Providing Care to Refugee and Immigrant Children

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REFUGEE TRAUMA AND RESILIENCE CENTER
AT BOSTON CHILDREN’S HOSPITAL

Prevention and Intervention
- Trauma Systems Therapy (TST)
- Trauma Systems Therapy for Refugees (TST-R)
- Community Connect (CC)

Research and Innovation
- Somali Youth Longitudinal Study (SYLS)
- Intervention Adaptation (TST-R for specific refugee communities)
- Intervention Evaluation: TST-R, CC

Training and Resource Development
- Refugee Services Core Stressor Assessment Tool
- Dissemination: TST-R, CC
- Cultural Brokering Training
- Socio-Culturally, Linguistically-Responsive, and Trauma-Informed Approach to Mental Health Interpretation
Introductions
TODAY’S OBJECTIVES

- Reflect on your own cultural identities and explore the concepts of cultural humility and cultural competency.
- Describe the refugee/immigrant experience in distinct phases: pre, during, and post-migration.
- Describe a framework for understanding the relationship between a child’s experience of trauma and his/her current social environment.
- List strategies for increasing refugee and immigrant engagement in mental health services.
Cultural Competence versus Humility
TAKE A MOMENT TO....

Age
Ethnicity
Country/Region/State of Origin
Religion
Socioeconomic Status
Gender
Sexual Orientation
Military
Profession
Education
Role
Generational Status
Disability/Ability
Relationship Status
Other groups (e.g., sports, arts, etc.)
Continue to Consider

What is your relationship to these various groups...

How it has changed over time....

How does being a member of each of these groups

.....impact the way you think about health and mental health?

.....influence your health-seeking behaviors and view of healing?
CULTURAL HUMILITY

1) A commitment to self-evaluation and self-critique

2) Recognize, acknowledge and change power imbalances in relationships

3) Develop mutually beneficial partnerships with communities; work towards institutional accountability
WHO ARE REFUGEES?

A person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.

-- Article 1 of the 1951 U.N. Refugee Convention
OTHERS

**Immigrant:** A person who voluntarily leaves his or her home country for better economic, educational, or other opportunities.

**Asylum-Seeker:** A person whose request for sanctuary has yet to be processed (UNHCR, 2017)

**Unaccompanied Minor:** A child who is under the age of eighteen, who is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so (Office of the United Nations High Commissioner for Refugees, 1997)

**Undocumented Immigrant:** A person without legal documentation to reside in the US.
Refugee and Immigrant Trends

According to the United Nations High Commissioner for Refugees (UNHCR, 2016)

- 65.3 million people were forcibly displaced worldwide in 2015 (approximately 1 in 3 has refugee status)
- Approximately 50% of refugees are children under the age of 18

By 2040 it is projected that 50% of the youth in the U.S. will be children who were either born outside the US and immigrated, or whose parents are immigrants (Filindra et al., 2011)
WHERE ARE REFUGEES FROM?

The shifting origins of refugees to the U.S. over time

Number of refugees admitted to the U.S., by region of origin of principal applicant and fiscal year

- **1975** Indochina Migration and Refugee Assistance Act results in increased refugees from Vietnam
- **1989** U.S. raises quotas on Soviet refugees
- **2004** 50% of overall admitted refugees in 2004 were from Somalia, Cuba and Laos
- **2008** Burmese and Bhutanese were granted refugee status


1999 U.S. accepts refugees from Kosovo

Note: Data do not include special immigrant visas and certain humanitarian parole entrants. Does not include refugees admitted under the Private Sector Initiative. Europe includes former Soviet Union states. Asia includes Middle Eastern and North African countries. Africa includes sub-Saharan Africa, but also Sudan and South Sudan. Latin America includes Caribbean. Data for fiscal 2017 are through Dec. 31, 2016; fiscal 2017 began Oct. 1, 2016.

PEW RESEARCH CENTER
National Origin of Displaced Peoples

- Somalia, Iraq, Syria, Burma
- Bhutan, Afghanistan, Iran
- Ukraine
- El Salvador, Guatemala, Honduras

(UNHCR, 2016)
The Refugee Experience
PRE-MIGRATION / MIGRATION

- Identity and beliefs targeted
- Disruption of basic scaffolding of childhood
- Community violence, extortion, rape
- Separation from family, loss, family conflict
- Broken social contracts
- Mistrust of authorities
REFUGEE RESETTLEMENT FUNDAMENTALS

➢ Dislocated
➢ Waitlisted for resettlement
➢ Refugee camp (can differ greatly by location)
➢ 6 months of resettlement help
   ➢ Financial and medical benefits
   ➢ Orientation and assistance in finding jobs and housing
Socio-Ecological Model

Bronfenbrenner, 1979
Refugee Youth Core Stressors

Core Stressors

- Social Support
- Environment
- Trauma
- Emotion Regulation

Acculturation
- Family Relationships
- Language Learning
- Cultural Learning

Resettlement
- Basic needs
- Financial
- Healthcare

Isolation
- Discrimination
- Loneliness
- Alienation
Refugees/Immigrants and Mental Health

- Those with high exposure to trauma are at risk for PTSD, depression, anxiety, sleep problems, somatic complaints, behavioral, conduct, and school problems
- Symptoms may diminish and recur over time
- Role of parental adjustment
- Importance of social environmental stressors
- Resilience
- Barriers to seeking traditional western models of care

For summary of literature on Children and Adolescents see http://www.apa.org/pubs/info/reports/refugees-full-report.pdf
School Stressors for Refugee Youth

- Lack of formal schooling experience
- Placement in schools by age
- Difficulties assessing learning disabilities, etc.
- Lack of familiarity with societal norms related to school
- Language barriers with parents
- Sense of school belonging
SCHOOL STRESSORS FOR REFUGEE PARENTS AND CAREGIVERS

Open the School -Jean Laplante
CULTURAL DYNAMICS THAT MAY INFLUENCE EXPECTATIONS/VALUES

<table>
<thead>
<tr>
<th>Refugee and migrant youth</th>
<th>Non-refugee and migrant youth</th>
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</thead>
<tbody>
<tr>
<td>Responsibility based on circumstance</td>
<td>Responsibility based on their development</td>
</tr>
<tr>
<td>Relationship to parents/caregiver - limited</td>
<td>Relationship to parents/caregiver - open</td>
</tr>
<tr>
<td>Acts like adult</td>
<td>Dependent on adults</td>
</tr>
<tr>
<td>Verbalization of feelings and thoughts not a cultural norm</td>
<td>Acceptability of verbalizing feelings and thoughts</td>
</tr>
<tr>
<td>Shared knowledge/implicit context</td>
<td>Not assumed shared knowledge/explicit context</td>
</tr>
<tr>
<td>Future outlook</td>
<td>Plan for future</td>
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Chronic exposure to traumatic events, especially during a child’s early years, can:

- Adversely affect attention, memory, and cognition
- Reduce a child’s ability to focus, organize, process
- Interfere with effective problem solving and/or planning
- Result in feelings of frustration and anxiety

“The amygdala leads a hostile takeover of consciousness by emotion” (Joseph LeDoux)
Survival circuits – what happens in a child with traumatic stress?
The Trauma System

A traumatized child who experiences *Survival-in-the-Moment* States in specific definable moments

A social environment and/or system of care that is not able to help the child regulate these *Survival-in-the-Moment* States
Trauma System: Social-Ecological Model

- Individual
- Family
- School
- Peer Group
- Neighborhood
- Culture

Social environmental interventions

Self-Regulation Interventions
Culture, Trauma, and PTSD

Although much is known about trauma and youth generally, there are problems in applying this knowledge broadly to all groups:

- Culture affects symptom expression, help seeking patterns, healing mechanisms, meaning ascribed to trauma, type of trauma experienced
  - Cultural bereavement, cultural trauma, generational trauma
- Refugee experience affects ongoing stressors
  - Acculturation, discrimination
Barriers to Mental Health Care

- Distrust of Authority/Power
- Linguistic & Cultural Barriers
- Stigma of Mental Health Services
- Primacy of Resettlement Stressors

Strategies to Address Barriers

- Community Engagement
- Partnership of Providers & Cultural Experts
- Embedding Services in Service System
- Integration of Concrete Services
Intervention Example: TST-R

Child Intervention

Skill building

Stigma Reduction/Engagement

Community

School

Intensive Intervention

Cultural Brokering
What is a Cultural Broker?

Cultural brokers are professionals who combine intimate community-level knowledge and experience with an understanding of services and institutions in order to facilitate access for cultural minority communities and improve care.
How does TST-R Clinical Intervention Work?

Social interventions

Enhance the capacity of the child’s social environment to:

- protect child from and current threats and/or traumatic reminders
- support child’s regulation

Child-focused interventions

Enhances a child’s capacity to:

- stay regulated when confronted by a stressor/reminder

Priority Problems: The patterns of links between the social environmental stressor/reminder and child’s survival states
Project SHIFA

https://youtu.be/Su2WRPUG-f8
Collaborating with Families

➢ What is the caregiver’s understanding of the child’s condition?
➢ Avoid “mental health” terminology
➢ How is mental illness expressed/treated in this culture?
➢ What has been the family’s mental health/health services experience?
➢ Be concrete and specific related to behaviors and potential outcomes, benefits
➢ Focus on positive. Framing - what is important to family? School success? Reducing phone calls? Housing stability?
Creating a More Welcoming Environment for Refugee/Immigrants

- Learn to say hello in their language
- Be an “efficient secretary”
- Build relationships early on. Do not meet in a crisis.
- Be curious, find out about their culture, food, music
- Think about what can they teach you
- Share relationship building and positive experiences (food, humor, language, stories, music, games)
STRATEGIES FOR SELF REFLECTION AND LIFE LONG LEARNING

- Understand your own worldview and be willing to challenge your paradigms

- Be willing to unpack your own privilege and power
STRATEGIES FOR CHANGING POWER IMBALANCE IN RELATIONSHIP

- **Assess** what is influencing bias, unequal treatment and prejudice
- **Notice, describe and interrupt** unintentional and intentional discriminatory practices
- **Deliver** client-focused care
  - Listen
  - Advocate
STRATEGIES FOR BUILDING PARTNERSHIPS AND INSTITUTIONAL ACCOUNTABILITY

- Identify and encourage community/cultural representation at every opportunity
- Speak up about discriminatory practices
- Model cultural humility; be and remain curious
"A journey of a thousand miles starts with one step"

-LAO-TZU, ANCIENT CHINESE PHILOSOPHER
Additional Resources

For more information on resources related to supporting refugee children and families, please visit: [http://nctsn.org/trauma-types/refugee-trauma](http://nctsn.org/trauma-types/refugee-trauma)

This webpage provides the most current information about refugee youth, their needs and experiences, and provides guidance for service providers including teachers and educators.
THANK YOU!

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