Promoting Resilience through Trauma-Informed Care: Promising Practices for Immigrants and Refugees

Lyn Morland & Tarima Levine

New Jersey Statewide Network for Cultural Competence 2015 Conference, November 9, 2015
1. Setting the Scene
   • Children in immigrant families
   • Diversity among all immigrants

2. Expanding Trauma-Informed Care
   • Immigrants and refugees: Why a special focus?
   • The Model: Culturally responsive practice

3. Case Studies: Child welfare & schools

4. Small Groups: Application to your contexts

5. Take-homes & Resources

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Setting the Scene

QUICK FACTS: IMMIGRANTS AND REFUGEES

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Unprecedented numbers....

- Largest numbers of immigrants today in U.S. history
- Children of immigrants are the fastest growing segment of the U.S. child population
- 37% of children in NJ have at least one immigrant parent; 86% of these children are US-born (MPI, ACS 2013 data)
Quick Facts: Immigrants & Refugees

Unprecedented diversity...

• In 2014, U.S. immigrants come from more than 130 countries, largest groups from Latin America and Asia.

• Refugees, relatively small proportion, came from over 80 countries, and spoke over 288 languages (Burma = 61 languages; Somalia = 31 languages) (MPI, 2015)
Expanding Trauma-Informed Care

CULTURALLY RESPONSIVE PRACTICE

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Expanding Trauma-Informed Care

Immigrants and refugees: Why a special focus?

- Migration experiences
- Resettlement experiences
- Diversity of cultures and backgrounds

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Migration experiences

- Reasons for migration (forced, voluntary)
- Physical/emotional trauma before, during, and after migration
- Separation from/loss of key family members
- Loss of all that is familiar... cherished roles, community, and homeland
Resettlement experiences

- Societal/community reception
- Resettlement stress
- Acculturation stress
- Discrimination
- Implications of undocumented status
Diversity of cultures and backgrounds

- Diverse backgrounds (SES, cultures, experiences)
- Languages, literacy, access to interpretation
- Deeply held cultural experiences and beliefs regarding illness, expressions of distress, healing
- Access to preventive services and treatment
- Access to legal relief, if needed
Protective factors – supports and opportunities that promote healthy behaviors – are more predictive of adjustment than are risk factors

- risk factors predict negative outcomes in 20-49% of a high risk population
- protective factors predict positive outcomes in 50-80% of a high-risk population (Rutter, 1987, 2000; Werner, 2001)

Strengths

- Rebuilding supportive communities
- Sustaining cultural and religious beliefs
- Strong family cohesion
- Social and emotional skills
- Ethnic pride
- Drive to succeed
- “Immigrant optimism”
Strengths, examples

- Rebuilding supportive communities
- Sustaining cultural and religious beliefs

Question to Mixtec/Zapotec mothers:

“How did you make it through such a difficult journey to the U.S. and then through such hard times once you arrived here?”

Their response:

“Religion! It gives us strength. After we established a community here, we had our town’s saint carried over the mountains all the way from Oaxaca [to California]. Then we brought the town priest too.”

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Strengths, cont’d

- **Strong family cohesion**: Two parent families, extended family in home or nearby, “sociocentric” values

- **Social and emotional skills**: Pre-K children in immigrant families rated higher on social emotional skills

- **Ethnic pride**: Positive identity with culture supports healthy development

- **Drive to succeed**: Especially through children’s education

- **“Immigrant optimism”**: Success IS possible

---

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Cultural Assessment Framework

- Migration history and experience
- Family and cultural values & traditions, background, acculturation
- Cultural values and beliefs (regarding mental health, education, child maltreatment, etc)
- Current U.S. context (community/extended family, legal status, discrimination, etc)

Adapted from Dettlaff (2008)

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Expanding Trauma-Informed Care

The Model: Culturally Responsive Practice (CRP)*

Culturally responsive practice is strengths-based practice

- **Begins with:** Critical self-awareness and cultural knowledge (migration, cultural, social contexts)
- **Builds:** Practical skills
- **Changes:** Organizations and service systems

* Bank Street's Culturally Responsive Practice Model
OPRE’s Cultural Responsiveness Model

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Case Vignette

FOR DISCUSSION

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Marielena

- At age 14 Marielena left El Salvador to look for her mother, who left her with her now-ill grandmother 6 years earlier to find work in the US.
- She met other teens on the way, and a coyote promised to help them across the U.S. border.
- Once in the US, the coyote tried to force Marielena and her teenage friends into prostitution to repay him.
- Marielena was able to escape and find her mother.
- She found her mother had remarried and started a new family, and Marielena is having difficulty getting along with her stepfather and siblings.
- She is worried about her grandmother’s health and her friends who could not escape, and seems withdrawn.
- In school, she is quiet and well-behaved but has difficulty concentrating, is falling behind, and is often teased by other teens for being slow.

Small Group Discussion

CASE EXAMPLES

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Questions for Small Groups

*Use the case study provided or choose one from your own practice to discuss the following questions:*

- What is your assessment of the challenges and strengths for this child and family using the Cultural Assessment Framework?
- What is your approach to working with this family based on the Culturally Responsive Practice model?
- To what degree do you currently use this approach in your work?
- What challenges/successes have you had?
- How would you change the way your agency serves immigrants and refugees?

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Trauma-Informed Care & Culture Resources

The Center for Health and Healthcare in Schools:  

*Partnering with Parents and Families to Support Immigrant and Refugee Children at School:*

www.rwjf.org/files/research/partneringwithparentsandfamiliesimmigrants.pdf

*Screening and Assessing Immigrant and Refugee Youth in School-Based Mental Health Programs:*


The National Child Traumatic Stress Network:  
http://nctsnet.org/resources/topics/culture-andtrauma/resources

The National Consortium of **Torture Treatment** Programs:  
http://www.ncttp.org/

US Committee for Refugees and Immigrants (USCRI) Mental Health Resources:  

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Refugee Resources

Refugee Families

Handbook | Ways to Use the Handbook | Handbook Tip Sheets


Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
For more information

Center on Immigration and Child Welfare (CICW), University of Houston, Graduate College of Social Work
www.cimmcw.org

Center for Culturally Responsive Practice, Bank Street College of Education, NYC
https://www.bankstreet.edu/pre-k-summer-institute/culturally-responsive-practice/

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015
Lyn Morland, MSW, MA
lynmorland@gmail.com
Center on Immigration and Child Welfare
Bank Street College of Education

Tarima Levine, MEd
tlevine@bankstreet.edu
Bank Street College of Education
References


Thank you!

Morland, Immigrants & Refugees, NJSNCC Conference, November 9, 2015