

# THE RELATIONSHIP BETWEEN PARENTAL OUT-MIGRATION TO THE UNITED STATES AND MENTAL HEALTH OF LEFT-BEHIND CHILDREN IN MEXICO CITY

By Karla Rodriguez, M.S., LMFT

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## Background

► What are the first things that come to mind when you hear the following words/phrases?

- Parental Out Migration
- Left-behind Children
- Attachment

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## Background



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### Background

- ▶ According to the United Nations' 2016 Human Development Report:
  - ▶ Seven billion people currently inhabit the planet
  - ▶ 244 million people, over 28% of the world's population, have migrated out of their home countries (United Nations, 2016).



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### Background

- ▶ Reasons for out-migration can vary from voluntary to involuntary.
- ▶ What would some of these voluntary reasons be?  
▶ And involuntary?
- ▶ The majority of migrants cross borders in search of better economic and social opportunities (United Nations Population Fund, 2015).



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### Background

- ▶ Economic Opportunities:
  - ▶ No employment
  - ▶ Poor pay
  - ▶ Hazardous Working Conditions
- ▶ Social Opportunities:
  - ▶ Poor or no social services
  - ▶ No or barriers to Education
  - ▶ No or poor Medical Care



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### Background

- ▶ Many of the individuals who migrate with the intention of improving their own and their family's wellbeing, via **increased economic resources**, are mothers and fathers that are faced with the decision of leaving their children behind in their home countries.
- ▶ Both **parental out-migration** and **left-behind children** are a continuing major trend in most of the world's developing countries.
- ▶ Yet, there is limited understanding of the effects of family disunion on left-behind children's mental health.



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### Context: Mexico and The Unites States

- ▶ Mexico and the United States, “share a 2,000-mile border, and bilateral relations between the two have a direct impact on the lives and livelihoods of millions” (U.S. Department of State, 2017).
- ▶ This financial impact is highlighted by 2012 statistics, which report that **remittances** from Mexicans in the United States totaled \$22.4 billion (U.S. Department of State, 2017).



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### Context: Mexico and The Unites States

- ▶ Remittances
- ▶ “When migrants send home part of their earnings in the form of either cash or goods to support their families, these transfers are known as workers’ or migrant remittances. They have been growing rapidly in the past few years and now represent the largest source of foreign income for many developing countries” (International Monetary Fund, 2017).



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### Context: Mexico and The Unites States



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### Context: Mexico and The Unites States



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### Context: Mexico and The Unites States

- ▶ According to the 2017 fact sheet by the U.S Department of State on U.S. relations with Mexico, “most remittances are used for immediate consumption” such as **food, housing, health care, and education**.
- ▶ Understanding the historical, and current political and economic relationships between both countries provides and deeper understanding of the context of this research.

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### Context: Mexico and The Unites States



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### Literature Review: Overview

- ▶ Within the body of existing literature, there appears to be some discordance regarding the effects that parental out-migration has on the well-being of left-behind children (Graham & Jordan, 2011; Toyota, Yeo & Nguyen, 2007).
- ▶ Some sources argue that mental health outcomes of left-behind children **are favorable**, in relation to the increased access to resources that parental remittances can provide (Leinbach & Watkins, 1998; Vetrovec, 2004).
- ▶ Why could this be the case?

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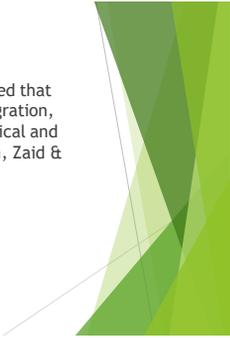
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Literature Review: Overview

► Conversely, other studies have concluded that parental, particularly maternal out-migration, leaves left children susceptible to physical and mental health risks (Yao, 2015; Solheim, Zaid & Ballard, 2016).

► Why could this be the case?



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Literature Review: Overview

► Due to this discordance in the literature, it is of continued importance to determine how and to what extent do the effects of parental-out migration influence mental health outcomes of left-behind children within a U.S.-Mexico context.



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Literature Review: Overview



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Literature Review:  
Migration- Left Behind Nexus

- ▶ **House-hold strategy theory** views the phenomenon of labor migration within two key aspects (Stark & Bloom, 2013):
- ▶ Familial cost- benefit analysis
  - ▶ Is it worth it?
- ▶ Voluntary and mutually-beneficial contractual agreement established by family prior to out migration
  - ▶ What are the logistics of carrying out this decision?




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Literature Review:  
Migration- Left Behind Nexus

- ▶ **Two opposing views:**
- ▶ 1) Independent of the economic gains, many families may not be aware of the emotional and psychological costs transnational families pay.
- ▶ 2) For some families there is an awareness of social, emotional, and psychological costs (Jones and Kittsuksathit, 2003).




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Literature Review:  
Migration- Left Behind Nexus

- ▶ Some Families may view the significance of out-migration favor it as a **rite of passage**.
- ▶ Accordingly, "out- migration has become so widespread that it has a 'demonstration and emulation' effect on aspirations of achievement throughout communities, and as a result, the perceived quality of life has become more heavily focused on satisfying material needs and desires than on family relations" (Jones & Kittsuksathit (2003), as cited in Toyota, Yeoh & Nguyen (2007)).
- ▶ Thoughts?




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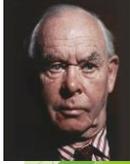
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### Literature Review: Attachment Theory

- ▶ Attachment theory will be used due to its emphasis on **evolutionary function and external processes**, rather than intrapsychic defense mechanisms.
- ▶ John Bowlby in the late 1960's
- ▶ "To understand the intense distress experienced by infants who had been separated from their parents" (Fraley, 2010).
- ▶ Bowlby noted the common behaviors of "crying, clinging and frantic searching" (Fraley, 2010).
- ▶ According to Bowlby, these behaviors evolved via the process of natural selection to regulate proximity to an attachment figure and ensure survival.




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### Literature Review: Attachment Theory




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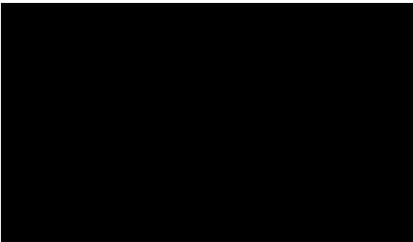
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### Literature Review: Attachment Theory




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### Literature Review: Attachment Theory

- ▶ **Attachment figure:** a person who protects and is able to provide all physical and emotional needs for a child (Fraley, 2010).
- ▶ A child is able to experience love, security and confidence if the attachment figure is in close proximity, is accessible, and attentive.




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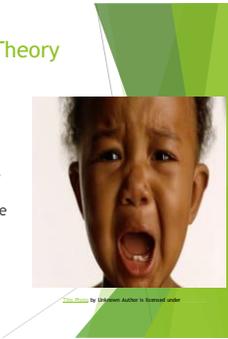
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### Literature Review: Attachment Theory

- ▶ Alternatively, if a child perceives the attachment figure to be physically and emotionally distant, or inattentive this will result in anxiety for the child.
- ▶ If a child is not able to reestablish a desirable level of physical or psychological proximity to the attachment figure children will experience profound despair and depressive symptoms (Fraley, 2010).




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### Literature Review: Attachment Theory- Within Collectivist Social Context

- ▶ When attachment theory was first introduced, there was a mistaken interpretation that the attachment figure which the child was bonded with was synonymous with the mother (Ainsworth, 1979).
- ▶ However, a child, “may have several attachment figures, [but that] does not imply that they are all equally important (Ainsworth, 1979 p. 935).




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### Literature Review: Attachment Theory- Within Collectivist Social Context

- ▶ In addition to the establishment of an attachment hierarchy, there is a limit to how many significant attachments are made by a child.
- ▶ Ainsworth (1979) notes that there is a principal attachment figure, “usually the principal caregiver, and one or more secondary figures” (p. 936).



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### Diversity Issues

- ▶ Based on the literature review:
  - ▶ Majority of studies involving left-behind children have been conducted in Asian or South-East Asian Countries
  - ▶ Of those that have been conducted in the U.S., they have only captured the effects of out migration on left-behind children **after reunification/ migration to the U.S.**
    - ▶ Time lapse
    - ▶ Effects of personal migration
    - ▶ Poor recollection
    - ▶ Justification

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### Instrument: Strengths and Difficulties Questionnaire (SDQ)

- ▶ The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists.
- ▶ SDQ- Self-Report for 11 to 17 year old children.

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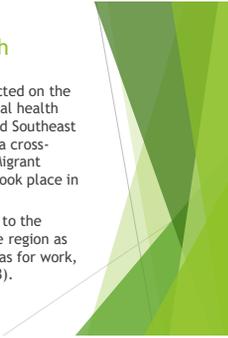
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### Literature Review: Mental Health

- ▶ Majority of the research that has been conducted on the impact of parental-out migration on the mental health outcomes of children originates from Asian and Southeast Asian countries. One reason for this is due to a cross-sectional baseline study of Child Health and Migrant Parents in Southeast Asia (CHAMPSEA) which took place in 2008.
- ▶ The purpose of this study was to, "contribute to the debate about a potential 'crisis of care' in the region as increasing numbers of parents migrate overseas for work, leaving their children behind" (Parrenas, 2003).



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### Literature Review: Mental Health

- ▶ The CHAMPSEA survey employed a three-stage flexible quota sampling strategy to collect information on about 1,000 target children and their households in each study country.
- ▶ Indonesia, the Philippines, Thailand and Vietnam
- ▶ The final sample for this study consisted of 3, 876 children under the age of 12 with varying migration statuses in their current households.



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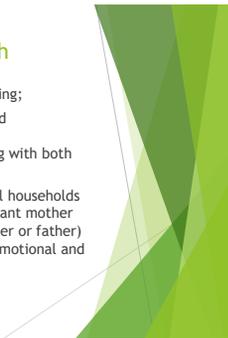
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### Literature Review: Mental Health

- ▶ The hypotheses for the study were the following;
- ▶ 1) There will be significant differences in child psychological well-being between children in transnational households versus children living with both parents.
- ▶ 2) Children in different types of transnational households (migrant father and caregiver mother, vs migrant mother and caregiver father, vs migrant parent (mother or father) and other caregiver) will demonstrate more emotional and conduct disorders.



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### Literature Review: Mental Health

- ▶ Results were the following: 1) There will be significant differences in child psychological well-being between children in transnational households versus children living with both parents.
- ▶ No significant differences between children living with both parents and children living in transnational households were found for either Thailand or Vietnam
- ▶ Filipino children were less likely to exhibit conduct problems if living in a transnational household
- ▶ Indonesia children were more likely to exhibit emotional symptoms if living in a transnational household

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### Literature Review: Mental Health

- ▶ Results were the following: 2) Children in different types of transnational households will demonstrate more emotional and conduct disorders.
- ▶ Children in father-migrant/mother-caregiver household in Indonesia and in Vietnam, "had greater odds of experiencing an emotional disorder compared to children living with both parents" (p. 779).
- ▶ Filipino children experienced the opposite outcome.
- ▶ Children in Vietnam with mother-migrant/father-caregivers were "less likely than those living with both parents to experience an emotional disorder.
- ▶ In Thailand, no significant differences were found between children living with both parents and children living in transnational households.

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### Literature Review: Mental Health

- ▶ Several interesting points related to the current findings.
- ▶ Separation from migrant mothers has been previously assumed to be linked to poor psychological well-being for children, but this is not necessarily so. As in the example of Indonesia, where more symptoms are presented from children whose fathers have migrated out.
- ▶ Another point, based on the findings of no significant differences in the mental health outcome of Filipino children regardless of household immigration status, was that in countries, "where transnational labor migration has been long established, the government has been most active in protecting the rights of its transnational migrants, and civil society provides more supports for those left behind" (p. 781).
- ▶ Lastly, the article mentions that for communities where labor migration is the norms, "separation from a migrant parent is less traumatic when the experience is shared by neighboring children" (p. 781).

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### Clinical Application

- ▶ Assessment Tools / Screening Tools for:
  - ▶ Anxiety
  - ▶ Depression
  - ▶ Conduct Problems

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### Instrument: Strengths and Difficulties Questionnaire (SDQ)

- ▶ SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:
  - ▶ 1) emotional symptoms (5 items)
  - ▶ 2) conduct problems (5 items)
  - ▶ 3) hyperactivity/inattention (5 items)
  - ▶ 4) peer relationship problems (5 items)
  - ▶ 5) prosocial behavior (5 items)
  - ▶ 1) to 4) added together to generate a total difficulties score (based on 20 items)

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### Instruments, Focus & Age Range:

INSTRUMENT	Focus	Ages
Patient Health Questionnaire (PHQ-9)	Depression	12+
Revised Child Anxiety and Depression Scale- Child (RCADS-C)	Anxiety	6-18
Eyberg Child Behavior Inventory (ECBI) (ECBI-R)	Disruptive Behavior	2-16
UCLA PTSD-RI DSM 5	Trauma	7-18

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Interventions for working with LBC and TF

- ▶ Create meaning via their Personal Narrative
  - ▶ How has being a LBC influenced my view of:
    - ▶ Myself?
    - ▶ Others around me?
    - ▶ Feelings of safety and support?
    - ▶ The world in general?



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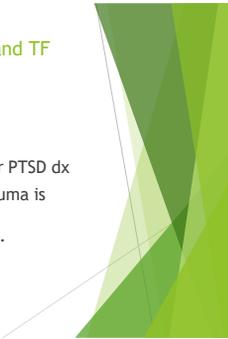
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Interventions for working with LBC and TF

- ▶ TF-CBT's A-PRACTICE Components
- ▶ Assessment and Engagement
  - ▶ Identify history of trauma exposure.
  - ▶ Assess level of PTS symptoms and/or PTSD dx
  - ▶ Determine context within which trauma is embedded (e.g., neglect, parental abandonment/rejection, placement).



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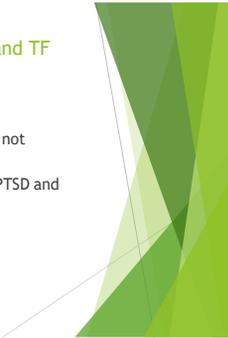
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Interventions for working with LBC and TF

- ▶ TF-CBT's A-PRACTICE Components
- ▶ Psychoeducation
  - ▶ Normalize exposure to trauma: "You're not alone/not the only one".
  - ▶ Explain and normalize PTS symptoms/PTSD and avoidance: "You're not crazy".



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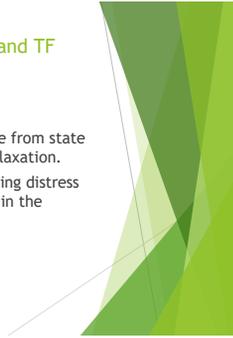
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Interventions for working with LBC and TF

▶ TF-CBT's A-PRACTICE Components

▶ Relaxation

- ▶ Create awareness of capacity to change from state of tense/distressed state to state of relaxation.
- ▶ Teach specific skills for calming/reducing distress in the moment (e.g., at home, school, in the community).




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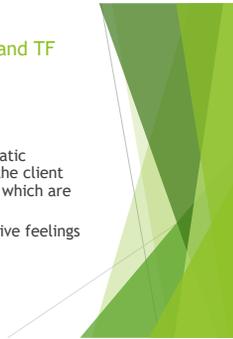
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Interventions for working with LBC and TF

▶ TF-CBT's A-PRACTICE Components

▶ Cognitive Coping

- ▶ Teach (or revisit) the CBT Triangle.
- ▶ Help the client learn to identify automatic unhelpful or inaccurate thoughts that the client may not immediately be aware of, but which are causing distress.
- ▶ Get buy in to the idea that thoughts drive feelings and thoughts can be changed.
- ▶ Generate coping self-statements.




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Interventions for working with LBC and TF

▶ TF-CBT's A-PRACTICE Components

▶ Trauma Narrative /Exposure and Cognitive Processing

- ▶ Client is able to "face up" to trauma experiences (e.g., think and talk about the trauma), especially hotspots or worst moments.
- ▶ Identify unhelpful or inaccurate trauma-related cognitions ("it was my fault"; "I shouldn't have...") and altered core views of self ("I'm not a good person"), others ("people cannot be trusted"), or the world ("nothing is safe").
- ▶ Identify more helpful or more accurate ways to think about traumatic exposure, self, others, family, the world, and the future.
- ▶ Client develops a helpful understanding of what happened that acknowledges the trauma but does not define the child and contains hope and lessons learned.




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### Interventions for working with LBC and TF

- ▶ TF-CBT's A-PRACTICE Components
- ▶ In-Vivo Exposure
  - ▶ Separate harmless conditioned fear responses (e.g., trauma reminders or triggers) from real danger.
- ▶ Conjoint TN
  - ▶ Provide opportunity for child to: "face up" and share narrative with key trusted adult(s) and receive validation, praise, support. ◻ Allow trusted adult to learn about child's perspective. ◻ Promote opportunity for caregiver and child to practice talking about the trauma (questions, concerns, feedback, etc.). ◻ Create opportunity (if appropriate) for parent to make amends/acknowledge (e.g., failure to be resource, disbelieving/blaming initial response, discounting, etc).




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### Interventions for working with LBC and TF

- ▶ TF-CBT's A-PRACTICE Components
- ▶ Enhancing Safety
  - ▶ Teach safety skills for use in risky situations that may arise in the future (e.g., home alone, kids pressuring, dangerous neighborhoods, dating).




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### Resiliency Factors in the Latino Community

- ▶ Culturally-specific beliefs and traditions such as, strong family ties, religiosity, and social responsibility may serve as protective factors specifically related to trauma exposure (González-Castro et al., 2007).
- ▶ Additionally, according to this theory there are certain Hispanic cultural traits, which serve as protective factors for physical and mental health (Gallo et al., 2009).
- ▶ Some of these cultural traits include: allocentrism (putting group interest before individual interests), *familismo* (prioritizing the needs of the family over the needs of the individual), *simpatía* (i.e., valuing interpersonal harmony), *respeto* (i.e., deference and respect to individual of authority), *personalismo* (i.e., valuing warm and emotionally involved social relationships), religiosity and spirituality.




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### Resiliency Factors in Latino Community

- ▶ Additionally, *familismo* has been linked to greater likelihood of seeking medical attention and better psychological well-being (Tamez, 1981; Rodriguez, Mira, Paez, & Myers, 2007).
- ▶ *Simpatia*, *respeto*, and *personalismo*, have been linked to increased adherence to medical advice and medical treatment (LaVeist, 2005).
- ▶ Lastly, many research studies have concluded religiosity and spirituality are associated with "better health behaviors, better self-ratings of health, long-term well-being, life satisfaction, and an improved ability to effectively cope with adverse health experiences" (Gallo et al., 2009).



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### Questions?

- ▶ For a list of resources included in this presentation please email:
- ▶ [frontdesk@karlamft.com](mailto:frontdesk@karlamft.com)



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