CLINICIANS' LIVED EXPERIENCES WORKING WITH UNACCOMPANIED IMMIGRANT CHILDREN

A Dissertation

by

ERIKA ANN MENDEZ

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MS, Texas A&M University Kingsville, 2012

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This dissertation meets the standards for scope and quality of
Texas A&M University-Corpus Christi and is hereby approved.

Marvarene Oliver, Ed.D.
Chair

Joshua Watson, Ph.D.
Committee Member

Mary Fernandez, Ph.D.
Committee Member

Yolanda Keys, DHA
Graduate Faculty Representative

May 2017

ABSTRACT

There has been an influx of unaccompanied immigrant children fleeing to the U.S. due to gang violence, abuse, and extortion (U.S. Department of Homeland Security, 2014) and more children are expected to come. The Office of Refugee Resettlement, a federal agency, provides care for these children. Furthermore, these children have an overwhelming need of mental health services because of the trauma they have endured in their home countries. There is a dearth of information regarding lived experiences of clinicians' practices in providing mental health services to unaccompanied immigrant children.

The focus of this study was to explore clinicians' experiences working with unaccompanied immigrant children utilizing a qualitative heuristic research design. The grand tour questions consisted of (a) What are the lived experiences of clinicians providing mental health services to unaccompanied immigrant children?, and (b) In what ways, if any, have the experiences of working with unaccompanied immigrant children impacted clinicians? Seven participants agreed to take part in the study and to provide interviews. I used a heuristic methodology to collect and analyze data.

Six core themes emerged as being central to clinicians' experiences working with unaccompanied immigrant children: rewarding experiences, professional and personal development, burnout, potential pre-cursors to vicarious trauma, culture, and therapeutic relationship.

There are several aspects to consider in terms of recommendations for future research and practice. There is a clear need for more research about unaccompanied minor children, counselors who work with them, and effective intervention approaches. This study may offer

insight to counselors and counselor educators in terms of supervision and counselor training. The results of this study indicate counselors working with unaccompanied immigrant children, as with other populations who have experienced trauma, are susceptible to risk factors that could lead to vicarious trauma and burnout if unaddressed. Furthermore, counselor educators might begin to integrate this population into the curricula of counselor training programs in an effort to promote multicultural competency among counselors in training.

DEDICATION

This dissertation is dedicated to my son, Aiden. Aiden, you have been with me through the entirety of earning this Ph.D. from the first semester when you were in my belly until now that you are 3 years old. I wanted to prove to you that you could do anything you set your mind to regardless of your ethnicity, race, religion, gender, age, socioeconomic status, or any other identifier people might place on you. I have worked hard to give you a life without limits and I hope that you will someday be proud of your mommy for her accomplishments because they are all for you.

I would also like to dedicate this work to my family who have sacrificed so much of themselves to see me succeed. I want you to know I have no words to express my gratitude for what you have done and continue to do for me. Through all of the hardships we have been through you continue to be relentlessly supportive. I know that no matter what difficulties we face in the future we will continue to overcome them together as a family. Mom, Dad, Brother, and Eric this one is for you.

This work is also dedicated to my participants “Pat” “Pen” “Colocho” “Nat” “Sophia” “Loveland” and “Jericho.” Thank you for giving of your time and energy to help me shed light on a topic many people tend to overlook. I have learned so much thanks to each of you and this dissertation would not have been possible if it were not for you trusting in me to tell your stories. Additionally, I would like to thank you for all of your efforts and hard work at providing counseling services to unaccompanied immigrant children. I know that, for many, you are the light of their day. Thank you for making a difference in these children’s lives.

Finally, I would like to dedicate this dissertation to the unaccompanied immigrant children making their journey to the U.S. to escape violence, persecution, abuse, and extortion

who are in search of safety and reunification with family members. May you never lose hope and soon find the peace and love you so desperately seek.

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for demonstrating it is okay to be unequivocally, unapologetically genuine and kind. To put it simply, thank you for being you.

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so thankful God blessed me with you as my mother. All of the *desveladas* finally paid off. Dad, thank you for giving up time with us to support us. You have worked so hard to make sure we had the best of things and never went without and I want you to know how thankful I am. Thank you for supporting my dream of earning a Ph.D. I did not think I would be saying this but we did it!

Brother, thank you for always encouraging me to be a better person. Your motivation and support has been a driving force for me. I love you and thank you for being my rock at times when life was so rough. Ever since we were little, I wanted to do everything you did. I wanted to follow you everywhere, even when you said girls were not allowed. Not much has changed since then except for your idea about girls not being allowed. In any case, soon we will both be PhDs and we will be unstoppable.

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CHAPTER I

Introduction

Immigration has become an important topic in the United States of America. According to the U.S. Department of Homeland Security (2014), 68,541 unaccompanied immigrant children traveled to the U.S. in the 2014 fiscal year. While lawmakers are focused on creating more stringent immigration laws to secure our borders, some Americans are concerned with the humanitarian aspect of this issue. Counselors and other mental health professionals encounter these children in schools and in shelters where unaccompanied immigrant children are detained in residential treatment centers (Gordon, 2014). However, review of the literature revealed little information concerning clinicians' work with these children, including whether or how such work may impact the clinicians who provide services to undocumented immigrant children.

Grillo (2014) stated that unaccompanied immigrant children have been fleeing from their home countries for four reasons: (a) to be reunited with their parents, (b) to obtain employment to help their families in their home country, (c) to be granted amnesty by the President of the United States, and (d) to escape from the increased number of gangs and incidents of gang-related violence that have become rampant in their home countries. Lone (2014) explained that those in Latin American countries mistakenly believe their children will be allowed to remain in the U.S. because of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. This law, still in effect today, provides unaccompanied immigrant children with a full immigration hearing, as opposed to deportation back to their home country. Lone suggested unless President Obama made immigration reform an executive order, any chances of immigration reform would not likely happen in 2014, thus allowing the immigration crisis to

intensify. However, President Obama did not issue an executive order, and immigration reform remains unresolved at the time of this study.

According to various reports, some of these unaccompanied immigrant children are fleeing their home countries for their own safety, predominantly in fear of local gang violence. Martinez (2014b) recounted the story of an 11-year-old boy who was murdered and dismembered in El Salvador by local gang members because he refused to join their ranks. Gordon (2014) discussed the journey of a 17-year-old boy who was forced to smuggle drugs into the U.S. by gang members in Northern Mexico. He revealed Honduras has the world's highest murder rate, with El Salvador at a close second.

Children who find themselves alone due to the aforementioned gang violence are often left with little choice but to flee to the U.S. in hopes of survival (Grillo, 2014). While some of these children are successful in their journey to the U.S., many are apprehended by United States Customs and Border Protection officials. Once apprehended, these children are transferred to facilities that are intended to house them until they are reunified with a family member, friend of the family, or sponsor or are able to be sent back to their home country. While in these facilities, children receive services that meet their basic needs, such as educational services, therapeutic services, medical services, and dental services (Gordon, 2014).

With the sudden rise in unaccompanied immigrant children fleeing to the U.S., it is vital that counselors consider the implications for rendering mental health services to this population. However, there is little extant literature regarding mental health work with these children. The lack of literature extends to how counselors experience their work as well as what they actually do. The lack of research has potential implications for understanding how counselors might be better prepared during training, what they might expect if they work with these children, impact

such work might have on them, and how they might best serve this population. Because so little is known, understanding the experiences of those who have been on the front lines assisting these children is a prudent first step to expanding research in this area. This study, with its focus on understanding the experiences of clinicians who work with unaccompanied immigrant children primarily from Central America, was an effort to narrow the gap in the literature.

Statement of the Problem

In recent years, there has been an influx of unaccompanied immigrant children fleeing to the U.S. (U.S. Department of Homeland Security, 2014). This number is expected to continue to rise. Many of these children experienced some form of trauma in their home country or during their journey and, therefore, require some form of mental health services (Gordon, 2014). Researchers are starting to look for helpful information in treating unaccompanied immigrant children (Hopkins & Hill, 2010; Miller, Irizarry, & Bowden, 2013; Unterhitzenberger et al., 2015). However, despite an increased interest in providing treatment to unaccompanied immigrant children (Hopkins & Hill, 2010; Miller et al., 2013; Unterhitzenberger et al., 2015), there is a minimum amount of research that has been conducted on the topic, particularly from a counseling perspective. With the number of unaccompanied immigrant children expected to continue to rise, it will ultimately be important to better understand how counselors and other mental health professionals can provide effective services. However, the lack of research, including perspectives and experiences of those who currently provide services, leaves counselors with little direction about treatment or about what they may encounter when working with this population. In addition, those who train and supervise counselors have little from which to draw concerning this unique population of clients.

Purpose of the Study

The purpose of this study was to examine and explicate the lived experiences of clinicians providing services to undocumented immigrant children. There is very little literature either about or for clinicians working with this population. This makes it difficult for counselors in training, as well as those already working with unaccompanied immigrant children, to prepare and provide clinical mental health treatment. At the time of the current study, there also was scant literature available about the experiences of unaccompanied immigrant children, with the majority of information produced by government agencies, legal and law professionals, and news-related media sources. In the reports that do exist, there is evidence that most of these children experienced multiple traumatic events and are in need of clinical mental health services. While literature indicates that working with individuals who have experienced traumatizing events are at higher risk for vicarious trauma, there is a lack of research about how working with this vulnerable population may impact counselors. This study attempted to begin to fill a gap in the literature, specifically regarding clinicians who work with unaccompanied immigrant children.

Research Questions

- What are the lived experiences of clinicians providing mental health services to unaccompanied immigrant children?
- In what ways, if any, have the experiences of working with unaccompanied immigrant children impacted clinicians?

Significance of the Study

A study focused on the experiences of clinicians providing services to this population is prudent for several reasons. There is limited literature concerning clinicians who work with

unaccompanied immigrant children. There is also serious deficiency in the counseling literature in regards to unaccompanied immigrant children (Gordon, 2014). Results of this study provide needed information for counselor educators and supervisors to inform training as well as for counselors currently working with these children. The results of this study indicate counselors working with unaccompanied immigrant children, like counselors who work with other populations who have experienced trauma, are susceptible to risk factors that could lead to vicarious trauma if unaddressed. Additionally, those working with this unique population should acknowledge the risk of experiencing symptoms of burnout. The findings of this study support the importance of an effective self-care regimen among clinicians working with unaccompanied immigrant children, in order to ameliorate the risk of burnout and symptoms of vicarious trauma. In addition, findings of this study indicate that counselors who work with this population experienced personal and professional growth and fulfillment. Furthermore, this study offers insight about the importance of therapeutic rapport when working with unaccompanied immigrant children.

Theoretical Rationale

A phenomenological heuristic approach was employed in this study to explore clinicians' experiences providing mental health services to unaccompanied immigrant children. Patton (2015) asserted that the purpose of qualitative inquiry is to understand the characteristics of a situation and the meaning brought by participants concerning what is happening to them at that moment. Moustakas (1990) described the heuristic approach as employing a plurality of voices to cover as many factors of the experienced research as possible, with the purpose of the inquiry being a recreation of the lived experience of the individual. He noted the primary investigator's frame of reference, self-searching, and intuition are paramount in heuristic inquiry. Heuristic

inquiry is implemented when the researcher has undergone the experience under study in a vital, intense, and full way (Moustakas, 1990). The heuristic paradigm was selected for this study due to the primary investigator's intense personal experience as a clinician working with unaccompanied immigrant children.

Methodology

Population and Sample

Patton (2015) asserted purposeful sampling yields information-rich cases that may provide insights and in-depth understanding of the sample. Information-rich cases are those from which we are able to learn a plethora of information regarding issues of central importance to the purpose of the inquiry (Patton, 2015). Additionally, Patton explained homogenous samples are generally used to describe some particular subgroup in depth. I utilized a purposeful sampling method to collect data from a homogenous sample in an effort to obtain information-rich cases. Moustakas (1994) indicated criteria to consider for recruiting participants include: (a) the participant has undergone the phenomenon being investigated, (b) the individual is intensely interested in understanding the phenomenon, (c) the participant is willing to participate in a lengthy interview along with potential follow up interviews, and (d) the person trusts the researcher to record the audio and publish the data in a dissertation or other publication.

Participants in this study consisted of bilingual clinicians employed at a shelter for unaccompanied immigrant children. Each participant, over the age of 21, provided consent to participate in the study. All participants possessed a Master's degree in counseling or a related field. In addition, all participants had experience conducting on-site mental health admission assessments, providing individual and group counseling, and administering mental health screenings for unaccompanied immigrant children. The residential treatment center for this

study housed unaccompanied immigrant children ages six through seventeen. Of the 16 total clinicians who met inclusion criteria at the shelter, seven clinicians volunteered to participate in this study.

Data Collection

Throughout the study, I adhered to the American Counseling Association's (2014) Code of Ethics pertaining to research. Prior to collecting any data, I obtained permission from the facility to conduct research on site. Upon Institutional Review Board approval (see Appendix A), I disseminated a general email extending an invitation to potential participants to take part in the study (see Appendix B). The email contained general information about the study as well as a consent form to participate in the study. Participants were reassured that participation in the study was optional and that they could withdraw at any time. Furthermore, participants were assured no identifying information would be revealed and their participation or non-participation in the study would have neither positive nor negative effects on any evaluations conducted in relation to their employment with the agency. Potential participants were invited to attend a meeting where they received further information regarding the study. Upon attending this meeting, participants were provided with paper copies of consent and demographic forms (see Appendix C and D). Due to stringent security protocols on site, I was obligated to personally collect the data. After obtaining consent and demographic forms to participate in the study, I instructed participants to journal about their experiences of providing mental health services to unaccompanied immigrant children twice a week for five weeks. Journaling took participants approximately 30 minutes to complete per week. Participants were encouraged to utilize a pseudonym when journaling in an effort to preserve confidentiality. Additionally, I conducted semi-structured, in-depth interviews utilizing an interview guide (see Appendix E). All

interviews were audio recorded. Once recordings were transcribed and verified for accuracy, recordings were erased.

Once the transcription was made, I contacted each participant through email for verification of accuracy and member checking (see Appendix F). Each participant had the opportunity to review the transcript, make corrections, and provide additional information to their responses. After collecting journals and making any needed corrections to interview transcriptions reviewed by participants, I did an initial round of open coding. I then conducted a focus group with participants using the initial themes as the basis for focus group questions. The focus group was also recorded. The audio recording of the focus group was then transcribed, and I conducted an additional round of open coding.

Moustakas (1994) recognized the process of epoche, where the researcher sets aside any potential biases and prejudgments. In the epoche, everything has equal value, and the researcher sets aside all knowledge while remaining present (Moustakas, 1994). Moustakas (1994) noted the epoche process is rarely perfected but indicated it reduces the influence of preconceived biases. Therefore, in an effort to be reflexive, I utilized a field journal throughout the entire study. I utilized this field journal to write about my own perceptions, thoughts, and ideas generated by interviews and the focus group, as well as to document decisions made throughout the research. The journal also served as a tool to record my thoughts, feelings, and reactions to delivering mental health services to unaccompanied immigrant children to provide a clear picture of my own potential biases and to examine my own experiences, bracketing as needed, throughout the process.

Data Analysis

The phases of heuristic research are (a) initial engagement – the researcher engages fully with the main inquiry; (b) immersion – the topic becomes the focus of one's existence; (c) incubation – the researcher temporarily retreats from the intensity of the search; (d) illumination – new understandings and disclosure of hidden meanings occur naturally; (e) explication – the researcher attempts to clarify and explain the subjective knowledge gained; and (f) culmination – a creative synthesis. I followed these steps as a guide to completing this heuristic study and utilized Moustakas' (1994) methods to analyze the data.

Through a self-directed search and self-dialogue, I was able to discover the topic and research questions of this study. During the initial engagement phase of heuristic research, I recognized the intense interest and passionate concern I had for this topic. During the immersion phase of the heuristic research process, I immersed myself in the data to gain a clear understanding of participants' experiences. This was followed by the incubation phase of heuristic research. As outlined by Moustakas (1990), I stepped away from the data several times during the analysis process, which allowed understanding of meanings in the data to occur naturally, and ultimately identified themes. In the explication phase, I constructed individual portrayals of clinicians' experiences working with unaccompanied immigrant children. I returned to the original data to ensure portrayals consisted of themes related to the participants' experiences of delivering services to unaccompanied immigrant children. Analysis of data was sent to participants, and they were asked to provide responses regarding the accuracy of the results via email. Once this step was complete, I utilized the portrayals, which represented each participant, to construct a composite depiction representative of the sample. After creating this composite depiction, I immersed myself in the portrayals to understand and embrace the

participants' experiences in an effort to develop exemplary portraits, which were unique to participants but characteristic of the sample. Two exemplars were generated from the data. The final phase included the generation of a creative synthesis. I constructed an amalgamation based on my experience as the primary investigator, as well as my own and co-researchers' experiences working with unaccompanied immigrant children in the form of a narrative.

Trustworthiness

Lincoln and Guba (1985) identified four criteria for judging trustworthiness: credibility, transferability, dependability, and confirmability. I attempted to achieve trustworthiness by fulfilling the requirements for these four criteria during this study. Credibility has to do with the confidence in the truth of the findings. Triangulation and member checking were methods utilized in the current study to achieve credibility. Triangulation of data was achieved by attaining three sources of data. The three sources of data collected in this study were journal entries from participants; transcriptions of semi-structured, in-depth interviews; and transcription from a focus group. In addition to triangulation of data, I employed a technique known as member checking. Member checking is a term used to describe a validation technique to enhance rigor used in qualitative research (Lincoln & Guba, 1985; Patton, 2015). Member checking allows a researcher to return data to participants to verify accuracy of their experiences and it has been a technique used by some researchers to demonstrate the credibility of results (Birt, Scott, Cavers, Campbell, & Walter, 2016; Patton, 2015). Furthermore, credibility was strengthened through prolonged engagement in the field, persistent observation, and checking interpretations against raw data (Lincoln & Guba, 1985).

Transferability is the applicability of findings in other contexts. Transferability was established by providing a detailed, rich description of the setting where the study took place

(Patton, 2015; Seale, 2001). This was done in an effort to allow readers to evaluate the study's findings and determine if they could be applied to other settings. It is not my intention to generalize findings from this study across this population. However, by providing thick, rich descriptions of the study's setting and findings others will be capable of interpreting the results for themselves.

Dependability, as opposed to reliability, is the ability to show that findings are consistent and could be repeated. Dependability was demonstrated in this study by providing a thick, rich description of the methodology and heuristic research phases implemented in the study. Confirmability has to do with the extent that findings are the result of participants' responses and not derived from researcher bias. Confirmability was established through triangulation of data, the use of a reflexive journal, and a detailed description of the methods used in the study. A reflective journal was utilized throughout the study to document steps and decisions taken during the course of the study, as well as to maintain an awareness of my own experiences as the primary investigator and clinician working with unaccompanied immigrant children.

Basic Assumptions

One assumption I had during this study was that participants would openly and accurately discuss their experiences related to unaccompanied immigrant children. Another assumption was that methods of data collection used would yield in-depth descriptions of experiences related to clinicians' experiences in treating unaccompanied immigrant children. Finally, I assumed that working with these children might have a lasting effect on the clinicians who worked with them.

Definition of Terms

Refugee

A refugee is any person who is outside his or her country of nationality or habitual

> residence and is unable or unwilling to return to or seek protection of that country due to a well-founded fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion. (U.S. Department of Health and Human Services, 2013, p. 1)

Immigrant

For the purpose of this study, an immigrant is a person who leaves their home country to reside permanently in another country.

Unaccompanied Immigrant Child

For the purpose of this study, the primary researcher operationally defined an unaccompanied immigrant child as one who:

> . . . has no lawful immigration status in the United States; has not attained 18 years of age, and with respect to whom there is no parent or legal guardian in the United States; or no parent of legal guardian in the United States is available to provide care and physical custody. (U.S. Department of Health and Human Services, 2016, p. 1)

Clinician

The author of this study operationally defined a clinician as someone who possesses at least a Master's degree in counseling or a related field. Additionally, a clinician is an individual who is qualified to conduct on-site mental health assessments, provide individual and group counseling, and administer mental health screenings for unaccompanied immigrant children.

Related Government Agencies

U.S. Department of Homeland Security. The U.S. Department of Homeland Security (DHS) is an organization established to keep the United States of America safe. Their mission is to protect the United States of America from any threats that may arise. Furthermore, DHS

employees vary in profession. Two agencies who work directly with unaccompanied immigrant children within DHS are U.S. Customs and Border Protection (CBP) and U.S. Immigration and Customs Enforcement (ICE). When immigrant children are found in the U.S., CBP agents apprehend them and, once it is learned they are from a country other than Mexico, transfer them into the custody of ICE officials. The ICE officials then find appropriate placement for them and transfer them to the custody of the U.S. Department of Health and Human Services (HHS).

U.S. Department of Health and Human Services. The U.S. Department of Health and Human Services (HHS) consists of three agencies who oversee the care of unaccompanied immigrant children entering the U.S. from other countries without a parent or legal guardian. These agencies consist of the Administration for Children and Families (ACF), the Office of Refugee and Resettlement (ORR), and the Department of Unaccompanied Children's Services (DUCS). They are required to place children in the least restrictive setting as possible while taking into account the child's needs and best interest. Moreover, ORR provides unaccompanied immigrant children with a suitable environment until they can be reunified with a family member or family friend while their immigration cases continue (U.S. Department of Health and Human Services, 2015).

Residential Treatment Center

The DHS apprehends unaccompanied immigrant children and transfers them to HHS custody. The HHS then refers them to ORR where they are kept until they can reunite with their families. While in custody, ORR decides where the child will be placed based on the best interest of the unaccompanied immigrant youth. At times these children are placed in residential treatment centers, also known as shelters. The ORR ensures these shelters are the least restrictive setting possible.

Care Provider

For the purpose of this study, a care provider is defined as an ORR-funded program that is licensed by a state agency to provide residential care for children. The care provider referred to in this study specifically pertains to the shelter setting.

Role of the Researcher

Patton (2015) described the emic approach to qualitative research as sharing in the life and activities of the setting under study in order to develop an insider's view of what is happening. Because I was employed by the shelter where the data was collected, provided counseling services to unaccompanied immigrant children, and interacted regularly with other clinicians in the shelter, I was an insider. I shared the same experiences as participants in the current study, and it was from this perspective that I fulfilled the role of researcher.

My intimate involvement with the experience under investigation demanded that I engage in self-searching and reflection, self-dialogue, and self-discovery throughout the process (Moustakas, 1990). It was critical that I remain attuned to the experiences of participants while being aware of my own biases and preconceptions (Moustakas, 1990). To this end, I utilized a field journal to record my own experiences and perceptions regarding the study, including observations, thoughts, and ideas that resonated with me upon the completion of each participant interview.

Limitations

There are some limitations to consider for this study pertaining to both the methodology utilized as well as the results yielded. All but one of the participants in this study was female. For this reason, this study may not communicate male clinicians' perspective of working with unaccompanied immigrant children. An additional limitation to consider is that all seven

participants identified as White, with six also identifying as Hispanic (American born) and one identifying as Spanish (reflecting country of origin). Studies that include a diverse sample of respondents might yield different results. Moreover, four participants indicated they had children, while three stated they had no children. It cannot be known whether participants' status as parents might impact their experience of working with this population. Since I was employed by the agency from which participants were recruited, participants may have been less forthcoming than they might have been with a researcher from outside the agency or who was unknown to participants. Furthermore, participants' fear of negative consequences to clients or themselves as a result of what was revealed in interviews may have impacted their responses. Additionally, participants in the study were recruited from one agency providing services to unaccompanied immigrant children. Research including participants from different agencies may have provided alternative results as there may be different cultures within different groups of clinicians from various settings.

Heuristic methodology has many strengths; however, there are also limitations worth considering. The heuristic methods place an emphasis on the subjective experience of the phenomenon being investigated, there is an increased risk of researcher bias (Djuraskovic & Arthur, 2010). While I undertook methods to minimize the possibility for bias, such as utilizing a reflective journal to bracket biases, emotions, and thoughts as well as having a peer de-briefer to consult regarding themes, it is not possible for any researcher to be bias-free. However, the heuristic methodology utilized in this study allowed me to convey the lived experiences of clinicians working with unaccompanied immigrant children in a way that no other paradigm would have.

Organization of Remaining Chapters

Chapter two consists of a review of the literature regarding the area of concentration derived from the current study. Chapter three includes a detailed review of the methodology used in the study. Chapter four provides the results yielded from the study. Finally, chapter five includes a discussion of implications of the findings of the study, as well as recommendations for future research and practice.

CHAPTER II

Literature Review

In order to understand the experiences of counselors who work with unaccompanied immigrant children, it is important to understand the larger contexts related to both the counselors and the children with whom they work. Thus, this chapter provides an overview of experiences unaccompanied immigrant children, primarily from Central America, when traveling to the U.S. In addition, the chapter discusses procedures followed when immigrant children are apprehended and brought into federal custody as well as important legislation passed regarding unaccompanied immigrant children. Furthermore, the chapter presents a review of the limited literature regarding presenting issues and barriers to counseling for unaccompanied children that counselors and other mental health professionals must recognize. Finally, the chapter provides a brief review of literature regarding secondary trauma and burnout that may be experienced by counselors who work in chronic difficult situations.

Unaccompanied Immigrant Children

The term *unaccompanied immigrant children* began to earn recognition from local media networks with the unexpected surge of Central American children flooding U.S. borders in the summer of 2014. The influx of unaccompanied immigrant children entering the U.S. continues. This has become a humanitarian issue and is widely publicized, along with where unaccompanied immigrant children originate and why they choose to travel to the U.S. In 2014, the amount of children fleeing to the U.S. from El Salvador, Guatemala, and Honduras (collectively known as the Northern Triangle) accounted for 96% of the children being referred to the Office of Refugee Resettlement (U.S. Department of Health and Human Services, 2015).

The unique population of unaccompanied immigrant children is rather substantial and expected to continue to grow larger (U.S. Department of Homeland Security, 2014, 2016).

Many unaccompanied immigrant minors arriving in the U.S. have experienced abuse or assault or have witnessed violent crimes being committed against their families and friends (Gordon, 2014; Grillo, 2014; Lone, 2014; Martinez, 2014a). Therefore, many of these children exhibit emotional disturbances related to mental health illnesses, such as PTSD, depression, and anxiety (Gordon, 2014; Grillo, 2014; Lone, 2014; Martinez, 2014a). As a result, some individuals in settings such as schools have expressed they have little to no preparation for dealing with the complexities these children face (Gordon, 2014).

The Journey

There are a variety of reports citing reasons for unaccompanied immigrant children traveling to the U.S., including pursuit of an education and occupational opportunities, misinterpretation of U.S. immigration policy, abuse and assault, reunification with parents or family members, and rampant gang violence in their home countries (Gordon, 2014; Lone, 2014; Martinez, 2014a; U.S. Department of Homeland Security, 2014). Abhorrent stories of unaccompanied immigrant children's treks to the U.S. have been documented in print media (Gordon, 2014; Grillo, 2014; Lone, 2014; Martinez, 2014a).

There are two common methods of traveling to the U.S. utilized by unaccompanied immigrant children (Dominguez-Villegas, 2014; Martinez, 2014a). Unaccompanied immigrant children may make their way through Central America and ride on top of freight train cars through Mexico until arriving close enough to the U.S./Mexico border to find a safe passage into the U.S. (Dominguez-Villegas, 2014; Martinez, 2014a). Alternatively, they may choose to utilize a human smuggler, also known as a guide, to transport them to the U.S. (Dominguez-

Villegas, 2014; Martinez, 2014a). Although there are many risks associated with a journey to the U.S., unaccompanied immigrant children are still willing to take on these risks in an effort to escape the dangers of their home countries.

La bestia. Many children fleeing to the U.S. from Central America seek safety, love, and acceptance (Martinez, 2014a). Most are willing to sacrifice anything to obtain these things. Children seek out many routes to the U.S., but one popular method of transportation is referred to as "La Bestia" (The Beast; Martinez, 2014a). Freight trains running through Mexico, referred to as La Bestia by immigrants, are a common mode of transportation to the U.S. Traveling aboard these freight trains is the only way to get to the U.S. for those who cannot afford to pay a human smuggler for their services, whose costs can be as much as $10,000 per person. Moreover, Mexican immigration officials are generally busy monitoring other methods of transportation, such as airports, bus stations, and other high traffic areas. These distractions allow an opportunity for undocumented immigrants to travel on freight trains undetected by Mexican immigration officials. Once immigrants arrive near the U.S./Mexico border they disembark from the freight train and either seek out human smugglers for safe passage across the border or face the treacherous task alone and cross the U.S./Mexico border themselves.

However, with no passenger cars, riding La Bestia is extremely dangerous. Those who choose to ride La Bestia must board while the train is in motion to avoid being discovered by train operators. Additionally, since there are no passenger cars, immigrants must ride atop the train cars with nothing to hold on to resulting in injuries when there is a sudden stop, a train is derailed, or when someone falls asleep. Immigrants journeying to the U.S. have witnessed injuries, such as beheadings and amputations (Dominguez-Villegas, 2014). Furthermore, individuals riding La Bestia are exposed to corrupt law enforcement officials and members of

cartels who insist on some form of payment in order to continue their journey to the U.S. (Dominguez-Villegas, 2014; Martinez, 2014a). Gang violence, sexual assault, extortion, kidnapping, and murder are some of the dangers awaiting unaccompanied immigrant children who choose to board La Bestia. Between April and September of 2010 over 11,000 immigrant abductions were reported to the National Human Rights Commission (Dominguez-Villegas, 2014). Undocumented immigrants who travel alone with no money to pay for bribes or extortion fees are particularly subject to these violent crimes (Dominguez-Villegas, 2014; Martinez, 2014a).

Guides. While some choose to trek through Mexico aboard La Bestia to travel to the U.S., others receive money from family members to pay for a human smuggler (Martinez, 2014a). Human smugglers can charge immigrants as much as $10,000 per person to guide them safely to the U.S. (Dominguez-Villegas, 2014). These costs include money to pay bribes to Mexican immigration officials as well as gang members who tend to extort immigrants along the way to the U.S. Generally, these individuals journey to the U.S. using safer methods of transportation – buses and cars – as the human smuggler fee includes money for transportation, lodging, and meals (Martinez, 2014a). However, the individual who can afford to pay a human smuggler for safe passage to the U.S. can also face many dangers.

Human smuggling and human trafficking are two distinctive crimes under federal law (Office on Trafficking in Persons, 2017). Although illegal, human smuggling is defined as transporting or harboring immigrants into the U.S. deliberately evading immigration laws (U.S. Immigration and Customs Enforcement, 2013). Human trafficking is defined as "the recruitment, harboring, transportation, [or] obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage

or slavery" (U.S. Immigration and Customs Enforcement, 2013, para. 6). Unaccompanied immigrant children have been forced to perform sexual favors and work for their human smugglers in order to continue their journey to the U.S. Human smugglers may also suddenly increase their negotiated price midway through a journey and force unaccompanied immigrant children to work off their debts. Furthermore, if and when the children are released from their human smuggler, they are verbally threatened and instructed not to inform anyone of their experiences or provide details associated with their smugglers identity, or they will harm their families in their home countries (Dominguez-Villegas, 2014).

Department of Homeland Security Apprehension

Once inside the U.S. border, undocumented immigrants may be arrested. Upon being apprehended by U.S. Customs and Border Protection (CBP) Agents unaccompanied immigrant minors are transported to a border patrol station within the U.S. Department of Homeland Security (DHS) sector of apprehension (Seghetti, 2014). Once they arrive at the border patrol station, they are placed in a holding cell with other undocumented youth and separated from adults. Next, they are processed by CBP. During processing, their biographical and biometric information is collected, an immigration check is performed, and the consulate of the unaccompanied immigrant child's country is notified of their entry to the U.S. If an unaccompanied immigrant child is from a country other than Mexico, a U.S. Immigration and Customs Enforcement (ICE) Juvenile Coordinator is notified, and they are released to ICE custody. U.S. Immigration and Customs Enforcement then finds appropriate placement for the child with the U.S. Department of Health and Human Services (HHS). Finally, unaccompanied immigrant children are placed in the Office of Refugee Resettlement (ORR) care in a facility that meets their needs. Placement is determined by many factors resulting in transfer to an ORR

shelter, foster home, or high security facility. Regulations dictate that minors should not be detained in DHS custody for more than 72 hours, which means the entire aforementioned process should be completed within three days (Seghetti, 2014). However, during times when numbers of children entering the U.S. is particularly high, such as the summer of 2014, some children remained in DHS custody for over two weeks.

Office of Refugee Resettlement Care

Unaccompanied immigrant children in the care of the Office of Refugee Resettlement (ORR) are placed in state-licensed facilities (U.S. Department of Health and Human Services, 2015). These care providers ensure children receive a range of "services including access to legal services, education, culture, language and religious observation, physical and mental health care, and recreation" (U.S. Department of Health and Human Services, 2016, p. 2). The ORR provides different levels of care depending on the child's needs (U.S. Department of Health and Human Services, 2015). At the time of this study, ORR had approximately 109 basic-level shelter facilities located across the country (U.S. Department of Health and Human Services, 2015).

While in ORR care, unaccompanied immigrant children receive mental health services. Clinicians working in ORR facilities are faced with mandatory documentation and several deadlines. For example, clinicians must complete an assessment for risk for each unaccompanied immigrant child within 72 hours and an initial admission assessment within five days from their date of entry (U.S. Department of Health and Human Services, 2015). Risk assessments are designed to assess whether the child feels safe and if there are any safety concerns for the child while in ORR care. A clinician should update assessments for risk every 30 days from a child's date of entry (U.S. Department of Health and Human Services, 2015). Admission assessments are designed to obtain a medical, mental health, and biographical history of the child (U.S.

Department of Health and Human Services, 2015). The assessment helps clinicians assess the child's current mental health functioning. Additionally, a case review providing updates on the child's current mental health functioning, and should be completed every 30 days from a child's date of entry by a clinician (U.S. Department of Health and Human Services, 2015). Clinicians are also responsible for providing weekly individual follow-up counseling sessions for each child assigned to their caseload to address a variety of presenting problems.

History of Legislation Regarding Unaccompanied Immigrant Children

Two noteworthy laws and a settlement have been monumental in the detention, treatment, and release of unaccompanied immigrant children. These laws consist of the Flores Settlement Agreement of 1997, the Homeland Security Act of 2002, and the William Wilberforce Trafficking Victims Reauthorization Act of 2008. Although policy makers are still debating the aforementioned laws and settlement, they are some of the only ones protecting unaccompanied immigrant children in federal custody.

Flores Settlement Agreement. In 1985, a 15-year-old girl from El Salvador entered the U.S. illegally to reunite with a family member, due to the rampant violence of a civil war in her home country (Reno v. Flores, 1997; Smith-Pastrana, 2016). However, Jenny Lissette Flores was not reunited with her family immediately upon entering the U.S. Instead, she was apprehended by the U.S. Immigration and Naturalization Service (INS) and arrested at the border. While she was only 15 years old at the time of her arrest, she was treated as an adult and handcuffed and strip searched. She remained in INS custody for approximately two months where she was routinely strip searched and placed with adults until she was able to attend her deportation hearing (Reno v. Flores, 1997; Smith-Pastrana, 2016). The juvenile detention center did not provide minors with educational or recreational opportunities and housed some minors with

unrelated adults of both sexes (Reno v. Flores, 1997). A lawsuit was eventually filed against the U.S. government in 1985, and Jenny was released 10 days later to her family (Reno v. Flores, 1997). The case was taken to different courts until a settlement was reached in 1997. The Flores Settlement Agreement provided a new policy for agencies, whether governmental or privately owned, on the detention, treatment, and release of unaccompanied immigrant children. The settlement requires agencies, such as the Department of Homeland Security (DHS) and the Department of Health and Human Services (HHS), to release unaccompanied immigrant children from their custody without any unnecessary delays. Furthermore, it stipulates children in care should be detained in the least restrictive setting possible. In addition to these guidelines, the Flores Settlement Agreement set in motion minimum standards for HHS' licensed care providers to include basic features, such as food, clothing, and suitable living environments, while in their custody. Moreover, the children should be provided with services including educational, religious, case management, clinical, medical, and legal components (Reno v. Flores, 1997).

Homeland Security Act of 2002. In 2003, the U.S. government enacted the Homeland Security Act of 2002 (HSA) and consolidated several agencies to create the U.S. Department of Homeland Security (DHS). This bill was developed as a result of the 2001 terror attacks on the Pentagon, United Airlines Flight 93, and the New York City twin towers. The HSA took the U.S. Immigration and Naturalization Service (INS) out of the Department of Justice (DOJ), and its responsibilities were assigned to different agencies within DHS and the U.S. Department of Health and Human Services (HHS). These agencies are known as the U.S. Immigration and Customs Enforcement (ICE), the U.S. Customs and Border Protection (CBP), the Department of Unaccompanied Children Services (DUCS), and the Office of Refugee Resettlement (ORR).

The HSA acknowledged the reassignment of responsibility of the apprehension, detention, transfer, and repatriation of unaccompanied immigrant children from the INS to DHS and HHS' ORR (Homeland Security Act of 2002). While the DHS now oversees the apprehension, transfer, and deportation of unaccompanied immigrant children, the HHS is now required to oversee the care of unaccompanied immigrant children and their reunification with family members or family friends. Additionally, the HHS is responsible for gathering and disseminating statistical data regarding unaccompanied immigrant children.

William Wilberforce Trafficking Victims Reauthorization Act of 2008. In an effort to ensure U.S. Border Patrol agents are properly screening unaccompanied immigrant children regarding grounds for deportation, the U.S. Congress passed the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. This law requires the Secretary of State to monitor and combat severe forms of human trafficking (William Wilberforce Trafficking Victims Protection Reauthorization Act, 2008). In addition to the bill protecting against human trafficking, the law also requires the U.S. Department of Homeland Security (DHS) to screen children "within 48 hours of being apprehended to determine whether they should be returned to their home country or transferred to the U.S. Department of Health and Human Services (HHS) and placed in removal proceedings" (William Wilberforce Trafficking Victims Protection Reauthorization Act, 2008, sec. 235). The bill requires DHS to notify HHS of the child's arrival within 48 hours. The child should then be transferred to HHS custody within 72 hours and placed in the least restrictive environment possible (William Wilberforce Trafficking Victims Protection Reauthorization Act, 2008). Once in HHS custody, the child is placed in an Office of Refugee and Resettlement (ORR) facility, and the process to locate a family member or family friend for reunification begins. If a family member or family friend can be located, ORR must verify that

this individual has the means to support the child. Additionally, the family member or family friend must be able to supply documentation to prove their identity and relationship to the child before they are reunified. Finally, the law requires HHS to provide children with access to pro bono legal counsel and a child advocate (William Wilberforce Trafficking Victims Protection Reauthorization Act, 2008).

Presenting Problems

Unaccompanied immigrant children may experience mental health problems due to their experiences of acculturation, discrimination, and trauma (American Psychological Association, 2012; Gonzales, Suárez-Orozco, & Dedios-Sanguineti, 2013; Gordon, 2014; Unterhitzenberger et al., 2015). Common presenting issues unaccompanied immigrant children experience include sadness, stemming from familial separation; fear of deportation; lack of trust; somatic symptoms; feelings of anxiousness regarding their length of stay in federal custody; and acculturative stressors (Derluyn & Broekaert, 2007). However, many unaccompanied immigrant children do not understand their symptoms as they relate to mental health due to a lack of education and understanding of mental health. Some present with somatic symptoms, such as chronic aches and pains, and neither they nor their family members may immediately associate their symptoms with their mental health. These children may first seek evaluation from a primary care physician instead of a counselor. Children may also experience difficulty with developing and implementing healthy coping techniques as a result of past trauma (Derluyn & Broekaert, 2007).

Acculturation-related presenting problems. Acculturation is a variable that counselors should consider when working with unaccompanied immigrant children as they are faced with the challenges of adjusting to a new life in a new culture (Gonzales et al., 2013). In addition to issues related to acculturation, cultural differences may impact the counseling relationship

(Bemak & Chung, 2008; Century et al., 2007; Chung, Bemak, & Grabosky, 2011; Gonzales et al., 2013). Acculturation is the merging of cultures or modification of an individual's culture by adapting to another culture (Barlow, Taylor, & Lambert, 2000; Fuertes & Westbrook, 1996; Garrett & Pichette, 2000). Culture and language are important factors to consider when working with populations like unaccompanied immigrant children (Century, Leavey, & Payne, 2007; Guanipa, Nolte, & Guanipa, 2002; McGoldrick, Pearce, & Giordano, 1982; Minuchin, 1974). Accordingly, these children may not only struggle with obstacles at home, but also will encounter challenges in school. Most unaccompanied immigrant children arrive in the U.S. with little to no English proficiency and a lack of, or interrupted, formal education. This makes earning a diploma and successfully integrating into their communities difficult.

Several authors have examined the relationship between various psychological factors and acculturation (Blount, & Young, 2015; Garrett, & Pichette, 2000; Gonzalez et al., 2013; Li, Marbley, Bradley, & Lan, 2016). In addition, some have examined acculturation as it relates to factors of refugees' mental health (Chung, Bemak, & Wong, 2000). While adult immigrants commonly suffer from symptoms of depression, anxiety, and substance abuse disorders, little is known regarding immigrant children (Gonzales et al., 2013). Some of the acculturative-related presenting issues documented in the literature regarding undocumented children include high levels of stress, lower levels of self-esteem, decreased motivation in school, health related problems, depression, and aggression (Gonzales et al., 2013; Kopala & Esquivel, 1994; National Council of La Raza, 2016). Furthermore, immigrant children may experience fear, uncertainty, stress, anxiety, and depression as their peers begin to journey past traditional rites of passage that their immigration status keeps them from achieving, such as getting a driver's license or being hired at their first job. Additionally, these children may choose to keep their legal status in the

U.S. a secret from their peers, educators, counselors, and romantic partners placing additional stress on their shrinking support networks (Gonzales et al., 2013).

Discrimination-related presenting problems. Unaccompanied immigrant children traveling to the U.S. today, in addition to some who have lived in the U.S. for longer periods of time, are experiencing increased stigmatization as hostile political and anti-immigrant sentiments surrounding immigration reform are being openly debated. These hostile views have resulted in intensified heights of fear in immigrant communities (American Psychological Association, 2012; Gonzales et al., 2013). Moreover, children are experiencing increased feelings of guilt and shame, which negatively impacts their social, academic, and mental health functioning (American Psychological Association, 2012).

Trauma-related presenting problems. Many unaccompanied immigrant children flee their home countries because they have experienced gang violence, domestic abuse, poverty, lack of opportunities, or to reunite with their families in the U.S. (National Immigrant Justice Center, 2014). Due to the trauma some unaccompanied immigrant children endure prior to arriving to the U.S. as well as during their journey, they may exhibit symptoms of mental health issues, such as post-traumatic stress disorder (PTSD), depression, and anxiety (Gordon, 2014; Unterhitzenberger et al., 2015). In a program within the Los Angeles school district, 94% of unaccompanied immigrant children provided with mental health screenings indicated they experienced at least three traumatic events, with approximately 65% of the children presenting with symptoms of PTSD, anxiety, and depression (Gordon, 2014). A review of the literature regarding immigrant children revealed evidence to suggest the usefulness of trauma-focused cognitive behavioral therapy when working with unaccompanied immigrant children who suffer

from symptoms of PTSD (Cohen, Mannarino, Kliethermes, & Murray, 2012; Scheeringa, Weems, Cohen, Amaya-Jackson, & Guthrie, 2011; Unterhitzenberger et al., 2015).

Barriers to Counseling

Counseling is defined as "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 368). Although unaccompanied immigrant children would benefit from receiving counseling services, many will not receive counseling services due to barriers they will encounter in their quest for assistance (Smith-Pastrana, 2016). While some children are given the opportunity to receive on-going counseling services upon discharge from federal custody, others are released without any stipulations. These recommendations are made on a case-by-case basis while considering the health and wellbeing of the child and resources available to them upon discharge (U.S. Department of Health and Human Services, 2015). Because the U.S. legal system does not require that unaccompanied immigrant children be provided a social worker or guardian ad litem after discharge from these federal programs, there is no way to ensure children's rights are being preserved (Smith-Pastrana, 2016). Therefore, should ORR make a recommendation for a child to receive on-going counseling services upon discharge, there is no way to ensure families follow through with the recommendation. On the other hand, if a child is released from ORR custody without any stipulations, immigrant families may not be able to afford counseling services as many lack health insurance (National Council of La Raza, 2016).

In terms of counseling services, there are several reasons immigrant families may not consider enlisting help from counselors. Immigrant families are less likely to seek out counseling and more likely to request assistance from family, friends, or the community (Altarriba & Bauer,

1998). According to Altarriba and Bauer (1998), another reason for not utilizing counseling services may be due to Latino culture in which health issues are attributed to the supernatural. Thus, instead of seeking out counseling services, individuals may turn to a curandera(o), or healer, for solutions (Altarriba & Bauer, 1998). Furthermore, immigrant families are less likely to request or access any type of health care service in fear of jeopardizing their status living in the U.S. (Kaplan & Inguanzo, 2011). Additionally, locating culturally competent counseling services can be challenging for Latino families (National Council of La Raza, 2016).

Vicarious Trauma and Burnout

Clinicians working with unaccompanied immigrant children are regularly exposed to clients' trauma stories. As a result, clinicians working with this population tend to experience various stressors in their workplace. Clinicians who provide services to unaccompanied immigrant children may be at risk for vicarious trauma and burnout because of the high rate of trauma experienced by these children in their home countries or during their travels to the U.S. (Dominguez-Villegas, 2014; Gordon, 2014; Lone, 2014; Martinez, 2014b; National Immigrant Justice Center, 2014). Ethically, counselors have a responsibility to maintain an awareness of potential signs of impairment (American Counseling Association, 2014). Thus, counselors should monitor themselves for signs of burnout, secondary or vicarious trauma, and compassion fatigue (Figley, 1985; Pearlman & Saakvitne, 1995; Stamm, 1997, 1999).

Vicarious Trauma

Vicarious trauma is defined as "lasting emotional and psychological consequences of continual exposure to traumatic experiences" (Ilesanmi & Eboiyehi, 2012, p. 4445). Counselors are more susceptible to experiencing symptoms of vicarious trauma when they have extended continuous exposure to client trauma, when they respond to trauma of children, and when they

identify with a victims experience (Shannonhouse, Barden, Jones, Gonzalez, & Murphy, 2016; Garner, Baker, & Hagelgans, 2016). First responders, disaster workers, and trauma counselors are susceptible to burnout, compassion fatigue, depression, PTSD, and anxiety (Figley, 1985, 1989, 1993, 1995, 1996, 2002; Finklestein, Stein, Greene, Bronstein, & Solomon, 2015; Garner et al., 2016). Personal risk factors for vicarious trauma include previous history of trauma, life stress and psychiatric illness, social support, gender, age, styles of coping, education, and socio-economic status (Adams, Matto, & Harrington, 2001; Baird & Kracen, 2006; Brewin, Andrews, & Valentine, 2000; Byrne, Lerias, & Sullivan, 2006; Courtois, 1993; Doukessa & Mitchell, 2003; Lerias & Byrne, 2003; Marmar, Weiss, Metzler, & Delucchi, 1996; Motta, Suozzi, & Joseph, 1994; Pearlman & MacIan, 1995; Resick, 2000; Ruzek, 1993; Sexton, 1999; Shalev & Ursano, 2003; Stamm, 1997; Van der Kolk, McFarlane, & Weisaeth, 1996; Weiss, Marmar, Metzler, & Ronfeldt, 1995). Research indicates that specialized training, debriefing, supervision, peer support, availability of social support, self-care and leisure, and the number of clients and severity of client trauma assigned to each clinician as mitigating factors to lessen the effects of vicarious trauma symptoms (Calderón-Abbo, Kronenberg, Many, & Ososfsky, 2008; Jordan, 2010; Michalopoulos & Aparicio, 2012; Trippany, White Kress, & Wilcoxon, 2004).

Vicarious trauma can result in both professional and personal damage to counselors. Specifically, vicarious trauma has to do with counselors experiencing the same symptoms as their clients, such as somatization, intrusive thoughts or images, low self-esteem, avoidance and emotional numbing, and hyperarousal symptoms. Furthermore, it can lead to changes in the counselor's spirituality, relationships, worldview, and behavior. However, whether or not an individual's professional and personal life is affected by vicarious trauma is dependent on many factors, including strengths, resiliency, and event-specific factors (Dombo & Gray, 2013).

While some counselors experience negative effects of vicarious trauma as a result of prolonged exposure to their clients' trauma, others have been known to thrive under these circumstances (Ling, Hunter, & Maple, 2014). Counselors have reported growth in both professional and personal areas of their lives (Barrington & Shakespeare-Finch, 2014; Mishori, Hannaford, Mujawar, Ferdowsian, & Kureshi, 2016; Splevins, Cohen, Joseph, Murray, & Bowley, 2010) as well as a sense of personal and professional fulfillment as a result of their work (Barrington & Shakespeare-Finch, 2013; Doherty, MacIntyre, & Wyne, 2010; Ling et al., 2014; Shakespeare-Finch, Smith, Gow, Embelton, & Baird, 2003). According to Ling et al., (2014), counselors who perceive trauma counseling work as meaningful gain an increased sense of value and view their work as rewarding. Similarly, Mishori et al. (2016) found that mental health professionals working with asylum-seeking individuals viewed the work as rewarding and held positive sentiment about it. These professionals also described their work as fostering personal and professional growth.

Burnout

Authors have described burnout as a meta-construct consisting of three domains: emotional exhaustion, depersonalization, and a decreased feeling of personal accomplishment (Ilesanmi & Eboiyehi, 2012; Maslach, 1982, 1998; Maslach & Jackson, 1981; Maslach & Leiter, 1997; Newell & MacNeil, 2010). Factors that may prompt burnout can originate from the individual, the organization, and the client. Organizational risk factors which could lead to burnout include larger caseloads, feeling powerless over the organization's policies and procedures, unfair discipline, minimal professional support, and inadequate training (Newell & MacNeil, 2010). Other risk factors include interpersonal conflict with co-workers and difficulty interacting with clients (Newell & MacNeil, 2010). Counselors who are exposed to

psychological stressors at work and work with vulnerable populations are especially susceptible to burnout (Maslach, 1982, 1998; Maslach & Jackson, 1981; Maslach & Leiter, 1997; Newell & MacNeil, 2010, Ilesanmi & Eboiyehi, 2012). Research also provides information about healthy ways of coping with risks of burnout, such as exercise, healthy eating, support from colleagues and supervisors, meditation, and yoga (Brownlee, 2016; Lakey & Cohen, 2000; Maslach, 2003; Ray & Miller, 1994; Sim, Zanardelli, Loughran, Mannarino, & Hill, 2016; Winnubst, 1993).

Conclusion

The literature regarding clinicians' experiences working with unaccompanied immigrant children remains sparse. Government agencies have explicitly detailed their procedures for the detention, treatment, and release of unaccompanied immigrant children in an effort to be transparent. However, little is known regarding the lived experiences of mental health professionals who work with or about the experiences of unaccompanied immigrant children. A review of the literature indicated clinicians working with unaccompanied immigrant children, like those who work with other clients who have experienced trauma, are susceptible to experiencing symptoms of burnout and vicarious trauma. However, there is little literature how mental health professionals who provide services to these children experience their work. This study was an initial step in understanding their experiences.

CHAPTER III

Methods

This chapter provides an overview of the qualitative heuristic research paradigm used in the present inquiry as well as specific procedures undertaken. The focus of this study was to explore clinicians' experiences providing counseling services to unaccompanied immigrant children. The heuristic data collection and analysis methods revealed core themes surrounding the participant's experiences working with unaccompanied immigrant children.

Design Rationale

Qualitative inquiry allows researchers to take an interpretative naturalistic approach to research and observe objects in their ordinary settings while striving to decipher meaning from them (Denzin & Lincoln, 2017). Furthermore, qualitative paradigms produce a wealth of detailed information with small sample sizes, thus expanding the intensity of understanding of the phenomena being studied (Patton, 2015). While generalizability is not a goal of qualitative research, it is important to consider transferability of findings. A thick, rich description of the research setting and methods enables consumers of the research to review the data and decide whether the results of the study can be applied to their settings.

Heuristic inquiry allows the researcher to engage in a scientific search through the use of specific methods directed towards discovery (Moustakas, 1990). The foundational element in heuristic research design has to do with the author searching for the meaning of a phenomenon, taking into consideration their own experiences as well as those of their co-researchers (Moustakas, 1990). Heuristics is concentrated on meanings, essences, quality, and experience (Moustakas, 1990; Patton, 2015). While heuristic research is qualitative in nature, the researcher must have experienced the phenomenon under investigation personally with a direct link to their

own life (Moustakas, 1990). Additionally, co-researchers engaged in the study should share the intensity of experience with the topic being investigated. The researcher's vital, intense, personal, and full experience with the phenomenon is a major factor that separates heuristic research from other types of qualitative research approaches (Patton, 2015).

Design Methodology

The present study aimed to explore clinicians' experiences working with unaccompanied immigrant children. Throughout the study, I entered fully into examination of my own experiences as well as those of co-researchers through transcripts and journal entries. A qualitative heuristic approach was utilized to collect and analyze data.

The heuristic research paradigm entails six phases of research, which encompass the essential components of this research design (Moustakas, 1990). The six phases of heuristic research consist of (a) initial engagement, (b) immersion, (c) incubation, (d) illumination, (e) explication, and (f) culmination of the research in a creative synthesis (Moustakas, 1990). I utilized these phases to critically examine my own experiences as well as those of my co-researchers in order to find meanings in the experience of working with unaccompanied immigrant children.

Role of the Researcher

One of the fundamental features of qualitative research is the use of the researcher as a key instrument (Creswell, 2014). In the present study, I not only collected and analyzed data from co-researchers but also utilized my own experiences as well as those of the co-researchers to create a synthesis to explicate the meaning of the phenomenon under investigation (Patton, 2015). As in all heuristic research, my viewpoint was from an emic perspective. As an insider, I shared the same experiences as participants in the study. I was employed by the shelter where the

data was collected, provided counseling services to unaccompanied immigrant children, and interacted regularly with other clinicians in the shelter, and it was from this perspective that I fulfilled the role of researcher.

I engaged in self-searching and reflection, self-dialogue, and self-discovery (Moustakas, 1990; Moustakas, 1994) throughout the study. During the course of this study, I engaged in the process of Epoche to remain reflexive (Moustakas, 1994). It was critical that I remain attuned to the experiences of participants while being aware of my own biases and preconceptions (Moustakas, 1990; Moustakas, 1994). For this reason, I utilized a field journal to record my own experiences and perceptions regarding the study, including observations, thoughts, and ideas that resonated with me upon the completion of each interview.

Lens of the Researcher

Heuristic research, because of the intense personal experience with the phenomenon under study, requires the researcher to reveal the lens through which the data will be examined. The first semester of my counselor education doctoral program I received the greatest news of my life. My husband and I would be having a baby. I share this information because I am aware that being a mother has shaped my experiences. As I began my journey as a first-year doctoral student in the counselor education program and a first time mother, I knew there would be trials and tribulations along the way, but I was determined to complete the program and prove that women can be mothers, complete a doctoral program, and possibly hold prestigious positions in academia.

Approximately one year into my doctoral program, I began working for a non-profit organization contracted through the Office of Refugee Resettlement (ORR) to provide integrated services to unaccompanied immigrant children. My initial role within the agency was to provide

counseling services to the children as a clinician. Working with unaccompanied immigrant children was an experience I will cherish for the rest of my life. Each day I worked with these children, I learned something new and continued to grow professionally as a counselor educator, counselor, and supervisor. However, I was shocked at the severe lack of information available to clinicians working with unaccompanied immigrant children. Moreover, I walked into this position knowing nothing about unaccompanied immigrant children since a discussion about this unique population was missing from my graduate program's curriculum. The more I pondered the subject, the more I recognized how important the issues surrounding work with unaccompanied immigrant children was. After approximately 6 months working with the agency, I was promoted to the Co-Lead Clinician position, which entailed providing counseling services to the children as well as supervision to some of the clinicians on staff. As a counselor education doctoral student, I was excited for the opportunity to put my clinical and supervision skills into practice. By that time, I had heard so many heart wrenching stories of why these children had decided to migrate to the U.S. and about their experiences journeying to the U.S. Numerous children confided in me as well as my colleagues about traumas that were difficult to fathom.

During my time working for the agency, I received an email message indicating three children were missing and might potentially have been in ORR care. The email informed me that the children were residing with their grandmother when they decided to journey alone to the U.S. without their guardian's consent. Attached to this email were three photos of the children, ages 2, 4, and 6, who were missing. After reading the email, I immediately logged into a database containing pictures of all the children in our facility. I knew we had not received any children under the age of 8 for many months, but I frantically searched the database in case we had

received them within the previous hour. When I did not find the children in the database, I began to cry as I was reminded of so many horrific stories told to me by other children in our care. I could not bear to imagine children ages 2, 4, and 6 traveling 1,500 miles to the U.S. with no adult supervision and likely no money. I then went to my supervisor's office and asked if we would be kept abreast any changes in the case, and she simply replied, "No." I printed these photographs and posted them on my bulletin board, just in case we admitted them someday, so that I might be able to recognize them. Several months passed with no sign of these three children and soon the photographs began to symbolize in a concrete way something else – the idea that the work I was doing every day was more important than numbers on a report or a spreadsheet. Instead, the work I was doing held a special meaning to me. It was not just some mundane job I worked from Monday to Friday from 8 to 5. It was compassionate, humanitarian, sacred work.

I decided I would make it my research agenda to shed light on both clinicians' and unaccompanied immigrant children's experiences. Due to the lack of research concerning clinicians' and unaccompanied immigrant children's experiences in the counseling literature, I decided to begin by investigating clinicians' experiences working with unaccompanied immigrant children as a foundation for this research agenda. I recognized my extreme passion about this topic, which led to the decision to utilize a heuristic approach to qualitative research.

Due to my supervisory role within the agency where I recruited participants, I was aware of the steps I needed to take to ensure participants would not be at risk or feel obligated, coerced, or forced to participate in the study at hand. I was determined not to let my role factor into the analysis of the data or into the way I delivered supervision to any participants whom I supervised and took steps to ensure minimization of risk to participants and to the quality of data analysis.

Participants

Clinicians providing counseling services to unaccompanied immigrant children working for a non-profit organization contracted by the Office of Refugee Resettlement (ORR) were recruited for this study via email. The residential treatment center where data was collected for this study has the capacity to house approximately 200 unaccompanied immigrant children. The shelter provides medical, clinical mental health, case management, educational, and dental services to all residents. Each child is supervised 24 hours a day, 7 days a week. The inclusion criteria for this study were (a) each participant was required to be over the age of 21 and able to provide consent to participate in the study, (b) all participants were required to possess a Master's degree in counseling or a related field, and (c) all participants were required to have had experience conducting on-site mental health admission assessments, providing individual and group counseling, and administering mental health screenings for unaccompanied immigrant children. Potential participants were encouraged to attend a meeting to discuss the study in further detail. During this meeting participants were provided with a consent form, a demographic form, and additional information pertaining to the study. Those who agreed to participate in the study submitted a consent form and a demographic form to the primary investigator before any data was collected. Interviews were conducted in a comfortable, convenient, and conducive location for each participant, and pseudonyms were utilized to promote confidentiality.

Because the study is qualitative, no specific number of participants was required. Of the 16 clinicians employed by the agency at the time of the study, seven chose to participate in the study. The participants ranged in age from 25 to 55. All seven participants identified as White.

Six participants also identified as Hispanic with one participant identifying as Spanish. Additionally, all but one participant identified as female, with the remaining identifying as male.

Pat was a 30-year-old female clinician who had been employed at the agency for one year at the time of the study. She was born in Central America and moved to the U.S. when she was one year old. She was married and had three children. She self-identified as White and Hispanic.

Colocho was a 55-year-old male clinician who had been employed with the agency for one year at the time of the study. He was married and had two children. He self-identified as White and Hispanic.

Sophia was a 46-year-old female clinician who had been employed with the agency for two years at the time of the study. She was married and had three children. She self-identified as White and Hispanic.

Jericho was a 42-year-old female clinician who had been employed with the agency for three years and one month at the time of the study. She was married and had four children. She self-identified as White and Hispanic.

Pen was a 29-year-old female Licensed Professional Counselor Intern who had been employed with the agency for seven months at the time of the study. She was single and self-identified as White and Hispanic.

Nat was a 25-year-old female clinician who had been employed with the agency for seven months at the time of the study. She was married and had no children. She self-identified as White and Hispanic.

Loveland was a 53-year-old female clinician who had been employed with the agency two months at the time of the study. She was married and self-identified as White and Spanish.

Data Collection Methods

Upon Institutional Review Board (IRB) approval (see Appendix A), I disseminated an email extending an invitation to participants to take part in the study (see Appendix B). The email distributed to participants for their review contained general information about the study, as well as a consent form to participate in the study. Participants were reassured that participation in the study was optional and that they could withdraw at any time. Furthermore, participants were assured no identifying information would be revealed and their participation or non-participation in the study would have neither positive nor negative effects on any evaluations conducted in relation to their employment with the agency. Potential participants were invited to attend a meeting in which they received further information regarding the study. Upon attending this meeting, participants were provided with additional information, consent forms, and demographic forms (see Appendix C and D). I explained the consent form in depth, which included a description of the study, the procedures, potential risks, and possible benefits of participation. After obtaining consent forms and demographic forms from those who opted to take part in the study, I invited participants to journal about their experiences of providing mental health services to unaccompanied immigrant children twice a week for five weeks. I provided journals to all participants and asked them to utilize a pseudonym when journaling in order to preserve confidentiality. Additionally, I conducted semi-structured, in-depth interviews with each participant utilizing a field guide (see Appendix E). The interviews consisted of one session per participant and were conducted on site at a location that was most comfortable and convenient for each individual participant.

Throughout the current study, I utilized a field journal to write about my own perceptions, thoughts, and ideas generated by interviews and the focus group, as well as to

document decisions made throughout the research. Moreover, the journal also served as a tool to record my thoughts, feelings, and reactions to delivering mental health services to unaccompanied immigrant children to provide a clear picture of my own potential biases and examine my own experiences, bracketing as needed, throughout the process (Moustakas, 1990; Patton, 2015).

Semi-structured Interviews

After reviewing consent forms, demographic forms, and additional information pertaining to the study, each participant was invited to schedule their interviews with me. Interviews were conducted face-to-face and took place in a private space on site. Interviews lasted from 30-65 minutes, with the time range dependent solely on participant responses. I utilized an interview guide (see Appendix D) to assure consistency across interviews. The interview guide allowed for additional or probing questions as needed. The interviews were audio taped.

I transcribed each session after completion of each interview. As each transcription was complete, I contacted the participant through electronic mail to provide the participant with a copy of the transcript. Each participant had the opportunity to review the transcript, make corrections, and provide additional information to their responses. Once audio from each semi-structured interview was transcribed and accuracy was verified, audiotapes were erased, and I immersed myself into the data. Immersing myself in the data allowed me the opportunity to reflect on my initial thoughts and emotions experienced during each interview.

Trustworthiness

Heuristic research is arduous and can be a lengthy process. According to Moustakas (1990), a passionate and disciplined commitment to searching for illumination of the problem or

research question is essential to trustworthiness. Additionally, to ensure trustworthiness, Lincoln and Guba (1985) recommend establishing credibility, transferability, dependability, and confirmability. I attempted to achieve trustworthiness by fulfilling the requirements for these four criteria during this study.

Credibility was achieved in this study through triangulation and member checking. Triangulation of data was achieved by attaining three sources of data. The three sources of data collected in this study consisted of journal entries from participants, transcriptions of semi-structured in-depth interviews, and transcription from a focus group. In the present study, transcriptions of interviews were sent to participants via email for verification of accuracy. Once participants made any needed corrections, the data was analyzed, and the results from the analysis of data were sent to each participant where they were asked to provide responses regarding the accuracy of the results via email. Additional activities I engaged in to promote credibility of my results included prolonged engagement in the field, persistent observation, and frequent checks of interpretations against raw data (Lincoln & Guba, 1985).

Transferability was achieved by providing a detailed, rich description of the setting where the study took place (Patton, 2015; Seale, 2001) to allow readers to interpret the study's findings for themselves. While it is not my intention to generalize findings from this study across this population, by providing thick, rich descriptions of the study's setting and findings, others will be capable of interpreting the results for themselves.

In order to demonstrate dependability, I provided thick, rich descriptions of the methodology and heuristic research phases implemented in the study. Providing a rich description of the methodology and phases used in the study allows others to replicate the study.

Confirmability was established through triangulation of data, the use of a reflexive journal, and a detailed description of the methods used in the study. The reflective journal was used during the study to document my perceptions, thoughts, and ideas generated by interviews and the focus group, as well as to document decisions made throughout the investigation. At the end of each day in which I interviewed a participant, I used the reflective journal to write about my thoughts, emotions, and reactions to the experience to allow myself adequate time to process the information obtained. The journal also served as a tool to record my own thoughts, feelings, and reactions about delivering mental health services to unaccompanied immigrant children. Doing this allowed me to establish a clearer picture of my own experiences as well as my journey through the research process.

Data Analysis

Heuristic methods were used to analyze the data and identify themes in this study. Moustakas (1990) identified specific phases of heuristic research including (a) initial engagement: the researcher engages fully with the main inquiry, (b) immersion: the topic becomes the focus of one's existence, (c) incubation: state of temporary retreat from the intensity of the search, (d) illumination: new understandings and disclosure of hidden meanings occur naturally, (e) explication: researcher attempts to clarify and explain the subjective knowledge gained and (f) an amalgamation of the research into a creative synthesis.

Initial engagement commenced when I was searching for a topic for this dissertation. Through a self-directed search, I was able to discover my passion for the research questions and topic selected for this study. The second phase of heuristic research, immersion, was implemented after a firm grasp of the research questions and topic was determined. I gathered data from participants through semi-structured in-depth interviews, five weeks of journal entries,

and a focus group. Once transcripts were verified for accuracy by participants, I began to gather and organize the data in an effort to discern each participant's story. I reviewed transcripts, journal entries, and notes from each participant and immersed myself in the data, topic, and research questions.

I utilized Moustakas' (1994) methods of phenomenological reduction. I began this process by bracketing and placing my focus on the research questions and topic. Next, I engaged in a line-by-line (Charmaz, 2014) analysis of the data and underlined units of meaning germane to each participant's experiences working with unaccompanied immigrant children. I utilized horizonalization during initial rounds of coding in an effort to distribute equal value to each unit of meaning (Moustakas, 1994). During several rounds of reviewing the data, I identified the units of meaning for each participant. Note cards were used to document categories and units of meaning accordingly leaving only the textual meanings and unchanging components of the phenomenon (Moustakas, 1994). I then clustered the units of meaning into themes by grouping items together as they related to each other. Throughout this process I consistently made notes in the margins of the transcripts and retreated from the data regularly, two weeks at a time, to allow for the incubation phase of heuristic inquiry to take place (Moustakas, 1990). Taking time away from the data allowed me to return in a refreshed state to review my work and ensure it was accurate. I decided the period of rest should be two weeks to allow for extended understanding and clarity to take place. This was an educated decision based on further readings regarding the heuristic process as well as other heuristic studies (Moustakas, 1990; Snook & Oliver, 2015). Moreover, since I resigned from my position during this period, I was able to be completely away from not only the data itself but also the context before returning to the data two weeks later with a new found creative awareness.

I returned to immerse myself in the data after this period of rest and met with the peer debriefer for review. During the phase of illumination, previous clusters identified from the units of meaning from each participant were reviewed, and once it was agreed they were still accurate, I began to appoint labels for each cluster.

During the explication phase of this heuristic research individual depictions of clinicians' experiences with unaccompanied immigrant children were composed (Moustakas, 1990). This step continued as I returned to the data to make certain the depictions consisted of themes essential to each of the participant's experiences working with unaccompanied immigrant children (Moustakas, 1990). Individual depictions were sent to each participant via email. Feedback was provided and included in the final construction of the participants' portraits.

Subsequently, individual depictions representing each participant were gathered together in order to create an accurate composite depiction representative of the entire group (Moustakas, 1990). Next, through immersion and analysis of the data exemplary portraits were selected, which were unique to the two individuals yet characteristic of the entire sample (Moustakas, 1990). After the completion of the exemplary portraits, I retreated from the data once more for an additional two weeks engaging in work, play, and rest. Upon returning to the data, I wrote a creative synthesis, the final phase of the heuristic process, to convey my experience as the primary investigator as well as my own and co-researchers experiences working with unaccompanied immigrant children (Moustakas, 1990). I incorporated my own experience as the researcher in the form of a narrative. The results of this study are discussed in the following chapter.

CHAPTER VI

Results

Unaccompanied immigrant children are a unique and vulnerable population about which counselors know little. While counselors are doing their best to provide adequate therapeutic services to this group, little research has been dedicated to the experiences of counselors who work with unaccompanied immigrant children, thus limiting available resources to these clinicians. The purpose of this study was to explore counselors' experiences working with unaccompanied immigrant children.

The chapter commences with the presentation of each participant's depiction of their experiences of working with unaccompanied immigrant children and is followed by definitions of the core themes revealed. Subsequently, the composite depiction for the entire group is discussed. Last, I constructed a creative synthesis in the form of a narrative in an effort to depict the core themes revealed during the trajectory of the study.

Individual Depictions of Counselor's Experiences

Pat

Pat, a U.S. resident from Central America, believes her cultural background, which is similar to that of the unaccompanied minors with whom she works, has contributed to her ability to easily establish rapport with her clients. She takes pleasure in working with unaccompanied immigrant children and stated she has developed an appreciation of their backgrounds and experiences, which makes her job more enjoyable and worthwhile.

Pat works hard to ensure all of her work is completed on time and in compliance with all policies and procedures. While her experience has been rewarding and she "loves working with these children," she also expressed that "it's difficult to try to keep up with all the required

paperwork." She manages her time effectively while at work and listens to music on her way home to avoid burnout. However, policies and procedures contribute to symptoms of burnout for her. She also sometimes leaves the office for lunch or goes on 15 minute walks throughout the day to help avoid burnout.

Pat is aware that she does not always empathize with her clients' disclosures and has made efforts to combat simply taking reports of what her clients recount. She began using paper rather than her computer when a client discloses abuse or serious mental health issues in an effort to be more present with clients. As a result, stories of abuse sometimes elicit strong emotional reactions from Pat. She sometimes thinks about her own children in relation to the circumstances of her clients. On occasion, she has found herself thinking about a particular child during her time off and believes that she is sometimes perhaps too attached. She is aware that constant exposure to difficult content in sessions can have a negative impact on the counseling process and seeks out consultation and supervision to mitigate such impact.

Colocho

Colocho's experiences working with unaccompanied immigrant children have impacted his professional and personal development. Colocho explained that while working with this unique population he has learned to appreciate each individual's life story not only while at the shelter but outside of work as well. He believes his work has contributed to his professional growth and has allowed him to be more compassionate and understanding. Working with unaccompanied immigrant children has been a humbling experience for Colocho, and he recalled a client stating she loved the idea of "being able to choose between juice, milk, and chocolate milk. I feel rich. I know what it's like to go to bed hungry, to only have two shirts and two pants,

and I'm happy to have that." He marveled at her account and was surprised at her indifference to "having no toys, television, or electricity."

Colocho has sometimes felt ill-equipped to work with unaccompanied immigrant children. In particular, one of the major challenges he faced was working with the adolescent females in the shelter. He also noted cultural challenges in adapting counseling techniques for this unique population. Translating common phrases and relaxation scripts were among many cultural obstacles he encountered when working with unaccompanied immigrant children. Only after much practice did he feel comfortable in implementing these counseling techniques.

Pen

Pen recognized her frustration with policies and procedures have contributed to experiencing feelings of burnout. Pen indicated her frustrations result from "what is required by the government. Timeframes, requirements, delays, endless paperwork, and administration's treatment of employees." She believed the overwhelming amount of paperwork delegated to her could be alleviated by the appointment of more clinicians and the lessening of caseload assigned to each clinician. She indicated focusing on family and personal relationships helps to keep her happy. Furthermore, she stated "I enjoy reading, watching television, going to the movies or out with friends and family . . . in which I prevent burnout."

Pen also indicated her experience working with unaccompanied immigrant children has led her to feel "emotionally fatigued." She stated, "I do take it home . . . I do feel it once I get home. I feel really bad for that kid." She noted, "I'm the person who gets very upset for them when something is not done for them or when I feel their needs are not being met." Pen seeks supervision and consults with fellow clinicians regularly in an effort to ensure her work is not being affected by these feelings.

In addition, Pen noted that working with unaccompanied immigrant children "is a pleasure and makes the work day meaningful." She stated that working with unaccompanied immigrant children is "a very rewarding experience" that has helped her "grow as a counselor and a person." Pen indicated working with unaccompanied immigrant children has validated her work as a clinician as well as the counseling profession. She noted her work with this unique population has been humbling and stated she was "happy and grateful to have the opportunity to work with these youth." Moreover, Pen expressed that her work with unaccompanied immigrant children has had a spiritual impact on her, as she affirmed "God has me where I need to be and the work I'm doing is important."

Pen also recognized her experiences working with this special population have allowed her to explore her own deficiencies as a counselor. She is aware of areas for growth, such as techniques to be utilized specifically with this population as well as grief counseling. Pen takes notice of these areas and seeks supervision, consultation, and training to remain abreast the latest culturally appropriate techniques.

Nat

Nat reported a personal history of sexual and physical abuse and her challenge to maintain a "high level of self-awareness." Although she has not experienced any issues or concerns stemming from her own personal experiences of abuse, she recognized the importance of avoiding countertransference with her clients, specifically during disclosures of a similar nature. She indicated her high level of self-awareness facilitates her efforts in managing potential countertransference with her clients.

Nat reported depersonalizing her clients' disclosures of abuse, since she believes most of the residents in care were "coached/taught what to say once they reach the United States if they

wish to remain in the U.S." She finds it "difficult to remain empathetic when you suspect someone is withholding the truth;" however, she "continue(s) to work on [her] irrational expectations and perspective of these individuals." She also admitted to catching herself on one occasion "wanting to say something cold" without empathy for her client. She stated her faith, support system, and a mindfulness reflection of each workday help her restore her energy and be present with her family at home.

Nat noted her spirituality and faith have played a major role in her experience with unaccompanied immigrant children. She stated she "often prays while en route to pick up a resident for a session. I ask for patience, empathy, the right words, counseling techniques." She reported that she leans on her faith to assist her throughout the day as well as recover from any stressors she may encounter.

Sophia

Sophia has learned a great deal about unaccompanied immigrant children's cultures and has come to appreciate and respect different cultures and beliefs. Working with unaccompanied immigrant children has allowed Sophia to learn about their "culture and gain respect and admiration for all the hard work some of the minors must do in their home countries." She has found her work fulfilling and rewarding, particularly in terms of providing her clients "the opportunity to think for themselves as the person he or she is." She has used painting and other creative means to encourage clients to express themselves and work through their experiences.

Sophia sometimes finds it difficult not to cry during or after a session with a minor. Sophia admitted it has been especially difficult conducting assessment interviews with minors who have just experienced some sort of trauma. Sophia's experiences working with unaccompanied immigrant children have also included prolonged exposure to client trauma,

which she finds difficult to cope with at times. Her experiences have resulted in Sophia developing ways to distract herself from her clients' traumas, such as "listening to relaxing music or painting."

Jericho

Jericho's experiences with unaccompanied immigrant children have been rewarding and she has "grown to be more humble, kind, gentle, and patient." She has found it "rewarding to see growth" in the children she works with. She acknowledged potential in the children she has worked with and envisioned some as specialists or novelists. She is a hopeful person and stated she is excited to "hopefully in 20 or 30 years see somebody write a book."

Jericho described utilizing spiritual analogies to convey meaning during sessions with unaccompanied immigrant children. One example of this was "always seek truth because when you seek truth you stay in the light . . . so it could be lying is considered darkness or evil . . . So always seek truth and good and stay in the light." Jericho feels she is led by a higher power to work with unaccompanied immigrant children as a clinician. She expressed pride in her work and stated she does her best each day working with this unique population.

When asked how she accommodates her personal work life balance Jericho explained she sought "balance spiritually, physically, and mentally/emotionally." Furthermore, while discussing the prevention of burnout, Jericho indicated it is important to make "time for me" and to have "balance in life" to allow for "peace and harmony" in her life. She explained that by doing so, she is able to focus on her work and give her best, while at the same time experiencing a "more peaceful state of mind."

Loveland

Loveland, a native of South America, believes her cultural background, which is similar to that of the unaccompanied minors with whom she works, has contributed to her ability to better understand and empathize with her clients. She acknowledged culture plays an important role in her work with unaccompanied immigrant children. She explained that cultural awareness and multicultural competencies are necessary in providing services to unaccompanied immigrant children. She indicated providing psychoeducation on U.S. culture and possible culture shock is a common practice she incorporates while treating this unique population.

Loveland recognized a major component of her experience was focusing on her own wellness. She reported "walking, going to the gym to exercise, socializing with friends, practicing yoga, and reading self-help books" help to keep her "sane." Furthermore, Loveland has developed an awareness of detecting symptoms of burnout and implements different activities daily to avoid them. Loveland indicated concentrating on her own wellness allows her to serve her clients better.

Loveland's experience working with unaccompanied immigrant children also reflects potential pre-cursors of vicarious trauma. Loveland admitted, "Sometimes you're all into things that you forget about you. You forget that hey you have a life too; there's something else when you get out of here." She shared, "even…when I am not at work I still think about the kids that I have in my caseload." She has also found herself thinking, " . . . the things he went through, like oh my God, I can't believe it." She recalled on different occasions the children's stories "shrink your heart." She stated one of the biggest challenges is "being able to understand them and being able to not start crying with them. It's like oh my God." Loveland's work with unaccompanied immigrant children has allowed her to become more aware of the dangers of vicarious trauma.

For this reason, she was able to implement daily activities to ensure her work and personal life were not affected. She stated she reads, walks, goes to the gym, and seeks supervision and consultation when necessary.

For Loveland, working with unaccompanied immigrant children has been a rewarding experience that she hopes to retire doing, "I love it. I wish I can (sic) stay here forever." She expressed being proud of the children she has worked with and enjoys each counseling session with her clients. She is happy to be able to work with the children, and indicated, "I feel good and happy during and after session." She acknowledged that "(s)ometimes I see the kids more than one time because I want to see them smile, because I want to see them happy." Working with these children and "seeing them happy . . . helps" her. Loveland's experiences working with unaccompanied immigrant children reflect professional fulfillment, joy, and happiness.

Definition of Themes

Six core themes emerged from the data: (a) rewarding experiences, (b) professional and personal development, (c) burnout, (d) potential pre-cursors to vicarious trauma, (e) culture, and (f) therapeutic relationship. Rewarding experiences were characterized by feelings of professional and personal fulfillment achieved as a result of working with unaccompanied immigrant children. Professional and personal development has to do with growth in both personal and professional areas of clinicians' lives. The theme burnout includes symptoms of burnout as well as activities and experiences undertaken to ease or prevent burnout. Potential pre-cursors to vicarious trauma reflect lived experiences that are generally recognized as risks for vicarious trauma as well as factors leading to vicarious trauma if not addressed. Culture, as a theme in the current study, represents appreciation and awareness of the diverse cultures of unaccompanied immigrant children. Finally, therapeutic rapport has to do with participants'

perceptions of the importance of a therapeutic rapport when working with unaccompanied immigrant children.

Composite Depiction of Clinicians' Experiences

Individual interview transcripts, journal entries, and the focus group transcript as well as lists of emergent themes experienced by each participant were used to construct a composite depiction in the current study. Similar emergent themes were combined along with a new name reflecting this combination of similar themes. Once similar emergent themes were combined, 21 broader themes remained. After reviewing all themes, I returned to the data to ensure each was reflective of the participants' experiences. I then reviewed possible themes again, sorting into broader categories, until a total of six themes remained. Consultation with the peer reviewer resulted in agreement that these six themes were representative of the group's responses to their experiences with unaccompanied immigrant children.

Theme 1: Rewarding Experience

Five of the seven participants in this study expressed working with unaccompanied immigrant children resulted in rewarding experiences. Five participants lived experiences reflected feelings of personal and professional fulfillment. Most participants' experiences of professional and personal fulfillment allowed them to establish a sense of meaning or purpose from their work with unaccompanied immigrant children. For example, Pat indicated:

> I love working with these children . . . my experience has been wonderful with this type of children . . . the good part about this job is that you get to have sessions with these minors, and they're so eager to . . . talk to someone that it feels like you're just having a conversation with another person, and I feel like just talking to them helps me.

Pen noted that the work had been meaningful and validating, saying:

> These children provide a very rewarding experience as a professional. Even on bad days the job is something which I feel I can continue to do. I feel grateful to meet these children especially those who challenge me . . . Working with the minors is a pleasure and makes the work day meaningful . . . They are so open and willing to grow and understand their feelings; it continuously surprises me . . . I guess a part of it validates me as a clinician . . . it also helps me validate the profession.

Similarly, Jericho noted how rewarding the potential impact of her work is when she said:

> I can see her as a specialist, and maybe one day I'm going to see her. She was brilliant, and it's exciting; hopefully in 20 or 30 years I'll see somebody write a book . . . It is rewarding to see growth.

Loveland expressed:

> It's something amazing; I love it . . . I want to be here when I get retired from here, so I can work with those kids . . . I feel good and happy during and after session . . . every time I talk to them makes me feel good that I'm doing something good . . . it's making me better . . . being able to work with this type of kids seeing them happy seeing what we do in here. It helps me.

Theme 2: Professional and Personal Development

All seven participants discussed experiencing some form of development as a result of working with unaccompanied immigrant children. Participants described enhancement in both personal and professional areas in their lives. For example, most participants discussed experiencing humility, gratitude, and compassion from their work with unaccompanied immigrant children.

Pen noted feelings of humility and gratitude when she said:

> Working with these youth is a unique experience. This specific population of clients has helped me grow as a counselor and a person. I can't say enough how humbling it is to work with these youth. I am happy and grateful to have the opportunity to work with these youth.

In a similar vein, Jericho reported her exposure to this population has translated to growth as an individual. She said, "I have grown to be more humble, kind, gentle, and patient when working with unaccompanied immigrant children."

Sophia acknowledged:

> It is a great experience . . . working with this particular population to learn about a person their culture and gain respect and admiration for the minors . . . I have learned to appreciate culture diversity and have gained respect for the different cultures and beliefs.

Likewise, Colocho expressed feeling more trained to work with this population when he said:

> My experience has really opened my eyes . . . I've learned to appreciate even when I'm at the house of what these kids have gone through and so I no longer judge anybody as far as where they came from because I don't know their story . . . At first when I started this job, I didn't know how to comfort a . . . girl who in reality is still a child inside. I guess as we see and hear the stories they have gone through, we seem to forget they are children. Now as I get these kids in crisis, I feel more trained on how to talk to them.

Pat indicated that her experience has made her feel more adept, and said, "I actually think it's made me a better clinician because this is a different type of population with different types of problems and not all clinicians get to experience it. So I think it's made me a better clinician."

Loveland also learned from her working with her clients and noted:

> I think about the wonderful kids that I talked to and the things that I learn from them . . . as a clinician and as a person, I thought that my job was to listen and validate . . . but I came to the conclusion that we have feelings too.

Theme 3: Burnout

All participants discussed either experiencing symptoms of burnout or actions they took to prevent experiencing burnout while working with unaccompanied immigrant children. Preventing symptoms of burnout was important to participants in order to continue to fulfill their responsibilities both at home and at work.

Loveland reflected on what she does to prevent burnout, and said:

> I go to the gym: work on the treadmill, use the weights, and do Zumba. When I don't go to the gym, I walk from 2 miles to 7 miles depending if I'm by myself or have company. I read. I socialize with the media (T.V., internet, Facebook, WhatsApp, and Instagram). I also relax working on my garden planting flowers and taking pictures of the beautiful flowers I get. Finally at the end of the day, I feel good with myself because I am working on what I like to do, counseling.

Pen also reported on her personal approach to preventing burnout. She said:

> Preventing burnout is something that is important. Personally, I stay focused as much as I can and do not take work home with me. I have found that focusing on my family and personal relationships helps me keep myself happy, which translates into me being able to happily do my job. I enjoy reading, watching television, going to the movies, or out with friends and family to be useful ways in which I prevent burnout.

Two participants discussed the struggle of becoming desensitized and depersonalizing their clients' trauma, both of which may be symptoms of burnout. Nat stated:

> Another challenge I face is to remain empathetic and hold unconditional positive regard for a client resident. It is difficult to remain empathetic when you suspect someone is withholding the truth. I have caught myself on one occasion wanting to say something cold to a resident, not necessarily wrong but with no empathy or regard for her feelings. I noticed the thoughts that were running through my mind while on the way to pick her up from class and immediately sat in a nearby table and processed what was going on with me.

Furthermore, Pat indicated:

> That's another difficult part that after a while you start to become desensitized . . . so when they do that, I try to stop typing and . . . try to talk to them instead of . . . just doing the admission assessment, and it's hard not to because you have deadlines and you have other kids you have to see, and it's a lot.

Theme 4: Potential Pre-cursors to Vicarious Trauma

Most of the participants described experiences that can be viewed as risk factors for vicarious trauma, particularly intense emotional reaction to clients' stories. Moreover, they discussed practices they use to deal with those experiences. Methods described by participants of preventing vicarious trauma included prayer, exercise, supervision, consultation, mindfulness, and relaxation.

Loveland described her strong emotional reaction to a client's recollection of his journey to the U.S.:

> I asked him how he got to the USA and he responded *nadando* – swimming! I was speechless because just thinking all the strength he had to do all this even though he could not see but shadows. My heart hurt at that moment when I find out he believes he

can see fine. I prayed and I said to myself, 'Thank God for giving him the opportunity to cross to this country where he can get help for his condition and live independently.'

When I got home I walked, walked, walked just thinking about the case.

Similarly, Sophia reported the challenge of overcoming strong emotional reactions to her clients' disclosures of trauma:

I feel as though at times it could get very difficult when interviewing a minor, especially when they have just experienced some sort of trauma, and the clinician needs to remain strong for that individual. One of my greatest challenges is holding back my tears and not being able to give them a hug and tell them it was not their fault when they experience some sort of trauma at such a young age, or that they had to bear many years of abuse by family members due to familial separation.

Pen noted experiencing emotional fatigue in her work when she said, "There are moments in which I feel emotionally fatigued in which I feel that I am tired when I am out of work, but I find distractions to help relax myself."

Nat discussed her awareness of compassion fatigue and her strategy for not allowing the recounting of constant client trauma affect her stating:

I'm very aware of compassion fatigue because in the past especially when I worked with suicide . . . doing that they're always crying . . . so I would just be like okay . . . again the same scenario . . . and I don't want to get to that point with these kids, so if I let them affect me to where I feel my heart shrinking every single time I'm going to go numb . . . so I've learned to kind of just disassociate for a little bit in the process.

Colocho acknowledged his frequent exposure to client trauma stating:

Sometimes I forget these are still kids even though they've gone through a lot they're still

> just kids. And we hear of stuff that's happened to them, and you're like wow not even a 16 or 17 year old should go through something like that, and yet they're acting like they're 18 or 19 years old . . . when you have about 3 or 4, and it's a daily thing, I have to follow up on it because I don't want to let it get uncontrollable. I want to keep it where they can still handle it, and I can talk to them, and they can feel good about themselves . . . That's all I do all week long is put out little fires here and there.

Theme 5: Culture

All of the participants in this study acknowledged being culturally aware as a result of their experience working with unaccompanied immigrant children. Culture was acknowledged in various forms including concerns for assimilation, cultural differences, and cultural awareness. Pat discussed the impact her similar background has had on her work with unaccompanied immigrant children as well as some concerns for assimilation:

> I have a good rapport with them I guess because I can connect and feel for them because . . . coming from another country I . . . feel for what they're going through the situation they are in . . . in school, I tell them find the balance between being passive and aggressive be assertive. You have to find the middle . . . because they are going to encounter those kids who make fun of non-speaking . . . that they don't speak English because you see it. I saw it when I was in school . . . and we're limited in time. Sometimes we have them a month, and you see them once a week. That's four times. That's not enough time to prepare them for the outside world not when they're coming from a completely different culture to prepare them for this culture. It's kind of tough.

Loveland recognized cultural difficulties unaccompanied immigrant children might be faced with upon reunification with their families in the U.S. that are a result of cultural differences. She said:

> Just because of their accents, they're going to have a problem. You know, coming from other countries where they are aggressive, and it's okay to be aggressive. Over there you know because if somebody looks at you the wrong way, you look at them back the wrong way, and if they come to you with a lifted hand, you have two lifted hands, so there starts the aggression and the violence. And it's okay over there, but here it's not okay.

Pen also recognized the importance of preparing clients for the culture in the U.S.:

> Some people have their doubts with some of the minors. I don't know if it makes me naïve or enlightened to believe them . . . I . . . think things are bad for them in their home countries. We live our lives exactly how we want to, filled with freedoms, opportunities and ways to better ourselves. Our lives are endless choices . . . These minors will already be facing barriers outside these walls. . . I will do my best to try and help this minor prepare herself for her new culture and community.

Colocho expressed his experience with language differences and their impact on his practice, stating:

> . . . when I started working here . . . I started doing imagery with them, but the first thing I had to do was look up the correct translation and practice, practice, practice . . . in English, I could do it all day long and have a soothing voice, but in Spanish it's a lot different. The words are different . . . in Spanish that's kind of scary because you don't want to say something that doesn't sound right because that will mess up the whole therapeutic process.

Theme 6: Therapeutic Relationship

All of the participants discussed the importance of a therapeutic rapport when working with unaccompanied immigrant children. Specifically, participants focused on the importance of relationships. For example, Pen acknowledged, "The client-counselor relationship is very important, and I focus on building and establishing strong trust." Sophia also asserted the importance of honesty and sincerity in establishing trust. She said:

> My own personal experience is always be honest and sincere when working with them . . . you gain an open line of communication and their trust . . . they respond positively towards you as a clinician, and it allows them to talk to you with honesty and confidence.

Colocho recognized being honest as a quality in establishing rapport in his experience stating, ". . . you just work with them until you can get that rapport . . . if they know you care and you truly care then they'll be good . . . be honest with them and don't give them false hope."

Pat noted her belief that a humanistic approach seems to be more useful working with this population:

> A lot of these children have never been to a counselor or a group counseling session, so I think if you take a humanistic approach with them and try to build that rapport and try to empathize with their situation and be authentic and show them your support that they're going to be able to cope better. And if you give them coping techniques, like breathing techniques, they're more willing to try them out because they have that rapport with you. I think most approaches would help, but I think the humanistic approach to counseling is more helpful when working with them.

Nat stated her belief that a person-centered approach is important when working with this population:

> I have found the minors prefer a direct person-centered approach. I strive to restore some form of balance by allowing them to be the "experts" during the counseling session . . . Dictating a course of treatment for them will not go well. They will see it as another rule or requirement that they must fulfill before being released to their loved ones.

Jericho's words echoed the importance of a person-centered stance. She said, "Demonstrating authentic unconditional regard is key. Listening and caring are . . . always effective." Loveland agreed, and stated: "Person centered is very good. They respond well because they know you care about them you let them talk . . . so yes that one is very good."

Exemplary Portraits

Once individual and composite depictions were established, I retreated from the data once more for an additional two weeks. Upon returning, I reviewed the individual and composite depictions in an effort to compose exemplary portraits utilizing condensed versions of the interview transcripts. In doing so, I hoped to uncover the nature of the phenomenon being investigated: clinicians' experiences working with unaccompanied immigrant children. The following two profiles were selected, as they are unique to the participants while characterizing the group as a whole (Moustakas, 1990).

Loveland

Loveland noted that overall, she has had a good experience working with unaccompanied immigrant children. At times, she experiences sadness hearing what some of these children have to say during session with her. She also indicated she is very proud of the children as they appear to be resilient after going through many hardships. After hearing their stories, she sometimes feels as if her heart "shrinks." She thinks it is nice to see their smiles and to know that when you

talk to them, the clients feel like you are giving them attention and that you care about them. She emphasized her passion for working with these children and her love for her job frequently.

Loveland sympathizes with the children when they experience culture shock and become homesick because she has faced similar challenges. She is concerned about assimilation for the children with whom she works because she recognizes their culture is much different from that of the U.S. While most unaccompanied immigrant children are street savvy in Central America, they tend to engage in behaviors that are deemed socially inappropriate in the U.S. Much of her sessions with unaccompanied immigrant children is dedicated to psycho education and skills training as they struggle with being able to adapt to the culture in the U.S. She attributes their behaviors to their environments in their home countries, as many of them have learned to take care of themselves on their own because their parents were absent or because it is the way their parents grew up. Their parents grew up defending themselves, so their parents tell them, "Well, you have to defend yourself. If somebody comes and slaps you and hits you, you hit them back because that's the way, and if you don't do it, I'll hit you."

Loveland acknowledged that one of the challenges she has faced while working with unaccompanied immigrant children has been listening to their stories. She recalled being sad when a minor reported having to sleep in the woods for five days while en route to the U.S. The minor indicated that infants were present, and their guardians had to cover them because they were cold. Loveland also recalled another minor sharing about the methods she used to get to the U.S. The minor had ridden in the back of a cargo trailer from Reynosa, Mexico to the U.S. with 150 other individuals. The minor reported everyone in the trailer was gasping for air and when the driver opened the door, they got out and hid in the bushes. The group stayed in the bushes for about an hour until U.S. Customs and Border Protection officials came to pick them up.

Loveland was astonished by the minor's story; while she had heard of stories like these in the news and on television, she never thought she would come to know someone who actually experienced something like this. Loveland indicated it can sometimes be a challenge to listen to unaccompanied immigrant children's stories, remain fully present, maintain her composure rather than start crying with them, and remain focused on the therapeutic process. Loveland engages in several activities, such as exercise, reading, yoga, and social media to assist with the prevention of burnout.

Loveland has grown both professionally and personally as a result of her work with unaccompanied immigrant children and believes she has become a better person as a result. She believes working with unaccompanied immigrant children has made her a better clinician and that it is a rewarding experience. While she thinks cognitive behavioral therapy is an effective strategy, Loveland maintains that a humanistic, person centered approach seems to be vital when working with unaccompanied immigrant children.

Pat

Pat is appreciative of being able to work with unaccompanied immigrant children and meeting children from all walks of life. Pat has grown both personally and professionally as a result of experiences working with children who have different life experiences from those who are able to attend school and have a good home. The children with whom she works have had to work at an early age, have no education, and have been abused. She has found unaccompanied immigrant children to be respectful, caring, and different from children she has worked with in the U.S. Pat believes working with unaccompanied immigrant children has made her a better clinician because it is a different type of population with different types of problems that not all clinicians get to experience. Pat loves working with this group of children.

Pat has faced a variety of challenges including common presenting issues her clients experience and frustrations from company policies. She discussed common presenting issues have to do with difficulty coping in care and stem from children missing their families or abuse they have endured. Another difficulty Pat has encountered has been the limited time she has with her clients, as she feels she cannot provide the children with adequate therapeutic sessions they would normally need. She finds it challenging when a minor enters a basic level facility with severe mental health issues. She believes there are limited resources available for those minors, and the process to transfer them to a facility with sufficient resources can be lengthy, which she thinks leaves the children at a disadvantage. Pat surmises the clinician's efforts in these cases may not be as effective as they are forced to face this challenge with limited resources. Another challenge Pat faced was not being able to touch the children. She expressed sometimes she believes all the minors need is a hug. However, policies and procedures make this impossible. She came to the conclusion that in those cases it would be different in other clinical settings. Furthermore, Pat finds it difficult to meet mandatory deadlines, due to other departments in her agency having to meet with the minors as well. She believes meeting mandatory deadlines becomes difficult when she has to wait for the children to be seen by individuals who have first priority with the children, such as lawyers and doctors.

Pat feels as though she has experienced burnout working with unaccompanied immigrant children but engages in relaxation techniques to assist with alleviating those symptoms. She recalled one instance in particular when she had a test and had to return to work for a minor in crisis the day before her exam. Having to constantly be on stand by for this particular critical case led to Pat experiencing stress in her personal life. Pat felt the stress of this case threw her off during her test because she was still thinking about the minor and how she was doing and

whether there was anything that needed to be done at work. Pat believes it is difficult to be at home and have your own kids to tend to but also have to return to work for a critical case because you are on call. While there are some cases Pat thinks about when she is home, she does her best to focus her attention on her own family at home. She focuses her attention on her family by attending her children's school functions, sports games, and other extracurricular activities. Additionally, she gets her mind off of work on her drive home by listening to relaxing music for approximately 30 minutes. Other practices Pat implements in her life to avoid burnout are taking frequent breaks, talking to her supervisor and getting advice on different therapeutic approaches and techniques she can utilize with her clients, and reading literature on positive self talk to help herself.

Pat has found that establishing rapport with the children has been easy for her, which has led to her being able to successfully implement various therapeutic interventions. She believes this may be attributed to her similar cultural background. Pat feels that taking a humanistic approach to counseling unaccompanied immigrant children seems to be most effective. Moreover, she believes the children are more willing to participate in the therapeutic process if their clinician is authentic, empathizes with their situation, and shows them support. She also believes the children are able to cope better and are more willing to try out coping techniques learned in session, such as breathing techniques, once the therapeutic rapport has been established. Pat concluded that some children will not utilize coping techniques learned in session because they are not used to implementing therapeutic techniques due to their cultures. She discussed in most cases the children are used to reacting spontaneously in stressful situations instead of utilizing healthy coping techniques.

Pat has developed an appreciation for unaccompanied immigrant children's cultures and backgrounds. She believes many people have a misconception that unaccompanied immigrant children, even though they come from a low socioeconomic status, are generally bad. However, Pat considers the children she has worked with to be respectful and maintains they travel to the U.S. because they want a better education, a better life, and want to live the American dream that everyone else wants. She argued the children traveling from Central America to the U.S. are not all gang members nor are they all bad. Furthermore, Pat concluded that working with unaccompanied immigrant children is different from other therapeutic settings based on her experience working for Child Protective Services (CPS). She has encountered minors from CPS who were disrespectful, and although she did not want to label those minors, she acknowledged there is a notable difference between those children and unaccompanied immigrant children, as they are especially respectful.

Creative Synthesis

The final phase of this heuristic investigation was the development of a creative synthesis (Moustakas, 1990). The foremost notions underlying the creative synthesis consist of "the tacit dimension, intuition, and self-searching" (Moustakas, 1990, p. 31). Moustakas (1990) asserted that behaviors and experiences are governed by an individual's "perceptions, feelings, intuitions, beliefs, and judgments housed in their internal frames of reference" (p. 31). Although generally depicted in the form of a narrative, the creative synthesis can be conveyed using other artistic forms (Moustakas, 1990). I followed Moustakas' (1990) recommendation and invoked a period of seclusion and meditation while focusing on the topic at hand and research questions until I arrived at an inclusive understanding of the data regarding clinician experiences working with unaccompanied immigrant children. I composed a narrative in an effort to describe both my own

and my co-researchers' experiences of working with unaccompanied immigrant children, as well as my experiences throughout this study.

I was employed with the agency where data is being collected for approximately two and a half years. This agency provides integrated care for unaccompanied immigrant children. When I was interviewed for the position, I was asked what I knew about the population, and I had to admit, "Not very much." I was told the children who were in care were children who had been apprehended by U.S. Customs and Border Protection agents and were traveling alone to the U.S. The majority of these children were traveling from three countries of Central America, which includes El Salvador, Guatemala, and Honduras. I was given the job of clinician, which meant I was to provide counseling services to the children in care. Although I had minimal experience working with children and adolescents in an inpatient setting, I was confident in my abilities. At that point, I was a doctoral student in a counselor education program and had two years of prior counseling experience. Upon starting my new job, I quickly began to realize my job was quite meaningful. Working with these children undoubtedly humbled me and helped to make me a better person and counselor.

When I began working for the agency, I realized I was in over my head and quickly began researching the population in an effort to provide the children with the best quality of care possible. However, it did not take long for me to realize information in the counseling literature was scarce regarding this unique population. I felt as though these children had been overlooked or marginalized by society and were being mislabeled by many as gang members, drug traffickers, liars, and mooches who are just here to take advantage of the welfare system. Throughout my experience of working with unaccompanied immigrant children, I heard several well-meaning individuals refer to them as the "kids coming from Mexico." This is far from the

truth. Most of the children I worked with come from Central America. After working with these children and hearing about some of their life stories along with struggles they faced to get where they are today, I knew I had to do something to not only bring awareness to this issue but also to trigger a ripple effect where multiple individuals might be influenced to make a difference in these children's lives and the counseling profession's knowledge about working with this population. Since there is minimal research about this population, it became apparent the ideal starting point would be to conduct a qualitative study regarding clinicians' experiences working with unaccompanied immigrant children. I believed this initial investigation would serve as a primer and possibly provide ideas for other arenas of qualitative and quantitative research. This is the main reason I decided to dedicate my dissertation to this topic.

Working with unaccompanied immigrant children was not easy for me. I think the hardest part has been balancing my work and home life. There were days when I stayed several hours after my work shift ended because I would think, "If I could just finish this paperwork for this resident he or she could leave the shelter sooner and be happy with their families." I also remember being called back into work after 5:00 PM and staying until approximately 3:30 AM because the deadline for a report was past due and the administrative staff needed my assistance. At times, listening to these children's stories was overwhelming, and it was easy to forget to maintain my own wellness, which then moved me toward burnout. An overwhelming workload filled with deadlines, policies and procedures from various agencies, and real life unimaginable horror stories contributed to burnout for me.

Along with burnout I experienced vicarious trauma as a result of working with unaccompanied immigrant children. I remember one of my supervisors telling me, "You'll always remember your critical or tough cases." At the time, I was not quite sure what she meant

until I finally received my own “critical/tough” case. I remember a child recounting a terrible sequences of events from her home country and telling me I was the first person she was able to confide in because she finally felt safe. I cried on my way home from work that day because I could not imagine a child going through some of the things she had gone through. I also thought of my son and how devastated I would be if he had to go through something of that magnitude. I struggled with this case for months because the child was in care longer than most. I addressed the case in my doctoral practicum course and constantly sought supervision from my supervisor on site because I was afraid of letting the case get to me in a way that impeded my ability to effectively provide services to this child or the rest of my caseload.

After a few months of working with unaccompanied immigrant children, I learned self-care. I also realized that developing my own self-awareness would be paramount to my wellbeing and the quality of care I would be providing. I began focusing on my own wellness both at work and at home. I mainly focused on the spiritual, physical, and emotional components of wellness during this time. I started each day with a prayer on my drive to and from work and prayed for not only myself but also the children I would be working with that day. I began to actually take my breaks at work instead of working through the day with only a 30-minute lunch break. Each day, I had two 15-minute breaks and a one-hour lunch break. During my 15-minute breaks, I would either walk around the facility or listen to a guided meditation to help me regain focus and feel refreshed. I walked again for 30 minutes when I got home in an attempt to de-stress and get my mind off of the workday. I also consulted with colleagues at work regularly to discuss new ideas or techniques they were using to manage their wellness and prevent burnout. This seemed to not only help with burnout but also helped alleviate any symptoms of vicarious trauma I was experiencing from work.

When I began my journey on this study I had already been promoted to Co-Lead Clinician at the agency. I recognized there might be some ethical issues with being an assistant supervisor and utilizing clinicians from my work place as participants. At the same time, I still wanted to dedicate my research to this meaningful topic. After discussing this concern with my dissertation chair, I decided to utilize my field journal as a tool to track my research decisions, along with my own experiences and feelings throughout the study. With her guidance and support, I was able to bracket my own biases and remain reflective about them throughout the study. However, not being able to step away from the role of Co-Lead Clinician remained one of my biggest concerns. I worried that participants would feel obligated to participate and would not truthfully discuss their experiences as clinicians. This was not the case; few of the clinicians chose to participate, and all participants appeared honest and forthcoming during their interviews and focus group. Collecting data for this study was, surprisingly, easier than I thought it would be. The interviews and focus group meeting seemed to flow naturally, and I recognized some of our experiences were similar even though we each had different levels of experience. I was also nervous about encountering any obstacles during the data collection process. For example, I knew what to do in the case of a participant experiencing emotional distress, but I worried that in the moment I would experience a mind blank and mess up. I developed an awareness of these thoughts and emotions throughout the process and reassured myself these feelings were normal. I engaged in relaxation techniques throughout the course of this experiment to remain focused and able to make referrals when needed.

As a group, we shared similarities and differences in our experiences of working with unaccompanied immigrant children. We all believed we had developed both personally and professionally as a result of our experiences working with unaccompanied immigrant children.

We have grown spiritually through increased humility, compassion, and gratitude. We learned more about culture and diversity and were convinced that a person-centered, humanistic stance with the clients we served was critical.

Furthermore, we all recognized that burnout and burnout prevention are important to consider when working with unaccompanied immigrant children. Burnout for us tends to stem from overwhelming case management duties and facility limitations, such as the agency's policies and procedures. We each identified ways we address symptoms of burnout that, while unique to each individual, were important for dealing with the stress and overload that comes with working in an agency with high demands and limited resources. Engaging in activities designed to help us deal with burnout helped us remember that our lives have purpose and the work is meaningful; we were not just going through the motions each day.

We share the experience of working with a population of children, the majority of whom have experienced multiple traumas. We all heard frequent stories of trauma, which can be a risk factor for vicarious trauma if not addressed. We all seem to be touched in a personal way when constantly being exposed to the children's traumatic stories. As one participant said, "sometimes our minors' pain becomes our pain also." Some of the stories we sit with when working with unaccompanied immigrant children seem to come straight out of a horror story. After hearing so many recountings of abuse and assault, it is difficult not to take on some of their pain. I have often found myself thinking of my own child and the emotional distress I would experience had he been in the same situation. As with burnout, we share the realization that self-care is important. The practices used to prevent symptoms of burnout are also helpful in the prevention of symptoms of vicarious trauma.

The role of culture is also important in working with unaccompanied immigrant children. For some, sharing similar cultural experiences assists in forming trusting relationships. For others, the importance of how the children's culture will impact them as they transition to a new community was recognized as a concern. The children's lack of understanding of U.S. culture, even with its variability, was noted. While there was no single or unified way of understanding precisely how culture is important in working with this population, the reality that culture matters seems unequivocal. The challenge is to understand ways in which it most matters when working with these children.

Throughout this experience none of the participants experienced emotional distress when sharing their experiences with me. Discussing their experiences and acknowledging shared triumphs with me during the focus group and interviews seemed to serve as an outlet for participants. One participant stated, "We should do this more often." Likewise, utilizing my field journal helped me to become more in tune with my thoughts and emotions on a daily basis. As a result, I was able to make additional changes in my work and personal life as needed to live a healthy lifestyle. My experiences have helped me grow as a person and a professional and my work has felt meaningful. Although we may view our jobs as meaningful and rewarding, there is still a possibility of experiencing burnout. As a professional counselor, I am aware of the importance of being able to maintain a healthy work life balance. What I have learned as a result of this study is being able to assume multiple roles, while not allowing one to overwhelm the other. For example, I can be a wife and a mother at home and still be an assistant supervisor and colleague at work, which are all roles I thoroughly enjoy. I have also learned that although it feels as if we are doing superhuman rewarding work, it is okay to be human as well. It's

important to feel our emotions and find outlets or activities to stay healthy and not over burden ourselves with the pain we see or hear every day.

CHAPTER V

Discussion and Conclusion

This chapter consists of a reflective summary of my experiences as the researcher throughout this study and a discussion of the core themes illuminated as they relate to the literature. Finally, implications for counselors and counselor educators, recommendations for future research and practice, and limitations are considered.

Data from seven participants were collected and analyzed for the purpose of answering the following research questions: (a) What are the lived experiences of clinicians' providing mental health services to unaccompanied immigrant children?, and (b) In what ways, if any, have the experiences of working with unaccompanied immigrant children impacted clinicians? I created individual depictions, which reflected each individuals' experience working with unaccompanied immigrant children. I then constructed a composite depiction to represent the emerging themes experienced by each individual as well as the collective group.

The following core themes were identified as illuminating clinicians' lived experiences working with unaccompanied immigrant children:

- Rewarding Experiences
- Professional and Personal Development
- Burnout
- Potential Pre-Cursors to Vicarious Trauma
- Culture
- Therapeutic Relationship

Next, I selected two individual profiles, as they were unique to each individual but also representative of the group. Last, I completed the heuristic process with the development of a

creative synthesis by generating a narrative composed of my experiences throughout the entire heuristic process as well as both my own and my co-researchers' experiences as clinicians working with unaccompanied immigrant children.

Reflective Summary

Employing a qualitative heuristic paradigm for this study enabled me to embody the role of the researcher as well as participant in an effort to explore clinicians' experiences working with unaccompanied immigrant children. However, since I was also an assistant supervisor at the facility where I collected data, I was cautious to avoid causing participants to feel pressured to participate in the research. In an effort to record my experiences and document all research decisions made throughout the investigation, I utilized a reflective field journal, beginning at the time I received IRB approval for my study. The following narrative was created from the notes of my reflective journal based on both my own and co-researchers' experiences working with unaccompanied immigrant children.

Working with unaccompanied immigrant children opened my eyes to things I never thought imaginable. I developed a passion for working with these children and felt a strong sense of intrinsic motivation to do more, so I decided to educate myself about the population. When I conducted a search through my university's library database, I was shocked to find there were minimal articles dedicated to unaccompanied immigrant children. Furthermore, I was astonished when I realized most of the articles were from legal or media perspectives. I realized there was a dearth of information pertaining to unaccompanied immigrant children in counseling literature. I understood this could be due to the population being vulnerable and protected but also realized there was much to be done in terms of educating others about this unique population. I was inspired to complete this dissertation for many reasons. I wanted to spark a dialogue among

counselors and counselor educators in an effort to draw attention to this marginalized population. I hoped to somehow take a small step towards improving the quality of care these children receive when placed in ORR custody. Politics also prompted me to advocate for these children by contributing to the general body of knowledge. By doing so, I hope to raise awareness towards the humanitarian issue of these children fleeing their war torn countries in hope of safety and asylum as well as others who seek refuge in the U.S.

Completing a qualitative dissertation has been difficult to say the least. Initially I was both scared and nervous because I had never participated in or led a qualitative inquiry. I was also nervous to interview my participants and facilitate a focus group. I feverishly read through several articles and books relating to the qualitative paradigm I would be utilizing and eventually felt a little better about the heuristic process (Moustakas, 1990; Patton, 2015; Snook & Oliver, 2015). However, conducting interviews and a focus group with participants was easier than I thought it would be. Once I began the interviews I realized they had a rhythm and seemed to flow effortlessly.

Throughout the heuristic process I followed Moustakas' (1990) six phases of research religiously. Utilizing his guide along with seeking guidance from my dissertation chair helped to put my nerves at ease. I navigated through each phase backwards and forwards ensuring I paid close attention to all. I reviewed interview transcripts often and enlisted a peer analyst to assist with the data analysis process. Furthermore, I took frequent breaks from the data to allow myself time to sit with the data while engaging in other activities. While I was not working on data analysis, I was focusing on different aspects of my own wellness as well as spending time with my family. My family served as both my support system and motivation to finish this dissertation.

I relied on the peer analyst to confirm my findings, and together, we returned to review the interview transcripts multiple times. During the illumination phase, the peer analyst and I checked and confirmed our interpretations frequently. The explication and creative synthesis phases were the lengthiest processes of this study. Although a time limit should not be placed on a heuristic study, it took me approximately 12 months to complete this dissertation. Throughout this study, I struggled with ensuring I was accurately depicting each participant's experience. However, I was able to reduce this stress by enlisting a peer analyst and following Moustakas' (1990) guide to heuristic research. The most rewarding aspect of this study has been listening to each participant's experience working with unaccompanied immigrant children and the sense of fulfillment and purpose they have attributed to their work, as well as knowing this research will serve as a foundation for future investigations.

Discussion of Core Themes Related to the Literature

Rewarding Experiences

The first theme, rewarding experiences, reflects participants' sense of personal and professional fulfillment obtained through their work with unaccompanied immigrant children. This finding supports the literature concerning work with those who have been traumatized (Barrington & Shakespeare-Finch, 2013; Doherty et al., 2010; Ling et al., 2014; Shakespeare-Finch et al., 2003); however, it is unique to those working with unaccompanied immigrant children. Despite the stressful conditions of working with clients who have experienced trauma, counselors continue to undertake trauma work due to the rewarding aspects and experiences of their jobs (Ling et al., 2014). Previous findings indicate clinicians working with refugees acknowledged rewards including being present to observe client change and client resilience, hope, and enjoyment as a result of their experience working with this distinctive population

(Barrington & Shakespeare-Finch, 2014). Furthermore, mental health interpreters working with refugees describe interpersonal factors, such as client and professional gratitude, serving as a witness to clients getting better, and their relationship with clients, as rewards (Doherty et al., 2010). Similarly, those working with trauma report personal rewards, such as a renewed appreciation for life and their relationships with others, positive change in their personal strength, changes in their spirituality, and an appreciation for their clients' resilience, (Shakespeare-Finch et al., 2003).

All but two participants report experiencing feelings of either personal or professional fulfillment through their work with unaccompanied immigrant children. These participants indicate their experiences with this population helped to establish a sense of meaning and purpose. For many participants these rewarding experiences outweigh the stress and frustrations of their jobs. In fact, the majority share their passion and excitement for working with these children. Participants reflected on the fulfilling aspects of their jobs and note it was rewarding to see growth in their clients. They also discuss feeling grateful and humbled while working with unaccompanied immigrant children.

Professional and Personal Development

Professional and personal development illustrates the continued growth clinicians experience in both professional and personal areas of their lives as a result of working with unaccompanied immigrant children. This finding is consistent with extant literature. Several authors indicate that clinicians who deal with trauma work in counseling possess the ability to successfully navigate through the counseling process and manage stressors in a way that promotes personal and professional growth (Ling et al., 2014; Mishori et al., 2016; Splevins et al., 2010). Furthermore, clinicians working with refugees also note that among the rewards of

their work is continuous personal and professional development (Barrington & Shakespeare-Finch, 2014). The same individuals report their work altered their lives in intense positive ways (Barrington & Shakespeare-Finch, 2013).

All seven participants in this study describe experiencing growth in various areas of their professional and personal lives. One participant expressed her work with unaccompanied immigrant children helped mold her into a "better clinician." The participants further report acquiring an appreciation for diverse cultures and enhanced multicultural competency. These findings are unique and broaden the literature regarding those working with unaccompanied immigrant children.

Burnout

The second theme, burnout, has to do with symptoms of burnout as well as activities and experiences undertaken to ease or prevent burnout. The findings of this study are reflective of the literature regarding burnout. Several studies have been dedicated to investigating the relationship between individuals working in the helping profession and burnout (Ilesanmi & Eboiyehi, 2012; Maslach, 1982, 1998; Maslach & Jackson, 1981; Maslach & Leiter, 1997; Newell & MacNeil, 2010). As discussed in chapter two, clinicians exposed to constant difficult situations are more susceptible to experiencing burnout (Ilesanmi & Eboiyehi, 2012; Maslach, 1982, 1998; Maslach & Jackson, 1981; Maslach & Leiter, 1997).

All seven participants in this study discuss either experiencing symptoms of burnout or preventative measures they took to avoid incurring burnout. Developing an awareness of the potential for experiencing symptoms of burnout seems important to participants. Symptoms of burnout identified among participants are emotional exhaustion, depersonalization, and decreased feelings of accomplishment. Several authors have conceptualized burnout as

consisting of these domains (Maslach, 1982, 1998; Maslach & Jackson, 1981; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001; Newell & MacNeil, 2010). Moreover, participants identify a variety of activities they engage in to prevent symptoms of burnout, including exercise, supervision, socializing with friends and family, reading, watching television, listening to music, prayer, and gardening. This result is congruent with previous research on self-care strategies for preventing burnout (Brownlee, 2016; Lakey & Cohen, 2000; Maslach, 2003; Ray & Miller, 1994; Sim et al., 2016; Winnubst, 1993); however, the finding about this particular group of clinicians adds to the literature.

Potential Pre-cursors to Vicarious Trauma

The next theme identified, potential pre-cursors to vicarious trauma, encompasses possible activating events that occur when working with unaccompanied immigrant children, which may result in symptoms of vicarious trauma if unaddressed. As reviewed in chapter two, clinicians working with vulnerable traumatized populations are more likely to experience vicarious trauma (Figley, 1985, 1989, 1993, 1995, 2002; Finklestein et al., 2015; Garner et al., 2016; Shannonhouse et al., 2016). Moreover, repeated exposure to traumatic material can also result in clinicians experiencing vicarious trauma (Culver, McKinney, & Paradise, 2011; McCann & Pearlman, 1990). The literature regarding risk factors leading to vicarious trauma generally recognizes a personal history of past trauma, socioeconomic status, history of mental health issues or diagnosis, decreased social and professional support, sex, ability to cope with life stressors, and level of education (Adams et al., 2001; Baird & Kracen, 2006; Brewin et al., 2000; Courtois, 1993; Doukessa & Mitchell, 2003; Lerias & Byrne, 2003; Marmar et al., 1996; Motta et al., 1994; Resick, 2000; Ruzek, 1993; Sexton, 1999; Shalev & Ursano, 2003; Stamm, 1997; Van der Kolk et al., 1996; Weiss et al., 1995). Furthermore, there is evidence to suggest that

maintaining a proper self-care regimen can assist clinicians working with traumatized populations to reduce the effects of vicarious trauma symptoms (Calderón-Abbo et al., 2008; Jordan, 2010; Michalopoulos & Aparicio, 2012; Trippany et al., 2004).

All seven participants report prolonged repeated exposure to difficult client traumas as well as practices they engage in to avoid symptoms of vicarious trauma. This correlates with previous findings that more time spent with traumatized clients along with a larger caseload places clinicians at a higher risk of developing vicarious trauma (Byrne et al., 2006; Pearlman & MacIan, 1995). Moreover, most participants express strong emotional reactions in response to clients' stories, which coincides with the literature on pre-cursors to vicarious trauma if unaddressed (Barrington & Shakespeare-Finch, 2014). Furthermore, consistent with previous literature regarding self-care and leisure, participants identify specific strategies that are helpful. The findings regarding this particular group of clinicians adds to the literature concerning mental health professionals working with traumatized populations (Calderón-Abbo et al., 2008; Jordan, 2010; Michalopoulos & Aparicio, 2012; Trippany et al., 2004). In addition, participants' awareness of the potential of experiencing vicarious trauma due to working with unaccompanied immigrant children appears to aid in being able to prevent it from interfering with their work and personal lives. This corresponds to the literature on mental health professionals working with traumatized individuals whereas vicarious trauma was lessened by professional self-efficacy (Finklestein et al., 2015).

Culture

Culture represents appreciation and awareness of the diverse cultures of unaccompanied immigrant children. This finding broadens the literature regarding clinicians working with refugees and immigrants (Century et al., 2007; Guanipa et al., 2002) to those working with

unaccompanied immigrant children. Century et al. (2007) acknowledges culture as an important variable to consider when working with refugees. Participants in the current study also recognize the importance of culture. There is some evidence to suggest that counselors acknowledge the difficulties immigrants and refugees face when assimilating to a new culture as well as cultural differences in the counseling relationship (Bemak & Chung, 2008; Century et al., 2007; Chung et al., 2011). The results of the current study support such evidence and adds to the literature regarding counselors' concerns about assimilation for this population. Other participants report concerns for assimilation, indicating unaccompanied immigrant children are "going to have a problem" acclimating to their new environments due to their native cultures. This finding correlates with other authors' arguments of the importance of counselors being familiar with pre-migration and post-migration obstacles that could interfere with the individual's adjustment to a new culture (Bemak & Chung, 2008; Chung et al., 2011). Participants in the current study also note increased cultural awareness and understanding of cultural differences as a result of working with unaccompanied immigrant children.

The majority of participants express the importance of valuing the culture and language of unaccompanied immigrant children in the counseling process. Many discuss the necessity of acknowledging the culture and language of unaccompanied immigrant children in order to establish trust and a strong therapeutic rapport in the counseling relationship. While there is no evidence to support this finding in the literature in regards to those working with unaccompanied immigrant children, some research identifies culture and language as an important factor when working with refugees (Century et al., 2007; McGoldrick et al., 1982; Minuchin, 1974). Moreover, some participants find that their similar backgrounds assist them in establishing rapport with clients. This is consistent with Eltaiba's (2014) experience counseling Muslim

refugees. Eltaiba notes that understanding culture helps to build rapport with clients (Eltaiba, 2014). However, the author also notes disadvantages, such as clients being worried about confidentiality or embarrassment about sharing information with someone from the same background, which is contradictory of this result (Eltaiba, 2014).

Therapeutic Relationship

The final theme, therapeutic relationship, includes the importance of a strong therapeutic rapport and the effectiveness of a humanistic approach to counseling when working with unaccompanied immigrant children. Most participants in this study report that a person-centered or humanistic therapeutic approach to counseling is important for establishing trust and rapport. While two participants identified specific strategies (i.e., CBT and imagery) they found to be helpful, the majority of participant responses note the person-centered stance of the clinician. This appears to be a unique finding, though it may be that the presence of a strong therapeutic alliance was assumed in previous studies, such as those concerning the usefulness of trauma-focused cognitive behavioral therapy for refugee minors and other traumatized children (Cohen et al., 2012; Scheeringa et al., 2011; Unterhitzenberger et al., 2015).

The results of this study reflect experiences of clinicians working with unaccompanied immigrant children as unique and yet share some similarities with clinicians working with other populations who have experienced trauma (Barrington & Shakespeare-Finch, 2014; Byrne et al., 2006; Pearlman & MacIan, 1995; Calderón-Abbo et al., 2008; Jordan, 2010; Michalopoulos & Aparicio, 2012; Trippany et al., 2004). Most similarities noted are associated with clinicians' experiences working with refugees and asylum seeking individuals (Bemak & Chung, 2008; Century et al., 2007; Chung et al., 2011; Eltaiba, 2014; Guanipa et al., 2002). While there have been studies dedicated to investigating the experiences of clinicians and mental health

interpreters working with refugees and asylum seeking individuals, little is known of the experiences of clinicians working with unaccompanied immigrant children (Splevins et al., 2010). Furthermore, information is scarce in regards to clinicians' experiences working in general residential treatment facilities. The current study is unique in its focus on the lived experiences of clinicians working with unaccompanied immigrant children in ORR custody. However, this distinctive characteristic along with the significant gap in literature makes it difficult to compare the results of this study to other investigations and populations. Specifically, clinicians' experiences working with unaccompanied immigrant children reflect rewarding experiences, professional and personal development, burnout, potential pre-cursors of vicarious trauma, and culture.

Implications for Counselors and Counselor Educators

The number of unaccompanied immigrant children, asylum seeking individuals, and refugees fleeing to the U.S. is expected to continue to rise. According to the U.S. Department of Homeland Security (DHS; 2016), there has been an increase in apprehensions of unaccompanied immigrant children from fiscal year 2015 to fiscal year 2016 in each of the sectors of the southwest Texas border. Furthermore, DHS and the HHS have joined forces to cope with the influx of children and have initiated the process to augment the temporary capacity of facilities to shelter unaccompanied children (DHS, 2016). The ORR has already amplified the bed space of care providers from 7,900 to 8,400 and is planning to secure short-term bed space in response to the spike in immigrant children entering the U.S. (DHS, 2016). As a result, it is likely that counselors will continue to be faced with providing services to this population. Additionally, counselor educators should be able to prepare students in counselor training programs to work with unaccompanied immigrant children as well as refugees and asylum seekers.

Comprehending counselors' experiences is vital to addressing ethical and/or multicultural issues, which can arise working with this population. The U.S. population becomes more diverse day-to-day, and multiculturalism maintains a significant position in the counseling profession. The counseling profession has adopted a code of ethics that explicitly addresses counselors' responsibilities to be culturally competent when working with diverse populations (American Counseling Association, 2014; Arredondo et al., 1996). The American Counseling Association code of ethics (ACA; 2014) specifically indicates all counselors should be knowledgeable of multicultural competencies. Similarly, the Council for Accreditation of Counseling and Related Educational Program (CACREP; 2016) standards include social and cultural diversity courses in the core curriculum of counselor education programs. Although universal guidelines and competencies have been developed and implemented, information and research on these ethical and multicultural competencies pertaining to unaccompanied immigrant children is scarce. The results of this study may provide counselors and counselor educators with useful information for shaping both practice and policy in working with diverse populations, such as unaccompanied immigrant children. These findings might also be used in the development of training protocols for counselors, supervisors, and administrators already working with unaccompanied immigrant children.

Limitations of the Study

Although the current study yielded meaningful results, it is important to consider limitations when interpreting these findings. With the exception of one, all participants were female. Therefore, this study may not convey male clinicians' perspective of working with unaccompanied immigrant children. Another limitation to consider is that all seven participants identified as white, with six participants also identifying as Hispanic (American born) and one

identifying as Spanish (country of origin). The results of this study might not represent experiences of those who self identify differently. Moreover, four participants indicated they had children while three stated they had no children. It is not possible to know whether participants' status as parents might impact their experiences. Additionally, as I was employed by the agency from which participants were recruited to provide data, participants may have been less forthcoming than they might have been with a researcher from outside the agency or who was unknown to participants. Participants' fear of negative consequences to clients or themselves as a result of what was revealed in interviews may have impacted their responses. Moreover, participants in this study were recruited from one agency providing services to unaccompanied immigrant children. Research including participants from a cross-section of agencies may have yielded different results, as there may be different cultures within different groups of clinicians from various settings.

Other limitations to consider relate directly to the qualitative design of the investigation. Heuristic methodology has many strengths; however, there are also limitations. Since heuristic methods place an emphasis on the subjective experience of the phenomenon being investigated (Djuraskovic & Arthur, 2010), there is an increased risk of researcher bias. Given the researcher is also a participant and responsible for interpreting findings of the study, results can be influenced by the researcher's experiences. While I undertook methods to minimize the possibility for bias, such as utilizing a reflective journal to bracket biases, emotions, and thoughts as well as a peer analyst to independently analyze and consult regarding themes, it is not possible for a researcher to be bias-free. It is also important to note that the heuristic methodology utilized in this study allowed me to convey the lived experiences of clinicians working with unaccompanied immigrant children in a way that no other paradigm would have.

Recommendations for Future Research and Practice

The current study explores clinicians' experiences working with unaccompanied immigrant children and may serve as a building block for future investigations. At the time of the study, literature review yielded no other study regarding this topic. Therefore, there are several aspects to consider in terms of recommendations for future research and practice. There is a clear need for more research about unaccompanied minor children, counselors who work with them, and effective intervention approaches. Future studies to examine counselor experiences with this population should recruit participants from a variety of settings in which unaccompanied immigrant children are served to better understand counselor experiences. Additionally, it may be beneficial to examine specific similarities and differences among clinicians by gender, ethnicity, and other salient demographic factors. Research about unaccompanied immigrant children is also needed. Knowledge concerning their lived experiences and presenting issues would be helpful in determining needed services. Research concerning effective counseling approaches is also needed and might provide critical information concerning best practices for working with this unique population. Empirical evidence to support the use of specific modalities and to inform educators and supervisors could have significant impact on both counselor training and service delivery. Development of a valid, reliable, and culturally appropriate measure to identify those children who have survived human trafficking might aid DHS in their screening process and could have an impact on deportation decisions.

The implications of this study and future research may have a major impact on the counseling profession. In terms of counseling literature, the area of counseling unaccompanied immigrant children has been relatively untouched possibly due to the vulnerability of the population. This study may offer insight to counselors and counselor educators in terms of

supervision and counselor training. Trainings specifically for those who work with unaccompanied immigrant children, such as cultural training, pre- and post- migration experiences, DHS apprehension, and the legal process of reunification, would be beneficial for counselors. The results of this study indicate counselors working with unaccompanied immigrant children, as with other populations who have experienced trauma, are susceptible to risk factors that could lead to vicarious trauma if unaddressed. Additionally, those working with this unique population should acknowledge the risk of experiencing symptoms of burnout. Moreover, the findings of this study imply the importance of an effective self-care regimen. Furthermore, counselor educators might begin to integrate this population into the curricula of counselor training programs in an effort to promote multicultural competency among counselors in training.

Conclusion

There is a dearth of information accessible in counseling literature regarding clinicians' experiences working with unaccompanied immigrant children. The purpose of the current study was to explore and explicate the experiences of clinicians who treat unaccompanied immigrant children using a qualitative heuristic approach. Employing a heuristic methodology for this study allowed me to immerse myself in the experiences of the participants while being fully in tune with my own emotions and thoughts, bracketing as needed and remaining reflective throughout. The findings of this study showed that rewarding experiences, personal and professional development, potential pre-cursors to vicarious trauma, burnout, and culture were all important aspects of clinicians' lived experiences. The participants in this study expressed their passion for working with this population as well as a driving sense of their work having meaning and a purpose. Deriving meaning and experiencing a sense of fulfillment from their work seemed to

outweigh any negative factors of their jobs, such as symptoms of burnout or potential precursors to vicarious trauma.

While this study intended to bridge the significant gap in the literature regarding clinicians' experiences working with unaccompanied immigrant children, the results of this investigation imply there is still much to be learned in this area. With the surge of unaccompanied immigrant children expected to continue to rise (U.S. Department of Homeland Security, 2016), it is prudent for counselors and counselor educators to take strides towards being prepared to encounter this unique population in the counseling field. However, it is equally important to note that with the immigration and deportation policies changing, it is impossible to know whether this is an accurate prediction of the trends we have seen in the past. With talks of mass deportations and travel bans for individuals entering the U.S. without proper documentation, it is impossible to know whether the number of unaccompanied immigrant children will continue to increase. Additional investigations of clinicians working with unaccompanied immigrant children are needed to further understand their lived experiences. Moreover, efficacy-based research is needed to help establish best practices for unaccompanied immigrant children. After further exploration, much can potentially be accomplished in the way of assessments and quality of care for unaccompanied immigrant children.

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Appendix A

TEXAS A&M UNIVERSITY
CORPUS CHRISTI

OFFICE OF RESEARCH COMPLIANCE
Division of Research, Commercialization and Outreach

6300 Ocean Drive, Unit 5844
Corpus Christi, Texas 78412
O 361.825.2497 • F 361.825.2755

Human Subjects Protection Program — Institutional Review Board

APPROVAL DATE:	March 31, 2016
TO:	Ms. Erika Mendez
CC:	Dr. Marvarene Oliver
FROM:	Office of Research Compliance Institutional Review Board
SUBJECT:	Initial Approval
Protocol Number:	IRB# 18-16
Title:	Lived Experiences of Clinicians Working with Unaccompanied Immigrant Children
Review Category:	Expedited
Expiration Date:	March 31, 2017

Approval determination was based on the following Code of Federal Regulations:

Eligible for Expedited Approval (45 CFR 46.110): Identification of the subjects or their responses (or the remaining procedures involving identification of subjects or their responses) will NOT reasonably place them at risk of criminal or civil liability or be damaging to the their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

Criteria for Approval has been met (45 CFR 46.111) - The criteria for approval listed in 45 CFR 46.111 have been met (or if previously met, have not changed).

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

Provisions:

Comments: The TAMUCC Human Subjects Protections Program has implemented a post-approval monitoring program. All protocols are subject to selection for post-approval monitoring.

This research project has been approved. As Principal Investigator, you assume the following responsibilities:

1. Informed Consent: Information must be presented to enable persons to voluntarily decide whether or not to participate in the research project unless otherwise waived.
2. Amendments: Changes to the protocol must be requested by submitting an Amendment Application to the Research Compliance Office for review. The Amendment must be approved by the IRB before being implemented.
3. Continuing Review: The protocol must be renewed each year in order to continue with the research project. A Continuing Review Application, along with required documents must be submitted 45 days before the end of the approval period, to the Research Compliance Office. Failure to do so may result in processing delays and/or non-renewal.

4. Completion Report: Upon completion of the research project (including data analysis and final written papers), a Completion Report must be submitted to the Research Compliance Office.
5. Records Retention: All research related records must be retained for three years beyond the completion date of the study in a secure location. At a minimum these documents include: the research protocol, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to participants, all correspondence to or from the IRB or Office of Research Compliance, and any other pertinent documents.
6. Adverse Events: Adverse events must be reported to the Research Compliance Office immediately.
7. Post-approval monitoring: Requested materials for post-approval monitoring must be provided by dates requested.

TEXAS A&M UNIVERSITY
CORPUS CHRISTI

OFFICE OF RESEARCH COMPLIANCE
Division of Research, Commercialization and Outreach

6300 Ocean Drive, Unit 5844
Corpus Christi, Texas 78412
O 361.825.2497 · F 361.825.2755

Human Subjects Protection Program | Institutional Review Board

APPROVAL DATE:	February 14, 2017
TO:	Ms. Erika Mendez
CC:	Dr. Marvarene Oliver
FROM:	Office of Research Compliance Institutional Review Board
SUBJECT:	Continuation Approval

Protocol Number:	HSRP #18-16
Title:	Lived Experiences of Clinicians Working with Unaccompanied Immigrant Children
Review Category:	Expedited
Expiration Date:	February 14, 2018

Approval determination was based on the following Code of Federal Regulations:

Eligible for Expedited Approval (45 CFR 46.110): Identification of the subjects or their responses (or the remaining procedures involving identification of subjects or their responses) will NOT reasonably place them at risk of criminal or civil liability or be damaging to the their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

Criteria for Approval has been met (45 CFR 46.111) - The criteria for approval listed in 45 CFR 46.111 have been met (or if previously met, have not changed).

(6) Collection of data from voice, video, digital, or image recordings made for research purposes.

Provisions:

Comments: The TAMUCC Human Subjects Protections Program has implemented a post-approval monitoring program. All protocols are subject to selection for post-approval monitoring.

This research project has been approved. As principal investigator, you assume the following responsibilities:

1. Informed Consent: Information must be presented to enable persons to voluntarily decide whether or not to participate in the research project unless otherwise waived.
2. Amendments: Changes to the protocol must be requested by submitting an Amendment Application to the Research Compliance Office for review. The Amendment must be approved by the IRB before being implemented.
3. Continuing Review: The protocol must be renewed each year in order to continue with the research project. A Continuing Review Application, along with required documents must be submitted 45 days before the end of the approval period, to the Research Compliance Office. Failure to do so may result in processing delays and/or non-renewal.

4. Completion Report: Upon completion of the research project (including data analysis and final written papers), a Completion Report must be submitted to the Research Compliance Office.
5. Records Retention: All research related records must be retained for three years beyond the completion date of the study in a secure location. At a minimum these documents include: the research protocol, all questionnaires, survey instruments, interview questions and/or data collection instruments associated with this research protocol, recruiting or advertising materials, any consent forms or information sheets given to participants, all correspondence to or from the IRB or Office of Research Compliance, and any other pertinent documents.
6. Adverse Events: Adverse events must be reported to the Research Compliance Office immediately.
7. Post-approval monitoring: Requested materials for post-approval monitoring must be provided by dates requested.

Appendix B

Erika Mendez

Subject: Opportunity for participation in research study

Greetings,

My name is Erika Mendez and I am a doctoral candidate at Texas A&M University Corpus Christi in the Counselor Education program. Currently, I am conducting a qualitative study investigating clinicians experiences working with unaccompanied immigrant children. This study has been approved by Texas A&M University Corpus Christi's Institutional Review Board (IRB). Your participation in this study is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University-Corpus Christi or International Educational Services being affected. Moreover, no identifying information will be revealed and your participation or non-participation in the study will have neither positive nor negative effects on any evaluations conducted in relation to your employment with the agency.

You are being asked to participate in a research project studying clinicians' lived experiences working with unaccompanied immigrant children. The purpose of this study is to identify the lived experiences of clinicians providing mental health services to unaccompanied immigrant children as well as any ways the experiences of working with unaccompanied immigrant children may have impacted clinicians. You were selected to be a possible participant because you are over the age of 21 and able to provide consent to participate in the study, possess a Master's degree in counseling or a related field, and have experience conducting on-site mental health admission assessments, providing individual and group counseling, and administering mental health screenings for unaccompanied immigrant children.

If you meet this description, you are invited to participate in the study. If you are interested in participating in the study please attend a general informational meeting on 01/22/2016 at 12:00 PM in the attorney's trailer for details regarding your potential participation. Please see attached consent form for your reference.

I will be happy to answer any questions you may have at any time during the course of the study. Complete contact information for the researcher is noted below. Additionally, you may contact the Texas A&M University Corpus Christi's Institutional Review Board at 361-825-2497 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

Thank you very much for your help. Your participation will help increase the understanding of clinicians experiences working with unaccompanied immigrant children research.

Erika A. Mendez
361-720-8809

Appendix C

CONSENT FORM

Lived Experiences of Clinician's Working with Unaccompanied Immigrant Children

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent.

You have been asked to participate in a research project studying clinicians' lived experiences working with unaccompanied immigrant children. The purpose of this study is to identify the lived experiences of clinicians providing mental health services to unaccompanied immigrant children as well as any ways the experiences of working with unaccompanied immigrant children may have impacted clinicians. You were selected to be a possible participant because you are over the age of 21 and able to provide consent to participate in the study, possess a Master's degree in counseling or a related field, and have experience conducting on-site mental health admission assessments, providing individual and group counseling, and administering mental health screenings for unaccompanied immigrant children.

What will I be asked to do?

If you agree to participate in this study, you will be asked to journal over a 5 week period regarding your experiences delivering services to unaccompanied immigrant children, participate in a focus group, and complete an individual interview with the primary investigator. This study is anticipated to last a total of 7 weeks. For the first 5 weeks you will be asked to journal twice a week about your experiences working with unaccompanied immigrant children. Interviews will be conducted throughout this 5 week period. Each interview is expected to last one to two hours. A focus group will be conducted once initial themes have been developed from the interviews. The focus group is expected to last approximately 2 hours to allow each participant to reflect on the proposed themes, offer additional thoughts, and consider the thoughts of others. The focus group is anticipated to be held the 6th or 7th week of the study process. Your participation will be audio recorded to allow for transcription of interviews and focus groups.

What are the risks involved in this study?

The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, participants will be offered the opportunity to make a substantial contribution to the gap in counseling literature pertaining to this topic. Second, participants may be enlightened and experience a sense of cohesion after participating in this study.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University-Corpus Christi or International Educational Services being affected.

Who will know about my participation in this research study?

This study is confidential and no identifiers linking you to this study will be included in any sort of report that might be published. Other participants who participate in the focus group will be asked to keep all information from the group confidential; however, there is always a risk of breach of confidentiality from group members. In addition, members of staff at International Educational Services may be aware that you are participating in the study by virtue of interviews being held on site; however, no one at International

Educational Services will have access to your interview material. The researcher will follow all confidentiality requirements set forth in the American Counseling Association's Code of Ethics regarding research. Research records will be stored securely and only Erika Mendez and Marvarene Oliver will have access to the records.

If you choose to participate in this study, you will be audio recorded. Any audio recordings will be stored securely and only Erika Mendez and Marvarene Oliver will have access to the recordings. Any recordings will be kept until the sessions are transcribed and then erased once accuracy of transcriptions is verified.

Whom do I contact with questions about the research?
If you have questions regarding this study, you may contact Erika Mendez, 361-720-8809, evillarreal1@islander.tamucc.edu.

Whom do I contact about my rights as a research participant?
This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board at Texas A&M University-Corpus Christi. For research-related problems or questions regarding your rights as a research participant, you can contact Caroline Lutz, Research Compliance Officer, at (361) 825-2497 or caroline.lutz@tamucc.edu

Signature
Please be sure you have read the above information, asked questions and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing this document, you consent to participate in this study. You also certify that you are 18 years of age or older by signing this form.

Signature of Participant: _____ **Date:** _____

Printed Name: _____

Appendix D

Demographic Information

Please do not write your name on this form. This information will be stored separately from any other information you complete throughout this study and will not be linked with your responses in any way.

For the following items, please select the response that is most descriptive of you or fill in the blank as appropriate.

Gender: _____Female_____Male _____Other

Age: _____

Race: _____

Ethnicity: _____

How long have you provided services to unaccompanied immigrant children?

_____

Appendix E

Field Guide

1. Tell me about your experiences of working with unaccompanied immigrant children.

2. Tell me about anything that has been particularly challenging for you when working with unaccompanied immigrant children.

3. Tell me about anything that has been particularly easy for you when working with unaccompanied immigrant children, if anything.

4. Tell me about ways, if any, these experiences have impacted your practice.

5. Based on your experience, what approaches have you noticed are more or less effective with unaccompanied immigrant children.

6. How do you accommodate your personal work life balance.

7. How do you prevent personal burnout in working with unaccompanied immigrant children?

Appendix F

Greetings,

I am attaching the transcript from our interview for your review. Please read through it to verify it is accurate. This is the time for you to clarify, add, or make any needed corrections to the transcript. I look forward to hearing from you. Thank you for your participation in the study.

Sincerely,

Erika Mendez