INTRODUCTION AND PRE-WORK

THAW (Techniques Helping Address Worry) Plan:
Navigating the Freeze Response

A Resource for Therapists and Clients Facing Immigration Concerns

The "Freeze" Response

The initial trauma and stress responses are Fight, Flight, Freeze, and Fawn, and it's okay to feel all of them, plus many emotions. This scenario can overwhelm available resources and place the individuals involved and impacted into crisis. This plan is designed to help you and your therapist prepare vital information before a crisis, creating a clear THAW Plan to move from "freeze" to action.

Therapist Pre-Work Checklist

- ☐ Identify clients at the highest risk level of detainment or being impacted during Intake, or for existing clients, during a regular session.
- ☐ Compile a local area list of immigration resources to add to the "THAW Plan" (Page 2).
- ☐ Ask the guiding question: "Do you or anyone in your immediate household have concerns or worries about the recent rise of immigration and enforcement activity in our area?"
- ☐ Leverage active listening and OARS (Open-ended questions, Affirmations, Reflective listening, Summarizing) to surface active worries and beliefs.
- ☐ Complete and file **ROI (Release of Information)** and **Emergency Contact Form** for the client.
- ☐ Encourage the client to complete the "THAW Plan" (Page 3) in session and distribute it to necessary contacts before any emergent situation arises.

Client Pre-Work Checklist

- ☐ Gather information for Designated Caregivers (for any minors):
  - Full Names
  - Current Addresses
  - Phone Numbers
- ☐ If an ROI is not on file for your preferred caregiver, request the form from your clinician.
- ☐ Gather information for minor children at risk:
  - Formal Child's Name
  - Preferred or Nicknames
  - Current School & Grade Level
  - School Address & Phone Number
  - School Emergency Contact (e.g., Administrator, Counselor)
- ☐ File an ROI for the child's school with your clinician and provide the school with a copy.

THAW PLAN

Emergency Information & Contacts

To be completed by the client and kept on file by the therapist. This information will be used only in the event of an emergency detainment situation as discussed.

Section 1 - Detained Individual Information			
Name of Detained (Potential)		Age	
Last Known Location			
Known Medical Conditions:		Known Medications Currently Taken:	
Known Psychological Diagnoses			
For Therapist Use (if activated)			
Location of Detained (ICE Locator):		Last Date/Time of Contact	
Section 2 - Emergency Contacts & Caregivers			
Contact 1 Name		Contact 2 Name	
Address		Address	
Phone		Phone	
ROI on File?	◯ Yes ◯ No	ROI on File?	◯ Yes ◯ No

Section 3 — Minor Children Information			
Child 1 (Name, Nickname, Age)		Child 2 (Name, Nickname, Age)	
School, Grade		School, Grade	
School Contact (Name, Title, Phone):		School Contact (Name, Title, Phone):	
Section 4 - Legal & Provider Information			
Has Legal Guardianship Paperwork Been Completed?			◯ Yes ◯ No
Guardianship Contact (Name, Phone):			
If no, consult legal counsel.			
Has a Power of Attorney Paperwork Been Filed?			◯ Yes ◯ No
POA Contact (Name, Phone):			
If no, consult legal counsel.			
Medical Provider Contact (Name, Clinic, Phone):			
Therapist Contact (Name, Clinic, Phone):			
Section 4 - Immigration Resources (Local)			
Section 5 - Additional Information			

THERAPIST ACTION PLAN

Post-Detainment Response

Internal Use Only. To be initiated upon notification of a client's detainment.

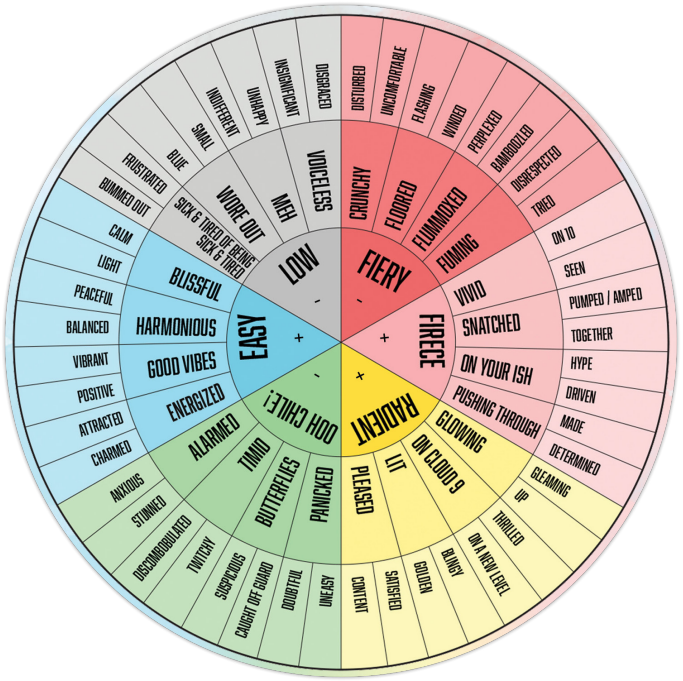
Scenario: You are notified that your client (minor/adult) or their guardian/parent/sole caregiver has been detained by Immigration and Customs Enforcement.

Section 1: Immediate Action Checklist

- ☐ Access client's completed "THAW Plan" (Page 3-4).
- ☐ Establish contact with Approved Emergency Contact(s) listed on the plan.
- ☐ **If Unable to Reach:** Leave a voicemail (if safe/appropriate).
- ☐ **If Unable to Reach:** Document the contact attempt in the EHR.
- ☐ Schedule an Emergency Session (or two) with the client (if available) or the Approved Contact.
- ☐ **(Optional) Attempt to locate:** Use ICE Facility Locator: https://locator.ice.gov/odls/#/search

The Feelings Wheel

Inspired by Gloria Wilcox to help identify the complex emotions beneath primary feelings.



Emergency Session Worksheet

Use this worksheet to guide the emergency session(s) and document key information.			
Client / Contact Name		Session Date	
High Level Session Goals			
Document Stress Coping Strategies (in client/contact's words)			
Identify 2-3 Top Worries / Concerns			
Identify Immediate Client Needs:			
Source Available Resource Listing:			
Establish Forward Safety/Care Plan:			

THAW PLAN (SAMPLE)

Emergency Information & Contacts

To be completed by the client and kept on file by the therapist. This information will be used only in the event of an emergency detainment situation as discussed.

Section 1 - Detained Individual Information			
Name of Detained (Potential)	Maria Velasquez	Age	38
Last Known Location	123 Example St, Houston, TX 77002		
Known Medical Conditions:	Hypertension (High Blood Pressure), Generalized Anxiety Disorder	Known Medications Currently Taken:	Lisinopril (10mg, 1x daily), Sertraline (50mg, 1x daily)
Known Psychological Diagnoses	Generalized Anxiety Disorder (GAD)		
For Therapist Use (if activated)			
Location of Detained (ICE Locator):	Houston Contract Detention Facility	Last Date/Time of Contact	10/23/25, 9:00 AM (via brother)
Section 2 - Emergency Contacts & Caregivers			
Contact 1 Name	Carlos Velasquez (Brother)	Contact 2 Name	Elena Garza (Friend & Neighbor)
Address	456 Oak Dr, Houston, TX 77008	Address	125 Example St, Apt B, Houston, TX 77002
Phone	713-555-1234	Phone	832-555-5678
ROI on File?	[X] Yes [ ] No	ROI on File?	[ ] Yes [X] No

Section 3 — Minor Children Information			
Child 1 (Name, Nickname, Age)	David Velasquez ("Davi"), 9	Child 2 (Name, Nickname, Age)	N/A
School, Grade	Example Elementary, 4th Grade	School, Grade	
School Contact (Name, Title, Phone):	Mrs. Allen, School Counselor, 713-555-9876	School Contact (Name, Title, Phone):	

Section 4 - Legal & Provider Information	
Has Legal Guardianship Paperwork Been Completed?	[X] Yes [ ] No
Guardianship Contact (Name, Phone):	Carlos Velasquez (Brother), 713-555-1234
If no, recommend consulting legal counsel.	
Has a Power of Attorney Paperwork Been Filed?	[X] Yes [ ] No
POA Contact (Name, Phone):	Carlos Velasquez (Brother), 713-555-1234
If no, recommend consulting legal counsel.	
Medical Provider Contact (Name, Clinic, Phone):	Dr. E. Reynolds, Community Clinic, 713-555-5000
Therapist Contact (Name, Clinic, Phone):	The Weekend Therapist, PLLC, 111-111-11111

Section 4 - Immigration Resources (Local)

Catholic Charities
HRIOnline.Org
Houston Immigration Legal Services Collaborative (HILSC)

Section 5 - Additional Information

David has a peanut allergy. His EpiPen is with his uncle (Carlos) and at the school nurse's office. Carlos has a key to my apartment and knows my car information.

Emergency Session Worksheet (Sample)

Use this worksheet to guide the emergency session(s) and document key information.			
Client / Contact Name	Carlos Velasquez (Brother of Maria, Emergency Contact)	Session Date	10/23/2025
High Level Session Goals	1. Identify Top Emotion 2. Provide Safe Space for Processing 3. Cover Grief/Trauma Process		
Document Stress Coping Strategies (in client/contact's words)	"I just need to focus on David. Keep his routine as normal as possible." "I'm going to make a list of calls to make. I need to write it all down." "I'm going to call my pastor for support and prayer." "Right now, just breathing. Focusing on one thing at a time."		
Identify 2-3 Top Worries / Concerns	1. "How do I tell David?" 2. "Is Maria getting her blood pressure medicine?" 3. "What happens with school pickup today?"		
Identify Immediate Client Needs:	Legal consultation (urgent), psychoeducation on how to talk to a 9-year-old about this, confirm David's after-school plan.		
Source Available Resource Listing:	Confirmed he had the lawyer's number from the Thaw Plan. Provided HILSC resource list.		
Establish Forward Safety/Care Plan:	Next appt: 10/25 (phone check-in). Scheduled family session w/ Carlos & David next week. Carlos will call the school counselor (Mrs. Allen) immediately.		