A CALL TO ACTION: COMMUNICATION HARM REDUCTION FOR IMMIGRANT CHILDREN SEPARATED FROM FAMILIES

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An especially tragic component of the Trump administration's "zero tolerance" crackdown on illegal border crossing has been the separation of thousands of Latino children from their parents at the U.S.-Mexico border since summer 2017. In November 2020, lawyers working to reunite those families reported being unable to reach the deported parents of 545 of those children (Merchant, 2020). The children, many of whom were infants and toddlers when they were separated from their parents, have been cared for by government employees in Health and Human Services (HHS) shelters for months, pending home studies and international legal issues. Some have also been placed with relatives residing in the U.S., while their parents have been prosecuted.

One consequence of the government's separation of immigrant children is the high potential for toxic stress. Toxic stress is the strong, frequent, and/or prolonged activation of the biological stress management system caused by factors such chronic neglect, child abuse or a sudden separation from parents (National Scientific Council on the Developing Child, 2014). Scientific research indicates that toxic stress can have an adverse impact on brain architecture, particularly in the developing brain. During the early years of brain development in a child's life, the areas of the brain that regulate responses to fear, anxiety, and impulses may overproduce neural connections while the regions dedicated to reasoning, planning, problem-solving, and behavioral control may underproduce neural connections under conditions of toxic stress. In cases of extreme toxic stress, the physiological stress management system can be altered in such a way that it responds at lower thresholds, activating more frequently and for longer periods of time than necessary.

The separation of young children from their parents and their detention in institutional settings for an indefinite period trigger a massive internal toxic stress response (Shonkoff, 2019). From birth, responsive environments and supportive relationships are required for the establishment of healthy brain circuitry. The extended absence of adult-child relationships that are reliably responsive to a child's individual needs can impair the development of brain regions that are critical for thinking, learning, sustaining attention, memory, emotional regulation, and executive functioning. Institutions in which large numbers of immigrant infants and young children are detained are typically staffed by employees with little or no training in caring for children and operate via "assembly-line" caregiving that deprives children of the one-on-one interactions and stimulation they need to facilitate their emerging capabilities. Although most legal definitions of neglect may be circumvented in these facilities by the provision of food, shelter, warmth, and medical care, children do not receive the individualized care and responsiveness they need in order to avoid the consequences of toxic stress.

The issue of prolonged toxic stress exposure in immigrant children who have been separated from their caregivers and/or detained at the U.S.-Mexico border is relevant to the field of speech-language pathology and should be addressed by its practitioners, educators, students, community stakeholders, and the American Speech-Language-Hearing Association (ASHA). The forcible separation of these children from their families inflicts unnecessary and unacceptable trauma which may precipitate a wide range of cognitive-communication deficits. Within our scope of clinical practice, the development of a child's language abilities, cognitive skills, fluency, speech sound production, and other domains can all potentially be impaired by the effects of toxic stress. Beyond our scope of clinical practice, included in our domains of professional practice are advocacy, outreach, education, research, and leadership. ASHA's vision is "making effective communication, a human right, accessible and achievable for all" (ASHA, 2018). As such, we are compelled as a collective profession to serve as advocates representing our discipline and for individuals by promoting and facilitating access to communication through a variety of mechanisms, including community awareness, health literacy, academic literacy, education, and political action. To address this particular critical issue, I propose that financial and personnel harm reduction resources be allocated to: 1) the rapid reunification of effect-

ed families, 2) universal screening of all children who have experienced border detention for possible cognitive-communication delays and disorders, 3) research dedicated to the unique needs of this client/patient population, and 4) specialized training informed by the findings of that research provided to practicing clinicians, faculty, and students in the field of speech-language pathology.

The restoration and repair of a healing relationship with a parent or other responsive, familiar caregiver is inarguably the best, most powerful intervention for addressing a child's overloaded stress response system, as evidenced by the decades of scientific research referenced above. The swift reunification of families separated at the U.S.-Mexico border will require international government directives, policy changes, and likely a special task force dedicated to this complex cause. Leaders in our field should advocate at the national, state, and local levels for the necessary funding and policies to support these efforts. Speech-language pathologists should also be included as members of the multidisciplinary teams that address the effects of toxic stress in children who remain in HHS shelters, those who have been placed with relative sponsors residing in the U.S., and those who have been successfully reunited with their parents/primary caregivers. Given their prolonged exposure to toxic stress and the known correlation to disrupted brain development cited above, all of these children should be screened by adequately trained (bilingual Spanish-English skills likely required) speech-language pathologists for cognitive-communication delays and disorders. Furthermore, this emerging client/patient population and their caregivers have distinctive needs that warrant new clinical research to inform evidence-based practice and clinical decision making for assessment and treatment. The outcomes of this research should be readily disseminated to practitioners and incorporated into the curriculum of graduate programs in Communication Sciences and Disorders throughout the United States.

The foundation of thriving communities are the health and development of their people. When young children experience extreme, long-lasting toxic stress responses without the nurturing protection provided by a stable parent or other responsive caregiver, healthy development is derailed, with damaging effects on learning, behavior, and health across the lifespan. The long-term consequences of childhood toxic stress include increased risk for poor academic achievement, a host of adult diseases, and difficulty with basic life skills such as securing and performing a job, regulating emotions, resisting addictive drugs and/or alcohol abuse, and parenting the next generation (Shonkoff, 2019). These are the bleak ramifications facing our society if we fail to address the separation of thousands of families at the U.S.-Mexico border by the Trump administration. This humanitarian issue transcends partisan politics surrounding immigration policies and requires immediate resolution. I call upon all members and entities of the profession of speech-language pathology to promote ASHA's vision of effective communication as a human right that is accessible and achievable for all by putting action to ASHA's 2018 press release urging for the "quick reunification of separated families" (ASHA, 2018). Over two years have passed since that press release from ASHA, and 545 children remain separated from their deported parents. They and thousands more are at great risk for cognitive-communication delays and disorders secondary to the toxic stress imposed upon them by our federal government, and it is our ethical responsibility, and our society's best interest, to care for them.

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