

# Saida Abdi, PhD (She/Her/Hers)

Improving Mental Health Services for  
Refugee and Immigrant Children and  
Families: Using Trauma Systems Therapy  
for Refugee (TST-R) to Improve Engagement  
and Outcomes

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# Acknowledgement

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# Agenda

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- Who is a Refugee?
- The Refugee Experience
- Refugee Barriers to Mental Health Services
- Refugee Core Stressors
- Trauma Systems Therapy for Refugees (TST-R)
  - Cultural Humility
  - Using Cultural Brokers
  - Addressing barriers to engagement
  - Building a better system and increasing community capacity

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# I want You to Meet Abdi

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Abdi 13 years old boy recently arrived refugee

Was placed in 7<sup>th</sup> grade though he never had any schooling prior to arrival in the US

Teachers report that he is disruptive and constantly sent out of class

Has multiple cases pending

Child Protection case opened

Abdi's parents are overwhelmed by calls from multiple system (schools, LE, CP)

They are often angry at Abdi who they blame for the family's struggles

They have been advised to send him back to Africa and they are considering it

They refuse mental health services because they feel the issue is behavioral

# Who is a Refugee?

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A person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution.

-- *Article 1 of the 1951 U.N. Refugee Convention*

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# Immigrants vs. Refugees

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- Difference in legal status: refugee vs. immigrant, documented vs. undocumented
- Similarities in experiences
- Differences in access to services
- Other special groups: unaccompanied minors, asylum seekers, temporary protected status

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# Refugee Trauma Exposure

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- **Pre-migration:**

Death of loved ones, torture, imprisonment

- **During Migration:**

Travel long distances by foot, death of loved ones, lack of basic necessities

- **Resettlement:**

community violence, discrimination, lack of resources, loss of social support

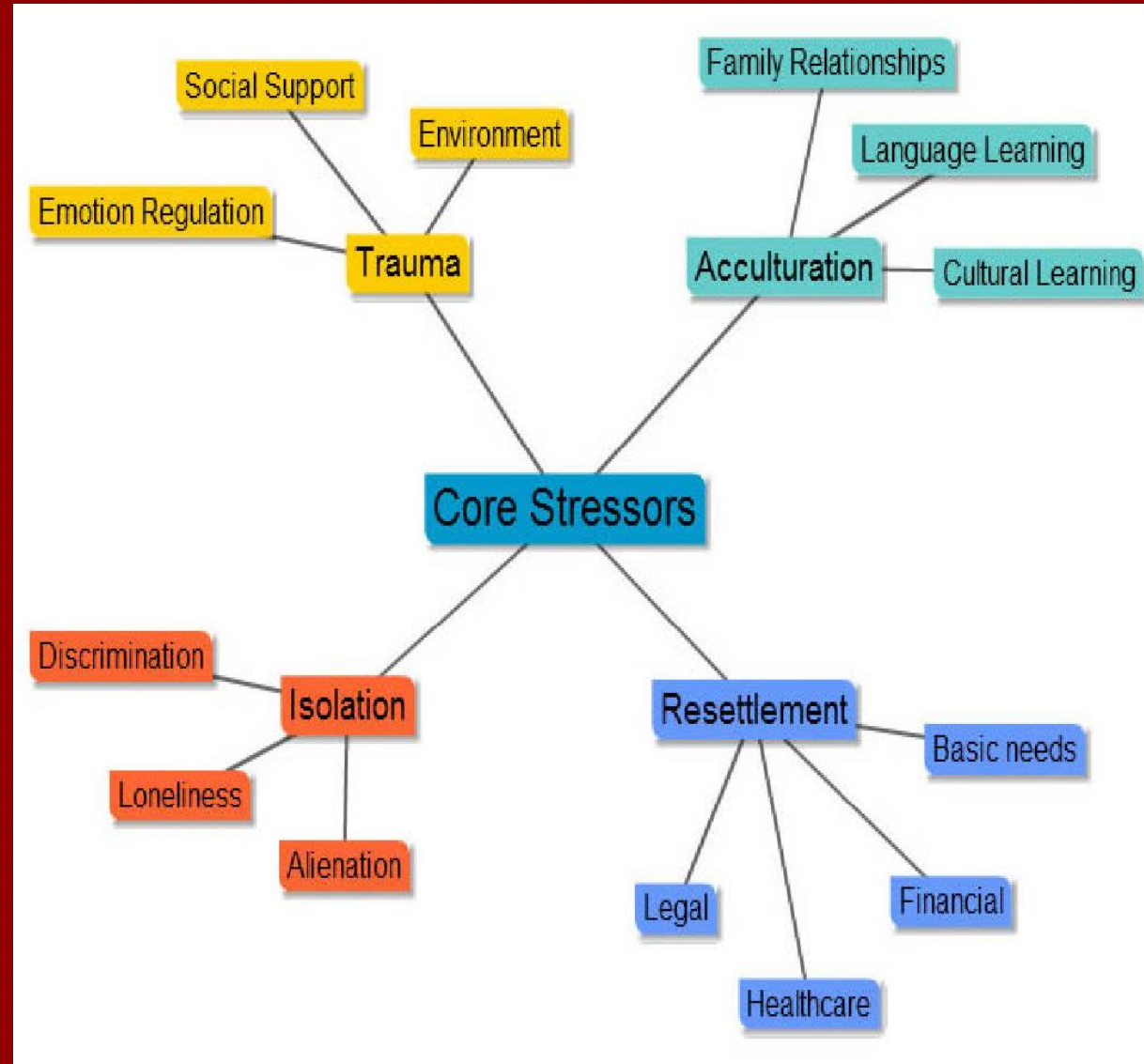
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# Refugee Youth Core Stressors



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# Service Utilization of Somali Refugees in the MA and ME

Of those with PTSD, how many sought services of any type?



(Ellis, Lincoln, Charney, Ford-Paz, & Benson, 2008)

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# Refugee Barriers to Service Engagement

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1. Distrust of Systems of Care
2. Stigma
3. Language and cultural barrier
4. Primacy of resettlement stressors (food, housing, education)

# Consequences of Unaddressed Traumatic Stress

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- ❖ Socially: an increased risk for interpersonal difficulties, drug abuse, isolation
- ❖ Psychologically: an increased risk for mental illness
- ❖ Academically: an increased risk for learning problems, low academic motivation, and school failure

**Clinical Model:**

for the efficient and  
effective treatment  
of traumatized  
refugee children



**Organizational  
Model:**

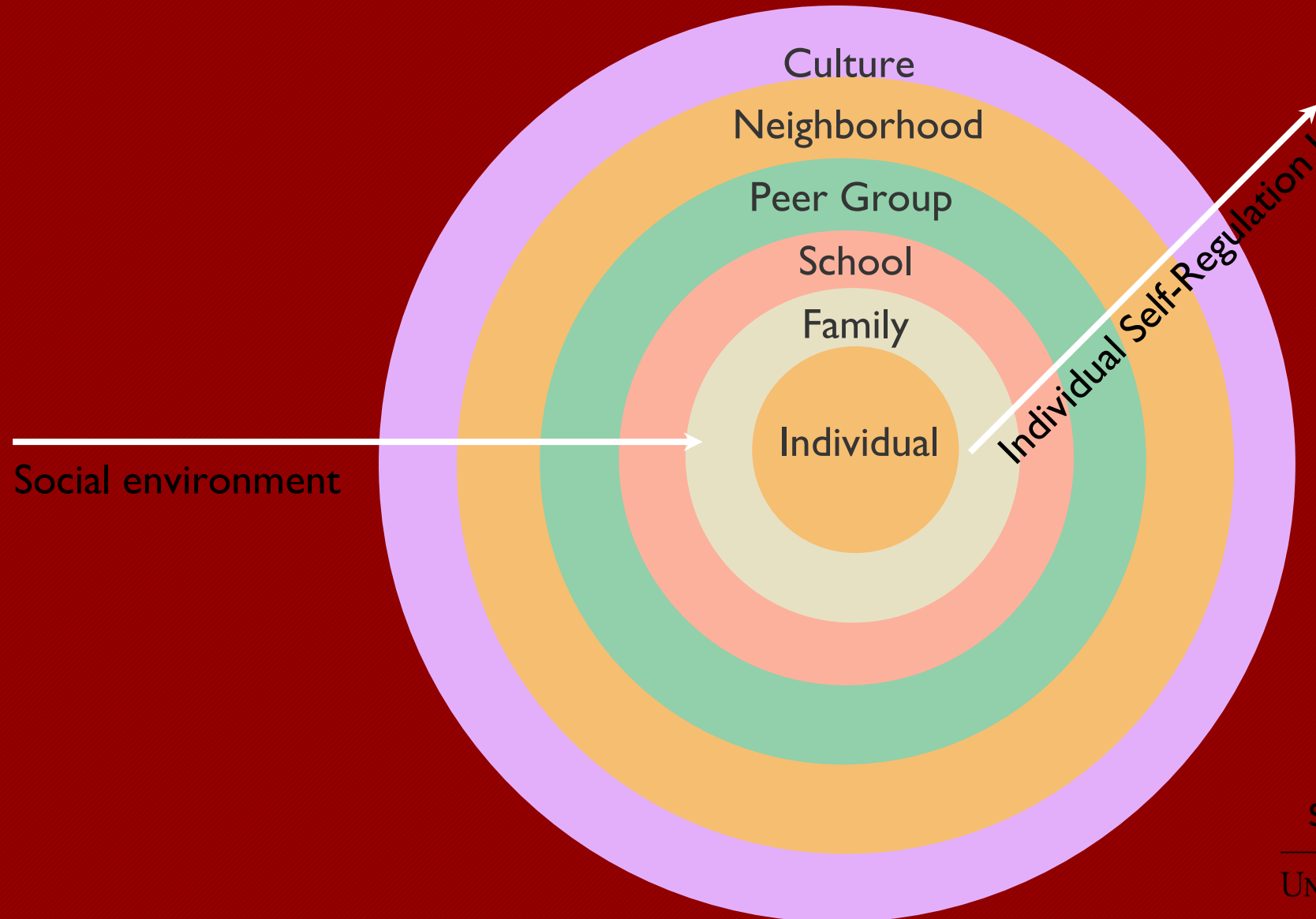
for the integration of  
services for agencies  
that provide treatment  
to traumatized  
refugee children

Culture



TST-  
R

# Trauma Systems Therapy for Refugees



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# How does TST-R Clinical Intervention Work?

## Social intervention

Enhance the capacity of the child's social environment to:

- protect child from and current threats and/or traumatic reminders
- support child's regulation

## Child-focused intervention

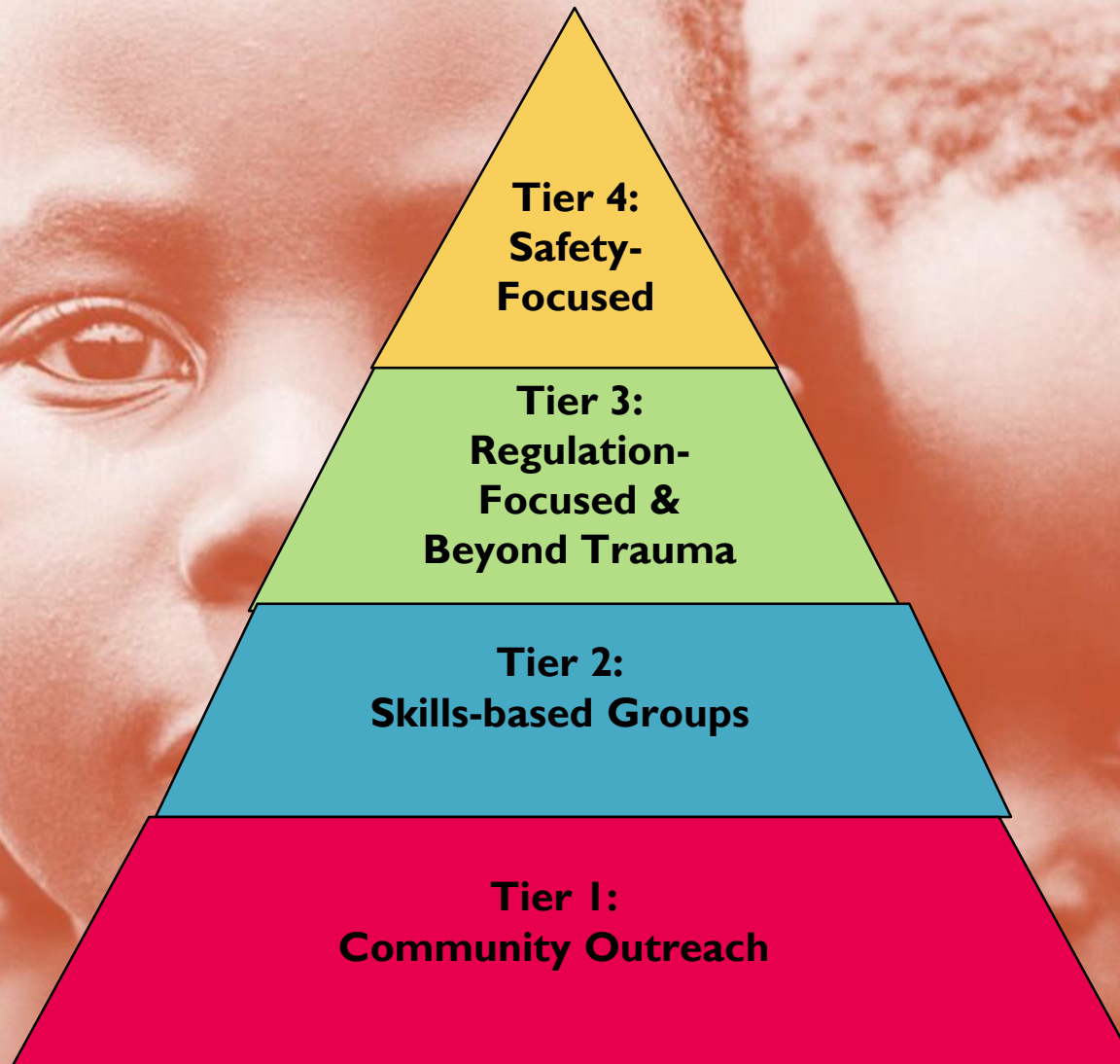
Enhances a child's capacity to:

- stay regulated when confronted by a stressor/reminder

**Cultural-Clinical Partnerships:** TST-R uses teams composed of cultural brokers and clinicians to support child and caregivers

# Structure of TST-R Services

Cultural Brokering



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# Incorporate Cultural Brokers

*Cultural brokering is the act of bridging, linking or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change*

*(Jezewski, 1990)*



# Why Use Cultural Brokers?

***Using a cultural broker can improve access and quality of care, and ultimately significantly improve outcomes, by:***

- Creating trust
- Building better communication
- Improving assessment and treatment
- Enriching the knowledge of both systems
- De-stigmatizing treatment
- Building capacity in the community
- Fostering a more holistic treatment approach

# Identifying Cultural Brokers

- Who are the community helpers?
- Who are the gatekeepers?
- Who knows the mental health system?
- Who do community members go to for information and assistance?
- What are program priorities and what are barriers to hiring?
- Who is trusted?



# Interpreters vs. Cultural Brokers: What's the Difference?

- Interpreters pass information from one person to another without making changes
- Cultural brokers add to information, facilitating deeper understanding
- Cultural brokers add context, provide background knowledge to enhance provider's understanding of situation
- Cultural brokers are **partners** to clinicians



# TST-R Objectives

- Engage refugee children and families in services
- Decrease stigma of mental health
- Increase identification of refugee children/adolescents with mental health needs
- Provide sustainable culturally- and linguistically-appropriate school-based mental health services
- Reduce core stressors in the child/adolescent's social environment

# Cultural Humility

- 1) A commitment to self-evaluation and self-critique
- 2) Recognize, acknowledge and change power imbalances in relationships
- 3) Develop mutually beneficial partnerships with communities; work towards institutional accountability
- 4) Commitment to social justice and institutional transformation



# Let's Reconsider Abdi's Situation Using TST-R Lens

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## Trauma Experience:

- Exposed to trauma and violence in refugee camps and has not been assessed for traumatic stress
- Was placed in the 7<sup>th</sup> grade where he feels lost because he is not able to keep up with the school work.

Trauma Triggers in the Environment: Teachers who are not aware of his history, punish and shame him for not doing his work and often unintentionally engage in behaviors that trigger him, family conflict/

## Acculturation Stress

- Exploited by elder youth
- Struggles with language /learning
- Family conflict due to Abdi becomes acculturated to environment vs parental expectations
- Abdi's parents use parenting skills that previously worked in their country but that are not effective in the US.

**Isolation::** Bullying, discrimination..

- **Resettlement Stress:** Parents are overwhelmed by resettlement stressors, legal issues faced by Abdi and potential impact on legal status, family lacks secure housing

# Let's Reconsider Abdi's Situation Using TST-R Lens

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- Using the Core Stressor Tool, we can identify core stressor and prioritize those that are most impacting Abdi's symptoms

## TST-R Services:

- **Safety-Focused (Tier four)** including home-based services with a cultural broker who can help the parents navigate systems and educate service providers about the family's culture
- **TST-R skills-based groups (Tier Two)** to help him engage in pro-social activities, build his self-regulation/coping skills/create trust
- **Training and consultation to care systems:** TST-R team can provide training/consultation to school/providers to help them develop skills to create a trauma informed and culturally relevant environment
- **Support with Resettlement Stress:** Referral to community resources
- In the future both Abdi family would benefit from therapy

**Table 15**      **Number of clients reached and targets**



Tier	Year1		Year2		Year3		Year 4	Year5
	Target	Actual	Target	Actual	Target	Actual	Target	Target
1	500	N/A	700	701	300	438	200	150
2	20	N/A	80-150	61	80-150	104	80-150	80-150
3 & 4	20	N/A	35-50	20	35-50	51	35-50	35-50
<b>TOTAL</b>	<b>540</b>	<b>N/A</b>	<b>815-900</b>	<b>782</b>	<b>415-500</b>	<b>593</b>	<b>315-400</b>	<b>265-350</b>



# Importance of Community Engagement in TST-R

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1. Community engagement activities are usually harmonious with values of the communities we serve
2. Community engagement activities can increase understanding of cultural/community factors that may shape perceptions of mental illness
3. Community engagement activities can increase understanding of cultural/community factors that may impact help seeking behaviors for psychological distress
4. Community engagement activities can reduce stigma and increase trust

## 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

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# Further Readings

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# New NCTSN Product

- <https://www.nctsn.org/resources/a-socio-culturally-linguistically-responsive-and-trauma-informed-approach-to-mental-health-interpretation>
- [http://www.childrenshospital.org/centers-and-services/programs/o\\_-z/refugee-trauma-and-resilience-center-program/prevention-and-intervention](http://www.childrenshospital.org/centers-and-services/programs/o_-z/refugee-trauma-and-resilience-center-program/prevention-and-intervention)
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