Providing Psychosocial Support to New Americans in Your Community

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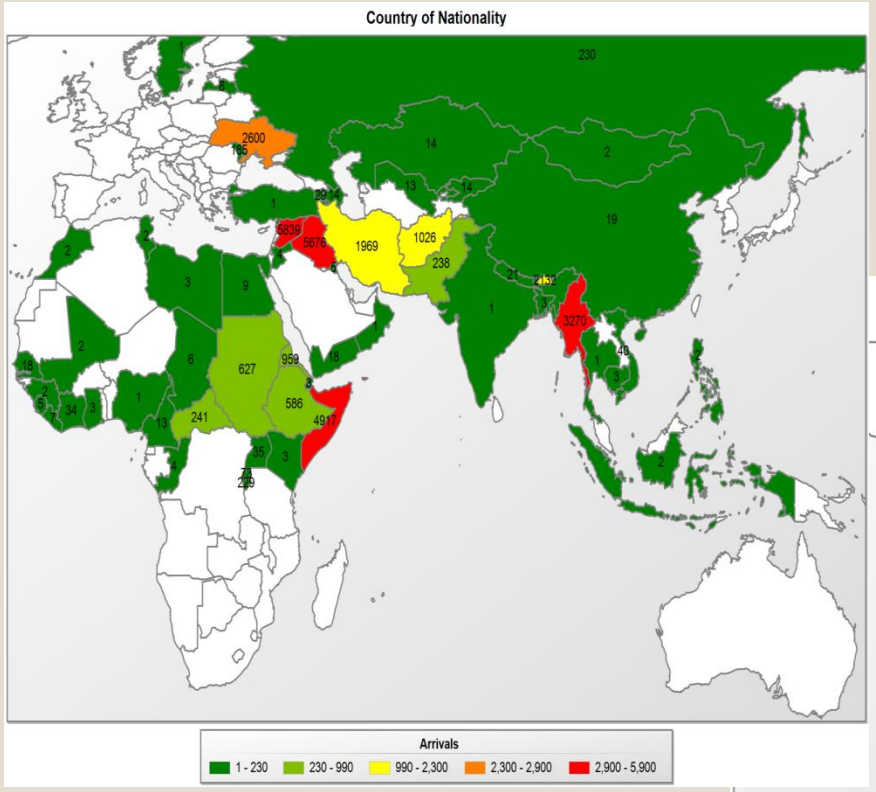
Boston Children's Hospital
Until every child is well™
A PARTNER IN NCTSN The National Child Traumatic Stress Network
HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Refugee Trauma and Resilience Center at Boston Children's Hospital

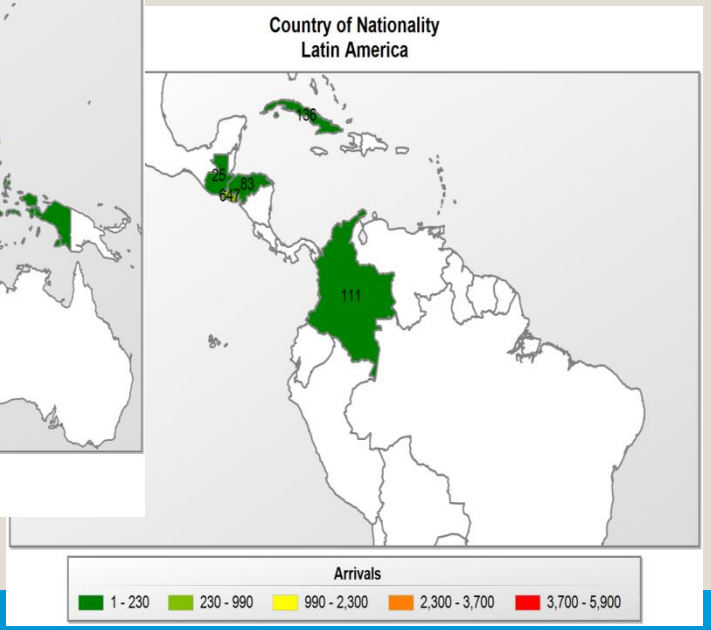
Prevention and Intervention	• Trauma Systems Therapy (TST) • Trauma Systems Therapy for Refugees (TST-R) • Multi-Disciplinary Team (Community Connect)
Research and Innovation	• Somali Youth Risk and Resilience Project • Intervention Adaptation • Intervention Research: TST-R
Training and Resource Development	• Refugee Services Toolkit (RST) • Dissemination: TST-R • Cultural Brokering Training

In 2018, 68.5 million people were forcibly displaced worldwide

- 25.4 million of these people are refugees
- Over half of these were children



- **Somalia, Iraq, Syria, Burma**
- **Ukraine**
- **Bhutan, Afghanistan, Iran**
- **Northern Triangle**



(UNHCR, 2018)

Who Qualifies for Refugee Status?

A person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.

-- *Article 1 of the 1951 U.N. Refugee Convention*

Different Groups That Migrate to the U.S.

- Difference in legal status: refugee vs. immigrant, documented vs. undocumented
- Differences and similarities in experiences
- Differences in access to services
- Other special groups: unaccompanied minors, asylum seekers, temporary protected status

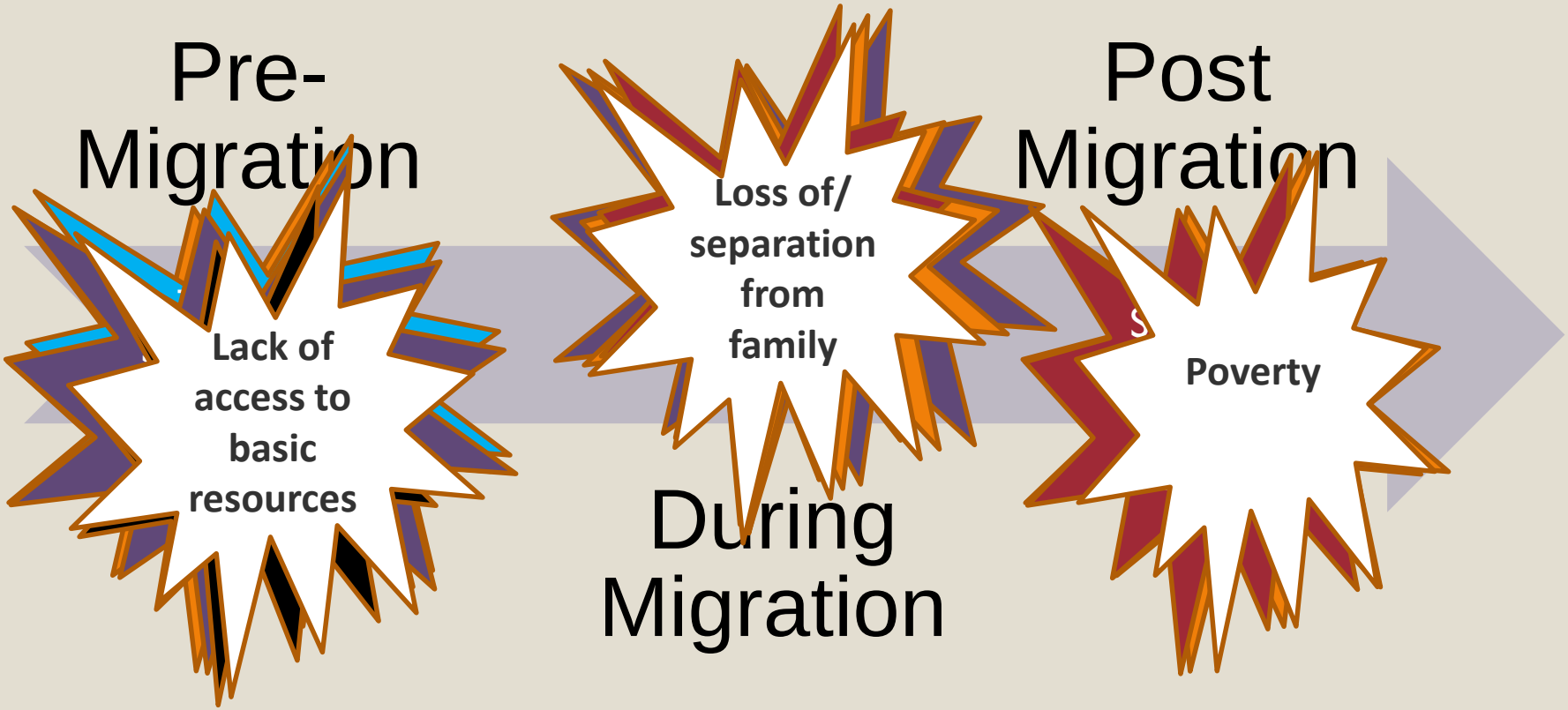
Ellis, B. H., Abdi, S. M. & Winer, J. P. (Under review). *Working with child and adolescent refugees and immigrants: Intervening across social ecologies.* American Psychological Association Trauma Series.

The Refugee Experience

Somali Children & Families: Reasons for Leaving

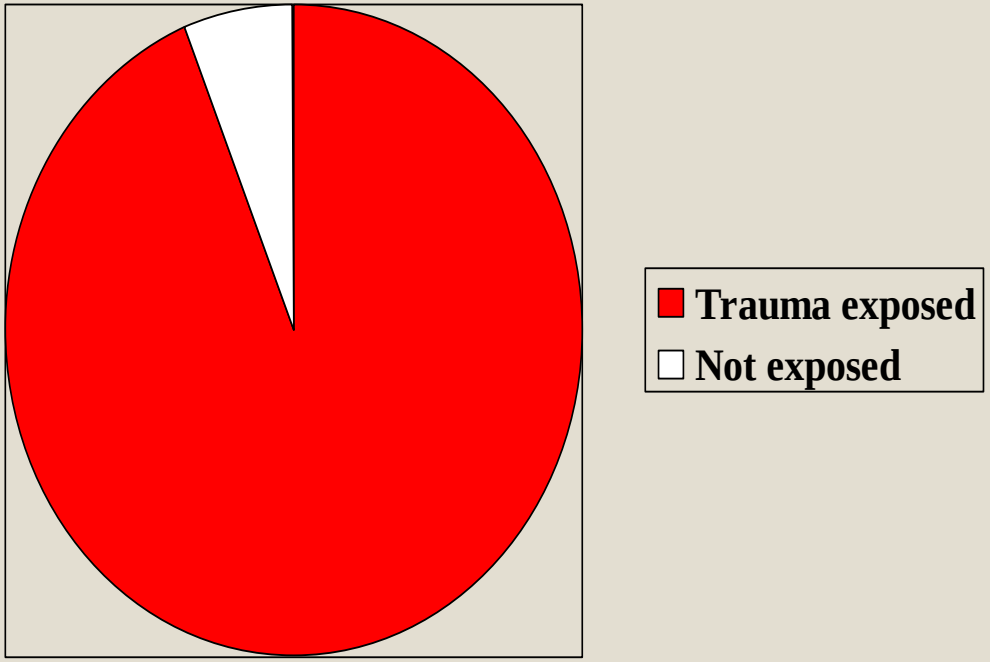
- 1991 Civil war erupted
- “Worst humanitarian crisis in the world”
- Prolonged brutal fighting
- Disruption of basic food production and services
- Drought
- Marginalization of the Somali Bantu

Sequential Traumatization



Refugee Experience

- Dislocated, travel long distances by foot, death of loved ones, torture, imprisonment
- Refugee camp
- Resettlement: takes up to 2 years of vetting, interviews, gathering documents

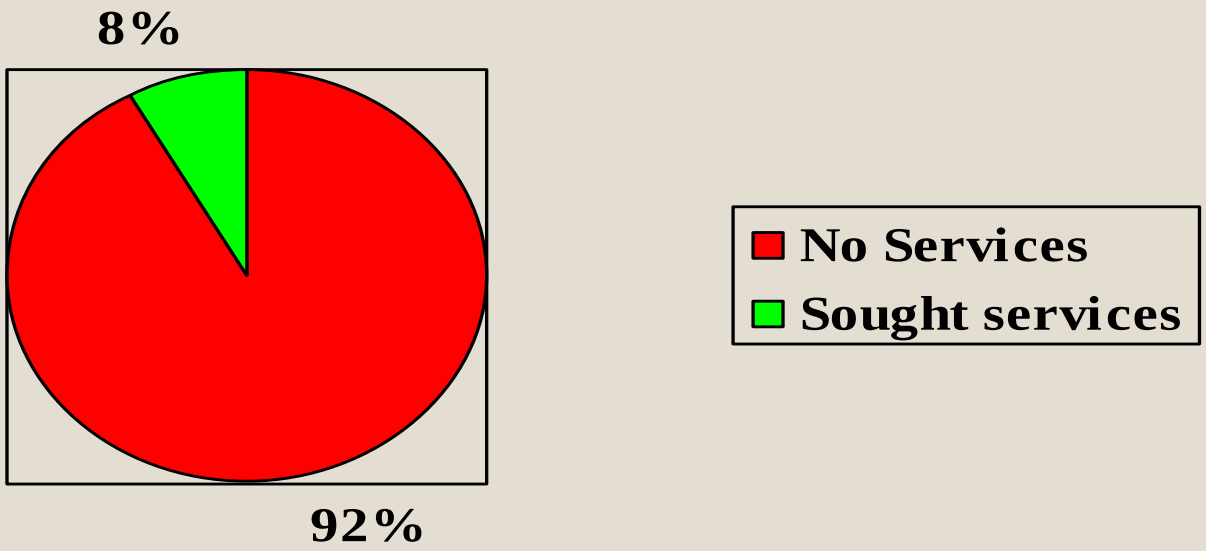


Youth reported having experienced
on average
7 traumatic events (range 0-22)

(Ellis, MacDonald, Lincoln, & Cabral, 2008)

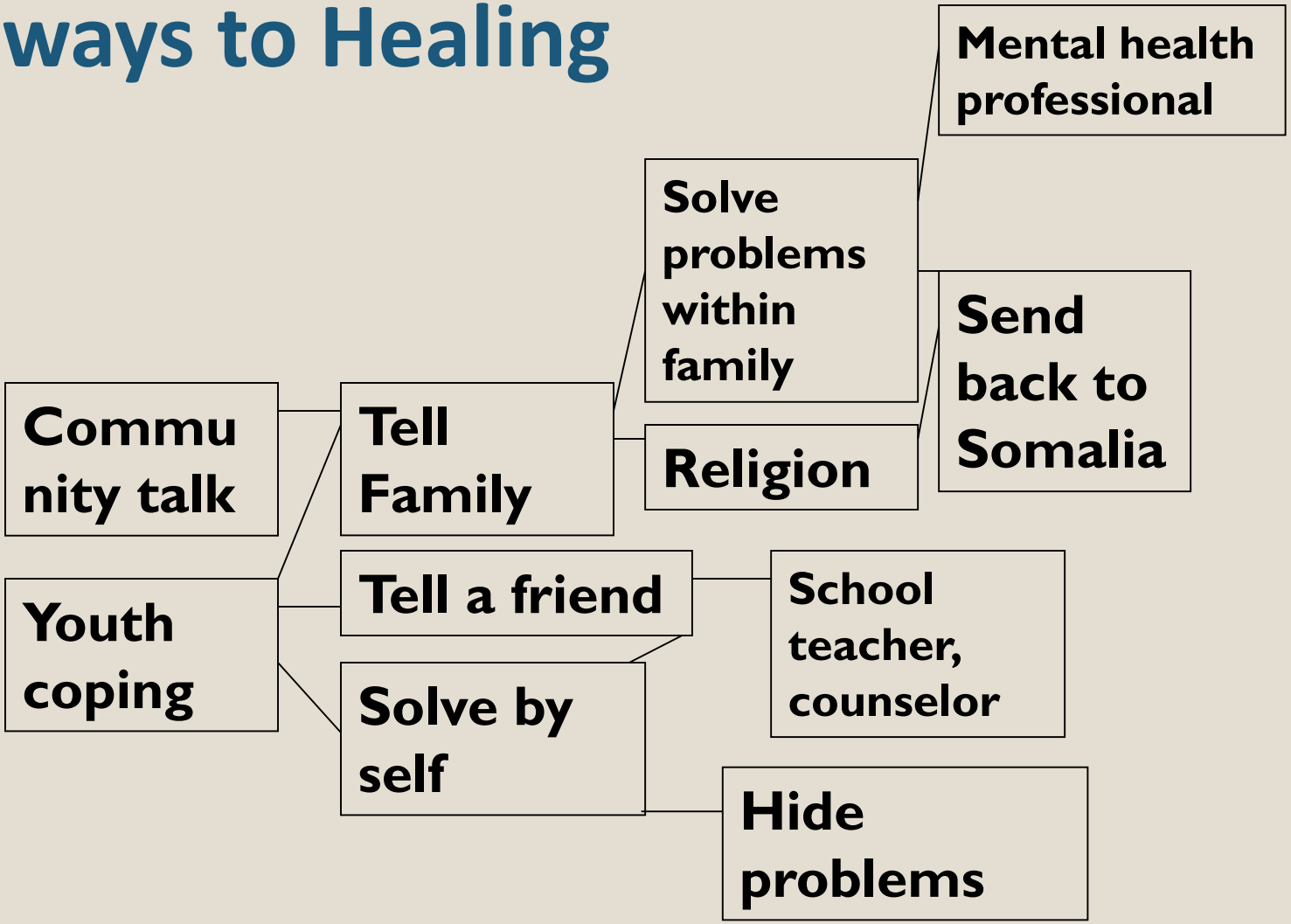
Service Utilization

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



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

Pathways to Healing



Attitudes Towards Therapy

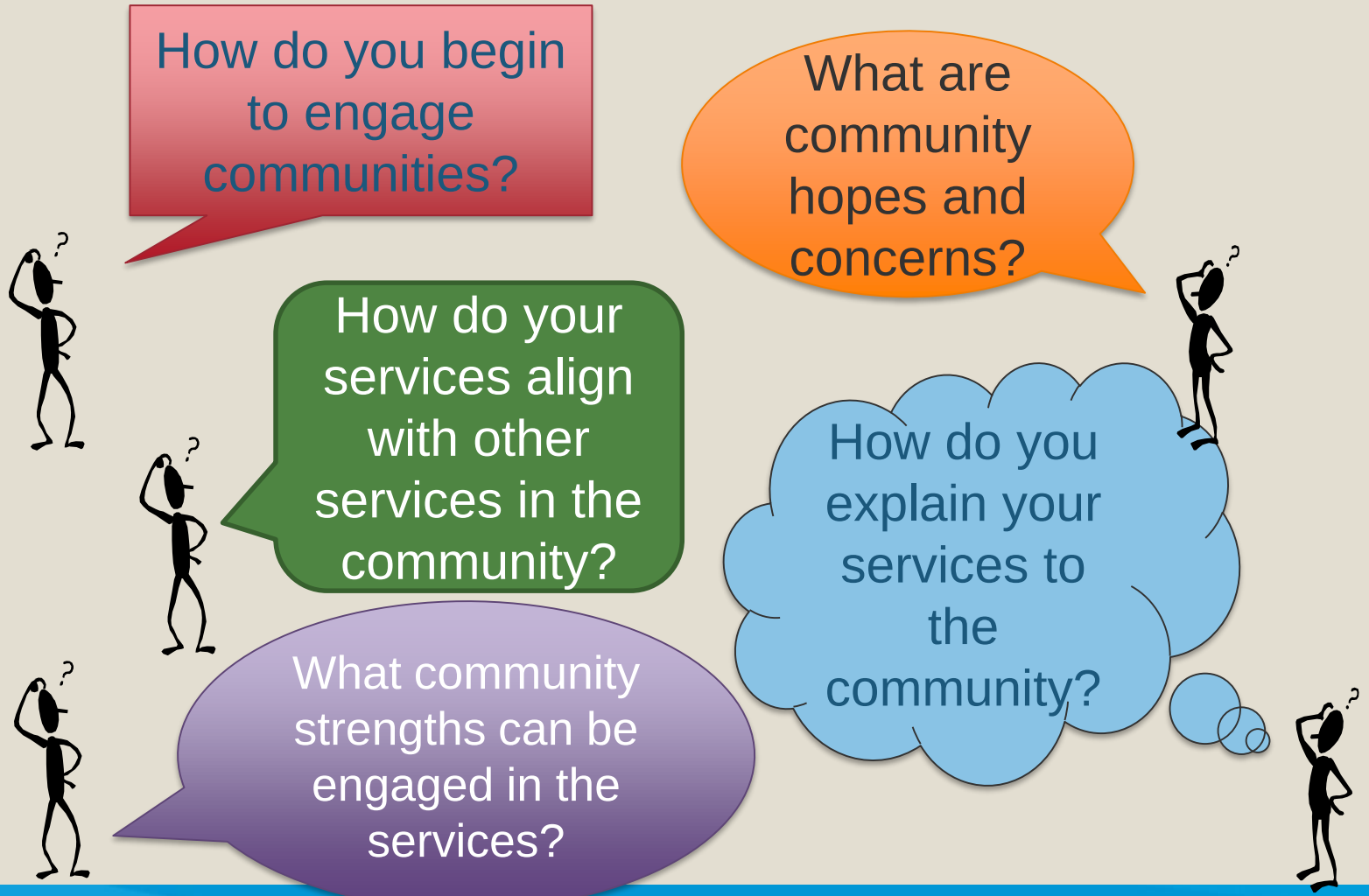
Talking to a therapist, that's something we laugh at in our culture because we're like. . . 'why would you want to talk about your issues?'. . . Somali's don't seek therapy. Or they don't know there's a solution in talking about your problems. They think you don't have problems enough to be talking to a therapist or they don't think things should impact you that much. They think you should just brush everything off your shoulders and that's how it should work.... They just think you shouldn't have problems like that . . . There should be a certain gratitude or a certain sense of fulfillment just because you're respecting what your parents are saying.

Barriers to Mental Health Care	Strategies to Address Barriers
Distrust of Authority/ Power	Community Engagement
Linguistic & Cultural Barriers	Partnership of Providers & Cultural Experts
Stigma of Mental Health Services	Embedding Services in Service System
Primacy of Resettlement Stressors	Integration of Concrete Services

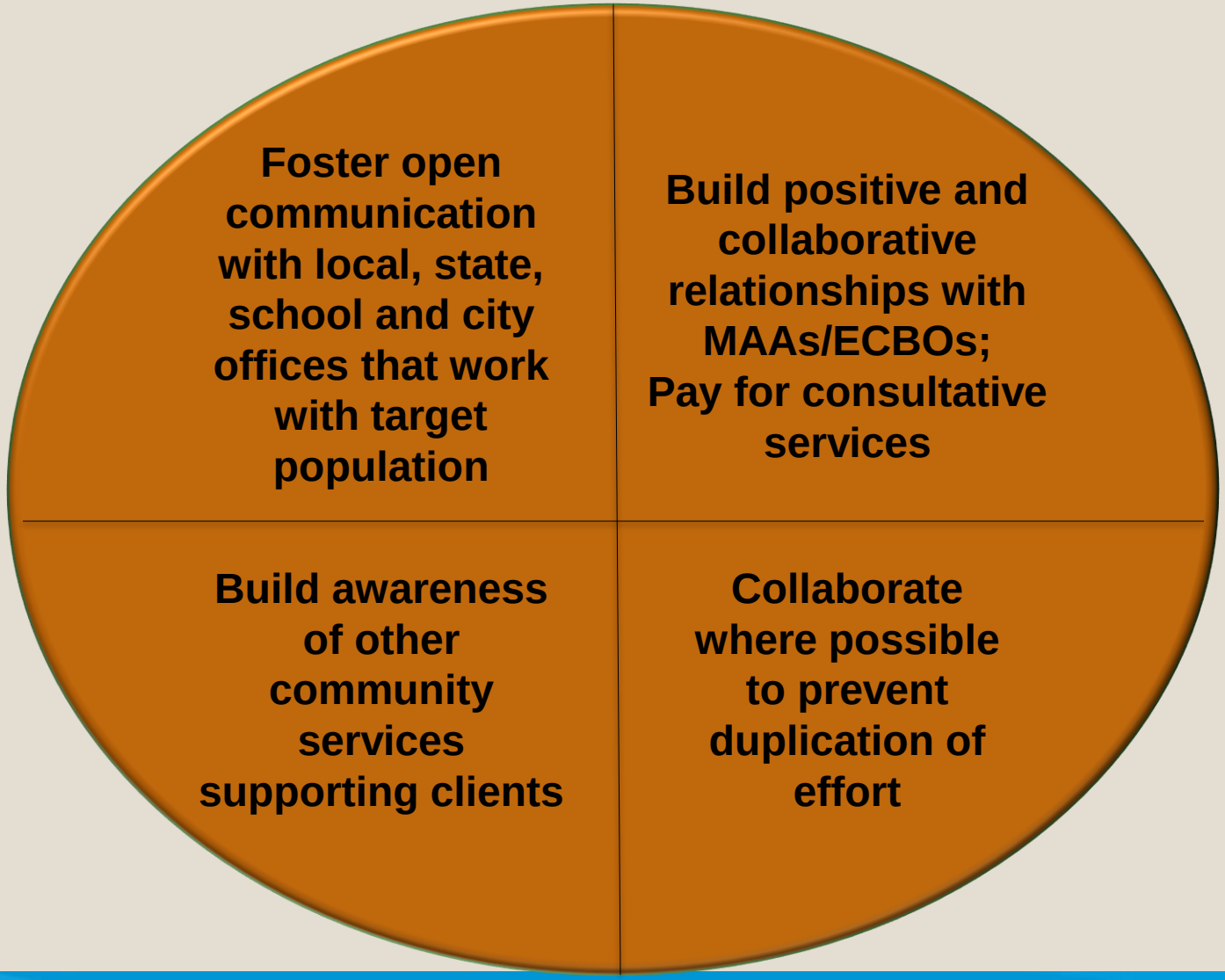
Ellis, B. H., Miller, A. B., Baldwin, H., & Abdi, S. (2011). New directions in refugee youth mental health services: Overcoming barriers to engagement. *Journal of Child & Adolescent Trauma*, *4*(1), 69-85.

Community Engagement

Getting to Know your Local Community…



Step 1: Build Partnerships



Community Engagement

- Engaging community in discussion about the program, framing in a way that people are receptive, hearing from the community about concerns
- Reducing stigma: ongoing work to reduce stigma around mental health, have community members talk about program/mental health in an informal way
- Engaging families and students into program through both school and community efforts; holistic approach
- Connecting parents who may not traditionally have access to services
- Providing education about the mental health/health, the school system, and the provision of treatment

Importance of Community Engagement

1. Usually harmonious with values of many ethnic/cultural groups:
   - Integrates Community beliefs and understanding of issues
   - Supports family and community systems
   - Supports collective decision making
   - Supports information sharing
2. Increases understanding of cultural/community factors that may shape perceptions of illness
3. Increases understanding of cultural/community factors that may shape a person's process of seeking help for emotional difficulties and other health-related issues
4. Acknowledges that cultural values may inhibit help seeking behaviors

Moving from Engagement to Collaboration…

- **Learning from the refugee community;** for example:
  - Hearing from the refugee community about their concerns (not just "mental health concerns") in addition to service systems in their countries of origin, idioms of distress, common help-seeking behaviors, etc.
  - Informal discussions with community members to obtain feedback about your service (what's working/not working) and to identify new concerns
  - Attending community events and gatherings

- **Sharing information with the refugee community,** for example:
  - Engaging the community in discussion about your service and framing it in a way that community members are receptive
  - Providing education about the goals of your service
  - Engaging community gateway providers and leaders (e.g, religious leaders)

Project SHIFA

https://www.youtube.com/watch?time_continue=2&v=Su2WRPUG-f8


Break
Time

Activity: What's in a name?

Cultural Humility Video

Cultural Humility:

by Vivian Chavez

Cultural Humility

1) A commitment to self-evaluation and self-critique
2) Recognize, acknowledge and change power imbalances in relationships
3) Develop mutually beneficial partnerships with communities; work towards institutional accountability

Competence and Humility: Two Pedagogies

- Cultural competence
  - What to say and do and what not to say and do
  - Concrete and goals oriented

- Cultural humility
  - A stance towards engaging with other fellow travelers in the world
  - A values oriented focused on increasing connection and dismantling oppression

(Ellis, Abdi, & Winer, Under Review)

Consider Cultural Dynamics that May Influence Interactions

Non-Western Expectations/Values	Western Expectations/Values
Help is given when asked	Roles and limit setting
Things are implied Expect shared understanding and knowledge Shared context, thus no need to verbalize	Verbalizing feelings and thoughts Clearly stating positions Not assuming shared knowledge
Verbal communication: Narrative, non-direct	Verbal communication: Informal, to the point
Eye contact as disrespectful/	Eye contact as respectful
close personal space as rapport building	Distant personal space as professional
Relationships-historical	Relationships- objective/distance
Collective identity Shared experiences and shared feelings Are important to the relationship	Individualistic identity Focus on self-reliance and autonomy
Community talk	Boundaries
Individual interests are subordinate to the family needs	Individual interests are valued and encouraged
Concept of Time: Flexibility	Concept of Time: Efficiency

Take a Moment to….

Age

Ethnicity

Country/Region/State of Origin

Religion

Socioeconomic Status

Gender

Sexual Orientation

Military

Profession

Education

Role

Generational Status

Disability/Ability

Relationship Status

Other groups (e.g., sports, arts, etc.)

What is your relationship to these various groups…

How it has changed over time….

How does being a member of each of these groups . . .

…. impact the way you think about health and mental health?

….influence your health-seeking behaviors and view of healing?

Cultural Humility:
Strategies for Self Reflection and Life Long Learning

- **Understand** your own worldview and be willing to challenge your paradigms
- **Be willing** to unpack your own privilege and power

Cultural Humility:

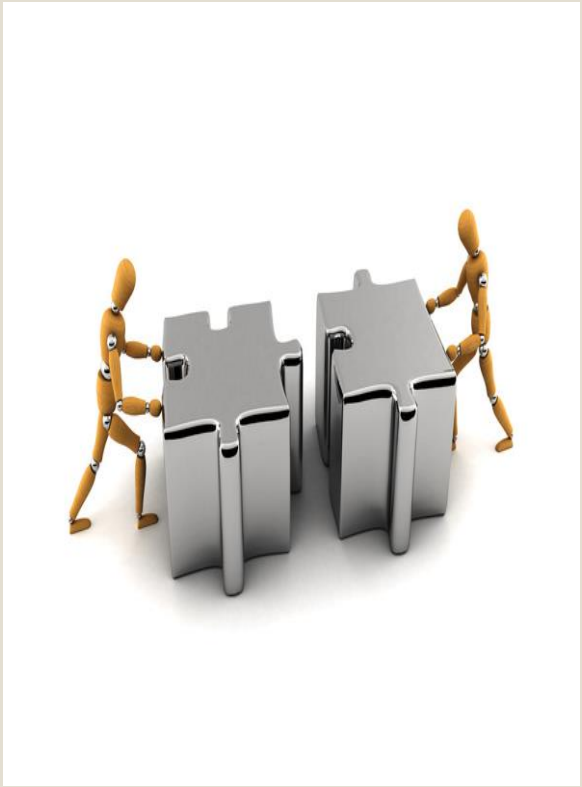
Strategies for changing power imbalances in relationships

- **Assess** what is influencing bias, unequal treatment and prejudice
- **Notice, describe and interrupt** unintentional and intentional discriminatory practices
- **Deliver** client-focused care
  - Listen
  - Advocate

Cultural Humility:

Strategies for Building Partnerships & institutional accountability

- Identify and encourage community representation at every opportunity
- Speak up about discriminatory practices
- Model cultural humility, be curious



Case Example

What is Traumatic Stress?

"Traumatic stress occurs when a person is unable to regulate emotional states and in certain moments experiences his or her current environment as extremely threatening even when it is relatively safe"

Saxe, Ellis, & Brown, 2016

Trauma EXPOSURE Does Not Mean Traumatic Stress

- 15-40% of trauma-exposed individuals will develop a traumatic stress response
- Good news: People are resilient, particularly refugees
- Bad news: Trauma exposure is so common that 15-40% means an awful lot of people

Traumatic stress is Mediated by…

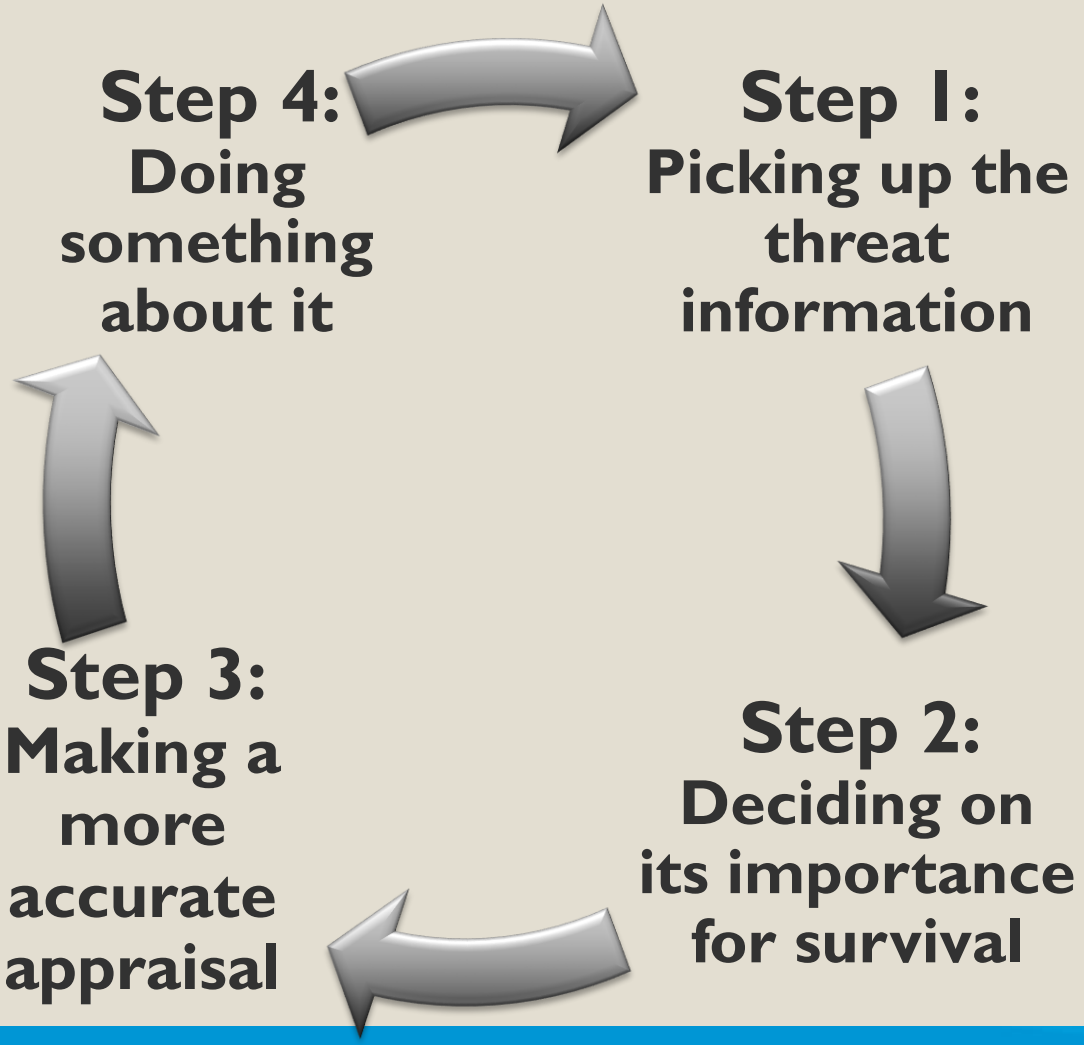
Survival Circuits

fight

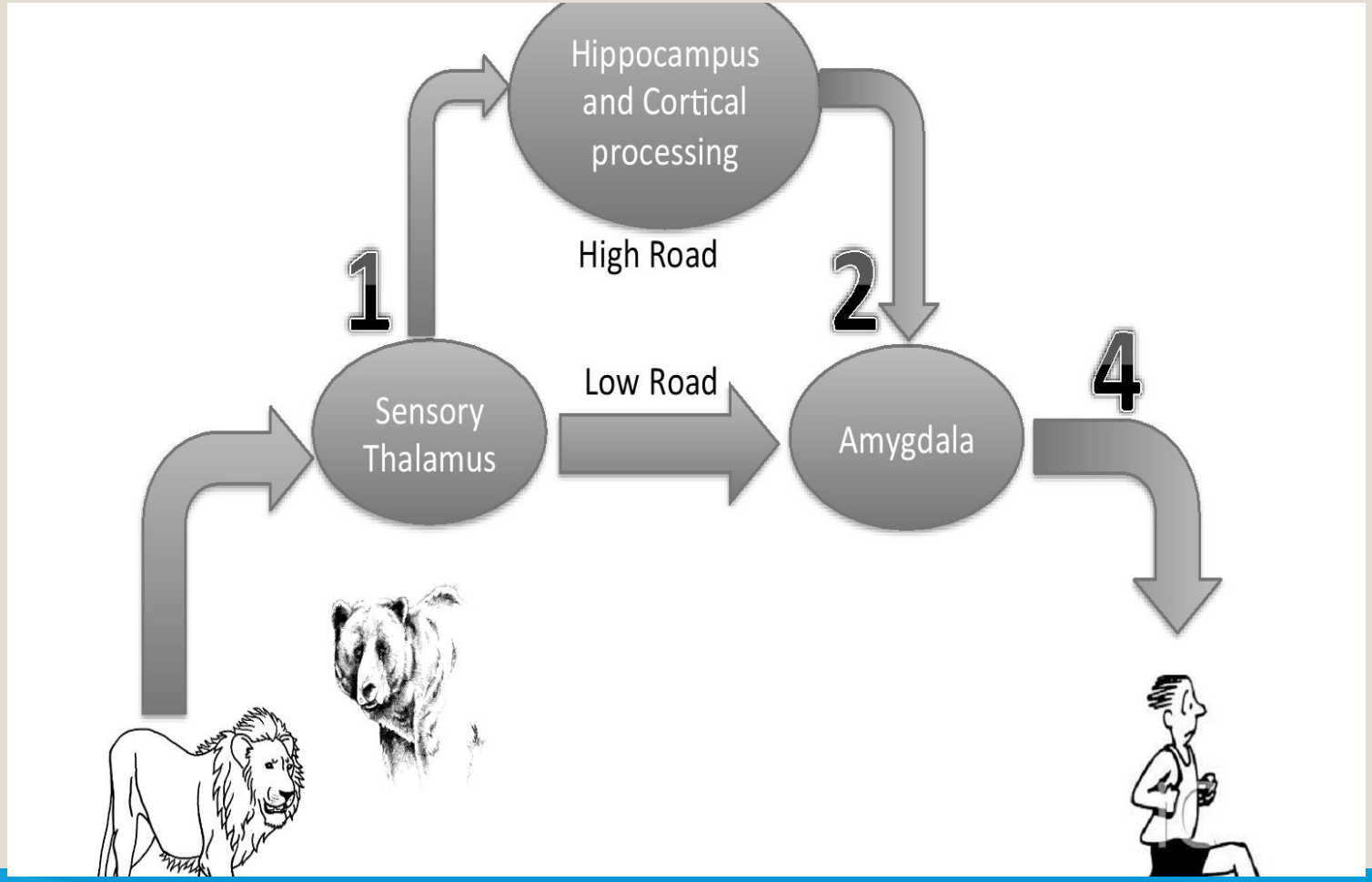
flight

freeze

Survival Circuits – What's Supposed to Happen?



Survival Circuits – What Happens in a Child with Traumatic Stress?



Traumatic Stress is About…

Survival in the moment

Broken Switch

What are Signs of Traumatic Stress?

- Post-traumatic stress disorder (PTSD)
  - Physiological Arousal
  - Re-Experiencing
  - Avoidance
  - Negative cognitions and mood
- Depression
- Behavior problems
- Learning and concentration problems
- General difficulties with emotion regulation
- Trouble with relationships
- Physical symptoms like headaches and stomachaches

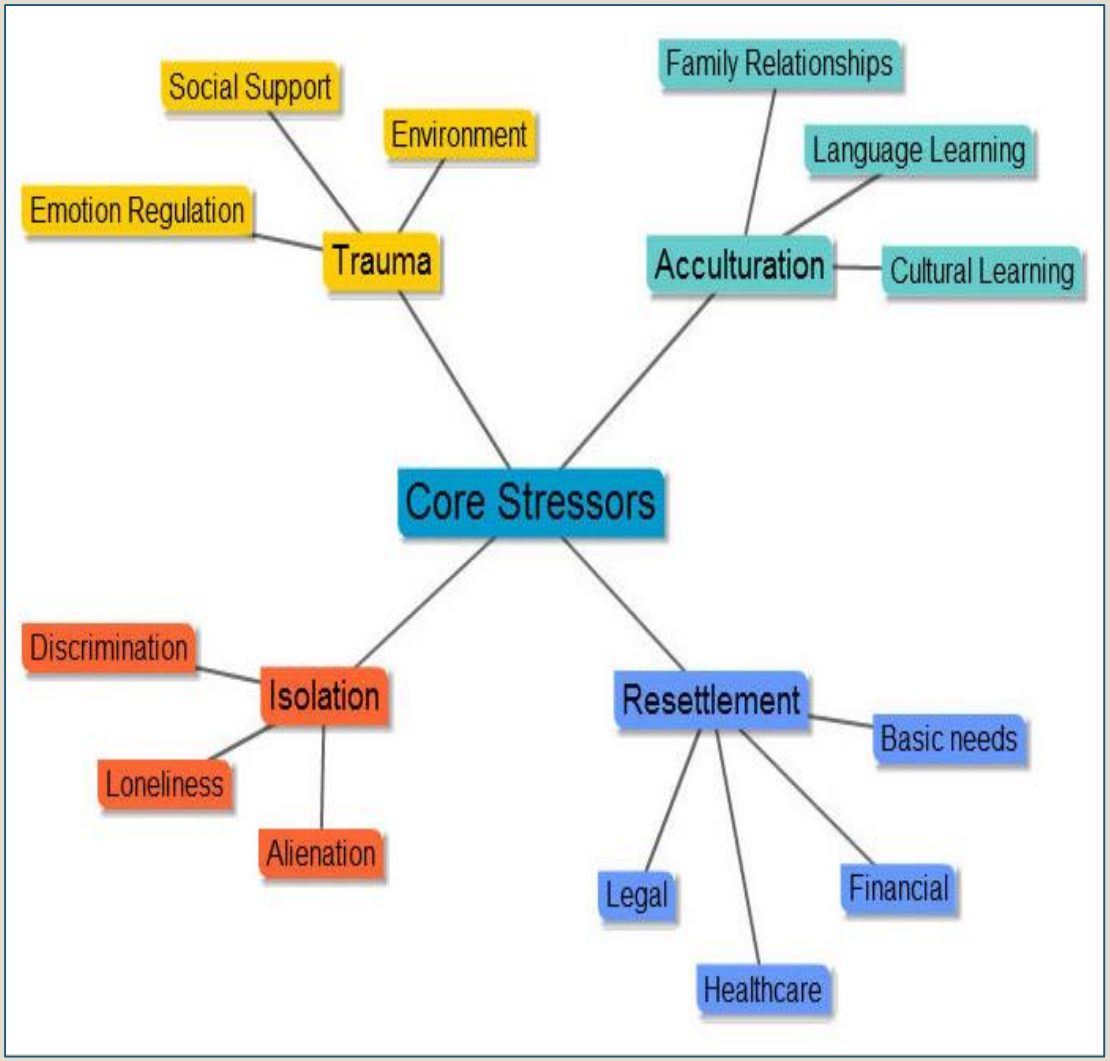
Culture and Traumatic Stress

Culture affects symptom expression, help seeking patterns, healing mechanisms, and the meaning ascribed to trauma

For Somalis…

- Spirituality might be intermixed with experience of MH issues
- Often religious leaders serve as MH resource
- Language used is linked to faith
- Somatic expression of symptoms more acceptable
- No word for concepts like ‘depression.’ Words used to describe pain: ‘heart is hurting’ ‘head is bursting.’

Core Stressors in Resettlement



Risk Factors for Mental Health Problems in Refugee Youth

Parental Factors

- PTSD in either parent
- Maternal depression
- Torture
- Death of/ separation from parents
- Direct observation of parent helplessness
- Parent unemployment
- Parent underestimation of stress on children

Child Factors

- Number of traumatic events (witnessed or experienced)
- Expressive language of difficulties
- PTSD
- Physical health problems
- Older age

Environmental Factors

- Number of transitions
- Poverty
- Time taken for immigration status to be determined
- Cultural isolation
- Period of time in a refugee camp
- Time in host country

BRYCS, (2009) *Strengths Based Programming: The Example of Somali Refugee Youth*; Fazel, Reed, Panter-Brick, & Stein, 2012

(Fazel, Reed, Panter-Brick, & Stein, 2012)

Protective Factors for Mental Health Problems in Refugee Youth

Parental Factors:

- High parental support and high family cohesion
- Same ethnic-origin foster care
- Family attachment and stability

Child Factors

- Social skills
- Biculturalism
- Role of religion
- Academic engagement
- Academic achievement

Community/School Factors

- Self-reported of support from friends
- Self-reported positive school experiences and a sense of school belonging
- Ethnic-Based Services Organization

BRYCS, (2009) *Strengths Based Programming: The Example of Somali Refugee Youth*; Fazel, Reed, Panter-Brick, & Stein, 2012

Applying a Trauma Lens…

"Wha ild?"

"W

Applying a Cultural Lens

- How do you think the child's cultural background impacts expression of emotions or help-seeking behaviors?
- What's the family's understanding of what the child is struggling with? And what's the family's solution to this problem?
- How are core stressors in resettlement presently impacting the family system?

Things to Consider

- What is health/mental health in the culture?
- How are general health issues/mental illness expressed/treated in this culture?
- When, who and where do people go for help for this type of a problem?
- What has been the family's health/mental health services experience?
- What expectations might the family have about services as a result?

What Does Islam Say About Healing

- Illness, suffering and dying are part of life and a test from Allah (God)
- Healing is prioritized (do whatever is necessary to heal)
- You do what you can but leave rest to Insha Allah

Lunch Break

Discussion

What are potential challenges in the engagement, assessment, and care coordination processes when working with refugee, asylee, and immigrant children and families?

Why is Nasser Acting This Way?

- Psychiatric diagnosis frame?
  - Post Traumatic Stress Disorder (PTSD) and survival coping
  - Oppositional Defiant Disorder

- Neurodevelopmental disorders/academic frame?
  - Learning Disability

- Social-ecological frame?
  - Social learning within the refugee camp
  - Behavior is the result of acculturative stress
  - Resettlement and isolation stressors create a context that challenges Nasser's capacity to thrive

**The treatment plan will vary greatly depending on which formulation is seen as the primary problem.

(Ellis, Abdi, Winer, Under review)

Cultural Formulation

- Different cultures exhibit and explain symptoms in various ways.
- Different cultures make meaning out of adversity in different ways.
- Consider mental health stigma and language barriers.
- It is very common in many cultures to report somatic complaints instead of mental health issues, reporting symptoms of heart problems, back aches, stomach aches.

(APA, 2013)

Cultural Variations

Consider cross-cultural variations in presentation in addition to the social and cultural context prior to diagnosing.

Examples:

- *Psychosis: A clinician diagnoses a Latino client with psychosis after the client says that she is seeing and hearing God's voice. The clinician may be arriving at the wrong diagnosis because experiencing 'visions' is a normal part of their religious ceremonies.*

- *Separation Anxiety Disorder: Diagnosing separation anxiety with families from collectivistic/interdependent cultures. It is very common for children to sleep in the same bed as their parents until 8 years old.*

- *Selective Mutism: Children may refuse to speak in school because they do not speak English.*

(Paniagua, 2018)

Cultural Formulation Interview Guide

- A set of 16 questions that clinicians can use to obtain information about the impact of culture on key aspects of the individual's presentation
- Domains: cultural definition of the problem, cultural perceptions of cause, and cultural factors affecting coping and help-seeking behavior
- It allows clients to define their distress in their own words
- It's most important to ask what are the concerns and why
- Avoid clinical terms, using behavioral descriptions instead
  - Example: "Do you think your son spends a lot of time alone, cries a lot, seems quieter than usual?"

RELATIONSHIP WITH THE PATIENT

Clarify the informant's relationship with the individual and/or the individual's family.	1. How would you describe your relationship to [INDIVIDUAL OR TO FAMILY]? *PROBE IF NOT CLEAR:* How often do you see [INDIVIDUAL]?

CULTURAL DEFINITION OF THE PROBLEM

Elicit the informant's view of core problems and key concerns. *Focus on the informant's way of understanding the individual's problem.* *Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "her conflict with her son").*	2. What brings your family member/friend here today? *IF INFORMANT GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:* People often understand problems in their own way, which may be similar or different from how doctors describe the problem. How would ***you*** describe [INDIVIDUAL'S] problem?
Ask how informant frames the problem for members of the social network.	3. Sometimes people have different ways of describing the problem to family, friends, or others in their community. How would ***you*** describe [INDIVIDUAL'S] problem to them?
Focus on the aspects of the problem that matter most to the informant.	4. What troubles you most about [INDIVIDUAL'S] problem?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

CAUSES

This question indicates the meaning of the condition for the informant, which may be relevant for clinical care. *Note that informants may identify multiple causes depending on the facet of the problem they are considering.*	5. Why do you think this is happening to [INDIVIDUAL]? What do you think are the causes of his/her [PROBLEM]? *PROMPT FURTHER IF REQUIRED:* Some people may explain the problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.
Focus on the views of members of the individual's social network. These may be diverse and vary from the informant's.	6. What do others in [INDIVIDUAL'S] family, his/her friends, or others in the community think is causing [INDIVIDUAL'S] [PROBLEM]?

CFI Supplementary Modules

- These modules supplement the core Cultural Formulation Interview and can help practitioners conduct a more comprehensive cultural assessment
- The first eight supplementary modules explore the domains of the core CFI in greater depth. The next three modules focus on populations with specific needs, such as children and adolescents, older adults, and immigrants and refugees.
- May use these supplementary modules in two ways:
  1. As adjuncts to the core CFI for additional information about various aspects of illness affecting diverse populations
  2. As tools for in-depth cultural assessment independent of the core CFI
- Can administer one, several, or all modules depending on what areas of an individual's problems they would like to elaborate
- Asterisk [*] denotes duplicates of the core CFI
  - This makes it possible to administer each module independently

CFI Supplementary Modules:

Cultural Identity

National, Ethnic, Racial Background

1. Where were you born?
2. Where were your parents and grandparents born?
3. How would you describe your family's national, ethnic, and/or racial background?
4. In terms of your background, how do you usually describe yourself to people outside your community? Sometimes people describe themselves somewhat differently to members of their own community. How do you describe yourself to them?
5. Which part of your background do you feel closest to? Sometimes this varies, depending on what aspect of your life we are talking about. What about at home? Or at work? Or with friends?
6. Do you experience any difficulties related to your background, such as discrimination, stereotyping, or being misunderstood?
7. *Is there anything about your background that might impact on your [PROBLEM] or impact on your health or health care more generally? [RELATED TO CFI Q#9.]

Language

8. What languages do you speak fluently?
9. What languages did you speak growing up?
10. What languages are spoken at home? Which of these do you speak?
11. What languages do you use at work or school?
12. What language would you prefer to use in getting health care?
13. What languages do you read? Write?

Migration

GUIDE TO INTERVIEWER: *If the individual was born in another country, ask questions 1-7. [For refugees, refer to the module on Immigrants and Refugees to obtain more detailed migration history.]*

14. When did you come to this country?
15. What made you decide to leave your country of origin?
16. How has your life changed since coming here?
17. What do you miss about the place or community you came from?
18. What are your concerns for your own and your family's future here?
19. What is your current status in this country (e.g., refugee claimant, citizen, student visa, work permit)? *Be aware this may be a sensitive or confidential issue for the individual, if they have precarious status.*
20. How has migration influenced your health or that of your family?
21. Is there anything about your migration experience or current status in this country that has made a difference to your [PROBLEM]?
22. Is there anything about your migration experience or current status that might influence your ability to get the right kind of help for your [PROBLEM]?

This module aims to further clarify the individual's cultural identity and how this has influenced health and well being

Related Core CFI Questions:
6, 7, 8, 9, 10

CFI Supplementary Modules:

Immigrants and Refugees

Pre-migration difficulties

5. Prior to arriving in _____ (HOST COUNTRY), were there any challenges in your country of origin that you or your family found especially difficult?
6. Some people experience hardship, persecution, or even violence before leaving their country of origin. Has this been the case for you or members of your family? Can you tell me something about your experiences?

Migration-related losses and challenges

7. Of the persons important/close to you, who stayed behind?
8. Often people leaving a country experience losses. Did you or any of your family members experience losses upon leaving the country? If so, what are they?
9. Were there any challenges on your journey to _____ (HOST COUNTRY) that you or your family found especially difficult?
10. Do you or your family miss anything about your way of life in (COUNTRY OF ORIGIN)?

Ongoing relationship with country of origin

11. Do you have concerns about relatives that remain in (COUNTRY OF ORIGIN)?
12. Do relatives in (COUNTRY OF ORIGIN) have any expectations of you?

Resettlement and new life

13. Have you or your family experienced any difficulties related to your visa, citizenship, or refugee status here in _____ (HOST COUNTRY)?
14. Are there any (other) challenges or problems you or others in your family are facing related to your resettlement here?
15. Has coming to [HOST COUNTRY] resulted in something positive for you or your family? Can you tell me more about that?

Relationship with problem

16. Is there anything about your migration experience or current status in this country that has made a difference to your [PROBLEM]?
17. Is there anything about your migration experience or current status that might make it easier or harder to get help for your [PROBLEM]?

Future expectations

18. What hopes and plans do you have for you and your family in the coming years?

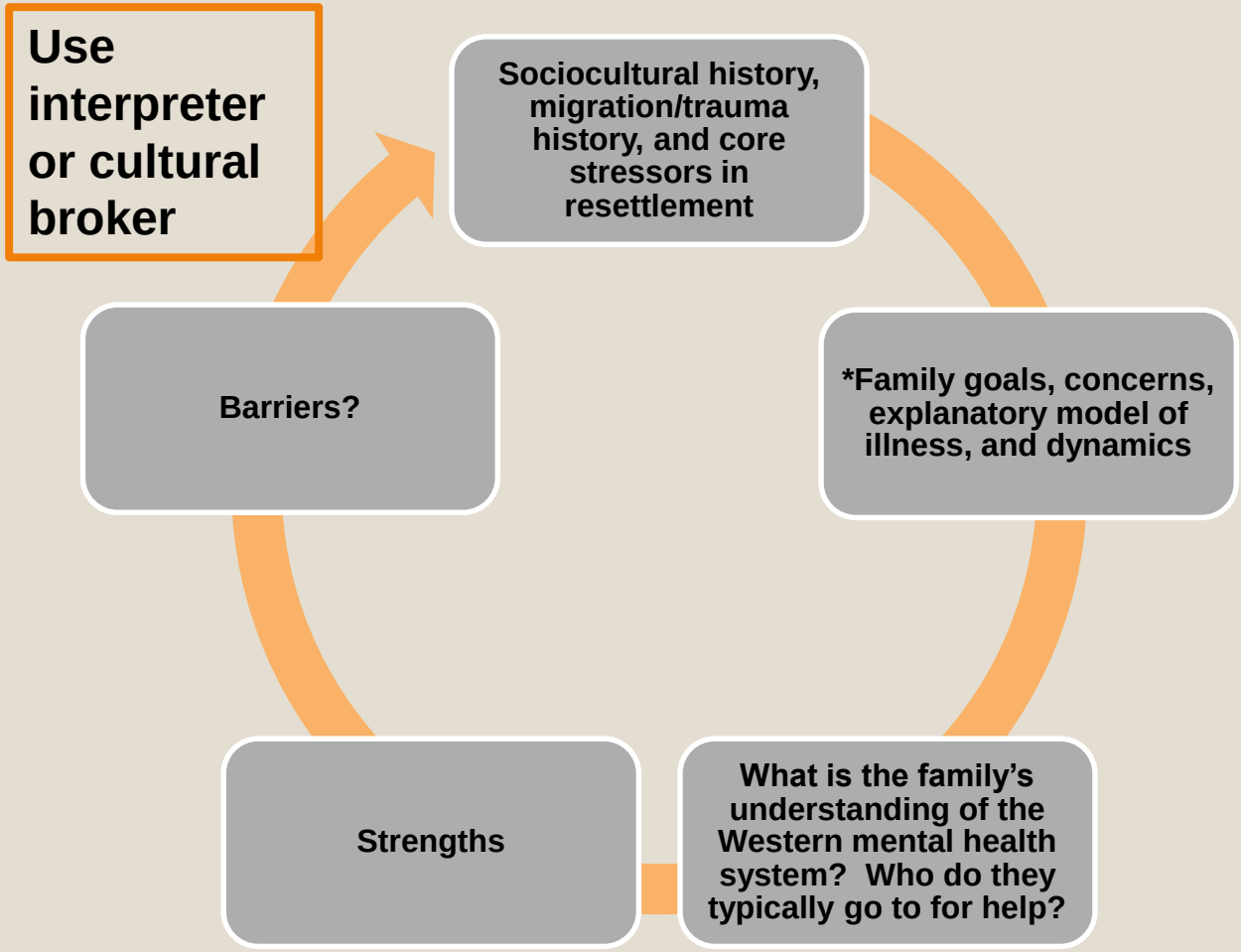
These questions aim to collect information from refugees and immigrants about their experiences of migration and resettlement

Related Core CFI Questions:
7, 8, 9, 10, 13

Gathering the Trauma History

- Consider how and when to talk to refugee families about their experience
- Be conscientious of the language you use to describe trauma and the refugee experience
- Understanding current behavior through the lens of past experiences
- Provide psychoeducation

What Do You Ask?

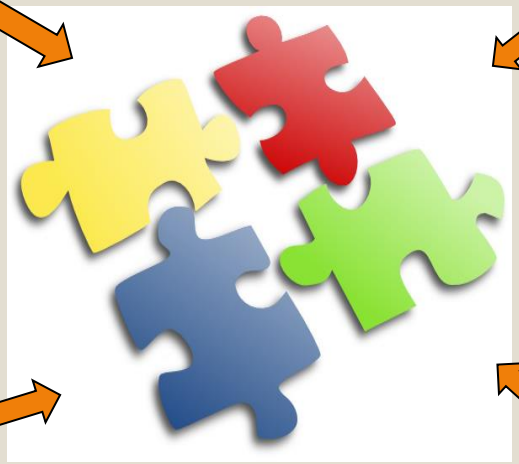


Who Do you Ask?

Work together with family and treatment team to gather info! Sometimes, we need to gather information from multiple informants to help put together the whole story.

Child

Caregiver(s)



Community Leader

Teacher or Case Worker

When Do You Ask?

- **Prior to meeting with client:** Learn about the family's cultural background and the recent historical context of that specific refugee population, client's primary language and proficiency with English,—practice cultural humility

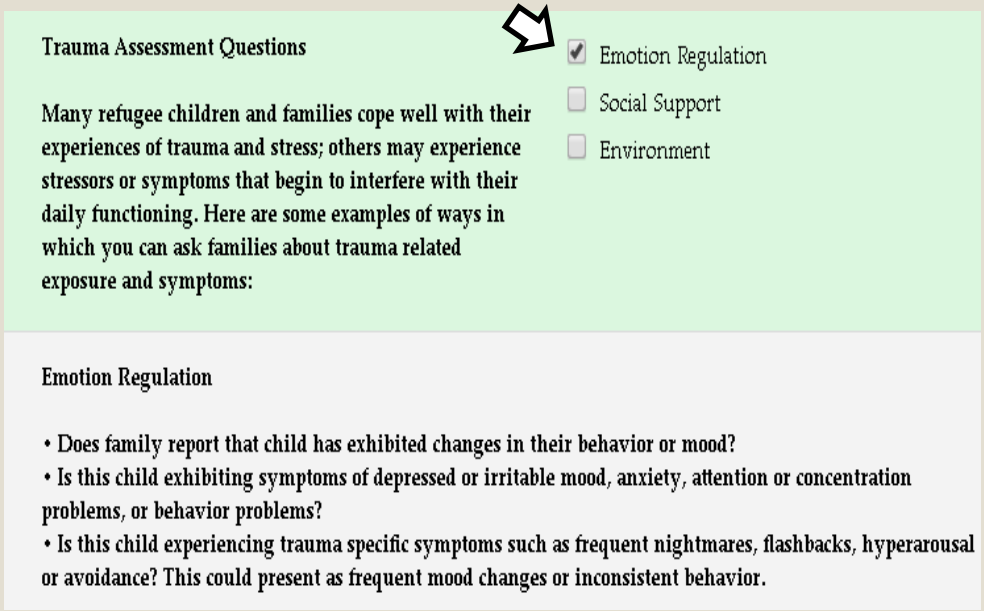
- **During initial intake:** demographics, concerns, goals, core stressors and basic needs assessment, strengths, understanding of and experience with western mental health services, clarify your role, who do they typically go to for help?

- **Ongoing:** Sociocultural history, trauma history, migration history, cultural factors influencing symptoms, meaning making, and help-seeking behavior

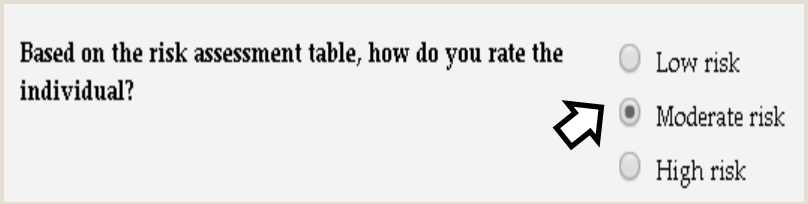
(Ellis, Abdi, Winer, Under review)

Core Stressor Assessment Tool

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

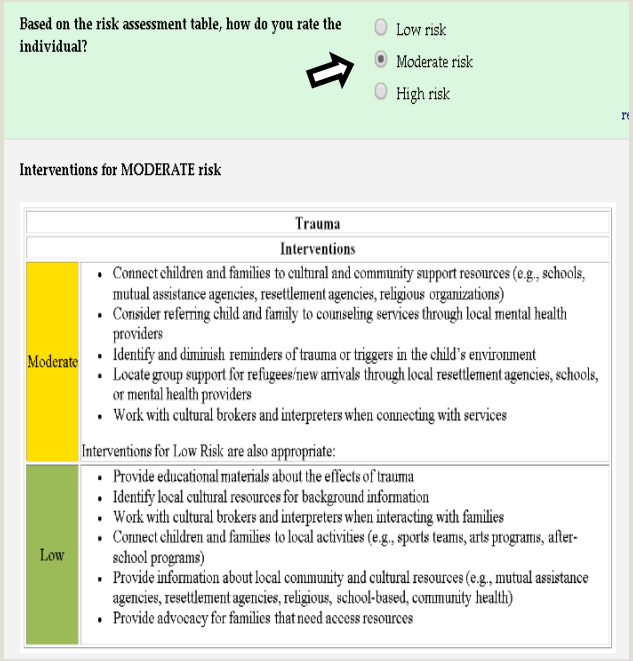


- The user next rates their level of concern about this family from low to high



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

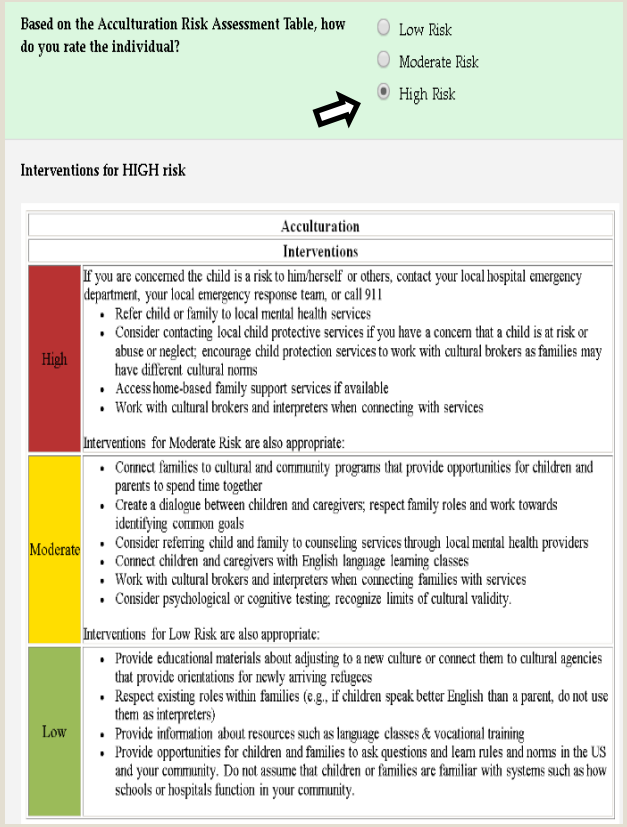


Based on the risk assessment table, how do you rate the individual?

- ○ Low risk
- ◉ Moderate risk
- ○ High risk

Interventions for MODERATE risk

Trauma	
	Interventions
Moderate	• 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 Interventions for Low Risk are also appropriate:
Low	• 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	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 • 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 Interventions for Moderate Risk are also appropriate:
Moderate	• 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. Interventions for Low Risk are also appropriate:
Low	• 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.

Group Discussion

- Discuss experiences with using interpreters
  - Challenges and rewards
- Bring back to the larger group

What is an Interpreter?

Professionally trained, verbal connectors between people who need to communicate but do not speak the same language

- Facilitate communication.
- Represent information accurately

Four modes of interpretation:

1. consecutive interpreting,
2. simultaneous interpreting,
3. sight translation, and
4. summarization

Ad Hoc Interpretation

Not recommended!

Problematic for a variety of reasons:

1. Lack efficiency due to lack of fluency in both languages
2. Difficulties created due to complex terminology
   i. More likely to make errors,
   ii. Violate confidentiality,
   iii. Increase the risk of poor outcomes such as misdiagnoses
3. Lack of knowledge of ethical and legal guidelines
4. Inability to be neutral
5. Parentification of children
6. Potential child-parent power imbalances

Meeting with Families

Before:

- Attend to all relationships (clinician, interpreter/cultural broker, and client)
- Make time to discuss the hopes and expectations of meeting

During:

- Rely on verbal and non-verbal communication
- Keep in mind the therapeutic triad

After:

- Discuss each other's understanding of what happened
- Clarify any areas of confusion
- Follow up with questions regarding cultural context

Pre-Sessions

The Mental Health Clinician's Role:

1. Share your name and your title to the interpreter in the pre-session
2. Accept the guidelines around interpretation that the interpreter shares, including:
   - Speak to and look directly at the client during the session, not the interpreter
   - Be aware that everything that is said will be interpreted exactly as it is said, both to and from the client.
   - Speak in short sentences in order to facilitate accurate interpretations, and to pause frequently when speaking to allow time for interpreting.
   - Establish a signal to be used when the interpreter needs more time before new information is introduced.
3. Share any particular expectations or concerns about the subjects to be broached or interpreting to be done in this particular session.
4. Ask interpreter if she/he has any questions or suggestions before they meet with the client.
5. Check if by any chance, interpreter knows the client and if she/he knows client -- make sure to add an extra conversation about confidentiality and what to do if interpreter sees client out in her/his community.

Debrief After a Session

The Mental Health Clinician's Role:

- Thank interpreter
- Receive/give feedback about the session
- Ask interpreter about what come up that was important
- Self-care and secondary traumatic stress prevention
- Summarize with professional interpreter what were the more meaningful interactions between you and interpreter during the meeting; and evaluate the areas of improvement
- Review of what to do if interpreter sees client in his/her community

Overall Benefits of Interpretation

- Meet the needs of a larger pool of community members
- Provide higher quality assessment and more accurate diagnosis
- Higher level of engagement for children and families, and less attrition
- Improve adherence to medication schedules
- Improves access to care and quality of care
- Improve the ability to understand and treatment recommendations

**In addition, employing a qualified interpreter has been shown to be cost-effective

(National Partnership for Community Training, 2015; Tribe & Lane, 2009)


Break
Time

Engaging Families in Mental Health Services

Culture and Parenting

- All aspects of parenting are informed by culture. Culture influences how parents care for children, what parents expect of children, and which behaviors parents appreciate, reward, and punish.

- Our background, culture, experiences shape what we think is ‘good’ parenting; must be aware of how background and culture shapes views and values. Parent training must be sensitive to the culture of the family.

- Must have a deep understanding of how pre-migration, migration, and resettlement stressors impacts the family

Parenting: Independent (Western, Individualistic) cultures	Parenting: Interdependent (Non-Western, Collectivistic) cultures
Emphasis on autonomy, individual achievement, self-reliance, self-assertiveness	Emphasis on collective achievement, sharing, and collaboration
Parents offer frequent praise, verbal feedback, encourage children to think critically, and distinguish self from others	Parents place high importance on obeying authority, being respectful, family's needs before their own, and academic achievement
Encourage autonomous self-feeding	Breastfeed longer, spoon-feed longer
Infant sleeps in own crib, even own room	Co-sleep with infants, toddlers, and even early childhood

Protective Nature of Culture and Connection to Countries of Origin

- Cultural values and beliefs as a source of strength enabling flexibility and cohesion
- Identification with core cultural values protective towards negative outcomes such as substance abuse and mental illness
- Family structure
  - Presence of two parent families
  - Extended family
- Parents' determination, strength, and strong sense of personal and family responsibility demonstrated by making the journey to US and desire for a better life for their children
- Strong parental supervision, religious beliefs, and supportive community networks

The Acculturation Gap

Children often acculturate more quickly than older generation. Cross-cultural, generational conflict around maintaining culture and tradition in common.

The most resilient children are ones who are able to develop a bi-cultural identity.

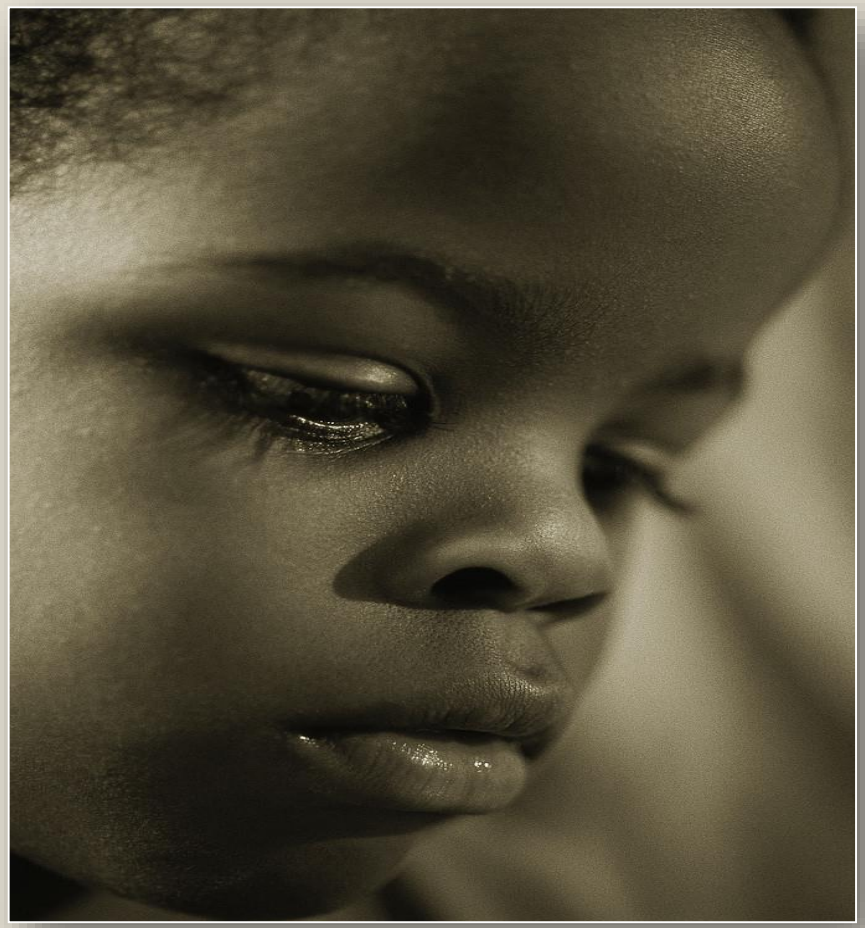
Significant changes in family roles/dynamics throughout the migration pathway

- In resettlement:
  - ❖ Conflict around sleep, food, and bedtime
  - ❖ Conflict around peers
  - ❖ Conflict around gender norms
  - ❖ Conflict around parental vs. child responsibilities

Challenges for Refuge and Immigrant Children in the American School System

- Lack of formal schooling experience
- Placement in schools by age
- Lack of familiarity with societal norms related to school
- Language barriers with parents; limited communication between school and home
- Poor sense of school belonging
- Challenges with assessing English Language Learners in school

Mandated Reporting



Why Refugee Families Might Be at an Increased Risk of Report for Maltreatment

- Many cultures value and enforce respect and modesty
- Prevalence of stressors in resettlement in addition to impact of past traumatic exposures
- Isolation from support network and other sources of traditional support/influence over a child
- Certain cultural norms may be illegal in the U.S. (e.g., community supervision of children; formal vs. informal arrangements)
- Professionals unfamiliar with the culture might misinterpret traditional punishment as abuse
- Financial stressors place children at greater risk of exploitation
- Cultural differences in sexual scripts and gender norms

Countering the Refugee Experience: Giving Power, Control, and Respect Back to Parents

- Connect with parents and respect values and traditions, use trained interpreters/cultural brokers to increase parent engagement
- Remind them of their strength
- Listen to their concerns
- Ask about effective strategies and skills they are already using

Nasser

Applying a Trauma-Informed Lens

- How safe/stable is his present environment?
- What are some of Nasser's past traumatic exposures?
- What is Nasser's perception of what is happening to him?
- What has he learned about himself? Others? The world?
- Can we link Nasser's current difficulties to his past traumatic experiences?
- What might be some of Nasser's triggers?
- How might we address these triggers in treatment?

Applying a Culturally-Responsive Lens

- How do you think Nasser's cultural background impacts his expression of emotions or his help-seeking behaviors?
- What do you think Nasser might believe is the solution to current challenges?
- How do you think Nasser's aunt and uncle respond to his misbehavior at school?
- What might it be like for Nasser to be living without any members of his biological family?
- How do you think living in a primarily White, suburban community in the U.S. impacts Nasser?
- How are core stressors in resettlement presently impacting Nasser's family system?


STRATEGY

Avoid Using Clinical Jargon

How might you explain a psychological difficulty without using mental health terminology?

"Imagine if you broke your leg because of an accident. Your leg is injured and you are feeling a lot of pain. In order for our leg to heal, it will need medicine, care, support, exercise, and time. When a person has been through a lot of hardship and suffering, their mind can also become injured. The mind can also feel a lot of pain. The difference between the leg injury and the injury of the mind, however, is that pain in our mind is not visible to most people. The mind (our pain on the inside) can also heal in a similar way as the leg, through medicine, care, support, exercise, and time."

Normalize Challenges Adjusting to a New Culture

"Most people who are adjusting to a new place where they don't speak the language or know the culture feel scared, worried, and sad. Some may feel angry because they cannot find work. Some may have a hard time understanding how things work in America. Learning these things takes time, but you will eventually understand and most people do feel better."

Focus on Student Success

- Articulate how services can reduce barriers to learning/success
- Provide education to parents about the school's expectation of them
- Partnerships and resource mapping; referrals
  - Connect family to resources in the community (e.g., financial opportunities, food pantry, etc.)
- Connect students with academic services and mentors

Strategies for Working with New American Families

- When possible, work with a cultural broker and/or community liaison
- Don't assume all families of a certain culture are the same
- Respect the families own understanding of the problem and the solution
  - Use culturally appropriate language and concepts
- Attend to confidentiality concerns and fears of systems/institutions
- Advocate for needed services; prioritize basic needs
- Ensure that your office space is welcoming and respectful of diverse cultural beliefs and values

Additional Strategies

- Pace the process with families; focus on building trust
- Focus on the positive and build from a place of strength
- Respect family roles; do not use children as interpreters
- Give children and families choices
- Share positive experiences (food, humor, language, stories, music, games)
- Helps families build connections with relatives, friends and community members
- When possible, do home visiting; get to know families
- Leave significant time for psychoeducation

Send Signals of Care

Caring interpersonal signals can remedy the emotional dysregulation created by provocative interpersonal signals.

Questions/Discussion

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.

Refugee Core Stressor Assessment Tool: https://is.gd/Corestressortool

Additional Resources

Our **Refugee Trauma webpage on the NCTSN website** provides the most current information about refugee youth, their needs and experiences, and provides guidance for service providers including teachers and educators

- http://nctsn.org/trauma-types/refugee-trauma

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/

THANK YOU!

"A journey of a thousand miles starts with one step."
-Lao-tzu, ancient Chinese philosopher

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Boston Children's Hospital
Until every child is well™

A PARTNER IN NCTSN
The National Child Traumatic Stress Network

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL