May 21, 2015

Stephen Manning, Esq. 333 SW 5th Avenue #525 Portland OR 97204

Re:

Melida Estrella

Dear Mr. Manning:

This letter provides my findings of a family evaluation conducted on the above-referenced mother (Melida) and her daughter (Estrella). My evaluation was conducted in Spanish on May 16, 2015 in the Karnes family detention facility in Karnes City, Texas. I present a background on the family, a psychological assessment of each person, and integrate the two into a family evaluation. Except for the direct information I gathered from Estrella, most of the background information was provided by the mother, Melida.

**Background** 

As background, Melida has a younger daughter who is a United States citizen, (DOB: 1,2004) who lives in New York state with her father, Melida's husband, 1,2014. Melida and Estrella entered the United States on or about July 9, 2014. The mother and daughter were apprehended at the border and were taken to the Artesia (NM) family detention facility. According to Melida, she and Estrella spent 6 months in that facility before being moved on December 5, 2014 to the Karnes facility. At the time of my interview mother and child had spent 10 months, 7 days in detention.

Estrella is a petite, 4 years 5 months 20 days old female who appears her stated age. According to her mother, Estrella was the product of a full-term pregnancy and delivered via caesarian section in a hospital in Guatemala. Mother and child spent 3 days in the hospital. Judging from the information provided by the mother, Estrella has been meeting all developmental milestones. The sole concern raised by Melida is Estrella's bronchitis or asthma. Since being in detention Estrella has had several bouts while prior to detention she might have an acute episode once a year. In the detention center, mother and child sleep in the same bed. Melida also points out that Estrella cries often asking for "mi papi" (my daddy). Estrella talks in her sleep and occasionally mentions her sister and father. Estrella is often heard playing and speaking to an imaginary friend. Melida reports that teachers at Estrella's current school say she is doing well but that "looks and acts sad." Estrella cries often on weekends when school is out and misses the distractions of classes. If Melida does not arrive promptly to pick up Estrella from school, Estrella cries and says she fears that her mother will leave her.



Estrella entered the room with her mother and was shy with the examiner, which is not surprising for a four-year-old meeting a stranger. Gradually, she opened up. She counted to 11 (as far as she could go). When asked to draw a girl, she said she could not but said "I can draw a flower." On administration of the Bender Visual-Motor Test (Second Edition), Estrella scored within the normal range, an indication that her perceptual-motor integration is intact. During the administration of the test and as she did other drawings, Estrella demonstrated good impulse control.

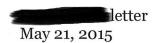
Her drawings of a flower, butterfly, house, sun, clouds, and rainbow were also age appropriate. The house reflected a warm, homey place with curtains, someone looking through a window smiling, and flowers in a front garden. The sun shines brightly with a smile and accompanied by two small clouds in the sky. Asked about the drawing, Estrella said it is a "casita" (little house). Asked who lives in the house, Estrella said, "Mami vive con la familia," (mother lives with the family). She was able to name all four members of her family who live in the house.

In a second drawing, Estrella drew a human figure wearing a hat with some lettering as seen on caps, also age appropriate, . She identified the person as her father. Next to him appears a butterfly.

When asked to step outside while the examiner met with her mother, Estrella did so but returned within several minutes. She would not leave again even when urged by her mother. Estrella appeared anxious. Of note also is that when Melida spoke of the challenges of living in detention, Estrella was very keen in looking at her mother and showing a worried expression on her own face.

**Melida** is a 30-year-old mother of two born in Guatemala. Upon meeting this examiner, her mood was distinctly one of sadness and her affect was restricted. She did not smile even when her daughter accomplished some drawings and played with puppets with the examiner. Her long- and short-term memory are intact and there is not noticeable speech, hearing, or other apparent cognitive or physical disability. However, it became apparent by her responses to structured instruments that her educational level is limited.

On the Beck Depression Inventory (Second Edition, Spanish version administered orally), Melida scored in the "severe" range with a score of 48 (range for severe depression is 29-63). This score affirms the clinical impression of the depressive affect and mood. Indeed, Melida was often moved to tears in the hour and a half that she spent talking about herself in this interview. She described an internal agitation that makes her "feel desperate that I am in detention." There are signs of overeating to deal with her stress and depression, as indicated by her description of eating without pleasure or satiation. Her sleep is impaired, waking several times at night and having difficulty falling asleep again. She acknowledges some occasional suicidal ideation but stated that she would not act on them because of her two daughters and husband.



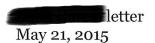
**Impressions** 

Before summarizing the psychological situations of this family, it is worth placing their situation in the context of the empirical literature on children who have suffered trauma and detention. The scientific literature is very uniform in its findings about the impact of maternal incarceration or detention on children. Children of incarcerated parents face many adverse outcomes and show difficulties in social interactions, such as making friends and navigating social situations. Detention and child-rearing in prisons are major childhood traumatic stressors, even under conditions of short or brief detentions. Research shows that the childhood trauma from maternal incarceration increases depressive symptoms among children. As they grow, children who have been incarcerated or had mothers in detention are more likely to drop out of school, show signs of depression and other internalizing behaviors (i.e., withdrawal, rumination) as well as externalizing behaviors (i.e., aggression, defiance and oppositionalism, fighting, vandalism, cruelty). Externalizing behaviors often mask clinical depressive symptoms and suicidality.

Adverse childhood experiences, such as trauma and detention, have detrimental effects on children's brain growth and neural development; childhood adversity increases the likelihood of psychopathology. Institutional rearing, that is, growing up in detention even for short periods of time—and particularly following the traumatic circumstances of migration—is one of the most adverse experiences for children. The two determinants of these adverse experiences are deprivation (i.e., absence of expected developmentally appropriate environmental inputs and complexity) and threat (i.e., the presence of experiences that represent an immediate or ongoing threat to the child's physical integrity and psychological security). The condition of chronic deprivation and threat stresses affect neural or brain development, which in turn determines cognitive and behavioral functioning in children. Stress under prolonged and intense conditions leads to structural and functional changes of some brain regions that are essential for self-regulation and other behaviors. As a result of the ongoing stress, despair, and uncertainty of detention, children's brain development is compromised, impairing not just their intellectual and cognitive development but also contributing to the development of chronic illnesses that can last into adulthood.

This mother and child are suffering emotional difficulties associated with confinement and separation from the other two members of their family. Estrella is acutely aware of her mother's emotional state and is very reactive to them. At four years of age, Estrella has moments of separation anxiety, most notable with her worry that her mother will leave her when Melida is late to get her from school. Any delays by Melida are a matter of a few minutes, as the distance is not far. But the fact that Estrella immediately begins to cry is indicative of her deep anxiety and worry of being separated from her mother. Likewise, her unwillingness to stay outside of the interview room (despite a window that permits seeing who is inside) to be close to her mother is further indication of this early childhood anxiety.

Melida is extremely depressed and appears to meet criteria for major depression (e.g., depressed mood, diminished interest or pleasure, insomnia, feeling worthless and hopeless, and eating disorder). While she denied any tendency to act on her suicidal



ideation, it was not a convincing or animated negation and should give pause for the potential for a suicide attempt. The sense of hopelessness she feels, fueled further by her sense of desperation (e.g., "I feel like I want to beat down the doors with my hands."), are elements known in the scientific literature as potential signs or precursors to a suicide attempt. Melida has suffered significant losses in her life including the death of her mother and the serious illness of her brother. She is now separated from her oldest child and husband. All told, the picture of this family is one of a dependent young child residing in detention with a very depressed and agitated mother who feels despair. The child is exquisitely attuned to her mother's emotional state. The fear of separation from her mother and the hypervigilance necessary to follow her mother's emotional moods are having corrosive social and emotional effects on Estrella.

It is my considered opinion that the continued detention of this child and her mother is jeopardizing Estrella's developmental trajectory as well as Melida's capacity to provide adequate parenting to her daughter. Moreover, their worry about the two other family members and the yearning to be united with them adds to the already considerable stress that Melida and Estrella are suffering. Therefore, I conclude that both mother and child should be released to pursue a live in the United States, free from the anxiety and emotional stresses they have been undergoing every day for over 10 months now. It is in the best interest of mother and child to regain some modicum of an average life.

Respectfully,

Luis H. Zayas, Ph.D.

Dean & Robert Lee Sutherland Chair in Mental Health and Social Policy

Psychologist, Texas #36381

Licensed Clinical Social Worker, Texas #57642