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The Unaccompanied Minor's Resilience and Trauma Program at Latin American Health Institute is a federally-funded program aimed at improving the capacity of shelter workers to provide trauma-informed services to undocumented alien children in their care. These are immigrant youth who are without parents or guardians and who lack legal status in the United States. The vast majority of them have endured terrible traumas and losses in their lives. These young people have experienced abuse and neglect, carry financial and emotional responsibilities far beyond their years, and are vulnerable to labor and sexual exploitation. Shelter care providers require training and support in order to address properly the effects of trauma in these youth. This resilience and trauma program is designed to meet the needs of this shelter network.

Every year, tens of thousands of unaccompanied minors cross the border into the United States. They risk their lives in order to be reunited with their parents, to avoid violence back home, or to find work and improve their families' lives. Most of the unaccompanied minors apprehended by United States authorities are referred to the Division of Unaccompanied Children's Services (DUCS), a program under the Office of Refugee and Resettlement (ORR). DUCS provides shelter, medical care, and social services to approximately 9,000 unaccompanied minors every year.

Despite their dire circumstances, these youth are very resourceful. They have survived difficult circumstances at home, and have navigated a treacherous journey into the United States. With the right support, they can develop the skills to deal with past traumas and the future stresses they will inevitably face. Approximately one third of unaccompanied minors under DUCS care will be deported to their home countries, and the remaining two thirds will be reunited with a sponsor in the United States. However, the vast majority of them, whether deported or reunited with a sponsor, will remain in unstable circumstances as a result of their immigration status and poverty. Intervention at this critical phase of DUCS custody could significantly improve the situation of these youth by better equipping them to deal with the traumas and stresses inherent in their lives.

DUCS shelter staff face the daunting task of providing effective services in a setting where these young people stay only briefly before departing to often insecure destinations. Given the high volume and rapid turnover of these youth, staff are



continuously exposed to circumstances beyond their control, thus leaving them vulnerable to demoralization, compassion fatigue, and job burnout.

The goal of this program is to assist shelter workers in meeting these challenges. We will work at the multi-systemic level, aiding DUCS shelter staff in the creation of safe working environments by helping them to form multidisciplinary teams skilled in addressing the needs of youth exposed to high levels of trauma. These teams will learn how to help youth cope with emotional and behavioral dysregulation, while simultaneously learning to address the systemic factors that so often worsen the situation. The teams will also learn to foster resilience and playfulness— not only in the youth, but in themselves as well, thereby reducing staff susceptibility to vicarious trauma.

To begin implementation of the program, an evidence-based trauma intervention will be piloted in four sites. The trauma intervention will address three key issues: 1) improving the capacity of shelter providers to recognize and address the impact of trauma in youth; 2) recognizing the risk of, and developing effective strategies to deal with, vicarious trauma and compassion fatigue in themselves; and 3) addressing the importance of resilience and play. We firmly believe that even in situations beyond our control, we can find a little place in which to feel joy and appreciation.

Next, the program will conduct a network-wide needs assessment. Qualitative and quantitative measures will be used to interview and ascertain the needs of unaccompanied minors and their shelter care providers. Using the results of both the needs assessment and an evaluation of the trauma intervention, we will develop a proposal that addresses implementation of the project on a larger scale, across the entire shelter network. Finally, we will mobilize technology and web-based tools to support all major activities of the program, including needs assessment, data analysis, training, and evaluation. These tools will allow us to harness real-time information, ensuring that the program stays on track with its goals and objectives.