Community Impact: Effective messaging and trauma informed care approaches

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Tweet us your questions and thoughts during the webinar! @NPCT_Refugee
Welcoming Communities

• Welcoming fosters good mental health outcomes
  – Improves sense of safety
  – Enhances sense of belonging and new community identity
  – Breaks down barriers to accessing mental health services

• Newcomers and long-term residents have opportunities to
  – Engage in their communities
  – Strengthen family values
  – Befriend Neighbors
  – Increase local leadership
  – Give back/Pay it forward
Changing Communities

- Large scale demographic change
- New immigrant destinations
- Fear, ambivalence of receiving community
RECEIVING COMMUNITIES APPROACH

LEADERSHIP

CONTACT

COMMUNICATIONS

RECEIVING COMMUNITIES
Ways to Build Contact

• Volunteer at Refugee Resettlement Agency
  • Mentor a new family
  • Offer English Language Learning (ELL) support
• Joint Service Projects
• Topic-Specific Dialogues
• Cross-Cultural Potlucks
• Community Forums and Events (film, art, dance, etc.)
Current Framing and Effective Response

How are Refugees Framed Now (in news outlets, social media, etc.)?

- Fear-Based
- Economically Draining
- Differences outweigh Similarities

How Can You Respond?

- Provide alternative to the narrative we hear in the news through messages that speak to **Unity, Common Values, and Shared Contributions**
- Share current stories about refugee contributions
- Use local media and social media
"I came speaking little English and only knowing US culture through MTV and CNN, but now I teach creative writing workshops for youth and am about to publish my first book."

I’m a proud immigrant and I contribute to DC.

Immigrants face many challenges, but discrimination should never be one of them.

If you think you’ve been discriminated against because of your national origin or your accent, call (202) 727-4559 or visit ohr.dc.gov/complaint.

Enigrated from Cameroon in 2000

Share your story with #immigrantscontribute

Credit: DC Government, Office of Human Rights
AUDIENCE

UNSURE
The ambivalent middle 60%

UNTAPPED
Sympathetic—would engage if asked

TAPPED
Resources

- Receiving Communities Toolkit
- Stand Together: Messaging about Muslims and Refugees in Challenging Times
- Neighbors Together: Promising Practices to Strengthen Relations with Refugees and Muslims
- Reframing Refugees Toolkit
- Stronger Together Toolkit
- www.welcomingrefugees.org
Addressing Trauma, Building Resilience: Supporting Refugees through Trauma-Informed Communities

Andrea Blanch, PhD
Director, Center for Religious Tolerance
Acting Director, Campaign for Trauma-Informed Policy and Practice
What is trauma?

Any event or set of circumstances that is experienced as harmful, overwhelming or life-threatening.

Impact is cumulative over time.

Can result from trauma that occurred to an individual’s people or ancestors.

Can result from interacting with traumatized people.
<table>
<thead>
<tr>
<th>LEVEL</th>
<th>Description</th>
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<tbody>
<tr>
<td>POSITIVE STRESS</td>
<td>Mild/moderate and short-lived stress response necessary for healthy development</td>
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<tr>
<td>TOLERABLE STRESS</td>
<td>More severe stress response but limited in duration which allows for recovery</td>
</tr>
<tr>
<td>TOXIC STRESS</td>
<td>Extreme, frequent, or extended activation of the body’s stress response without the buffering presence of a supportive adult</td>
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Intense, prolonged, repeated and unaddressed

Social-emotional buffering, parental resilience, early detection, and/or effective intervention
Cascade of Intergenerational Risk

Childhood adversity and trauma affects brain development

- Difficulty regulating emotions, paying attention
- Behavioral difficulties
- Low self esteem, health problems
- Poor school performance
  - Lower SES*, poorer health as adult
  - Increased risk of violence as adult
  - Increased risk for next generation

*Socioeconomic Status
ACEs (Adverse Childhood Experiences) and Population Attributable Risks

- Disability days: 52%
- Current depression: 54%
- Domestic violence: 52%
- Hopelessness: 43%
- Promiscuity: 48%
- Suicide attempt: 58%
- IV drug abuse: 78%
- Drug abuse: 50%
- Life dissatisfaction: 67%
- Alcoholism: 65%

% that ACEs contribute to these issues
Key points to remember:

• Trauma can result from extreme events (rape, genocide, child abuse) or from persistent adversity (poverty, racism).
• Witnessing violence has the same effect on the brain as experiencing violence.
• Individuals do not always experience the same events as traumatic – and differences can be cultural.
• Trauma can result from violence experienced by an individual’s ancestors.
• Trauma can result from working with people who have experienced trauma.
• Most people heal from even severe trauma.
Building Resilience, Supporting Healing

“Refugees present perhaps the maximum example of the human capacity to survive despite the greatest losses and assaults on human identity and dignity.”  M.A. Muecke

“All healing is self-healing”  Richard Mollica

Protective factors for refugees include:
• A strong belief system or ideology
• Religious faith
• Meaningful roles
• Chance to contribute and help others
• People who recognize & support self-healing
Using cultural practices to regulate and heal

Trauma affects non-verbal parts of the brain. When trauma is activated, blood flows from frontal cortex (thinking, speaking) to reptilian brain (emotions).

“Body memories” also maintain trauma.

Rhythmic, repetitive, patterned motion helps regulate emotion and heal the brain.

Many cultural and religious practices involve rhythmic, repetitive motion.
Trauma-Specific Treatment

Cautionary note:

*DSM diagnoses including PTSD may not be relevant to all cultures and situations*

*Evidence-based practices are rarely normed on different cultural groups*

Effective trauma treatment modalities exist for all ages and circumstances.

Narrative (story-telling) approaches can be very helpful but may have to be adapted for the refugee’s culture and experience:

- Modulated disclosure
- Combining story with political action
- Mollica’s model of healing narratives
Trauma-Informed Communities

What does it mean to be “trauma-informed”?

Why is it important for a “welcoming community” to be trauma-informed?

How do we move in this direction?
The building blocks of resilience

Physical and emotional environments are safe. Basic needs for food, housing, health care, and education are met.
Families are strong, know how to listen and be supportive. Social networks and faith communities provide support and assistance when needed.
Children are taught social and emotional skills. Opportunities to learn, grow, and heal are available to all.
SAMHSA’s 4 Rs of Trauma-Informed Approach

In a trauma-informed community, all citizens would:

**Realize** how widespread trauma is and that there are many pathways to healing

**Recognize** the signs of trauma in themselves and others

**Respond** in a way that is helpful

**Resist** “re-traumatization” – causing additional damage
SAMHSA’s 6 Principles of Trauma-Informed Approach

Safety
Prevents violence across the lifespan and creates safe physical environments

Trustworthiness
Fosters positive relationships among residents, City Hall, police, schools and others

Collaboration
Ensures opportunities for growth are available for all

Empowerment, voice and choice
Promotes involvement of residents and partnership among agencies.

Peer support
Engages residents to work together on issues of common concern

History, gender, culture
Values and supports history, culture and diversity
Signs of Trauma

IN CHILDREN
- Nightmares or sleeping problems
- Sensitive to noise or to being touched
- Fear of being separated from family
- Difficulty trusting others
- Confusing what is safe and what is dangerous
- Feeling very sad, angry, afraid; emotional swings
- Trouble focusing or concentrating
- Difficulty imagining the future

IN YOUTH
- Frequently seeking attention
- Reverting to younger behaviors
- Unexplained medical problems
- Blowing up when being corrected
- Fighting when criticized or teased
- Resisting transitions or change
- Very protective of personal space
- Reckless or self-destructive behavior

IN ADULTS
- Flashbacks or frequent nightmares
- Sensitive to noise or to being touched
- Always expecting something bad to happen
- Not remembering periods of your life
- Feeling emotionally numb
- Lack of concentration; irritability
- Excessive watchfulness, anxiety, anger, shame or sadness
Why a trauma-informed community matters

In a resettlement agency....

In a classroom . . .

At the doctor’s office . . .

In the workplace . . .

In the streets . . .
Join the trauma-informed communities movement
Suggested Resources:

• SAMHSA’s Concept of Trauma and Trauma-Informed Approaches http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
• Bruce Perry, MD, Child Trauma Academy http://childtrauma.org/
• Bessel van de Kolk, *The Body Keeps the Score*
• NCTIC https://www.nasmhpdp.org/content/national-center-trauma-informed-care-nctic-0
• NCTSN http://www.nctsn.org/
• ACES connection social networking site www.acesconnection.com
• The ACE study http://acestudy.org/index.html
• Trauma-informed healthcare http://www.chcs.org/project/advancing-trauma-informed-care/
• Trauma-informed classrooms http://www.traumainformedcareproject.org/resources/bibliography%20of%20resources%20for%20schools%20to%20be%20trauma%20informed.PDF
• 2007 Documentary War Dance http://wardancethemovie.com/
Resources from ACEs Connection

http://www.acesconnection.com/blog/dallas-agency-helps-refugees-and-other-immigrants-who-suffer-through-trauma-texas
http://www.acesconnection.com/blog/doctor-offers-refugees-mental-health-assistance-from-afar-medicalxpress-com
http://www.acesconnection.com/blog/the-school-for-young-refugees-citylab-com
http://www.acesconnection.com/blog/combining-art-therapy-and-mindfulness-for-refugees-madinamerica-com
http://www.acesconnection.com/blog/uconn-professors-address-refugee-health-care-issues-connecticut
http://www.acesconnection.com/search?searching=true&type=0-blogs&queryString=refugees
Thank you

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Forging Community Collaboration: Louisville Refugee Mental Health Providers Group

Jane Evans, MSSW
Kentucky Refugee Ministries
Louisville, KY
A history of mental health services in Louisville
Available services prior to group formation

• Centerstone (community mental health agency- formerly Seven Counties Services) for SMI services
• Family Health Centers (FQHC) brief counseling by LCSWs
• Contract LCSW and a psychologist for Refugee and Cuban counseling funded through KOR grant mid-2000’s- 2014 (Medicaid expansion in Kentucky)
• Kentucky refugees had access to counselors with the Refugee Assistance Program (RAP) as a Wilson-Fish State through 2014
• Americana Community Center doctoral psychology interns
Providers Group Development

- Louisville mental health coordinator (MHC) began February 2012, a partnership position between Kentucky Office for Refugees (KOR), Kentucky Refugee Ministries (KRM) and Catholic Charities Migration and Refugee Services (MRS).
- First community meeting ("meet and greet") April 2012. Invitees where identified by previous mental health, health, or case management work with refugees, with assistance from the Refugee Health Coordinator at KOR and staff within the resettlement agencies.
- We have met every other month since then, rotating meeting locations within partner agencies. Time and day of month consistent.
- There is a maintained email contact list to keep everyone connected
The Dedicated Community

• Resettlement agencies (KRM, MRS, KOR)
• Mental health/health agencies:
  – Centerstone
  – Family Health Centers
  – Jewish Family and Career Services (social service agency with many programs targeting refugee populations)
  – Survivors of Torture Recovery Center (STRC)
  – University of Louisville’s Global Health Initiative/550 Clinic
  – Home of the Innocents/Open Arms Clinic
• Americana Community Center
• Public school counselors
• Library (Louisville has an immigrant librarian)
• Passport Health Plan
• University departments: Social Work, Nursing
A Typical Meeting

• Informal structure with often no set agenda allows for members to guide the discussions. One or two people from KRM and MRS will moderate.
• We always begin with introductions and ask if anyone has a topic to discuss.
• Two or three issues will be discussed
  – New resources in community
  – Upcoming training or community engagement opportunities
  – Brainstorming mental health issues, situations
• Location for next meeting set
• Notes sent out afterwards via email
Sharing the experience

• Supportive environment to discuss challenging work

• Members of group provide training to each other (and greater community):
  – trauma informed care, trauma treatment
  – competency in screening for mental health issues, including torture
  – cultural understanding- many guest speakers from refugee communities
  – current trends in client loads, resettlement, community issues, preparing for the future

• Group discussion of community-wide problems ensures that community mental health issues are explored through diverse network of voices.
Better together

- Increased continuity of care - by creating working relationships with each other, we assist refugees with overcoming barriers to treatment (transportation, reminders, medication management)

- Increased community capacity - we have helped to introduce new mental health providers that were not previously familiar working with refugees. Together, we have worked to identify new programming and practices leading to improved client services.

- Improved information sharing: a venue to provide input and collaborative feedback on community mental health programs. Providers are able to share best practices and learn from one another about what works and what doesn't with our populations. One example would be the brainstorming session about the refugee mental health toolkit (Kentucky specific).
Challenges and looking forward

• Finding solutions that are not always available or possible:
  – Substance abuse treatment
  – Child abuse over 18
  – Domestic violence
  – Insurance coverage
  – Access to community treatment

• Subgroup formed to address domestic violence in immigrant and refugee communities
  – Beginning January 18, 2017
  – To meet in the months the mental health group doesn’t
Thank you!

For more information or questions:

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