

Mental Health Assessments for Unaccompanied Minors in the US

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

HEALING-CENTERED AND TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019d_v1_20190809-Web.pdf



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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

- No conflicts to disclose



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.



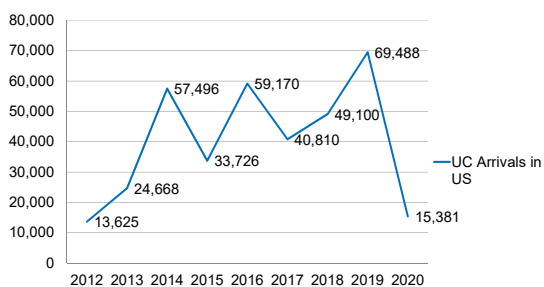
Unaccompanied children in the united states: Defining Terms

Unaccompanied Alien Child "is one who has no lawful immigration status in the United States; has not attained 18 years of age, and with respect to whom; 1) there is no parent or legal guardian in the United States; or 2) no parent or legal guardian in the United States is available to provide care and physical custody."



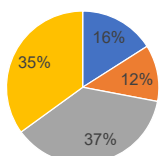
(Office of Refugee Resettlement (ORR), 2019)

Unaccompanied children in the United States: Key facts and data



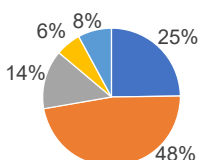
(ORR, 2020)

Age



■ 6-12 years old ■ 13-14 years old
■ 15-16 years old ■ 17 years old

Country of Origin



■ Honduras ■ Guatemala
■ El Salvador ■ Mexico
■ Other Countries



(ORR, 2021)



Reasons for Migration

- Poverty
- Violence
- Family Reunification

(Council on Foreign Relations, 2019; United Nations High Commissioner for Refugees, 2014)

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)



Trauma Informed Assessment Framework

1. Information gathering process across multiple domains
2. Identifying and planning to address needs of children and families exposed to traumatic events
3. Analyzing, summarizing, and communicating this information to families and other service providers


(National Child Traumatic Stress Network, n.d.)



Trauma Informed Assessment Strategies

- Explain to children and caregivers any assessment tools or measures
- Allowing child to choose language to complete the measure
- Visualizing aspects of the assessment tools
 - Dry erase boards
 - Visual aids for frequency (e.g. calendar)
- Consider completing assessment over 1-3 sessions
- Develop safety plan as necessary.

(National Child Traumatic Stress Network, n.d.)



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 Posttraumatic Stress Disorder (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



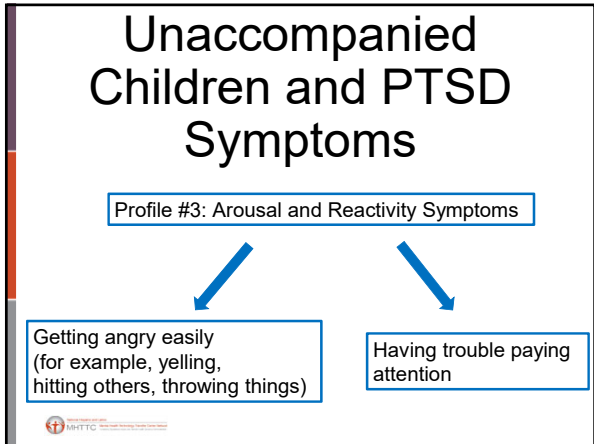
Profiles of PTSD Symptoms

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





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)

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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.

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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)



Strengths and Difficulties Questionnaire


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

- Emotional problems (five items)
- Conduct problems (five items)
- Hyperactivity/inattention (five items)
- Peer relationship problems (five items)
- 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)



Emotional Problems Subscale

	Not True	Somewhat True	Certainly True
ITEM 3: Often complains of headaches... (I get a lot of headaches...)	0	1	2
ITEM 8: Many worries... (I worry a lot)	0	1	2
ITEM 13: Often unhappy, downhearted... (I am often unhappy...)	0	1	2
ITEM 16: Nervous or clingy in new situations... (I am nervous in new situations...)	0	1	2
ITEM 24: Many fears, easily scared (I have many fears...)	0	1	2

(Youth in Mind, 2016)

Conduct Problems Subscale

	Not True	Somewhat True	Certainly True
ITEM 5: Often has temper tantrums or hot tempers (I get very angry)	0	1	2
ITEM 7: Generally obedient... (I usually do as I am told)	2	1	0
ITEM 12: Often fights with other children... (I fight a lot)	0	1	2
ITEM 18: Often lies or cheats (I am often accused of lying or cheating)	0	1	2
ITEM 22: Steals from home, school or elsewhere (I take things that are not mine)	0	1	2

(Youth in Mind, 2016)

Hyperactivity Subscale

	Not True	Somewhat True	Certainly True
ITEM 2: Restless, overactive... (I am restless...)	0	1	2
ITEM 10: Constantly fidgeting or squirming (I am constantly fidgeting...)	0	1	2
ITEM 15: Easily distracted, concentration wanders (I am easily distracted)	0	1	2
ITEM 21: Thinks things out before acting (I think before I do things)	2	1	0
ITEM 25: Sees tasks through to the end... (I finish the work I am doing)	2	1	0

(Youth in Mind, 2016)

Peer Problems Subscale

	Not True	Somewhat True	Certainly True
ITEM 6: Rather solitary, tends to play alone (I am usually on my own)	0	1	2
ITEM 11: Has at least one good friend (I have one good friend or more)	2	1	0
ITEM 14: Generally liked by other children (Other people my age generally like me)	2	1	0
ITEM 19: Picked on or bullied by other children... (Other children or young people pick on me)	0	1	2
ITEM 23: Gets on better with adults than with other children (I get on better with adults than with people my age)	0	1	2

(Youth in Mind, 2016)

Prosocial Subscale

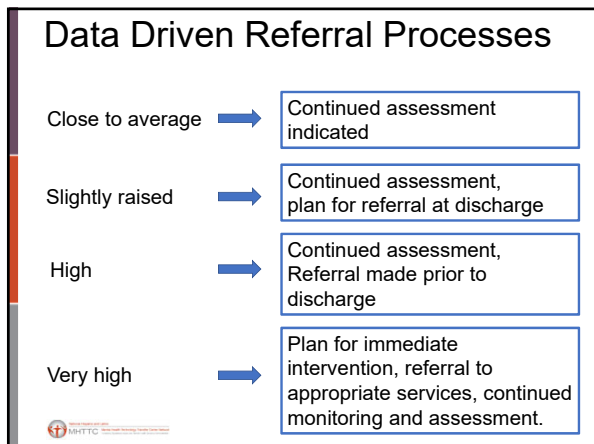
	Not True	Somewhat True	Certainly True
ITEM 1: Considerate of other people's feelings (I try to be nice to other people)	0	1	2
ITEM 4: Shares readily with other children... (I usually share with others)	0	1	2
ITEM 9: Helpful if someone is hurt... (I am helpful if someone is hurt...)	0	1	2
ITEM 17: Kind to younger children (I am kind to younger children)	0	1	2
ITEM 20: Often volunteers to help others... (I often volunteer to help others)	0	1	2

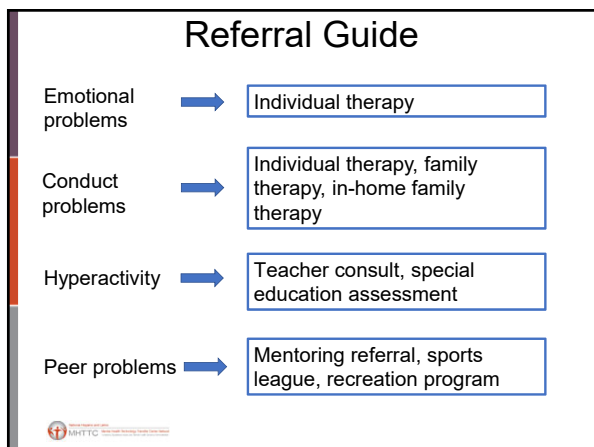
(Youth in Mind, 2016)

Cut Points for SDQ Scores

Teacher completed SDQ	Close to average (80%)	Slightly raised (slightly lowered) (10%)	High (Low) (5%)	Very high (very low) (5%)
Total difficulties score	0-11	12-15	16-18	19-40
Emotional problems score	0-3	4	5	6-10
Conduct problems score	0-2	3	4	5-10
Hyperactivity score	0-5	6-7	8	9-10
Peer problems score	0-2	3-4	5	6-10
Prosocial score	6-10	5	4	0-3


(Youth in Mind, 2016)





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.



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Type your questions in the Question Log

Coming up next



Rosaura Orengo-Aguayo, Ph.D

Evidence-Based Trauma-Focused Interventions for Unaccompanied Minors

May 19, 2021
1:00 pm Eastern
