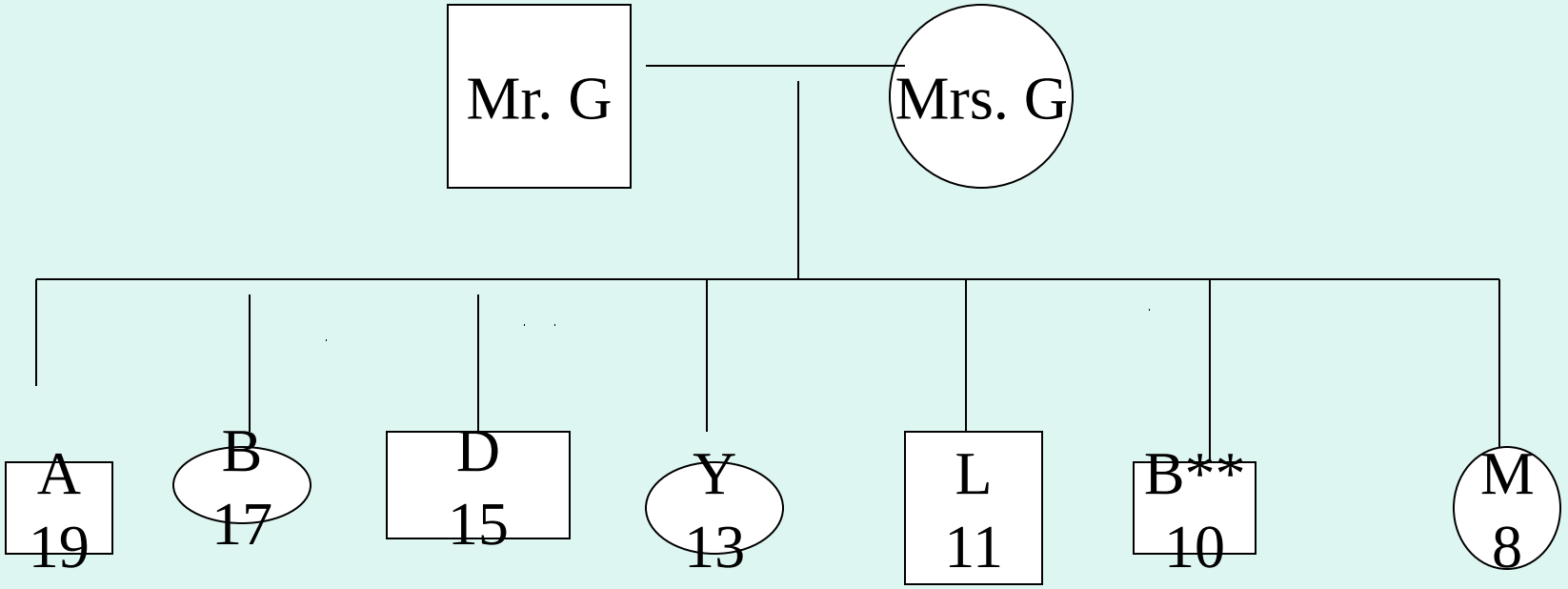
Traumatized Refugee Children and Families: Principles of Care

Kate Porterfield, Ph.D.,

Bellevue/NYU Program for Survivors of Torture

portek01@med.nyu.edu

The G Family: Kosovar refugees in New Jersey



G Family: Chronology

- Since 1989: Intimidation of Mr. G by Serbian authorities; Loss of job
- 1997: Oldest son leaves
- 1997: Attack in the home by paramilitary, now 10 year old burned
- 1998: Forced evacuation, flight on foot
- 1999: 5 months in Macedonian camp
- June, 1999: Family arrives in New Jersey

G Family: Referral issues

- Nuisance behavior in apartment complex--loud, “dirty,” uncooperative
- Mother-depressed, not functioning
- 10 year-old boy-aggressive on bus and at school

So….where to begin with this family?

There are *predictors* of how kids will do after war and other trauma

So…assess them:

- Parental reactions to the trauma
- Degree of exposure to traumatic events
- Degree of disruption of family unit and routine in the aftermath of trauma
- Availability of positive social supports (i.e. school, community organizations, extended family)
- Overall resilience and competence of child

So, build these predictors into your assessment of the child

- ASK about:
  - Parental functioning--How are they doing?
  - Exposure--What did you experience and see?
  - Disruption of family's life--What was life like before?
  - Social Supports--Who mattered to this family and where are they?
  - Resilience-What was this child like before the war?

How did the G family look on these predictors?

- Parental functioning
- Degree of exposure
- Degree of disruption of family unit and routine
- Availability of social supports
- Overall resilience/competence of each individual

Principles of Care for Traumatized Refugee Families

- Thorough assessment
- Community-based services
- Culturally competent care
- Strength and resilience-focused services

Assessment: How?

- Use multiple reporters if possible
- Sometimes need to see children separately, especially adolescents; (Get permission from parents)
- Find out about family history of mental illness or “hard times” or someone “acting different”
- Explain your assessment: “We are trying to make sure we get the best assistance for your child so he can be doing his very best in school.”
- Link assessment to the parents’ goals: “What do you want to see for your child?”

Community based--what and why?

- What--systems and organizations that the family is involved with, connected to, or has a relationship with. (Schools, refugee agencies, ethnic organizations, faith-based organizations)
- Why--to decrease stigma, normalize, prevent redundancy, and enhance belonging

Using a community based model with the G Family

- School based intervention
  - Empathy enhancing
  - Behavioral intervention
- Holding family sessions at the refugee agency
- Educating their resettlement team

Culturally competent care: What is it?

- Services that are provided in ways that are “acceptable, engaging and effective with multicultural populations”*
- Not an on/off switch-- “Rules” are less helpful than skills in communicating about culture.
- We are not the “experts”
- What are the *client’s* priorities/concerns?
- What are the *client’s* conceptions of well-being and distress

G family: Cultural issues

- Parents' focus on external behavior and not on internal experience of their children
- My "curiosity" about their life
- Gender issues
- Lack of knowledge of therapy, medication
- Use of interpreter

Resilience, strength-based care

A focus on family's survival and coping strategies that were effective as a starting point for all discussions of where they are now having trouble

-recognize achievements

-normalize current stressors

-collaborate with family to solve problems

G Family: Strength-based focus

- Family meetings-not pathologizing one person
- Sharing memories of home
- Modeling praise/empathy for the mother
- Giving advice to a little girl from their country

When do we refer?

- Stabilization of family's situation does not lead to stabilization of an individual in the family
- Symptoms are highly disruptive or frightening, out of control behavior or suicidal feelings
- School or other care providers seeing problems

Referral suggestions

- Do your homework, i.e. find some agencies/therapists that you cultivate as resources
- Build relationships to agencies! (Squeaky wheel vs. Bees with honey)
- Frame referrals to refugee families as something that “American” families would do
- Ask about parents’ knowledge/understanding of the referral
- Serve as a bridge to the referral, while recognizing confidentiality

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