Treating Traumatized Immigrant and Refugee Youth

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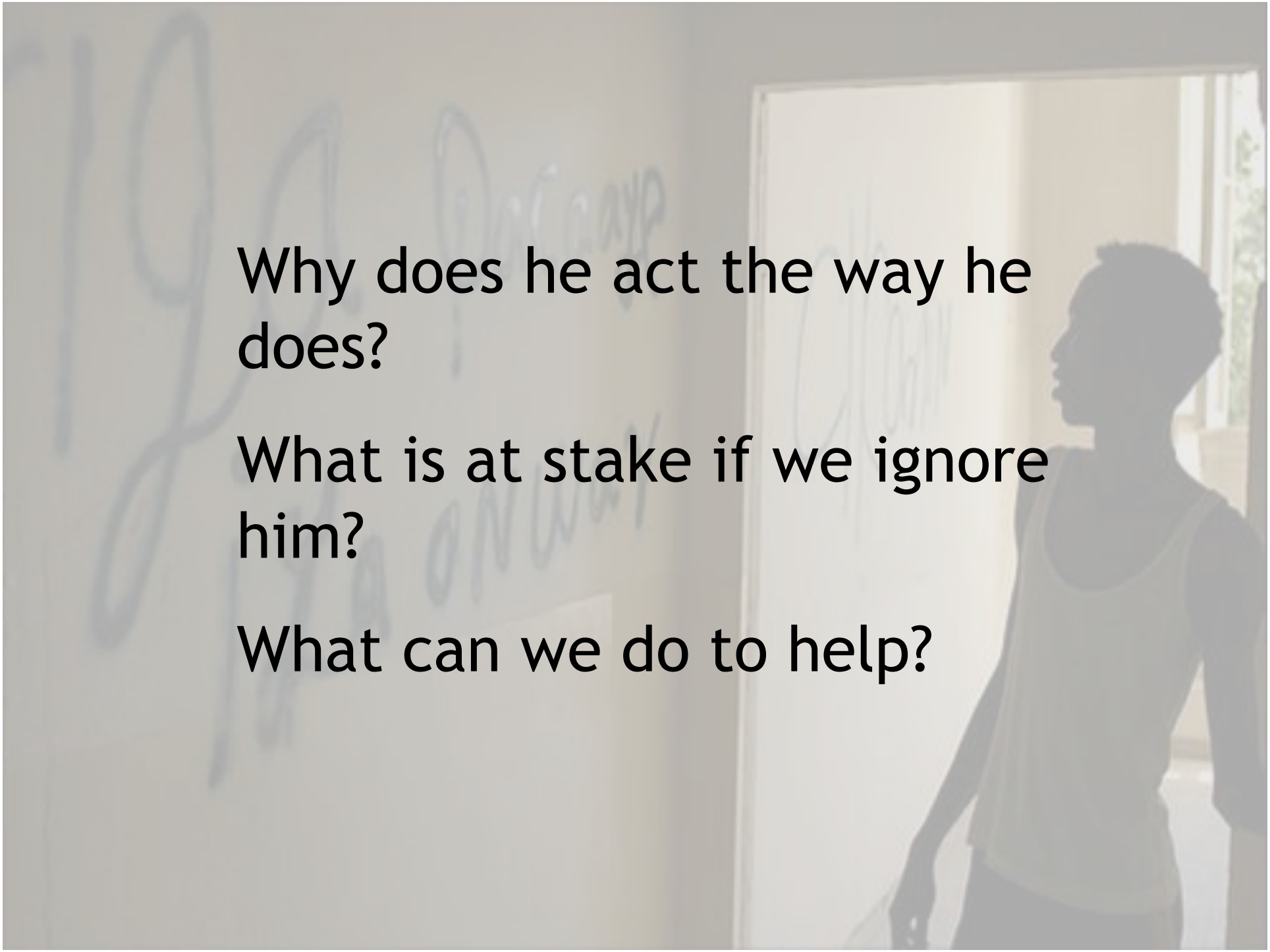
Egal


Why does he act the way he does?
What is at stake if we ignore him?
What can we do to help?

Prevalence
world-wide

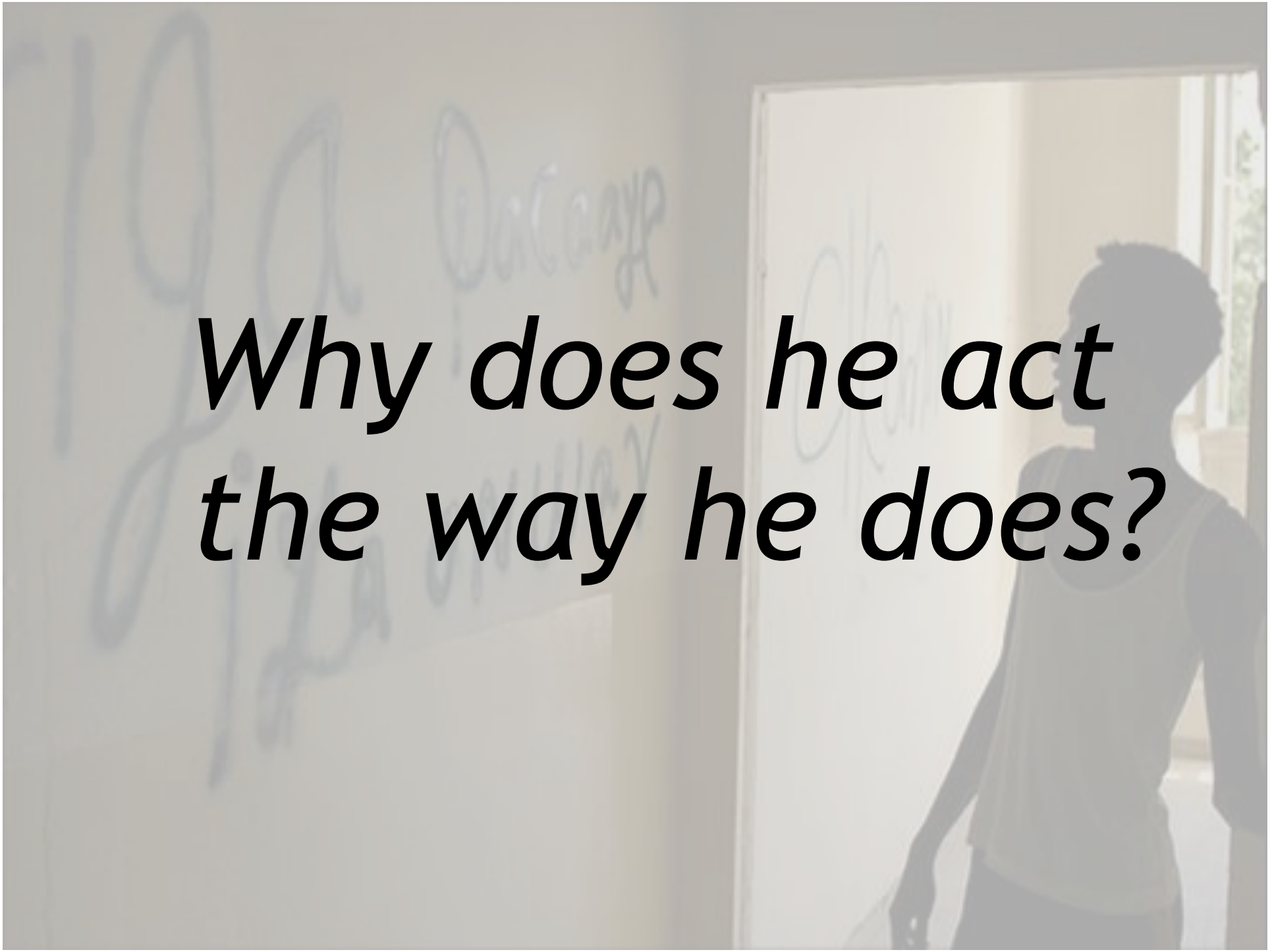
- Approximately 11.4 million refugees and people in refugee-like situations world-wide
- About half of these are children <18yrs

UNHCR 2007; www.unhcr.org/statistics

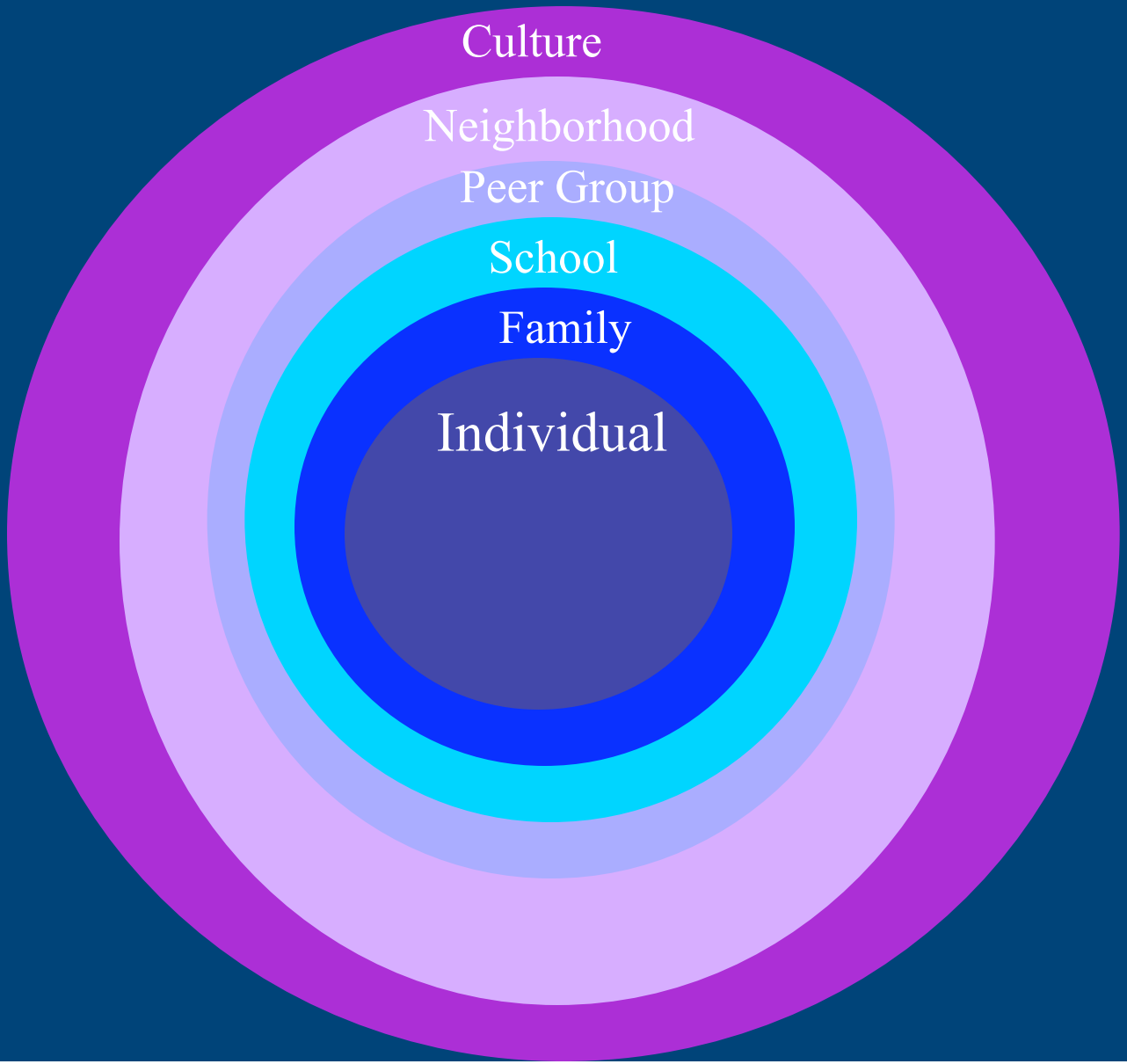
Prevalence
United States

- Approximately 1 million refugees and people in refugee-like situations in the U.S.
- About 38% of these are children <18yrs

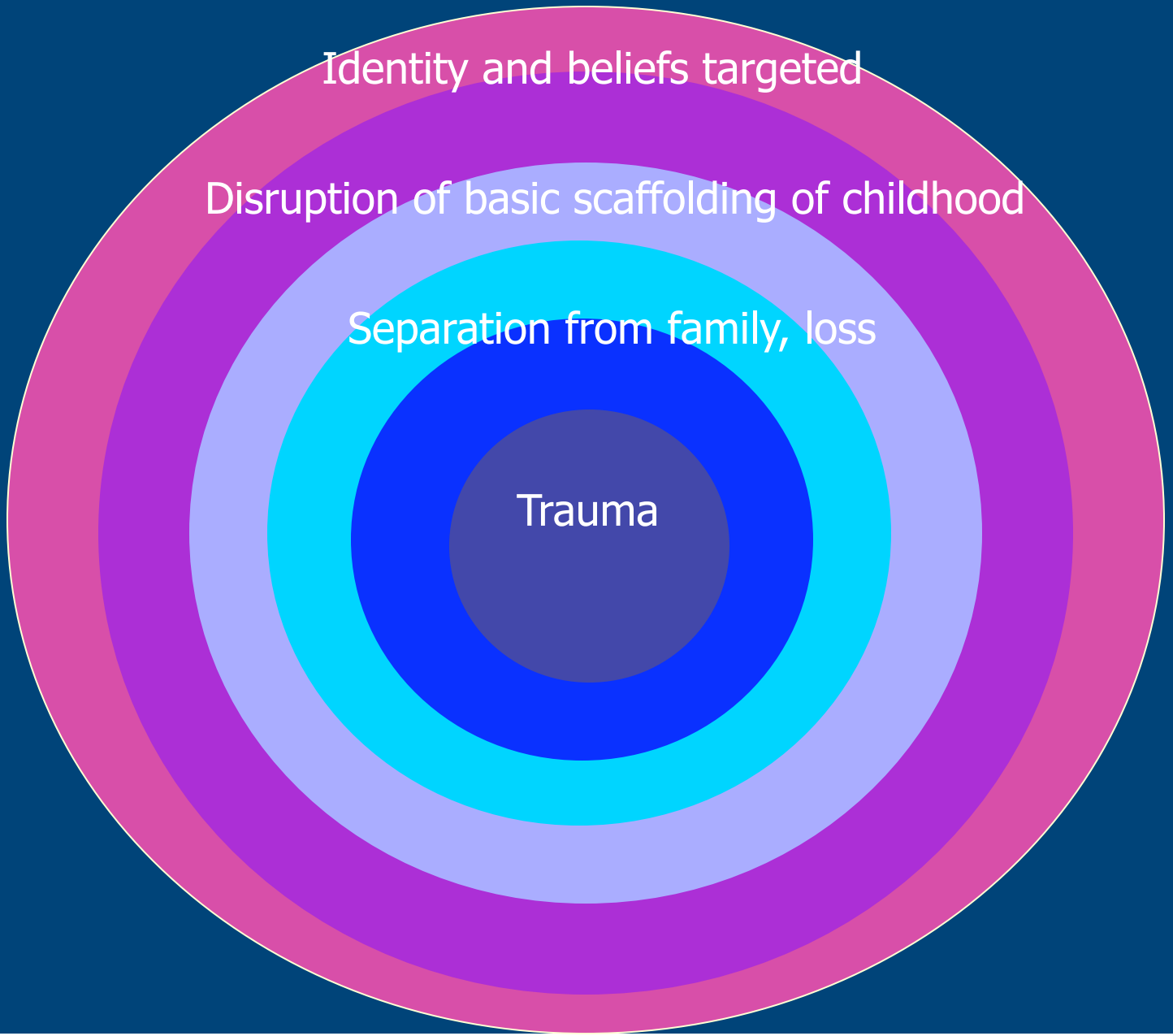
UNHCR 2007; www.unhcr.org/statistics


Why does he act the way he does?

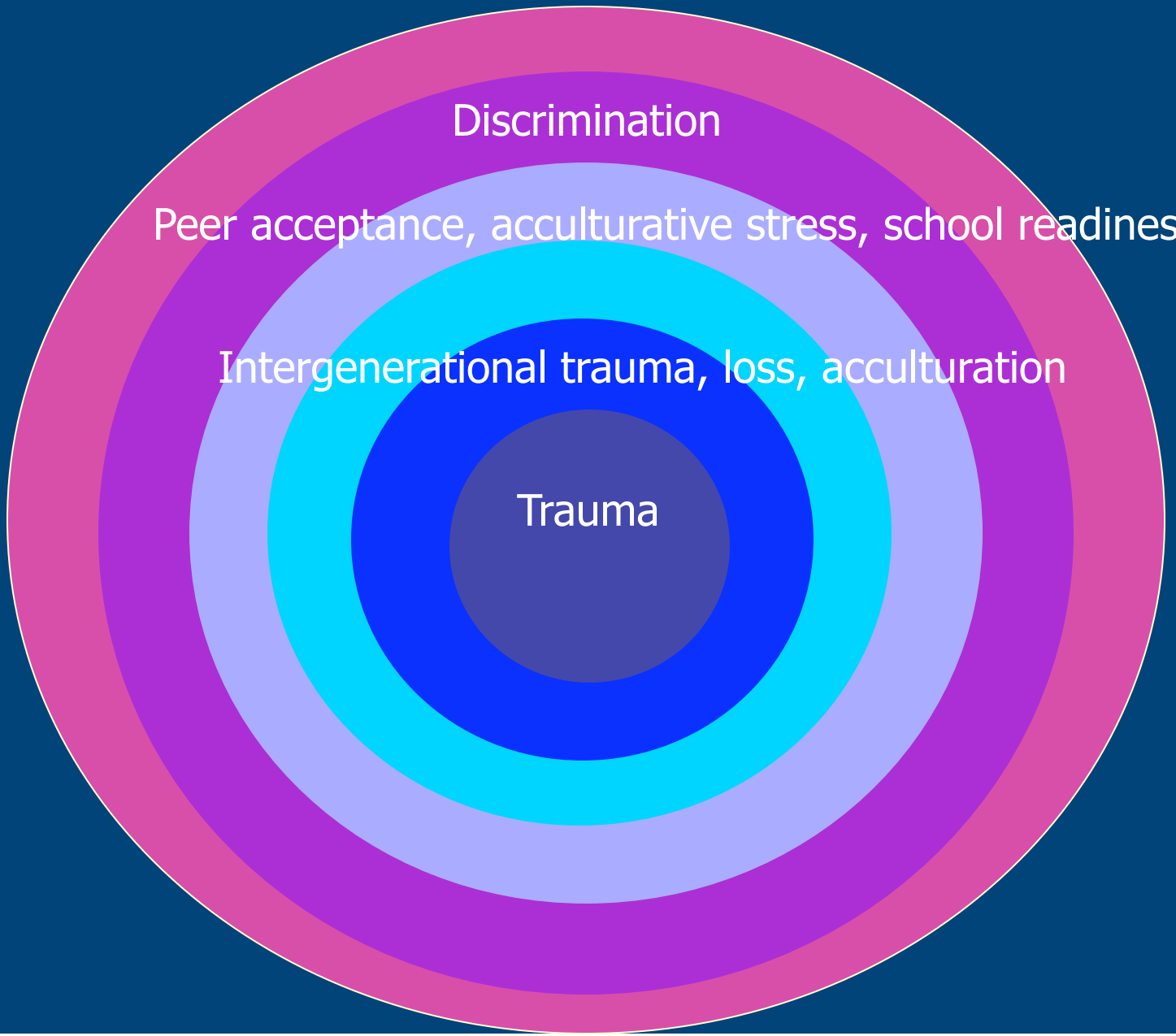
Social-Ecological Model



Pre-migration / migration

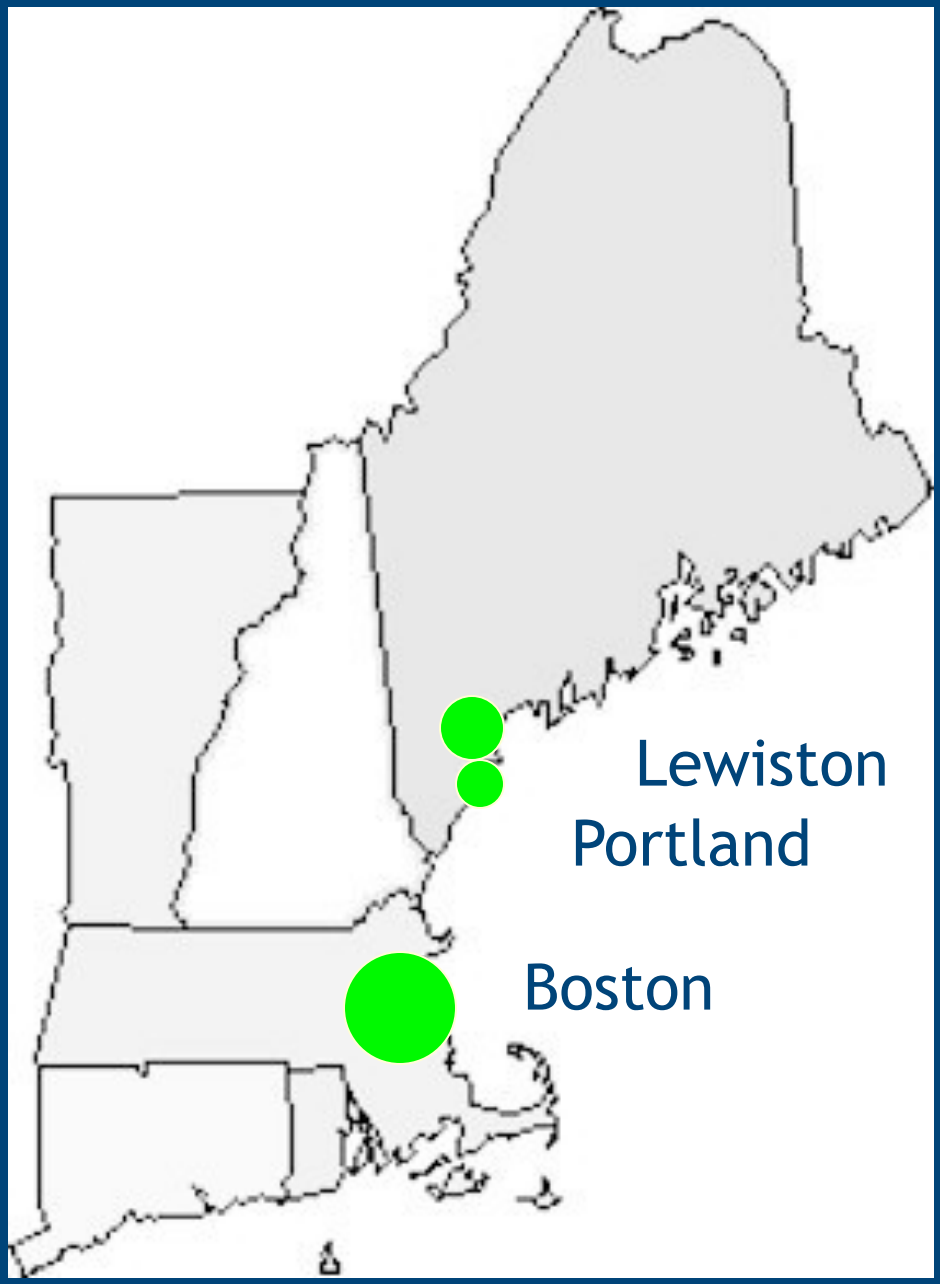


Resettlement

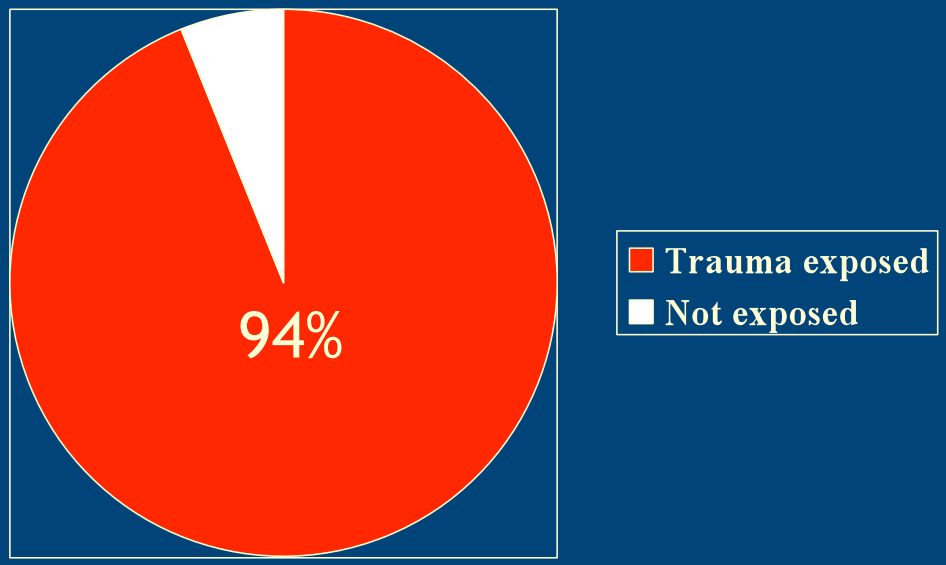


Somali Youth Experience Project

- N = 144
- Ages 11-19, living in U.S. at least 1 year
- Community sample

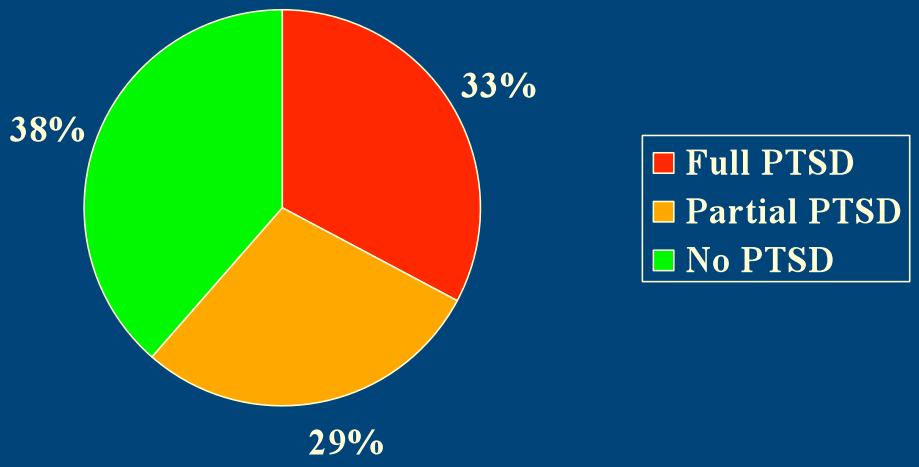


Trauma exposure

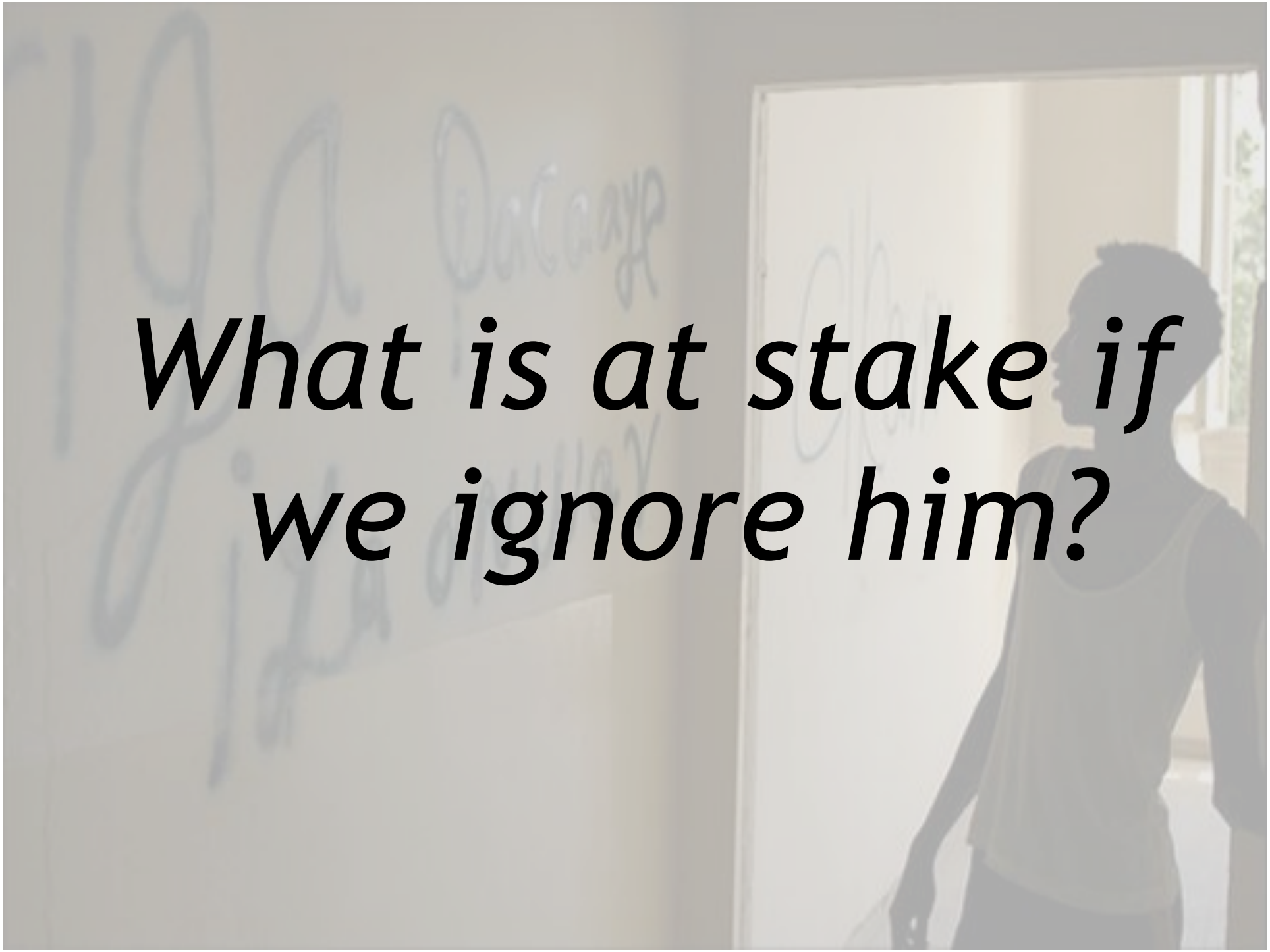


- Average 7 traumatic events (range 0-22)

Posttraumatic Stress Disorder (PTSD)



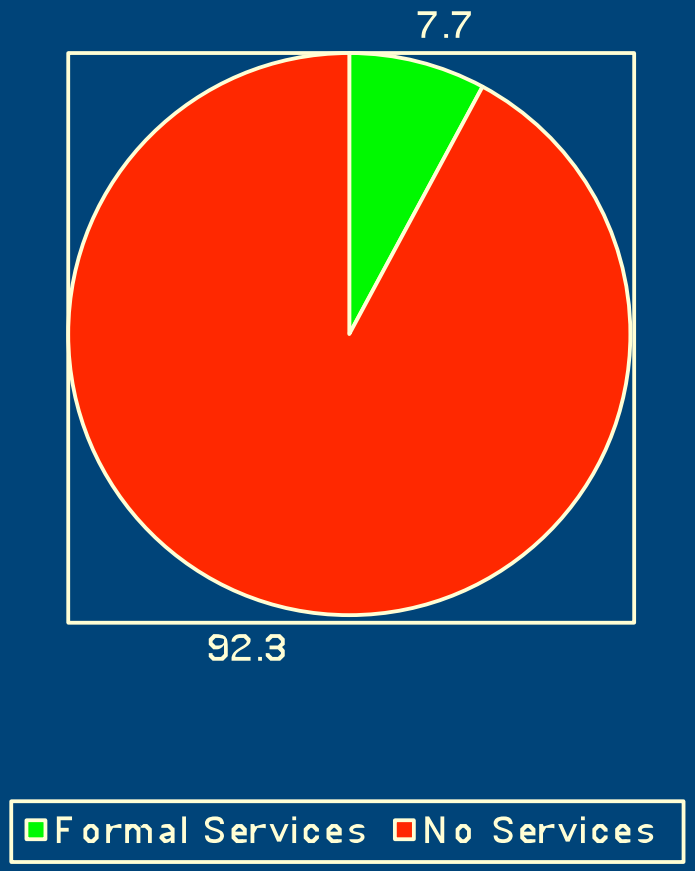
- Nearly 2/3 of youth reported significant PTSD symptoms, and 1/3 screened positive for Full PTSD


What is at stake if we ignore him?

Consequences of traumatic stress

- Social
  - Drug abuse
  - School failure
  - Anti-social behavior
  - Isolation/withdrawal
- Psychological
  - Posttraumatic Stress Disorder
    - Reexperiencing, Avoidance, Hyperarousal
  - Depression
  - Conduct disorder
  - Emotion Regulation

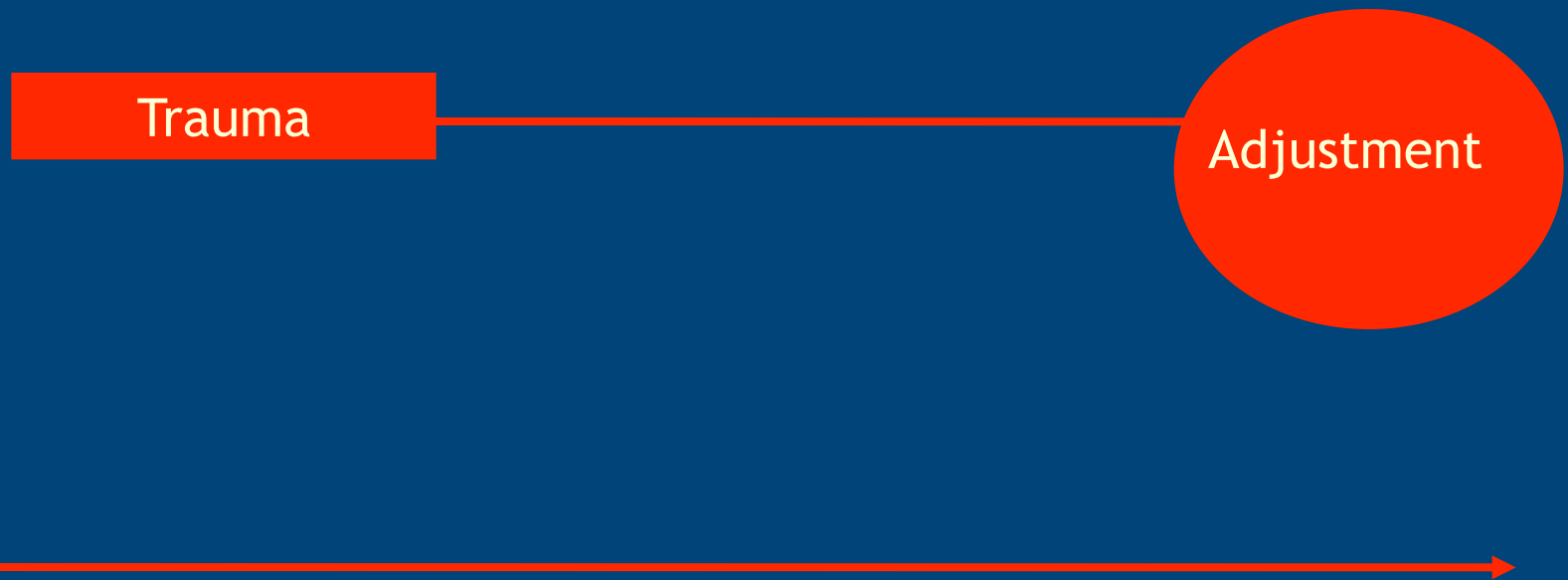
Are refugee youth receiving services?



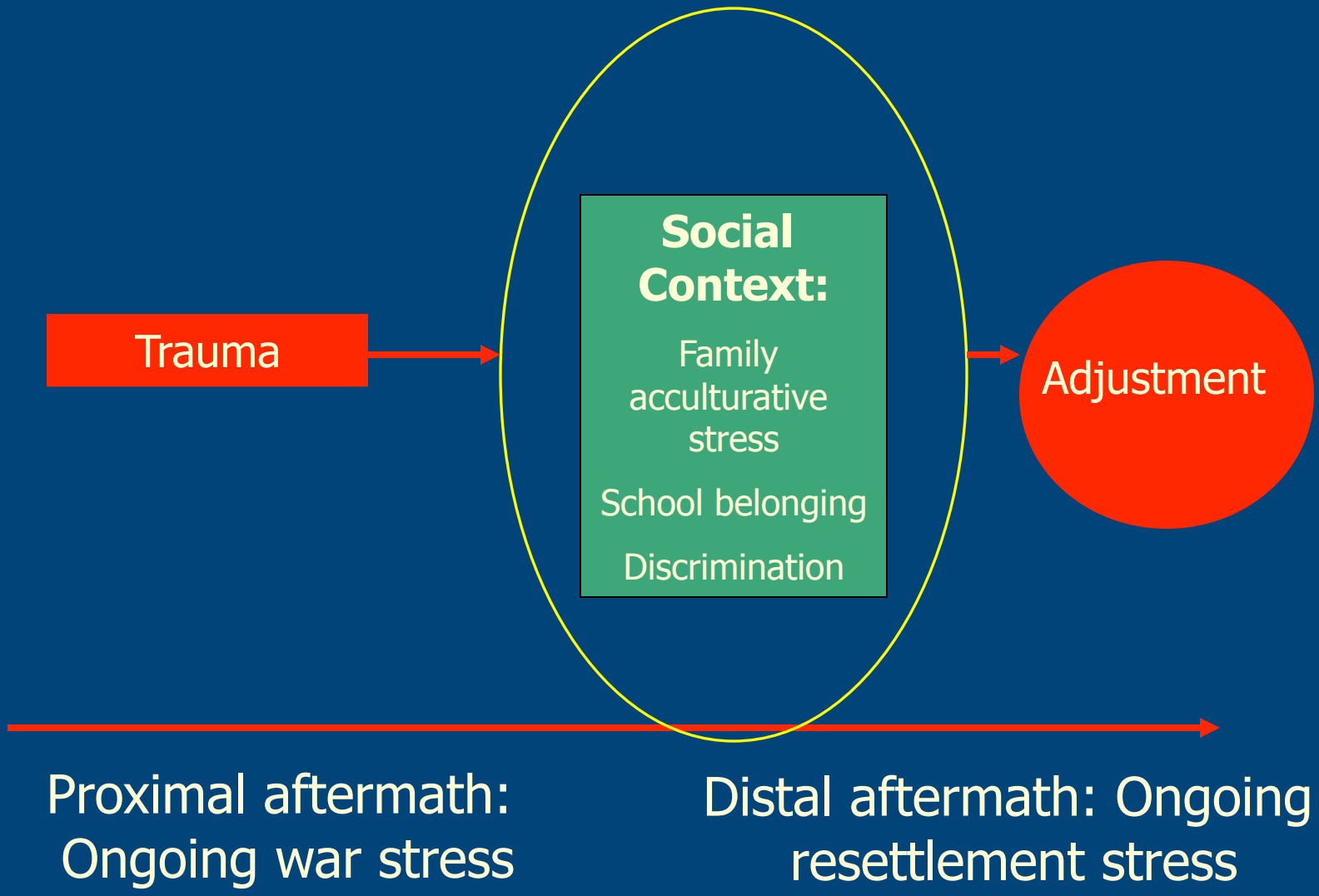
Parent and adolescent report of formal service use by the 26 'in need' adolescents


How can we help?

Trauma and adjustment



Trauma and Social Context



Project SHIFA: Supporting the Health of Immigrant Families and Adolescents

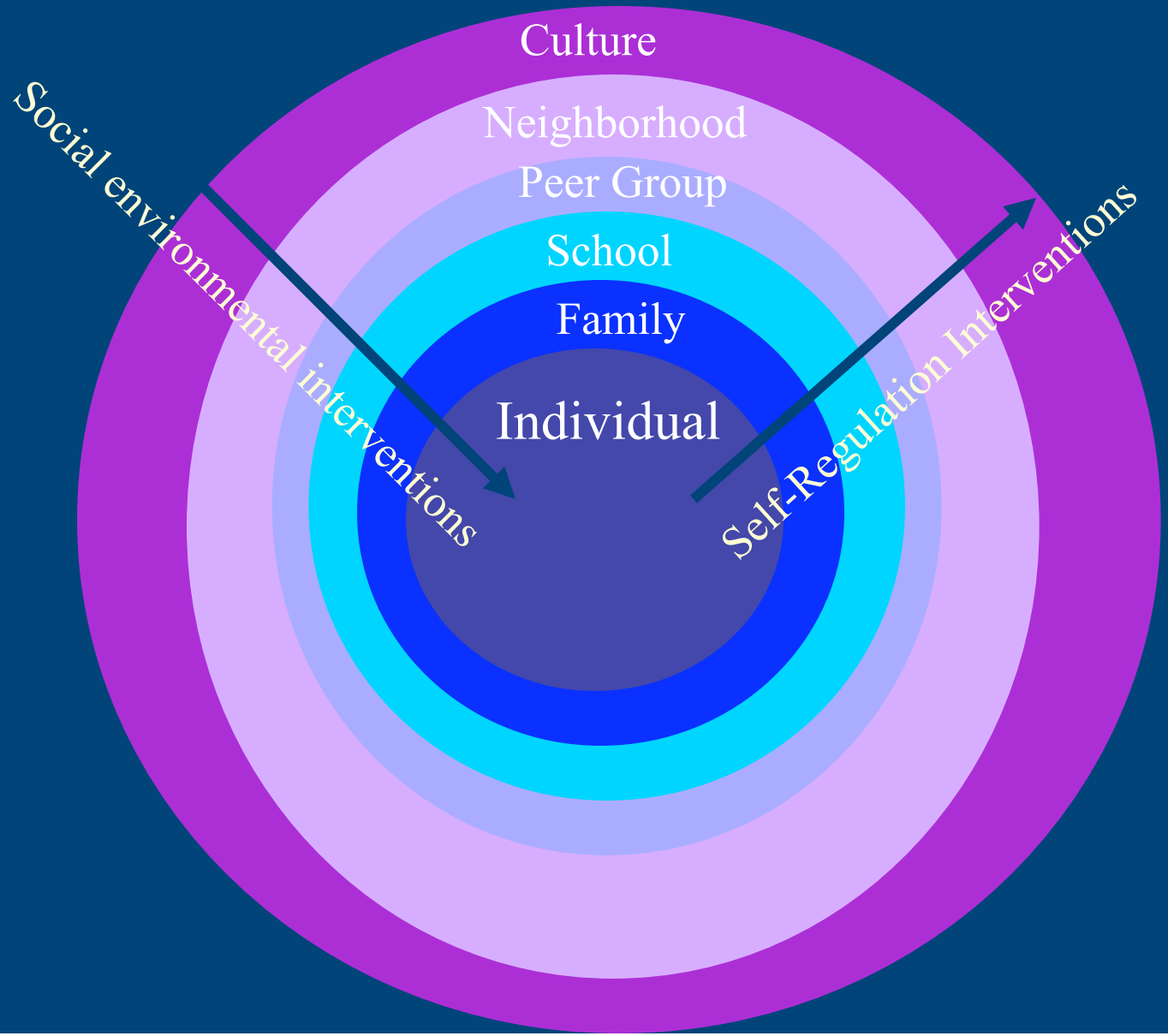
Funding provided by the Robert Wood Johnson Foundation Caring across Communities initiative

It's about a trauma system…

1) A traumatized child who is unable to regulate emotional states,

2) A social-environment/system-of-care that cannot help contain this dysregulation.

Social-Ecological Model

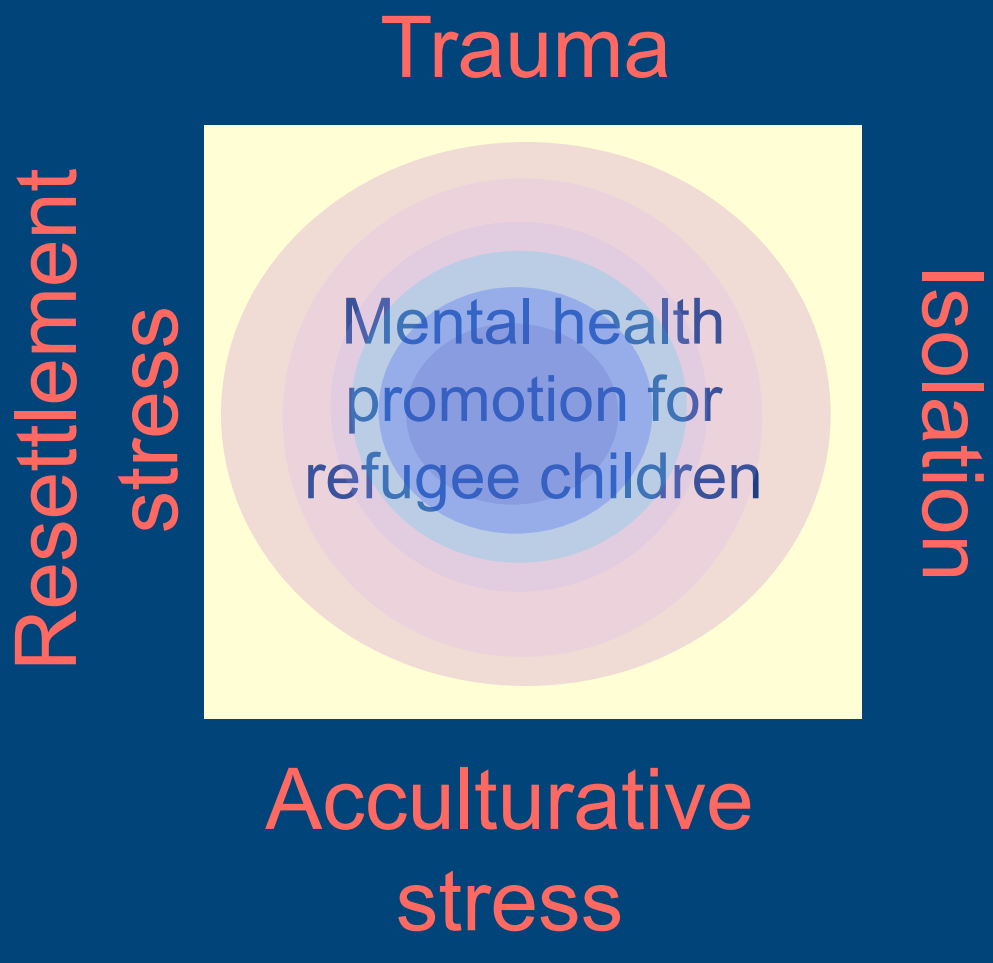


Partnership:

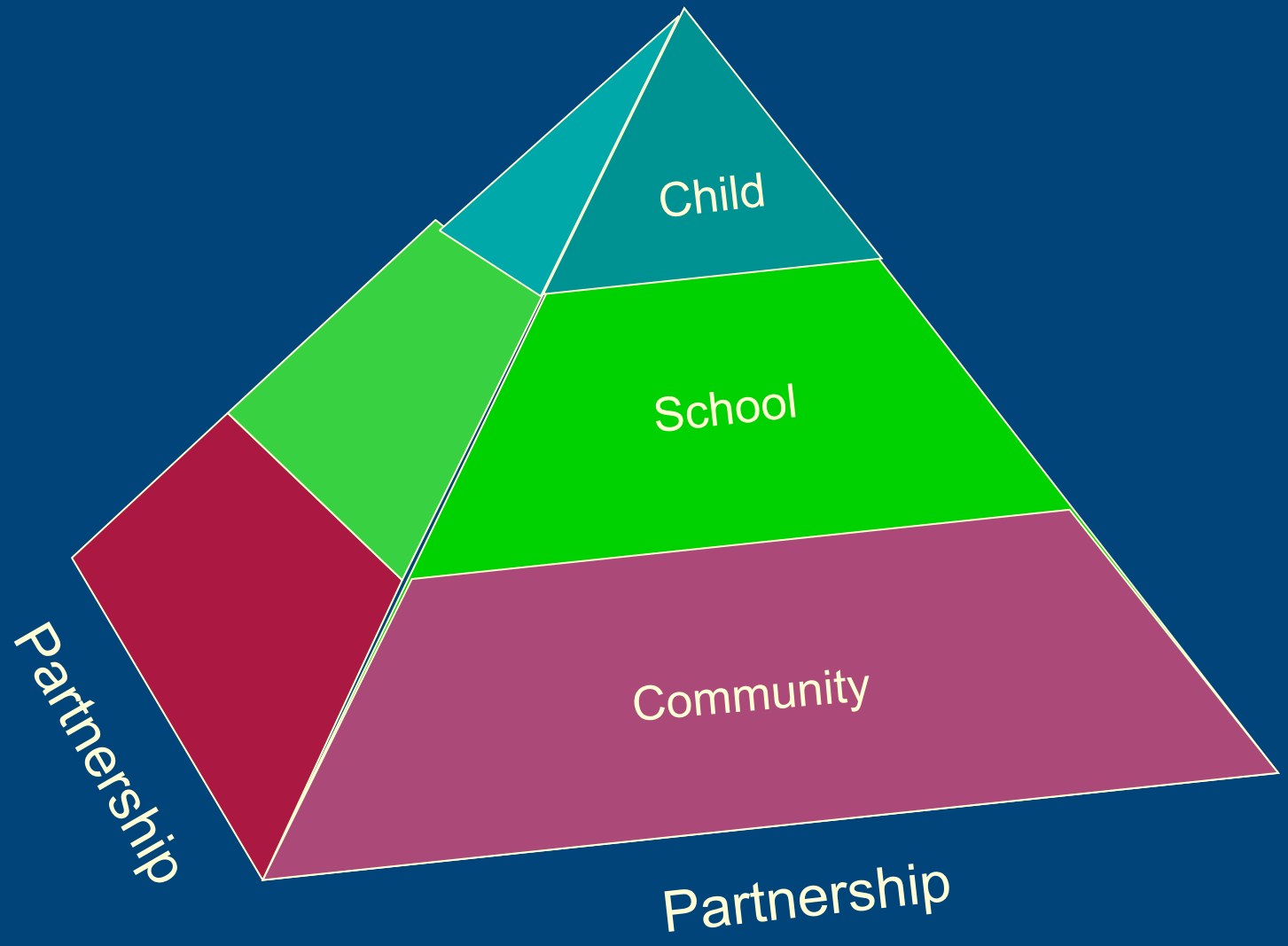
- **Mental Health Providers** (Children's Hospital Boston, Boston University School of Social Work, Home for Little Wanderers)
- **Somali community agencies** (Refugee and Immigrant Assistance Center, Somali Development Center)
- **School** (Boston Public Schools, Lilla G. Frederick Middle Schools, Alliance for Inclusion and Prevention)

- **Families** (Family advisory board, parents)

The Base: Social Context and Trauma



Continuum of care



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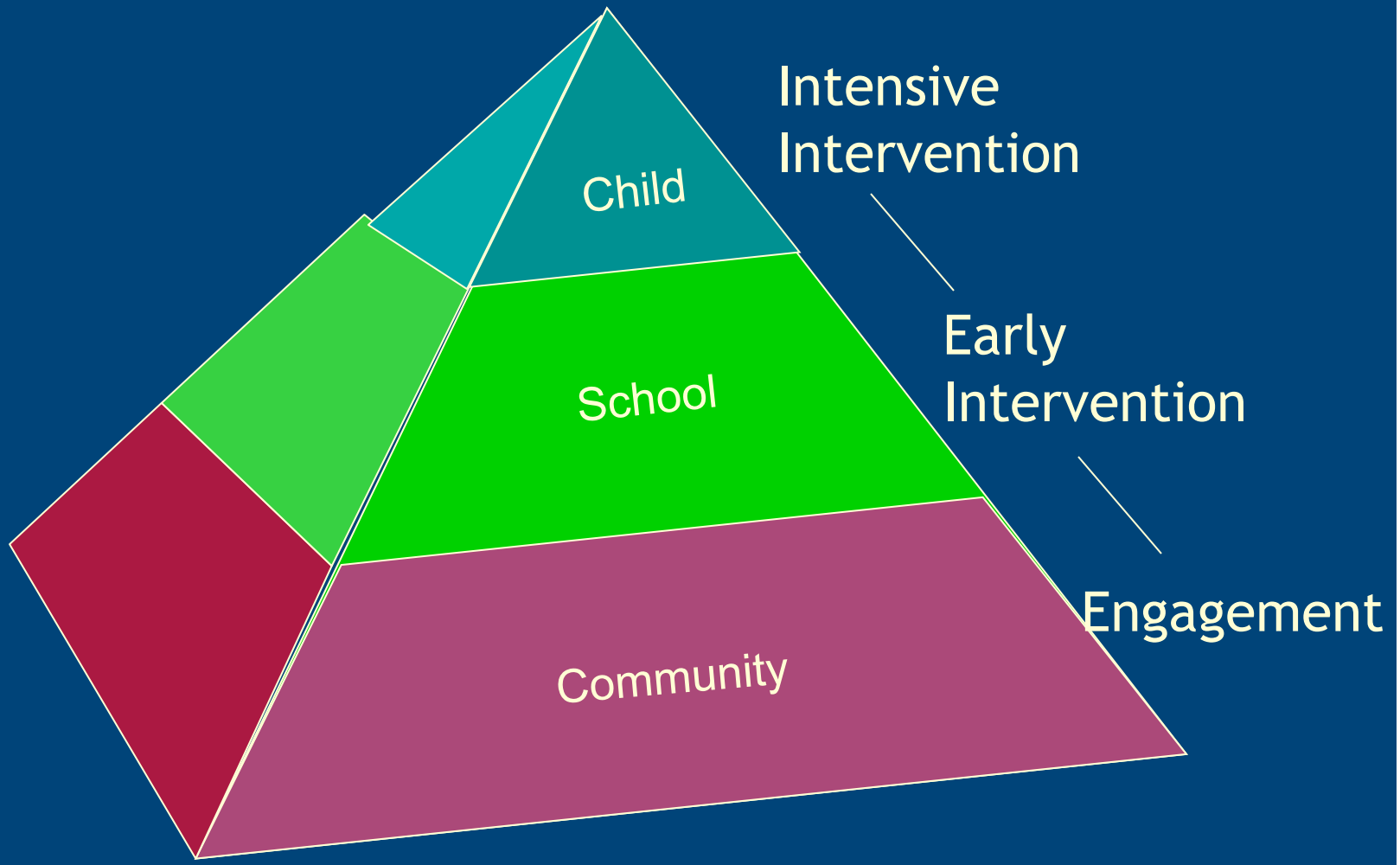
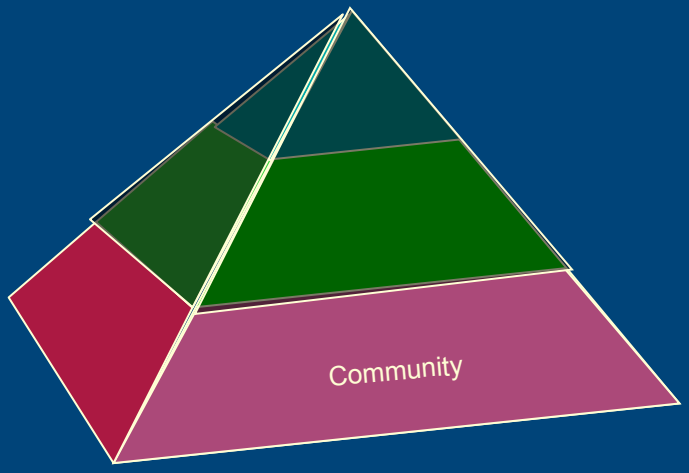


Community

Approach:

Parent outreach lead by Community-based organization

Goals:



Engage parents as partners in advocating for children

Connect with parents *before* problems emerge

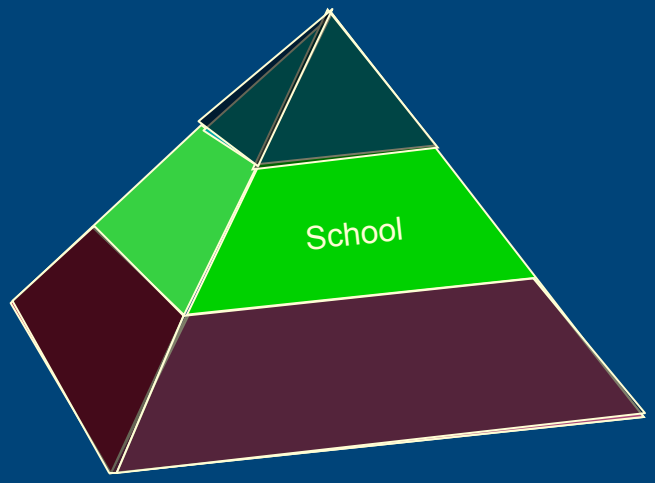
Connect parents with school and beyond

School

Approach:

School-based youth groups
Teacher consultation

Goals:



Connect with youth in non-stigmatized setting

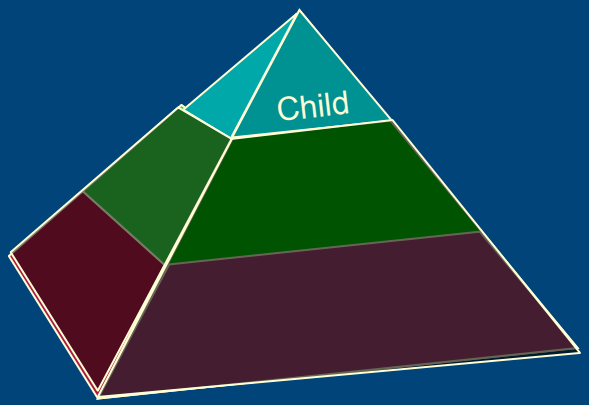
Connect *before* problems emerge

Address core risk factors of alienation, discrimination

Child

Approach: Trauma Systems Therapy: Evidence-based mental health intervention addressing key stressors in the social environment and related emotional dysregulation

Goals:



Engage child and family

Decrease child traumatic stress symptoms

Prevent long-term negative outcomes

Outcomes

- **Community**
  - Family advisory board
  - 100% engagement in treatment
  - Families and youth self-referring
- **Family**
  - Decrease in acculturative stress in family
- **School**
  - Increase in sense of belonging, decrease in rejection
  - Decrease in experiences of discrimination

- **Child**
  - Decrease in PTSD symptoms
  - Decrease in Depression symptoms

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http://www.childrenshospital.org/clinicalservices/Site1936/mainpageS1936P24.html

http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Boston.aspx

http://traumasystemstherapy.com/