

School-Based Supports for Immigrant Youth: Essential Evidence-Based, Trauma-Informed Interventions



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INTRODUCTION

Presenter Background

&

“Go Around”



PRESENTATION OVERVIEW

I. SCHOOL SOCIAL WORK RELEVANCE

II. IMMIGRANT YOUTH – WHO ARE THEY? WHERE DO THEY COME FROM?

III. TRAUMA AND MIGRATION

IV. PRE-MIGRATION STRESSORS

V. IN-JOURNEY STRESSORS

VI. POST-MIGRATION STRESSORS

VII. EFFECTS OF TRAUMA ON EDUCATION XXX

VIII. SCHOOL-BASED INTERVENTIONS: CULTURALLY RESPONSIVE, EVIDENCE-BASED, & TRAUMA-INFORMED

VIII. NEXT STEPS // Q&A

SCHOOL SOCIAL WORK RELEVANCE

1. Understand migration through a trauma-informed perspective

2. Explore migration and trauma as a tripartite process: Pre-migration, In-Journey Stressors, Post-Migration

3. The need for Evidence-Based Trauma-Informed Interventions in Schools when working with immigrant youth

SCHOOL SOCIAL WORK RELEVANCE

5. Improve assessments and treatment of immigrant youth by identifying behaviors and triggers through a trauma-informed perspective

6. Turnkey new information to other educators (school staff and administration) and

7. Encourage the role of the school social worker as a proactive, ongoing support to the school community

MIGRANT YOUTH: A DIVERSE POPULATION

IMMIGRANT YOUTH

Amorphous term

Immigrant minors

Not a homogenous group

Voluntary or as a result of exile

Different types of migration routes or journeys

MIGRANT YOUTH: A DIVERSE POPULATION

(cont'd)

UNACCOMPANIED REFUGEE MINORS (URM)

- URM are youth under the age of 18 and flee their countries without an adult companion
- Do not face the option of returning to their homeland (Fong, 2007).
- URM were forced to flee their countries of origin because of:
 - political unrest, civil war, gang violence, or persecution (Adelman & Taylor, 2015; Fong, 2007)
- Many seek the aid of a *coyote*, or human trafficker (costly)
- **Both groups of migrants leave a great part of their culture and loved ones behind and struggle with issues such as adjustment and racism upon arrival (Adelman & Taylor, 2015; Fong, 2007). **

MIGRANT YOUTH: A DIVERSE POPULATION

Latin American Migration to the US



Migration to the US from the Northern Triangle

STATISTICS:

- (2014) - from October 1, 2012 to May 31, 2014, 46,932 unaccompanied children were taken into custody by U.S. Customs and Border Protection.
- Other research (Pierce, 2015) indicates that 102, 327 unaccompanied children were apprehended at the US-Mexico border from the start of 2014 (Fiscal year) through August 31, 2015.
 - Between 2014 through August 31, 2015, 76,572 URM from the Northern Triangle were apprehended at the US-Mexico border (Pierce, 2015).



TRAUMA AND MIGRATION

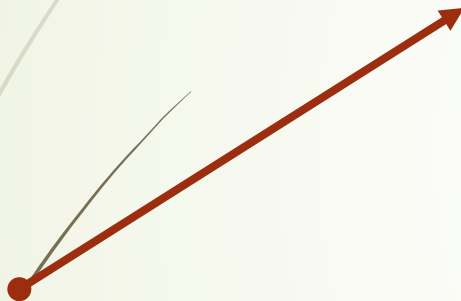
HOW ARE THESE RELATED?

THE MIGRATION PROCESS

PRE-MIGRATION

POST-MIGRATION

IN-JOURNEY STRESSORS



PRE-MIGRATION STRESSORS

1. War, violence, living in violent, unsettled refugee camps (Fong, 2007), and persecution are events that often go hand-in-hand with physical and emotional trauma (Adelman & Taylor, 2015; Fong, 2007)
2. Other forms of pre-migration violence not related to war

PRE-MIGRATION STRESSORS (cont'd)

3. Pre-migration stressors that may contribute to PTSD and other reported psychological sequelae are: the physical and emotional effects of poverty, malnourishment, physical and mental health issues, substance/drug abuse, educational achievement, teen pregnancy, grief, personal losses (home, family, friends, belongings), leaving countries of origin suddenly without saying good-bye to loved ones, and being unaccompanied (Fong, 2007; Smid et al., 2012; Yearwood et al., 2007).

❖ *Of all emigrating groups, refugees are the only group whose exposure to significant pre-migration violence results in psychiatric symptoms (Yearwood et al., 2007)*

○ **Share Out: Group/Indiv Cases Anecdotal Data**

IN-JOURNEY STRESSORS

- 1. The migration journey can be treacherous, exposing the URM to:**
 - **Being assaulted**
 - **Being physically and sexually abused**
 - **Sustaining physical injuries.**
- 2. Dehydration and malnourishment from long periods of traversing through arid terrains, while avoiding government officials**
- 3. Exposure to dangers while hitchhiking and/or riding aboard “La Bestia” – (The Beast)**

“LA BESTIA” – The Beast

- “La Bestia” (The Beast) - freight trains that transport a variety of products to the US (Dominguez Villegas, 2014)
- Rail lines run across Mexico from the southern border of Guatemala (Dominguez Villegas, 2014). URM who take La Bestia as their method of migration to the US, are usually among the poorest of migrants (Dominguez Villegas, 2014).
- Designed for cargo - offers no passengers railcars, forcing URM who use this method to ride on top of the freight trains (Dominguez Villegas, 2014).
- La Bestia offers a cheaper alternative to paying coyotes (Dominguez Villegas, 2014).



IN-JOURNEY STRESSORS (cont'd)

- "Which Way Home" – Documentary/Film -

- **URM aboard La Bestia are exposed to a multitude of dangers and traumatic stressors:**
 - ❖ **risk of falling or being pushed off the freight train, amputation, and death (Dominguez Villegas, 2014)**
 - ❖ **URM aboard La Bestia are vulnerable to extortion, theft, or sexual assault by gangs forcing them to pay “protection” fees. Gangs (reported to work with Mexican organized crime groups) threaten and bribe migrants in return for safe passage (Dominguez Villegas, 2014). Train conductors, often part of the smuggling and extortion operations, demand bribes of families, women, and children.**
- 4. Experiencing and/or witnessing death, abuse, and other forms of violence. This exposure increases susceptibility for the development of PTSD and depression**

Share Out: Group/Indiv Cases Anecdotal Data

POST-MIGRATION STRESSORS

- 1. Acculturative stress (Cano, Schwartz, Castillo, Romero, Huang, Lorenzo-Blanco, Unger, Zamboanga, Des Rosiers, Baezconde-Garbanati, Lizzi, Soto, Oshri, Villamar, Pattarroyo, & Szapocznik, 2015) and low socio-economic status (SES) contribute to emotional distress for URM.**
- 2. Fear & lack of trust in authority figures**
- 3. High risk of being bullied by non-immigrant peers, subject to xenophobia, “feel awkward and conspicuously different” (Green, 2003, p.63).**
- 4. Academic performance - differences in educational attainment at age of entry could reflect developmental difficulties that these youths may have faced and may continue to face when they enter school.**

POST-MIGRATION STRESSORS (cont'd)

5. **Learning English as a new language (Yearwood et al., 2007) which may be developmentally more difficult during adolescence (Stiefel, Schwartz, & Conger, 2010)**
6. **Learning “complex academic content in English while they are still in the beginning stages of English language development” (Allard, 2015, p.482)**
7. **Burdens and demands placed by US society trigger feelings of helplessness, powerlessness, and vulnerability, which are connected to lower education acquisition in URM (Smid et al., 2012). These intensified feelings may lead to the increase in PTSD symptoms (Smid et al., 2012).**

Share Out: Group/Indiv Cases Anecdotal Data

EFFECTS OF TRAUMA ON ACADEMIC SUCCESS

- **Low or inconsistent attendance**
- **Challenges in Learning English as a New Language – age**
- **Learning Complex Content in a New Language**
- **Differences in educational attainment at time of admission to US schools**
- **Increased traumatic stress = ↑ learning and behavioral difficulties**
- **Different stress arousal levels, perceptions of threat to survival = behavior that may be interpreted as oppositional and unpredictable, not consistent or appropriate to minor provocations**
- **Intrusive memories → attention, memory, motivation → avoidance strategies (dissociation, running away from people, places, situations associated with the perceived threat, substance use)**

SCHOOL-BASED INTERVENTIONS: CULTURALLY RESPONSIVE, EVIDENCE-BASED, & TRAUMA-INFORMED

1. Cognitive-Behavioral Therapy and Trauma-Focused Cognitive Behavioral Therapy (CBT & TF-CBT)

2. Cognitive Behavioral Intervention to Trauma in Schools (CBITS)

3. Example: A high school based, trauma-informed group

Trauma-Focused Cognitive Behavioral Therapy **(TF-CBT)**

Overview:

- to address the biopsychosocial needs of children (4-18) with PTSD, or other traumatic life experiences, and their parents/primary caregivers
- Aims to improve PTSD symptoms as well as depression, anxiety, behavioral issues, sexualized behaviors & trauma-related shame – over 80% of children show significant improvement between 12-16 weeks
- Combines trauma sensitive interventions with CBT
- Short-term; sessions with child and parent as well as parent-child sessions
- Provides knowledge and skills related to processing trauma, managing distressing thoughts and behaviors, works on enhancing safety, parenting skills, family communication

Essential Components:

- Psychoeducation
- Emotion regulation
- Individualized Stress Management
- Cognitive and affective processing of trauma experiences

TF-CBT

- **Joint Parent- Child Sessions**
- **Education about healthy interpersonal relationships**
- **Parenting Skills**
- **Personal Safety Training**
- **Coping with Future Trauma Reminders**

Source: <https://tfcbt.musc.edu/index.php>

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Overview:

- **Community-partnered research project**
- **Collaborative partnership (clinician-researchers) among Los Angeles Unified School District (LAUSD), University of California, Los Angeles (UCLA) and the RAND corporation**
- **Has expanded to include colleagues the University of Southern California and community partners**
- **To address concerns about exposure to violence affecting students' academic success**

- **Uses CBT techniques: relaxation training, psychoeducation, social problem solving, cognitive restructuring, and real life/ stress or trauma exposure**
- **School-based intervention: group and individual**
- **Used with students grades 5 – 12, who have witnessed or experienced traumatic life events: natural & man-made disasters, community and school violence, accidents, injuries, all forms of abuse and domestic violence**
- **Designed to reduce symptoms of PTSD, depression, behavioral problems**
- **Aims at improving attendance, academic performance, overall functioning, parent support, and coping skills**
- **10 group sessions, 6-8 students, conducted for 1 hour/1x week; 1-3 additional individual sessions, 2 parent ed, and 1 teacher ed**

<http://cbitsprogram.org/>

Cognitive-Behavioral Intervention for Trauma in Schools

(CBITS) Session Outline

- **Session 1: Introduction of group members, confidentiality, & group procedures; explanation of treatment using stories; discussion of reasons for participation (kinds of stress or trauma).**
- **Session 2: Education about common reactions to stress or trauma, relaxation training to combat anxiety.**
- **Individual Session: Between sessions 2 and 6.**
- **Session 3: Thoughts and feelings (introduction to cognitive therapy), “fear thermometer,” linkage between thoughts and feelings, combating negative thoughts.**
- **Session 4: Combating negative thoughts.**

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) Session Outline

- **Session 5: Avoidance and coping (introduction to real life exposure), construction of fear hierarchy, alternative coping strategies.**
- **Sessions 6 and 7: Exposure to stress or trauma memory through imagination, drawing, and writing.**
- **Session 8: Introduction to social problem solving.**
- **Session 9: Practice with social problem solving and hot seat.**
- **Session 10: Relapse prevention and graduation ceremony.**

SOURCE: Jaycox LH, Cognitive-Behavioral Intervention for Trauma in Schools, Longmont, Colo.: Sopris West Educational Services, 2003.

Example: A High School Based, Trauma-Informed Group

- **Adaptation of a trauma-informed intervention in a NYC high school**
- **Incorporating Core Components of Trauma-Informed Interventions**
- **Culturally responsive – awareness of cultural values and beliefs throughout intervention**
- **4th year**
- **Groups: 0-4 years post-migration**
 - currently facilitating 3 groups**
 - 1x/week for 30 minutes**
 - ages 13-19**
- **Psychoeducation –**
 - **Inform families/parents/guardians – Family as stakeholders throughout, work with cultural understandings around trust, shame, discipline, family dynamics, ask for permission**
 - **Explain what you are doing and why –**
 - **Educate group member & parent/guardian about migration trauma and stigma**
- **Stress Management – Somatic Expressions (physical aspect of stress), different definitions of stress,**

Example: A High School Based, Trauma-Informed Group

(cont'd)

- Affect Expression & Regulation

- Explore physical aspect of feelings

- Non-verbal cues

- Cognitive Coping - challenging, not used to discussing

- Trauma Narrative – bringing back trauma?

- Use creative ways to help construct the narrative “What happened the day before you left ____?” Allow narrative to include other forms of healing : Curanderismo, Santeria, priests, etc.

- Parent/Child Sessions – concepts of respect (eye-contact, tone of voice), family dynamics (hierarchy, machismo, marianismo, cultural perspectives around sexual and gender identity), trust building

- Different cultures within Latin American culture - work with each culture’s values and NOT force clients to fit intervention



1. NEXT STEPS

- **Professional Development for Staff – shared language, shared lenses**
- **Needs Assessment**

2. Q & A

Thank You - - Gracias

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