Treating Traumatized Immigrant and Refugee Youth

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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
Why does he act the way he does?
Pre-migration / migration

Identity and beliefs targeted

Disruption of basic scaffolding of childhood

Separation from family, loss

Trauma
Somali Youth Experience Project

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

Locations:
- Boston
- Lewiston
- Portland
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.
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

92.3

7.7

Formal Services

No Services
How can we help?
Trauma and adjustment

Proximal aftermath: Ongoing war stress

Distal aftermath: Ongoing resettlement stress
Trauma and Social Context

Proximal aftermath: Ongoing war stress

Distal aftermath: Ongoing resettlement stress

Social Context:
- Family acculturative stress
- School belonging
- Discrimination

Adjustment

Trauma
Project SHIFA: Supporting the Health of Immigrant Families and Adolescents

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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.
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

Mental health promotion for refugee children

Trauma

Resettlement stress

Isolation

Acculturative stress
Continuum of care

- Child
- School
- Community
- Partnership
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
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http://traumasystemstherapy.com/