Welcome to the webinar! We will begin in a moment.

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This webinar is co-sponsored by the National Health Collaborative on Violence and Abuse and the American Academy of Pediatrics Immigrant Health Special Interest Group.
Trauma-Informed Care of Immigrant and Refugee Children

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Nothing to disclose
Mindfulness
Objectives

1. Outline mental health issues in immigrant children
2. Look at the effects of trauma on immigrant children
3. Discuss mental health screening of immigrant children considering the two generation model
4. Discuss strengths based approaches to build resilience and heal trauma
5. Learn how to utilize the medical home/care coordination models to provide trauma-informed care
Who Are Immigrant Children?

- **Immigrant**: a person born outside the United States to non-US citizen parents
- **Refugee**: a person with legal status granted outside the US, based on having experienced persecution
- **Asylum seeker**: a person applying for refugee status once he/she enters the US
- **Undocumented alien**: a person lacking lawful immigration status in the US
- **Unaccompanied Immigrant Children (UIC)**: children under 18 who enter the US without an adult and without legal immigration documents
Mental Health and Immigrants

• Controversy over applying Western concepts and DSM Psychiatric labeling cross-culturally to mental health.

• With that caveat: most research shows a higher incidence of PTSD, Depression and Anxiety than overall rates in US born children.
PTSD

- 11% refugee children resettled in West (Fazel et al, 2005)
- 32% immigrant school children (Jaycox et al, 2002)
- 53% resettled Unaccompanied refugee minors (Vervliet et al, 2014)
PTSD symptoms

• Re-experiencing or intrusion
• Avoidance/numbing
• Hyperarousal

Torture has emerged as the strongest predictive factor for PTSD
Persistent over time
Depression

- 16% of immigrant school children  
  Jaycox et al, 2002

- 44% Unaccompanied refugee minors  
  Vervliet et al, 2014

- Linked to recent life difficulties
- Linked to other comorbidities like anxiety
Anxiety

• 23% Bosnian refugee children (Papageorgiou et al, 2000)
• 38% Unaccompanied Refugee Minors (Vervliet et al, 2014)
• Co-morbidity with PTSD and with depression
Somatization and Chronic Pain

In non Western cultures emotional words may not be used to describe distress but rather feeling sick, headache, chest pain or stomach ache.
Substance Abuse/Self-medicating

- Khat – Somali males
- Betel nut – East Asian communities
- Alcohol – “Roxie”, home brew
- Marijuana
- Cocaine
- Opiates/heroin
Suicide

Suicide rates in resettled Bhutanese young adults about twice the rate for similar aged US residents (MMWR, 2013)

Latino who were exposed to a traumatic event had a 7 times increase risk of suicidal ideation (Fortuna et al, 2016)
Traumatic Brain Injury

Neurologic injury can mimic mental illness
Role of Culture

- Religious and spiritual beliefs
- Supernatural world – *Jinn and spirits*
- Indivisibility of physical and mental health
- Children not affected “too young”
- God’s will
- Balance and harmony in environment
Stigma

- The stigma associated with mental health and the fear of being labelled “crazy” may mean that distress is kept hidden.
- “Crazy” is often perceived as a fixed condition and may be ostracizing from community.
- Consider using other words like stress or adjustment.
Concept of Trauma

Refers to emotional trauma.

Defined as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful and that has lasting adverse effects on the person’s functioning and mental, physical, emotional or spiritual well-being.

SAMHSA’s Guidance for a Trauma-Informed Approach (2014)
Trauma Prior to flight

- Violence (as witnesses, victims, and perpetrators)
- War
- Lack of food, water, and shelter
- Physical injuries, infections, and diseases
- Torture
- Forced labor
- Sexual assault
- Lack of medical care
- Loss of loved ones
- Repeated relocation
- Gang and drug related violence and threats
Trauma During flight and in processing

- Physical injuries, infections, and diseases
- Robbery, assaults, intimidation
- Sexual assault
- Violence (as witnesses, victims, and perpetrators)
- Malnutrition
- Loss of family members
- Living in refugee camps
- Separation from family
- Loss of community
- Uncertainty about the future
- Harassment by local authorities, detention
- Traveling long distances by foot, Hazardous train rides
- Coercion or abuse by adults, “coyotes”
Trauma After arrival in the US

- Unmet expectations
- Language barriers
- Identity issues
- Role loss
- Bad news from home
- Discrimination
- Values conflict
- Loss of economic and social status
- Neighborhood violence
- Academic stressors
- Isolation
- Apprehension at Border/detention/fear of deportation
- Stress of reunification with family/attachment issues for UIM
- Bullying
- Racism
- Cultural bereavement
Effects on Children

Children can benefit from childhood only if they have the support and care necessary for normal psychological development.
Eco-bio-developmental model

Shonkoff, Garner and AAP Committee on Psychosocial Aspects of Child and Family Health Pediatrics 2012
Toxic Stress and Adverse Childhood Experiences

https://www.cdc.gov/violenceprevention/acestudy/about.html
Trauma-Informed Care

• Understands the proximal and distal effects of adverse childhood experiences
• Recognizes the signs and symptoms of trauma
• Integrates knowledge of trauma into policies and procedures, and practice management
• Resists re-traumatization  
  www.samhsa.gov/nctic/trauma-interventions
Core Stressors:

- Trauma
  - Social Support
  - Emotion Regulation
  - Isolation
    - Loneliness
    - Alienation

- Environment
- Family Relationships
- Language Learning
- Acculturation
  - Cultural Learning

- Resettlement
  - Basic needs
  - Legal
  - Financial
  - Healthcare
What can stress look like?

- Body function changes
- Behavioral changes
- Developmental problems
- Learning problems
Trauma Effects Infants and Toddlers

<table>
<thead>
<tr>
<th>Vulnerabilities and Coping Resources:</th>
<th>Common Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Very sensitive to quality of care</td>
<td>• Severe separation distress</td>
</tr>
<tr>
<td>• Very sensitive to emotions of caregivers</td>
<td>• Crying and clinging</td>
</tr>
<tr>
<td>• Very sensitive to separation</td>
<td>• Sleeping problems</td>
</tr>
<tr>
<td>• Limited resources for coping, engage adult</td>
<td>• Eating problems</td>
</tr>
<tr>
<td>• Immaturity can be protective</td>
<td></td>
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</tbody>
</table>
### Trauma Effects Young Children

<table>
<thead>
<tr>
<th>Vulnerabilities and Coping Resources:</th>
<th>Common Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sensitive to quality of care, separations, caregiver reactions</td>
<td>• Regression: bedwetting, acting younger, losing new skills</td>
</tr>
<tr>
<td>• Sensitive to changes in or near home</td>
<td>• Separation anxiety, clinging</td>
</tr>
<tr>
<td>• Still dependent on adults</td>
<td>• Eating and sleeping problems</td>
</tr>
<tr>
<td>• May believe they are responsible for bad things that happen</td>
<td>• Whining and tantrums</td>
</tr>
<tr>
<td>• Limited understanding can be protective</td>
<td>• Fearfulness, vigilance, nightmares</td>
</tr>
<tr>
<td></td>
<td>• Play shows trauma themes</td>
</tr>
</tbody>
</table>
## Trauma Effects School Age Children

<table>
<thead>
<tr>
<th>Vulnerabilities and Coping Resources:</th>
<th>Common Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sensitive to death and injury of peers, teachers, neighbors and family</td>
<td>• Sleeping problems, nightmares</td>
</tr>
<tr>
<td>• Greater capacity for worrying and thinking about what might happen</td>
<td>• More realistic fears</td>
</tr>
<tr>
<td>• Able to understand more and gather info</td>
<td>• Irritable, aggressive, disobedient</td>
</tr>
<tr>
<td>• Able to help others, ask questions, tell stories</td>
<td>• Anger and thoughts of revenge</td>
</tr>
<tr>
<td>• Hero and rescue fantasies</td>
<td>• Worries about self, family, friends</td>
</tr>
<tr>
<td>• Wider network of social relationships</td>
<td>• Withdrawal, depression and anxiety</td>
</tr>
</tbody>
</table>

- Disturbing thoughts and images
- Concentration and school problems
- Somatic complaints
- Engage in trauma and war games with peers
# Trauma Effects Adolescents

<table>
<thead>
<tr>
<th>Vulnerabilities and Coping Resources:</th>
<th>Common Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Often have greater exposure to trauma: direct or through information</td>
<td>• Aggression and anger</td>
</tr>
<tr>
<td>• Much greater understanding of situation and future implications</td>
<td>• Risky behaviors: illegal drug use, reckless driving, risky sexual behaviors</td>
</tr>
<tr>
<td>• Realistic fears of present and future</td>
<td>• Disturbing thoughts and images</td>
</tr>
<tr>
<td>• Very sensitive to death and damage</td>
<td>• Depression</td>
</tr>
<tr>
<td>• More capacity for despair/hopelessness</td>
<td>• Concentration and school problems</td>
</tr>
<tr>
<td>• Sensitive to disillusionment, identity and existential problems</td>
<td>• From outside look like they are coping the best during the trauma but the effects tend to linger the longest for this age group</td>
</tr>
<tr>
<td>• More problem solving skills, work skills</td>
<td>• Mobility</td>
</tr>
<tr>
<td>• Close friendships and romantic relationships</td>
<td>• Concentration and school problems</td>
</tr>
</tbody>
</table>
Screening

“Poor mental health may often be a very private experience and children find it difficult to describe their thoughts and feelings.”

Meiser-Stedman
Screening

• Strengths and Difficulties Questionnaire (SDQ)
• PHQ9
• Ages and Stages Questionnaire-Social Emotional (ASQ-SE)
• CRAFT

• Survey of Wellbeing of Youth and Children (SWYC)
• Child Behavior Check List (CBCL)

AAP Immigrant Health Toolkit comprehensive list of screening tools.
Family

Trauma has multi-generational impact.
Shame

Shame is universal, silencing and smoldering
Parental/Caregiver screening – PHQ2

Parents reluctant to seek help for themselves often are willing once they understand the effect of their distress and poor health on their children.
Trauma Screening Instruments


Trauma Symptom Checklist for Children and Trauma Symptom Checklist for Young Children (TSCC and TSCYC)  http://www4.parinc.com

Child PTSD Symptom Scale (CPSS)  oa@mail.med.upenn.edu

Univ. of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-PTSDRI)  http://www.istss.org/UCLAPosttraumaticStressDisorderReactionIndex.htm
Caution

• Retelling of trauma can do more harm than good per some research
• Cultural considerations – enlivening evil
• Canadian recommendation not to ask direct trauma questions to children
• Need to have available supports
Resilience is the result of multiple interactions between environmental protective factors and highly responsive biologic systems.

Harvard Center on the Developing Child

Children show remarkable resilience and recovery from trauma.
Strengthening Families: Protective Factors Framework

• Promote parental resilience.
• Improve knowledge of parenting and child development.
• Encourage social connections.
• Provide concrete support in times of need.
• Promote the social and emotional competence of children

www.cssp.org/reform/strengtheningfamilies
Protective Factors for Immigrants

- Belief in a higher power/religiosity
- Loyalty to family
- Strong ethnic identity and connection to culture of origin
- Disposition: Easy temperament, good self-esteem, adaptable
- Doing well in school
- Achieving citizenship
- Family support and a positive relationship with at least one parent
- Support from environment: teacher, coach, relative, peer, healthcare provider
Integration

Arrival

Reality

Negotiation
Integration

Alienation
Marginalization
Case Study

- School age Iraqi refugee female newly arrived with her mother
- Trauma preflight, during flight and in processing
Case Study: Mother

- Trauma pre-flight, during flight, on-going
- Resettlement Stress
- Isolation and Loss
Case Study: Daughter

- Resettlement Stress
- Acculturation Stress
- Isolation Stress
Case Study: With passing time

- Continued somatization
- Positive screening tests
- Resistance of Western models of treatment
- Further disclosure and worsening coping skills
- Acceptance of social work, mental health and substance abuse supports
Embedded Social Work

- Theoretical underpinnings
- Tools for integrating care
- Culturally-sensitive perspective
Goals of Care Coordination

- Address persistent issues
- Identify provider and support networks
- Use “care conferences” as vehicle for identifying
  - Common goals
  - Strengths
  - Gaps and areas of duplication
  - Action/care plan
- Ongoing and continuous process
Reducing Barriers

• Emphasis on immediate attention to basic needs issues
  • Maslow’s hierarchy
  • Judith Herman: Stages of Recovery

• “Higher-level” needs should not be ignored
  • May take time, patience
  • Important to provide hope and reassurance at all stages
Reducing Barriers (II)

Basic needs of refugee families during the post-migration period

- Housing
- Safety
- Food
- Finances and access to benefits
- Employment
- Access to health care

- Education
- Religious and cultural facilities
- Access to resources in the community
- Family reunification

Crowley, 2009
Reducing Barriers (III)

- Offering resources is not enough
- Many refugees feel pushed to become self-sufficient
- Less support for immigrants, especially undocumented individuals
Loss

Theme of immigrant experience
Restoring Safety

- May take years to achieve
- Establish basic safety first – shelter, access to essentials, safety from physical harm
- Recognize new threats to safety
- Impact of isolation/lack of support network
Retraumatization

- Ongoing risk, especially for survivors of torture and trauma
- Post-migration stressors can lead to re-traumatization
Rebuilding Trust

• Basic foundation of creating relationship
• For many immigrants, repeated violations of trust
• Interventions
Promoting Strengths and Resilience

• For family as a whole
• For parents/caretakers
• For community
# Building Resilience

## In Home
- Family time
- Chores and contributing to family
- Play time, routines
- Limits and expectations
- Cultural identity and language in home

## Outside Home
- Strong cultural community
- Strong religious beliefs
- Strong peer relationships
- Positive school experiences
- School connectedness
- Participation in physical activities or sports
- Access to activities and community programs
Case Example – Social Work Interventions

• Basic needs assistance
• Changing views
• Liaison to community providers
• Care conference role
Case Example (II)

- Ongoing challenges for this family and their provider team
- Ongoing roles of PNAC providers
Social Work Interventions at PNAC

- Case management assistance
- Short term mental health counseling
- Skill-based intervention
Additional Interventions

- Ongoing support
- Liaison activities
- Education, consultation and modeling for in-house and community providers
Mental Health Referrals

- Considerations
- Maintain list of “immigrant-friendly” mental health and substance abuse providers
- Provide psychoeducation for patients/families about MH system
Trauma-Informed/Evidence-Based Mental Health Interventions

- CBT-based approaches
- Trauma Systems Therapy for Refugees (TST-R)
Mental Health Interventions (II)

- Important notes
- What is available in our community?
Legal Referrals

• Types of referrals
• Legal Resources
Working with Interpreters

- Best practices
- Additional resources
Working with Interpreters (II)

• Challenges
• Important notes
Tips for Providers

• Build relationships with interpreters and encourage ongoing training
• Build personal and organizational cultural competency
• Build a strong referral network
• Encourage cultural humility, sensitivity and ongoing education among community providers
• Provide a warm hand-off when possible
Self-Care for Providers

- Vicarious trauma and burnout risks
- Allow yourself boundaries
- Create space for reflection, for recharging
- Provide supervision and mutual feedback systems
Advocacy

“One of the most pernicious effects of the politicization of immigration has been to obscure the humanity of these children traveling to the country... However we do well to remember that as ... professionals, our work begins with listening ..., and providing them with an opportunity to say what can sometimes not be said elsewhere.” Henderson and Baily 2016
Thank You!