



HARVARD MEDICAL SCHOOL



Children's Hospital Boston

NCTSN

The National Child
Traumatic Stress Network

Treating Traumatized Immigrant and Refugee Youth

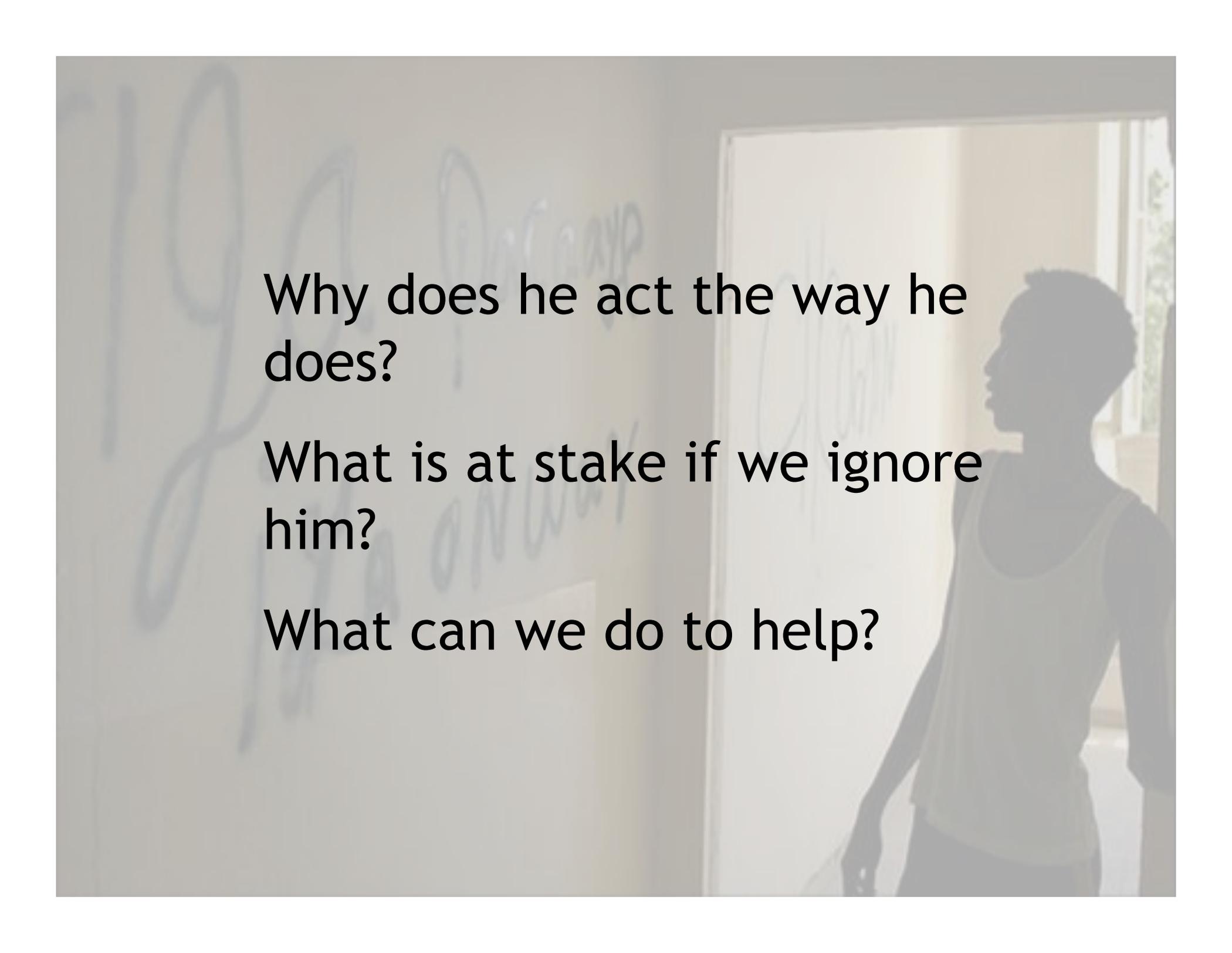
B. Heidi Ellis

Harvard Medical School

Children's Hospital Center for Refugee Trauma and Resilience

Egal





Why does he act the way he does?

What is at stake if we ignore him?

What can we do to help?

Prevalence

world-wide

- Approximately 11.4 million refugees and people in refugee-like situations world-wide
- About half of these are children <18yrs

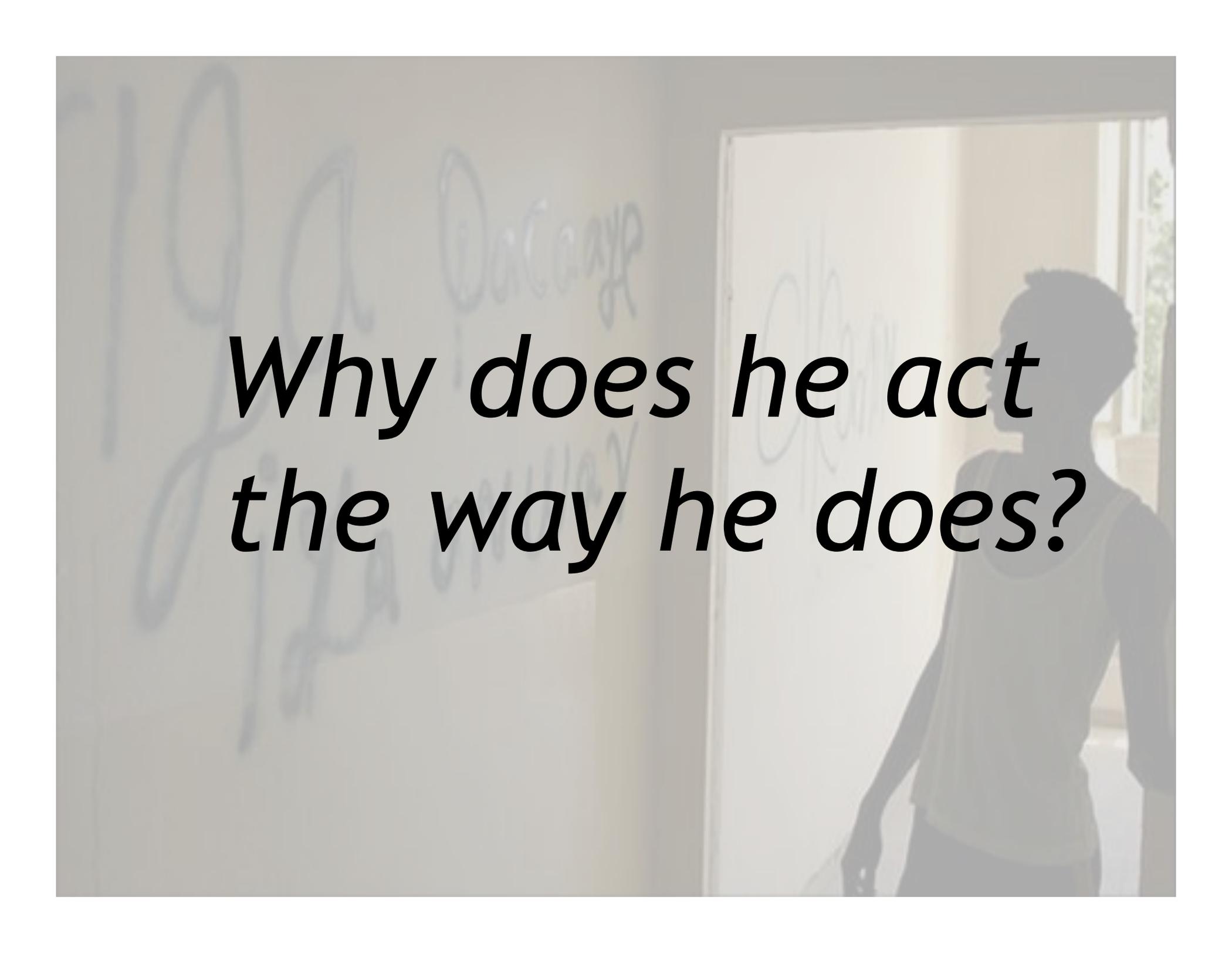
UNHCR 2007; www.unhcr.org/statistics

Prevalence

United States

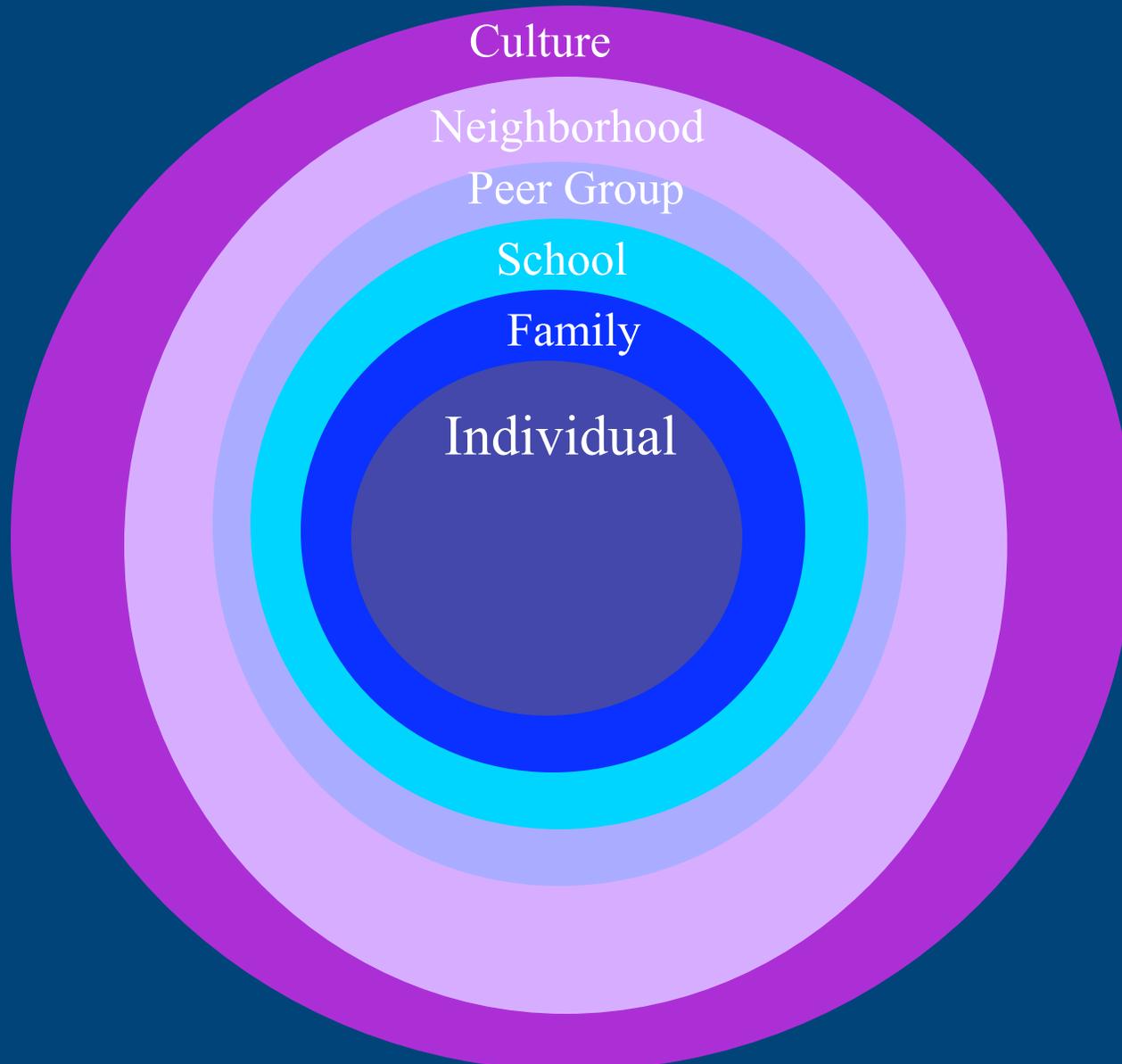
- Approximately 1 million refugees and people in refugee-like situations in the U.S.
- About 38% of these are children <18yrs

UNHCR 2007; www.unhcr.org/statistics

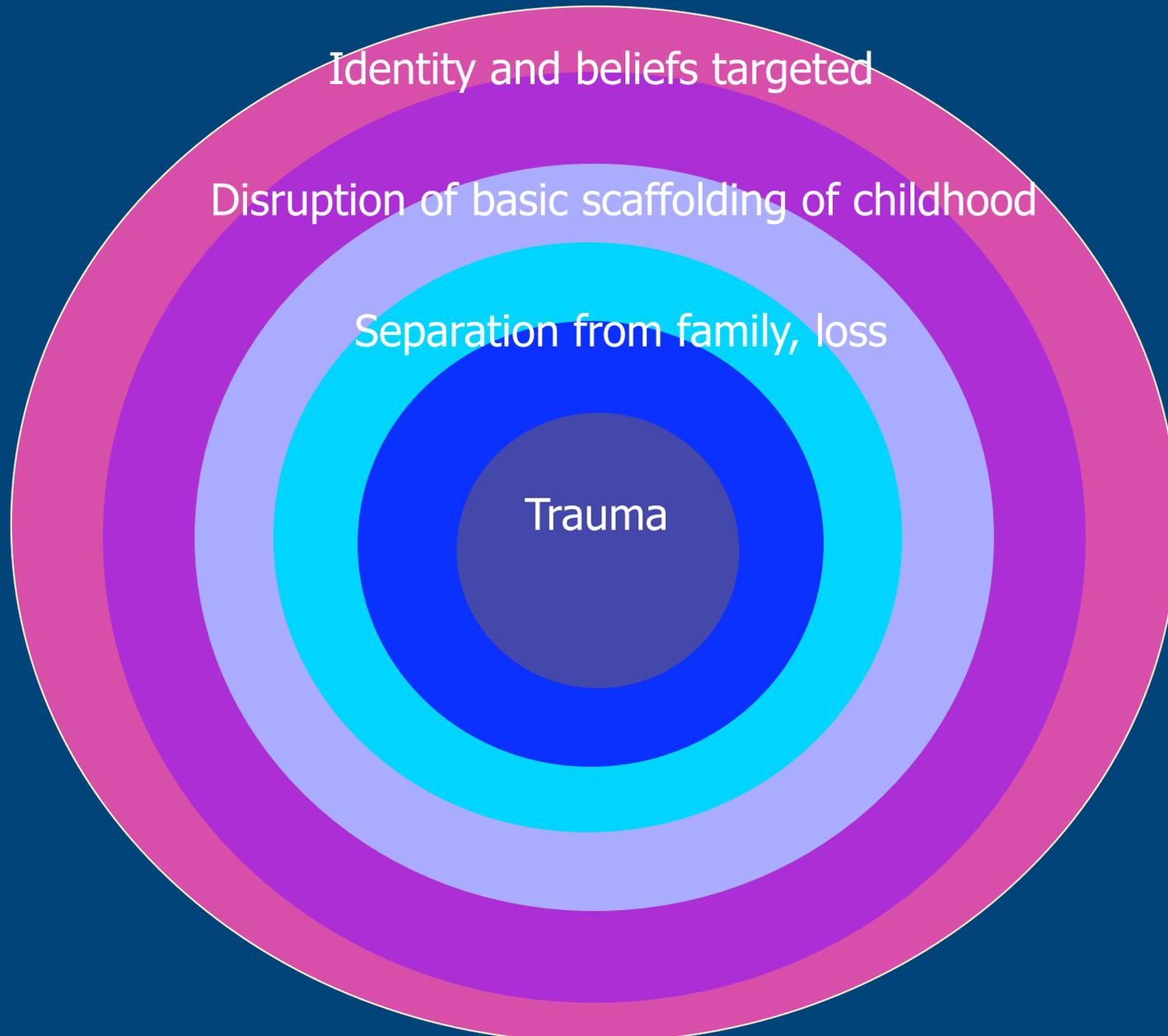
A person's silhouette is shown in profile, standing in a doorway and looking towards a whiteboard. The whiteboard has some faint, illegible writing on it. The scene is dimly lit, with the person's silhouette being the most prominent feature.

***Why does he act
the way he does?***

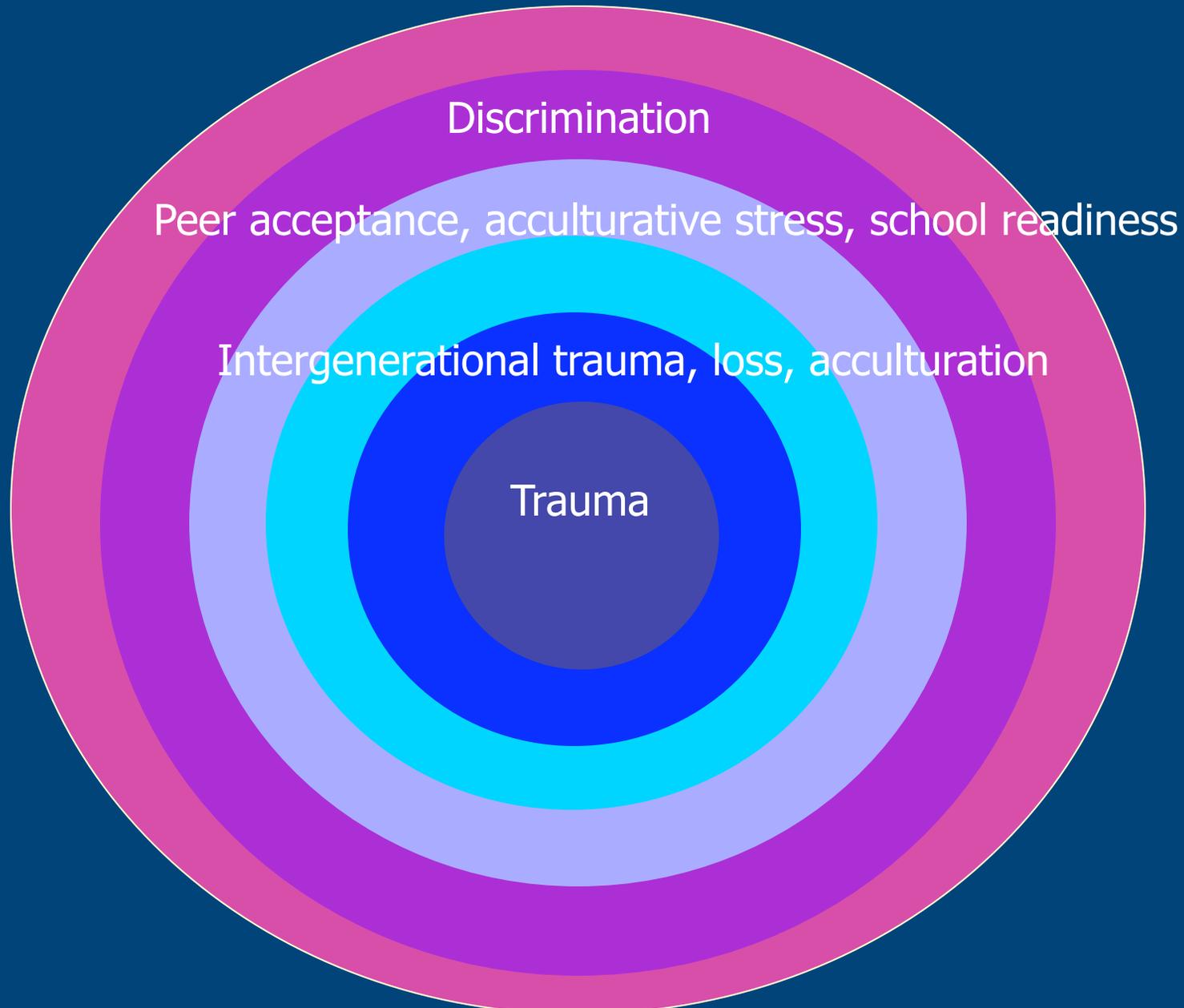
Social-Ecological Model



Pre-migration / migration

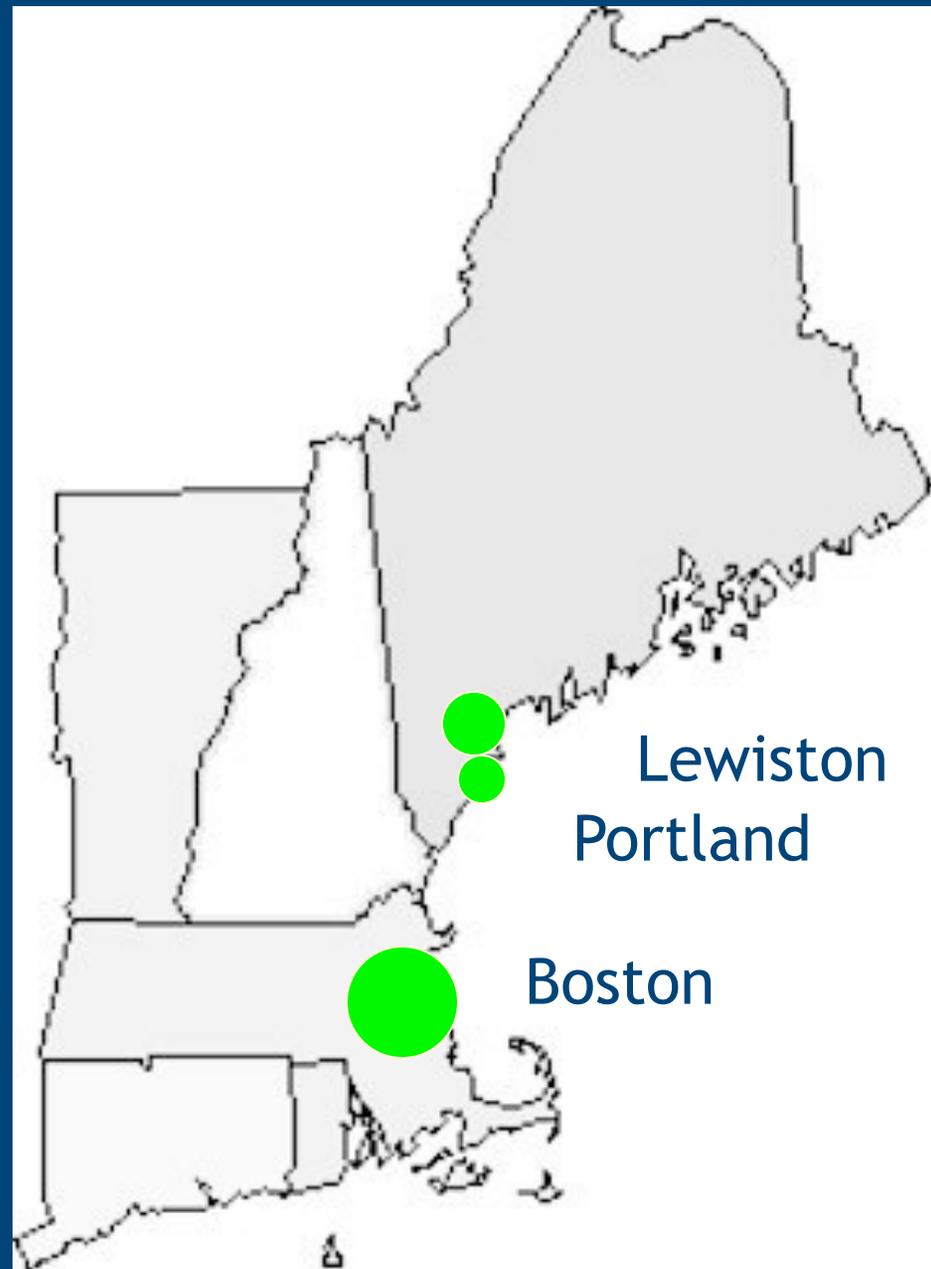


Resettlement

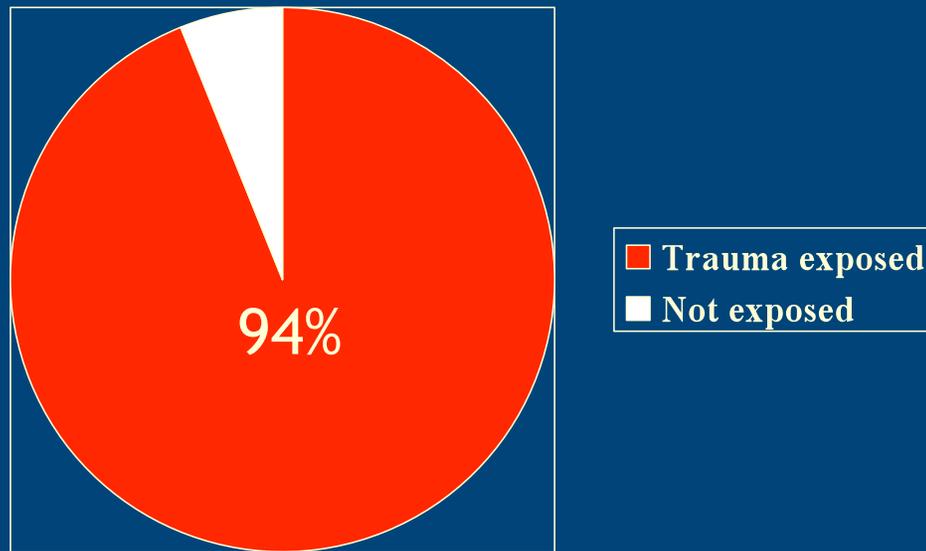


Somali Youth Experience Project

- N = 144
- Ages 11-19, living in U.S. at least 1 year
- Community sample

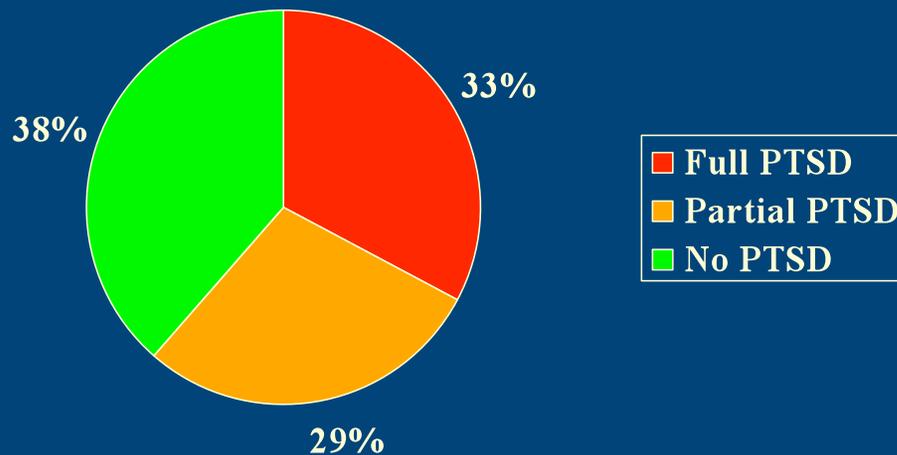


Trauma exposure

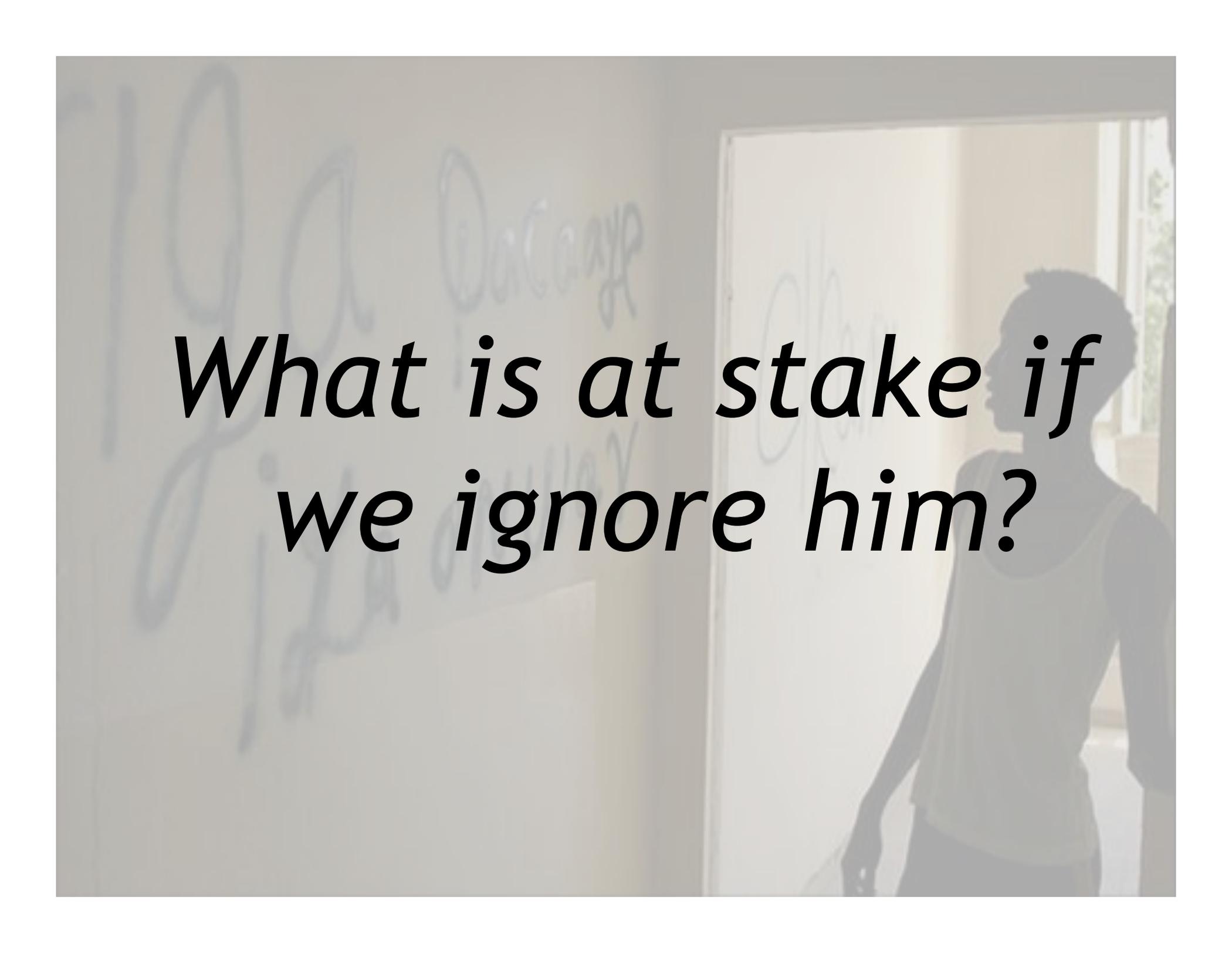


- Average 7 traumatic events (range 0-22)

Posttraumatic Stress Disorder (PTSD)



- Nearly 2/3 of youth reported significant PTSD symptoms, and 1/3 screened positive for Full PTSD

A person in silhouette stands in a doorway, looking out. The background is a whiteboard with faint, illegible writing. The overall scene is dimly lit, with the person's silhouette being the most prominent feature.

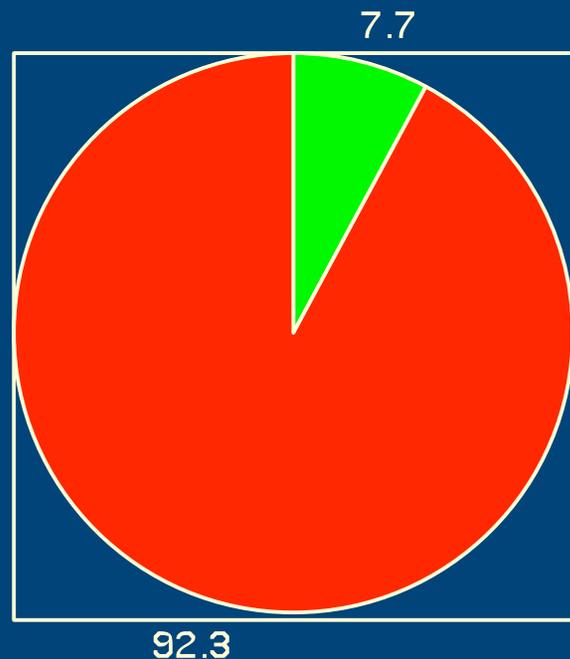
***What is at stake if
we ignore him?***

Consequences of traumatic stress

- Social
 - Drug abuse
 - School failure
 - Anti-social behavior
 - Isolation/withdrawal
- Psychological
 - Posttraumatic Stress Disorder
 - Reexperiencing, Avoidance, Hyperarousal
 - Depression
 - Conduct disorder
 - Emotion Regulation



Are refugee youth receiving services?



Parent and adolescent report of formal service use by the 26 'in need' adolescents

■ Formal Services ■ No Services

A person in silhouette stands in a room with graffiti on the wall. The person is wearing a tank top and is looking towards the right. The wall behind them has various graffiti, including the words "ONWAY" and "ONWAY". The overall scene is dimly lit, with the person's silhouette being the most prominent feature.

How can we help?

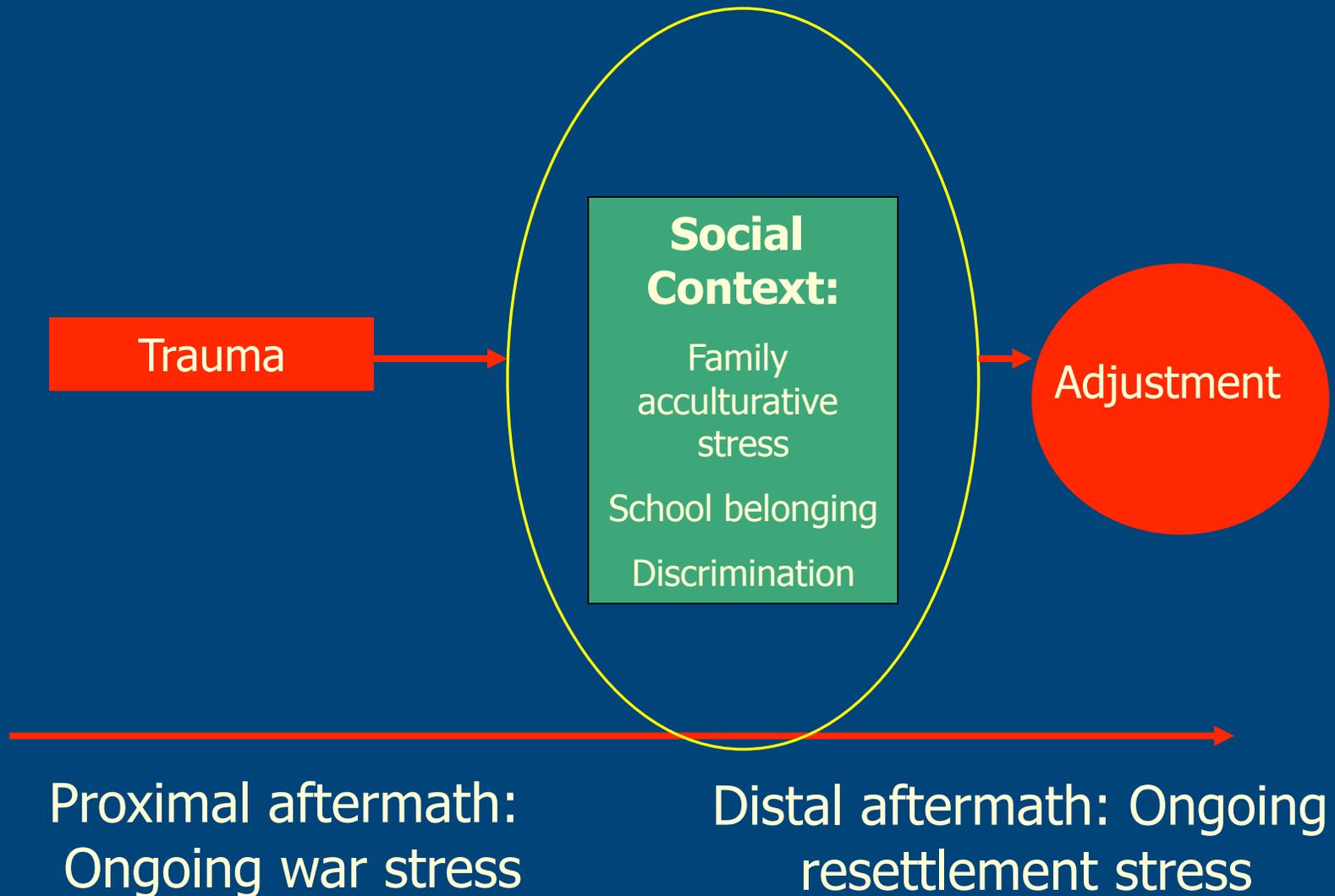
Trauma and adjustment



Proximal aftermath:
Ongoing war stress

Distal aftermath: Ongoing
resettlement stress

Trauma and Social Context



Project SHIFA: Supporting the Health of Immigrant Families and Adolescents



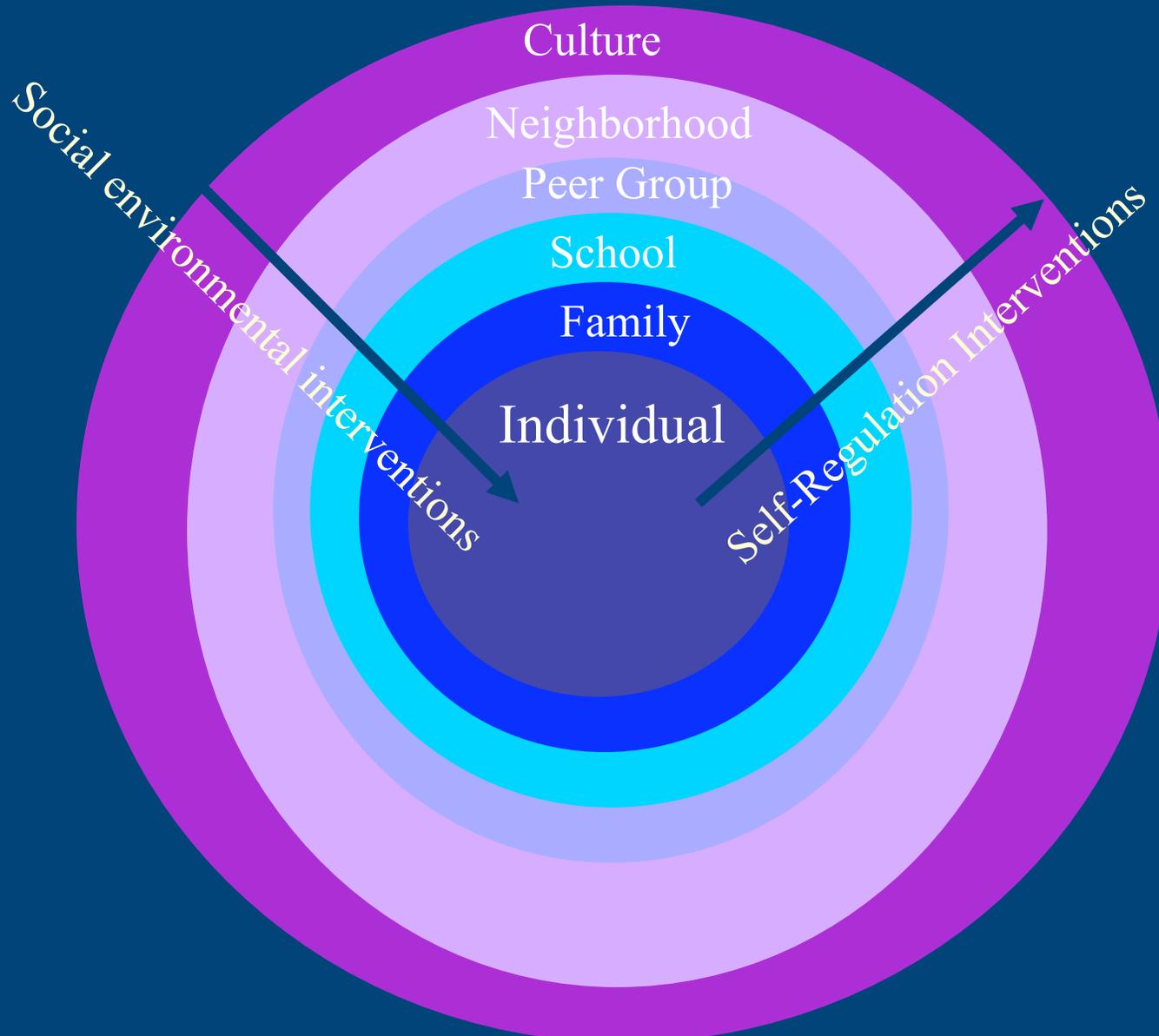
*Funding provided by the Robert Wood Johnson
Foundation Caring across Communities initiative*

It's about a trauma system...

1) A traumatized child who is unable to regulate emotional states,

2) A social-environment/system-of-care that cannot help contain this dysregulation.

Social-Ecological Model



Partnership:

- **Mental Health Providers** (Children's Hospital Boston, Boston University School of Social Work, Home for Little Wanderers)
- **Somali community agencies** (Refugee and Immigrant Assistance Center, Somali Development Center)
- **School** (Boston Public Schools, Lilla G. Frederick Middle Schools, Alliance for Inclusion and Prevention)



- **Families** (Family advisory board, parents)

The Base: Social Context and Trauma

Trauma

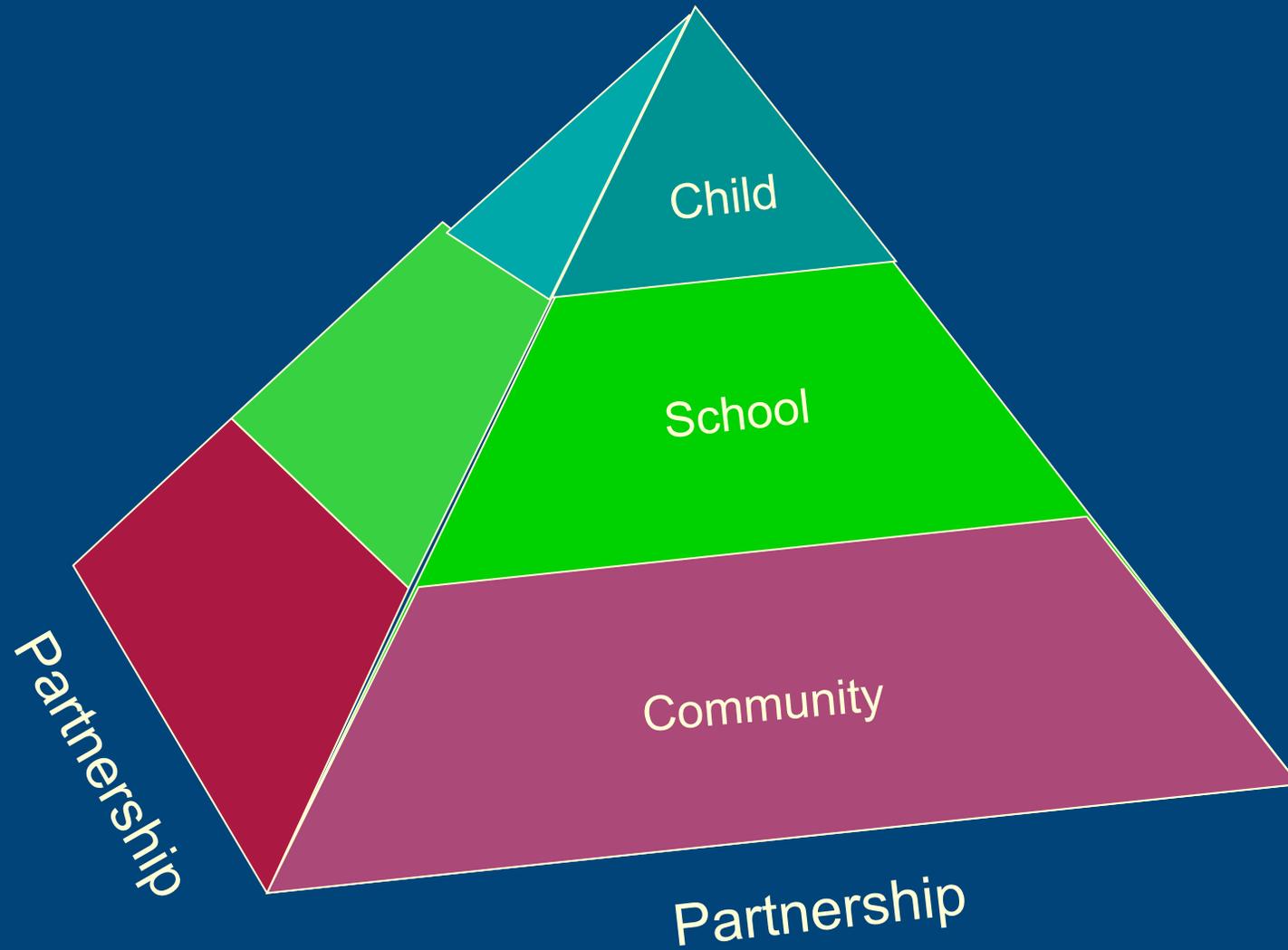
Resettlement
stress



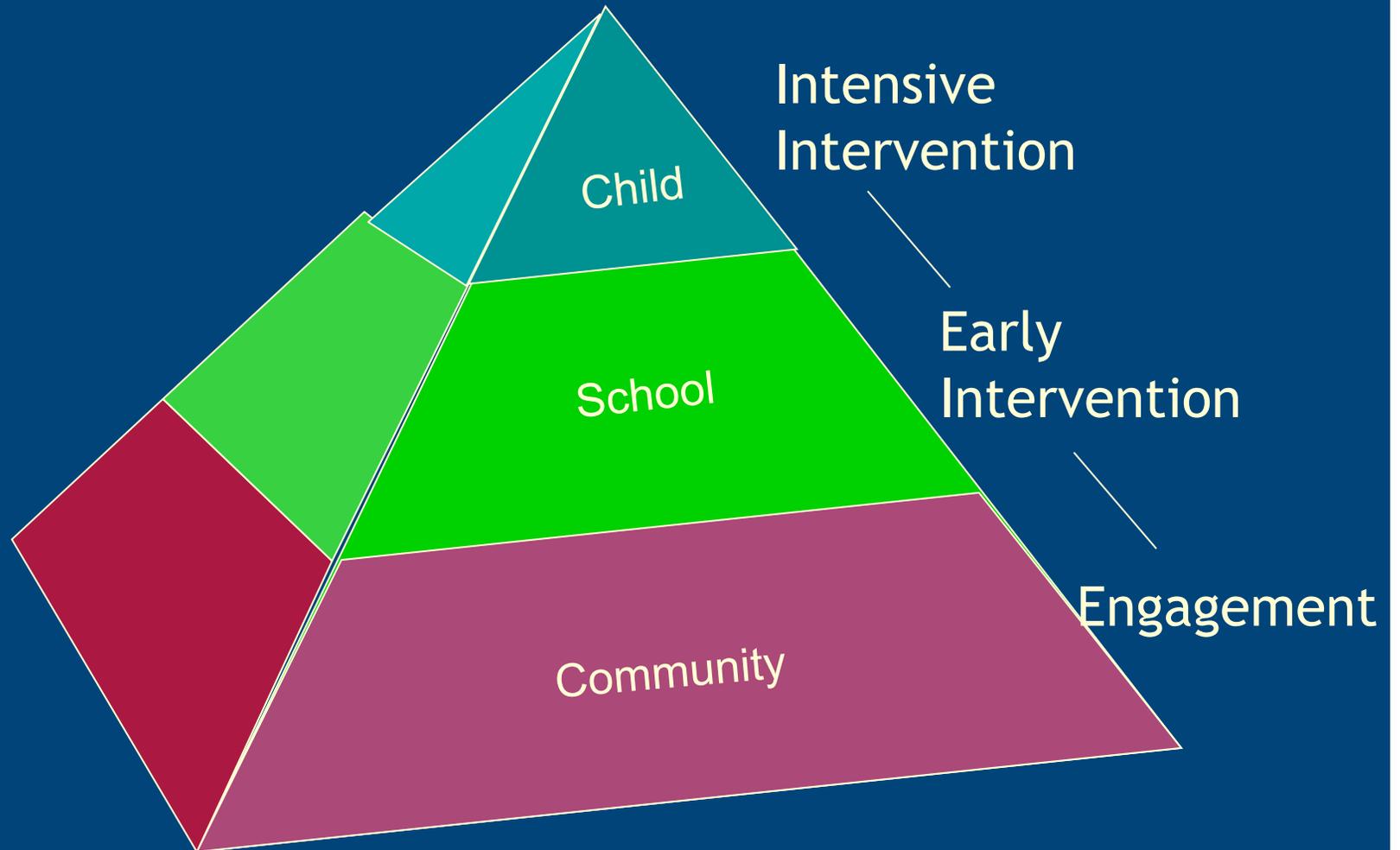
Isolation

Acculturative
stress

Continuum of care



Continuum of care



Community

Approach:

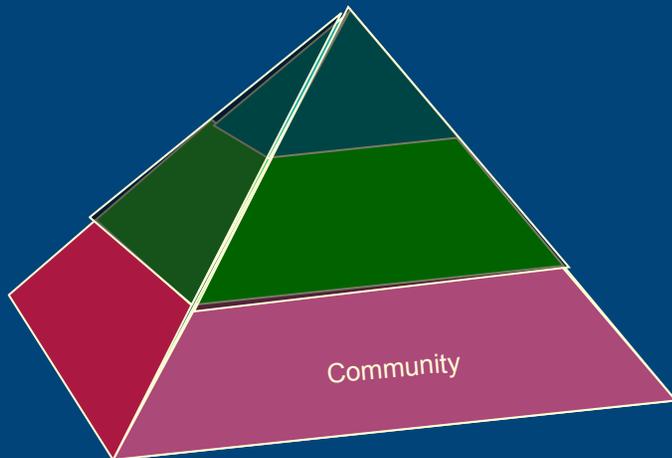
Parent outreach lead by
Community-based organization

Goals:

Engage parents as partners in
advocating for children

Connect with parents *before*
problems emerge

Connect parents with school
and beyond



School

Approach:

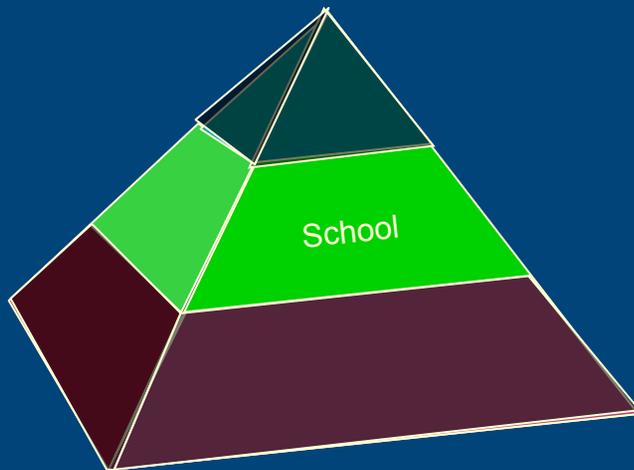
School-based youth groups
Teacher consultation

Goals:

Connect with youth in non-stigmatized setting

Connect *before* problems emerge

Address core risk factors of alienation, discrimination



Child

Approach:

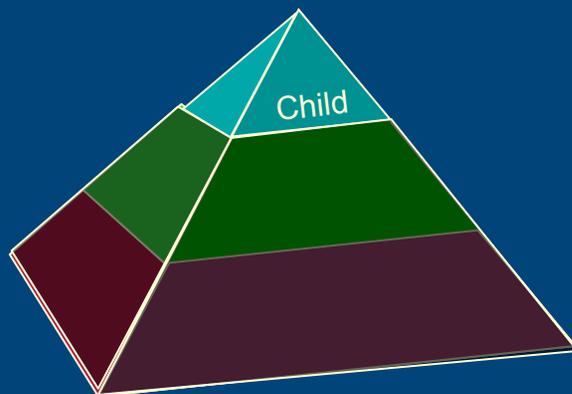
Trauma Systems Therapy: Evidence-based mental health intervention addressing key stressors in the social environment and related emotional dysregulation

Goals:

Engage child and family

Decrease child traumatic stress symptoms

Prevent long-term negative outcomes



Outcomes

- Community

 - Family advisory board

 - 100% engagement in treatment

 - Families and youth self-referring

- Family

 - Decrease in acculturative stress in family

- School

 - Increase in sense of belonging, decrease in rejection

 - Decrease in experiences of discrimination



- Child

 - Decrease in PTSD symptoms

 - Decrease in Depression symptoms

Contact information:

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[http://www.childrenshospital.org/clinicalservices/
Site1936/mainpageS1936P24.html](http://www.childrenshospital.org/clinicalservices/Site1936/mainpageS1936P24.html)

[http://www.healthinschools.org/Immigrant-and-Refugee-
Children/Caring-Across-Communities/Boston.aspx](http://www.healthinschools.org/Immigrant-and-Refugee-Children/Caring-Across-Communities/Boston.aspx)

<http://traumasystemstherapy.com/>