

Childhood Trauma Task Force

May 14th
9am – 11am

Agenda

- Welcome and Introductions
- Approval of Minutes from April 4th Meeting
- Presentations & Panel Discussion on Childhood Trauma & Immigrant/Refugee Populations
- Presentation from DCF

Addressing Trauma Experienced by Refugee & Immigrant Youth



Emma Cardeli, PhD & Osob Issa, MSW
Refugee Trauma and Resilience Center (RTRC)
May 14, 2019



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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)
- Multi-Disciplinary Team (Community Connect)

Research and Innovation

- Somali Youth Risk and Resilience Project
- Intervention Adaptation
- Intervention Research: TST-R

Training and Resource Development

- Refugee Services Toolkit (RST)
- Dissemination: TST-R
- Cultural Brokering Training



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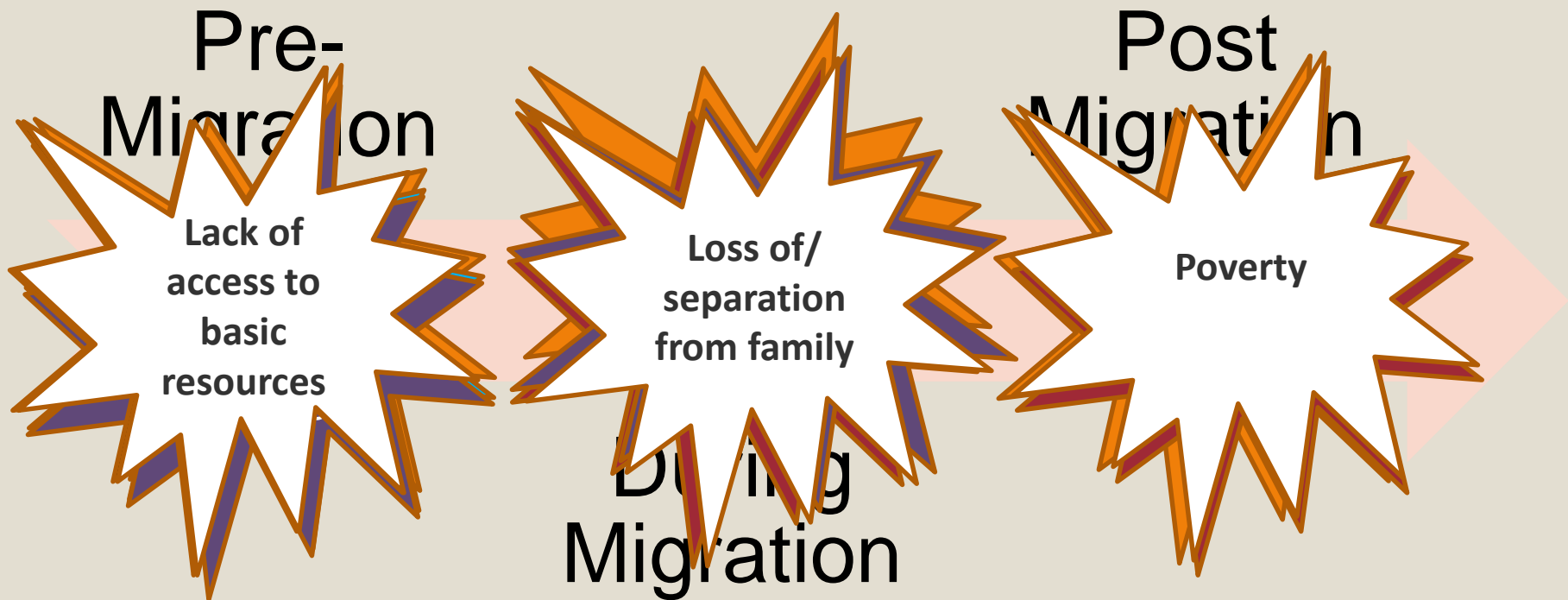
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Refugee and Immigrant Trauma: The Experience of Sequential Traumatization



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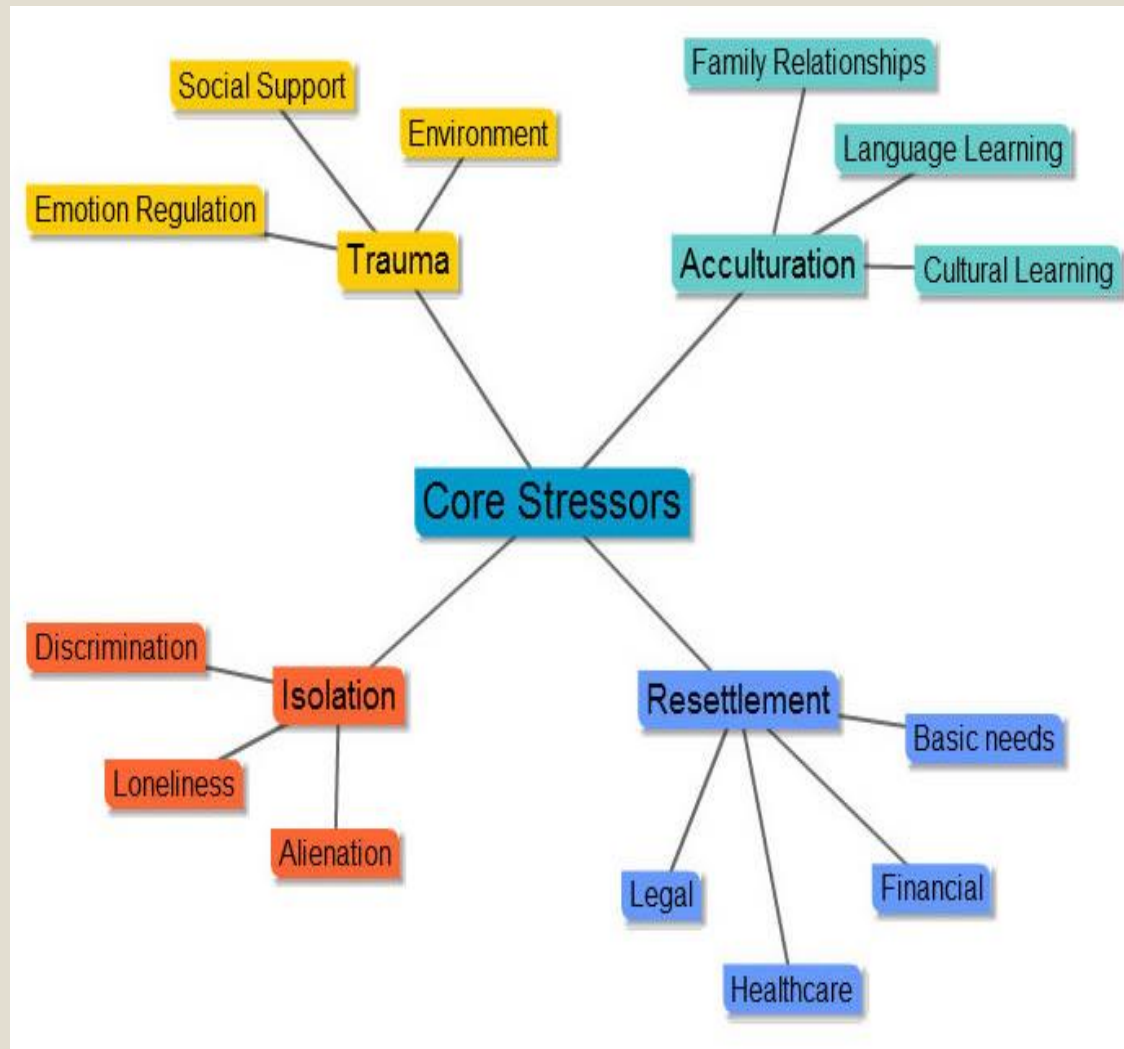
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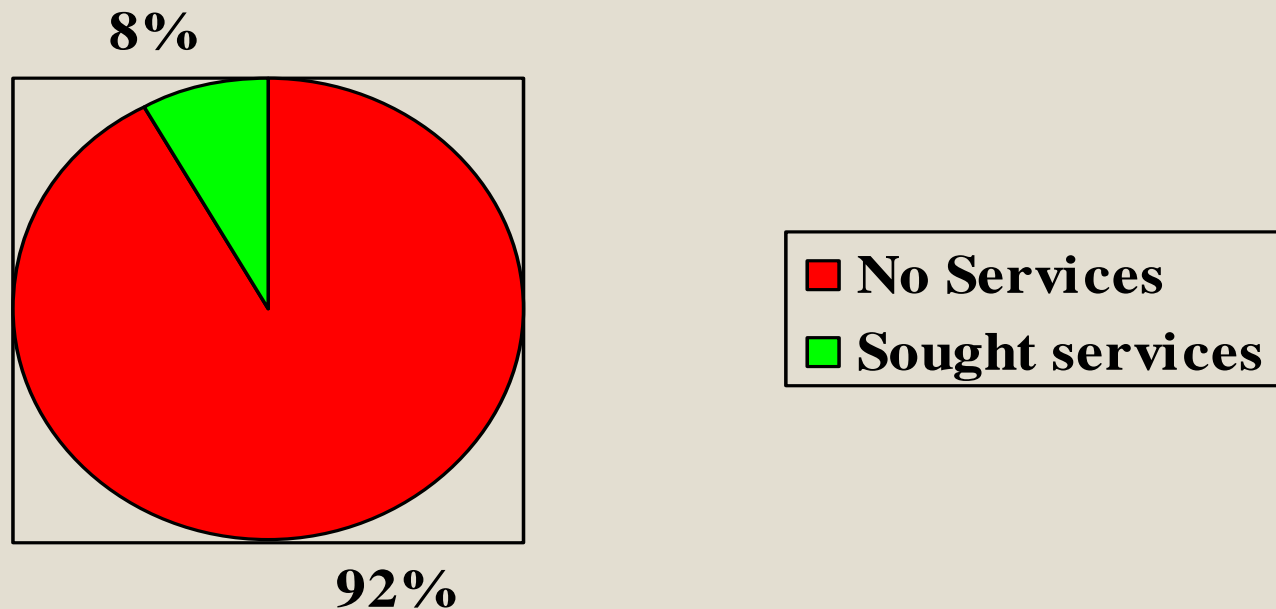
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Core Stressors in Resettlement



Service Utilization

Of those with posttraumatic stress disorder, how many sought services of any type?



(Ellis, Lincoln, Charney, Ford-Paz, & Benson, 2008)



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Pathways to Healing



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



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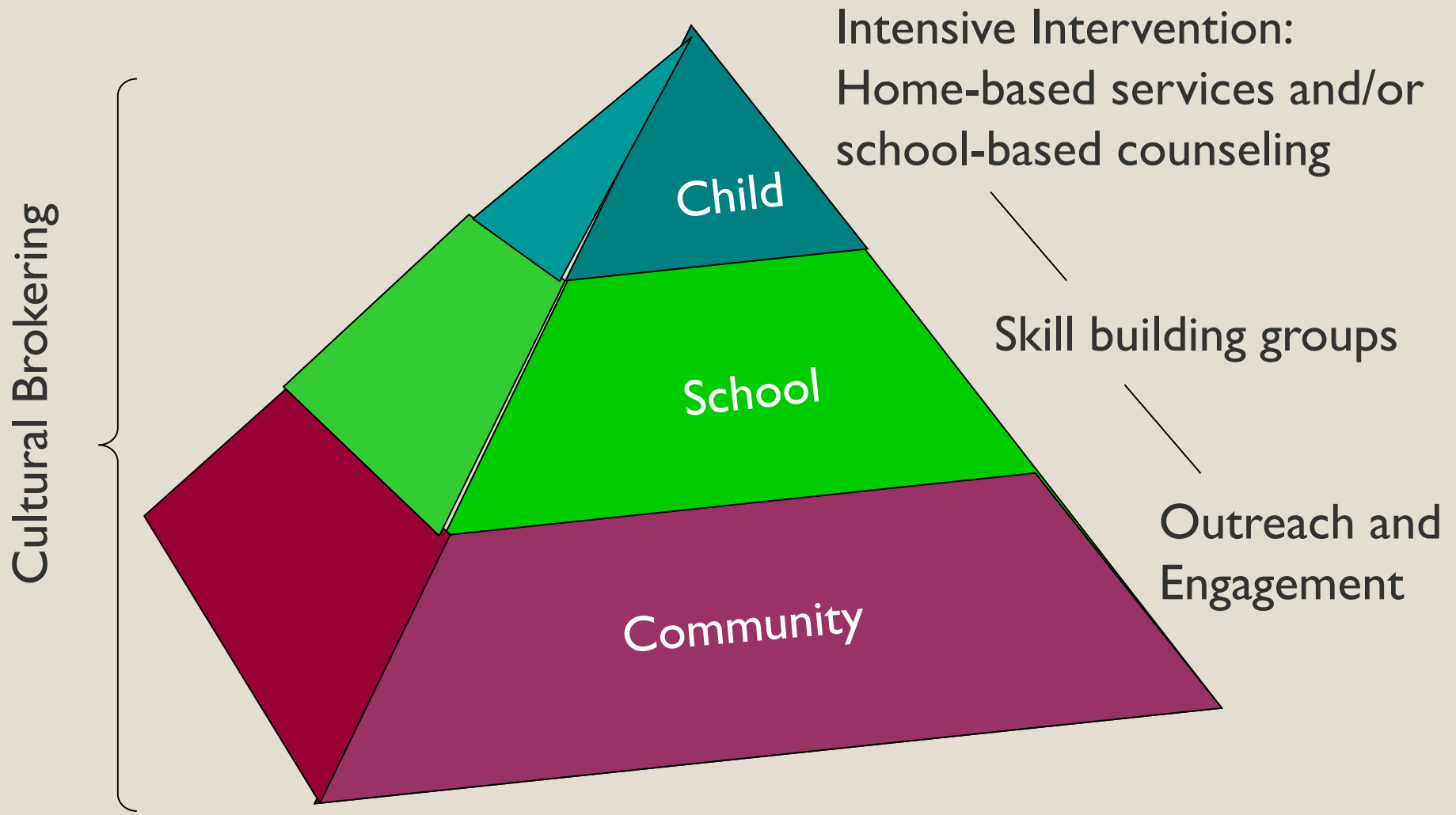
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Intervention Example: TST-R



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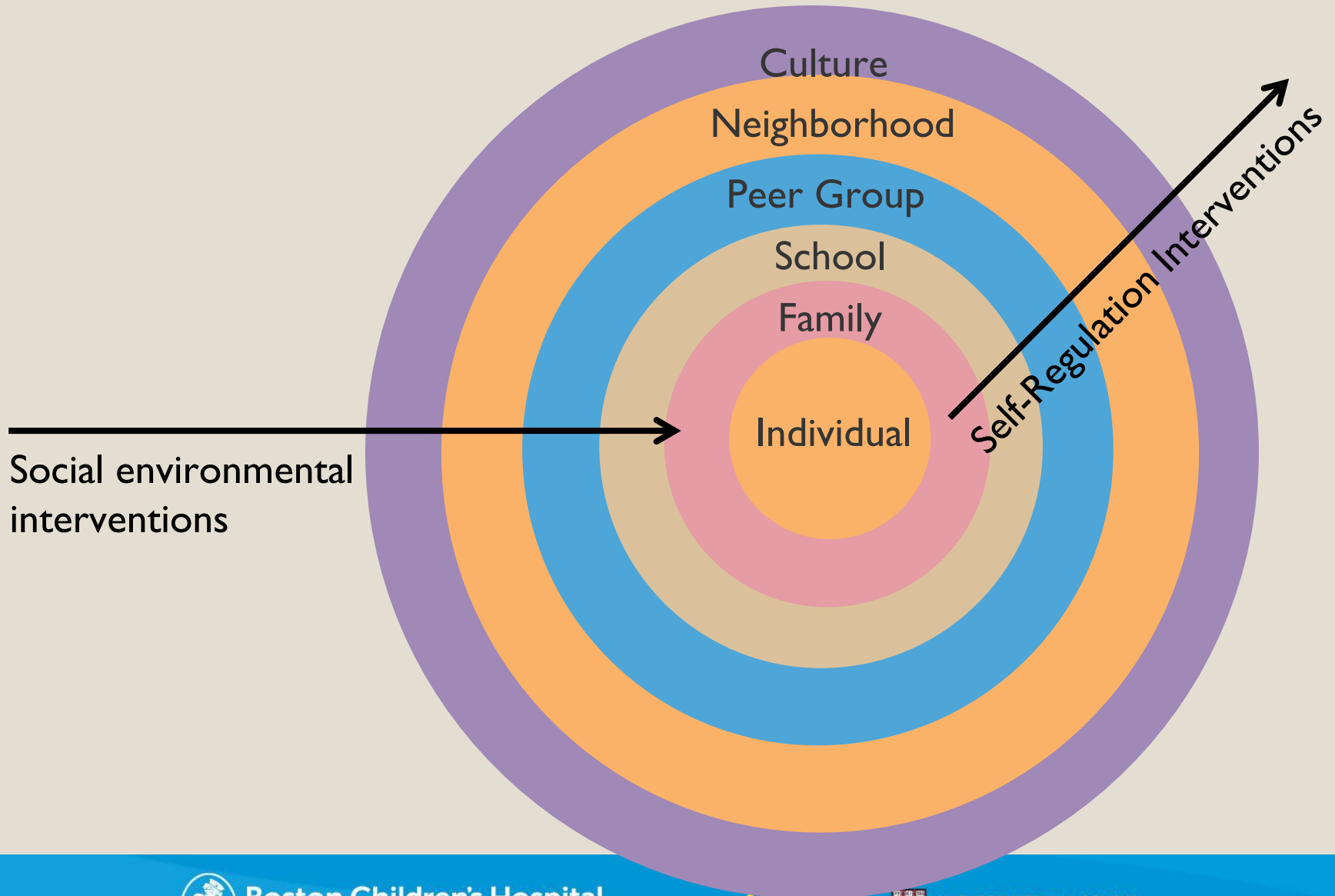
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Trauma Systems Therapy for Refugees (TST-R)



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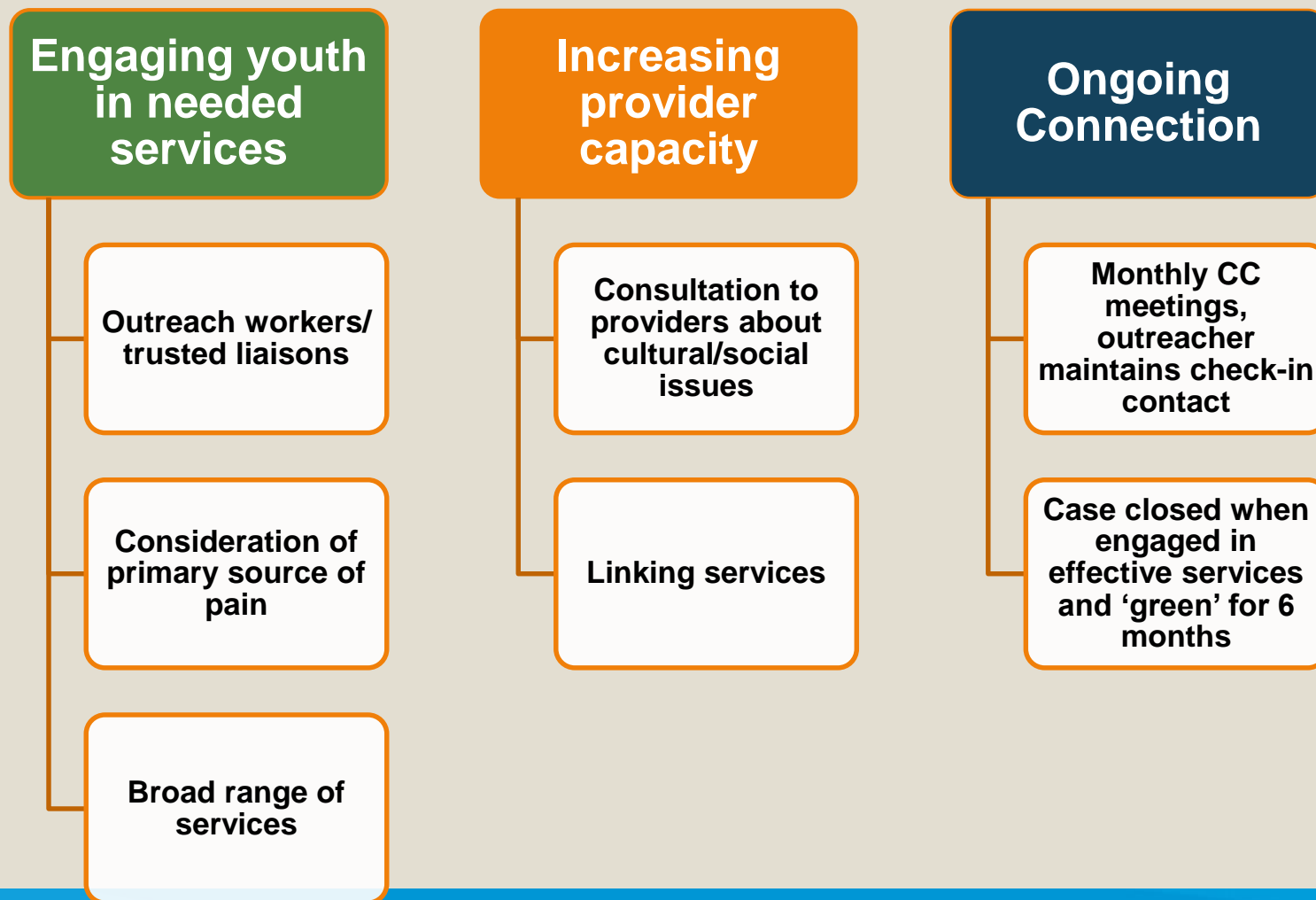
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Intervention Example: Community Connect



Additional Resources



For more information on resources related to supporting refugee children and families, please visit: <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.

Core Stressor Assessment Tool: <https://is.gd/Corestressortool>



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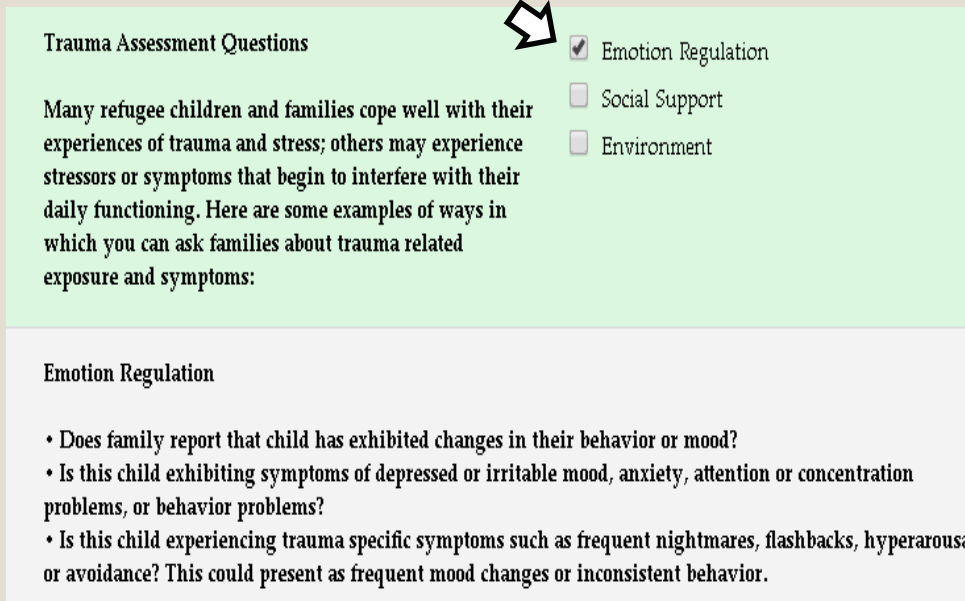
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Core Stressor Assessment Tool

- Suggested questions guide the user to think about how each core stressor is impacting the family they are assessing



Trauma Assessment Questions

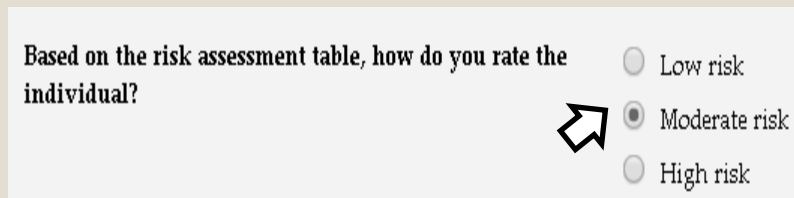
Many refugee children and families cope well with their experiences of trauma and stress; others may experience stressors or symptoms that begin to interfere with their daily functioning. Here are some examples of ways in which you can ask families about trauma related exposure and symptoms:

- ☒ Emotion Regulation
- ☐ Social Support
- ☐ Environment

Emotion Regulation

- Does family report that child has exhibited changes in their behavior or mood?
- Is this child exhibiting symptoms of depressed or irritable mood, anxiety, attention or concentration problems, or behavior problems?
- Is this child experiencing trauma specific symptoms such as frequent nightmares, flashbacks, hyperarousal or avoidance? This could present as frequent mood changes or inconsistent behavior.

- The user next rates their level of concern about this family from low to high



Based on the risk assessment table, how do you rate the individual?

- ☐ Low risk
- ☒ Moderate risk
- ☐ High risk



Core Stressor Assessment Tool

- Finally, users are provided with a customized chart of recommendations based on the level of risk they identified for each core stressor

Based on the risk assessment table, how do you rate the individual?

☐ Low risk
☒ Moderate risk
☐ High risk

➡

Interventions for MODERATE risk

Trauma	
Interventions	
Moderate	<ul style="list-style-type: none"> Connect children and families to cultural and community support resources (e.g., schools, mutual assistance agencies, resettlement agencies, religious organizations) Consider referring child and family to counseling services through local mental health providers Identify and diminish reminders of trauma or triggers in the child's environment Locate group support for refugees/new arrivals through local resettlement agencies, schools, or mental health providers Work with cultural brokers and interpreters when connecting with services
Low	<p>Interventions for Low Risk are also appropriate:</p> <ul style="list-style-type: none"> Provide educational materials about the effects of trauma Identify local cultural resources for background information Work with cultural brokers and interpreters when interacting with families Connect children and families to local activities (e.g., sports teams, arts programs, after-school programs) Provide information about local community and cultural resources (e.g., mutual assistance agencies, resettlement agencies, religious, school-based, community health) Provide advocacy for families that need access resources

Based on the Acculturation Risk Assessment Table, how do you rate the individual?

☐ Low Risk
☐ Moderate Risk
☒ High Risk

➡

Interventions for HIGH risk

Acculturation	
Interventions	
High	<p>If you are concerned the child is a risk to him/herself or others, contact your local hospital emergency department, your local emergency response team, or call 911</p> <ul style="list-style-type: none"> Refer child or family to local mental health services Consider contacting local child protective services if you have a concern that a child is at risk or abuse or neglect; encourage child protection services to work with cultural brokers as families may have different cultural norms Access home-based family support services if available Work with cultural brokers and interpreters when connecting with services <p>Interventions for Moderate Risk are also appropriate:</p>
Moderate	<ul style="list-style-type: none"> Connect families to cultural and community programs that provide opportunities for children and parents to spend time together Create a dialogue between children and caregivers; respect family roles and work towards identifying common goals Consider referring child and family to counseling services through local mental health providers Connect children and caregivers with English language learning classes Work with cultural brokers and interpreters when connecting families with services Consider psychological or cognitive testing; recognize limits of cultural validity. <p>Interventions for Low Risk are also appropriate:</p>
Low	<ul style="list-style-type: none"> Provide educational materials about adjusting to a new culture or connect them to cultural agencies that provide orientations for newly arriving refugees Respect existing roles within families (e.g., if children speak better English than a parent, do not use them as interpreters) Provide information about resources such as language classes & vocational training Provide opportunities for children and families to ask questions and learn rules and norms in the US and your community. Do not assume that children or families are familiar with systems such as how schools or hospitals function in your community.



Primer & Bench Card for Juvenile Court Judges

<https://youthlaw.org/publication/primer-for-juvenile-court-judges/>

PRIMER FOR JUVENILE COURT JUDGES:

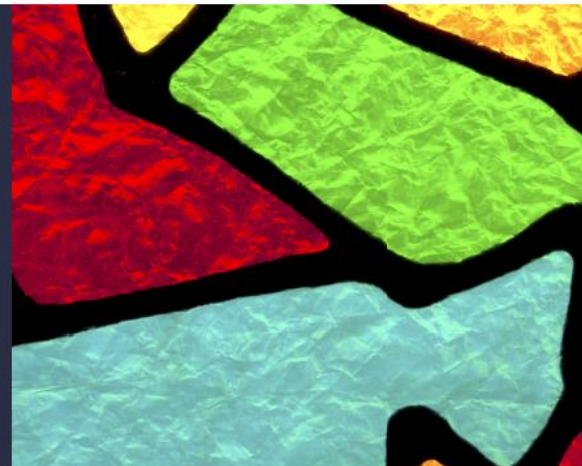
A Trauma-Informed Approach
to Judicial Decision-Making
for Newcomer Immigrant Youth
in Juvenile Justice Proceedings

Prepared by:

Center for Trauma Recovery and
Juvenile Justice

National Center for Youth Law

Refugee Trauma and
Resilience Center



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Additional Resources

Bridging Refugee Youth and Children's Services (BRYCS) provides national technical assistance to organizations serving refugees and immigrants, so that all newcomer children and youth can reach their potential.

- <http://www.brycs.org/>

The **Refugee Health Technical Assistance Center** works to promote and improve refugees' well-being by providing resources and tools that help providers better understand the needs of refugee groups.

- <http://refugeehealthta.org/about-us/>

The **Cultural Orientation Resource Center** provides technical assistance to refugee groups which includes facilitating cultural and linguistic orientations either before their resettlement in the United States or after their arrival.

- <http://www.culturalorientation.net/>

Ethnomed provides socio-cultural backgrounds for specific cultural groups with higher prevalence in the US

- <https://ethnomed.org/culture>



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Thank You!



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School Program Coordination for Immigrant / Refugee Children and Families

Cynthia Koskela, MT-BC, M.ED.
School Program Coordinator for Newly
Arrived Children and Families





School and Healthcare Center Based Services for Immigrant/Refugee Children



MASSACHUSETTS
GENERAL HOSPITAL

CHELSEA
HEALTHCARE CENTER

Population:

The Immigrant and Refugee School Program supports recently arrived refugees and immigrants and their families in integrating into public education.

Have been living in United States for approximately 1-3 years.
Since 2015, predominantly children from Central America

Referral Sources: (1) Chelsea Public School District School Social workers
(2) Chelsea Public School Parent Information Center
(3) Health Care Center Providers

**Provide healthcare
Navigation and
advocacy to assist with
school related
concerns**

School Registration

Special Education

Complex Medical needs



Services Provided



**Facilitate Medical and School
Communication/Collaboration**

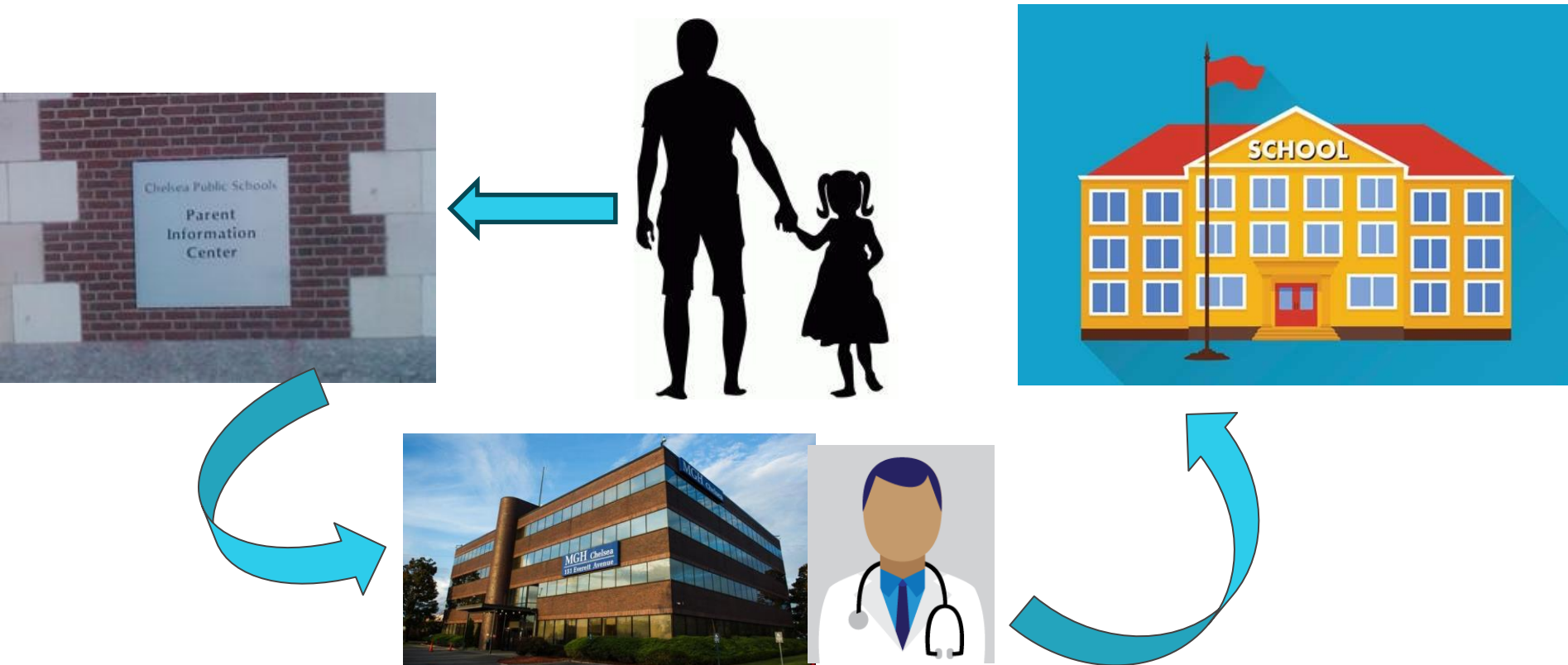
**Provide referrals to
resources**

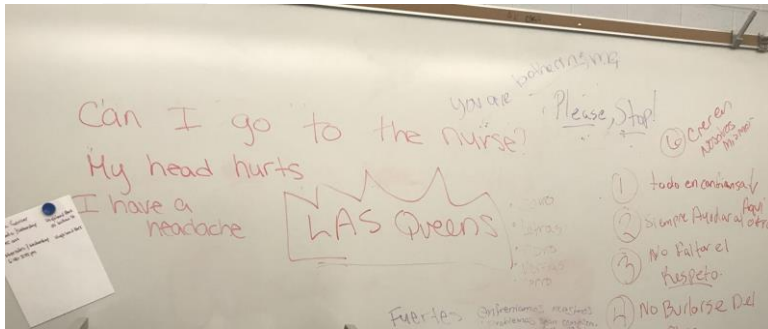


**Chelsea Behavioral Health
Clinic**

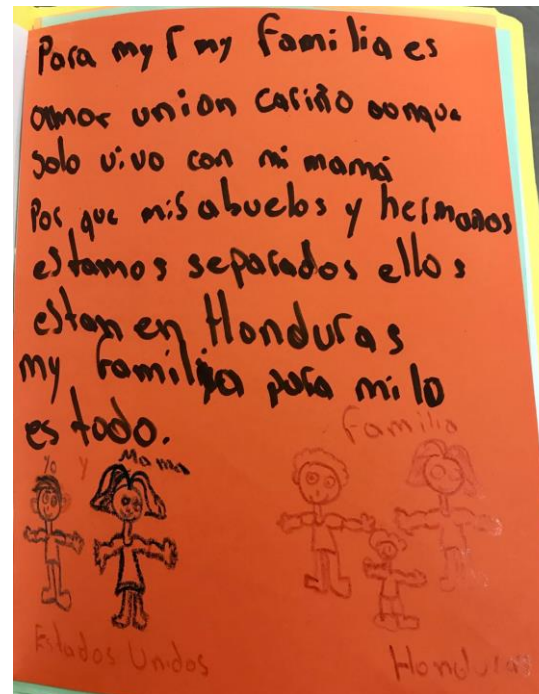


School Based Services = Establishing Healthcare





Develop and Implement Support Groups within Public Schools



Goals

- Establish healthy peer relationships
- Obtain resources
- Process Acculturative Stress
- Support Resiliency
- Celebrate Culture
- Provide a committed relationship with a supportive adult

"FUERTES, VALIENTES, Y PODEROSAS"

BY: "LAS QUEENS"

"THE QUEENS, ARE STRONG, BRAVE, AND POWERFUL

"I am an open person, I love making new friends, and I love my family and friends"

"Every problem in your life will give you a stronger future, never give up until you accomplish your goal, I know that you can do it"

"I am fun, and am happy, my friends are the best"

"I love my family and friends- they give me strength"

"My family gives me consejos (advice) on what good things I should do and what bad things I should avoid"



We face our problems- no matter what

We fight for what we love- no matter what

Although we have problems, we continue walking our path.



Outcomes

From July 2018-Present:

**519 contacts have been had
with students and parents/
guardians enrolled in the
program**

Top concerns addressed from July 2018- Present Were:

- 1) Assistance with School Registration**
- 2) Health Navigation addressing Physical health concerns**
- 3) Health Navigation / Advocacy addressing Mental Health Concerns**



**The following Trends have been observed for Immigrant
Children exposed to traumatic events through the school
program department for newly arrived children and families
In Chelsea, MA.**



Resiliency - Protective Factors

*"Me ayuda mucho
platicar con mi
hermano/a"*

*"Dios Sabe
porque pasan las
cosas- le pido a
el que me de
fuerza"*

*"Queiro que le le heche
ganas a la esuela para
que tenga un futuro
mejor"*



Family

*"Talking to my siblings
really helps me"*



*"God knows why
things happen, I pray
to him to give me
strength"*



Education

*"I want my kids to do work hard
in school so they have a better
future"*



Case Study



Impact of Immigration Trauma



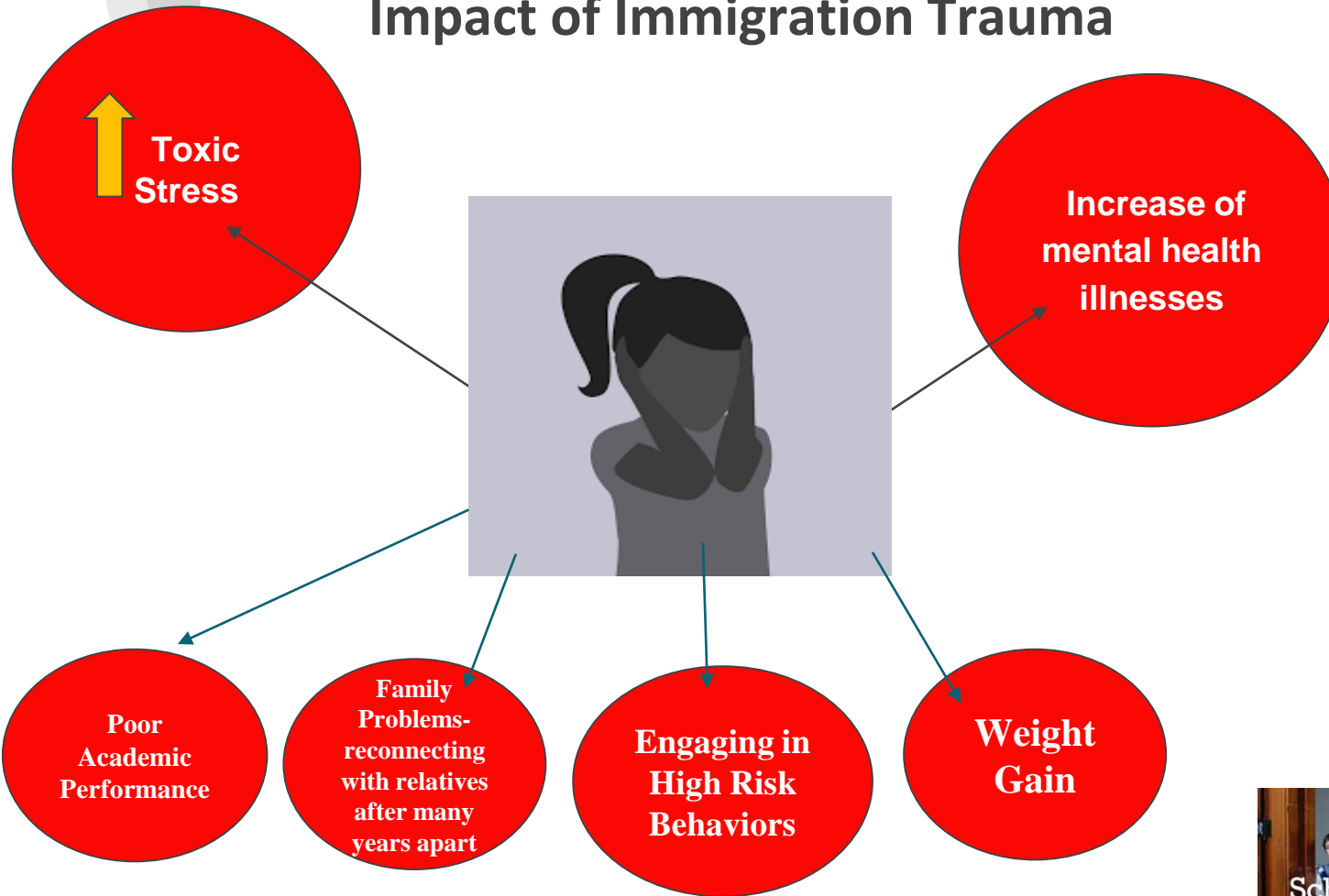
"I think one of the biggest issues that these children face is separation from their primary social supports; both family/friends/community members. Given the expected increased stressors upon arriving to the US and lack of these protective factors, I think it exacerbates their mental health symptoms." - Social Worker, MGH Chelsea



South Bay
Community Services
Compassion | Outreach | Wellness



School Based Therapy



Limited access to culturally responsive Behavioral healthcare services due to Insurance coverage

Mass Health Limited, Children's Medical Security Plan, Health Safety Net



“Chelsea High School’s barriers to providing students with good quality care include lack of resources for mental health and financial support, overwhelmed and unavailable parents/families, and limited access to services for our under-insured and uninsured youth.

Currently, we have at least 32 kids in the Bridge Academy who need in-school mental health services in Spanish. 99 % of them have CMSP insurance, and a few have no insurance or insurance at all. We currently do not have any Spanish-speaking clinicians in our school that can work with these students. “- Chelsea P.S. Social Worker



Three Recommended State Policy Changes and additional supports

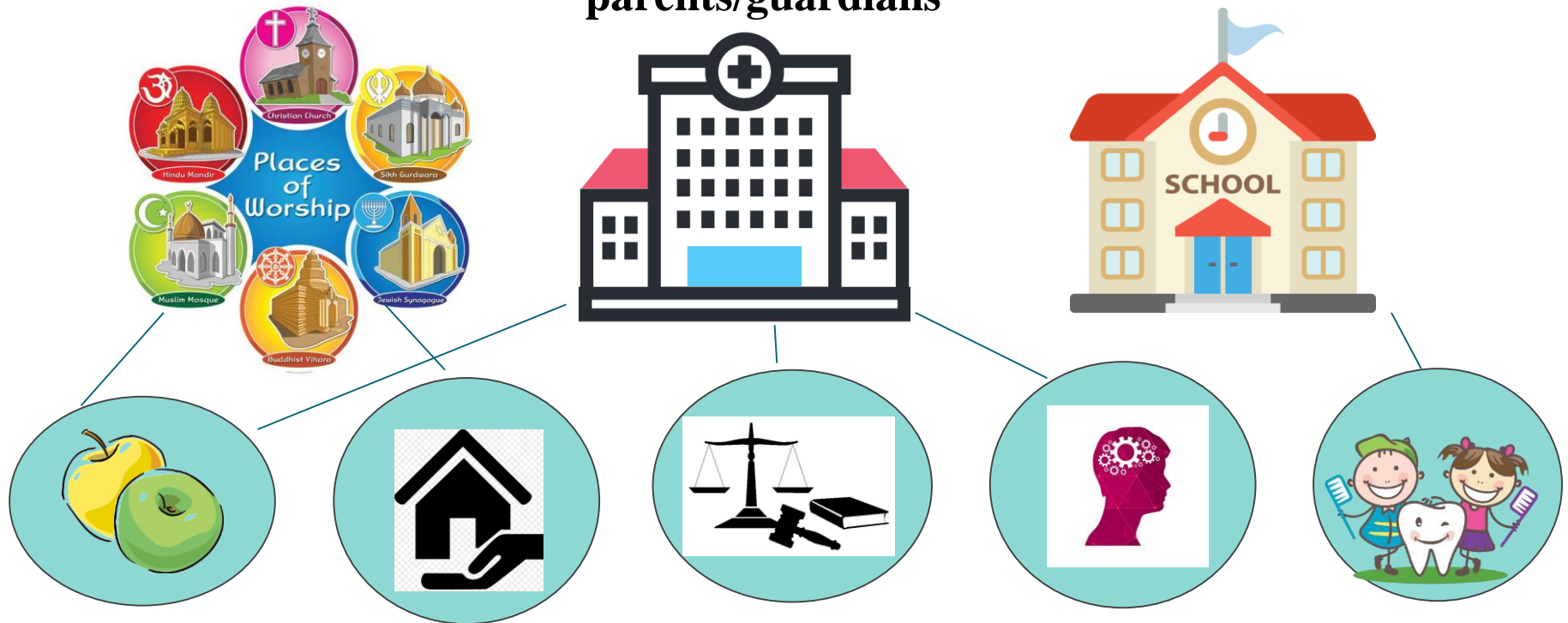


#1) Support CHAC and Bill HD 2615/SD 1167 to Ensure Equitable Health Coverage for ALL Children

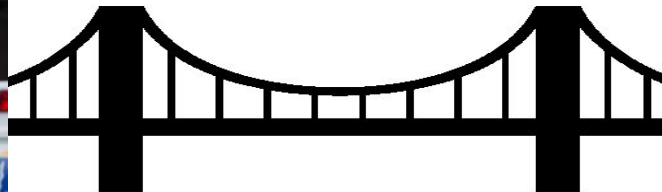
- **ONLY CURRENT BARRIER IS IMMIGRATION STATUS**



#2 Increase Access for Culturally Responsive social service supports and resources for newly arrived children and parents/guardians



#3 Increase funding for collaborative roles **WITHIN THE PUBLIC SCHOOLS** that work specifically with immigrant children to provide healthcare navigation/ advocacy



Since January 1st, 2019: 267 English Language Learners have Registered to Chelsea public schools (CPS, 2019).



Thank You

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Child Advocate, Board Certified Music Therapist
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Department of Children and Families

Selected Trauma Initiatives 2019

Massachusetts Child Trauma Project



Purpose: To improve placement stability & outcomes for children in care experiencing w/complex trauma through capacity building for DCF staff, foster parents and providers.

Partners: DCF, LUK, Justice Resource Institute, Boston Medical Center's Child Witness to Violence Project, and the University of Massachusetts Medical School.

Target Population: Children 0-18 y/o in DCF Care presenting with complex trauma, Foster and Adoptive Parents, Biological Parents, Service Provides & Clinicians.

MCTP Evidence-Based Interventions & Activities



Provider/Clinician Training:

- Attachment, Self-Regulation and Competency (ARC)
- Child Parent Psychotherapy (CPP)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

DCF Staff/ Foster Parents, Youth and Families Training:

- Child Welfare Tool Kit
- Resource Parent Curriculum
- Psychological First Aid
- Trauma Informed Leadership Teams (TILT)
- Resiliency Conference

Selected Participants

- Baystate Medical Center, Springfield
- Codman Square Health Center, Dorchester
- Community Services Institute Inc., Boston
- Community Counseling of Bristol County Inc., Taunton
- Community Healthlink, Leominster & Worcester
- Eliot, Malden
- Family Continuity Program, Lawrence, Peabody & Whitinsville
- Key, Methuen, Waltham, Worcester
- LUK Inc., Fitchburg & Worcester
- MSPCC, Cape Cod
- North Suffolk Mental Health Association, Revere & Chelsea
- Old Colony YMCA, Brockton
- Riverside: Cambridge
- Service Net, North Hampton & Greenfield
- SMOC, Marlborough
- South Bay Mental Health, Brockton, Dorchester, Weymouth
- South Shore Mental Health, Quincy
- Wediko, Boston
- You Inc., Worcester



Key Indicators of Success

- Important role of Trauma Informed Leadership Teams
- Training/use of EBPs led to fewer trauma symptoms for children
- Caregivers were highly satisfied with the trauma training they received and experienced an increase in their knowledge of trauma
- Improvements in placement stability & permanency were less clear



Current Initiatives

New England Trauma and Resiliency Convening (NECWCD)

- Building a Safety Culture
- Racial Justice

Trauma Series for Agency Leaders and Staff

- 2019 Resiliency Summit
- Cultural Humility/Trauma Informed CW Practice
- Trauma Informed Systems Development

Trauma Supports for Foster Parents

- MAPP Training
- MSPCC KidsNet Trauma Training
- MAFF Trauma Conference
- Permanency Mediation
- UMASS Trauma Coaching





Current Initiatives

Harvard Center for the Developing Child

Initial Goal: Developing an approach to build purposeful integration of the brain science in a public child welfare setting.

- **Workshop Session:** Brainstorming to apply brain science for practice innovation, workforce development, quality management, & procurement
- **Leadership Session:** Toxic Stress, Trauma, & Resiliency
- **Planning Session:** Developing a Scope of Work

Project Goal: Integrating the Science of Child Development in child placement decisions, placing children, and supporting foster/kinship families thru

- Support responsive relationships for children and adults.
- Strengthen core life skills.
- Reduce sources of stress in the lives of children and families.

In-Service Trauma Trainings

Child Welfare Institute

- Development of *New* New Social Worker Pre-Service Training Curriculum
- Developmental and Neurobiological Impact of Child Maltreatment
- Building Resiliency through Psychological First Aid
- Self-Compassion and Strength in the Face of Vicarious Trauma
- Neurodevelopmental Disorders
- Understanding the Impact of Secondary Trauma
- Talking with Kids About Loss
- Trauma Certificate Programs
 - Simmons College School of Social Work
 - Bridgewater State School of Social Work
 - Springfield College



Next Meeting

June 4th

9am – 11am

Location: One Ashburton Place, 21st Floor, Room 2