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
# Refugee Trauma and Resilience Center at Boston Children’s Hospital

<table>
<thead>
<tr>
<th>Prevention and Intervention</th>
<th>Research and Innovation</th>
<th>Training and Resource Development</th>
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</thead>
<tbody>
<tr>
<td>• Trauma Systems Therapy (TST)</td>
<td>• Somali Youth Risk and Resilience Project</td>
<td>• Refugee Services Toolkit (RST)</td>
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<tr>
<td>• Trauma Systems Therapy for Refugees (TST-R)</td>
<td>• Intervention Adaptation</td>
<td>• Dissemination: TST-R</td>
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<td>• Multi-Disciplinary Team (Community Connect)</td>
<td>• Intervention Research: TST-R</td>
<td>• Cultural Brokering Training</td>
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Refugee and Immigrant Trauma: The Experience of Sequential Traumatization

Pre-Migration
- Lack of access to basic resources

During Migration
- Loss of/separation from family

Post-Migration
- Poverty

Direct exposure to or witnessing of violence
- Traumatic loss of family members/loved ones
- Sexual assault and gender-based violence
- Torture and detention
- Lack of access to basic resources
- Long, dangerous journeys on foot
- Living in refugee camps
- Displacement
- Loss of/separation from family/country
- Community Violence
- Poverty
Core Stressors in Resettlement

- Social Support
- Environment
- Family Relationships
- Language Learning
- Acculturation
- Cultural Learning
- Discrimination
- Isolation
- Loneliness
- Alienation
- Resettlement
- Basic needs
- Legal
- Financial
- Healthcare

Core Stressors

Emotion Regulation

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

- 92% Sought services
- 8% No Services

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

Community talk

Youth coping

Tell Family

Tell a friend

Solve by self

Solve problems within family

Religion

School teacher, counselor

Hide problems

Mental health professional

Send back to Somalia
### 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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[Logo: Boston Children's Hospital]
Intervention Example: TST-R

- Child
- School
- Community

Intensive Intervention: Home-based services and/or school-based counseling

Skill building groups

Outreach and Engagement

Cultural Brokering
Trauma Systems Therapy for Refugees (TST-R)

Social environmental interventions

Self-Regulation Interventions

- Individual
- Family
- School
- Peer Group
- Neighborhood
- Culture
Intervention Example: Community Connect

Engaging youth in needed services
- Outreach workers/trusted liaisons
- Consideration of primary source of pain
- Broad range of services

Increasing provider capacity
- Consultation to providers about cultural/social issues
- Linking services

Ongoing Connection
- Monthly CC meetings, outreacher maintains check-in contact
- Case closed when engaged in effective services and ‘green’ for 6 months
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
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:

  • 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.

Interventions for MODERATE risk:

- **Trauma**
  - Connect children and families to cultural and community support resources (e.g., schools, mutual assistance agencies, resettlement agencies, religious organizations)
  - Consider reflecting 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 and arrivals through local resettlement agencies, schools, or mental health providers
  - Work with cultural brokers and interpreters when connecting with services

Interventions for LOW risk include:

- 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:

<table>
<thead>
<tr>
<th>Acculturation</th>
<th>Interventions</th>
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<tr>
<td><strong>High</strong></td>
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<td>- Connect families to cultural and community programs that provide opportunities for children and parents to spend time together</td>
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<td></td>
<td>- Create a dialogue between children and caregivers, respect family rules and make efforts to identify common goals</td>
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<tr>
<td></td>
<td>- Consider referring child and family to counseling services through local mental health providers</td>
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<tr>
<td></td>
<td>- Connect children and caregivers with English language learning classes</td>
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<td></td>
<td>- Work with cultural brokers and interpreters when connecting families with services</td>
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<td>- Consider psychological or cognitive testing, recognize limits of cultural validity</td>
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Interventions for moderate risk include:

- Provide educational materials about adjusting to a new culture or connect them to cultural agencies that provide orientation services for newly arriving families
- Integrate existing social networks (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, or opportunities for children and families to ask questions and learn skills and norms in the US and your community
- Do not assume that children or families are familiar with systems such as low schools, or hospitals in your community.
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
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.


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/](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/](http://www.culturalorientation.net/)

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

- [https://ethnomed.org/culture](https://ethnomed.org/culture)
Thank You!

Contact Information:
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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

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
Services Provided

Provide healthcare navigation and advocacy to assist with school-related concerns

School Registration
Special Education
Complex Medical needs

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
“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**

**Family**

“Talking to my siblings really helps me”

“Me ayuda mucho platicar con mi hermano/a”

“Dios Sabe porque pasan las cosas- le pido a el que me de fuerza”

**Education**

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

“Queiro que le le heche ganas a la esquela para que tenga un futuro mejor”
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

- Increased of mental health illnesses
- Weight Gain
- Engaging in High Risk Behaviors
- Family Problems - reconnecting with relatives after many years apart
- Poor Academic Performance
- Toxic Stress
Limited access to culturally responsive Behavioral healthcare services due to Insurance coverage

“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 with 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 Providers & 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 though Psychological First Aid
– Self-Compassion and Strength in the Face if 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