

# Fall 2017 Cycle UCSF-RAP Application Cover Page

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Investigator	Series	Rank	Degree(s)	School / Department
P11 Schapiro, Naomi <naomi.schapiro@ucsf.edu>	Clinical X	Full Professor	RN, Other, PhD CPNP	Nursing /

**Grant Mechanism:** Pilot for Established Investigators in Basic and Clinical/Translational Sciences

**Project Title:** Supporting resilience among unaccompanied immigrant youth: are school-based group interventions safe and acceptable?

**Submission Version:** 1st Resubmission

**Budget Requested:** \$50,000

**Co-Investigators:**

**Mentor:** Claire Brindis

## Abstract

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Unaccompanied immigrant youth (UIY) are defined as those who crossed a United States border without an adult, were apprehended and released to sponsors while awaiting disposition of their immigrant status. The flow of UIY from Central America began to increase in 2012 due to rising levels of violence in Honduras, El Salvador and Guatemala, and over 250,000 have arrived since. Adolescents are particular targets of this violence, and youth describe fleeing death threats from transnational gangs and drug cartels. In 2016 and 2017, the largest number of youth apprehended at the border and released to sponsors came to California, with Alameda County second in receiving counties, and resettling the highest percentage of indigenous Guatemalan Mam-speaking youth. With a large investment by county and local agencies, programs have included group therapy, support groups and youth development activities, with individual therapy limited by a shortage of Spanish- and Mam-speaking clinicians. Yet research with earlier unaccompanied arrivals found that they are reluctant to disclose their stories in group settings, for fear that some of their peers may belong to the same gangs they fled, and the acceptability of group interventions in this population is unknown. Prior research with newcomers and UIY has been conducted in Spanish, and even less is known about the indigenous youth who have arrived in the current wave of immigration. The aim of this study is to explore the safety and acceptability of school-based group interventions to alleviate trauma symptoms and promote resilience in UIY, through individual interviews with youth and with key community informants in their native languages.

## Budget Details

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**Budget includes a travel component:** no

**Project involves payments to international organizations/research expenses in other countries:** no

## IRB/IACUC/STEM CELL Approvals

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**Project involves human subjects:** Yes, Planned

**Project involves human stem cells:** no

**Project involves animal subjects:** No, Not Applicable

## PI1 Details

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**Gender:** Female

**Race:** White

**Ethnicity:** Not Hispanic or Latino

**Time spent in Research:** 25-49%

**Time spent in Clinic:** 1-24%

**Current K awardee?:** no

**Received funding from a RAP Funding Agency in the past three years?:** no

1.

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**Project Title:** Supporting resilience among unaccompanied immigrant youth: are school-based group interventions safe and acceptable?

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## Resubmission:

Thank you for the opportunity to resubmit this proposal. In response to reviewers' comments, the following changes have been made:

- The methods section has been expanded, with a clearer justification for qualitative research and a brief description of grounded theory. In response to concerns about additional viewpoints, the researcher agrees and will interview key informants from school, clinic, and community youth organization staff and providers. The inclusion/exclusion criteria have been simplified: the researcher will seek out both UIY who have been part of group interventions and those who have not.
- One reviewer suggested mixed methods instead of qualitative research. However, I respectfully felt that my previous quantitative chart reviews of newcomer visits and a mixed methods validation study for a post-traumatic stress disorder (PTSD) symptom screen have both raised questions about unaccompanied immigrant youth (UIY) interpretation of their experiences, possible safety issues with group interventions, and unknown preferences for types of services, that could only be answered with qualitative research. This "building block" in a program of research can inform larger and Federally funded comparative and mixed method studies of culturally appropriate screening tools and interventions, and research that does not specifically "call out" the undocumented youth who are part of a larger immigrant population.
- Discussion of the use of interviews vs. more innovative methods of research, such as go-along interviews and photo-voice or youth participatory action research. It is hard to adequately describe the level of anxiety and fear of ICE and law enforcement that immigrant youth are currently feeling, and that staff in the potential research sites at school-based health centers and organizations are feeling on their behalf. I am reluctant to use a public/outdoors method such as photo-voice in the current political climate, and other methods are group methods – so I felt that individual interviews, which have been acceptable and informative in the past, would be best for this research – part of the aims would be to identify whether these more public and group methods would be acceptable to UIY.
- Budget justification is included.

Under the current administration, when Federal research funding is under political scrutiny and grants that specifically mention stigmatized populations including UIY are not eligible for NIH funding, I would hope that the Academic Senate or other mechanisms in the UC system would support research about these populations.

## Proposal:

**Aims:** The aim of this study is to **explore cultural and immigration-related factors** affecting the safety and acceptability of school-based group interventions to promote resilience among Central American unaccompanied immigrant youth (UIY). Reactions and adaptation to migration-related trauma and dislocation, as well as acceptability of group versus individual services will be explored through **participant observation and semi-structured interviews with 15-20 youth and 5-10 key adult informants drawn from schools, school-based health centers and community service providers in Alameda County. Qualitative analysis of interviews and observations will inform interim service recommendations and future research content and methodology.**

**Background and rationale:** Unaccompanied youth have traveled from Mexico and Central America across the US Mexico border for many years, seeking work or education, reunifying with immigrant parents and fleeing violence in their home countries.<sup>1,2</sup> However, in response to rising levels of violence in Central America, this number dramatically increased, and over 120,000 unaccompanied youth and another 120,000 family units with young children have come to the United States (US) from these countries since Fiscal Year (FY) 2014.<sup>3</sup> Guatemala, Honduras and El Salvador, known as the Northern Triangle of Central America, have been plagued with increasing gang and cartel violence, declining governmental and educational infrastructures and increased corruption among law enforcement.<sup>4</sup> Currently their homicide rates are among the highest in the world (See figure 1 below).<sup>3,5 6</sup> Children and adolescents are often deliberate targets, particularly if they decline gang recruitment efforts.<sup>7</sup>

Once they leave for the United States, Mexico or other countries in Central America, they face a dangerous journey, including violence and extortion from gangs and law enforcement officials.<sup>8,9</sup> Mexican youths who are apprehended at the US-Mexican Border are usually sent back to Mexico; most children from Central America who are apprehended are held in a youth or family detention center until their sponsor can be located, and are given a court date for a deportation hearing. Over 60,000 Central American youths were detained at the US border in Fiscal Year (FY) 2014, with a gradual decline **to almost 39,000 in FY 2017** (See Table 1 below).<sup>10</sup> Youth who have been detained at the border and released with a court date are officially defined as unaccompanied alien children, however advocacy groups prefer to use the term unaccompanied immigrant youth (UIY).

Table 1 - Unaccompanied immigrant youth released to sponsors from FY 2014-2017<sup>10</sup>

Total or by locality	<b>NUMBER OF UIY RELEASED TO SPONSORS FY 2014  (OCTOBER 2013 – SEPTEMBER 2014)</b>	<b>NUMBER OF UIY RELEASED TO SPONSORS IN FY 2015  (OCTOBER 2014 – SEPTEMBER 2015)</b>	<b>NUMBER OF UIY RELEASED TO SPONSORS IN FY16  (OCTOBER 2015 – SEPTEMBER 2016)</b>	<b>NUMBER OF UIY RELEASED TO SPONSORS IN FY17 YTD  (OCTOBER 2016 – AUGUST 2016)</b>
Total	53,515	27,840	52,147	38,884
Texas	7,409	3,272	6,550	5,024
New York	5,955	2,630	4,985	3,650
California	5,831	3,629	7,381	5,683
Alameda County	367	295	566	445

Prior to 2017, over 70% of youth who had legal representation at the time of their hearing were allowed to stay in the US,<sup>11</sup> with some regional variation. **Since January 2017, the Federal government has taken a harsher approach to UIY, leaving more in detention and planning to prosecute parents who have paid a**

**smuggler to bring their child across, which may lead to children refusing to name their parents and prolong family separation.**<sup>12,13</sup> It is not known how many youth who were escaping the same conditions were not detained at the border, and are part of the general newcomer pool in educational and health care settings.

In FY 2016 **and 2017**. California had the largest number of UIY released to sponsors in the US, and Alameda County has the second largest concentration of these youth in California after Los Angeles.<sup>10,14</sup> In Oakland, a community with a large immigrant population, the School District has counted 2,200 newcomer students, of whom 366 are official refugees, 269 have received asylum, and 480 are unaccompanied minors in the 2016-2017 academic year.<sup>15</sup> Fourteen schools in the district have newcomer programs. The largest groups of newcomers in Oakland come from Guatemala, El Salvador and Honduras, in that order, with up to 50% of Guatemalan refugees speaking Mam or another indigenous language and limited Spanish (personal communication, A.Ranger, La Clínica de la Raza, 2/14/17).

Community surveys of adolescents have found that those exposed to multiple forms of trauma are most likely to have higher levels of symptoms.<sup>16</sup> Voluntary exposure to hazardous and violent conditions, such as fleeing one's home country, may be protective.<sup>17</sup>, as well as high levels of parental and community support<sup>18</sup>. This support may not be available to new immigrant youth who are living with sponsors, distant relatives or have newly reunified with parents after a long separation.<sup>2,19</sup> **And although social support is helpful in preventing depression in refugees, support alone does not lessen post-traumatic stress symptoms.**<sup>20</sup> Clinicians working with refugee and immigrant youth have used group cognitive behavioral models to help decrease trauma-related symptoms.<sup>21,22</sup> Others have proposed group youth development activities, such as sports. However, lack of trust in either health care providers or peers in a group setting may be barriers to providing this type of care.<sup>23,24</sup>

Research with earlier cohorts of undocumented immigrant youth show that many forego health care, even when offered at low cost safety net providers, for fear of incurring debts that might trigger deportation.<sup>25</sup> School-based settings are traditionally seen as accessible and trusted health care sites for uninsured youth and families.<sup>26</sup> Alameda County, with a high proportion of immigrant youth, has a network of 29 school-based health centers (SBHC), delivering integrated primary and behavioral health care, and has helped coordinate case management and behavioral health services for unaccompanied immigrant youth.<sup>27</sup> However, little is known about the specific strengths and behavioral health needs of UIY and other youth who have recently fled gang-related violence. Even less is known about indigenous Central American minors, who are stigmatized in their home country and may have coped by hiding their culture in unfamiliar settings.<sup>28</sup> Qualitative research with youth who have fled gang-related violence has indicated that they are reluctant to disclose personal histories in group-related settings, for fear of revealing sensitive information to peers whose families might be in the transnational gangs that threatened their lives in the first place.<sup>29</sup>

### **3C: Preliminary Data**

In a grounded theory study, conducted by Schapiro and colleagues from 2010-2012, most of the 12 young men and 8 young women who had migrated from Mexico and Central America before 2012 reported exposure to community violence.<sup>1,29</sup> Young men were less willing to discuss these exposures with peers than young women, reporting isolation, lack of trust, and the perception that they were too old to seek help and should be helping their families instead. Research with Dreamers in California, those with temporary protected status through Deferred Action for Childhood Arrivals, shows that the largest area of unmet health need was in mental health, even for earlier arrival cohorts whose primary reasons for immigration were economic, rather than

violence-related.<sup>25</sup> In a tally of youth receiving medical and behavioral health services in Alameda County SBHC for the 2015-2016 academic year, 916 newcomer clients and UIY received Tier 3, or intensive level, services, during the 2015-2016 academic year, almost 800 in Oakland alone. Due to the shortage of behavioral health personnel, the most common form of referral is for group therapy, or for more informal support groups (personal communication, M. Lutsky, 9/14/16). **In a recently completed study by Schapiro and Soleimanpour, testing the validity of adult post-traumatic stress disorder (PTSD) screens among early adolescents from immigrant families in Oakland, the screens showed poor positive predictive value. In focus group discussions, youth critiqued many of the screening questions as difficult to understand, too broad, or seen as a coping skill rather than a trauma symptom.**<sup>30</sup>

**Preliminary unpublished data from a 2015 Oakland SBHC registration drive, screening youth in one high school's English Learner classes, found that the highest numbers of students were from Guatemala (58.9%) and El Salvador (19.6%), 43% had been detained at the border, and only 13.6% had crossed the border with a parent. Sixty-two per cent were male. Although most youth were living with a family member, less than half were living with a parent. Of the first 49 chart reviews, 25% had at least one behavioral health visit, and 9% had 3 or more visits. Girls were more likely than boys to have crossed the border with parents, ( $X^2=6.89$ ,  $p=.03$ ), and were more likely to have received medical, dental, health education and behavioral health services than boys ( $P < 0.05$ ). These data are congruent with other research showing that young men are less likely to seek out services than young women<sup>31</sup> and that current outreach and service delivery methods may not be sufficient to serve these youth adequately.**

**Next steps before developing a better trauma screening tool, designing better interventions for youth adapting to life in the US in the context of recent trauma, or involving youth in group participatory research methods, is to acquire a deeper understanding of their perceptions of their health and behavioral health needs, and the kinds of services and interventions that would be most effective in promoting resilient outcomes. This in-depth exploration is best developed through qualitative research, in which the goal is to “learn the subtle nuances of life experience, as opposed to aggregate evidence.”<sup>32</sup>, p. 524**

As noted above, this population has endured home country violence, a traumatic border crossing, adaptations to living with strangers in a currently hostile political climate, and may be in school with members or family of gangs whose threats caused them to leave. Given the high perceived need for services and how little is known about **the kinds of services desired**, including the acceptability of group interventions for this population, it is important to elicit the voices of youth themselves. **Innovative methods that involve youth as active participants, such as photo-voice,<sup>33</sup> go-along interviews,<sup>34</sup> or youth participatory action research<sup>35</sup> involve taking youth into public spaces for extended periods of time, group participation, or both. Individual interviews have proven to be safe and acceptable to UIY, in my experience and in the literature, and will be used for this project. I will explore the potential for the above methods in the future, while answering the main research questions.**

**Therefore, I propose to interview 15-20 UIY and other newcomer youth and 5-10 adult informants drawn from schools, school-based health centers and community service providers in Alameda County in order to determine their views of acceptable interventions to increase resiliency, whether individual or group behavioral health services, extended primary care visits, or youth development activities in general. In order to**

ensure a multiplicity of perspectives, interviews will also be conducted with key informants, such as school staff, clinic providers, behavioral health providers, case managers, and youth outreach workers.

### **Experimental Design and Methodology**

This is a grounded theory (GT) qualitative study of **15-20 unaccompanied immigrant youth from Central America, ages 14-21, and 5-10 key adult informants working in school-linked, County and nonprofit mental health and youth development organizations with unaccompanied immigrant youth.** GT is a qualitative research method in which theory is inductively and deductively generated from systematic data collection and analysis, allowing the incorporation multiple perspectives and larger domains of social interaction.<sup>36,37</sup> Data will be collected through semi-structured interviews in English, Spanish or Mam, using appropriate interpreters, as well as field notes of interviews and participant observation of class, clinic or other support services.

**As in previous research conducted by this author and recommendations for working with immigrant populations,** youth will be recruited through trusted staff at school-based health centers and community programs and snowball sampling (recruiting through peer networks).<sup>38</sup> Given increased scrutiny of immigrant communities and increased activity of Immigrant and Customs Enforcement officials in Alameda County in 2017, researchers will not plan to use social media or flyers for recruitment. Key informants will be recruited through meetings of Alameda County Center for Healthy Schools and Communities, and networks at individual SBHC.

**Theoretical sampling, an integral part of grounded theory, involves ensuring that theoretical questions raised in early interviews can be answered by modifying initial research guides and through purposive recruitment of the research participants.**<sup>39</sup> Therefore, the researcher will attempt to recruit both youth participants who have participated in group interventions and youth who have not. It is rare, in adolescent research literature and the author's experience, that youth who agree to interviews become distressed as a result. However, in order to ensure participant safety, participants will need to be clients of a SBHC or a community organization with access to behavioral health services.

Inclusion criteria: youth ages 14-21, connected to a school-based health center or community organization that offers behavioral health services. Ability to speak Spanish, English or Mam. **Adult key informants connected to schools, health centers, county health or community organizations. Ability to speak Spanish, English or Mam.**

Exclusion criteria: inability to understand consent, assent procedures, judgment by research or clinic staff that youth emotionally or developmentally unable to participate in research interview.

Permissions: Study will be approved by UCSF IRB, Alameda County Center for Healthy Schools and Communities, sponsor of school-based health centers and community youth development projects, and the Quality Assurance committees of the Federally Qualified Health Centers who sponsor the school-based health centers. The PI, who has cared for Mexican and Central American immigrant youth and families in the San Francisco Bay Area for over 30 years, speaks Spanish and is a nurse practitioner at a school-based health center, has conducted several prior research projects in Alameda County school-based or school-linked sites, approved by La Clinica de la Raza, Native American Health Center (Oakland) and Lifelong Medical. Because

of this long history of clinical and research collaboration, the PI has gained the trust of these community-based health care organizations and their staff, and is ideally situated to conduct this sensitive research at a very vulnerable time.

Data collection: Youth and adult key informants will be interviewed by the PI or staff researcher using an interpreter who speaks Spanish, Mam and English. Interviews will be recorded and transcribed into Spanish (if used) and translated into English. Mam interviews will be transcribed using English interpretation, as written Mam is not standardized. The Mam interpreter will be employed to review recording and English transcription for accuracy. The PI, who speaks Spanish, and Spanish-speaking staff will review the recordings and transcriptions for accuracy. Recordings will be erased after transcriptions are approved. In grounded theory, data collection and analysis occur simultaneously.<sup>37</sup> The semi-structured questionnaires are informed by previous research by the PI and will be modified as needed after analysis of the first interviews.

Data analysis: will be conducted simultaneously with data collection, using Atlas ti (version 8), a qualitative analysis software, to manage the analysis. Transcripts will be coded initially by the PI and research staff, using an open coding process, and these initial codes will be defined, compared, combined and collapsed to reach higher order conceptualizations. These emerging concepts will be analyzed, sorted and mapped until a theoretical understanding is developed of how UIY “construct and act” upon their interpretation of their situation.<sup>39</sup>

<b>PROJECT TIMELINE 2017-2018</b>	Dec 2017	Jan-Feb	Feb-Mar	Mar-May	June-Aug	Sept-Dec
Recruit project analyst		X				
Obtain IRB approval, confirm community sites	X					
Review study procedures with community sites		X	X			
Recruit participants & conduct interviews			X	X	X	X
Begin analysis & revise interview guideline as needed				X	X	
Analyze, summarize					X	X
Dissemination: Community partners, stakeholders, publication						X

### **Career goals**

Most of my practice as a nurse and a nurse practitioner has been with immigrant children and families. As a Clinical X faculty, I have come to research later as a logical outgrowth of a satisfying clinical and teaching career. I was fortunate to obtain adequate funding to conduct small qualitative studies with immigrant youth as a graduate student, and have been awarded several training, service and research grants related to school-based health, primary care and behavioral health integration, and validating trauma screenings in youth, both from private foundations and from HRSA (see biosketch). However, currently it is not possible to obtain NIH funding for research about UIY or undocumented immigrants, and most private foundation calls, to date, are

about intervention research. The proposed grant is a necessary first step before interventions can be considered.

**My colleague in trauma screening research, Samira Soleimanpour, and I have been encouraged by an NIMH program officer to submit a three-year R-34 to NIMH for trauma screening instrument development, currently in preparation. Our ultimate aim is to develop a culturally and developmentally appropriate trauma symptom screen for adolescents in at least Spanish and English, and this RAP grant, if awarded could inform our methods and approaches to this subset of adolescents.**

This funding would also provide the scientific background for an R-21, specifically an open call through the Institute of Immigrant and Minority Health for comparative study of immigrant populations, comparing needs and strengths of urban Honduran and Salvadoran youth with rural indigenous Guatemalan youth, and could lead to an intervention study with possible funding through the California Endowment, California Wellness Foundation or the WT Grant Foundation.

As an experienced clinician who has been PI of two research and evaluation grants and a large training grant with a research component since completing my PhD in 2013, I believe that I have the capacity to conduct this research and also to use the results to fund larger intervention studies.

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September 16, 2017

Resource Allocation Program University  
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Dear RAP Committee,

It is my pleasure to support **Dr. Naomi Schapiro's** application for RAP support entitled "Supporting resilience among unaccompanied immigrant youth: are school-based group interventions safe and acceptable?" This study examines the cultural and immigration-related factors that affect the stresses and strengths of youth who have fled gang and cartel violence from Central America, have been detained at the US border and released to unfamiliar sponsors, focusing on their need for services and their desired means of support. Unaccompanied immigrant youth are often in school settings with adolescents whose families are members of the same gang the youth fled, and the safety of group interventions in this population is important to explore.

Since her previous submission, Dr. Schapiro has completed a pilot study from Blue Shield of California Foundation testing trauma symptom screens in a largely immigrant middle school population, and completed a retrospective chart review of services provided to newcomer youth in an Alameda County school based health center. These studies inform her current proposal and have strengthened her commitment to an in-depth exploration of the ways that youth interpret their own migration history and the array of services around them, before applying for a larger NIH grant developing effective screening tools and evaluating interventions with immigrant youth. Dr. Schapiro has a strong record of previous funding for work with vulnerable adolescents. We are confident of her capacity to translate the results of this study into practice, policy, and future external funding.

Family Health Care Nursing has consistently provided Dr. Schapiro and her personnel with research space and equipment support at the Nursing building at 2 Koret Way. Dr. Schapiro is an excellent nurse researcher with a rigorous program of research aimed to improve services and outcomes for exceptionally vulnerable youth. I hope you will agree that she and this project are outstanding candidates for RAP funding.

Sincerely,



Audrey Lyndon, PhD, RNC, FAAN  
Associate Professor and Chair  
Department of Family Health Care Nursing



September 15, 2017

Naomi Schapiro, PhD  
Full Professor of Clinical Family Health Care Nursing  
University of California, San Francisco (UCSF)  
2 Koret Way  
San Francisco, CA 94143-0606

Dear Dr. Schapiro,

As Director of the Alameda County Center for Healthy Schools and Communities (CHSC), I am pleased to offer this strong letter of support for your proposed project, "Supporting resilience among unaccompanied immigrant youth: are school-based group interventions safe and acceptable?" We are committed to improving the quality of and access to health care for all school-aged youth, including recent immigrants and unaccompanied youth. We welcome the opportunity to work with the Department of Family Health Care Nursing on evaluating the specific needs and best ways to provide support to these vulnerable adolescents.

As a leader for health and education equity, CHSC works with partners from across the health and education sectors to develop school-based and school-linked strategies that support children's healthy development from cradle to career. A division of the Alameda County's Health Care Services Agency (HCSA), CHSC was created over 15 years ago to develop community based responses to the most pressing health care issues for children. The CHSC provides financial support, technical assistance and quality control of 29 SBHCs run by local Federally Qualified Health Centers (FQHCs), 16 of them in Oakland.

Students who have experienced trauma are best served when all providers in a school setting work closely together to provide both clinical, educational and social support. We have a history of collaboration with school-based and community based behavioral health providers and nonprofit youth development groups.

Alameda County Center for Healthy Schools and Communities has collaborated with Dr. Schapiro and the Department of Family Health Care Nursing since 2011 to provide technical assistance to our SBHC providers on sustainability, best practices for screenings and preventive health services, client-centered counseling, and navigating HIPAA and FERPA protections in the context of school-based health. Our innovative collaboration with the School of Nursing was recognized by a Community Academic partnership award from the American Association of Colleges of Nursing in 2013.

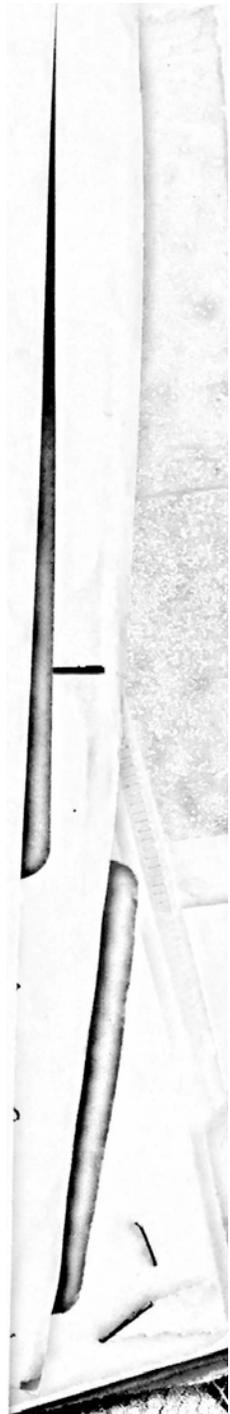
We are excited about collaborating with UCSF on this important research, as it is an innovative expansion on what is currently known about the needs of the newcomer population. We anticipate that the results of this research will help us to improve policies and practices to better support resilience and educational success for immigrant youth. We appreciate Dr. Schapiro taking the lead on this and believe that she is well-suited to drive this effort.

We fully support your proposed research project and look forward to the opportunity to collaborate on this timely and very important work.

Sincerely,

A handwritten signature in cursive script, appearing to read 'T. Schear', written in black ink on a light-colored background.

Tracey Schear, MSW, LCSW  
Director, Center for Healthy Schools & Communities



**BIOGRAPHICAL SKETCH**  
**DO NOT EXCEED FIVE PAGES.**

NAME: Schapiro, Naomi A.

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE: Professor of Clinical Family Health Care Nursing

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Radcliffe College, Cambridge, MA		06/1970	Linguistics, History
Cornell-NY Hospital, School of Nursing, New York, NY	BSN	06/1973	Nursing
University of California, San Francisco, CA	MS	06/1996	Advanced Practice Pediatric Nursing
University of California San Francisco, CA	PhD	12/2012	Nursing

#### A. Personal Statement

The aim of this study is to explore cultural and immigration-related factors affecting the safety and acceptability of school-based group interventions to promote resilience among Central American unaccompanied immigrant youth (UIY). Reactions and adaptation to migration-related trauma and dislocation, as well as acceptability of group versus individual services will be explored through participant observation and semi-structured interviews with 15-20 youth and 5-10 key adult informants drawn from schools, school-based health centers and community service providers in Alameda County. Qualitative analysis of interviews and observations will inform interim service recommendations and future research content and methodology. As a nurse clinician, I have worked with immigrant children and families for over 30 years, and currently specialize in school-based care of adolescents. My programs of research have involved qualitative exploration of family reunification and adaptation strategies of immigrant adolescents, mixed methods evaluation of the impact of academic-community partnerships on school-based health center sustainability and quality of care and mixed methods pilot validation of a trauma symptom screening tool. As the PI for the Atlantic Philanthropies evaluation grant (2014-2016) and the Blue Shield of California Foundation Adolescent Rapid Trauma Screen Validation pilot project, I have directed and carried the qualitative portions of these mixed methods projects, and have directed teams of qualitative researchers. These analytic skills carry over to the proposed project, and the interview guides used in my dissertation research will inform the guides for the current project with a similar population. The Blue Shield of California Grant which has recently ended involved mixed methods research in Oakland school-based health centers, and the relationships we maintained in that grant will facilitate approval of this new project. My role in the proposed project is PI and leader of a research team.

1. \*Schapiro, N.A., Green, E.K. & Gutierrez, I. Graduate student service learning in medically underserved communities, *Journal of Nursing Education and Practice*, 7(5), 17-26, 2016 [\*=data-driven]
2. Schapiro NA. Confidentiality and access to adolescent health care services. *Journal of Pediatric Health Care*, 24, 133-6, 2010.
3. \*Schapiro, NA, Kools, SM, Weiss, SJ & Brindis, CD. Impact of gender on separation-reunification experiences of Latino immigrant adolescents, *FACTS Reports (Online)*, Special Issue 13, 2015, available at <http://factsreports.revues.org/3860>. [\*=data-driven]

#### B. Positions and Honors

##### Positions and Employment

1996-1997 School Nurse/Nurse Practitioner, Oakland Technical High School, Oakland, CA  
1996-2002 Mid-Level II and "first call" (telephone advice, triage), supervising family practice residents, La

	Clinica de la Raza, Oakland, CA and San Lorenzo HS
1997-2000	Nurse Practitioner, Kaiser Hayward Teen Health Center, Hayward, CA
2000-2004	Assistant Clinical Professor, School of Nursing, University of California, San Francisco
2001-2012	On-call member of SAFE team, forensic examinations evaluating children for physical signs of sexual abuse, Children's Hospital Oakland, Center for Child Protection
2004-2010	Associate Clinical Professor, School of Nursing, University of California, San Francisco
2009-2011	APPN Specialty Coordinator, Department of Family Health Care Nursing
2010-2015	Clinical Professor, School of Nursing, University of California, San Francisco
2015-present	Full Professor of Clinical Family Health Care Nursing (Clinical X), School of Nursing, University of California, San Francisco

### **Other Experience and Professional Memberships**

1995-present	National Association of Pediatric Nurse Practitioners (NAPNAP)
1997-present	Society for Adolescent Health and Medicine (SAHM), Northern California Chapter
2016-2018	Expert Committee Member, Perinatal/Reproductive Health Project, NAPNAP representative to National Quality Foundation (3 year term)
2016-2018	Workshop Reviewer, Program Committee, Society for Adolescent Health and Medicine (SAHM)
2016-2018	Member, group convened to help increase diversity of research participants, American Academy of Pediatrics, Pediatric Research in Office Settings (PROS) Advisory Group

### **Honors**

2005	Leah Harrison Excellence in Clinical Writing Award, Journal of Pediatric Health Care
2013	Distinguished Dissertation Award, UCSF School of Nursing
2013	Academic-Community Practice Award, shared with Alameda County Center for Healthy Schools and Communities, American Association of Colleges of Nursing
2014	UCSF Leadership Hall of Fame, Sigma Theta Tau, Alpha Eta Chapter
2015	Research Mentorship Award, Society for Adolescent Health and Medicine
2016	Faculty Practice Award, National Organization of Nurse Practitioner Faculties

### **C. Contribution to Science**

1. Impact of Family Separation and Reunification on Latino Adolescent Immigrants  
 Studies of the impact on children of family separation through poverty, war and immigration began in the World War II era, and have increased exponentially since the 1990s. Initial studies of family reunification after such separations were retrospective studies of adults. After clinical experiences with Latino immigrant children in the process of reunifying, I focused my dissertation study on real time reports of reunification and immigrant adaptation from the adolescent's perspective. My work adds to the current body of literature by describing several strategies through which families navigate this difficult experience, and factors that lead to or impede their success.
  - a. Schapiro, N. A. Issues of separation and reunification in Latina immigrant adolescents. *Nursing Clinics of North America*, 37, 381-392, 2002.
  - b. \*Schapiro, NA, Kools, SM, Weiss, SJ & Brindis, CD. Impact of gender on separation-reunification experiences of Latino immigrant adolescents, *FACTS Reports (Online)*, Special Issue 13, 2015, available at <http://factsreports.revues.org/3860>.[\*=data-driven]
  - c. 2013 Schapiro, NA, Kools, SM, Weiss, S, Brindis, CD. Separation and reunification: The experiences of adolescents living in transnational families. *Current Problems in Pediatric and Adolescent Health Care*, 43, 48-68.
2. Contribution to Behavioral Health and Chronic Condition Expertise in Primary Care Pediatric Nurses and Nurse Practitioners.  
 My role as a Full Professor of Clinical Family Health Care Nursing involves the integration of clinical practice, teaching and research. Primary care and advanced practice pediatric nurses cite lack of expertise in behavioral health issues and in navigating adolescent confidentiality issues in community and school-based settings. These publications have been cited in research literature reviews, and have been widely used in nurse practitioner training programs.
  - a. Schapiro, N. A. Bipolar disorders in children and adolescents. *Journal of Pediatric Health Care*, 19, 121-141, 2005.

- b. Schapiro NA. Confidentiality and access to adolescent health care services. *Journal of Pediatric Health Care*,24,133-6, 2010.
- c. 2010, Jackson, P. L., Vessey, J. A., & Schapiro, N. A. (Eds.). *Primary care of the child with a chronic condition* (5th ed.). St. Louis: Mosby.
- d. 2017 Schapiro, N.A. Attention-deficit hyperactivity disorder in children and adolescents in G. Collins-Bride, J. Saxe & K. Duderstadt (Eds.)*Clinical guidelines for advanced practice nursing: an Interdisciplinary Approach*(3d edition, pp 104-113).,Burlington,MA: Jones & Bartlett

**D. Additional Information: Research Support and/or Scholastic Performance**

**On-going Research Support**

D09HP26958 Schapiro (PI) 07/01/14-06/30/18  
 Health Resources and Services Administration (HRSA), Interprofessional Nurse Practitioner Education for the Collaborative Care of Children with Chronic Conditions (INPEC5)  
 Enhanced interprofessional training of advanced practice nursing and behavioral health graduate students to increase skills in collaborative care of underserved children and adolescents with obesity and mental health conditions.  
 Role: Program Director/Principal Investigator

Blue Shield of California Foundation Schapiro (PI) 07/01/16-06/30/17  
 Adolescent Rapid Trauma Screen Validation Study  
 A mixed methods pilot study to test a 2-question screen for post-traumatic symptoms, validated for adults in primary care, in adolescents who are clients at SBHC.  
 Role: PI

P0514925 Schapiro (PI) 03/01/16-06/30/18  
 Alameda County Health Care Services Agency (subcontract), Pipeline to Health Careers School Health Center Pathways to Health Careers Program  
 Our aim is to increase the exposure of Oakland youth to health careers at UCSF, and to work with Oakland school based health centers to provide meaningful internships to high school youth. As our showcase project in Year 2 we developed and evaluated the first adolescent standardized patient training program explicitly designed to increase self-confidence and career exploration in adolescents from disadvantaged backgrounds who are interested in health care careers. We evaluated their authenticity and ability to give feedback to NP students, as well as the impact on their self-efficacy and deeper understanding of health care through multiple methods.  
 Role: PI

**Completed Research Support**

Dissertation Grant #INN08D Kools (PI) 03/01/10-03/01/12  
 Programa de Investigación en Migración y Salud (PIMSA)  
 Growing up in the transnational family: Latino Youth adapting to late immigration and family reunification  
 Supporting grounded theory qualitative dissertation research  
 Role: co-PI

Sigma Theta Tau Alpha Eta Chapter Research Award  
 Lipson, Dibble and Minarik designation for enhancement of cultural understanding through research. Kools (PI) 06/06/10-06/01/11  
 Growing up in the transnational family: Latino Youth adapting to late immigration and family reunification  
 Supporting grounded theory qualitative dissertation research  
 Role: co-PI

UC MEXUS Kools (PI) 08/01/10-08/30/12  
 Growing up in the transnational family: Latino youth adapting to late immigration and family reunification  
 Supporting grounded theory qualitative dissertation research  
 Role: co-PI

20477 Franck (PI) 07/01/11-06/30/14  
The Atlantic Philanthropies  
UCSF Elev8 Healthy Students and Families  
Interprofessional nursing/dental grant to increase sustainability of school based health centers (SBHC) in the Oakland Elev8 Project by placing Nursing and Dental faculty in SBHC, supporting interprofessional student service learning projects, providing technical assistance to community providers.  
Role: Project Director

20447 Schapiro (PI) 07/01/14-08/30/16  
Atlantic Philanthropies  
Lessons Learned from UCSF and Elev8 Oakland's Partnership on Sustaining School Based Health Care  
Analyzing best practices and lessons learned from an academic-community partnership to increase sustainability of school based health centers in a medically underserved community, including sustainability and health outcomes of shared medical appointment visits, and impact of screenings on youth, school-based health centers and graduate science students.  
Role: Project Director

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>	FROM 00/00/17	THROUGH 00/00/18
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List PERSONNEL (*Applicant organization only*)  
 Use Cal, Acad, or Summer to Enter Months Devoted to Project  
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnth	Acad. Mnth	Summer Mnth	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Schapiro, Naomi A	PD/PI	12			XXX,XXX	XX,XXX	X,XXX	XX,XXX
TBD	Research Analyst	12			XX,XXX	X,XXX	X,XXX	XX,XXX

<b>SUBTOTALS</b> →						XX,XXX	XX,XXX	XX,XXX
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CONSULTANT COSTS Mam/Spanish Interpreter @85/hrX 20 hours (interviews & transcript review)	1,700
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EQUIPMENT ( <i>Itemize</i> )	
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SUPPLIES ( <i>Itemize by category</i> ) Software – Atlas ti 8 X1 (for RA) Printing and materials	670 200
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TRAVEL	
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ALTERATIONS AND RENOVATIONS ( <i>Itemize by category</i> )	
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OTHER EXPENSES ( <i>Itemize by category</i> ) Incentives for interviews 25X25 Transcription & translation (English-Spanish) @ 300/hr per 25 hours of interview	899 9500
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CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	49,685
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<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> ( <i>Item 7a, Face Page</i> )	<b>\$ 49,685</b>
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CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	315
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<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>	<b>\$ 50,000</b>
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## **BUDGET JUSTIFICATION**

**Naomi Schapiro, PI (10%)** Dr. Schapiro will direct and oversee all aspects of the grant, create semi-structured interview guides, arrange for research sites, obtain IRB approval and approval at all research sites, and train the Research Assistant in interviewing and qualitative analysis as needed. Dr. Schapiro will conduct interviews with both youth and key informants, direct the grounded theory analysis, and write up results in a peer-reviewed journal.

**Research Assistant, TBD (15%)** Will hire a Spanish-speaking RA who can conduct qualitative interviews in Spanish, thereby reducing the need for interpreter services. The RA will work with the research sites to recruit and consent youth, code interviews under the direction and in collaboration with the PI, and assist in analysis and writing up results.

Fringe benefits are standard for faculty and staff. Staff salary is based on previous research assistant.

**Mam-Spanish interpreter** – Mam interpreters work out of one of two agencies in the SF Bay Area, and the going rate for their time is \$85/hour, with a minimum of 2 hours.

### **Atlas TI 8**

**Printing and materials** – one site license will be purchased for the RA. This qualitative software is best suited for grounded theory analysis. This budget is allocated for off site printing of consents and study publicity as the research is being conducted off site.

**Incentives for interviews** – it is customary in adolescent research to compensate youth for their time, and the average gift card compensation for an interview that may take an hour or more is \$25

**Transcription and translation** – although there are medical transcription companies that can translate and transcribe at a much lower rate than is allocated here, the PI discovered in her dissertation research that these companies were unable to decipher, translate and transcribe Central American Bay Area adolescent slang, in either Spanish or English, and a local resource that was more expensive was found. Dr. Schapiro and the RA will code in both Spanish and English, in order to elicit all nuances, especially for phrases that “don’t translate.” Bilingual transcripts are somewhat more expensive.