if it's not an automatic disqualification, it can be you I mean, a discretionary problem against them.

**Interviewer:** That doesn't help their case in any way. Yeah. And have you, kind of, you've seen clients disclose that with a mental health professional. Do you see that more in like you said it, like hardship evaluations or use of the case management or?

**Respondent:** So, when it comes, we my clients, when they're detained, don't have any sort of ongoing support. So, it's usually just a one sort of isolated psychological evaluation, which are so important for these cases. They really can make a difference. So, we do them in almost every case. But the way that it's problematic most often is substance abuse. Yeah.

**Interviewer:** And are clients, you know, kind of understanding that what they disclose could be, you know, are they aren't fully aware of it, you know, confidentiality and are able to consent to, you know, the entire process of disclosing information?

**Respondent:** Yeah, it's tough, I, I talk to my clients before they have an evaluation and I just tell them, you know, the certain things that could become problems if revealed so they can make a choice if they want to talk about it or not. Generally, they won't. They choose not to disclose that. It's it's tough because you want them to get everything that they need. But as my job, it's also to tell them that what they say could be used against them.

**Interviewer:** Definitely. Yeah. That makes sense, so. So that sounds like that's a big concern of like. You know, those kind of things being used against a client. Are there other things that that concern you when referring clients for mental health services?

**Respondent:** Well, I think for if it's for ongoing treatment, no, because I think then we have the primary objective is to help them get the help that they want and need and will have control over

if that makes it into the record or not. And if it if an evaluation comes back and this has happened to me, too, where there is something in there that could be really helpful for the client's case, we just won't use it. And sometimes that's the right choice. But what's been a huge issue is when and I don't really think this would be implicated in your work, so maybe not helpful. But when unaccompanied children are taken to shelters after they cross the border, that's when we've seen sort of like a caseworker's notes be used against them where the children think they're they have a social worker, a case manager, and they think that they are getting some sort of treatment or support. And those notes come back and are used against them. So that's a huge issue.

**Interviewer:** Wow, yeah. Because with children, I mean, they're yeah, even less able to consent to yeah.

**Respondent:** Totally. Yeah, and I mean, the ones that I've spoken to about this, they're like no one told me that, you know, they were going to use this or writing this down so that it would go into my court record or something like that. But even if they had, is it really knowing consent if they're a minor?

**Interviewer:** Right. Yeah. I mean, you would in most cases, I think you need a guardian or a parent or some kind of an adult to kind of supervise that.

**Respondent:** Yeah, you would think.

**Interviewer:** Well, OK, so that makes sense. So mostly around kind of disclosing information about clients that could harm their case. Yeah.

**Respondent:** But I think largely they're super helpful because the judges aren't trained and other adjudicators don't have the sort of specialized knowledge to understand, you know, how trauma can manifest or something like that. And so, these health services and the evaluations are so hugely important for a case, it's definitely worth whatever, like minor hiccups could come along.

**Interviewer:** Yeah, I'm kind of on that same vein, how do you see some of the legal challenges and things that your clients have been through manifest psychologically?

**Respondent:** Oh, I mean, the most extreme cases, there's suicidal issues implicated, which I've seen for clients and non-clients. And you can imagine that being detained is not a place where you get really great care on those issues, but I think there can be a lot of the clients that we have already have mental health issues like PTSD is the most common and also major depressive disorder by far. Those are the most common ones. But so sorry. What was your question? How did how does it manifest?

**Interviewer:** How do you see that manifest psychologically?

**Respondent:** Ok. Sure. I mean, it can make it can get in the way of their ability to think about the case, talk about it, which we have to do to present a case that involves a lot of really, re-traumatizing stuff, unfortunately. So, they can have an uptick in like nightmares, shaking, crying, just when talking about it. It brings back so much of what's very painful and the reasons why they left their countries. I mean, it can also have. I don't know if this is directly related, but sometimes it can lead to sort of like criminal involvement issues where they may get arrested or they may start like self-medicating and then sometimes relationships can deteriorate. And it's it can be challenging. I think it's just sort of people can feel really unmoored where they have to delve into things and don't have any safe place to hold on to while they're doing that.

**Interviewer:** Definitely. Do you have like a case example of something that stands out, um, kind of what you were just talking about?

**Respondent:** I, um, I have a client who was, has a number of mental health symptoms and he was released from detention and was like initially doing well, but. And I'm not you know, I don't know all of the factors that I went into this, but I know some of it is related to the stress of his case. And he. There was like a suicide attempt and he was briefly, involuntarily committed. That's a pretty extreme example. But I also have clients who have, you know, just like I have a client who is homeless and I you know, there are a number of issues, so it's not like I can't say it's because of the instability of his case, but I think it's just compounding trauma. And so, they were already traumatized. This is like another layer. And it can just at a certain point, people can't take on more than a certain level of pain. And so, at some point, you just kind of glitch out.

**Interviewer:** Yeah, and without, you know, enough support and resources.

**Respondent:** Yeah, I mean, people are they're resilient, my clients, but they're not inhuman, you know, and so there's only so much you can take on.

**Interviewer:** Yeah, that makes sense. So, I'm curious about the different timelines of various legal processes, you know, the clients are faced with that are extended quite a bit over the last several years. You know, could you kind of talk about that and kind of some of the things that you noticed?

**Respondent:** Sure. So, cases the major difference is that cases where the client is detained go really quickly and a number of months usually. So, like a common example is that someone is detained, maybe they'll have a final hearing maybe within like three to six months, four to six months. And then if they don't appeal, the case is over and they'll be deported as soon as possible after that. And then if there's an appeal from detention, it's another maybe six months. And you can at a certain point, you can sort of appeal. You continue appealing, but it's probably one to two years in detention. And then if you are non-detained, it's probably several years, many years. And if you appeal, could be it could be years. So, I mean, it's it really varies, but it's a long time.

**Interviewer:** And how do you know how do you see that impacting, I know we can have touched on this a little bit, but how do you see that impacting the clients that you work with?

**Respondent:** I think. It's, if a client is not detained and if they have a good support system and they are authorized to work, a lot of them can hang in there. I mean, there's always that hanging over their heads, but they can still have a family and have like a measure of stability when they're detained, it's just a totally different, you're just sort of run through the system. And then there's kind of in between where maybe you're not detained, but you have no lawful way to make money. Maybe you don't have any support system or your support system is unstable, like you're in a domestic violence situation or you're evicted or there's a lot of other compounding issues. And then I think sometimes we just worry that that clients are going to deteriorate. And so maybe they're just like not going to be able to participate in their case or things are going to change so much that they really can't continue.

**Interviewer:** And how do you see your clients, kind of, coping with all of that?

**Respondent:** I think it depends a lot on the system that they have on the support system they have, if they're getting some sort of regular help, I think that's a huge difference. And. A lot of

clients seem like they're just kind of. You know, in a holding pattern, to be honest. And just trying to make it work, that's not very specific for you.

**Interviewer:** That's OK. So, kind of, not really coping, but kind of pushing through and just trying to move to the next step.

**Respondent:** I think it's like a survival mode. Yeah, like pushing through it, but not, you know, not going back to school like they had dreamed or not finding a stable, secure housing situation or something like that where a lot of it is just sort of put on hold or they don't have the resources to get the tools they need to do those things because of the lack of like economic security or stability or something like that.

**Interviewer:** Mhmm, that makes sense. And so, if a timeline for a certain legal process, you know, is going to take several years, is it helpful for a clinician to be checking in and asking about how their case is doing, or is that more, would that be more kind of damaging for them to keep asking and checking in and seeing how things are going in that regard?

**Respondent:** Yeah, I don't know, I think it would probably depend on the client, but I think it's. Always in my experience, like it's in the back of your client's head, if not at least. Right. So, it could be helpful. One thing that is hard for me is, on the legal side of things, is that what really gets in the way is the client's mental health or a sort of like a huge barrier to the case. But and I it's something I'm not qualified to really weigh in on. And I don't want to overstep my professional boundaries and I don't want to, I'm not qualified. And so, a lot of what they really present with are mental health needs and then the legal needs are sort of discrete, if that makes sense.

**Interviewer:** Yeah, I think I mean, yeah, that makes sense. What do you mean by discrete?

**Respondent:** Well, I mean, obviously the legal case has an effect on the mental health, but. When my clients are going through issues, it's and they're not detained, it's usually the legal part of it is very cabined off, like, OK, we have this appeal I filed that. We're waiting on a decision. Right. There's nothing else we're doing on the legal side right now. But all of these things are sort of exploding in their personal life. And so, if they were rearrested, I guess that could hurt the case. But it's not really about the case. It's about. Their personal life, if that makes sense.

**Interviewer:** Yeah, definitely. And kind of the ripple effect of like, you know, their legal challenges and the underlying fear and kind of, um, so like initially started by the legal issues, but that is not one piece of it and then the rest is kind of managing their mental health ongoing.

**Respondent:** Yeah, where I mean, if a client had an ongoing mental health support, I think it would be it would free up the client to sort of work on all of the issues. And then our relationship could be more about the legal side of things so that. I guess, like their support system is strengthened and diversified.

**Interviewer:** That makes sense. Definitely, um. So, I know that clients in immigration detention often feel like, treated like a criminal and like they feel misunderstood and that despite their best efforts to follow the rules when coming to this country, you know, they're still detained. And so, I just kind of wanted to get your thoughts on that and kind of what you make of that.

**Respondent:** I mean, it's the brutalizing process. And so, they are treated like they are being punished because, I mean, a detention center is virtually indistinguishable from a prison. GO is a for profit corporation that they manage prisons too. So, yeah, I mean, they're basically the same

thing. And so, I think, it is punitive, whether or not it's sort of packaged that way. And that can make people feel really scared and like they have done something wrong or that they don't deserve something, or they just feel sort of justifiably outraged and angry that they're being treated this way when they don't feel like they've done anything wrong. But even if they had, I mean, that doesn't justify that kind of treatment. And in our eyes, so. Yeah, people don't. People are meant to be treated like that, they're not meant to be in cages. And so sometimes they will act out because they've been treated like they're dangerous or something like that.

**Interviewer:** Yeah, do you have a case example or just a client story that stands out of kind of what you were just talking about, like? Yeah, feeling misunderstood and treated like a criminal and then acting out.

**Respondent:** Yeah, I mean, that does happen a lot, where people report feeling like they're being treated like they're in prison or that they're criminal. I think it's kind of a pressure cooker environment, too. So, I've had clients who have been attacked by other people in detention. There are reports that they're not treated very well by the guards. And, you know, they might like I've heard of people who will go on a hunger strike is an example just because they have no power except that left. And so that's the one way they can try to just protest what's going on. And then that becomes a really big problem at the detention center. When that happens, ICE really handles that pretty harshly.

**Interviewer:** Yeah, I mean, how do they typically respond to that, because I've heard that happening locally with strikes and things like that, but I'm curious how ICE responds that.

**Respondent:** I think it's just is like really bad PR. And so, I haven't heard of this happening recently. I know, like in the past there has been like allegations of force feeding. I don't think that's happened. And I'm trying to be clear that I haven't heard of that recently or anything like that and not at the specific facility. But it is sort of like what's been historically like concerned about.

**Interviewer:** So, like.

**Respondent:** Also, yeah, I mean, there's also like reports at times, again, I'm not saying like recently or at this specific facility, but like of sort of retaliatory measures taken. Like maybe someone could be could lose certain privileges or be put in solitary or something like that. So, I do think in some ways it's better with that, because I think there's been such an outcry about that, but I think it's. We don't hear of hunger strikes that often anymore.

**Interviewer:** Yeah, interesting. So, it sounds like an. Yeah, you know, taking away privileges or doing things that would punish the individual for trying to protest in that way. Do they, do they ever respond with, like, more of a mental health approach or like. Because I'm just thinking of like and, you know, in a correctional environment, somebody stops eating, then I think immediately it would be, you know, obviously to see if there was any medical issue. But I think eventually it would circle around to like a mental health issue and then kind of handle it in that regard.

**Respondent:** Yeah, I honestly don't know. I know there are some mental health staff at the facility. I have reports have not been that they're super helpful, but I know that they are employed and available to some extent.

**Interviewer:** But their involvement is kind of, you're not sure about their involvement or how?

**Respondent:** I don't know, I don't I don't think they give sort of like a weekly therapeutic session or anything like that, OK, I think it's if someone is someone could go visit if they want it. But I don't think it's sort of like a therapeutic environment if that makes sense.

**Interviewer:** It's more like kind of responding to crises.

**Respondent:** That's my sense. But I'm not positive.

**Interviewer:** That makes sense. Let's see. Are there things that that you predict under the new administration? In terms of immigration.

**Respondent:** And I don't know, I think it's early days, it's kind of soon to say. I mean, we're hopeful that things will be a little bit more human. But I think a lot of what's historically been problems sort of like will continue to be problems. And I think as long as people are sort of going through this deportation machinery, it's going to be injurious to. I mean, I'm hopeful that fewer people will be detained. And I think, you know, if cases go faster, that's not always a good thing to and so it's like it can be challenging to even know what the right what would what is something that we wouldn't celebrate.

**Interviewer:** Yeah, so kind of wary of improvements that could complicate the press even more, it sounds like.

**Respondent:** Yeah, I mean I mean, I think it will it will be hard to see how it wouldn't not get worse, it wouldn't be at least a little bit better, but. Yeah, I mean, I'm hopeful that, like, the border situation is better, that people are actually allowed to come here and seek relief, but I'm not it's kind of early to say.

**Interviewer:** That, that's fair for sure. Well, I think that's all the questions that I had. Is there anything that I didn't touch on that you think would be important to kind of add.

**Respondent:** I think that's mostly I just think it can be such a frightening and isolating process, and so even just having someone that they can count on seeing, like, regularly or in a therapeutic session I think will be would be great. I also think, like in some cases, if it's a client who's maybe been in the US for a while and then is now sort of threatened with deportation and they've probably been through the system a couple of times, and they can also be used to having different people in a therapeutic like or rehabilitative type capacity coming into their lives, then try to fix everything and so they can be sort of like burned out on that, too. And so developing trust can take a lot longer and be more important. But so they can be sort of like more initially, maybe more challenging relationships.

**Interviewer:** So, to kind of be, for clinicians to be mindful of like, you know, this individual is, you know, maybe had some damaging relationships with professionals in the past and like, just to be wary of that, that, you know, it might be harder to build the rapport,

**Respondent:** I think so. I think that's true for people who've been here a long time and went through the system. And it may also be true of new arrivals in a different way, because maybe it's hard for them to understand that, like you're not working with the government or that they can't trust their guard, but they could trust you. And so, it can be hard to really differentiate between who is a safe person and who isn't.

**Interviewer:** Of course, that makes sense. Well, thank you for meeting with me today.

**Respondent:** No problem, I hope it's helpful. It sounds like something super great. I'm really happy you're doing it.



**Interviewer:** Thank you. Well, it was great meeting you.

**Respondent:** You too. Have a great weekend.

**Participant ID:** Clinician A

**Interviewer:** Well, thank you again for agreeing to participate in the interview.

**Respondent:** You're in the car now.

**Interviewer:** OK, great.

**Respondent:** So, what are your questions?

**Interviewer:** Um yeah. So. Well first of all, I wanted to ask if you had any questions about the consent form.

**Respondent:** No.

**Interviewer:** OK, great. So, you know, as was described in the consent in the recruitment flyer, the project is looking at how the legal system plays into psychological issues that are coming up with immigrant clients. And I'm specifically focusing on immigration from Central America and Mexico.

**Respondent:** Yeah, OK.

**Interviewer:** And um, you know the goal of the project is to facilitate an understanding of the therapeutic implications of immigration law, policy, and practice. And so, I kind of wanted to just start off and see what your thoughts are about you know the aim of the project.

**Respondent:** Yeah, I don't know, what do you, I mean what's the, what are you striving for in terms of using the information from the research for uh, working with people clinically?

**Interviewer:** Yes.

**Respondent:** Or are you? I don't really know what your, uh, what the pragmatics of this are.

**Interviewer:** So, you're wondering. I guess I'm trying to understand kind of what your question is.

**Respondent:** Ok, so what will be the usefulness of your research?

**Interviewer:** The usefulness will be to inform clinicians who want to work with clients who are immigrants. And, the preliminary literature review showed that, you know, a lot of clinicians aren't fully informed about a lot of the legal aspects of immigration, and especially with all the changes to immigration law, policy and practice over the last several years.

**Interviewer:** And so, the goal of the dissertation and the book is to kind of talk to people who do have expertise in that area and collect kind of like, the information about what would be useful to better help this population, really.

**Respondent:** Ok. All right. That makes sense. Yeah.

**Respondent:** Ok, so what I do is I on the legal side and I take referrals from lawyers, mostly lawyers in [state], who have clients who are applying for hardship waivers. And it's kind of a no brainer, really, but you have to show some part of it is developing a way, a variety of psychological problems and issues in a way that a judge would feel moved to grant a hardship because it's everything is a hardship, right?

**Interviewer:** Mm hmm.

**Respondent:** You take people's kids away, you know, you take the take away from a family. That's who is not going to like the hardship. But the question it's actually an interesting thing. So basically, what I wanted to do is be a storyteller using psychiatric language to move someone towards perceiving a hardship where they already know it's a hardship, but they don't really care.

So just, you know, an immigration adjudicator, you know, they hear this stuff day in and day out. They don't care. They don't care. So how do you how do you translate psychological factors and how do you tell a story? So, part of it is the story of those persons, those individuals using and then, you know, using assessment data within the census data into a story that will make, for all practical purposes, a judge feel sorry for the for the better part of society, is overwhelmingly married into the story that you have to be almost cruel not to grant the hardship. So, it's a weird form of writing, it takes it takes about 10 singles, single spaced pages to tell a story and it takes me about 20 hours to write it.

**Interviewer:** Wow.

**Respondent:** Because you got to do it. You know, you've got to write it just right. So that's I mean, in a nutshell, kind of that's kind of where I've got where I've gone and all that.

**Interviewer:** Do you work with clients that are fairly new to the country or, you know, living in a mixed status home or?

**Respondent:** I work with every kind of immigrant. I don't know, maybe even 100 of these things. Ok, and everybody from a drug dealer to a dentist. Ok, so, you know, all over the world, everything you could. I mean, there's a case where the mom is Jordanian, visiting her sister in Texas. She's pregnant and she gives birth to her son in Texas. So, her son is an American citizen. And she goes back to Jordan and her. This is this is a slam dunk. Her son developed a rare genetic blood disorder and they were treating it as if it was a type of cancer or is a blood disorder and the treatments were killing. The kid is five and they say she's got a brother in [city]. And so, she gets through places in the world to deal with this blood disorder and want to tell the CEO of orthopedic surgery and horrors. And so, they said that your brother picks up the kid and the kid is growing up now in the hospital because they're not letting the parents out there that the parents are wanting to do with the government is just super super discriminatory towards Middle Eastern or Muslim countries. And so, the parents, the kids growing up in [hospital].

**Interviewer:** Wow.

**Respondent:** Because they know that the brother can't take care of him because he's working, and so he grows up and is growing up at [hospital].

**Interviewer:** Wow.

**Respondent:** Well, OK, so that you know, that is I mean, I'm just giving you something like that because it's so weird.

**Interviewer:** Yeah.

**Respondent:** Yeah. And then and then you have, then you have the dentist guy who says he's a plumber and he's, you know, he's basically a drug dealer and this is his wife and son documented. Everything you can imagine.

**Interviewer:** Wow.

**Respondent:** I'm just giving you the you know, the weird so, but most of my clients are Hispanic. Most have married an undocumented partner, and most of them have children.

**Interviewer:** Mm hmm.

**Respondent:** And so, you know, those are pretty compelling cases when you have kids or you have a lot of, you know, medical or psychiatric issues preexisted.

**Interviewer:** Mm hmm.

**Respondent:** So then then you have to you know, you have to tell the story.

**Interviewer:** So, you work with a lot of mixed status families?

**Respondent:** Mixed status? What do you mean?

**Interviewer:** Um, where you know, like either the children are U.S. citizens and the parents aren't or one parent is. You know, where there's multiple, you know, statuses of citizenship within the household.

**Respondent:** Yeah, there are all the well, the hardship waivers I do are almost all. There's one, there's one citizen in the family because the way that these are, called 601 waivers. You know what they are?

**Interviewer:** I'm not familiar with the numerical value or like the numbers, but I'm familiar with, like, hardship evaluations.

**Respondent:** Ok, well, they only exist because there's a US citizen and the 601 state that if the removal of the undocumented family member would cause extreme hardship on the citizen, then the government can grant a hardship waiver. So there always has to be, in those waivers, there always has to be a citizen.

**Interviewer:** Right.

**Respondent:** Because the law is written separate for the non-citizens from the citizens. So that's all I do.

**Interviewer:** And you've been doing that for quite some time now...

**Respondent:** 20 years.

**Interviewer:** Have you, what have you noticed in terms of immigration kind of evolving in the last, you know, four or five years, like, you know, the last several years?

**Respondent:** Well, it's got more heavy handed. But, you know, Obama was just the Obama administration was just as tough on immigrants as the Trump administration to actually get more people deported under the Obama administration than there were under the Bush administration. Did you know that?

**Interviewer:** I wasn't familiar with the actual, you know, the statistics behind it, but I know that there was quite a bit of, you know, deportation going on with Obama as well.

**Respondent:** But the politics were, though, because he was trying to get DACA passed, that he didn't want to be perceived as soft on immigration. So, they got a pretty hard line under Obama. Look, it's weird because, you know, you would think he'd be I mean, obviously, he was championing DACA and he did an executive order when it got to out of the Congress. Was that playing ball with him? And so, he issued the docketing and then it was just a big war going on. And in order for him to get a certain amount of cred, he kept it. He asked that the laws be enforced pretty strictly and they were. So there hasn't been a lot of change, actually. There's been a change in tone, you know, the wall and there's been more draconian steps that the government has taken for people coming into the United States. And so, there's a change there. But again, I'm dealing with people who are already here.

**Interviewer:** Yeah.

**Respondent:** And they have and they used to you know, they have a family, or they have a girlfriend, or they have a situation where one family member is undocumented and they want their use of their status to get them to have a waiver so they can stay here.

**Interviewer:** What are the, like, success rates of some of the clients that you write evaluations for in terms of being granted...

**Respondent:** About 85 percent.

**Interviewer:** Ok.

**Respondent:** Here, here's the thing. Remember when I said one was a drug dealer? That didn't great, he didn't get it.

**Interviewer:** Yeah.

**Respondent:** But if there's like another situation I had, where um, there was domestic violence with a couple. The guy got, he was he was cited for domestic violence. Well, then, you know, those don't go well.

**Interviewer:** Yeah.

**Respondent:** I mean, I'll do it. But, you know, the courts, if you have anything like you kind of saying, oh, this is just this is going to be a hardship because it's going to break up the family and then you've got the undocumented, the citizen being violent. You don't really, no excuse me, the noncitizen being violent. It's uphill, it's an uphill battle there if there are any legal problems with the person. One guy, one kid was, I wrote one for, he was documented and then he married a citizen in the US and he had a situation where they were at his mother's house and he got into a fight with his wife. And he got into a fight with his wife and he hit her. And the mother who he didn't get along with, reported it to the police that day. The police came. He didn't speak... he didn't speak very good English. His wife spoke no English. And his mother, who didn't like her son, basically gave testimony that was not really very factual. And, you know, that one didn't go very well either because he had you know, he had a mother testified that he was as he was a crappy husband. So, everything under the sun.

**Interviewer:** Yeah.

**Respondent:** But if you have a decent immigration lawyer and you have a decent psychologist, you have an extremely good chance of getting away with and without that, you're screwed.

**Interviewer:** Without either, you know, either support of counsel or the psychologist.

**Respondent:** Yeah, I mean, both of those situations that the lawyers can't really do. I mean, you can't you can't make a psychological case. But, but if you have the lawyer and the psychologist doing it, it's a, you know, default. If they don't have other complications, it's pretty. It's you know, the courts are going to listen.

**Interviewer:** Mm hmm.

**Interviewer:** How would you say that you see some of the legal issues that your immigrant clients are facing, how do you see those, like manifest psychologically?

**Respondent:** Well, it's very drawn out, and so you have a lot of anxiety and it's amorphous, you know, meaning you've got to you got to focus. One is your if you know a little bit on where the person works with, you know, the person who's undocumented is, they're exposing themselves, right?

**Interviewer:** Mm hmm.

**Respondent:** And they're you know, they're very nervous about it. And they're just so drawn out of these, you know, six months or something. So, people get anxious and they develop somatic

things like headaches and can't sleep. And, you know, there's more pain on their history. There's so much depressed. Think about depression and anxiety and fear that the court could go with it.

**Interviewer:** Yeah. What strategies do you see people, or clients, using to cope with the anxiety and depression that come with the long, drawn out process?

**Respondent:** I'm not sure actually. Some people are better at compartmentalizing than others. Some people are more subject to rumination. I mean, I just do a random distribution of the people, the people who have come here and who have been able to, you know, the undocumented people have come here and able to maintain a certain amount of survival. You know, they're used to being a threat. And they you know, they've adapted. They do have, they have a way of coping with the uncertainty by compartmentalizing, they don't worry so much about stuff. As for the moms who have children, they're the ones who really are going to worry the most. So, it's not so much, I think it's more the fact that you have dependents. And they're often the main person who provides child care and their husband's work that are, you know, extremely anxious about this process.

**Interviewer:** Mm hmm.

**Respondent:** And then, of course, of course, when they see me, I drag them through all. So, it's kind of retraumatizing in a certain way because I you know, I want I want to see how they are coping and you know how they... but I would say generally most people handle it by being in a semi state of denial. They just don't want to think about it, so they don't and they put it off, too, because the other part, the other part, especially for most of my Hispanic clients, you know, they don't have any money. And you have an idea what they're paying for this, a lawyer?

**Interviewer:** I don't, no.

**Respondent:** It's a big, well, it's like five to ten grand. That is a massive amount of money for these people.

**Interviewer:** Oh, yeah, definitely.

**Respondent:** And so, if you think about it and interesting enough, here's a little weird factoid. The more, the more likely the person is Hispanic, the more likely they are going to charge and more the lawyer is going to charge them more.

**Interviewer:** Interesting. So why is that?

**Respondent:** Well, I don't know all the all the ins and outs of it, but you're going to get much more likely economic impact from a liberal lawyer who's kind of dedicated themselves because this is their way of getting justice and support to the Hispanic lawyer who probably grew up in more or less robust economic circumstances. You know, they're committed to the justice where they know that they charge more. With the as the attorney is Hispanic.

**Interviewer:** Oh, if the attorney is Hispanic?

**Respondent:** Yeah.

**Interviewer:** Oh, wow. Yeah. Interesting.

**Respondent:** Yeah. Real interesting.

**Interviewer:** Wow.

**Respondent:** And part of me, I can't charge him very much because my heart, I just can't do it. But I think it takes a whole lot of time to do these things. So, I've developed different strategies, but I don't want to take up too many of them because it just takes up too much time. And it also

drives me nuts. Meaning you've got to get the story just right and it's chaotic. It takes so much time, they don't have any money. The lawyer is charging a ton of money, you know, etcetera, etcetera. I'm very ambivalent about these things. In a weird way I do it because it's a way for me to say fuck you to the Immigration Service that, you know, it's it's it's it's very difficult because most people just don't have any money.

**Interviewer:** Yeah.

**Respondent:** And a lawyer takes a lot of their money that they do have. So, I don't know, I think the economics are a big deal with all of this.

**Interviewer:** Yeah, definitely.

**Respondent:** In other words, if you're really poor, you can't buy justice.

**Interviewer:** Mm hmm.

**Interviewer:** How, how important do you think it is for clinicians to understand, like the legal aspects of immigration?

**Respondent:** Oh, I, I actually don't think it's super important. Well, I mean, in the sense that if you're doing hardship evaluations because um, I try not to get, I basically say I let the attorney direct me in terms of what they want and I stay out of the legal issues or any of that stuff. I'm the therapist, the psychologist, the family therapist. I'm interested in the psychological impact that deportation would have on the family and on the individuals. So, I just focus on that. I don't get too caught up on the legal stuff. That's, that's the job of the attorney, is to tell me kind of what the legal circumstances are. And I go from here. I actually just had a case, though, where the attorney could not articulate to me the legal basis for the action. So, I said, I can't do the hardship.

**Interviewer:** Yeah.

**Respondent:** Because I don't know, what am I writing about. I mean, I need to know, you need to tell me what your what your legal position is with this with this family. I don't know the law, you're the damn attorney.

**Interviewer:** Yeah.

**Respondent:** And in this case, he couldn't, he just couldn't get it together. And so, this is also was involved with DACA and well it was a complicated DACA. And then, you know, when you when you marry someone and you decide you marry someone and you're undocumented, that's a whole problem. You're legally married to the person. Right. But the fact is that, that you can't you know, if you enter the country illegally and then you marry someone, you got to go back to the country of origin to eventually get your citizenship if you meet certain standards for there, you know, for people who marry and they're undocumented when they marry, you can't get a hardship. Just done the best you can if technically there's different rules around the marriage. And so, in some cases, you have to go back to the country, to the to the consulate in the country of origin. Or then if you go back to the country of origin, there's a thing called the five year, the five-year rule. And basically, once you go back and you entered the country illegally, you can't get back into the country. You have to wait five years to get back into the country. So, they often try to go the route of just getting a hardship, not on the basis of the marriage, but on the basis of the children, for example.

**Interviewer:** Right.

**Respondent:** And you're basically making an argument, something like this. And this is true for many Hispanic. OK, you can you can you can get a hardship waiver and keep the person in this country making a living. Or you can deport, you can, you can deport the person and the family's going to go on welfare.

**Interviewer:** Right.

**Respondent:** Ok, well, you know what, it's a pretty big factor because basically what you're doing is you're removing the income earner and then you're, impacting the people, you know, emotionally and psychologically. But you're also going to be a burden that you're also adding a burden to the state. So that's got its own internal persuasiveness in a certain way.

**Interviewer:** Yeah. So, in terms of the work that you do, it sounds like, you know, the information that you get kind of from the attorneys, mainly, you know, what's important. But in terms of like clinicians who, you know, are working with immigrant clients and doing more of, you know, therapy kind of ongoing, do you think it is important for them to understand some of the legal aspects of what their clients are facing?

**Respondent:** Umm, I mean I don't think, I think it's important that the lawyers understand. I mean that's just my opinion and I prefer not to get caught up in that when I'm writing these hardship evaluations to this all around. You know, it's not about the legal stuff. It's about it's about their psychological and emotional impact at all. So, it's not super important to me to know all the laws and all that. And I try to stay away from it because I don't, you know, make any statements in my assessments that would cause legal implications either.

**Interviewer:** Right.

**Respondent:** And by the way, after I, when I write these assessments, the lawyers review it for legal problems every time I write one. So, I don't I don't just write the assessment, you know, then they get my final draft and they review it to make sure that there's nothing in there that I haven't stated that would complicate it from a legal point of view.

**Interviewer:** Right.

**Respondent:** So, you know, again, I try to stay out of it.

**Interviewer:** That makes sense. Yeah.

**Respondent:** So, I know that you're trying to you're hoping to inform clinicians, but I mean, I get that feeling that you should be more informed, but this is a pretty niche kind of thing, you know.

**Interviewer:** Yeah.

**Respondent:** Working with, so and here's another thing. When you think about it, most clinical services in the United States are provided by people in private practice. The vast majority of those are all businesses.

**Interviewer:** Mm hmm.

**Respondent:** And most of the people in these immigration cases are poor. So, now, I mean, there's the ethics and the values about wanting to work with, you know, work with, you know, giving back and all that. But basically, therapists are middle class people interested in making a middle class living. And from an economic point of view, basically turn a blind eye to all these other problems because the clients who are important don't have any money.

**Interviewer:** Mm hmm.



**Respondent:** So, we've got a situation here where there's very limited resources in the clinical community that are devoted to poor people. As a matter of fact, the deck is super stacked against anybody in the United States who is poor, seeking psychological help.

**Interviewer:** Mm hmm. Yeah.

**Respondent:** There's a bunch of, there's a lot of, there's a lot of reasons if you're poor, you're, you're living in a world where it's mainly the present that takes over your life. It's the future that goes away. Well, so just from a psychological point of view, poor people don't particularly seek out clinical assistance. And for economic reasons, therapists don't really go out of their way to work with the poor. So, if you're an immigrant and you're poor, it's like two strikes against you right there.

**Interviewer:** Mm hmm.

**Respondent:** So, I think I've read quite a bit about how people, particularly family therapy, is, and family therapists are not really doing due diligence in regard to helping people who are poor with their with their inevitable psychological struggles. So, in this I mean, that's not to say there aren't clinicians out there, there aren't agencies and stuff that do provide assistance, I mean they exist. But at a level that is insignificant, in portion to the people out there who are in trouble.

**Interviewer:** Right.

**Respondent:** I mean, we have, we have the greatest disparity of any industrialized country in the world, between the rich and the poor. So, and that goes and that includes the way we set up a mental health services. So, if you're, if you're poor and you live in the U.S. you know, it's rough. If you're poor, if you're an immigrant in the U.S., it's rougher.

**Interviewer:** Yeah.

**Respondent:** And I don't really think there's a lot of impetus for a lot of clinicians who want to pay attention to those problems because they're out there trying to make a living, you know, their private practices.

**Interviewer:** Mm hmm. And you see that more, you said that you have noticed that, more so with family therapists in particular?

**Respondent:** Well, I hold family therapists a little bit more accountable because they're supposed to be taking you know, they're so systems oriented.

**Interviewer:** Right.

**Respondent:** Well, this is a giant system out there that's crushing people. So, if you're so systems oriented why are you, why aren't you taking a more aggressive and more active role? And why aren't the associations taking a more aggressive and active role with treating the poor? I mean, technically, you know, from a, because of the influence of, you know, just the instances of depression and alcoholism, a poor diet, you know, the works are just incredibly high with that population. They're not getting treated. And the American Psychological Association, the American Association for Family Therapy have all this rhetoric about this, you can catch a raillery, but the compassion doesn't have any real follow through, you know, people are left in the lurch.

**Interviewer:** Why do you think that there's a, I mean, I guess you've already kind of answered that, um but yeah, it's just interesting that there's such a disparity between kind of like what the national associations for counselors and psychologists, advocates for and then kind of like what

we really see in terms of coverage of services for individuals who are poor and then especially immigrant individuals.

**Respondent:** Yeah, I've just addressed the poor thing. And then on top of it, you have immigrants, which is a whole nother mess on top of the mess.

**Interviewer:** Mm hmm.

**Interviewer:** Yeah.

**Respondent:** But, you know, but the reality is, it's certainly immigrants, especially Hispanic immigrants, are extraordinarily hardworking people, extraordinarily hardworking.

**Interviewer:** Yeah.

**Respondent:** And there's a lot of evidence. This was really interesting to me. If you, if you let's say we just took we did away with all the immigration requirements that are out there to them. We had open borders worldwide. Poverty would go down at least by a third. Why? Because all of the immigrants would go to places where there was work.

**Interviewer:** Right.

**Respondent:** Immigration policy really is protectionist in its orientation. But here's my point, is that most immigrants are pretty hardworking and pretty damn ambitious. They just don't have any resources.

**Interviewer:** Right.

**Respondent:** So, it's a cruel world from that point of view, you know. But the point is, the class that I see going through these things are they're working their asses off, you know, and then on top of it, they're going to pay people for, to get the government off their back. Doesn't seem very compassionate to me.

**Interviewer:** No. Yeah.

**Respondent:** And you know, people are coming to this country, though, because there still is opportunity here. More so, like I just did, an immigration case. And the mom came from a town in southern Mexico where it was a farming community, mostly coffee, and she had seven other brothers and sisters and they lived in a one room shack. No, no running water, no indoor toilets, no, you know, in one room. That's it. And where the person who was the main you know, who had the most land, kind of ran the town. So, and, you know, one of her brothers was killed by one of the, one of the victims, one of the, one of the men who worked for this dominant rancher. You know, basically there's not much they can do about it because he he controlled the wealth of the community because he was the employer.

**Interviewer:** Oh, wow.

**Respondent:** So, you know there's stuff like that.

**Interviewer:** Mm hmm.

**Respondent:** Holy mackerel. We got it so good, you know, economically.

**Interviewer:** Yeah, you mean like in terms of being a US citizen.

**Respondent:** Yeah.

**Interviewer:** Mm hmm. Well, you know, part of part of my dissertation is kind of looking at how, you know, U.S. citizenship privilege and a clinician's like awareness of their own privilege in that area and how that impacts, you know, the therapeutic dynamic.

**Respondent:** Oh right. That's what I'm getting at. There is a certain and that's the way it's set up. Yeah, there's that privilege and it's like, if you talk to most clinicians, I mean we're at [university] right? If you talk to most, everybody, you know, has a liberal idea, you know, but they're kind of living in a dream world in a certain way. You know, their values are nice. You know, the level of oppression that's taking place. It's just off the map. And then they're. Yeah. Oh, yeah. The students at [university] spend all this money to federal loans, they've got to get their practices going to pay them back.

**Interviewer:** Right. Yeah.

**Respondent:** They can't, they can't afford to afford to, you know, do a lot with, with working with poor people. So then, that privilege comes in where they just, you know, just block it out.

**Respondent:** As like a survival kind of strategy.

**Respondent:** Yeah, yeah, the whole that whole student loans thing, you know, just that's a whole nother... kind of sounds like I'm a downer about all this, don't I?

**Interviewer:** No, no. That makes a lot of sense.

**Respondent:** But, but there's kind of a conspiracy there so that the people who are trying to move up or who are moving up are trying to be professional, end up being indebted. So, they have to worry about themselves. And then we have this kind of capitalistic industrial complex, you know, so we learn to be we have this idea about being compassionate, but we can't afford to be compassionate because we got to pay back the loans.

**Interviewer:** Mm hmm.

**Respondent:** And then on top of it, we don't think about it that much either. People in the United States do not think about poverty that much.

**Interviewer:** Mm hmm. Yeah.

**Respondent:** But we but we incarcerate, we incarcerate more people than any other country in the world with five percent of the world's population. And we just how many we incarcerate 25 percent of our population. 25 percent.

**Interviewer:** That's insane. Yeah.

**Respondent:** Well, you know what. You know, that's crazy.

**Interviewer:** Mm hmm. And yeah, I mean, that's where a lot of individuals who don't have resources end up getting mental health care.

**Respondent:** Yeah. You're getting my geopolitical view of all this. I mean, I don't know how that translates into your dissertation though.

**Interviewer:** Well, I think there's a lot of political, you know, factors in my dissertation. So, um, you know, just given the current times and how things are with immigration currently especially. So, this is all really helpful. Yeah.

**Respondent:** Yeah. OK, yeah.

**Respondent:** Well so I don't know what I can tell ya.

**Interviewer:** Yeah. Well, yeah. I was just going to ask if there was anything else that I didn't touch on that you wanted to speak about.

**Respondent:** If you want a piece of this thing about poverty and working with the poor, I do have a piece on that I can send you.

**Interviewer:** Yeah, that would be great.

**Respondent:** It's not published. But it's the kind of ran out of gas on it. But I can send it, if you email me.

**Interviewer:** OK.

**Respondent:** It's a lot of it's a lot of stuff about working with the poor.

**Interviewer:** OK. Yeah.

**Respondent:** It's not about immigration.

**Interviewer:** But it sounds like it's, you know, kind of intertwines with some of the same issues obviously.

**Respondent:** Yeah. Yeah. I'll send you another, I'll send you a piece of what, what, what is the definition of part of the hardship.

**Interviewer:** OK, great.

**Respondent:** The legal, the legal definition of hardship that I give my clients that I'm starting with. And basically, hardship is whatever the immigration says it is. So, I'll send you that piece too.

**Interviewer:** That'll be great, thank you.

**Respondent:** Other than that, I'm just sitting here doing my thing.

**Interviewer:** Well, thank you so much for talking with me today.

**Respondent:** OK.

**Respondent:** I'd like, if you remember, I like to read whatever you've got. I don't really read much, I haven't really read much around stuff that is of an advocacy nature for immigration. I don't know. I sort of live in my own little world in writing these things and I'm in my own little world with lawyers and I just depend on their referrals. So, I just take each case as it comes.

**Interviewer:** Gotcha. Yeah. Definitely, I can definitely, you know, when we kind of start getting into the process of writing things up and I can definitely share that.

**Respondent:** Yeah, you got your work cut out for you.

**Interviewer:** Yeah, but it's an important issue, so.

**Interviewer:** Ok, well, thank you so much. And I'll email you to remind me, I mean, remind you to send those like you said.

**Respondent:** Ok, great. Take care.

**Interviewer:** OK, thank you so much.

**Respondent:** Bye bye.

**Participant ID:** Clinician B

**Interviewer:** Ok, cool. So, as you know, my research is looking at how the legal system plays into the psychological issues that come up with immigrant clients, and I'm specifically focusing on immigration from Central America and Mexico. And so, through my research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law, policy and practice amongst clinicians.

**Respondent:** Ok.

**Interviewer:** And so, I kind of wanted to just start by saying that and kind of seeing what your thoughts are on the project and go from there.

**Respondent:** I guess I haven't given any thought about what my thoughts about this. I think any kind of research done on immigrants is I mean, there's basically none. When you look at other areas of anything, there's a mountain of research in, it's a totally neglected area, which, of course, is quite a few people.

**Interviewer:** Yeah, I agree, definitely.

**Interviewer:** And so, you you're a forensic evaluator for the state, correct?

**Respondent:** Right.

**Interviewer:** And then and you also do immigration related evaluations as well.

**Respondent:** I don't anymore. I used to do immigration work. I don't at all anymore. From 2010 to 2015, I was a staff psychologist at [facility] in [city]. So, the bulk of my experience related to immigration, comes from that five-year period. I don't do any immigration evaluations, and I don't anticipate that I will.

**Interviewer:** Ok.

**Interviewer:** So, I guess some of the questions that I have might be geared towards your work during that time period and so like one of my questions is, what kind of legal challenges do, or did, your immigrant clients face at that time?

**Respondent:** Well, the most obvious is getting deported. That was if I was talking to him, that was an area of concern for them.

**Respondent:** And so, there was that.

**Respondent:** And a lot of them, most of them had criminal charges at some point, but those had been resolved prior to getting to [facility]. They wouldn't let anybody in if he had a pending criminal legal matter. So, the people I saw were. Going for either refugee status, they were fighting some technicality in their deportation, people pursuing U-Visas. I would say most of them were people who I would say the great majority, probably 75 percent, were people who were. Just straight up trying to fight their deportation, and there's a number of ways to do that, which is, you know that's how immigration attorneys make a living, despite knowing the nuances of that and fulfilling it to the extent they can.

**Interviewer:** And so how did you see some of those legal challenges manifest in your client's psychologically?

**Respondent:** Well, you know, for anybody, if you were to get a speeding ticket and say it's a 150-dollar ticket either side, you're going to go to court to fight your ticket. You know, a speeding ticket is not a tremendous, huge problem, it's a on the legal spectrum, it's pretty small,

but taking time out of your day, going to court, fighting in court, even for a 150-dollar ticket. It's pretty stressful.

**Respondent:** And that's for someone who lives in this country and kind of knows...

**Respondent:** So, if you look at that small of a, I guess, criminal or traffic violation and a stress, because imagine if you were in Saudi Arabia and you got pulled over for a traffic ticket, you wouldn't have the slightest idea what the procedure is. And that would be even more complicated because of the roles women have in Saudi Arabia. I mean, you're getting trouble just for driving, period. But a big part of the difficulty a lot of the detainees had was that their understanding of the American legal system and how these issues play out in immigration, their understanding was just terrible. Some of them, not all of them, some of them were kind of jailhouse lawyers. They knew the ins and outs of it. I'd say like maybe five to 10 percent of them had read up on naming things really well. A lot of the other people, most of them from Mexico or Central America.

**Respondent:** They were... Sounds mean to say this, but they were clueless about what they were getting into. It's pretty hard to win a deportation case under any circumstances. And if you don't have an attorney helping you, your chances go down a lot. If you don't know how the legal system works in its adversarial nature goes down a lot. If you don't speak English very well, goes down a lot. So, a lot of just didn't know the fight that they were signing up for and they had no chance. I think some of them were really overoptimistic about their chances of winning. And immigration law is fairly clear cut, there are things if you're a refugee or if you've been subjected to torture, you know, there's exceptions, but. So, for a lot of them, while they were fighting their case, immigration law has this incredible backlogs, you end up being locked up for a really long time. They are waiting for your case to play out. If you hire an attorney, you're out on a lot of money. I mean, you can get ten or fifteen thousand dollars really quickly, hiring an attorney. So that's obviously stressful. And a lot of the immigrants, they had a spouse out in the community and they had kids and they wanted to support them. And taking fifteen thousand dollars out of savings to do that is pretty intense to I mean, you could literally live three years in Mexico at fifteen thousand dollars.

**Respondent:** So, it's you know, it's something of a problem, but. And a lot of them, too, they were not educated people by any stretch of the imagination. A lot of them have never been to school in their life. And they were very simple people. The only thing they had ever done agricultural work. And so, for that person to go in against someone with a doctorate, JD Degree, who's the experienced prosecutor, the chances of success were absolutely zero. It was an unfair match.

**Interviewer:** And how would you say that, everything that you just mentioned to me, like how would you say that you saw that show up for some of these individuals psychologically?

**Respondent:** Well, for one thing, there's just the simple uncertainty of the situation, obviously, that creates a certain amount of anxiety, just not knowing what's going to happen. And for a lot of people, there was. You know, they knew the possibility of losing existed, but for them, they create a lot of stress because if they go back to El Salvador, Guatemala or wherever they're from in Mexico, their chance of being exposed to pretty severe violence is pretty high. So, a lot of them had a tremendous amount of fear and dread associated with that. Also, if, say you're in Mexico and a construction worker, you come up here and you do the exact same job, you're

making about probably eight times as much money up here doing the exact same job. So, for them, it's also a gigantic financial hit, you know. Imagine if your income got reduced by seven eighths, you know, it'd be a hard hit for them. There's that, and for a lot of them to there's kind of the death of the American dream. For everybody, America is the shining city on the hill they dreamed of coming here has taken a lot of risk to get here and getting pitched out of the country is stressful, it's humiliating. Not for all of them. Not a lot of them didn't care about going back. Islam had been deported five times already. And so, going back to Mexico is no big deal to them, but. And then for people who had serious mental illnesses, bipolar or schizophrenia, there's basically no way to get treatment in Mexico or if you go to Central America, there's absolutely no way to get any sort of treatment.

**Respondent:** So, they have to, you know, face the fact that their life is going to be a gigantic mess down there.

**Respondent:** There's quite a few issues associated with it, it's not. You know, there's lack of comprehension, there's losing your income, there's fear of losing your health care if you're separated from your family. A lot of people, if they were going to get deported, they didn't want to take their spouse and their kids with them, they said they're up here, they're not going to be deported. I don't want to take them back to El Salvador where life is going to be terrible for them. So, there's a fear of being not seen your kids grow up to.

**Interviewer:** Yeah. And not being able to support them, you know, in the US as well.

**Respondent:** If you're working in El Salvador, you're maybe. Maybe three hundred dollars a month, that's being optimistic and, you know, that doesn't go very far in the United States in.

**Interviewer:** And what would you say, did you I mean, did you. Kind of notice any strategies that these individuals use to kind of cope with some of the things you mentioned.

**Respondent:** Well, I think one way that people coped, which I would not call strategy, was they were ignorant of what they were getting into. And it sounds kind of mean to say that. But I mean, ignorant in that they simply were lacking knowledge in what they were getting into, for many of them, over optimistic about what their chances were. And so, their stress maybe wasn't that high because they thought things were going to go their way. Other people, they would hit the books pretty hard. They would study up on it. A lot of the people detained there knew immigration case law frontwards, backwards and sideways. I mean, they could cite case law from the 9th District, they could talk about precedents going back 25 years. I mean, they knew case law as well as anybody. So, for them, there's that other people, they knew their odds were bad, so they did what they could to kind of. Prepare for a return to their home country, contacting family, staying in touch with family and knowing that if they lost, they'd have a roof over their head and a place to have a foothold, at least when they go back. But some of the other things a person might do to cope, they didn't have access to because they were locked up. I mean, a lot of people. You know, recreational opportunities of some sort, but when you're locked up, pretty limited what you can do in.

**Interviewer:** Yeah. Let's see. How would you, how did you see complex trauma impacting some of the immigrants that you worked with?

**Respondent:** I spent a whole lot of complex drama while I was there, I mean. That was I left working there for a number of reasons, but I can't say that listening to horror stories was

necessarily what led me out the door, but it was it had a tremendous impact. I heard things that nobody should ever have to hear coming from these people. So, for a while, I mean, I worked with people, I mean, not a big number, but some who were literally slaves where they were from and they were enslaved by a cartel and made to work packaging drugs or whatever other people. You know, I met with a lot of people who were systematically tortured, people from Mexico, Central America, from Africa, a few people from Cambodia, people from Laos and. You know, there's no upside to complex trauma, there just isn't. It screws up your life in a number of ways and. So that, just the things people had to do to cope on a daily basis in detention, they cope pretty well because life was pretty structured, helpful in a way, but. It was. So prevalent, you know, it's hard to draw a line between complex trauma and difficulty with your immigration situation because it's not a straight-line kind of thing. You were certainly present. It was certainly a problem for a lot of people.

**Respondent:** They themselves did not always see it as being a problem. I can't tell you how many times they would tell people. But what you were exposed to is, in fact bad then that is, in fact, traumatic. Actually, telling people you have post-traumatic stress disorder, you have a literal psychological disorder related to what you've been through and to them, they didn't see it that way because they said that where I'm from, everybody's been through one.

**Respondent:** That's just how life is. Which is very different. But in terms of how it immediately influenced their participation in court. It's hard to say that it necessarily did. I think for people who were pursuing asylum, for instance, it was something that they needed to document to some degree. And when you go to other countries, they don't do medical documentation the way it's done in this country. You know, most hospitals in the world don't do documentation, they just they don't write anything down. So, getting supporting documents or police reports or anything. Good luck with that, because they probably don't exist, so that would be a very complex thing. A lot of my thought had somewhat legitimate asylum claims, but it was absolutely impossible to get any sort of documentation.

**Interviewer:** Yeah, I could see how that would complicate things significantly. When you worked at the [facility]. Would you say there was like a kind of, just like variety of clients that were, you know, like fairly new to the country or who had been, you know, living here for a while in maybe a mixed-status?

**Respondent:** You a pretty good mix of people. I mean, I think the longest tenured person was here probably 50 years.

**Interviewer:** Fifty?

**Respondent:** Fifty. Five-O. And never bothered to get legal status. And it's hard to have a whole bunch of sympathy for the person. It's like go get a green card, you know, you're totally eligible for it. And they do some minor crime that gets in touch with immigration and it's frustrating.

**Respondent:** But a lot of the people were, I mean they were literally coming across the border. They got caught it [city], other people coming in from Canada got caught in [city] and brought in.

**Respondent:** And a lot of people had crossed in [state], [state], and we were initially in facilities in [state] and [state], and they got moved up to [city] for housing purposes, housing availability.



**Respondent:** So, a lot of the people were not acculturated in any way, shape or form. I mean, they were. They didn't know the American culture at all. Other than what they had seen on TV, but other people I mean, I had plenty of people there who didn't even all they spoke was English. They didn't they may have been born in Mexico, wouldn't speak Spanish because they had lived here forever. So, it was a pretty big range, I'd say, if I had to do percentages to what I'd say, like 40 to 50 percent of the people were pretty recent, as in in the country six months or less, probably another 30 percent in one to five-year range. And the other 20 percent had been here for a long time.

**Interviewer:** Mmmhmm. So pretty somewhat, even kind of in each of the different groups. Across the board, it sounds like, is what I meant to say.

**Respondent:** Yeah, yeah. It's there is a fair amount of variability and the um he's an example of people from Mexico, the ones who had been here like 15 years. Tended to kind of look down on the ones who'd been here like two weeks because they were like, oh, you're like some uneducated Mexican, you don't know crap. And they kind of saw themselves as being more American than other people look down on them. It's part of their culture to look down on immigrants, I guess.

**Interviewer:** Yeah, that's interesting. Um. Let's see. How important do you think it is for clinicians to understand clinicians who work, they're doing therapy with clients? How important do you think it is for them to understand legal aspects of immigration for individuals who work with immigrants?

**Respondent:** I think it's important to have some familiarity with the basic approaches. I mean, I think it's worthwhile to know how asylum works and how your visa works, you know, how is regular immigration deportation proceedings work. And I think most of that you can get just by working with people and having them tell you what it is that they're going through, which is a topic that comes up, obviously.

**Respondent:** And I think if you're doing clinical work, not having some background on that would be really difficult isn't the only source of stress in people's lives, but it's a significant one and it doesn't take that much effort to learn it, I mean, you could get a pretty good understanding of it less than an hour. So, there's that, but I also think in addition to that, knowing something about how the cultures work there and it's you know, it's just across the border, but it's a different world. And, you know, people, Americans never really think about it, but there's tremendous diversity in Mexican society and in for, for example, Guatemalan society. There's the educated versus the uneducated city versus country. Women are flat out second class citizens, and nobody, even women don't dispute that.

**Respondent:** And the cultural part of it. It's so different from here and it's really pretty complex, and I think that in addition to it, I think if you're doing clinical work, knowing what you can learn about that is probably more important than knowing about the nuts and bolts of immigration law. I think the fundamental facts of how immigration law works are worthwhile, but I think learning the getting kind of a subjective view of what the person sitting in front of you, what their background is, is gigantic and very difficult to get.

**Interviewer:** Yeah, yeah. I can see how that would be just as important, if not more important than kind of understanding the legal aspects for sure.

**Respondent:** And I think with a lot of people in American society, I have enough familiarity where I can empathize with them to some extent. But somebody who lived in a rural area of Guatemala, you know, realistically, what do I know about their life? I mean. You know, for a lot of them, what Spanish wasn't even necessarily their first language, they spoke in an indigenous language, so their Spanish wasn't even that great. And, you know, they had never been to school ever. They never had a job more complex and owing something and doing clinical work with them is. It's harder than people think.

**Interviewer:** Yeah, and so you were doing primarily evaluations when you were at...

**Respondent:** I... Not really. I did mainly therapy.

**Interviewer:** You did OK? Yeah.

**Respondent:** So, yeah, we need more therapy. I did I worked at [hospital] for eight and a half years. Then I quit and I worked at [facility] for five years and. My role at immigration was mainly a counseling role.

**Interviewer:** Ok? And do you have any specific, like stories like that would kind of exemplify kind of what you were just talking about? Like about needing to know a little bit more about their specific cultural background and.

**Respondent:** Well, one of the things that came up frequently with the Mexican and Central American people. And in that group, I would say that I worked with probably 80 percent men and 20 percent women because most of the immigrants to come over are men. You come over looking for work. And, you know, Americans are pretty familiar with disclosing personal information about yourself, the people you can sit next to someone on the bus and they'll tell you far more than you want to hear about their life.

**Respondent:** That is not true with somebody from south of the border because part of their culture is to not bitch about your life. No, nobody. People always say nobody wants to hear it and a thing I would hear frequently is and is still, even though it's been years strikes me as rare is weird, is that people would say when they would try to like talk about their feelings, people would tell them to shut up, tell them they were fag, and they should just drink some tequila, which in Mexico, calling someone a fag is a. You know, it's not well taken. For anybody I worked with, we would start out doing kind of a 20-minute intake interview.

**Respondent:** You know, a pretty brief screening interview, and as part of that, sometimes I would just talk with people about their lives, about what they wanted to accomplish in their life, about their relationships and things like that. And over the years, I came to realize and this is boggles my mind, that that 20 minute screening interview was one of the most in-depth conversations they had ever had in your life. As I sometimes run into people six months later.

**Respondent:** And I'd ask them something, they say, don't you remember I told you it was like I was six months ago, but to them it was such a meaningful thing to have someone ask about them and pay attention to them, especially some educated white guy, that to them, it was a very unique experience to have someone listen to them because it simply does not happen in most places in the world. And that was also the case in, with people from China, you know, talk about your feelings in China, you don't, you shut up and you do what your older people tell you to do, and that's how the world works. Having someone sit down and empathize with you is the first time it's ever happened to them ever. And I think for a clinician getting an appreciation of that. You

know, America is a pretty therapy, heavy society, the rest of the world isn't, and gaining an appreciation of what you're talking with someone in an involved manner means to them, it's probably a much bigger deal to them than your understanding.

**Interviewer:** Yeah, I can see that definitely. Um, let's see. What advice would you have for new clinicians working with immigrant clients?

**Respondent:** It kind of depends on the socioeconomic status of who you're working with, if you're working with somebody who came from India and they're a studying computer science at Stanford, they're probably coming from a wealthy background. But if you're working at like a community clinic, like, you know, [community clinic] or if you're working at immigration detention, you're going to meet people who are very unlike you.

**Respondent:** And you're going to hear just mind-boggling horror stories that you are ill prepared to deal with. When I started working there, I had over 30 years of clinical experience and I, you know, I'm a thick skinned individual, a lot of that stuff was pretty hard to listen to, so for starting out, I think you kind of need to. Be careful what you're willing to listen to and protect your own mental health. It's pretty hard losing a lot of that stuff, especially when you can't really do anything about it. And I think you have to learn to set what are appropriate goals for them, not what are appropriate goals for what your experience is. You know, a lot of people have in America, have they got an apartment or a house, they got a car or two or three, they got computers, the television stations, they got stuff. And for a lot of people from poorer parts of the world. It's a big deal for them. They can get a cell phone. When they get a flip phone for them being able for women from Mexico or Central America. I can't tell you how many women I heard this from. They said when they were locked up at [facility] was the first time in their life they ever felt safe.

**Respondent:** Wow. That's. Really disturbing, but it's like you locked up against your will and you have the silver lining is not to worry about someone assaulting or raping you. So, I think for our protection starting out enough have to really take some time to make sure you're looking at things through their eyes, not yours. You know, if you're working as a clinician to at the very least, you've got a master's degree, probably. And so, you've got a life of privilege that far exceeds anything that they'll ever have. And I think it's important to be humble about how much you're actually going to understand about what they're going through. Um. So, I guess set low goals and protect your mental health.

**Interviewer:** How would you say that you were able to or in what ways were you able to kind of protect your mental health when you were in that role?

**Respondent:** Well, I worked with the social worker and she similarly was very experienced, very skilled clinician and about two years after work there, she said, I'm just not listen to the details anymore. I cut people off, they can tell me what happened. And that's where I'm stopping because I can't listen to it anymore and. Well, it sounds a little bit harsh. I think there's some benefit to it, it doesn't necessarily benefit the people to go into excruciating detail about the torture they went through. And I think it's something that, you know, every clinician has to kind of figure out for themselves about where their boundaries are. I think subjecting yourself to detailed stories about torture is not a good approach. I think at some point if you established the bad things that happen to someone. You might want to think about not going into excruciating

detail about that. The other thing, too, and this is hard for early career clinicians anyway, is to. Well, here you leave it at work, I mean, when you when you're in your car, you flip a switch in your head and say, I'm done with it. You know, I'm not at work now and. That's kind of a challenge to do that, because I think people feel kind of cruel when they do it. But if you want to survive, you know, when you're working as a psychologist or psychiatrist, social worker in some settings, you hear really bad stuff and you're around, you know, terrible things. And you have to develop a skill to shut it off and compartmentalize it and walk away. And even when you're talking with someone, you have to have kind of a professional wall up there to not let their emotional crap become your emotional crap. And it takes a while to get there. So, and it's not you know, it's not fun stuff you learn, it's something you learn as part of your moving from like a student or early career role to being an established professional. You have to learn to set boundaries.

**Interviewer:** Yeah, that definitely that sounds like an important kind of aspect of your work there and in general, you know, working with people who have the complex drama and really horrific backgrounds.

**Respondent:** Well, and the other thing, too, is complex trauma people. I think you need to be really clear about what it is you're trying to accomplish, because a lot of for them. Yeah, they went through all this terrible stuff at the same time where they're at right now to live in an American society is way better for them. And although we're horrified by their stories, there's also positive and hopeful things going on in their lives to can do crazy things like walk down the street and not worry about getting shot. Machete attacks are probably not part of their life anymore. So, I wouldn't want to see people in just one dimension, it's like you're just a complex trauma survivor. There are also people who have, you know, relationships and kids and jobs and hopes and things like that. And I think for their sake and your sake, it's important to focus on developing the resources as much as dwelling on that traumatic junk they've been through. A pretty good treatment for complex trauma is, you know, getting the hell out of there, coming to this country, it's way safer here.

**Interviewer:** Yeah. Kind of related to the last question, like. Are there any assumptions that you think clinicians who want to work with immigrants, any assumptions that you think that they should kind of be wary of making?

**Respondent:** Well. One of the things I think would be common if someone's working, say, at a community clinic or something like that, if you're working at [community clinic], for instance, I think people doing counseling probably take on some degree of advocacy role, and I don't think that's inappropriate to do so, but at the same time. We can't let that hope for someone having a good outcome or for them developing a good life. You can't let it obscure your perception of them. Were there your reasoning about neither. Someone might have this hopeful story that doesn't mean they can't still do criminal acts, it doesn't mean they can't be a drug dealer. I mean, I've met, you know, countless numbers of MS 13 gang members who've done terrible things, who were also fairly involved parents, and I think it's important to have a balanced view of people. Not everybody has a wonderful immigrant story, some of them are you know, they've got their human foibles, same as anybody else. And I'm not saying that advocacy is a bad thing at all, I think it's a very good thing. But if you're doing forensic work. You know, you don't want to be

the defense attorney, you don't want to be the prosecutor, you have to have a balanced view. And it's, you know, takes a while to get there, especially when you hear horror stories. You want to you know, you want the person to not have that anymore.

**Interviewer:** Yeah, that makes sense in. Um. How do issues of confidentiality compare to working when working with immigrant clients would you say?

**Respondent:** I say they're pretty much identical, although when you're working at a place like [facility], confidentiality is a very different thing because there's a lot of people who can get access to your records. I mean, when I'm speaking with people about anything that's conceivably forensic oriented, I let them know the limits of confidentiality on it. The extent to which they appreciate that, I think is another question. I think they think, well, you're the guy I've talked to before. You're the psychologist or the doctor. You're going to help me out so you wouldn't do anything bad with it. It's like, well, you know, I wouldn't do anything bad with it. But by signing a piece of paper, the prosecutor can get your records to so.

**Respondent:** There's that and most people in the world, they don't understand the concept of confidentiality. That's a very American and Canadian thing. Someone from south of the border, from Asia. They don't even know what you're talking about.

**Interviewer:** Yeah, that's the point. Yeah, just the, the concept of confidentiality. Yeah.

**Respondent:** Yeah. I mean, if you grew up in small, I don't know if you've ever lived in a small town, but if you do, everybody knows your business and like if you live in a smaller town in Mexico, everybody knows your business. And it's not they don't even bother with health care confidentiality, that it isn't even something that registers on their meter or things to worry about. So, and I can't say that I ever fully got through to anybody about what the concept of confidentiality means, so I guess that's a challenge.

**Interviewer:** Yeah. Yeah, that's interesting. And so, part of my research is kind of is looking at U.S. citizenship privilege. And. So how does your understanding of U.S. citizenship privilege or how did your understanding of that impact your work at the detention center?

**Respondent:** Well. You know, I kind of think I always knew that I had it that emphasized and it certainly got demonstrated to me every single day of my life that being a U.S. citizen has a lot of benefits associated with it. And that's the reason people wanted to get here, become citizens. They did. I don't really know that it influenced my interaction with them, particularly, I mean. I was clear about the fact that I had a much better lot in life than they did, and some of that was related to my being a U.S. citizen. But in terms of that. You know, I didn't have any animosity towards them. I liked ninety eight percent of the people I talked to. I hope they had a good outcome and. I can't really think of a way that it negatively influenced my work with them. But it was certainly there I had something they didn't have that something gave me a certain amount of power they certainly didn't have.

**Interviewer:** Is there any specific case or like memory that you have that kind of influenced your kind of awareness of your own U.S. citizenship privilege over time?

**Respondent:** I say it was basically every encounter I had every day. I mean, I wish every American, you know, every time there's the past two elections, at least people have brought up the anti-immigrant thing, you know, they're murderers and rapists kick everybody out. And I would occasionally when I was working to meet with people and I'd find out I worked for ICE

and they'd be like, that's great throughout those stinking immigrants, it's like, well, no. And they'd say, they should just throw them out. And this one guy I was at a get together and he was going on about this, I said, really? So, if I took you to work and let you talk to a 20-year-old girl who's been repeatedly raped and human trafficked, who's been beaten, who's never had a chance to go to school, if I take you to work and you can listen to her for 20 minutes. And then at the end of that, you can walk with her out to the plane, you can walk away from the plane, you can buckle her seat belts, you can get she can get flown back to Guatemala. You think you can do that? He said oh I shouldn't have to.

**Respondent:** It's like, well, if you're going to be such a tough guy, I mean, why contract out your cruelty, you know, I mean, if you think it's such an important thing, you go do it. He was a close minded, stupid person who didn't really get what I was telling him. So, I don't think it's helpful. But I think some of it they. You know, people want to be tough with the immigrants, and if they ever had a chance to talk to them for 15 minutes and find out, oh, this person is a lot like me, I think all this immigration garbage would go away.

**Interviewer:** Yeah, I agree, yeah, and it would be helpful for people to have, you know, at least just one interaction where they could kind of see some of those things.

**Respondent:** Yeah, and people are the real hard core and how them talk to someone with complex trauma and say tell them with the cartel did to you when you tried to leave, give them the whole details. Most people would probably pee their pants listening to it, you know, and you probably wouldn't be such a hard ass about throwing people out anymore.

**Interviewer:** Yeah, I agree. Umm let's see. Well, I think that's those are all my questions that I have. Is there anything that I didn't touch on that you think is important to add.

**Respondent:** You know, one other thing is if people like you have an interest and if you're working with immigrants in this country. At least at this time period, most people are going to be working with are from Mexico or Central America, the great majority, if you can learn Spanish, that's really helpful. Yo hablo español ... [unable to transcribe sentence in Spanish] ... immigration, if the fact that I could speak Spanish gave me massive credibility. They'd be like, oh you're an old bald white guy and you took the time to learn my language, you know, and it was it was huge for them, the fact that I was some educated, rich American and I took time out of my busy life to learn Spanish was it was big and. People were more willing to tell me stuff because of that. And the other thing, I guess is I mentioned a while ago about how people have never talked about their feelings, if people could in working with immigrants understand the power of taking time to listen to what someone is telling you, listening to someone's story, what a big stinking deal it is for someone in that situation to feel like someone sat down and paid attention to them and heard them. I can't emphasize how big that is, it's just it's enormous. And the other thing is a tremendous peeve of mine, at Antioch do they teach you to do like the MMPI and the various psych tests?

**Interviewer:** Yeah.

**Respondent:** Those are all useless when you're working with immigrants, they're totally useless.

**Respondent:** During the time that I worked for immigration and started doing competency evals for people, and they only paid 400 dollars to people doing them, and so people were like, oh, screw it, I'm not going to do that for 400 bucks, it's not worth my time. And so, they would get

people who had been who were very inexperienced. Most of them had terrible training. And. Most of them, you know, they've been licensed for a very short period of time and they were, you know getting financially established and just simply trying to hold the line between student loans and rent and things like that, but I would see people use giving someone an MMPI and not giving them a test to see how well they read English or Spanish and. It's like, well, OK, that's the first problem. The other thing, it's not normed on these people and the oral version of it you don't even know if Spanish is their first language. If they're from Guatemala is a really good chance, it's not. And it was a never-ending source of frustration to me. The people would kind of do the by the book approach they learned in grad school without ever thinking of, hey, these tests are completely invalid for everybody. And yet there they go, and I think we're a really long way away from having appropriately normed. All right, my cat really wants to get in here. It's not going to happen during my career and probably not during your career. It's going to be appropriately normed tests. It's just a tremendous undertaking that I don't see anybody getting to anytime soon.

**Interviewer:** Yeah, yeah, that's definitely scary to hear that, you know, people are just jumping in and not adjusting their approach really at all.

**Respondent:** If you make a career out of looking to immigrants, you will be appalled at the quality of work you see people with licenses who. It was very disheartening for me to see how crappy the quality of their work was. People who do evaluations of people who spoke only broken English and they didn't use an interpreter.

**Respondent:** That's a whole nother interview. It was it was very distressing. So. So I'm curious about your interest in immigrants.

**Interviewer:** What was that? What did you say?

**Respondent:** What's the, where'd your interest in working with immigrants come from?

**Interviewer:** Oh, well, I've been interested in forensic psychology for a while. And I was in a research group with Dr. Bergkamp. And then I was a research fellow around that same time. And so, he invited me to go to San Diego and engage in some research down there with the Federal Defenders of San Diego and it was involving Operation Streamline cases. And so, I worked on that. And then that kind of has evolved into this. And so, before that, I didn't really have that much, like even an understanding of what kind of was going on with, I mean, a lot of the different issues. And so that exposure really piqued my interest and it's kind of gone from there.

**Respondent:** Well, the forensic work and immigration is a very, very wide-open field. Not many people go into it. And I think there's a grand total of one book on forensic assessment of immigrants. And there are some articles out there. I mean, there's actually a fair number of articles. But actually, doing quality work and it's a wide open spend your entire career doing that, it's a gigantically wide-open field.

**Interviewer:** Yeah, it sounds like it. Yeah.

**Respondent:** And I guess the other thing, too, is that. I didn't just work with people from Mexico and Central America. I was the bulk of them, but I worked a lot of people from Asia as well. I realized that I know nothing about Asian cultures, that I am far less sophisticated than I thought I was. And people with Mexican culture, I got I know I learned enough to know that I don't know very much. And people from Africa, again, this is a whole nother world that I don't know

anything about. And while Mexicans won't talk about their feelings, the Africans are even more so, you just you just don't. And I see that the few women that I met from Africa seem terrified of I me. I mean, one woman was literally quaking in my presence and it was kind of an odd experience to think that I was so intimidating to somebody. But again, that's this whole other world and a whole different approach to assessment that there's been basically nothing done on it. And so, your whole career can play out in that if you want to.

**Interviewer:** Yeah, we'll see. We'll see.

**Respondent:** But the women's prison out there is a good place to train.

**Interviewer:** Yeah, oh yeah.

**Respondent:** You have pretty good mental health services out there. And as far as prisons go, they have a pretty good rehabilitative program for people.

**Interviewer:** Yeah, it's been awesome training for me and I really like the team that I work with there, so.

**Respondent:** Yeah, and clientele out there is unique.

**Interviewer:** Yeah. A lot of complex trauma with the women that I work with as well.

**Respondent:** Yeah. So OK, well.

**Interviewer:** Well, thank you so much. I really appreciate your willingness to talk to me today.

**Respondent:** All right. Good luck with your dissertation.

**Interviewer:** Cool. Thank you so much.

**Respondent:** All right. Bye bye.



**Participant ID:** Clinician C

**Interviewer:** Ok, great. So, you've already read in the consent form that this research is looking at how the legal system plays into psychological issues that come up with immigrant clients. And I'm specifically focusing on immigration from Central America and Mexico. And through this research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law, policy, and practice amongst clinicians.

**Interviewer:** So, I think I'd like to just kind of start and hear a little bit about the work that you do.

**Respondent:** Ok, so I'm the social services program manager for the [organization], I've been on staff a little over five years. We currently have a team of 12 social workers, so I directly supervise the managing social workers we now have, as well as just kind of the whole program. We have social workers working both with our detained adult population as well as our unaccompanied children. So, I kind of do the whole range from all the like programmatic of budgets, improving our systems, supervising the different issues and also working very closely with the legal team, the managing attorneys and program managers to kind of make sure our systems are working together. The services our social workers provide have a pretty big range for detained adults. On our adult side, we mainly work with detained adults rather than but we do have some released clients as well. We work with clients who have serious mental health concerns, needing medical advocacy, parents who maybe have kids in the child welfare system to be able remain, and then working with advocating for different vulnerable populations, LGBTQIA, if there are pregnant women detained, just survivors of trauma. We do a lot of work with clients with mental health concerns, both writing up memorandums to the court, just explaining their symptoms and competency concerns for our represented clients.

**Respondent:** We do provide what we call release plans, which are service plans for one clients or that what they would be able to access if they were to be released from detention on bond or humanitarian parole. On our kids' side, we do a lot of connecting with services. So, enrolling in school, getting access to counseling, medical appointments, enrollment and benefits. We do a lot of work with clients aging out of Office of Refugee Resettlement Custody who might not have any viable sponsors so that they are either in finding them programs that they would be able to stay in so that they're not moved into adult detention or host families on both sides. We do a lot of crisis services if it's either suicidality, domestic violence concerns, the different things that arise with our client population. I think the other big component that we do and I take part in is training our legal staff of with different trainings and like trauma informed practices, working with different populations, just giving them different tools to kind of help improve the client interaction, especially given the volume of trauma we see and just trying to help both preserve stuff, prevent secondary trauma to the best we can, and also making sure that we're not we're minimizing re traumatization of our clients.

**Respondent:** Sorry that was a very long explanation.

**Interviewer:** That was, that was great. It sounds like there's a lot that that you do. So, yeah, it's a wide variety of.

**Respondent:** Yeah, yeah.

**Respondent:** Myself and my team, a lot of things.

**Interviewer:** So, what I mean, I'm sure that there's like a wide variety of different legal challenges that the clients that you work with face, but if you could kind of highlight some of the legal challenges that some of the clients that you work with face.

**Respondent:** I guess in I mean, the what they're I mean, we come in contact with them because of their like the immigration legal system, so all our clients are going through immigration removal proceedings, whether or not it's asylum cancellation of removal for LPRs, T or U visas for our kids. They also might be applying for special immigrant juvenile status. Our clients either have been detained or put out either from presenting at the border, asking for asylum, either crossing through the desert, picked up through internal enforcement, we do work with a lot of clients who were in criminal custody, served their sentence, had an ICE hold placed on them and then moved into immigration removal proceedings. So, it's, there is a lot in that regard. Also working with our released clients, a lot of times we have clients that are, you know, don't have stable housing and end up with more kind of contact with law enforcement through just the nature of being homeless and very small, like the smaller charges that people get picked up for, unfortunately, since there aren't protective systems. And then I would also say we're at something we're having to be mindful just because of our client's immigration status of just kind of how especially because social workers are responding to different crises of what the implications of police involvement, that's kind of a conversation with the attorneys and ourselves as well of, you know, if you call for crisis response that and they're worried about their safety, they'll also call the police on that. And so, if there's a mental health crisis, so having to be kind of really mindful of some of those nuances of. Well, that's well, I don't know if that answered the question.

**Interviewer:** Yeah, definitely. So, is that a conversation that you have with some of your released clients about contacting any kind of emergency services and what could result from seeking that help in that situation?

**Respondent:** Yeah, we try when clients are released, talk to them about both because any contact with law enforcement can have implications for their immigration case that we talk to them about that. I mean, typically or.

**Respondent:** People are trying to stay out of trouble, but then also knowing what their rights are in different situations, that that's a big thing we do, especially because we have so many more released clients, whether or unaccompanied children are with families in [city] and [city] area of just, you know, being able to have the conversations around, you know. If ICE shows up at your door or what happens if you get pulled over and like, what are you supposed to do in those situations?

**Respondent:** You know, also in terms of those crisis situations like this is what is going to have to happen, or also if clients are just not always making the best life choices of being like, look, this may be what happens if you keep doing this or sometimes also having the conversation of racial injustice.

**Respondent:** Like, look, your white friends might be doing this, but you probably you are more likely to get to get caught and get higher and have bigger implications from it. And so, we do try and make sure our clients are aware of the of the reality and what it means, just both for them personally and also for their immigration case.

**Interviewer:** And so how would you how do you see some of the legal challenges that your clients face manifest psychologically?

**Respondent:** I think I mean, the whole system is incredibly traumatizing, I. Pretty much, I mean, I've said this a lot of times since grad school where it's like so much of my job was like everything about meeting with my clients is like the opposite of what you would want for a client situation where it's they have this legal case that they don't understand.

**Respondent:** They're being treated like criminals when many of them have never committed any crimes in their whole life. Just even that concept, then you're having to explain like all these court systems and these documents and that people. People who live here don't have a framework, let alone if you're coming from another country, just trying to escape with your life and your family's lives and. Just the strain, I think there's so much of the combination where it's like the whole process is so traumatizing, where it's just not even like the struggle to understand what you're going through that has these huge implications on your life, let alone if you're detained, where it's you're having all the psychological impact of detention, of incarceration of for clients who are being put in solitary confinement. Many of our clients being unrepresented of and then I just. And then having to repeatedly talk about the worst things that have happened to you. Fortunately, like our legal teams are wonderful, they try really hard to make it a less traumatizing process, but they still need that information to be able to put forward an adequate case. And it's something that I'm that I'm always focused on. How do we make this a little bit better, like even just like our intakes for so many fast conversations, just trying to get all this legal information without, you know, they're still going to go back and process which cases we can actually take or do more for. But even that process is like that's getting so much really terrible information from people in a quick time frame just because of the volume of people that that we have to be able to reach and assess.

**Respondent:** I've attended a lot of court hearings either just it's a client I've worked with for a while and have gone to watch and be there for them, there have been other times for their clients who have been found incompetent that we've been able to have a safeguard in place. I've been able to sit at the bench with them just so that someone is monitoring. If there's someone who gets who may have panic attacks or just or the stress of court may kind of cause more like dissociative things. If someone is there paying attention to the ground, that's a very small amount of clients. But then just kind of seeing how adversarial the process is.

**Respondent:** And. Yeah, I can, kind of. And then just like you like. Even us meeting with clients to kind of go to help them with their legal case when it's normal times when we're going into facilities, it's, you know, in a big room with a ton of people that you might just have like a table one over from another person. It's loud and you can't do any of the things they teach you, like give people choices of where to sit and make sure there's not a lot of other stimuli. And all these.

**Respondent:** And you can't bring things like it's just, yeah, it's I just think of all my classes, I was like this, this is the opposite of what I was ever told to do. So.

**Respondent:** Well, yeah, yeah, or just some of the like. Yeah, I think just like also just like so much of that component is like the to be able to win an asylum case, you have to be willing to be able to talk about these things that most people don't want to talk about, or you would ideally talk about a therapist for a very long time before you have to say it in a court on the record, and then

they're also wanting dates to be specific and all these things that aren't necessarily something that happens for a person who is suffering from traumatic stress. Like it's just very.

**Respondent:** I'm very rambling today, I'm sorry, but there are just so many things about this process where that have such big implications where it's just going, you're like having you're putting someone in the position to be the least successful and expecting this perfect testimony and that they're not going to be reactive or maybe if they're not being reactive, it's not as believable or I've had clients who can't give. Can't give consistent dates on sexual assault because they've just been raped so many times in their lives like those and that that's.

**Respondent:** And that people are asking. Why, why, why aren't you consistent on this? A lot of that's like, where it's like, why didn't you go to the police on that, where it's going like these are countries where it's just that's not, not an option.

**Interviewer:** Not a safe option. Yeah.

**Respondent:** So, it's like, yeah. It's just making everything where its people are going. Like, why are you even asking me that?

**Respondent:** It's just going to be they're going to. So yeah. It's just the whole thing is. I think it's just really, I am so endlessly impressed with our clients who get through it because it's just so it's so difficult as someone trying to work on their behalf and then just like after everything people have gone through, so.

**Interviewer:** What strategies have you seen clients use to kind of cope with some of the psychological impacts of the process?

**Respondent:** I think, for most of our, most of our detained clients, sorry I realized that I keep needing to flip back and forth of the two different populations or a couple of different populations that we're seeing. For our detained clients, a lot of them do a lot of reading, drawing. When it's not 120 degrees in [city], going outside, going for walks. If social workers are meeting with them, we'll typically give them different coping strategies or worksheets or different exercises, like breathing exercises and that sort of thing. Sometimes some people do end up with creating their little support network within the detention center, which is always nice. It's kind of it depends on the people and the time of who's there, of how. I have like I've had I had one client that he was learning a lot about his own mental illness, and then he just because I think this other guy also has Schizoaffective disorder and was like passing on the information and but it was making him really happy to feel like he could help someone else. So, you see that a lot of people just really trying to share the knowledge they have or the information, it can backfire a little bit because it's not always applicable to everyone's different situations. I think people try to call their family and friends, and I think whenever you can, it helps when people have different assignments or things they can work on. It's just I feel like really hard to fill that time in detention. So, people spend a lot of a lot of time with their thoughts. So, but I think those are kind of like the bigger activities. For released clients, we have, it's kind of the more typically, like if they're with family or friends, they might have a more of a support network to help mitigate some of the stress.

**Respondent:** We always we have kind of a system to where when people are, especially for our kid clients, when they're going for their asylum interview, that we have a packet of, like for whoever is meeting with them, to talk to them about what they're going to do before their

interview, to take care of themselves, what they can do during breaks if they need like a stress toy brought with them different things and what they're going to do afterwards to help kind of take care of themselves.

**Respondent:** And that can be the same ranges of some clients, like reading and drawing other kids, playing soccer and or want to be able to talk to someone or but we at least have kind of a more set system only because we typically know when the asylum office is coming here and which cases are going to get drawn up. And so then we're able to kind of help them think through their own self care plan, because I think that sometimes just yeah, I like that that's something we can do to have just trying to make things a little bit better and make sure that they're thinking about just not of not just like panicking up until the moment or if they're having to kind of relive all these different traumatic events that there is going on that they know, like someone will follow up with them. And that, that they have kind of a plan so that they're not just going to stay in this triggered state for an extended period of time.

**Interviewer:** So, it sounds like sometimes, or a lot of the time you're able to kind of plan, make up a before and after plan for some of the steps.

**Respondent:** Yeah, and we'll try and make sure that, it's I mean, it's also like our clients who are represented might have more support than our clients are just getting different pro se services. But we'll typically try and at least kind of like we'll be meeting with them extensively ahead of time to just talk through like this is what's going to happen. These are the types of questions they're going to ask. And part of is like preparing the testimony. But part of is also trying to prepare the client of what's going to be said, how it might get said, what they can do of being able to like, you know If we have things in place for different clients of like of being able to ask for breaks or different of having kind of some of those needs met, if it's a client I know that's really going to struggle with court.

**Respondent:** A lot of times we'll try and follow up like the day after if they're detained just to immediately check in. And so, we do our yeah, we try and it's. We try and at least give a lot of like to the clients, like what do you need and then try and assist in either, like helping them think through what that is or if there are things we can do on our side to make it a little bit better. We'll try to do that.

**Interviewer:** How important, how important do you think it is for clinicians to understand legal the legal aspects of immigration? For clinicians who work with an immigrant population.

**Respondent:** I think it is incredibly important, honestly, and I realize my role is different than a than a clinician might be who is working with individuals in the community. But the amount of impact this I mean, I will like myself and my staff, sorry I keep using I, and typically it's myself and all the other social workers. But we'll get a referral for social services. We'll meet with a client, but their primary questions are often about their legal case. And we can't give legal information. But it is important where we can at least kind of be able to say, like, you know, this is this is my usual understanding. You need to ask your attorney some of these questions. But so that we're not always just being like, I don't know, you've got to talk to a lawyer about this. So I do think that that's even just to be able to kind of understand what they're asking about and that this is going that that is the big thing in it has so many implications for your life and can have such an effect and is taking up so much of their mental space of just being worried about this or

thinking about this or helping get documents and different things. So, I think it's incredibly important to understand. I know that for us there's a lot of making sure that you're giving advice in accordance to.

**Respondent:** But I mean, there are certain things where it's just like no kind of our professional perspective kind of takes precedence on how to handle the situation. But there are plenty of times where we need to understand the legal ramifications of doing it. Like if we're. If we're calling the crisis line and they were like, it happens to bring in police, like the attorney needs to know that and clients need to know, you know, what happens in some of those situations or if there's something in like a client's release paperwork that needs they need permission prior to leaving the state, that that's something where it's like normally it would be like we'll do like self-determination, like go where you feel like you'll be successful. You got to let us know that we can make the change of address. But then, you know, if there is that like in their expectations and we have to make sure that we're following that we're following our due diligence, that we're not we're not giving advice that is against their legal case. But I think for clinicians in the community, of just kind of I think in order to provide the resources and be able to understand what clients are actually going through, I do think it's incredibly helpful to kind of have that framework and just not a lot of people understand how complex a system it is.

**Respondent:** And I like I know certainly for my social work friends that are in different fields where when I'm explaining some of that or like what resources clients can actually access is very, very different for someone who is technically undocumented, but is here lawfully, like they've the government knows they're here and the amount of advocacy we're doing because people just don't understand the nuances of an asylum seeker versus someone who's granted asylum or all the different. All the different forms of status is pretty, is pretty nuanced, and that's not saying clinicians need to also be expert on the immigration legal system, but I do think it helps to have that empathy with the clients and to be able to meet their needs adequately to at least understand how extensive and stressful and what they're going through is.

**Interviewer:** And so, it sounds like having a at least somewhat some knowledge of the nuances with different types of status and how that can dictate the types of services that they can receive and kind of the advice that clinicians really can be giving in terms of accessing things in the community.

**Respondent:** Yeah, yeah. There are plenty of times where people have, I've reached out to different people and they've made a referral, my contact this place and they're like, oh no, you need to have a state ID to be like your clients need to be able to have a state ID. Well that's not helpful. Or, Oh, I have this great program, but it costs X amount of money. I'm going, well they are currently living at a homeless shelter. They cannot pay for that. So, some of so rather than kind of adding to the frustration to at least have an awareness of. I feel like even for them to be able to kind of like have you out of like I don't know if you'll be, but and also realizing that, like, for people to call these providers and to be told like, no, you don't qualify or that fear of, oh, I'm going to get in trouble for trying to, like, access a service that I'm not supposed to is I think I think it is pretty important. And I and I think also just kind of like the. I feel like people get very focused on like the. I mean, I think I think people are starting to have like a better scope of, you know, how messed up the system is, but I'm sorry in my own words, but I think people can kind

of have a framework of like, OK, people are seeking asylum because a terrible thing has happened in their country.

**Respondent:** But then I think also understanding where it's like, OK, also like if people are waiting at the border for months, it's also likely that very traumatic things have happened there. Being incarcerated is an extremely stressful and traumatic thing. And then some of the adjustment issues of like, OK, now you're with a family that maybe you don't know particularly well or haven't seen in a really long time or now you've been detained several years and are having to have all these adjustments. So, I think some of that also, I think would be important in a in a clinical setting to kind of to know that there might be all those factors at play.

**Interviewer:** What advice would you have for new clinicians who want to work with immigrants?

**Respondent:** I would say I would say do your research. I like I you know, I have been studying like I my intent was to work with the immigrant population. So, it wasn't. So, it had been an area I've been paying attention to and studying. I went to grad school in [city], though, and immigration work in [city] is very different than at the border. So, I think some of that is also like geographically framing of understanding that, you know, where you are located in the country means you're going to have either different populations you're working with or you're getting people at a very different point, or there are a lot that. And that's not saying the work isn't hard or complicated, but it was very different working in a border state, or it still is, I'm still here.

**Respondent:** But the other thing I would say is know your stuff, know what transference countertransference you're going to bring, and I think that that would be. I mean, that's the case in any work, but I feel like it is. It would be critically important with this population just because I just I feel like all the different that really kind of like all the different societal issues impacts this population.

**Respondent:** So, I think really knowing what will, what will trigger you and what about you may trigger your clients or being very attentive to the of obviously I think being. Being culturally aware, I think a lot of that is just being willing to be open and listen to your clients and being able to ask or being able to notice different patterns where it's. That I. I find that a lot with like looking at clients with mental health concerns or people are worried about competency issues where. For example, like one, this is it always sounds very like rough to explain, but it's going like, OK, you have this very, very complicated immigration system and then like, I'll get a referral where it's like client seems like they're not understanding. I'm worried there's like a competency or mental health concern. And I'll meet with clients, like no client is from a village in rural Guatemala. Spanish is their second language. They have no framework for the system that they are in right now. You know, they're intelligent people, it just makes no sense from the framework they've lived their life in.

**Respondent:** And I think even that where it's just like that never occurred to me prior to working here, that that could be confused. But having to kind of break sometimes break that down. Trying to think about other things. Get your get your boundaries in order. I really like I've just seen so many people burn themselves out so quickly because you there is. There's so much work to be done and just so much.

**Respondent:** It's so easy to like I mean, we're all invested in our clients, we really, really care about what happens. It's. When things go poorly and get and a client gets deported, it's devastating.

**Respondent:** And so really being able to kind of. If you want to be in the work for a while, I think you have to be really prepared for being able to have those personal and professional boundaries and being able to take care of yourself. As you know, again, in any clinical field, but I, I just I'm profoundly amazed with how many horrific stories I have heard in the time here.

**Respondent:** And it's really. Hard to not have that wear you down. I feel like there's probably a lot of other. Other things as well, but. Yeah, I think being really like, yeah, just as we're taught, but just taking it very seriously of like, like the clients, like they're the experts of their own life and so really trying to. I think for us, there is such a power dynamic too of because they are in such a vulnerable position because of their immigration status and case of being really, really mindful of the help you're giving that of making sure you are finding of including the client in the conversation and making sure that you're finding it because it's, you know, it is a power dynamic and it and it sucks, and we all are there to help, help and be of service and support. But I think that that's really something you have to be extra mindful with because this population can also fall through the cracks very easily and. That the system is meant to it, it appears to be pretty much to stay out of the visible eyes, so you have to be very, very mindful of that as well.

**Interviewer:** Do you do you have like a story or like a client that you can share about that kind of falls in with what you were talking about with some of the competency issues due to cultural differences and being from a just a completely different part of the world, where your understanding of the legal system here is quite challenging.

**Respondent:** So, I mean, it's been like sometimes like much shorter interactions with like in those situations where it's more of a we'll get a referral for a client. It's typically. Typically, like their first language would be an indigenous language and then in Spanish as their second language and then meeting with them ends of. Because a lot of times, sometimes the referrals will be a little vague, it's just like they just don't like it seems like it's not making sense to them.

**Respondent:** And so, in that conversation, it's like going to meet with a client making that like and this is not like a criticism of our attorneys and legal assistance, but they're having to try and get a lot of information very quickly so we can kind of like if this is the intent of our visit, we can take more time to kind of hash out of really going through like the reflective questions. Is this, is this a memory issue? Is this an intellectual disability and kind of like, being able to take the time to be very curious about what is happening in that framework and then being able to kind of come back and be like either, you know, certainly in some cases it's like, of yeah, there's something going on here, but then in other times it's. Other times it's like, no, you just you're going to have to you're going to have to build on some extra time and just explain, like break it down as much as possible.

**Respondent:** I feel like sometimes social workers have the benefit of and I think that's another important thing about knowing a lot of the legal aspect, because they don't always understand what the attorney says because there's jargon involved and I didn't go to law school, so it's already been broken down for my social work brain. And then sometimes it's a little easier to explain it from our perspective because it's in kind of more like less jargony. I had one. Oh, I am



remembering a specific story, though, I had a client that they who just want to help with the Central American thing, never mind.

**Respondent:** But because I believe she was from maybe so this is a few years ago from Rwanda, but she the referral was around, they thought she was having auditory hallucinations. When I met with her, though, she was extremely spiritual and religious. And that was just like and that we've had that happen for also for a lot of our Central American clients as well. Where it's, you know, them talking about kind of their spiritual, their relationship with God and that sort of thing, of being just a much more tangible thing, which then like once you kind of like train people of different things to look for, it can start sounding a little more like auditory hallucinations. But then when like in talking with this woman, it just it became very clear where it's like, no, this is this isn't. She is not. Her brain is not constructing something, it is something that she is just. It was just how she talked about her, her spirituality and that sort of thing. So sometimes that's one that's kind of had to just take a little bit of time for, like, you know, sometimes it takes a few people to figure out what's to be able to ask the right questions.

**Respondent:** So and then I've also like this isn't as much culture, but kind of the nuances between with like PTSD flashbacks and that some of those intrusion symptoms of kind of figure like helping figure out which is a line of like what's an intrusion symptom and which is a hallucination and kind of breaking down some of those symptoms as well just because that will impact, you know, what level of, not that PTSD is incredibly concerning, but one flags a lot more things than the other for courts, so.

**Interviewer:** That makes sense, and so part of my research is looking at U.S. citizenship privilege. How would you say your understanding of U.S. citizenship privilege impacts your work with your clients?

**Respondent:** I would say quite a lot. I think I have become much more attuned to it because of this work. Where I think just about it's just on all different levels from finding clients like being released to sponsors, if they have a US citizen relative, that's like the easiest pitch to make. Then if they are LPR that sort of like a kind of like in that like there's there is a citizenship hierarchy of what is an acceptable sponsor from what I have, what I have seen. In terms of access to services, the amount of privilege that U.S. citizens have over, even just if they're able to access services, you get so many more questions of being like a lot of times what we do when we go with clients. It's not because we don't think that they can handle an initial intake process for a counseling appointment, but sometimes it's so that they have someone else that's having the fight of like, no, this paperwork says they're supposed to be here, that they should be able to access these things. I just helped a client get through the airport a week or two ago, and it was just like, you know, he had all his release paperwork from ICE, but then being able to like. I have my [state] ID, I am very White, I am a fluent English speaker and that its far easier for me to go to a TSA agent being like, no, look, again, this should work, you need to call your supervisor. I'm going like, don't give my client a hard time just because you aren't trained on what documentation is acceptable and should be. And so, its yeah. It's just kind of, I've seen it up at all different levels, and just a very you know, there is something very.

**Respondent:** Very visceral about being able to walk in and walk out of a detention center and leave all your clients behind. It's really. Yeah, it's I mean, it's not fun to work and like to work

and meet with clients in those places, but the fact that, you know, there's no questions asked about getting out those doors just kind of really always, at least to me, always makes me just feel extremely privileged. And that I think even like having to have the like with like our teenage clients, of just being like teenagers get into, like that whole they really need that prefrontal cortex to develop faster, but they make questionable choices. But then having to talk to them about, like, look, you've got an immigration case, your friends are all your friends are doing this. But you probably shouldn't.

**Respondent:** And so. And then I think also just like we're like questions from. I had a friend, I was talking about work, and I said something about ICE, and she's like, wait, what it like? What is that? And I'm going like, oh, my gosh, you have you have a huge and you've never had to think about what ICE is like. And so, I find, like you, I'm like I'm noticing more and more, just like my personal conversations, as well as like the amount of things, nobody since the vast majority of my network are US citizens of just haven't had like haven't even thought that they've had to think that that's something to think of.

**Respondent:** And so sorry, that was a really long answer.

**Interviewer:** Yeah, no, that was perfect. There's somebody using a leaf blower outside, so I keep muting. The joys of working from home.

**Respondent:** It's always when you're on a meeting too.

**Interviewer:** Right? Yeah.

**Interviewer:** How do issues of confidentiality compare when working with immigrant clients?

**Respondent:** I think. I mean, there's the issue in terms of meeting in a large space, but that gets really and sometimes there are conversations where I'm like, I just we can't talk like this person is either breaking down is not comfortable or I'm going like, I can't act like I cannot in good conscience ask you this when someone. Like this just feels like it and then having to reschedule another appointment and. Do all the things, lack of access to clients where it's, you know, we have.

**Respondent:** It's just like I a lot of times we'll start off with like, you know, I will talk to clients at the beginning of like I need your verbal I need your written and verbal permission for, like, all these different things, because I might not be able to immediately. So, it's trying to like, really, once I know what service providers I'm going to be contacting for a service plan of really being preemptive, of like what am I going to ask for and making sure they're OK with that, because it's going to be really hard to go get a new consent form signed. So really trying to, like, plan ahead in that regard. And it's certainly really hard if you need something signed a different later, just I'm always. Thinking about it in terms of a lot of times I'll be going to three different facilities on the same day just to try and be efficient with a very long drive. And then you have client files in your car and so being like, really thoughtful of you, making sure of like, OK, I just did a bunch of visits.

**Respondent:** Yes, it's annoying to drag all these things into my home, but I can't like not, you know. Wanting to leave that stuff. I think explaining confidentiality to clients has especially if it's release forms for different services that don't have a Spanish copy, or client isn't literate or that sort of thing, of making sure that it's being that you're being really clear with the parameters of confidentiality. We do a lot of explaining as part of the legal team, or sometimes I'll have a client

be like I told you about this, I'm not ready to tell the attorney, I'm like, listen, it's all going into our database. We're part of the same legal team. I can't keep something from your attorney. If you don't want them to ask you about it, I can make that note of feeling like they're not comfortable like there.

**Respondent:** But so, some of it's like the internal confidentiality of just like, no, it's myself, the attorney, the legal assistant that's all going to get shared. It could potentially get shared with other people in the organization if we need supervision on a case or need to pull in someone else who's more of an expert in this situation. So just kind of explaining the parameters of organizational confidentiality and that sort of thing. And then the same kind of. I mean, we have a little bit of a nuance because we're an integrated part of the legal team that we fall like. As a social worker, we fall under attorney client privilege, so that changes our reporting threshold on different things. And that was really important to hash out and then also be able to be able to talk to new staff members about that difference. But I think with. I think because you end up with clients, you end up touching so many different potential services or different situations and just making sure that that's a different, you know, most of my clients do have serious mental illness and making sure that there is informed consent on things.

**Respondent:** I'm always really annoying about that to people, especially if they like, this is a good story for media thing, I'm like, I don't know if you're getting. I don't know if that client in particular is understanding what that means. And I mean, everyone's really good about taking that. But I think that that's another that adds a different level to of ensuring informed consent.

**Interviewer:** That makes sense. Yes, there's a lot of pieces that, you know, make it a little bit different than typical confidentiality or an informed consent in that.

**Respondent:** Yeah, it's just a lot easier when you're in an office that you have your locked drawer and thing and people bring in their paperwork, whereas we're just either in a detention center where we can't we have to bring everything we have and even that's limited or clients that are like for our kid clients, they would come to the office much more and I was much more kind of like standard practice, whereas sometimes that's kind of meeting people at shelters and different things to get. And so, it just having to be a lot more thoughtful about what you're bringing, where and what you're talking like and what is the space you're talking about different things with.

**Interviewer:** That makes sense.

**Interviewer:** Well, I want to be mindful of time. Is there anything that I like to touch on that you would you think would be important to add?

**Respondent:** I'm struggling to think of what, I'm sure there are. I think it would be this is this probably isn't for your research, I just think about this a lot with this work where I at least from the social work perspective, I don't know about like other mental health or like psychology, like psychology fields and that sort of thing. But I just feel like they don't. I think they're starting to get a little bit better about focusing on, like the immigrant population. But I really feel like they can do stronger training and work from the beginning. And I think it would benefit. Kind of anyone's practice, not necessarily people working specifically with this population. And I and I also realize I'm giving a lot of this from, like the working in a detention center perspective, which is different than working like out in the community and that sort of thing, but I just. It

would impact any clinician's work, and so I just don't think that there is as much focus on education and like in the in human services fields. And I think it's growing, but I think that they, I feel like people mostly learn about it when they start doing the work, and I think that that shouldn't necessarily be the case because then you're learning how to do pretty hard jobs and work with a very, with a population, with a lot of different needs, a lot of different complex needs. And then also having to like, actually put into practice all the trauma-informed, cultural competency, all these things that. Yeah, you're always going to have to learn a certain aspect on the grounds, but I feel like. I feel like there's a way of. Better preparing. I don't know if I know what that is. But I think they do. I think they do or I feel like we do our clients a disservice by not. When it's such a huge portion of our country to not. Because there's always like the random like section, like every class, like it would get brought, like brought up, but I just don't think the. And I don't I feel like that there's just more that can be done when it's like so many.

**Respondent:** I felt like everything was just like, OK, we're going to focus on, like bipolar disorder, but it wasn't like, OK, learn, OK, you are an undocumented individual with bipolar disorder, no family structure and you're detained, but you're going to get, like there's just so many more pieces. And also, you have like diabetes and X, Y, Z medical conditions that also need to be treated. And so, I think that there is just. Yeah, but there's more that can be done in our professions to kind of. I think in theory, there's a lot of focus placed on the holistic person, but I think in practice it looks very, very different.

**Respondent:** And I'm trying to think of what other I. I think the other thing I've noticed is just like also in terms of like therapy, where it's just like so many of my clients have an. Sometimes the first time they've ever seen a therapist have been in a detention center. And so, I think there's also just like the. For Central American clients says a lot of stigma around it there's. I've had some clients have been really excited to go to therapy for the first time and to talk about things that might be. To be able to do some psycho education around their mental health issues have been thrilled about it. But there's a lot of people that are just kind of going like, no, I just like. I'm just nervous, like I just and I mean, that's probably a bigger problem, too, is just like the culture around mental health access, but I think it also really inhibits this client population. I feel like for a clinician understanding that there's going to be some resistance, there's going to be a lot of. They might not might not be talking to their families about I've certainly had that where clients have been like, oh, by the way, my family doesn't have a serious mental illness. And I'm like, OK, I guess we'll find a way to have some fun conversations without ever saying this. And so, I think that that's just kind of a different dynamic as well.

**Interviewer:** Yeah, that makes a lot of sense, a lot of a lot of layers.

**Respondent:** Yeah, that sums up everything I keep trying to say. Really?

**Respondent:** Yeah, I think I think those are the main things, and I'm sure there's other stuff, but that's all that's coming to my mind at the moment.

**Interviewer:** Oh, well, thank you for meeting with me today. I really appreciate you taking the time to speak with me.

**Respondent:** No problem. This was great. Do you have a timeline for your research project or.

**Interviewer:** I think I'll be collecting data and conducting interviews for the next few months. And then, I'm hoping to kind of finish my dissertation before I go on internship next year, and so that's kind of the goal, which is like next summer.

**Respondent:** That's exciting. Well, if you have I mean, if you have any kind of follow up questions, like whenever you're reviewing all your interviews and that sort of thing, please let me know. And I'm happy to kind of either make more sense out of what I said or provide additional information.

**Interviewer:** Awesome, thank you.

**Respondent:** I hope you have a great rest of your day. It was wonderful to talk to you.

**Interviewer:** Thank you so much. It was good to talk to you too.

**Participant ID:** Clinician D

**Interviewer:** So, as you know, this research is looking at how the legal system in excuse me, plays into psychological issues that come up with immigrant clients.

**Respondent:** Now, I'm interested in what your outcomes in that which you found afterwards if you willing to share with us in our clinic.

**Interviewer:** Of course. Definitely. And I'm specifically focusing on immigration from Central America and Mexico. And so, through this research, I'm hoping to facilitate an understanding of the therapeutic implications of immigration law, policy and practice amongst clinicians specifically.

**Respondent:** Now, it's a hot issue, yes.

**Interviewer:** So, I wanted to start and just ask if you could kind of tell me a little bit about what you do and you know that the people that you work with.

**Respondent:** Ok, so let me just, our clinic, we're a nonprofit clinic and we've been around for almost 40 years now. And we're started by two people who fled from one from Argentina and one from Chile, and they fled the violence and the torture practices that were going on in their countries. So, we have been involved. I think I've been in with them since 1979. Excuse me, 99. 98, I guess. And so basically, we've evolved. We were well under a UN grant. And then we also got in with the Office of Refugee Resettlement who gave us another grant which allowed us to expand and actually have a place to work. And so, the staff now has been expanding.

**Respondent:** So, we now have therapists, case managers, fundraiser, of course, and medical doctor. So, we provide a wraparound services for all the immigrants that come in.

**Interviewer:** Thank you. Yeah, it sounds like. That there's a lot of services that are offered.

**Respondent:** Yeah, and we do forensic psychological evaluations for the asylum cases, so we work closely with lawyers. OK, yeah, a lot of Raeford from lawyers and for community members refer clients to us.

**Interviewer:** Ok. And so, are you primarily working with clients who are have recently come into the United States now?

**Respondent:** Yes, they've recently come now. They apply for asylum at different times. Some apply right away. So, may delay the application, which affects their legal situation afterwards, especially since the one-year limitation has been set.

**Respondent:** And it's you have to apply what they call the I-589 within one year so that it's been a factor that has affected them for those who have been delayed applying for whatever reason.

**Interviewer:** And so, kind of on that same note, what types of legal challenges do the clients that you work with face will let?

**Respondent:** The one year can be a big hurdle because they're going to have to give substantial evidence of why they did not apply within that one year. That really weakens their case. Secondly, the other legal thing is that you can't get a work permit for six months. And now with Trump in this last thing was a year.

**Respondent:** So that puts great hardship on them being able to work legally such OK.

**Respondent:** We'll just see the levels of going to an affirmative or better versus defensive case, affirmative wasn't it came in legally and they were not detained.

**Respondent:** Makes it easier to go to a hearing officer, but then the other ones have to go to immigration court, which is much more difficult. Yes. And then the process, if you don't have a lawyer, you're going to have a hard time getting asylum and the greater number of cases get asylum if they've had a lawyer and even greater if they've had a psychological, forensic, psychological assessment.

**Interviewer:** And so, do you perform those kind of assessments? Or are you mostly doing therapy with your clients?

**Respondent:** I do both. So, almost every client gets a forensic psychological evaluation? Some want to carry on in therapy because there's there is unresolved trauma. Others feel like they're pretty settled. They may have a support system, but for those who don't have a support system, it's really hard for those who love children or a husband not behind. That's really tough, you know.

**Interviewer:** Definitely.

**Interviewer:** So how do you see the different legal challenges kind of manifesting psychologically for your clients?

**Respondent:** Well, it really it scares them.

**Respondent:** It frightens them, the fact is that they didn't if they didn't apply within the one year and they realize I'm going to have to explain this so they know this week their case is a big challenge. So, it adds to their anxiety. So that's one aspect of it. And as to their desired end or depression, that's.

**Respondent:** And their fear that they won't they will not get asylum. The fear of being returned. So, it's just it's levels of anxiety, depression to them and the ongoing fear, underlying fear that they will be sent back. The lack of safety.

**Interviewer:** And what types of coping strategies do you see your clients utilizing to cope?

**Respondent:** I'm not sure what your question means.

**Interviewer:** I mean, either the individuals who are just seeking an evaluation or are in therapy, what types of like how do you see them coping with the ongoing underlying fear of being sent back to their country of origin and the persistent depression and anxiety that comes with facing legal challenges for an extended period of time.

**Respondent:** It's difficult. The clients, depending on if they have a support system here, like relatives that they're staying with and they have a sense of safety financially as well. They cope a little better with it than with education. They understand with when we're able to give them an education about the system. And it's not their fault if this is how it works. This is what you need to prepare for that can deal with a little better with it. We give them strategies. Oftentimes they come in with all this anxiety, depression, what's going to happen to me when I get sent back. So we try to they manifest the symptoms. So, we therapists try to give them coping skills. We teach them relaxation exercises, give them as much education as they need to cope with the situation that if their case is good, it will take a while. So, we encourage them to go on like they're here forever. To get a job, however, get and continue their education wherever they're from, wherever they left off, make plans, short term, long term plans. OK, so we have we help them cope with the fear and anxiety and some of them who are. Very, very depressed or anxious, we send them in for psychiatric evaluation. We have usually some psychiatrist that works part time with us when

needed. So, we will get them on medication for depression, anxiety, which really helps. So, it depends on how the client presents and how much it's overwhelming their life, particularly during the period in which they have no work permit.

**Respondent:** That's a more anxious time for them. Some of them are almost homeless. So, we have to do a lot of work.

**Interviewer:** Yeah. And during that time, you said a lot of individuals are almost homeless and unable to work.

**Respondent:** Now scouring for resources in the community is a case manager's big job. Yes, it really is. Yeah.

**Interviewer:** And so how do you see a complex trauma impacting the clients that you work with, complex trauma?

**Respondent:** So much depends if there's any. A previous existence of trauma early in your life, so that will be a complex trauma if they're using any drugs or alcohol, that will also complicate their recovery.

**Respondent:** They may be LGBT, and that also adds another complexity, complexity to it in their country and how they're dealing with it here. And. So, yeah, so a number of them present with complex trauma, maybe.

**Interviewer:** And are you primarily working with torture victims or do you serve a lot of, like a range of different clients that may have different past experiences, but also need assistance?

**Respondent:** Our primary goal is our specific goal as the agency is to deal with victims of torture and persecution because they may come in for because of religious reasons or political opinion or they belong to a social group.

**Respondent:** Ok, so but that's our goal, is that we don't treat other populations will send them up.

**Interviewer:** Got it. Yeah, could you talk a little bit more about, you know, the different past experiences that your clients kind of bring when they meet with you like the range so I can kind of get a better idea.

**Respondent:** So, this morning like it was dealing with one with FGM. From an African country, there's no country set up where the practice is a cultural practice, it's not a religious practice. So FGM is one of the it's been acknowledged as one of the reasons they may get asylum. OK, it's been case practices in the past, but this won't happen to on to a hearing yesterday. And hearing also gave a really difficult time, really nit picking on little details, including it was her seven second hearing with an asylum officer. And so that had already been gone through her experience. And she'd had a gynecological exam which had been presented and she was on level four of an FGM. And so, you don't have to prove whether you're on level one, two, three or four at level four is pretty traumatic. You know, this woman has her lobby extended daily for 30 minutes every day for a month. So, it was a pretty traumatic experience, as you can imagine. And, well, this officer had to talk about this. Well, why weren't you mentioned you're bleeding. Why would you be bleeding if they're just stretching? I thought that that was a horrible question. But this is the kind of things that can happen in hearings is complex. But the fact is that she was forced into a kind of a sexual relationship with the man in order to survive, and she had had a child.



**Respondent:** So, the complexity of her case as well as she had to leave this child behind, why would she leave the child behind when she came and. And then she grew up with a stepmother that was so horrible and violent with her, so she had this child abuse and then she was forced by this woman to have this extreme experience at 12 years-old, which is usually done very early or much earlier in life. And that experience with this man who kept her like a slave sexual slave and their escape and leaving a child behind, so we have a lot a lot of stuff going on with this particular woman. So that's FGM. I have those who will have an experienced rape and while they were in prison, they were politically active. And part of the punishment should be in our many countries and can be an agenda. Get a lot of people from Uganda right now because this hotspot, Armenia's hot spot in Central America, is a hot spot on.

**Respondent:** We kind of get to know different areas of the world, depending on what's going on, so we have the religious ones, we have one in Russia who's there belong to one of our own. Think of Seventh Day Adventists, I think. Yeah. And the persecution, because they want to preserve the Orthodox Church. They don't like these particular groups at all.

**Respondent:** So, the threats to him and his family because he was a minister. So that's the type of case in Central America particularly.

**Respondent:** We've got the gangs in particular in El Salvador who intimidate young women and force them into being slaves and the gang members or they'll make them force them to. Carry drugs. OK, so they if they don't comply, they will rape them. So, a 16-year-old girl who left home alone because she had been raped and she was told that she didn't carry drugs from one place to another, that things will happen to her. Well, they did. And so, then she didn't tell her mother why she was leaving. She said, I'm going to United States. And she didn't. I don't know which. Pretty awful. I have gay fellows, you know, gays and lesbians and transgenders from these countries and what they have suffered. OK, so that's Central America. But the gang situation, they have to escape or otherwise they'd be forced in or they're made to pay terrible tribute or not what you would call it. You have to pay so much to keep a business going or your family will be harmed even.

**Respondent:** Ok, I don't know if I'm answering your question, sorry.

**Interviewer:** No, you did, that was really helpful to get a clear idea of the range of different experiences and histories that people are bringing.

**Respondent:** So, when Trump got in, the laws changed that really, really affected our clients a lot. They became very fearful when a case came to court. And they the guidelines came down to the judges as to what they can and cannot give asylum for. So certain aspects of the law came. They were not allowed. They have not been allowed to grant only because of gang persecution in Central America, particularly. OK, so that that's something that lawyers and I look at and say, oh, my gosh. So, the good thing about it is these cases keep getting postponed because of the pandemic. There's some good things that come out of this pandemic. Keep some cases kept getting pushed forward because courts weren't open. So, I think our clients will probably have a better chance. I don't think they will be denied just because of this, because it was only, quote, gang involvement. OK.

**Interviewer:** Could you talk a little bit more about, you know, some of the changes that you noticed when Trump came into office?

**Respondent:** Well, just the attitude. You just they became more stringent as to their own and the reasons they would give asylum and cases got postponed, postponed, and the level of anxiety and worry, because two things once they were getting a hearing, was going to be in the future. And then secondly, the separation from their families, because once they get asylum, they could bring their families in.

**Respondent:** But some have been what I just heard one hour from that, that they were shipped from Uganda. She's just got her family in December. She got asylum last year. So material. But took all the time as almost five years before she saw her husband and her four sons. OK, that's a significant piece of time separation from your family used to mean in the old days, I could have done this 20 years.

**Respondent:** I've seen the pattern. Is it you have a case come in within a year. It would be settled if it was a defensive and had to go to court. If it went to affirmative and went to a hearing officer was usually six months, it would be resolved.

**Respondent:** But since 2016, these things have been dragging the lack of judges, the number of cases they have to handle now, and the amount of evidence that the client has to bring seems to have escalated, so to speak.

**Interviewer:** So, it's kind of a higher burden of.

**Respondent:** Proof.

**Interviewer:** Yeah. And what timelines are, would you say, after 2016, you said you noticed that the time for these cases to be resolved extended quite a bit.

**Respondent:** I don't know is just like I feel like I have the amount of control. I have nothing I could say the client. I have no idea when your case will be heard again. OK, you're going there. And after we've turned in, you've turned in the paperwork and that when your case will be heard first, you've got to have this master head calendar hearing. So, after the master is when is deciding when the case will be heard? Well, some of them go through several master calendar hearings because judges change, OK? And therefore, for the judge change or lawyer change, they going to have a new master calendar. So, I have this one little girl from El Salvador, Central America. She's been postponed and close to the pandemic and now her case will be heard until 2023.

**Respondent:** Well, yeah, I've got a calendar here I'm to keep I keep a calendar when their cases are going to be and it's like, wait a minute, I don't have a calendar sheet for 2023.

**Interviewer:** Oh, my gosh.

**Respondent:** Yeah, yeah. OK, so I don't know why she's on the back burner.

**Respondent:** But her lawyer says it's far better right now because time is on her side. The laws are going to change. So, in that sense, it because it was a deal with a gang situation. OK, so it's best in some ways. But she's got her you know, she's got a work permit. She would work or school. Keep saying just keep going. You know, the only problem is that she's left. She had to take only one son with her. She left the other son behind.

**Respondent:** He's 16 or 17. But what's that due to that child that it's already been two years? It's going to be another at least two or three years, yeah, unless something comes up and they can move cases further, you know that.

**Interviewer:** Yeah, that I mean, it's very challenging.

**Respondent:** Yeah, I feel like I've got Humpty Dumpty, you know, I'm going to put these people back together again. It's so devastating to them that.

**Respondent:** And it's sort of like they almost have to shut down and keep going, keep working or keep going to school, whatever it is that helps them. OK.

**Interviewer:** Could you talk a little bit more about that, that they have to kind of shut down and keep going?

**Respondent:** You said, yeah, let's see if they can keep you know, they can zoom, they can do what's out to call and keep in contact. It's not the same thing as being there, but they have to make a much bigger effort to do that, often trying to send money back to help support, because who knows who their kids are staying with, the family if there's family there. And so often they're worried like safe in Cameroon. Right now, you've got a type of civil war with the English French. So, schools have been shut down not knowing the pandemic, but before that. So, they're afraid of the safety of their children. OK. And, how are they? And sometimes the family went into hiding because the military police are looking for the person that they had incarcerated and who escaped. So, they moved to another part of the country, to another part of family person. So, there's just fear, the safety of the family there that's in certain places. OK, so coping coming back to coping now. So. If you kind of just you have to say to them, you have to focus on what your life is going to be to make plans, keep contact with your family or people back here with you have to look at your life like hopefully you're going to be here the rest of your life.

**Respondent:** So, what do you want it to look like? So, what are our immediate goals? What long term goals?

**Respondent:** You can't go back.

**Respondent:** So, we have to work on those kinds of things and what helps them to take care of the anxiety so anxiety, coping skills, teaching, breathing exercises, teaching, EMDR kinds of things.

**Interviewer:** Yeah, it sounds like there's a range of different presentations that people are coming to you with.

**Respondent:** Yes, it's quite a range.

**Respondent:** Yeah, what they come in with one traumatic event compared to a number of them. And depending if they've had bodily injuries as well as a result of the torture, no prosecution. I mean, I've got one guy from Armenia, multiple stab wounds in his chest and his leg is thigh got crushed. He almost lost it. So, he has to recover from that. So, you know, he's looking at that, looking whenever he takes a shower, he will see these wounds and memories come back, you know?

**Interviewer:** And do you have like a like an example of a case example of an individual from Central America or Mexico kind of along that same line on.

**Respondent:** Which one being wounded or what?

**Interviewer:** Yeah, I think, you know, obviously psychologically wounded, but then also suffering kind of a range of different physical injuries as well that have complicated the case.

**Respondent:** Let me see. I'm trying to think of one from Central America that was badly wounded.

**Respondent:** Uh. We get so many women who have been raped, badly raped, the LGBT, or because of the gang violence.

**Respondent:** I'm trying to think.

**Respondent:** I don't recall any of them with great physical wounds.

**Respondent:** I can tell from my head, if I were if I had had more time, I probably could research all the clients that I have had. So mostly civilians have been psychological.

**Respondent:** It's a good question, I can't just not popping up there when it comes, I will go back to it. That's good.

**Interviewer:** So how important do you think it is for clinicians to understand the legal aspects of immigration if they're working with immigrant clients?

**Respondent:** How should be. Could you repeat that?

**Interviewer:** Yeah. How important do you think it is for clinicians to understand the legal aspects of immigration for working with immigrant clients now?

**Respondent:** They really should know basically basic immigration laws, what's going on. They should know about affirmative action, affirmative asylum. They should know about the events of.

**Respondent:** Asylum defensive, the approach to it, the courts, the courts, they need to know.

**Respondent:** The I-589 that everyone must submit if they're in touch with a newly arrived client who just came and doesn't know what to do, you say, well, yes, you have to go online. You can file this, but you'd be better to do it with a lawyer because that will help them make sure you don't make mistakes, because if you do the I-589, you may not be in psychological or physical condition to fill it out. Well, and then once you fill that out, that goes in as a document and then you say, oh my God, I made mistakes. And that is so hard to fix later. So, you got to make sure that they do it accurately and wait until they're in a little better emotional situation before they file it and get help. Be careful who helps you prepare that I-589 because there's paragraphs where you describe what happened to you.

**Respondent:** Ok, you may leave out things or you may not be accurate. You may have your dates off and maybe the month of September instead of the month of June. And you know, and then those things are all held against you. You're inconsistent. So, you've got to help them to understand. You cannot be inconsistent as even the sessions with me when I go to the forensic one, I have to make sure that my their dates and months and whatever are consistent with their declaration because usually they the lawyer will write a declaration what has happened. But before the lawyer can even do it, the client may have submitted or written and I-589, and then there will be inconsistencies that come out. So, then we have to explain what those inconsistencies are. So, therapists should know something about that kind of aspect if they're doing forensic evaluations. OK.

**Respondent:** They should know about the work permits. And, you know, basic terms like master calendar and marriage during marriage is when they actually do the hearing. What's involved in going to an assertive hearing with a hearing officer? What's the difference between hearing officer and a judge, an immigration judge?

**Respondent:** What the role of the at the court, what the role of the government lawyer, we call it the trial lawyer, that's the person that is representing the government.

**Respondent:** Ok, and so clients should know what what's involved in that, that, yes, a lawyer can prepare you to testify, but they really won't have an idea of what's going to be asked from you, from a trial attorney or trial. They can have an idea, but you're not to be prepared for anything. So so, oftentimes we help our clients to go to court or to the affirmative or defense of hearing. And so, the affirmative one of what goes on there that the lawyer, only a lawyer can be present, but the lawyer cannot interrupt. OK, can talk at the end, but on only if something is totally inappropriate that can be interference. Excuse me, but, you know, I don't think we should talk, OK, so no one else can be there with them as opposed to going to court. OK. And what happens, so you tell them about the court and the fact is it's only if it's confidential, nobody else is in the courtroom and you have to tell them what to give them an idea what the setup is like. OK, if there an interpreter, there will be one and tell them their rights. For the record, you know, if you get too traumatized, you can ask for the simple things, but it's really important, you know, what the rights are. Prepare them how to handle emotionally the questions, OK, how to do some breathing. But the legal aspects of this should know. Find out all about the court. It helps if they can find out about conditions of their own. The client comes from.

**Respondent:** You can look that up on Google and the State Department.

**Interviewer:** And you said country conditions? Can you say a little bit more about that?

**Respondent:** You can go to the State Department and look up a particular country and you can find out pretty much what what's going on if there's human rights abuses, incarcerations, political situation. So, you can find a lot of information. Not that you have to be a country expert at all, but it's really good to hear. And then the clients usually inform you pretty much what's going on. That's not in the news. Yeah. Local conditions. Yeah. Yeah. For example, in Uganda, there's there were elections recently and it was pretty bad for any opposition candidate. And then if you're if you're protesting and you're standing up for the opposition candidate, you're definitely going to be quite arrested. If you were in demonstrations, you're likely to be arrested, beaten.

**Respondent:** So, so that will happen like Venezuela. You know, I've got a client from there. Yes. I forgot about him. His Venezuela, we call it. It's not Central America. Kind of bad joke, but no, a young man. Yeah.

**Respondent:** He got badly hurt. And by the military, OK, for his demonstrations, yeah. So, I think all I can say about that.

**Interviewer:** And so what advice do you have for newer clinicians that are wanting to work with immigrant clients?

**Respondent:** Hmm. Well, if they're going to work with immigrant clients that are seeking asylum, you mean.

**Interviewer:** Yes, and kind of generally also.

**Respondent:** And you're talking In Central America, or are you just talking in general?

**Interviewer:** My research is focusing on Central American Mexico, so. Yeah, kind of specific to those areas.

**Respondent:** Yeah, well, right now, just keeping an I would say you should keep abreast of what's going on right now with the border and with what's changing. It depends if they're going to work with my children that have gone unaccompanied children and we're going to have a lot of those coming in.

**Respondent:** So, you're going to be dealing with teenagers who have seen a lot and you're going to have trauma traumatized kids. You may deal with the fact that they're separated from their families to the separation. What that does to them. So, this whole separation issue, gang violence you should know about, get to know about that. And again, generally, the laws I've been talking about just now, they should know about that, but particularly be abreast of what's going on in Central America. Honduras is a horrible place and they're not in poverty, but they've had all those tornadoes, just like I forget, which in places that hit that place twice.

**Respondent:** And so, the poverty level, why they're fleeing the migration problem, what it's like to travel in there and along the way, what will particularly happen to women like.

**Respondent:** Uh. So, we're probably going to have more of these people who have been sitting in those camps at the border. OK, what's it been like for them? What have they suffered?

**Respondent:** Particularly women. Explaining what the journey was like for them, like, you know, I've had people come from states, not only Central Americans, that come up through the border there. See, we've got a number of people who flee from Russia, Uganda, Cameroon, and they will fly to.

**Respondent:** Ecuador, OK, and then make their way back from Ecuador through Colombia to Panama, Panama is the worst part.

**Respondent:** You got to go through the jungle, which is six or seven days, march through the jungle along difficult trails up and down the mountains of the jungle.

**Respondent:** I've had two Cameroonians. Ugandan do that trek. OK, to come up that way. It probably is taken a month or two, but you've got to go travel through Spanish speaking countries and you don't speak Spanish and find those ways to go through. But the jungle is, many lives lost that way.

**Respondent:** Ok. Yeah. In Mexico, you've got the gang. Be aware of what the cartels will do. I had one woman. She was forced to marry a man in Mexico at 16, her father had a nice little ranch, so they were living nicely. She was in school, fantastic students involved in everything. And the gang leader of this cartel fixated himself found her and said to her father, I want to marry that girl, or else that's the end of your family. He had no option to marry him and then he gets caught and put in prison and she's forced to go to prison with him. OK, and she is a child and she gets pregnant again, she's held like a prisoner as she moves from jail to jail. She forces her to be with him or to be kept captive in a house where a relative would watch over her. So, you've got to imagine what this was like for her. And only one day when she wasn't being guarded. She escaped and took a bus and got herself out with her child, said one thing, she was pregnant and. I made her way up here, OK, but it is an absolute fear that he could find her pick itself. But again, you're going to look at the cartels with our troops. Is she going to be granted asylum? OK, so her parents had to leave, too, because they were afraid they were going to be killed because that was the threat. And you said from prison he'll find her. So, this poor young woman isn't even living here in [city] with this fear that. And there are relatives of yours here in [city] that she will be discovered and that he will find out where she is.

**Interviewer:** Do you see that happening, where that they are able to locate?

**Respondent:** They could. You know in this world, you can find anybody practically with enough effort.

**Respondent:** Yeah, so far, she's been he's been put in jail for longer and longer periods of time. But, you know, Mexican jails, as we hear about, they can get out, as we've seen the head of the cartels got out. So, there's this. Even though everything has been cool, nothing's happened for these two years. I keep checking in on her. How are you doing? You know, any way you've seen that she saw one relative on a street one day that really freaked her out.

**Respondent:** Yeah. She didn't know if she knew if she was here. So, she has to live with this underlying fear and just raise these two kids. She never really wanted to have to in those circumstances.

**Respondent:** Ok, so that's probably one of the worst examples of kidnapping, really holding person against their will.

**Interviewer:** And so, one aspect of my dissertation research is looking at U.S. Citizenship privilege.

**Respondent:** Citizen what?

**Interviewer:** U.S. Citizenship privilege.

**Respondent:** Meaning?

**Interviewer:** Meaning, you know, the having the privilege of being a U.S. citizen and having an understanding of one's own U.S. Citizenship privilege and working with individuals who are immigrant clients and how that impacts...

**Respondent:** You mean you're including the fact the path to citizenship?

**Interviewer:** Sorry?

**Respondent:** Are you including is that what you're saying? Is the path to citizenship? How do they go from here to there?

**Interviewer:** I'm talking about... I guess I'm not sure what your question was.

**Respondent:** I'm not sure how this ties in what you're doing about the law and immigrants.

**Interviewer:** So, looking at clinicians and the work that they do with immigrant clients... you know, one piece of that is looking at, the privilege that comes with U.S. citizenship in the United States.

**Respondent:** Now, we don't, I think that's really far, far down the line. OK. I think the next step is to get a green card, which is a year later.

**Interviewer:** I'm talking about the clinician.

**Respondent:** Yeah, no, we don't deal with that. Citizenship. Yeah, we don't go near there, it's so far along the line, you know?

**Interviewer:** I'm not talking about their work with clients at all.

**Interviewer:** I'm talking about just knowledge of one's own U.S. citizenship. And that privilege. And how that impacts the work, you know, with clients who, you know, are not in the same situation, you know, don't have that same privilege. And just, how that impacts...

**Respondent:** I don't see a relationship with it. Yeah. One's own understanding of privilege as a citizen, I wouldn't. Doesn't seem to, it doesn't jive.

**Interviewer:** Gotcha. OK, that's fine. Yeah.

**Respondent:** Doesn't come into play.

**Interviewer:** Got it. Ok, well, was there anything that I didn't touch on that you think would be helpful that we speak about?

**Respondent:** No, I think we pretty much covered it. Yeah. Yeah. There's an interesting book I finished reading recently called *American Dirt*, and it's a trip of a woman who lost her husband, was a journalist and got murdered by a cartel because he wrote about the leader of the cartel. And it's her journey to me. It's not a true story, but it incorporates the horrible to the horrible thing it is to have to escape a cartel for your life and that of your child, because she was the only survivor in both the stories and the only survivor. And your child is 10 years old and you have to escape. And what it's like to make the journey from Acapulco to the Arizona border. And it encapsulates, I think, how. Incredible fear, and that goes with that and the fact that you could be pursued and pursued even into the United States. So, I was I thought was very well, very well written. And but it shows what it takes to escape those drug cartels.

**Respondent:** Ok. Central Americans, they've got the, escaping the gangs, because you've got the so-called mouse gang here and the 17 and also and mixed, we sent them back a lot of them back, and that's how they got entrenched in pretty much in El Salvador. But I had a gal who came up from her. That's the thing, she has her name printed on her net, his name, the guy who. Caught her on her neck, so she's if any of the gang sees her, they will know she was part of that gang and the same gang here. So, we're in process of trying to get that tattoo removed. As you can imagine, in other words, she's got to wear a scarf all the time.

**Respondent:** And those are just some samples, but the cartels, the gangs are going to continue being problems in Central America. And I don't know what the American policy the new Biden policy is going to be with these countries and Mexico as well.

**Interviewer:** Well, I want to be mindful of time.

**Respondent:** Ok, I don't have anything more to add unless you have more questions.

**Interviewer:** Well, thank you for meeting with me and speaking with me today.

**Respondent:** I'm hoping that this goes well with you. And we'll be in touch sometime when you've finished up and be interested in your findings, OK?

**Interviewer:** Ok, thank you so much.



**Participant ID:** Clinician E

**Interviewer:** So, as you know, this research is looking at how the legal system plays into psychological issues that are coming up with immigrant clients, and I'm specifically focusing on immigration from Central America and Mexico. And so, through this research, I'm hoping to facilitate a therapeutic understanding and understanding of the therapeutic implications excuse me, immigration law, policy and practice amongst clinicians. So, I wanted to start and ask if you could kind of just tell me a little bit about the work that you do. And we could kind of start there.

**Interviewer:** It's kind of difficult to hear.

**Respondent:** Oh, there we go.

**Interviewer:** That's a lot better.

**Interviewer:** Yes, I'm glad I said something because I was like, I don't know if the recording will pick that up. OK, sorry for interrupting.

**Respondent:** Yeah. So, let's see. I started my practice in 2016. I've been working as a therapist prior to that, as well as other social service type jobs. But I started my practice kind of with the goal that it would be part of my clients would be general therapy clients seeking treatment, and then another part would be people who are going through the immigration system, providing psychosocial evaluations for immigration purposes so that that's how it's kind of gone and it's kind of fluctuated between those two types of clients. But, yeah, until today, there's been quite a lot of need for people seeking the evaluations. But even for my clients who are just receiving regular therapy, a lot of them, incidentally, have either they themselves or family members are going through immigration proceedings and there are aspects of immigration that that impact their life and their mental health, and most of my clients are immigrants or children of immigrants, the majority. So, yeah.

**Interviewer:** And so, you have your own private practice?

**Respondent:** Yes.

**Interviewer:** OK, so could you kind of tell me a little bit about some of the different legal challenges that your clients face that you kind of touched on impact their functioning and mental health?

**Respondent:** Yeah, you mean specifically for immigration?

**Interviewer:** Yeah, exactly.

**Respondent:** Yeah, I think one of the biggest things has to do with the fear of being separated that I think if someone has a pending immigration case, that's always a reality or if they don't have legal status. And I think it's kind of like this underlying fear that impacts, you know, almost every aspect of a family's life. And I think also during different political things that are happening and different things that are put out in popular culture in the news, that can absolutely create a lot of anxiety and fear. So, I'm thinking a lot about, for example, children. I see that a lot of times parents will try to hide the stuff from their kids when they're especially when they're younger, they don't want to scare them. But a lot of times the kids can pick up on a lot more than what the parents realize. And at school, kids, we'll talk about these things, too, and so I think for kids, it's especially difficult because they need to have that stability, knowing that they're going to be able to stay with both of their parents or other family members needing to know that they're

going to be safe and taken care of. So, it's a really difficult conversation, I think, for families, definitely.

**Interviewer:** And how do you see how do you see that manifesting psychologically in the clients that you work with?

**Respondent:** Definitely a lot of anxiety, and I also see it come up in terms of self-esteem. For example, people who maybe don't have a permanent legal status. A lot of times they'll get taken advantage of, for example, in their jobs. And you see a lot of times people kind of just accept this, that it's OK for them to be exploited. Or it's OK for them to be discriminated against and. And underneath that, sometimes you see people not valuing themselves as much.

**Respondent:** So, yeah, I mean, it comes up a lot, it's also, for example, when people are going to school and choosing their careers, there are certain career paths that are just not open to young people if they don't have a permanent legal status or work authorization. So, and then there's also like financial need, if their parents are not able to get steady, well-paying employment and a lot of times the children are having to leave school early or they're having to work while going to school. So it really disrupts, I guess, their path.

**Interviewer:** Definitely. And what types of coping strategies do you see your clients using to kind of to push through and go through their daily lives with without all that underlying fear and the political pressures and.

**Respondent:** Yeah, paradoxically, I think a lot of the strength comes from the family itself. Yeah. Just like the need to kind of protect each other, preserve the family unit, keep each other safe and support each other and. I think that that's, you know, because a lot of times the reason why. Parents might immigrate as for their children to have better, healthy, safe lives with more opportunities than what they had. So, yeah, I think the family is oftentimes one of the largest assets or. I'm not sure what words you would put on that, you know, provides a lot of strength and motivation to push forward.

**Interviewer:** Yeah, that. That's been kind of a recurring answer to that question is it's like that just the family and the bonds. And so, that makes sense and that would complicate, not complicate, but like the separation and that underlying fear only, you know, is so much worse when that's your main support system, too.

**Respondent:** Yeah, yeah. And the fact that, like a lot of times, immigrants are more isolated due to language barriers and things like that, neighborhoods tend to be segregated in that sense as well. And so people really have to rely on their families and also their community.

**Interviewer:** Do you do you have a case example that you could share of anything that really falls under the umbrella of someone coping and dealing day to day with that underlying fear and. I'm sure you have lots, but I mean, if you're comfortable sharing just one.

**Respondent:** Yeah, I think. Yeah, I mean, I do have lots of lots of them. Thinking about, like, for example, an evaluation that I did for an adolescent boy who was from Central America. And. They had to flee due to persecution and him and his father. Came to the US. And because he was kind of young during some of the incidents, there were some things that he remembered and other things that he didn't in terms of like the family being threatened and things. But as soon as the father was kind of able to help him get settled in, he really is very motivated in school and I think that was a place fortunately, his school was like a supportive environment for him and he

connected a lot with his teachers and. Even speaking English as a second language, he was really able to integrate into the school environment and that was like a place where he really flourished and was doing really well. So, I think that was an instance where the school was really helpful and his father to his father was really committed to helping him overcome all of this. And they did have some extended family in the US already. And that was helpful, helping them kind of get settled and oriented and helping the dad find work and finding a place to stay. So. Yeah, in his case, I think it was probably his father, his extended family in the school that were the main supportive factors for him and his dad did get him into counseling as well.

**Interviewer:** Yeah. Thank you for sharing that. Yeah. So how do you see complex trauma impacting the clients that you work with?

**Respondent:** Yeah, absolutely, that comes up a lot and well, thinking about, for example, a client who did immigrate. There's probably a reason behind what led them to emigrate and if they're coming from a situation where there their safety concerns, that can be a traumatic experience right there. And oftentimes, if it is. In their community, or it's oftentimes very persistent. So not just one incident, but this constant threat that people are living under or they're not safe or they don't feel safe. And there's a lot of violence against women, especially in Mexico and Central America. And that's very real. So, there's the before they immigrate, the process of immigrating, which oftentimes they're put in really dangerous situations as well, maybe having to cross the desert. I had one person I met with recently who told me that while he was crossing, he actually walked by a corpse that he saw in the desert. And so, it can be really traumatic. And also, you know, sometimes the people who are bringing them across, the coyotes, they might threaten them or have guns or even assault them. So, I also had another woman that I worked with who was sexually assaulted by a man who said that he worked for immigration. So. You know, I've also had people share that ICE agents have shot at them while they were in the desert, so. There's a lot of danger coming from all sides, and then oftentimes after arriving to the US, there's this whole process of adaptation and learning what's safe in this new context. And sometimes people are vulnerable to being exploited and. They might have to live in unsafe neighborhoods or live and live with people who they don't feel are necessarily safe just because they don't have many other options. There's a lot of potential for complex trauma.

**Interviewer:** Definitely and you do see clients that you work with, kind of on that same vein, not utilizing different resources like, you know, if they are in danger in the US, like, you know, calling someone or like reporting if they're a victim of some kind of an assault or any other kind of crime. Do you see do you see them not moving forward with those things?

**Respondent:** Yeah, I think in general they try to keep a low profile and not draw attention and not create any kind of disturbance. Really, like a lot of immigrants, they're just here to kind of work and raise their kids and that's kind of their primary focus. So, there might not really be familiar with how the criminal justice system works in the US or oftentimes there will be police officers that arrive who don't speak their language. And so, then there's kind of challenges with communication. And also, for example, like something I see a lot with domestic violence. If someone reports their spouse, it's not just that they might go to jail for a night by reporting them, if their spouse doesn't have legal documentation, they could be deporting them or not. They wouldn't be deporting them, but they could be putting them in the justice system, which would

alert ICE, which could potentially lead to their partner being deported. And so that can have a lot of ramifications in terms of like the family and financially. You know, this person might not be able to be involved in their kids' lives anymore, so there's a lot more to consider involving the police.

**Interviewer:** And the stakes are much higher if they're arrested for anything in the US.

**Respondent:** Yeah, yeah. And I mean, there are already so many barriers in general for reporting crimes like domestic violence and sexual assault and. Anything, really. I mean, it's not always easy for victims to come forward, so.

**Interviewer:** How important do you think it is for clinicians who want to work with immigrant clients, how important do you think it is for them to kind of understand the legal aspects of immigration?

**Respondent:** I think it's very important. And. Yeah, because it can come up in ways that are not immediately apparent and a lot of times when I work with or like I'll do like consult with other therapists who don't necessarily work with a lot of immigrants. And then a lot of times they'll be recommending different programs or referrals to different organizations and lots of really helpful stuff if the person has legal status. But a lot of programs are closed to non-citizens or people who don't qualify for insurance, for example, so there's a lot of stuff that that. Yeah, I think it could be really hard for a clinician coming in and wanting to connect a client with different resources and referrals and then to send that client, give them a bunch of numbers to call or whatever, and then the client to get the feedback that, no, you don't qualify, no, you this is a great program, but it's not open to you. So, it's good for clinicians to be aware that of what their clients are eligible for. And it is really challenging a lot of times with undocumented clients to find programs that they can benefit from. That's just one example.

**Interviewer:** But, yeah, that makes sense. I mean, you know, trying to provide somebody with resources is really a helpful tool to give people resources. But if they're going to be, you know, faced with rejection after rejection, it's not helping at all. And so. If a clinician has a little bit more of an understanding of what's appropriate, given their legal status, and it could save time and frustration and disappointment for sure. And you said there's there was other things that kind of came to mind.

**Respondent:** Oh, yeah. I mean, there's so much to be aware of. And I think it's also like a constant learning process for me, who's not an immigrant and who's not Latina and. And so, there are definitely things that I take for granted or don't understand why something might be a challenge to someone else. So, yeah, I mean, I have another client who I see for therapy, who's from South America and she does speak English, but her it's your second language. And so sometimes she has difficulties communicating with medical providers. And so. She has a psychiatrist that she works with who speaks English only, and so sometimes she gets confused about her medication. And so, I think I had a conversation with the psychiatrist who was not understanding why the client is having difficulty understanding the medication regimen that she's prescribing. And I think she doesn't really quite understand that even though the client does speak English very well, it's easier for her to get these things confused about medications and it's just a lot more helpful if she could just write it down. Well. Sometimes it's easier to see other people's blind spots compared to our own.

**Interviewer:** Definitely. Yeah, well, one aspect of my dissertation research is looking at US citizenship privilege and so. How does your understanding of US citizenship privilege impact the work that you do?

**Respondent:** By privilege, you mean like and not in the legal sense of the term?

**Interviewer:** But more like, yeah, privilege and oppression, and you were kind of alluding to things on that same...

**Respondent:** Yeah, yeah. I mean, I think there are so many things that I took for granted as a citizen before I started working more with immigrants and. You know. There are things that, that I'm really lucky to have. And just being able to vote and being able to get scholarships for school. Not having to fear, even being separated from my life in the US that I've worked really hard to build and my family and also just walking into a room and feeling like I belong.

**Interviewer:** Is there a case example or, you know, a time that kind of influenced your understanding of your own U.S. citizenship privilege, you know working with anyone in particular? Anything that stands out in your mind that kind of impacted that.

**Respondent:** I think it's very sad sometimes, like working with young people who have. Like a lot of promise and just because they. Maybe don't have the legal status. Saying that they didn't they're not going to have the same opportunities that I had in terms of education and career as. As you see young people who might be really gifted in certain areas. And then instead of being able to go to college. After graduating high school, they go to work with their parents and. Doing helping out with, like janitorial work or something like that. And so. You kind of see how people's lives kind of. They're not able to maybe do all the things that they could have accomplished had they been born in the US like me.

**Interviewer:** And so yeah, kind of seeing they're not able to kind of pursue some of the opportunities that they might have if the circumstances were a bit different.

**Respondent:** And I think it's a really unfortunate thing for them and their family, but also just for our society. You're going to have like someone with a lot of gifts and talents and interests, but not being able to bring that forward and develop them.

**Interviewer:** Definitely. And. So what advice would you have for new clinicians who want to work with immigrant clients?

**Respondent:** I think probably the biggest thing is humility and listening. Because. We can't really know what their experience was. And also, we might not really have the answer for them either, because they're the ones that really know their experience, they're probably very familiar with their limitations and so I think it's a lot of kind of listening, honoring what they've been through and helping them see their strength within that and their value. Because I think a lot of times people do internalize these messages that they're not worthy or that they're criminals because they immigrated or. That they're bad somehow or they're not as good as other people, so challenging that through their own experiences and showing them how they've been able to overcome a lot and how they've been really strong in different situations.

**Interviewer:** Yeah, that's important and kind of challenging those messages that have been internalized through, you know, evidence of their own doing in their own life of it, you know, their own strengths. Yeah, that's really important. Is there anything else that comes to mind in

terms of advice that you would give to clinicians, any kind of, and generally but who want to work with immigrant clients?

**Respondent:** I mean, I think humility is the biggest thing. I do think it's important for people to know a bit about the immigration system, but I think it's also tricky because we can't really give them advice. We can't stay up to date on all the immigration policies that are changing so fast and all the time, they're so complicated, so. I know I've definitely made the mistake of being, telling clients like, oh, you were a victim of a crime and if you report it, then maybe you can get a U-visa. But that's not always necessarily true. And so. I guess it's helpful to know who they can talk to get more information on immigration stuff and legal questions, which again kind of leads us back to the difficulty of finding resources for folks who maybe can't afford it or maybe have other barriers to being able to get those referrals, but. But knowing a bit about immigration law helps a lot, but again, back to humility it's like you know not. Knowing that there actually a lot that you don't know.

**Interviewer:** It's an evolving system, you know in the last several years too, which makes it even more challenging. Yeah.

**Respondent:** Yeah.

**Interviewer:** So, kind of knowing enough to be able to, you know, maybe refer them to somebody, an attorney who can speak to them more about different types of relief.

**Respondent:** Yeah, I thought of another example of that. I was working with this young woman who was turning 18, and based on my understanding, she qualified for DACA. This was several years ago. And so, we were kind of talking about, well, if you apply for DACA, then you can get a work permit and you can have a lot more opportunities and. I mean, I was kind of encouraging her to look at that option of applying for DACA, and she was scared. And in the end, I'm not sure I can't remember if she did apply for it or not, but then several years later, we had Trump as our president and he was threatening to enact these policies that would basically take away DACA and then the recipient's information would be turned over to immigration and potentially putting them at risk of being deported. And so, when that was going on, even though it was several years later, I felt really guilty that I had encouraged her to consider applying for it, because then I was thinking, what if she did apply and then what if this happens? So, there's all this stuff that we can't foresee. So, it's really hard to walk that line between letting people know about their options and not pushing them because we don't know what could happen. So.

**Interviewer:** Yeah, so that kind of touches on an important point, kind of the impact of the last administration on immigration law and the whole system and kind of the entire political climate in the US. What have you noticed kind of in terms of, you know, the last administration, Trump and. You know, the impact that that's had on the climate in the US. How do you see that impacting your clients?

**Respondent:** Yeah, I mean, unfortunately, it's been like this since our country was started where we've had immigration laws that have unfairly targeted certain groups and. That kind of rhetoric is not new. And there was, you know, deportations and incarcerating, detaining immigrants, it's kind of, been going up even before Trump was president. So. But I did notice even before he was elected, but more when he was starting to campaign is a lot of people felt very afraid. I would even use the word kind of like terrorizing immigrants. Just all the stuff that you would say. Other

politicians would say and kind of stuff on the news. And, I think it's been a really scary time. And I know that the policies have become much more strict and I mean, again, not an immigration attorney and not really knowing much about the laws or how they've changed, but from my impression, it seems like it's just become very harsh. And inhumane. So, we'll see if that changes.

**Interviewer:** Yeah, do you have any kind of predictions or hopes with the new administration in terms of the impact on the immigration system in the US?

**Respondent:** It does sound like there are some changes that are, that Biden is exploring and some things that it sounds like the recipients, for example, are not on the top of the list of people. I'm not sure what he's going to end up doing, if he's going to allow a path for citizenship for those folks, but I'm not really sure. And I think we'll have to see what happens.

**Interviewer:** Well, we kind of touched on all the questions that I have. Was there anything that I didn't touch on that you think would be, you know, important for us to talk about or.

**Respondent:** I don't know, there's probably a lot, but I'm not sure.

**Interviewer:** All right, yeah, that's fair for sure.

**Respondent:** Yeah, I feel really, really grateful. I love working with my clients and I, I've learned so much from them. So, I really think it's pretty incredible, some of the experiences that they've gone through and still being able to show up every day and work hard and try to do the right thing and taking care of their families and stuff like that. You know, it's pretty incredible.

**Interviewer:** The resilience. Definitely. Well, thank you for speaking with me today, and I really appreciate you taking the time.

**Respondent:** I'm curious what other people have said that you've spoke to, what other things that you heard.

**Interviewer:** A lot of a lot of the similar things, you know. I'm talking to both attorneys and clinicians and so. I've been, I've had a lot more luck talking to attorneys, and I don't, I'm not sure why that is so. I've spoken to a lot more attorneys than clinicians at this point. And so that stands out of my mind because the ratio is off, but. And it's you know, it's a different experience for the attorneys versus the clinicians, but I think across the board it's that the system has a lot of problems and the things that you mentioned about the underlying fear and that impacting, you know, all aspects of an individual's life.

**Respondent:** Yeah, absolutely. Every aspect. Yeah. Their access to health care. How many children they'd like to have, you know, where they live? It's every single. Every single aspect of their life and even people who were born in the US, maybe they have a sibling or parent. That has, you know. And their pending status. I think another thing that people don't realize is how long it takes, because it can be decades. Yeah, they could spend their whole childhood in immigration proceedings.

**Interviewer:** So, and that's something that's come up in every interview that I've done is the timeline of these processes. Just I mean, they're extremely long and having to deal with the underlying fear and move forward for that amount of time with that hanging over your head is extremely difficult.

**Respondent:** Yeah.

**Interviewer:** Well, thank you.

**Respondent:** Yeah, sure, yeah, I'm curious if you if you do end up having some kind of article or your dissertation or if you're able to share that, I'd be really, really curious to read it.

**Interviewer:** Definitely. Yeah, I can do that for sure.

**Respondent:** And I know a lot of therapists are a bit shy to kind of bridge this gap. And. And it's kind of it does feel like you're on the legal side, one side, on the therapy side, and you're kind of having to go between those two. And so, it gets a lot more complicated, I think.

**Interviewer:** Yeah, definitely. And so, hoping to kind of help with that with this research.

**Respondent:** Cool. Great, thank you.

**Interviewer:** Thank you for talking with me.



## Appendix F: Memos

**Memo Topic:** Interview with Attorney

**Participant ID:** Attorney A

- Asylum
- A fourth of their work – appointed for non-competent clients
- How legal challenges impact their clients psychologically –
  - Despair
    - Worsened by COVID-19
    - Outbreak at facility, first individual to die at a detention center of COVID in U.S.
  - Surprise and negative feelings
    - Asylum cases particularly
- What clinicians should know about immigration law, policy, and practice -
  - Depends on the immigrant population
    - Asylum – should be knowledgeable about immigration law
    - Larger population of undocumented immigrants – should be knowledgeable about immigration policy and procedure, more so
      - ICE priorities change – at any given moment
- Uncertainty
- Identifying biggest risk factors
- Works with clinicians in three areas
  - Forensic
  - Neuropsychologist – expert testimony
  - Mental health services
- What has changed in the last several years with regard to immigration that clinicians need to understand?
  - Window to get asylum is narrowing
  - Enforcement priorities have changed
- How little of a safety net there is for people with limited resources and mental health issues – particularly immigrants

**Memo Topic:** Interview with Attorney

**Participant ID:** Attorney B

- Appointed counsel
- Asylum
- Lack of services for people coming out of detention
- Delusional disorder – over diagnosed
- [organization]
  - Team of 150
  - 7,000 detained immigrants
  - Worked with 10,000 detainees last year alone
  - 14 social workers on staff
  - Pro se

- Dehumanizing prison-like treatment in detention
- Inadequate medical care
- “inadequate coping” – labeled by some medical professionals – for individuals exhibiting PTSD symptoms
- Segregation – individuals who attempt suicide
  - Pepper sprayed – use of force
- Credibility issues due to trauma symptoms
  - Can’t remember details of the trauma
- Immigration system = not trauma-informed
- What legal knowledge should clinicians understand about the immigration experience today?
  - Removal proceedings
  - Pay attention to what assumptions you’re making – and be careful with assumptions
- Secondary trauma for defense attorneys
  - Also judges, court translators, even prosecutors
  - Not trained to handle secondary trauma like clinicians are

**Memo Topic:** Interview with Accredited Representative

**Participant ID:** Attorney G

- Previously worked with mostly victim based/non-detained population
- Currently works with detained populations
  - Issues with shifting to providing services remotely – over the phone
- Current work with non-detained population – legal challenges:
  - Change in the notice to appear policy
  - Priorities – different
    - People afraid to apply for trafficking visas
- Waitlist for services – prior to legal timelines
- T-Visas – delay after Trump
- Legal timelines –
  - When too short – rushing (detention)
- Homelessness, lack of health insurance, social services
- Refer out –
  - Hard to draw line between legal and social services
  - Boundaries with clients & role as a legal representative
- Need to show severe harm (trauma)
  - How it affects them day to day
- What do you think clinicians (who want to work with immigrant clients) should know about the immigration process?
  1. Processing times – how that affects clients – “In limbo.”
  2. Retraumatization/revictimization of process
- Since Biden was elected -
  - Change in judges – more approvals
- Changes from Obama to Trump –

- Matter of AB – asylum no longer available for gender-based violence
- Conservative immigration judges elected
- Changes to case law
- T-Visas
- Work permits
- Cycle of domestic violence – worsened by long timelines for legal processes and lack of ability to obtain work permit while waiting

**Memo Topic:** Interview with Attorney

**Participant ID:** Attorney H

- Works mostly with non-detained immigrants
  - Children and youth
- Affirmative cases
- U-visas, T-visas
- No match social security # – ex: 469 – (using a number that doesn’t exist)
  - Gov. crack down – a lot of lost jobs
- 2014 applicants – waiting until 2023 for case to move forward legally
  - Due to COVID and Trump
- Scary for affirmative clients
- U-visas – 10-12 years waiting
- Could be deported at any time
- What has changed in the last several years with regard to immigration that clinicians should understand?
  - Priority change
    - Criminal priorities (Obama)
    - No priorities (Trump)
    - Backlog of over 1 million cases
  - Didn’t deport immigrants back to certain countries (i.e., Iran, Cambodia)
    - Trump took this away
  - Last administration created = “fear of being an immigrant”
- Immigration law – no court appointed counsel (pro se = moving forward w/o attorney)
  - So many changes to case law – impossible for immigrant to represent themselves
  - Appointed counsel only when = not competent (evaluated by ICE psychologist)
- Trafficking clients – “most-traumatized clients”
- The biggest dearth in services = forensic evaluation – risk of recidivism
  - Old criminal history – trying to prove not a risk for criminal activity
  - Show for discretionary purposes (courts can deny on discretion)
  - “Second form of punishment”

**Memo Topic:** Interview with Attorney

**Participant ID:** Attorney I

- Works with detained population mostly
- Also works with non-detained
- Works with both adults and juveniles

- How do you see the legal challenges impacting your clients?
  - Fundamental lack of security
  - Worried for physical safety
- Has noticed that mental health symptoms often increase once they are released from detention
- What has changed in the last several years that clinicians need to understand?
  - Pathways to relief are much more restrictive
- Encourages clients to take the “long view” and focus on long-term goals
- Most frequent mental health conditions seen:
  - MDD
  - PTSD
- Coping with legal challenges/immigration process:
  - Support system
  - Survival mode – pushing through

**Memo Topic:** Interview with Psychologist

**Participant ID:** Clinician A

- “Story teller using psychiatric language”
- Most clients are Hispanic
- 601 – hardship evaluations
- “Draconian steps”
- 85% acceptance rate for clients with hardship evaluations
- 5-year rule
- Lack of services for low SES – “the poor”
  - “Poor people focus on the present, not the future”
- Family therapists in particular – don’t work with low SES population
- Still opportunity in U.S., compared to home country, despite difficulties with immigration
- Client story – 7 brothers and sisters, living in one room shack
- Student loans – contributes to clinicians not working with poorer clients, including immigrants

**Memo Topic:** Interview with Psychologist

**Participant ID:** Clinician B

- Psychological impact of legal challenges –
  - Uncertainty
  - Fear/dread – threat of violence
  - Death of American dream
  - Serious mental illness – no way of getting treatment if sent to home country
- 40-50% - recently immigrated to U.S. (within six months or less)
- 30% - immigrated to the U.S. within 1-5 years
- 20% - have been in the U.S. for a long time
- Advice for clinicians who want to work with immigrants –
  - Protect your own mental health
  - Set appropriate goals for them

- Hold a balanced view of people

**Memo Topic:** Interview with Social Worker

**Participant ID:** Clinician C

- Manages 12 social workers
- Works with some mostly detained clients and some released clients
- SMI
- Humanitarian parole
- “Aging out” – kids– host families/sponsors so that they don’t get placed in adult immigration detention
- Training legal team – trauma-informed; secondary trauma concerns
- Lack of stable housing – more contact with legal system (for released clients)
- “Entire process is traumatizing”
- Advice/knowledge for clinicians:
  - Competency issues due to cultural differences
  - Power dynamics – be mindful of
  - Explaining confidentiality to clients
  - More focus on immigrant work in school for social work or psychology (human services)
  - Lack of familiarity with therapy process for clients
  - Stigma around therapy in different cultures
    - Resistance

**Memo Topic:** Interview with Psychologist

**Participant ID:** Clinician D

- Non-profit clinic
- Worked there since 1998
- Asylum cases – works with individuals who did not apply within one year of entry
- Both therapy and evaluations
- Anxiety and depression common among clients
- Ongoing, underlying fear
- Coping strategies – support system
- Rape while in prison
- Gangs – El Salvador
- When Trump came into office –
  - Couldn’t grant only because of gang involvement
- “I feel like I’m out of control” – when asked about how the timelines for legal processes changed after Trump
- Focus on long-term goals with clients
  - Move forward like you are going to live here forever
- Woman badly raped; LGBT community – common experiences for clients from Central America
- FGM – Female genital mutilation
- What clinicians need to know about (w/ regard to immigration law) –

- I-589
- Work permits
- Merit hearings
- Master calendar
- Often educates clients about court and what it will be like
- Country limitations – important for clinicians to review and understand before working with an immigrant client
  - What’s going on in that country
- Honduras – poverty, exacerbated by natural disasters
- Cartels
- American Dirt – Book recommendation about journey to U.S.
- Trauma from camps at border and journey to U.S.

**Memo Topic:** Interview with Therapist

**Participant ID:** Clinician E

- In practice since 2016
- Fear of being separated + political pressures – always there
  - Impacts kids significantly – lack of security
- Anxiety
- Self-esteem issues
  - Taken advantage of often
  - Tolerate poor treatment from others
- Internalizing messages – I’m a criminal because I’m an immigrant, etc.
- Strength comes from family itself
- Often clients are isolated from the rest of the community
- What other clinicians should understand about legal aspects of immigration:
  - What clients are eligible for – programs, resources to provide
- Advice for clinicians wanting to work with immigrant clients:
  - Humility & listening
  - Focus on strengths – challenge internalized messages with their own actions of strength in their life that contradict the internalized messages
- Immigration system changed in last several years with Trump –
  - Terrorizing for immigrants
  - Timelines of legal processes extremely long

**Memo Topic:** Data Analysis Memo

- Ignoring the common humanity in the migration story
- The impact of othering non-white immigration in the U.S.
- Immigration system today –
  - Lacking in dignity
  - Substantially degraded in last four years
  - “it’s like a ball game where you don’t know the rules”
- Sense of safety assaulted – re-assaulted through immigration system
- Trauma necessary for forms of relief

- Fear/family separation/detention etc. worsen trauma
- Trauma negatively impacts participation in immigration case
- Immigration system doesn't account for this
- Political administration driving policy & procedure
  - Constant policy change
    - Lengthy timelines
  - Indiscriminate enforcement priorities
    - Creating culture of fear
  - Narrowing of window to enter U.S.
    - Restricted/ended protections & forms of relief
- Navigating a broken system (main concern)
  - Underlying fear
  - Uncertainty/lack of stability, safety
  - Retraumatizing process
- Attempts to cope/survive
  - Attorney balancing act
  - Reliance on family
  - Self-medication
  - Shut down and keep going
  - Giving up

## Appendix G: Codes

| Content Code  | Open Code   |
|---|---|
| <p><b>"If you're poor, you can't buy justice."</b></p> <p><b>Advice to Clinicians</b></p> | <p>Being an immigrant and poor - two strikes against you</p> <p>Cost - legal fees, clinical services, legal processes?</p> <p>Quote - "If you're poor, you can't buy justice."</p> <p>Too expensive to hire attorney - overoptimistic about chances of winning</p> <p>Advice for clinicians - be careful what you're willing to listen to/protect your own mental health</p> <p>Advice to clinicians - "Name it" - treated like criminals</p> <p>Advice to clinicians - Apologize on behalf of the U.S. - treated like criminals</p> <p>Advice to clinicians - detained due to criminal charges - "you are not the sum of your charges"</p> <p>Advice to clinicians - emphasizing end points/dates once you have them</p> <p>Advice to clinicians - kids - "you're not criminals like telling them that" - treated like criminals</p> <p>Advice to clinicians - respect their decisions - "I go home at night and you don't"</p> <p>Advice to clinicians - treated like criminals - dispel shame that they carry</p> <p><i>Attorney recommendations for clinicians</i></p> <p>Attorney recommends - 6 therapy sessions before hardship evaluation</p> <p>Attorneys - "there's a reason we're called counselors"</p> <p>Being mindful of client's immigration status - crisis/emergency leading to police involvement</p> <p>Connection between criminality and victims of domestic violence</p> <p>Questioning underlying assumptions mentally</p> <p>Clinician advice - gang violence</p> <p>Clinician advice - gangs/cartels in Mexico</p> <p>Clinician advice - hard to develop rapport/trust with new arrivals (don't know if you're working with gov./if you're safe)</p> <p>Clinician advice - know why they're fleeing their country</p> <p>Clinician advice - may take longer to build rapport/trust with clients who have been in U.S. longer</p> <p>Clinician advice - the toll of family separation (traumatized kids)</p> <p>Clinician advice - understand what the journey is like for them</p> <p>Clinician advice - understand what the journey was like</p> <p>Clinician advice - what the camps at the border have been like</p> <p><i>Clinician advice to other clinicians</i></p> <p>Advice to clinicians - "shift perspective that they're worthy of pursuing this process"</p> <p>Advice to clinicians - encourage clients to take the long view</p> <p>Advice to clinicians - focus on process of case, not the ultimate outcome</p> <p>Advice to clinicians - humility and listening</p> <p>Advice to clinicians - immigration process is about them telling their story</p> <p>Advice to clinicians - reframe pursuing case as helping other people</p> <p>Advice to clinicians - some knowledge about immigration law and humility</p> <p>Clinician advice - be aware of power dynamic</p> |



**Asylum**

Clinician advice - being culturally aware  
 Clinician advice - do your research (different populations depending on geographic location in U.S.)  
 Clinician advice - get your boundaries in order (personal and professional)  
 Clinician advice - importance of listening to someone's story  
 Clinician advice - know your stuff- transference/countertransference  
 Clinician assumptions - balanced view (MS 13 gang members, also fairly involved parents)  
 Clinicians not adjusting their approach when working with immigrants - use of assessments  
 Psychologists help attorneys learn more about client's case (establish different level of rapport)

Asylum cases - expecting perfect testimony - not realistic due to trauma  
 Asylum cases - why didn't you go to the police? why aren't you being consistent?  
 Asylum process - recipe for retraumatization and new trauma  
 Asylum process - why seek it, how to do it, where detention fits in, how to win  
 Barriers to asylum claims - lack of medical documentation in country of origin  
 Credibility in asylum claims - rarely takes into account trauma response  
 Factors that better one's odds at getting asylum granted  
 Increase in number of asylum seekers since 2014 from Northern Triangle in Central America  
 Not enough time to establish trust to share what happened (potentially qualify for asylum)  
 Fear from not applying for asylum within one year  
 One-year limitation to apply for asylum (I-589)  
 Parsing between persecutory delusions & legitimate claim for asylum  
 That one shot to talk (15 minutes) wasn't enough to open up about what happened (possible asylum claim)

**Attorney balancing act**

Attorney balance - acknowledging injustice/pain and working on legal case  
 Attorney balance - need detailed history, try to be sensitive/trauma-informed  
 Attorney source of feeling some control for clients  
 Attorney's clients really presenting with mental health needs, rather than legal needs  
 Difficulty drawing the line of legal service provider versus social service provider  
 Instilling hope and managing expectations  
 Ongoing mental health support could help attorney focus more on legal side

**Attorney concerns about clinicians**

Attorney concerns about clinicians - "we have to be able to also tie it to the objective behaviors"  
 Attorney concerns about clinicians - notes used against kids in shelter  
 Attorney concerns about clinicians - therapist setting boundaries with client, leaving client with no mental health tx  
 Attorney concerns about evals - "client is a poor historian" impact on case  
 Attorney concerns about psych eval - substance use hx can "torpedo their immigration case"  
 Attorney concerns about psychologist being open to necessary follow-ups after psych eval  
 Attorney concerns when referring to clinician - "I don't want them to advocate. I want them to educate"  
 Attorney concerns when referring to clinician - "not all of them know how to write a proper report"

**Case Examples**

Attorney concerns when referring to clinician - adding interpreter to the room can be awkward

Attorney concerns when referring to clinicians - cultural competency

Attorney preferences for establishing hardship

Attorney protective over client's mental health and healing process

Attorney warns client that what they say in psych eval can be used against them

Case example - "client is a poor historian" used against them by judges

Case example - afraid to ask for help/apply for visa (trying to benefit from something horrible that happened)

Case example - asylum seeker in immigration detention since 2011

Case example - asylum timeline

Case example - attempted suicide in detention

Case example - cartels in Mexico

Case example - child behavioral issues due to dad's potential deportation

Case example - clients giving up due to compounding factor of COVID in detention

Case example - clients giving up on immigration process

Case example - clinician encouraging client to apply for DACA, "walking that line"

Case example - competency issues influenced by cultural differences

Case example - complex case issues

Case example - complex trauma

Case example - coping with long timelines

Case example - cross-examination of asylum seeker regarding assault

Case example - dangers of journey immigrating to U.S.

Case example - decided to return to home country due to lack of access to services

Case example - detained due to criminal charges

Case example - detained immigrants w/ serious mental illness

Case example - difficulty drawing line of legal services provider vs social services provider

Case example - extended legal timeline (child)

Case example - female victim of torture (FGM)

Case example - finally feeling at peace after relief awarded

Case example - gangs (El Salvador)

Case example - human trafficking victim - wanted to avoid re-victimization

Case example - inadequate dental care

Case example - less than 24 hours notice before release for man detained since 2011

Case example - psych impact of case (involuntary commitment)

Case example - psych impact of living undocumented

Case example - reliance on family after arrival in U.S.

Case example - repeated denials for trafficking victim

Case example - return to home country due to lost job (no-match social security numbers - Trump admin)

Case example - serious mental illness

Case example - torture victim (Armenia)

Case example - Trans individuals in immigration detention

**Client experience**

Case example - trauma and language barriers  
 Case example - trauma and language/cultural barriers  
 Case example - treated like criminals  
 Case example - Trump admin ended policy protecting deportation to certain countries  
 Case example - U.S. citizenship privilege awareness in attorney  
 Case example - U-visa wait time  
 Case example - victim of persecution/violence (Venezuela)  
 Case example - young girl forced to carry drugs/sexual assault/slavery  
 Case study - hardship and criminal  
 Case study example  
 Complicated DACA

**Clinician  
knowledge/awareness**

Client experience - die from the dual pandemic of COVID and unfair detention  
 Client experience - sense of despair  
 Client experience - trauma + traumatizing legal process  
 Client experience - uncertainty / stress about getting sent to country of origin where potential for violence is high  
 Client experience - willingness to talk about trauma - 2hr interview is their only shot

Clinician ambivalent - costs/charging/values  
 Clinician assumptions about language, cultural differences, indigenous populations  
 Clinician awareness of factors that occurred after and during immigration (as well as prior to)  
 Clinician awareness of financial/logistical circumstances of immigration process  
 Clinician downplaying legal knowledge - that's the attys job.  
 Clinician encourages immigrant clients to make plans like they are staying forever  
 Clinician encourages to focus on goals to help with anxiety/fear  
 Clinician knowledge - types of court proceedings, enforcement policies/practices, immigration relief  
 Clinician knowledge - "It is crueller than you might think."  
 Clinician knowledge - "need to view it through their lives"  
 Clinician knowledge - affirmative asylum  
 Clinician knowledge - appreciation for/awareness of cultural differences with regard to therapy  
 Clinician knowledge - approach to asylum defensive  
 Clinician knowledge - approach to asylum defensive  
 Clinician knowledge - basic needs of the client must be met first  
 Clinician knowledge - basic terms (e.g., master calendar; merits hearing)  
 Clinician knowledge - basic understanding of asylum law  
 Clinician knowledge - basics about immigration court  
 Clinician knowledge - broad legal info. needed  
 Clinician knowledge - cancellation of removal for non-lawful permanent resident  
 Clinician knowledge - cases take a long time  
 Clinician knowledge - constant rhetoric about immigrants from Central America & Mexico  
 Clinician knowledge - country conditions

Clinician knowledge - cultural aspects involved

Clinician knowledge - cultural competency/dropping expectations and preconceived notions

Clinician knowledge - cultural differences in disclosing personal experiences

Clinician knowledge - cultural differences within Mexican population

*Clinician knowledge - detention is prison, "there's no other way to describe it"*

Clinician knowledge - detention worse than prison - less rights

Clinician knowledge - detention worse than prison - no release date

Clinician knowledge - detention worse than prison - no right to a public defender

Detention center is "indistinguishable from a prison"

Clinician knowledge - different set of gender constructs and norms that they identify with

Clinician knowledge - enforcement priorities for ICE have become indiscriminate

Clinician knowledge - enough legal knowledge to understand what client is asking about/going through

Clinician knowledge - enough understanding to know when to contact an immigration attorney

Clinician knowledge - gauging/talking through risk factors; developing strategies for mitigating risks

Clinician knowledge - how to prepare client to testify (their rights; managing emotions)

Clinician knowledge - I-589

Clinician knowledge - immigration court - no independent judiciary

Clinician knowledge - immigration court - under a different article

Clinician knowledge - immigration court is very different than most courts - far less protections

Clinician knowledge - immigration enforcement

Clinician knowledge - immigration experience today - "lawlessness"

Clinician knowledge - immigration is pervasive and touches everything

Clinician knowledge - Immigration judges not impartial adjudicators

Clinician knowledge - in limbo/ongoing uncertainty

Clinician knowledge - knowing client has been revictimized multiple times (telling their story)

Clinician knowledge - legal timelines

Clinician knowledge - managing expectations

Clinician knowledge - many types of relief from deportation

Clinician knowledge - may be resistance due to mental health stigma

Clinician knowledge - miscommunication & misinformation within immigration system

Clinician knowledge - misinformation at every level in immigration system

Clinician knowledge - more challenging for asylum seekers and recent arrivals

Clinician knowledge - need to understand the legal ramifications of professional advice

Clinician knowledge - not a lot of people understand how complex a system it is

Clinician knowledge - not everyone speaks Spanish (dialects, indigenous original languages)

Clinician knowledge - recognizing blind spots (e.g., language barriers in clinical work)

Clinician knowledge - removal proceedings/confrontational system

Clinician knowledge - substance use or criminal conviction leading to removal proceedings

Clinician knowledge - sufficient background in trauma

Clinician knowledge - system is very arbitrary

**Clinician Limitations**

Clinician knowledge - systematic attack on humanitarian grounds of relief  
 Clinician knowledge - tougher pathway to relief for domestic violence/child abuse victims  
 Clinician knowledge - understand different steps to a case (intermediate losses, but keep fighting)  
 Clinician knowledge - understand level of unknowing and uncertainty  
 Clinician knowledge - understand loss of control or autonomy for clients  
 Clinician knowledge - understand the overlapping nature of immigration issues w/ underlying diagnoses  
 Clinician knowledge - understand what it's like in detention  
 Clinician knowledge - understanding timeline of legal process is important for treatment plan  
 Clinician knowledge - what rights can be asserted  
 Clinician knowledge - what their clients are eligible for (resources available to non-citizens)  
 Clinician knowledge - work permits  
 Clinicians - pay attention to assumptions  
 Clinicians - question assumptions about somebody who may speak great English or has lived here their whole life  
 Clinicians not spending enough time to properly diagnose detained immigrants  
 Clinicians protecting their mental health  
 Clinicians should understand asylum process  
 Clinicians working with immigrants - importance of learning Spanish  
 Confidentiality issues when working with immigrant clients  
 Conversations with clients about racial injustice in U.S.  
 Difficulty of doing clinical work with someone very different from you  
 Ensuring clients know what their rights are in different situations  
 Example of good working relationship between therapist & attorney  
 Most clinicians informed about immigration due to location – [city]  
 Most people in the world don't understand the concept of confidentiality  
 Need more training - treating the whole person - what that looks like in practice  
 Need stronger training/education in human services - on working with immigrant population

*Clinician student loans*

Can't afford to be compassionate because we got to pay back the loans  
 Federal student loans - private practice to pay them off  
 Privilege - student loans/working with poor people  
 Hard to find a therapist who speaks Spanish and who is willing to do therapy for free/very low cost  
 Therapists are middle class people interested in making a middle class living

**Clients giving up**

Deciding to return to home country due to lack of access to services  
 Clients giving up, rather take risk going back to country where unsafe

**Complex Trauma**

Complex trauma - complicated by substance use  
 Complex trauma - in addition to bodily injuries from torture  
 Complex trauma - LGBT immigrants  
 Client experience - complex trauma hx - detention better than home country

**Competency issues**

Competency issues due to cultural differences  
 Competency issues influenced by cultural differences  
 Detainees lacking an understanding of American legal system  
 Found incompetent because of a mental disorder - then you get a free attorney  
 Latent competency issues  
 Latent competency issues - placed in more restrictive, higher security cell blocks of detention center  
 Not competent to stand trial before immigration court - ICE's burden to bring that forward (psych eval)

**Concerns about Clinicians who work in detention facilities**

Attorney concerns about clinicians who work in detention center - confidentiality issues  
 Concerns about clinicians who work for detention facility - clinician's notes used against immigrant  
 Lack of informed consent - clinicians who work for immigration detention

**Coping strategies**

Child client coping strategies for psych impact of immigration process  
 Client coping strategies for psych impacts of immigration process  
 Coping - importance of family ties  
 Coping strategies - breathing exercises, EMDR  
 Coping strategies - encourage them to proceed like they're staying forever  
 Coping strategies - focus on goals  
 Coping strategies - provide education to cope/understand legal situation  
 Coping strategies - relaxation exercises  
 Coping strategies - removal proceedings  
 Coping strategies - shut down and keep going  
 Coping strategies - strength comes from the family  
 Coping strategies needed more during period without work permit (first 6 months)  
 Coping with lengthy timelines - depends on support system  
 Coping with long timelines  
 Family provides strength and motivation to push forward  
 Psych impact - denial as coping

**Deportation/family separation**

Client experience - fear of not seeing your kids grow up (due to deportation)  
 Biggest legal challenge is deportation  
 Legal challenges - central concern is imminent deportation or removal  
*Reliance on family*  
 Better chances if safety net (family) in U.S.  
 Fear of being separated from family  
 Immigrants rely on family/community - due to language barriers and segregation

**Detained immigrants with mental health issues**

Detained immigrants w/ mental disorders - frequently misdiagnosed and not medicated optimally

**Hardship Evaluations**

Detained immigrants w/ mental disorders - on and off suicide watch constantly  
 Mental health clients - suspecting evaluator is in cahoots with the government  
 Symptoms of mental disorder - meritorious case for proper action in U.S.  
 Use of force in response to suicide attempts - pepper spraying individual who attempted suicide

Adjudicator doesn't care.

Evals - demonstrating how trauma affects daily life

Get those in power to feel sorry for the immigrant

Hardship case of discrimination

Hardship evals - deport income earner - burden on the state

Hardship evals - hardworking + pay to get government off back

Hardship evals - kids/pre-existing conditions make more compelling

Hardship evals are 601 waivers

Hardship evals most are mixed status

Hardship results down for criminality

If true hardship - would be receiving ongoing trx vs. one evaluation

Importance of psych eval - adjudicators don't have knowledge to understand client's trauma

Non-psychological hardship example

One shot psych eval not given much in the way of establishing hardship

Poor quality evaluations of immigrants in detention

Psych evals - "client is a poor historian" used against them by judges

Psych evals - have to show how it affects them emotionally/psychologically

Psych evals help with discretion if criminal history

Pulling at the heartstrings

Tell the Hardship Story

Translating psychology into a compelling story

**Immigration court is different**

Immigration judge has no sympathy

Immigration judges - not impartial adjudicator

Immigration judges - subject to policy changes and the "winds of change politically"

**Immigration detention**

50 years in U.S. before immigration detention

Conditions in detention - inadequate medical care

COVID impact on detention

COVID pandemic - lack of privacy to discuss case in detention center

Detained immigrants w/ mental disorders - common misdiagnoses

Detention - "closed universe with such a singular objective"

Detention - "pressure cooker environment"

Detention - hunger strikes because they have no power left

Detention - traumatizing - people give up and face the risk in their country of origin

Differences in confidentiality in immigration detention

**Immigration reform**

Doctors don't want to really address people's psychological needs in detention  
 [Organization] - only organization providing free legal services in immigration detention  
 Getting people out of detention - hill feels steeper and steeper  
 ICE response to hunger strikes - retaliatory measures taken  
 ICE response to hunger strikes - rumored force feeding  
 Immigrants who were in U.S. for 15 years looking down on those who immigrated 2 weeks ago - in detention  
 Immigration detention - only time they felt safe  
 Immigration detention detrimental for immigrants with chronic mental disorders  
 Meeting with clients in immigration detention - the opposite of what I was ever told to do  
 Placing the safety of the guards well over safety of the people that they're supposed to be guarding  
 Range in recency of immigration at immigration detention facilities  
 Range of legal services within immigration detention  
 Released from immigration detention to shelter

"Laws enacted to protect you, now being utilized to punish you"  
 Issuing work permit earlier on in immigration process could help  
 It was designed to have the appearance of due process without the substance of due process  
 Last immigration reform in 1996  
 No significant update to immigration law since 1997  
 So, it may be a question of does this make the person deportable or it could be are they eligible for release?

**Impact of lengthy timelines**

Backlog of cases plus COVID cancellations (extended timelines)  
 Client experience - low morale when told to wait 4 years for decision on a crime victim visa or work permit  
 COVID pandemic - postponed cases - better chances in asylum case  
 Family separation hearings - short turnaround - unable to obtain psychological report in time  
 Family separation hearings - short turnaround (insufficient time to prepare)  
 Impact of lengthy timelines - 10-12 year wait for U-visas  
 Impact of lengthy timelines - fear that you could be deported at any minute  
 Impact of lengthy timelines - holding pattern  
 Impact of lengthy timelines - lack of economic security  
 Impact of lengthy timelines - survival mode  
 Impact of lengthy timelines - worried clients will deteriorate  
 Impact of lengthy timelines - worse if detained  
 Impact of lengthy timelines - worse if no lawful way to make money  
 Impact of lengthy timelines on detained population  
 Impact of lengthy timelines on non-detained population  
 In limbo - waiting for case to move forward  
 Lengthy timelines - "could spend their whole childhood in immigration proceedings"  
 Lengthy timelines - people don't realize how long it takes  
 Lengthy timelines - impact on clients - "You're less likely to make plans if you don't know if you'll be able to fulfill them."



**Impact of living undocumented**

Lengthy timelines - impact on clients - forget details of trauma which negatively impacts asylum interview/case

Lengthy timelines - impact on clients - life progressing, but immigration case stagnant - frustration

Lengthy timelines - impact on clients - periodic re-traumatization

Lengthy timelines - impact on clients - some manage trauma better over time

Lengthy timelines - impact on community

One degree of separation from immigrant - domestic employees/caregivers, etc.

One degree of separation from someone who's in removal proceedings

Economic impact of potential deportation

Impact on children - leaving school early to work (because parents cannot obtain steady employment)

Impact on children - need stability

Lack of legal status - preventing young people from pursuing education/careers

Limited career paths for immigrants without legal status

Living undocumented - the uncertainty eats at them

Living undocumented + criminal activity

Psychological impact of living undocumented

Risk factor example - moving violation or DUI

*Vulnerable to revictimization/ exploitation in U.S.*

Lack of familiarity with criminal justice system in U.S. - less reporting of crimes

Vulnerable to being exploited after arriving to U.S.

Hesitancy to report domestic violence - could lead to deportation of spouse/family member

While application pending - revictimized from new abuser or being trafficked again

**Integration of social services into immigration relief**

Importance of mental health services - someone they can count on seeing regularly

Integration of social services into immigration relief is fundamental

Ways to improve integration of social services into immigration relief

Ways to improve integration of social services into immigration relief - eliminating stigmas

Ways to improve integration of social services into immigration relief - more funding

Ways to improve integration of social services into immigration relief - social services separate from gov. access

**Lack of empathy for other immigrants**

Cuban & Venezuelan communities supporting Trump

Hispanic lawyers charge more!?!

Immigrating to the U.S. "the right way"

One generation removed or immigrants who do not empathize with currently undocumented

**Lack of mental health services for immigrants**

Attorney hasn't had any detained clients who received regular therapy

Disproportionate number of clinicians working with poor communities

Lack of clinicians available to do: forensic eval likelihood of recidivism

**Legal barriers**

Lack of family therapists working with poor communities  
 Lack of resources in clinical community devoted to poor people  
 Lack of safety net for undocumented individuals who have mental health issues  
 Lack of services for people who need treatment coming out of immigration detention  
 Language access - barrier to mental health treatment  
 More visibility about need for counsel vs. access to services  
 No resources for reentry after detention  
 Therapy or counseling almost nonexistent for immigrants (released from detention) w/ mental health disorders  
 Why aren't associations taking a more aggressive role with treating the poor?

Barriers to accessing legal system - cultural, linguistic, economic  
 Barriers to receiving legal assistance in detention - lack of privacy with attorney  
 Barriers vary depending on recency of immigration  
 Brushed off because of a bureaucratic system  
 Death of the American dream  
 Five Year Rule  
 Geographic region of U.S. - "we're not really in the most fertile ground for relief here"  
 Immigration removal proceedings - no right to publicly funded counsel  
 Legal barriers to obtaining lawful status  
 Range of legal challenges (removal proceedings)  
 Interpreter - never know if you're getting full story

**Level of education as factor in immigration proceedings**

Clients lack political context to understand their claim.  
 Lack of education - unfair match against experienced prosecutor  
 The educated outliers

**Mental health services available to immigrants**

How attorney identifies client will need additional interview/referral for mental health services  
 Mental health treatment out of immigration custody difficulties - language access, access to insurance, legal status  
 No cost mental health services (medication management) available to immigrants  
 Referral for mental health services by an attorney - types of situations

**Mental health stigma**

Immigrant parents not grasping gravity of serious mental health disorders  
 Mental health stigma in Central American culture

**Misperceptions about immigration system in U.S.**

Misconceptions about legal system - arbitrary system  
 Misperception of how immigration works in U.S. - among general public  
 Misperception of risk for undocumented people - workplace raid vs. traffic stop/DV call  
 Client experience - lack of understanding of legal case and court systems  
 Mitigating factors - financial security, education, support system

**Narrowing of window to enter U.S.**

"narrowing of the window"  
 Narrow / unrealistic ways immigration laws define people's eligibility for lawful status in U.S.  
 Window to get asylum narrowing - true for any legal status in the U.S.  
 Narrowing of window to enter U.S.

**New administration**

New administration - hope that harm done to asylum law can be reversed  
 New administration - injunction - detention centers releasing people  
 New administration - starting to see pressure points easing  
 New administration - unsure about likelihood of implementation of enforcement priorities  
 Predictions for Biden admin - "deportation machinery" will continue  
 Predictions for Biden admin - hard to see how it would get worse  
 Predictions for Biden admin - more humane  
 Predictions for Biden admin - problems will continue  
 Predictions for Biden admin. - hopeful that judges are actually willing to grant cases  
 With new administration - will take attorneys & advocates time to find equilibrium

**Obama administration**

Detention and deportation been going up even before Trump  
 Obama years - could live undocumented if not violating any laws/paying taxes, etc.  
 Presidential admin comparisons - more deported under Obama  
 Pre-Trump admin - legal timelines

**Police involvement leading to ICE involvement**

Any contact with law enforcement can have implications for immigration case  
 Lack of stable housing/homelessness - more contact with law enforcement  
 Risk factor example - criminal charges leading ICE custody  
 Client experience - surprised to learn that one leads to the other (criminal charges - immigration proceedings)

**Policy changes in last four years**

Immigrants get second form of punishment for committing crime  
 "A daily policy change over the last four years."  
 900 changes to either policy, procedure, interpretation process, enforcement priorities - in last 4 years  
 Attorneys practice something else - couldn't withstand Trump admin policy changes  
 Constant change to policy over last four years  
 Immigration policy is protectionist in its orientation  
*Shifting Enforcement Priorities*  
 Change in priorities - created fear of being an immigrant  
 Changes from Obama to Trump - priorities  
 Changes from Obama to Trump - priorities  
 Psychological impact - shift in enforcement priorities  
 Shifting enforcement priorities - protection stripped away

**Psychological impact of  
immigration process**

*Changes from Obama to Trump*

Changes from Obama to Trump - afraid to apply for types of benefit

Changes from Obama to Trump - ended policy protecting people from being deported to certain countries

Changes from Obama to Trump - harder to move forward without attorney (pro se)

Changes from Obama to Trump - Matter of AB

Changes from Obama to Trump - no longer expedited review

Legal challenges escalating from Obama to Trump

Changes from Obama to Trump - focus on individuals w/ criminal activity vs. "we're coming for all of you"

Changes in last four years - increases in difficulty in any form of relief

Anyone who has had contact with immigration in last four years - some form of PTSD

Helplessness amongst advocates

Preparing clients for testimony & what may happen afterwards

Psych impact - "people can't take on more than a certain level of pain"

"People are resilient, my clients, but they're not inhuman"

Psych impact - anxiety

Psych impact - concern for physical safety (in detention or if deported)

Psych impact - cyclical pattern of fear resurfacing

Psych impact - fundamental lack of stability

Psych impact - hard to plan for future/pursue goals

Psych impact - increase in symptoms after released from detention

Psych impact - interfere with ability to participate in immigration case

Psych impact - PTSD and MDD most common

Psych impact - retraumatizing to tell the story

Psych impact - self-esteem

Psych impact - self-medicating leading to relationship problems

Psych impact - self-medicating leads to criminal involvement

Psych impact - somatic sx due to drawn out time

Psych impact - suicidal issues

Psych impact - total loss of control and uncertainty

Psych impact - uptick in trauma symptoms

Psych impact of release from detention

Psychological harm - not capable of fully participating in legal proceedings

Psychological impact - no release date in detention

Psychological impact of seeking asylum

Psychologically incapable of discussing what happened - but needed for litigation

Range of trauma responses during asylum process - children

Lack of safety created by legal challenges

*Secondary Trauma*

**Timelines for legal processes**

Clinicians treating immigration attorneys - understanding of secondary trauma associated with the job

Preserving staff (secondary trauma) and minimizing re-traumatization of clients

Secondary trauma - exposure to campsites at border

Secondary trauma - impact on court translators/guards

Secondary trauma - impacting attorneys, judges, court interpreters, etc.

Secondary trauma example - impact on judge

Seeing how adversarial the process is

Sense of safety already assaulted - now re-assaulted by taking away protections

Broader base of people struggling - those in need of help and the helpers

Entire immigration system is incredibly traumatizing

Immigration court proceeding - retraumatizing/not trauma-informed

The last four years have been hell - for clients, advocates, attorneys, anyone connected to U.S. immigration system

Attorneys managing expectations around legal timelines

Current timeline of legal processes - immigration defensive side

Current timeline of legal processes on benefits side

Extended legal timelines

Legal process is drawn out

Legal timelines - asylum case

Legal timelines - backlog and longer time for cases

Legal timelines - emphasizing end points/dates once you have them

Legal timelines - extraneous factors extending timelines

Legal timelines - initial relief to remain in country

Legal timelines - special immigrant juvenile (type of relief for children)

Legal timelines - special immigrant juvenile T-visas & U-visas (humanitarian relief)

Legal timelines - voluntary departure (fastest form of relief)

Lengthy timelines - it can take decades

Lengthy timelines for non-detained

Massive delays in immigration system

Timeline - asylum application

*Timeline - detention - moving too fast*

Detained cases go very quickly (months)

Timeline - work permit/visa/green card

Unprecedented timelines for legal processes

U-Visa waitlist - 4-5 years

Can't obtain work permit for 6 months

**Trauma in home country and journey to U.S.**

Central America - gang violence and rape

Dangers of journey immigrating to U.S.

Fear for family that's left behind

**Treated like criminals**

Gang activity in Central America  
 Gang activity in El Salvador  
 LGBT in Central America  
 Trauma before, during, and after journey to U.S. for asylum seekers

Falsely claiming U.S. citizenship - treated on par with selling drugs  
 Immigration court system is traumatizing  
 Irony/confusion/paradox moving target/treated like a criminal  
 Treated criminals for asylum seekers  
 Treated like a criminal - done nothing wrong  
 Treated like criminals - dehumanizing  
 Treated like criminals - our country decides to detain people  
 What attorney says to clients who feel treated like a criminal  
 Client experience - treated like criminals  
 Client experience - treated like criminals when many have never committed a crime in their life

**Trump administration**

Extended timelines under Trump admin  
 Lasting damage to immigration system by Trump admin.  
 Question - how did the L/P/P change from Obama to Trump? What do you predict under the new administration?  
 This administration made the process more difficult  
 Trump admin - "better find some tourniquets because of the hemorrhaging that's happening"  
 Trump admin - "clear animus against non-influential, non-white immigration"  
 Trump admin - "policy tinkering" "nuts and bolts" to make it harder  
 Trump admin - "terrorizing immigrants"  
 Trump admin - "the carnage is real" - regulatory changes will take time to undo  
 Trump admin - "trauma is real on both sides of the coin"  
 Trump admin - attitude change - more stringent  
 Trump admin - bogged down system  
 Trump admin - changes to forms of relief available  
 Trump admin - clients and attorneys/advocates giving up  
 Trump admin - collapsing system - backlog of over a million cases  
 Trump admin - criminal charges dismissed but still deported  
 Trump admin - delays in T-visas (trafficking applications)  
 Trump admin - denials for T-visas/unable to forgive crime committed due to being trafficked  
 Trump admin - eliminate existence of work permits for people with final removal orders  
 Trump admin - empowered to use "pretty draconian measures"  
 Trump admin - example of small changes made to disrupt on a large scale  
 Trump admin - finding technical ways to prevent people from accessing legal immigration  
 Trump admin - harder to win cases  
 Trump admin - if you do something you might get deported, if you don't do something you might get deported

**U.S. citizenship privilege**

Trump admin - insidious policy changes, month by month  
 Trump admin - Machiavellian  
 Trump admin - made it harder to seek relief based on past harm by other gov. actors  
 Trump admin - no priorities  
 Trump admin - no-match Social Security numbers  
 Trump admin - not allowed to grant asylum only because of gang persecution in Central America  
 Trump admin - pathways to relief are a lot more restrictive  
 Trump admin - people afraid to ask for help  
 Trump admin - personal attack on advocates, "dirty immigration lawyers"  
 Trump admin - policy as moving target  
 Trump admin - policy change - erodes at sanity of attorneys  
 Trump Admin - process harder, systematic manner  
 Trump admin - removes authority for judges to administratively close cases  
 Trump admin - the wall, draconian steps, hard discourse  
 Trump coming into office inspired return to immigration law  
 Unemployment, COVID crisis, immigration

Clinician awareness of U.S. citizen privilege  
 Clinician story/example - how awareness of U.S. citizenship privilege impacts work with clients  
 Experiences that fostered awareness of U.S. citizenship privilege  
 Limitations of U.S. citizen privilege - ethnic discrimination  
 U.S. citizenship privilege - "You have to be better than an American citizen to stay here"  
 U.S. citizenship privilege - awareness of own privilege impacted by work in immigration  
 U.S. citizenship privilege - lack of awareness in personal conversations  
 U.S. citizenship privilege - moments of clarity  
 U.S. citizenship privilege - story that spurred awareness of privilege in attorney  
 U.S. citizenship privilege awareness - "walking into a room and feeling like I belong"  
 U.S. citizenship privilege awareness - ability to apply for scholarships  
 U.S. citizenship privilege awareness - attorney  
 U.S. citizenship privilege awareness - right to vote

**UAC - Unaccompanied Alien Child**

How/when a child might lose UAC designation - interesting tension  
 UAC designation - ambiguous  
 Unaccompanied alien child

**Underlying Fear**

Political climate in U.S. creating more anxiety and fear for immigrants  
 Underlying fear - impacting every aspect of life  
 Psych impact - "undercurrent of fear" can interfere with legal representation  
 Underlying fear that they will be sent back  
 Impact of lengthy timelines - fear that you could be deported at any minute  
 Trump admin - creating culture of fear/trying to coerce people to self-deport

**USCIS issues**

Trump admin - fear motivates people to try and regularize status

Asylum office overbooked - extensive preparation to be turned away

Immigration law - discretionary element to adjudicators

Misinformation/human error - leading to wrongful application rejections, etc.