Stats Literature Review

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**Unaccompanied Children**

To fully understand the importance of mental health service for unaccompanied children (UC), it is best to give a full description of this population through available literature. To begin, it is important to highlight that this population undergoes through trauma in their home countries. For instance, Fazel, Reed, Panter-Brick, and Stein (2012) pointed out various reasons behind UCs leaving their country such as receiving gang threats, abduction from family, separation from parents during migration journey, being sold by their families, or being orphaned street children. Furthermore, trauma UC’s face in their home countries is intensified during their journey to the US where they experience rape, attacks, exhaustion, hunger, witnessing abuse, and regret (Tello, Castellon, Aguilar, & Sawyer, 2017). Due to UCs having presenting concerns of post-traumatic stress disorder, depression, and emotional and behavioral problems (Brostein & Montgomery, 2011), the United States Office of Refugee Resettlement (ORR) provides UCs with mental health services while they are detained. Therefore, the clinical mental health provided by ORR is imperative for the well-being of the UC’s who will be either deported back to their home countries or be granted asylum.

**Vicarious Trauma**

Unlike the limited literature available on this population, literature on trauma and its effects on counselors is vast. Vicarious Trauma (VT) represents one major effect noted in counselors who work with trauma populations. Some researchers utilize secondary trauma interchangeable with VT as both follow the exposure to trauma saturated narratives resulting in the counselors having trouble talking about their experiences, difficulty sleeping, lack of sleep, dreaming of client’s trauma experiences, and feeling hopeless. The Diagnosis and Statistical Manual V (DSM5), has now been updated to include vicarious trauma as a criterion under the trauma section (American Psychiatric Association, 2013).

This inclusion has also prompted mental health disciplines to call for further research on the effects of VT on mental health practitioners. As a result, it has been found that VT symptoms can be reduced with supervision (Pulido, 2007). Studies have found that counselors who experience a positive supervisory relationship decrease the possibility of developing VT (Williams, Helm, & Clemens, 2012; Sommer, 2008; Sommer & Cox, 2005). However, Parker & Henfield (2012) found that school counselors ambiguously defined VT and utilized *burnout* synonymously when asked to explain VT. Thus, Sommer and Cox (2005) highlight the importance of open dialogue regarding VT in practicum, internship, and supervision courses to promote awareness of VT and ability to speak about it during supervision.

The available literature shows the necessity of trauma training and positive supervision relationship for clinicians working with UCs. As previously presented, UCs are exposed to various trauma experiences which should be addressed during their ORR shelter placement. It should be noted that all mental health clinicians in ORR shelters receive case supervision from the assigned Counseling Program Directors, as well as any additional supervision for licensure requirements. Thus, clinicians working with this population should receive trauma training and positive supervisory working alliance to decrease the possibility developing VT.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Brostein, I, & Montgomery P. (2011). Psychological distress in refugee children: A systematic review. *Chilical Child and Family Psychology Review, 14*(1), 44-56. Doi: 10.1007/s10567-010-0081-0

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *Lancet*, *379*, 266-282. doi: 10.1016/S0140-6736(11)60051-2

Pulido, M. (2007). In their words: Secondary traumatic stress in social workers responding to the 9/11 terrorist attacks in New York City. *Social Work, 52,* 279–281. doi:10.1093/sw/52.3.279

Sommer, C. A. (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. *Counselor Education & Supervision, 48,* 61-71.doi: 10.1002/j.1556-6978.2008.tb00062.x

Sommer, C. A., & Cox, J. A. (2005). Elements of supervision in sexual violence counselors’ narratives: A qualitative analysis. *Counselor Education and Supervision, 45*, 119-134.doi: 10.1002/j.1556-6978.2005.tb00135.x

Tello, A. M., Castellon, N., Aguilar, A., Sawyer, C. B. (2017). Unaccompanied refugees from Central America: Understanding their journey and implications for counselors. *The Professional Counselor, 7*, 360-374. doi:10.15241/amt.7.4.360

Williams, A. M., Helm, H. M., & Clemens, E. V. (2012). The effect of childhood trauma, personal wellness, supervisory working alliance, and organizational factors on vicarious traumatization. *Journal of Mental Health Counseling, 34,* 133-153. doi: 10.17744/mehc.34.2.j3l62k872325h583