Overview: Trauma Informed Care with Refugee and Immigrant Populations

- Ragan Schriver, PsyD, MSW
  - Special Assistant to the President, Catholic Charities USA
  - Assistant Professor, College of Social Work, University of Tennessee, Knoxville
Understanding Needs of Displaced Populations

- 45.2 Million people in the world displaced from their homes
  - Poverty
  - Persecution
  - Natural disasters
  - In search of security

- Displaced groups in the U.S.
  - Immigrants - 125 countries represented (Census difficulties)
    - Poverty and associated stressors - poverty rate 19%
  - Children of Immigrants - 1/5 U.S. Population
    - Bicultural heritage, majority bilingual households
  - Refugees - Home to nearly 3M since 1975
    - Stressors can impact one’s physical, mental, and spiritual well-being
  - Environmental or Disaster Refugees - Example earthquake in Haiti
    - Natural disasters are not a one-time, discrete event mark the start of multiple, ongoing traumatic stresses that are superimposed on other stressors
The experience involves a threat to one’s physical or emotional well-being.

It is overwhelming.

It results in intense feelings of fear and lack of control.

It leaves people feeling helpless.

It changes the way a person understands themselves, the world, and others.
Trauma impact

- Individual
  - Assault
  - Abuse
  - Life threatening illness
- Group Trauma
  - First responders
  - Military
- Community or mass trauma
  - Disasters
  - Natural or human instigated
Trauma impacts everyone differently

- **Culture-specific Descriptions of Trauma**
- Trauma is common across cultures;
- a particular culture may not use the word “trauma” but instead have other words
- In the Haitian culture, the term “seizisman” or “seized-up-ness” is used to describe traumatic responses
Every experience is unique
ACE Study

http://www.cdc.gov/ace/index.ht
ABUSE
- Physical
- Emotional
- Sexual

NEGLECT
- Physical
- Emotional

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
BEHAVIOR

Lack of physical activity  Smoking  Alcoholism  Drug use  Missed work

PHYSICAL & MENTAL HEALTH

Severe obesity  Diabetes  Depression  Suicide attempts  STDs

Heart disease  Cancer  Stroke  COPD  Broken bones
Effects of Trauma on the Brain

- Awareness of various parts of the brain and how it is impacted by environmental experiences
  - Mindfulness
  - EMDR
  - Physical response
What is a neuron?
Neuronal Development in Childhood

BIRTH  6 YEARS  14 YEARS
¬ allostasis: a short term adaptation of different body systems to maintain the organism and ensure survival.

¬ Homeostasis: involves balancing single variables in the body, like keeping blood glucose or blood pH constant

¬ Allostatic load is "the wear and tear on the body" that accumulates as an individual is exposed to repeated or chronic stress
Trauma or sustained high stress in childhood damages the corpus callosum, which connects the left brain and the right brain.
Color Your World

sad not with mom
scared he'll hurt me
mad what he did
happy see my mom
proud I'm a hero
Long term concerns

- **Triggers**
  - Stimulus that sets off a memory of a trauma
  - Explicit
  - Subtle and inconspicuous

- **Flashbacks**
  - Re-experiencing a previous traumatic experience
  - After-effects linger for hours or longer
  - Brief movie scene that intrudes on the client
WHAT IS CULTURE?

- “Culture is a society’s style, its way of living and dying…attitudes towards women, children, old people and strangers, enemies and allies; eternity and present; the here and the now and beyond”

- *Octavio Paz*
### Resilience: Cultural, Racial, and Ethnic Characteristics

<table>
<thead>
<tr>
<th>Characteristics that often nurture resilience among individuals from diverse cultural, racial, and ethnic groups:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong kinship bonds</td>
</tr>
<tr>
<td>Respect for elders and the importance of extended family</td>
</tr>
<tr>
<td>Spirituality and religious practices (e.g., shrine visitations or the use of traditional healers)</td>
</tr>
<tr>
<td>Instilling a sense of history, heritage, and historical traditions</td>
</tr>
<tr>
<td>Community orientation, activities, and socialization</td>
</tr>
<tr>
<td>Philosophies and beliefs about life, suffering, and perseverance</td>
</tr>
<tr>
<td>“Fortune owes its existence to misfortune, and misfortune is hidden in fortune.” –Lao-Tzu teaching, Taoism (Wong &amp; Wong, 2006)</td>
</tr>
</tbody>
</table>
### Social-Ecological Model

<table>
<thead>
<tr>
<th>Individual Factors</th>
<th>Interpersonal Factors</th>
<th>Community and Organizational Factors</th>
<th>Societal Factors</th>
<th>Cultural and Developmental Factors</th>
<th>Period of Time in History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, biophysical state, mental health status, temperament and other personality traits, education, gender, coping styles, socioeconomic status</td>
<td>Family, peer, and significant other interaction patterns, parent/family mental health, parents’ history of trauma, social network</td>
<td>Neighborhood quality, school system and/or work environment, behavioral health system quality and accessibility, faith-based settings, transportation availability, community socioeconomic status, community employment rates</td>
<td>Laws, State and Federal economic and social policies, media, societal norms, judicial system</td>
<td>Collective or individualistic cultural norms, ethnicity, cultural subsystem norms, cognitive and maturation development</td>
<td>Societal attitudes related to military service members’ homecomings, changes in diagnostic understanding between DSM-III-R* and DSM-5**</td>
</tr>
</tbody>
</table>
Barriers to Cultural Competence

Institutional Barriers

Population Barriers

Individual Barriers
Examples of Barriers

- Vastness of the field (how many cultures do you serve)
- Culture of the Institution (how we do)
- Limited cultural provider training (what we know)
- Limited cultural of support for Employees (who does what)
- Time Constraints (what we can do)
- Patient expectations (here vs there)
- Different communication styles
Barriers to Mental Health Care

- Distrust of Authority/Power
- Linguistic & Cultural Barriers
- Stigma of Mental Health Services
- Primacy of Resettlement Stressors

Strategies to Address Barriers

- Community Engagement
- Partnership of Providers & Cultural Experts
- Embedding Services in Service System
- Integration of Concrete Services
Traditional Approach vs. Trauma Theory

- Traditional approach
  - You are sick
  - You are diagnosis
  - You are sick and need to be fixed

- Trauma theory
  - You are not sick or labeled
  - You are injured
Core Principles of TIC

- **Awareness:** Everyone knows the role of trauma
- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Respect and prioritize consumer choice and control
- **Collaboration:** Maximizing collaboration and sharing of power with consumers
- **Empowerment:** Prioritizing consumer empowerment and skill-building
- **Cultural Humility:** Respecting diversity within programs, provide opportunities for clients to express culture
Tips for Practicing Trauma Informed Care (TIC)

- Recognize adaptive behaviors serve a purpose
  - Why is a person chronically missing morning appointments? Is the morning the only time she can sleep?
  - Make adjustments to help that person succeed. Set appointment times for the afternoon.

- Include everyone in your agency
  - From receptionist to treatment staff
  - Provide trauma training to every employee
How do we provide TIC?

- Listen
  - What is the survivor saying to you?
  - What is the survivor not saying?
  - How is the survivor saying it?

- Inform
  - What information do you have that may help him/her?
  - What will happen next in the process?
  - Why is the information important for him/her to have?
  - How can your services help him/her?
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
Immigrant Children

- Immigrants now account for one-fourth of nation’s 75 million children.

- By 2050 projected to make up one-third of more than 100 million U.S. children.

- Wave of immigration since 1960s has made children most racially and ethnically diverse age group in US.

- Problems of educational justice as school personnel is unaware of their unique needs.

Passell, 2012
Machado Casas, 2012
Immigrant Children

- Immigrant children represent a complex service population.
- High rates of trauma and parental separation and few resources to access care.
- Higher rates of poverty.
- Greater food and housing hardship.
- Higher rates of not being insured and linguistic isolation.

Passell, 2011; Capps, 2006; Capps et al., 2005
In 2014, US Border Patrol reported a large increase in the number of unaccompanied refugee minors (URM)
- more than 67,000 URM
- Data show that most come from El Salvador, Honduras, and Guatemala
  - More boys than girls
What countries do unaccompanied children come from?

<table>
<thead>
<tr>
<th>Country</th>
<th>FY* 2012</th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Salvador</td>
<td>3,314</td>
<td>5,990</td>
<td>16,404</td>
<td>2,209</td>
</tr>
<tr>
<td>Guatemala</td>
<td>3,835</td>
<td>8,068</td>
<td>17,057</td>
<td>4,381</td>
</tr>
<tr>
<td>Honduras</td>
<td>2,997</td>
<td>6,747</td>
<td>18,244</td>
<td>1,181</td>
</tr>
<tr>
<td>Mexico</td>
<td>13,974</td>
<td>17,240</td>
<td>15,634</td>
<td>4,502</td>
</tr>
<tr>
<td>Totals</td>
<td>24,120</td>
<td>38,045</td>
<td>67,339</td>
<td>12,273</td>
</tr>
</tbody>
</table>

*Fiscal year (FY) starts in October of preceding year

Why do unaccompanied children come to the US?

- **UNHCR Study:**
  - 48% of URMs reported personal experience of violence by state or organized crime
  - 22% reported abuse at home or by caretakers
- Many trying to reach parents or other family members already in the US

http://www.unhcrwashington.org/sites/default/files/UAC_UNHCR_Children%20on%20the%20Run_Full%20Report.pdf
Victimization and Trauma

- Fleeing violence at home
- At risk of further victimization while in transit or detention
- Studies of URM populations show high rates of PTSD, anxiety and depression

Recent immigrants are more likely to live in poverty.

Since 2008, the proportion of immigrant children in poverty has increased from 22% to 31%.

Poverty is most concentrated in families that have been in the US less than 10 years.

Low Social Support

- Parents and guardians often lack language or education to help children navigate education system & other contexts

- Acculturation differences within the family can cause tension – often intergenerational differences in values

Recent immigrants often have better health than expected based on socioeconomic status and other factors.

However, these advantages disappear with longer residence in the US.

Both mental and physical health conditions (e.g. depression, anxiety, diabetes, obesity) become more common over time.

Immigration and Mental Health

- Two widely observed patterns:
  - foreign nativity is protective, the immigrant paradox, because health of foreign born exceeds expectations based on low socioeconomic position;
  - and health deteriorates over time in the host country - acculturation hypothesis that posits that immigrants change their cultural orientation and practices as they assimilate in host society.
Sensitive Period of Acculturation

- Cheung, Chudek, & Heine (2011) examined a sample of Chinese immigrants in Vancouver.

- Findings support the existence of a sensitive period of acculturation.

- Acculturation occurs more rapidly at younger ages.
  - The younger immigrants were at the time of immigration, the more quickly they identified with Canadian culture.
  - Mainstream identification increased the longer they stayed in host country.
    - Opposite effect found for older immigrants.
Post-Migration Mental Health Risk Factors

- Length of stay in detention is a predictor of psychological symptoms-longer stay leads to worse health.
- More restrictive reception environments also contribute to poor mental health outcomes.
- Immigration interviews can be sources of stress and perpetuate distrust of authority figures.

What Factors Affect Immigrant Children’s Mental Health?

<table>
<thead>
<tr>
<th>Premigration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and developmental stage</td>
</tr>
<tr>
<td>Disruption in education</td>
</tr>
<tr>
<td>Separation from peers and family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Migration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation from caregiver/parents</td>
</tr>
<tr>
<td>Exposure to violence or harsh living conditions</td>
</tr>
<tr>
<td>Poor nutrition</td>
</tr>
<tr>
<td>Uncertainty regarding future</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postmigration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress surrounding family’s adaptation</td>
</tr>
<tr>
<td>Difficulties with new language, particularly in education</td>
</tr>
<tr>
<td>Acculturation</td>
</tr>
<tr>
<td>Discrimination and social exclusion</td>
</tr>
</tbody>
</table>

Kirmayer et al., 2011
“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

(Remen, 2006)
- Stress
  - Acute
  - Chronic
- Traumatic stress
- Vicarious trauma
- Critical incident stress
- Vicarious traumatization
- Secondary traumatic stress
- Compassion fatigue
- Burnout
Stress is pressure exerted upon an object that can either strengthen or weaken it.
Cumulative Stress
Stress

Stress Curve

Performance

- Too little stress (underload)
- Optimum stress
- Too much stress (overload)
- Burn-out

Breakdown

Fatigue

Exhaustion

Anxiety/panic/anger

Inactive

Laid back
Work-Related Trauma Exposure: How Does it Affect Us?

- Vicarious Trauma
- Compassion Fatigue
- Secondary Traumatic Stress
- Indirect Trauma
- Empathic Strain
- PTSD
- Critical Incident Stress
- Burnout
Understanding the Difference Between Traumatic Stress and Vicarious Traumatization

<table>
<thead>
<tr>
<th>Traumatic Stress</th>
<th>Vicarious Traumatization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme emotionality or absence of emotion</td>
<td>Overly involved with or avoidance of victim/survivor</td>
</tr>
<tr>
<td>Fearful, jumpy, exaggerated startle response</td>
<td>Hypervigilance and fear for one's own safety (the world no longer feels safe and people can’t be trusted)</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>Intrusive thoughts and images, or nightmares from victims’ stories</td>
</tr>
</tbody>
</table>
### Examples of Vicarious Traumatization: Personal

<table>
<thead>
<tr>
<th>Category</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Rapid pulse/breathing, headaches, impaired immune system, fatigue, aches</td>
</tr>
<tr>
<td>Emotional</td>
<td>Feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness, severe emotional distress or physical reactions to reminders</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Irritability, sleep and appetite changes, isolate from friends and family, self destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Loss of purpose, loss of meaning, questioning goodness versus evil, disillusionment, questioning prior religious beliefs, pervasive hopelessness</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Diminished concentration, cynicism, pessimism, preoccupation with clients, traumatic imagery, inattention, self doubt, racing thoughts, recurrent and unwanted distressing thoughts</td>
</tr>
<tr>
<td>Relational</td>
<td>Withdrawn, decreased interest in intimacy or sex, isolation from friends or family, minimization of others' concerns, projection of anger or blame, intolerance, mistrust</td>
</tr>
</tbody>
</table>
Examples of Vicarious Traumatization: Professional

- **Performance**
  - Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness

- **Morale**
  - Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion

- **Relational**
  - Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the “only one who can do the job”

- **Behavioral**
  - Calling out, arriving late, overwork, exhaustion, irresponsibility, poor follow-through

(Adapted from J. Yassen in Figley, 1995)
Risk Factors

Personal
- Trauma history
- Pre-existing psychological disorder
- Young age
- Isolation, inadequate support system
- Loss in last 12 months

Professional
- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Little experience
- Worker/organization mismatch
- Lack of professional support system
- Inadequate orientation and training for role
Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness.

It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure, etc.), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.), and self-medication.’

(World Health Organization, 1998)
Vicarious Resilience

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)
Impact of Vicarious Resilience

- Greater perspective and appreciation of own problems
- More optimistic, motivated, efficacious, and reenergized
- Increased sense of hope, understanding, and belief in the possibility of recovery from trauma and other serious challenges
- Profound sense of commitment to, and finding meaning from the work

Self-Care Isn’t Everything…

Vicarious trauma is an occupational challenge for those working with trauma survivors.

Organizations have an ethical mandate of a “duty to train,” wherein workers are taught about the potential negative effects of the work and how to cope.

(Munroe, J. F., in Figley, Compassion Fatigue, 1995)
What Happens When Organizations Don’t Address Vicarious Trauma?

Lost Productivity
- Decreased morale, cohesion, communication, collaboration, quality of services

Poor Organization Health
- Erosion of concentration, focus, decisionmaking, motivation, performance

Staff Turnover
- Time and resources needed to hire and train new staff drains remaining staff
I've got your back!
<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Spiritual</td>
</tr>
<tr>
<td>Relationships</td>
<td>Workplace</td>
</tr>
<tr>
<td>Overall Balance</td>
<td></td>
</tr>
<tr>
<td>What might get in the way?</td>
<td></td>
</tr>
<tr>
<td>What negative strategies do you need to avoid?</td>
<td></td>
</tr>
<tr>
<td>If you implement your plan, how might you feel?</td>
<td></td>
</tr>
</tbody>
</table>
The **Professional Quality of Life Scale** (ProQOL)

- The ProQOL is free
- A 30 item self report measure of the positive and negative aspects of caring
- The ProQOL measures Compassion Satisfaction and Compassion Fatigue
- Compassion Fatigue has two subscales
  - Burnout
  - Secondary Trauma

[www.proQOL.org](http://www.proQOL.org)
The ProQOL -- Examples

- I get satisfaction from being able to help people.
- I feel connected to others.
- I find it difficult to separate my personal life from my life as a helper.
- I feel worn out because of my work as a helper.
- I have beliefs that sustain me.
- I believe I can make a difference through my work.
- I feel "bogged down" by the system.
- I can't recall important parts of my work with trauma victims.
- I am happy that I chose to do this work.
Questions and Discussion