



Welcoming Newcomers:

**Responding to Trauma, Acculturation, and Reunification
in Recent Immigrant Youth**



**Gloria Saez, MSW, LICSW
Jen Virgo, MSW, LICSW**

**Mary's Center
School Based Mental Health Program**



Overview

- **Objectives:**

- Participants will be able to name at least three pre-immigration and three post-immigration stressors commonly experienced by youth coming to the U.S. from Latin American countries
- Participants will be able to describe culturally competent assessment questions and tools that elicit diagnostic information from immigrant youth and family members
- Participants will be able to implement three interventions for use in individual or group therapy settings with immigrant youth

- ***Please silence phones***

- ***Please put your name and email on sign-in sheet***



Mary's Center



Our Mission:

Building better futures through the delivery of wrap around services such as health care, mental health, education, and social services by embracing our culturally diverse community and providing the highest quality care, regardless of ability to pay.

Became a Federally Qualified Health Center in 2005

Provide Culturally and Linguistically Appropriate Services

Serve nearly 40,000 socially and medically vulnerable individuals

Historic focus on serving low-income immigrant families



School Based Mental Health (SBMH)

- SY 2016-17: served **856** clients through **9,488** encounters in **15** schools
- Partner schools are majority Medicaid-insured students

Tier 1

- School health and advisory lessons on socioemotional wellness
- Workshops for parents on positive discipline and stress management
- Trainings for teachers on trauma-informed education
- Care coordination and advocacy in school & community for high-intensity clients

Tier 2

- Interdisciplinary team meetings to discuss supports for at-risk students
- Targeted parent workshops on cyber bullying, gang prevention, family reunification
- Short-term, brief counseling episodes of care for at-risk students

Tier 3

- Individual therapy (ex: Trauma-focused Cognitive Behavioral Therapy, Newcomer support)**
- Group therapy (ex: mindfulness, anger management, anxiety, newcomer support)**
- Family therapy (ex: Parent-Child Interaction Therapy, Attachment-based Family Therapy)
- Community Support services – with grant support



Culture

Culture is the intersection of people and life itself.
It is how we deal with life, with love, with death,
with birth, with disappointment...all of that is
expressed in culture

Wendell Price



Common stressors for Migrant Youth



Pre-migration Stressors

- Gang violence or other community violence (threats or injury to youth or even death of a loved one)
- Attachment trauma (for youth separated from their parents d/t parental migration years prior to youth migration)
- Abuse or neglect (especially in cases where youth was not well supervised or left with family members ill-prepared to care for them)

Stressors During Migration

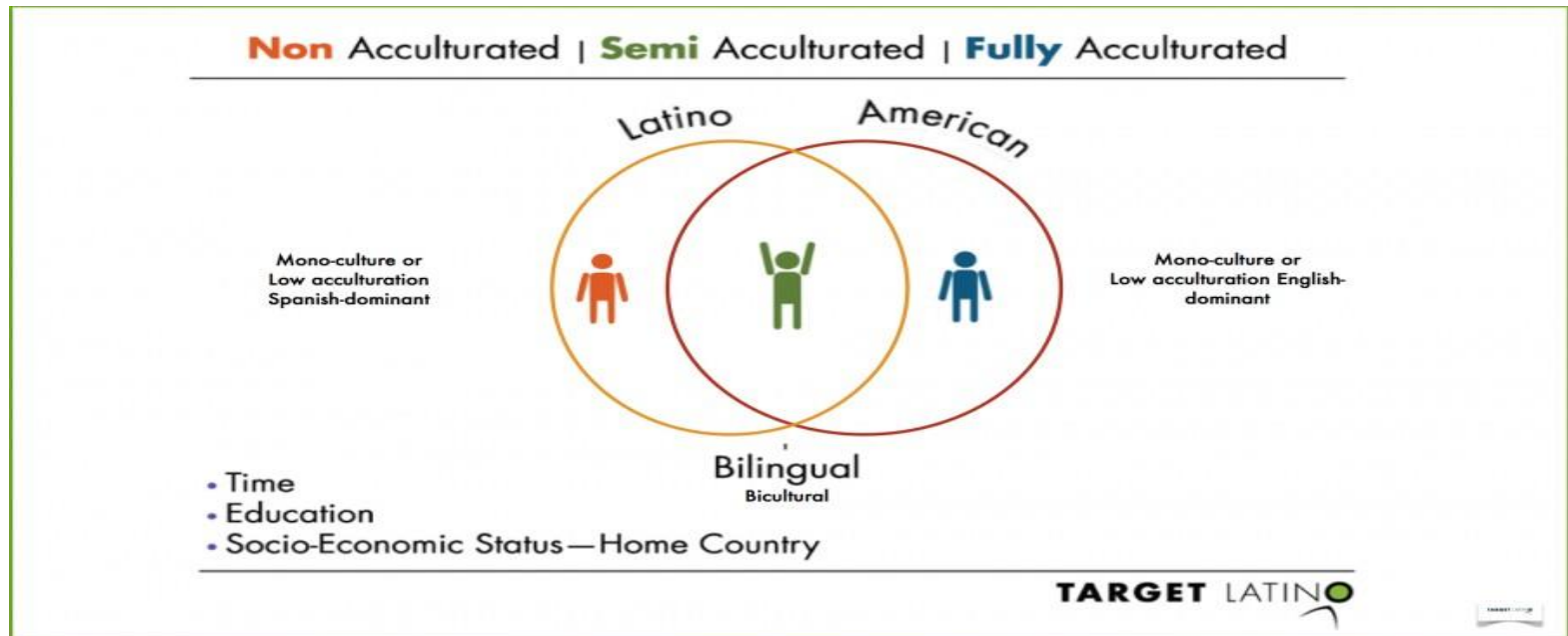
- Neglect (hunger, exposure to elements)
- Abuse on the journey
- Separation from loved ones, fear and confusion during capture, detention, prior to reunification



Common Post-Migration Stressors

Post-migration Stressors:

- Acculturation and or Assimilation
(language, food, music, gestures, concept of time, religious beliefs)





Common Post Migration Stressors

School-specific stressors

- Level of services available for ELL students
- Academic challenges such as interrupted education or poor academic preparation
- Parental education level and knowledge about navigating school system





Common Post Migration Stressors

•Family-specific stressors

- Reunification challenges
- Grief over separation from primary caregiver
- Untreated trauma of youth and parents
- Differential acculturation
- Fear of deportation
- Economic strain





Impact on Mental Health

- Latino youth have the highest rates of depressive and suicidal symptoms of any ethnic group in the U.S.
- Rates of post-traumatic stress disorder (PTSD) and risk for anxiety and behavioral problems are also elevated among Latino youth
- Illicit drug and alcohol use tends to be higher among young Latinos than other groups and for some may be a response to living with chronic stress

Source: Mental Health Services for Latino Youth: Bridging Culture and Evidence (National Council of La Raza)(p.8)



Protective Factors



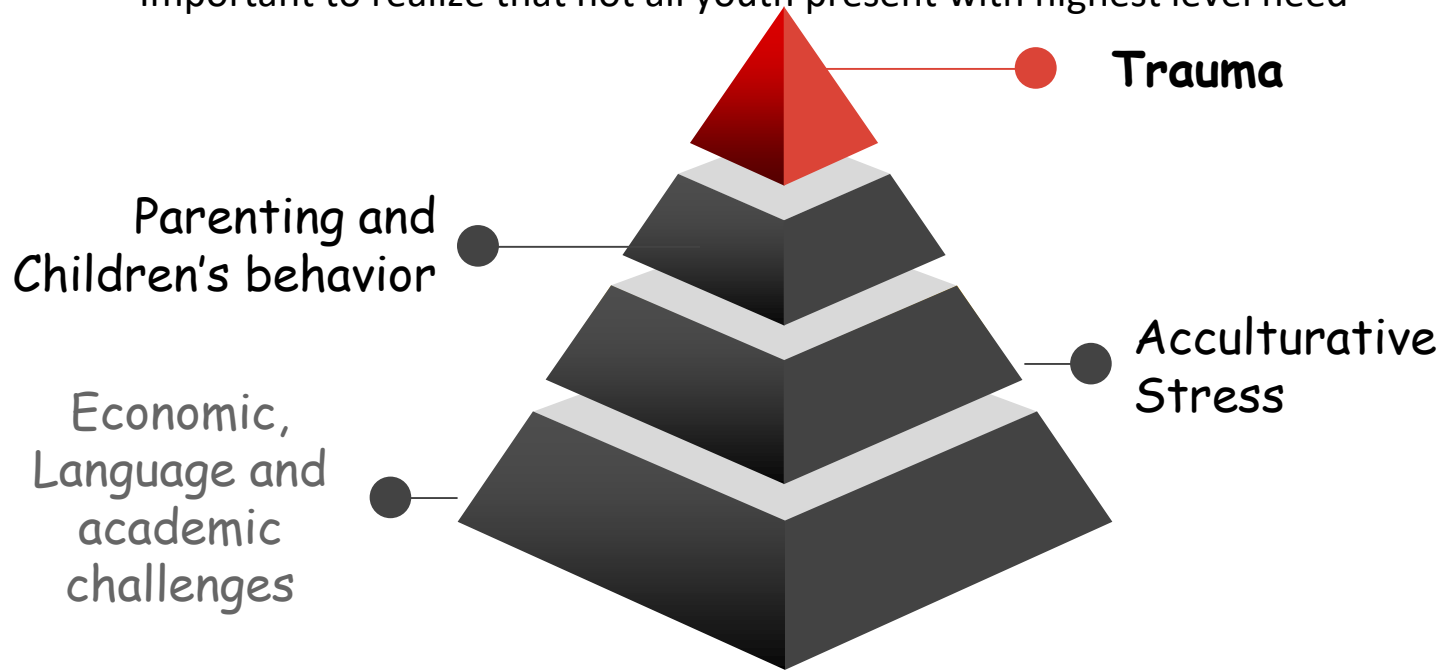
! Pathology can obscure underlying strengths

- Protective factors common to Latino cultures contribute to resilience and youth ability to combat these disorders:
 - Familism
 - Collectivism
 - Personalism
 - Respect
 - Religion and Spirituality
 - Look for the unique protective factors of each individual!



Challenges Facing Immigrants and Refugees

- Important to realize that not all youth present with highest level need

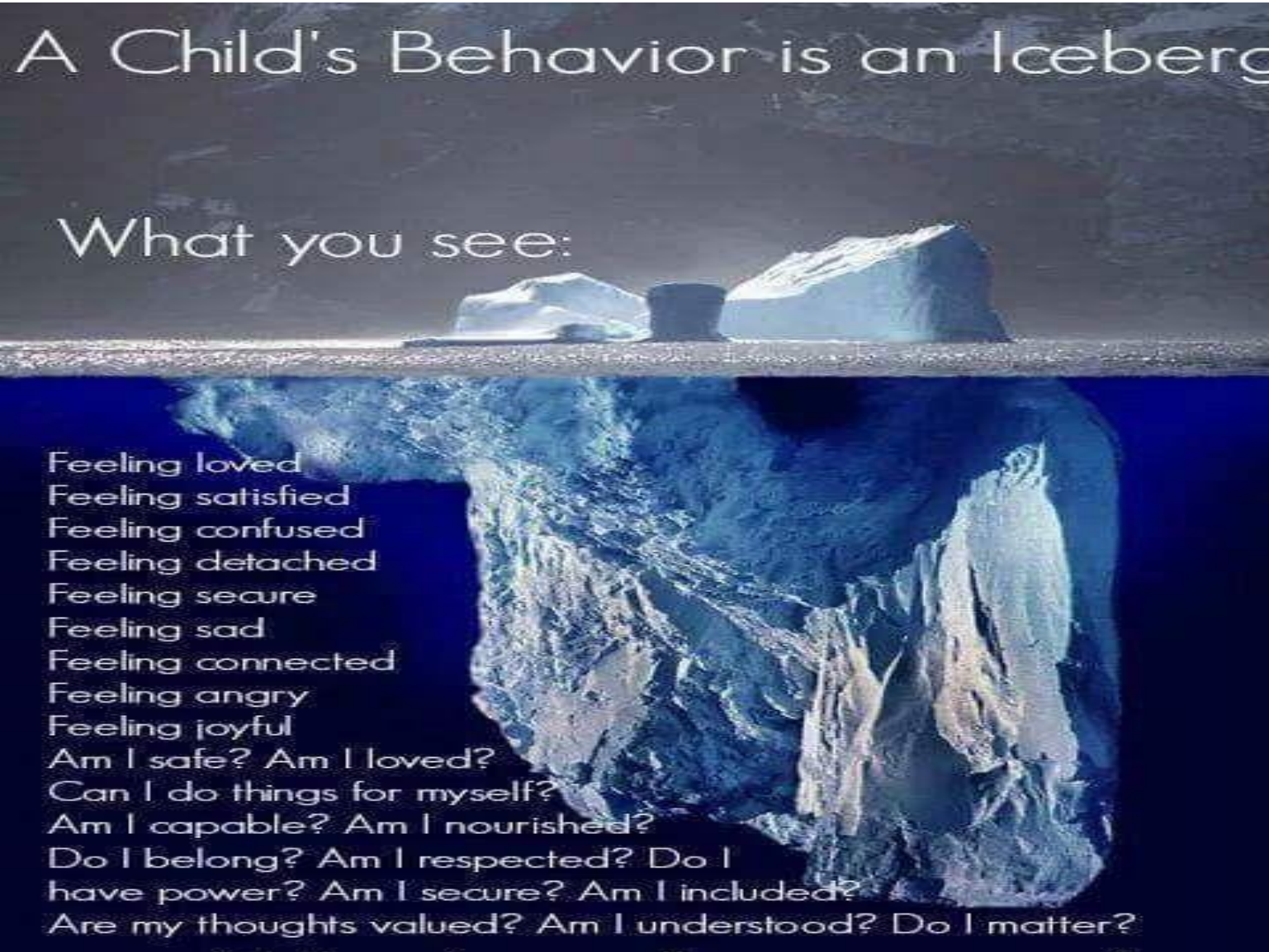


Challenges facing immigrants and refugees (source: Comparative Case Studies of Caring Across Communities)



A Child's Behavior is an Iceberg

What you see:



Feeling loved
Feeling satisfied
Feeling confused
Feeling detached
Feeling secure
Feeling sad
Feeling connected
Feeling angry
Feeling joyful
Am I safe? Am I loved?
Can I do things for myself?
Am I capable? Am I nourished?
Do I belong? Am I respected? Do I
have power? Am I secure? Am I included?
Are my thoughts valued? Am I understood? Do I matter?

(What's really going on)



Intake

- Educate yourself about population and culture
- Explain your role
- Explain your agency
- Frame mental health as helping one be happy and healthy
- Use terms as support, emotional support instead of therapy, normalize need for supportive services





Assessment

- Culturally competent, age appropriate questions
- Family engagement is key
- Ask very specific questions about trauma,
- Explore protective factors (pre and post immigration)





Assessment

- Use additional screening tools as needed (ie. PCL, ACE, OHIO)
- Rule out and assess for dual diagnosis
- Determine whether basic needs are met; link to resources
- Determine readiness for group and or individual
- For a group, determine collective need for building rapport, addressing trauma





Example of Migration Questions

How long ago did you arrive to the US?

What prompted your migration? (Why did you leave?)

Were you detained by any immigration agency (US or Other)?

If you were detained, how long were you detained for and where?

How long did it take to return to your country of origin?

Did you travel by land, sea, or air?

Did you travel by yourself or with someone?

Did you witness anyone being beaten or raped during your journey? Were you hungry at any point?

How did you arrive to your family? (Through INS, dropped off by coyote?)

How much time did it take to be reunited with your family members?

Was there an instance in which you felt, the coyote was lying about when you would arrive to the US?

If you were detained by ICE, how long were you in the detention center (la llelera)?

Were you placed in a foster home? If so, how long?

Does client/family owe a debt for their journey?

Are there any ongoing threats to the client/family in US and/or family in home country?

With whom they were planning to be reunited/where was their planned destination?



Interventions

Goals

- **Facilitate connection, belonging, and recovery**
 - ❖ Build capacity to name, express, and cope with feelings
 - ❖ Build supports among peers, school staff, other natural supports
 - ❖ **Build capacity to address challenges of:**
acculturation, reunification, and grief and loss
 - ❖ Build a personal narrative of survival and resilience

When trauma is involved, group work should be multi-phasic

Big or small “T’s” are more appropriately addressed in individual sessions!!!





Trauma

Trauma, according to the DSM V is now defined as exposure to actual or threatened death, serious injury or sexual violence in one or more of four ways: (a) directly experiencing the event; (b) witnessing, in person, the event occurring to others; (c) learning that such an event happened to a close family member or friend; and (d) experiencing repeated or extreme exposure to aversive details of such events, such as with first responders. Actual or threatened death must have occurred in a violent or accidental manner; and experiencing cannot include exposure through electronic media, television, movies or pictures, unless it is work-related.





Interventions

- **Icebreakers**
 - Culturally-adapted bingo
 - Zip-Zap-Zop renamed
- **Coping Skills**
 - Mindfulness
 - Diaphragmatic Breathing
 - Grounding
- **Emotional Intelligence**
 - Charades
 - What's in Your Heart





Intervention

Acculturation

Psychoeducation

Backpack

Reunification

Psychoeducation

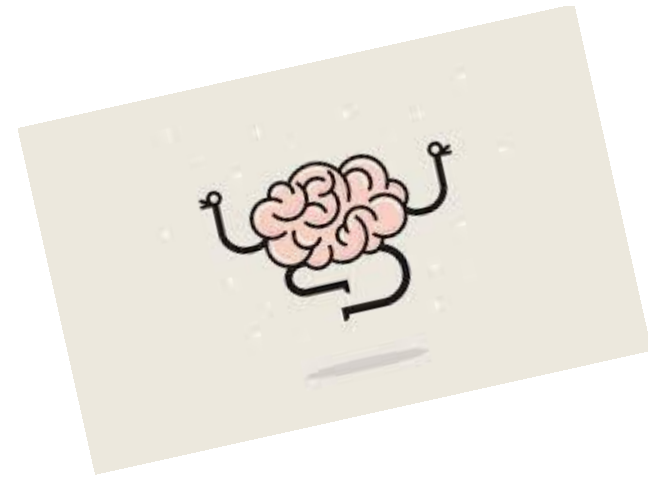
My Dream - My Experience

Conjoint Sessions

Grief and Loss

Psychoeducation

Memory Box





Intervention

Narrative of Resiliency

Time -Line

Collective Canvas

Celebration





Sources

- Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma
(partners in The National Child Traumatic Stress Network)
- <file:///C:/Users/mcguest/Downloads/Adaptation%20Guidelines%20for%20Serving%20Latino%20Children%20and%20Families%20Affected%20by%20Trauma.pdf>
- Comparative Case Study of Caring Across Communities: Identifying Essential Components of Comprehensive School-Linked Mental Health Services for Refugee and Immigrant Children
(The Center for Health and Healthcare in Schools)
- http://www.healthinschools.org/wp-content/uploads/2016/10/CAC-Briefing-Kit_FINAL.pdf
- Forced to Flee Central America's Northern Triangle: A Neglected Humanitarian Crisis
(Doctors Without Borders)
- http://www.doctorswithoutborders.org/sites/usa/files/msf_forced-to-flee-central-americas-northern-triangle_6.30.pdf
- Mental Health Services for Latino Youth: Bridging Culture and Evidence
(National Council of La Raza)
- http://publications.unidosus.org/bitstream/handle/123456789/1673/MentalHealthServices_122016.pdf?sequence=4&isAllowed=y



For additional information:

Mary's Center's SBMH Program:

www.maryscenter.org/sbmh

Gloria Saez, MSW, LICSW

gsaez@maryscenter.org

Jen Virgo, MSW, LICSW

jvirgo@maryscenter.org