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Adapted from: https://mhttc.org/wp-content/uploads/2019/06/Recovery-Oriented-Language-Guide_2019e_v1_20190619-Web.pdf




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Understanding Trauma among Unaccompanied Minors & Tips and Strategies for Bolstering Resiliency

Rosaura Orenge-Aguayo, PhD
 Assistant Professor & Clinical Psychologist
 Medical University of South Carolina
 April 28, 2021

Introductions: Rosaura Orengo-Aguayo, Ph.D


Assistant Professor and Bilingual Clinical Psychologist at the National Crime Victims Research and Treatment Center within the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina (MUSC)




- Her research focuses on:
 - addressing mental health disparities among underserved populations (specifically Hispanic youth) through innovative implementation and dissemination methods, including telehealth.
 - cultural adaptation and international dissemination of trauma-focused assessment and intervention.

Directs the Puerto Rico Outreach Model in Schools- Esperanza (PROMISE), a SAMHSA-funded program aimed to bolster resiliency and promoting psychological recovery among Puerto Rican youth after hurricane Maria.

Co-directs the USAID-funded program aimed at creating trauma-informed systems and services for children in El Salvador.




Introductions: Rosaura Orengo-Aguayo, Ph.D



Trainer of Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR) (Spanish and English).


Expert in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and has co-trained over 75 psychologists in the Caribbean and Latin America in this treatment modality.

Co-directs the World Changers Lab at MUSC whose mission is to "change the world one child at a time."



Authors Disclose Conflicts of Interest

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Objectives

1. Define trauma and common reactions (emotional/behavioral) observed in youth after traumatic events
2. Describe the different potentially traumatic events unaccompanied minors experience
3. Offer evidence-based tips and strategies to bolster resiliency and promote psychological recovery among unaccompanied minors

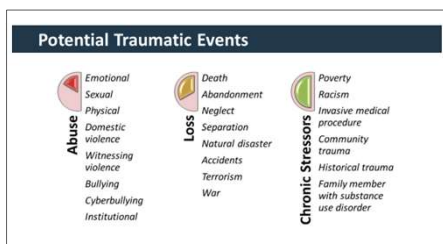


Defining Trauma

- Exposure to an incident, event, situation that includes:
 - Significant fear activation
 - Perceived threat of serious physical injury
 - Actual physical injury
 - Perceived threat of death
 - Actual death
 - Sexual violence
- The event may be in the form of:
 - Direct experience
 - Witnessing in person an event that occurs to others
 - Learning of an event that occurred to a close family member or close friend
 - Experiencing repeated or extreme exposure to aversive details of traumatic events



Examples of Potentially Traumatic Events



Source: SAMHSA's Trauma-Informed Approach: Key Assumptions and Principles. https://www.samhsa.gov/sites/default/files/7trauma-informed-approach-manual_8-30-18_0.pdf

Prevalence of Trauma

- Approximately half of all youth will experience at least one type of potentially traumatic event before the age of 18 (Finkelhor, Turner, Shattuck, & Hamby, 2013)
- Trauma exposure increases the risk for a host of mental health problems and disorders (Kessler, 2000)
- Significant disparities in trauma exposure and access to evidence-based mental health treatment exist among racial and ethnic minority youth (Alegria, Vallas, & Pumariega, 2010; Roberts, Gilman, Breslau, Breslau, & Koenen, 2011).



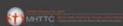
Impact of Trauma on Children's Mental & Physical Health

- Mental Health Disorders such as:
 - Posttraumatic Stress (PTSD)
 - Depression
 - Anxiety
 - Substance Use
 - Suicidality
 - Self-Harm
- Increased risk of:
 - Additional victimization
 - Risky sexual behaviors
 - Smoking/drug use
 - Unwanted pregnancy
 - Cardiovascular disease
 - Obesity
 - Premature death



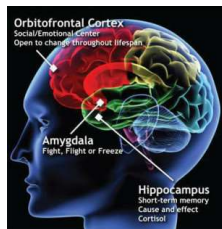
Impact of Trauma on the Brain

- The brain develops by forming connections.
- Interactions with caregivers are critical to brain development
- The more an experience is repeated, the stronger the connections become



Impact of Trauma on the Brain

- In persons with PTSD:
 - Over-activation of the amygdala
 - Deactivation in the prefrontal cortex
 - Decreased volume in the hippocampus
 - Ineffective connection between limbic system and prefrontal cortex
 - Dysregulation of cortisol levels



Trauma is like...

- A panic button or car alarm going off non-stop
- A trauma-informed approach shifts our stance from:
 - What is wrong with this child?
 - To
 - **What has happened to this child?**



Impact of Trauma on Development

Early Childhood

- Interferes with brain development that governs emotions
- Can affect IQ and use of thinking to regulate emotions

School-Age

- Lessened ability to manage fears, anxieties, aggression
- Difficulty with sustaining attention for learning
- Problems with impulse control

Adolescence

- Difficulty appraising danger/safety
- Poor understanding of consequences of behaviors
- Difficulty with abstract thinking for learning and problem solving.



Trauma Symptoms by Age

Early Childhood	<ul style="list-style-type: none"> • Become more fearful in new situations, separation • Strong startle reactions, aggressive outbursts, regression in milestones due to trauma reminders • Poor development of emotional regulation skills
School-Age	<ul style="list-style-type: none"> • Intrusive thoughts, fears that link to original danger • Shift between withdrawn and aggressive behavior • Poor concentration, distractibility • Poor emotional regulation • Poorer social adjustment, fewer friends
Adolescence	<ul style="list-style-type: none"> • Embarrassed by responses to trauma reminders • Think they are unique in their experience • Risk behaviors – sexual, substances, delinquent • Poor school performance, poorer occupational achievement • Anger, shame

Source: National Child Traumatic Stress Network (NCTSN) <http://www.nctsn.org/resources/trauma-complicated-mg/ant-childen>

Disparities in Trauma Exposure & Access to Services

- Nationally representative surveys indicate that Hispanics and African Americans, endorse higher rates of trauma exposure and greater rates of re-victimization compared to Caucasian youth (Andrews et al., 2015; Crouch et al., 2000; Roberts et al., 2011).
- Hispanic female youth are a particularly vulnerable group with approximately 1 in 3 endorsing some form of trauma exposure (Warner, Alegria, & Canino, 2012).
- Hispanics are less likely to have access to mental health services, and more likely to prematurely terminate services when they do engage in treatment (Alegria, Vallas, & Pumariega, 2010; Roberts et al., 2011; Smith, Domenech-Rodriguez, & Bernal, 2011).

Source: National Child Traumatic Stress Network (NCTSN) <http://www.nctsn.org/resources/trauma-complicated-mg/ant-childen>

What have unaccompanied minors experienced?

<ul style="list-style-type: none"> • Lack of consistent caregivers • Homelessness and lack of other basic needs, e.g., education and food • Violence (as witnesses, victims, and/or perpetrators) • Gang and drug-related violence or threats • Physical injuries, infections, and diseases 	<ul style="list-style-type: none"> • Forced labor • Sexual assault • Lack of medical care • Loss of loved ones • War • Torture
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Source: National Child Traumatic Stress Network (NCTSN) <http://www.nctsn.org/resources/trauma-complicated-mg/ant-childen>

Experiences During Migration

- Hazardous train rides
- Robbery, assaults, and intimidation by gangs and thieves
- Coercion or abuse by adults referred to as "coyotes"
- Kidnapping
- Sexual violence
- Exposure to the elements without proper supplies and gear
- Harassment and bribery by local authorities
- Hunger, thirst, and exhaustion
- Separation from family
- Loss of community
- Uncertainty about the future
- Detention



Source: National Child Traumatic Stress Network (NCTSN)
<https://www.nctsn.org/resources/trauma-complicated-migrant-children>

Experiences During Detention

- Unsafe conditions
- Being separated from caregivers
- Uncertainty about the future
- Sexual, physical, psychological abuse
- Unfamiliar food (often not nutritious or sufficient)
- Lack of understanding of the language and procedures
- Uncertainty
- Risk of exposure to further abuse or trauma



Source: National Child Traumatic Stress Network (NCTSN)
<https://www.nctsn.org/resources/trauma-complicated-migrant-children>

Experiences During Reunification with Sponsor

- Disruptions in attachment
- Lack of familiarity and connection with caregivers
- Caregivers with limited parenting experience or knowledge of child development
- Difficulty trusting caregivers
- Stress in caregiver-child relationship
- Limited resources
- Fear of deportation or legal involvement
- Discovery that parents may have a new family
- Caregivers unable to understand or relate to the UMC experience
- Expectations of the US and an idealistic image of a family that does not match their reality



Source: National Child Traumatic Stress Network (NCTSN)
<https://www.nctsn.org/resources/trauma-complicated-migrant-children>

Experiences during Foster Placement

- Cultural differences
- Challenges in understanding UMC experiences, including their trauma history
- Differences in cultural and family expectations
- Language and communication challenges
- Possible ongoing legal concerns and stress
- New expectations, such as daily school attendance

Source: National Child Traumatic Stress Network (NCTSN)
<https://www.nctsn.org/resources/unaccompanied-immigrant-children>

Difficulties in School

- May have experienced limited or no previous schooling, significant disruptions in schooling due to poverty, community violence or displacement, and/or limited access to school supplies.
- May face the following challenges when entering the US school system:
 - Being unfamiliar with school routines and expectations
 - Being placed in a classroom based on age that does not correspond to their skill or experience level
- "First" experiences, such as eating new foods at lunch and taking a school bus
- Discrimination, teasing, or bullying by other children at school due to their appearance, culture, religion, beliefs, or language
- Trauma-related mental health symptoms, which may be exacerbated in a setting with authority figures

Source: National Child Traumatic Stress Network (NCTSN)
<https://www.nctsn.org/resources/unaccompanied-immigrant-children>


Tips and Strategies for Bolstering Resilience in Unaccompanied Minors

- Use a **trauma-informed lens** to understand their behaviors and needs
- **Listen first**- validate, normalize, and use simple reflective statements such as:
 - "I can imagine that has been hard for you"
 - "Thank you for sharing that you feel angry/scared"
 - "I appreciate you sharing your story with me. That was very brave of you."
 - "I am here to support you and connect you with services that will help"

Source: National Child Traumatic Stress Network (NCTSN)
<https://www.nctsn.org/resources/unaccompanied-immigrant-children>

Tips and Strategies for Bolstering Resilience in Unaccompanied Minors

- Instill **hope**
 - "We are here to help you"
 - "You are not alone"
- Use **certified interpreters** (preferably trauma-informed)
- Instill a sense of **safety** and develop a safety plan
 - Immediate
 - Long-term
- Offer developmentally appropriate **psychoeducation** to caregivers/sponsors on trauma and potential common reactions




Tips and Strategies for Bolstering Resilience in Unaccompanied Minors

- Practice **relaxation strategies**
 - Deep breathing
 - Progressive Muscle Relaxation
- Help sponsors and youth understand the importance of:
 - Building **healthy social connections** and supports
 - Encouraging **healthy expression of emotions**
 - Building in **positive activities**:
 - Exercise
 - Music/art
 - Sports



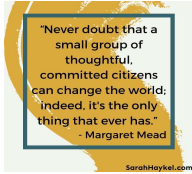
Taking Care of Yourself

- Working with this population can be difficult
- Notice if you are feeling burn-out:
 - Irritable
 - "checked-out"
 - Avoiding work
 - Nightmares
 - Apathy
 - Hopelessness
- Seek support from trusted supervisors and colleagues
- Seek professional counseling if symptoms persist for more than 2 weeks
- Practice self-care:
 - Nutrition
 - Sleep
 - Exercise
 - Time just for you





Additional Resources

- National Child Traumatic Stress Network
• <https://www.nctsn.org>



SarahHoykel.com






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Mental Health Assessments for Unaccompanied Minors in the US

Robert G. Hasson III, Ph.D., LICSW
Providence College
Department of Social Work
April 28, 2021



Introductions: Robert G. Hasson III, Ph.D., LICSW

Assistant Professor of Social Work at Providence College



His research focuses on: the intersection of child welfare and immigration.

examining risk and protective factors for unaccompanied children who experience forced migration.

Dr. Hasson's research aims to inform the development of clinical interventions and policies that serve children and adolescents exposed to trauma due to forced migration.



Authors Disclose Conflicts of Interest

- Author has no conflict of interest to declare.



Learning objectives

1. Participants will learn how mental health assessment has been used in research to understand the complex psychosocial needs of unaccompanied minors.
2. Participants will learn about assessment strategies that can help identify complex mental health needs of unaccompanied minors.
3. Participants will learn how the Strengths and Difficulties Questionnaire can help identify symptoms of psychosocial distress and prosocial behavior that unaccompanied minors may experience.



Mental Health Assessment

Assessment is defined as “an ongoing information-gathering and decision-making process to help clients identify their goals, strengths, and challenges” (NASW, 2013).

- Assessment is completed in collaboration with clients, and the foundation of assessment is the relationship with the client
- Data is gathered verbally, non-verbally, and at times with other members of the client system (e.g. family)
- May involve standardized measures of health and mental health



(NASW, 2013)

Trauma Informed Assessment

- Recognizing trauma's role in a person's life, and how trauma impacts multiple domains of functioning including physical and emotional wellbeing, and interpersonal relationships
- A shift to ask clients “what happened to you?” instead of “what is wrong with you?”
- A shift from deficits-based assessment to recognizing the inherent worth and dignity of individuals



(Richardson, 2019)

Cross Cultural Considerations

Clinicians benefit from having “specialized knowledge and understanding about history, traditions, values, and family systems as they relate to clinical practice with individuals, families, and groups.”

Clinicians should have awareness of how “racism, sexism, ageism, heterosexism or homophobia, anti-Semitism, ethnocentrism, classism, and disability-based discrimination” can negatively impact client mental and emotional well-being, as well as impede access to treatment.



(NASW, 2005)


Research on Cross Cultural Mental Health



Profile of Trauma Symptoms


DSM-5 profile of symptoms for PTSD

1. Intrusion
2. Avoidance
3. Changes in cognition or mood
4. Arousal and reactivity



Trauma Symptoms and Unaccompanied Children


- Child PTSD Symptom Scale (CPSS)
- 20 items (Likert style scoring)
- Measures symptom frequency
 - 0=not at all; 4=six or more times a week/almost always
- Measures symptoms experienced in the previous month
- Scores range from 0-80



(Hasson III et al., 2020)

Rates of PTSD for Unaccompanied Children

8.1% → Overall sample
9.8% → UC from El Salvador
10.0 % → UC from Guatemala
4.2% → UC from Honduras


 (Hasson III et al., 2020)

Profiles of PTSD Symptoms

Profile #1: Intrusion; Avoidance; Changes in cognition or mood; Arousal and reactivity

Profile #2: Intrusion; Changes in cognition or mood; Arousal and reactivity

Profile #3: Arousal and reactivity


 (Hasson III et al., 2020)

Unaccompanied Children and PTSD Symptoms

Profile #3: Arousal and Reactivity Symptoms

Getting angry easily (for example, yelling, hitting others, throwing things)

Having trouble paying attention

 (Hasson III et al., 2020)

Trauma Symptoms in Context

- The unique context of schools
- Trauma and disrupted learning
- "This finding could be useful for school professionals (teachers, guidance counselors, social workers) who work directly with unaccompanied youth, where behavioral outbursts could represent masked expressions of untreated trauma" (p. 10).

(Hasson III et al., 2020)

Strengths and Difficulties Questionnaire

- The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire, with versions for 2-4 year olds, 4-10 year olds, 11-17 year olds, and individuals 18 years or older.
- It has been translated into more than 40 languages.
- It is used as a clinical assessment tool, and has been used in research in over 5,300 studies in 104 countries.

Strengths and Difficulties Questionnaire

The SDQ has 25 total items that measure psychological attributes, with five separate subscales:

1. Emotional problems (five items)
2. Conduct problems (five items)
3. Hyperactivity/inattention (five items)
4. Peer relationship problems (five items)
5. Prosocial behavior (five items)

Scales #1- #4 are added together to generate a total difficulties score (based on 20 items)

Items are measured on a three-point Likert style scale: "Not True", "Somewhat True", "Certainly True".

(Goodman, 1997)

Application of the SDQ

- Research with 166 unaccompanied minors in Belgium found that 29.1% reported emotional problems and 12.7% reported peer problems

(Derluyn & Broekart, 2007)

Application of the SDQ

- Research on 71 unaccompanied minors in London found that 29.6% reported emotional problems and 23.1% reported peer problems, and 50% reported hyperactivity problems.


(Sanchez-Cao, Kramer, & Hodes, 2012)

Conclusion

- Assessment is an information-gathering process, and the foundation of this process is the relationship with the client.
- Unaccompanied children exhibit unique profiles of trauma symptoms, which can clarify their needs.
- The Strengths and Difficulties Questionnaire (SDQ) is a behavioral health measure that can help clarify an unaccompanied child's strengths and needs, and support data driven referral processes.


Introductions: Dr. Kerri Evans

Assistant Professor
School of Social Work
University of Maryland, Baltimore County




Current Research:

- Unaccompanied immigrant and refugee children
- Immigrant families
- In partnership with social service providers, answering questions that allow us to **improve service delivery, advocate for policy change, or provide preliminary analyses to increase grant funding**




Introductions: Dr. Kerri Evans




Experience working with unaccompanied children:

- In-home case management for UC released from shelter
- Placement coordination and agency capacity development for Post Release and Foster Care services for UC serving programs
- Program Management (Quality Assurance, Training, Grant Writing, Technical Assistance, etc.) for Unaccompanied Refugee Foster Care Programs




Authors Disclose Conflicts of Interest

- Author has no conflict of interest to declare.



Objectives

- Understand barriers and facilitators to community participation
- Discuss best practices in making referrals that lead to positive engagement for UC
- Consider school based initiatives that will lead to active participation



Barriers to community participation & Strategies for improving community involvement



Unaccompanied Immigrant Children in the United States: Macro Level Barriers To Adjustment

Kerri Evans, PhD, LCSW, University of Maryland Baltimore County
Samantha Teixeira, PhD, Boston College School of Social Work
Thomas M. Crea, PhD, Boston College School of Social Work
Virginia Fitchett, PhD, Lutheran Immigration and Refugee Service



Systems and community level barriers to adjustment for unaccompanied children

Barrier	Total # Comments
Barriers to community participation	103
Community Fear	
Lack of Legal Status	
Economic Struggles	
Lack of Insurance	
Lack of Community Preparation for English Language Learners	48
Lack of Training and Understanding	33
Unwelcoming communities	30

(Evans et al., under review)

Barriers to community participation

“Raids are happening, that affects potential reunifications, and increases fear”

“Even something like playing soccer, they can’t play soccer without legal status because of league regulations.”

(Evans et al., under review)

Welcoming Communities and Macro Level Facilitators of Adjustment For Unaccompanied Immigrant Children in the United States

Kerri Evans, PhD, LCSW, University of Maryland Baltimore County
Thomas M. Crea, PhD, Boston College School of Social Work
Robert G. Hasson III, PhD, LICSW, Providence College
Samantha Teixeira, PhD, Boston College School of Social Work
Virginia Fitchett, PhD, Lutheran Immigration and Refugee Service

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Aspects of the host community aid the adjustment process for unaccompanied children

Table 1. The Community's Assets for Adjustment for Unaccompanied Children

Asset	# Comments
Welcoming Community	84
Community as a source of IL practice, employment, and extracurricular opportunity	
Community Relationships	64
Inter-agency Collaboration	52
Access to healthcare	44
Role of the Church	28



(Evans et al., under review)

Community Relationships

"[UC have] no established roots, our kids don't have any type of connection with anyone – that's a big difference [from US born youth in foster care] for sure. I talk to my staff, and say every kid needs six adults that are absolutely crazy about them"

(Evans et al., under review)



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Access to healthcare

"Sexual education groups have to be tailored differently – they've never been given education, we try to do it with outside agencies but we have to be present and ease into it much more easily. [We address questions like] what is a STD and birth control? Even a girl with a baby doesn't know what a STD is – sometimes it's mind-blowing, but we really have to fill in the blanks where they didn't get certain psychoeducational topics before"




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Common means of engagement


- School
- Sports- soccer, gym membership, swimming
- Boys and girls clubs; after school programs
- Tutoring programs; ESL classes
- Mentoring programs
- Employment
- Art
- Church
- Volunteer efforts
- Babysitting
- Social interactions with neighbors

Despite the widespread fear... we find UC engage in their communities just like US-born kids do!

 (Crea et al., 2018; Evans et al., under review; Socha et al., 2016)


Implications & Recommendations

- Advocate for welcoming communities
 - <https://welcomingamerica.org/initiatives/certified-welcoming>
- Help spread trust and empathy- decrease the fear of participation
 - By stander trainings
- Establish partnerships
 - Paid internships for UC
 - Access to trade schools and certificate programs for UC
- Collaborate and communicate across service providers
 - Proactively doing so can aid continuity of care
 - Schools, mental health providers, legal providers, health clinics, PRS providers, and religious institutions



Implications & Recommendations: Referrals

- Proactively network with agencies
- Screen agencies for availability
- Identify agencies with language and cultural knowledge
 - When not available in your community, advocate for training and resources to build the capacity of organizations
 - For example, ask a refugee/immigrant providing organization or a professor/researcher to offer collaborative trainings for your and their agency
- Go with client to make introductions
- Consider transportation, ability to bring children, and hours of operation



School well-being

Significance

- Education is a basic human right (Convention on the Rights of the Child, 1989)
- Globally, there are 617 million children who lack basic literacy and mathematics skills (United Nations, n.d.)
- Only 1% of refugee children eventually attend college (UNHCR, 2019)
- 1 in 4 kids in US schools are part of an immigrant family (Annie E Case Foundation, 2017)

Importance of School Connections for immigrants in US

Often the only connection outside the home	Acculturation process often begins at school	School is a 'safe space' for many
Peer support	Return to normalcy	Desire to learn and advance in life (both child and parent)

(Birman et al., 2007; Correa-Velez et al., 2010; Kim & Suárez-Orozco, 2015)

Recognize, but don't dwell, on common barriers

- Different educational experiences in home country
- Gaps in educational history
- Language barriers
- Lack of understanding of expectations, routine, and how to navigate US schools
- Bullying and cyberbullying
- Balancing work v. school pressures from family
- Mental health needs
- Lack of capacity of the school to adequately meet UC needs
- Potential lack of trust in adults, teachers, those with authority



Establishing Welcoming Schools



Support Services for Students

- Orientation to the school
 - Lunch clubs
- Proper assessment
 - Refer for Individualized Education Plans (IEP) *when needed*
- Extended learning time
- Peer supports, social supports, & Extracurricular activities
- Mental health supports



(Evans & Reynolds, under review; DOE, 2015)

Welcome Parents/Caregivers

- Explain norms around parent/caregiver engagement
 - Welcome caregivers who are not bio parent
- Translate forms and resources
- Engage parents in tours of the school to build trust
- Provide orientation to instructional programs
- Encourage participation in events such as parent nights, family literacy, and ESL or GED classes
 - Refer outside of the school as needed
- Utilize (or advocate for) parent liaisons



School-wide practices

- Ensure bullying prevention programs are culturally responsive
- Establish school adjustment programs and newcomer groups
- Increase tutoring availability
- Mandate that knowledgeable and culturally responsive staff are the ones administering proper assessments
- Advocate for Trauma Informed Care
 - Trauma Toolkit for Educators: <http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit>
- Create welcoming policies
- Establish flexible policies around grade placement

(BRYCS, 2017; Evans, Perez-Aponte & McRoy, 2019; Evans, Diebold & Calvo, 2018.)



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Coming Up Next

Kerri Evans, Ph.D., LCSW	Robert G. Hasson III, Ph.D., LICSW	Rosaura Orengo-Aguayo, Ph.D.
Strategies to Increase Community Participation of Unaccompanied Minors	Mental Health Assessments for Unaccompanied Minors in the US	Evidence-Based Trauma-Focused Interventions for Unaccompanied Minors
May 5th, 2021 1:00 pm Eastern	May 12th, 2021 1:00 pm Eastern	May 19, 2021 1:00 pm Eastern

Hispanic Indigenous Population Products



Guatemalan Maya Families



Mexican Indigenous Families

Hispanic Indigenous Population Products



Northern Triangle Indigenous Populations



Ecuadorians, Peruvians, and Nicaraguan Indigenous Populations



Type your questions in the Question Log

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Funded by Substance Abuse and Mental Health Services Administration

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