# Understanding Trauma-Informed Care and Building Resilience in Immigrant Families to Address Mental Health Needs

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Part 2 – Trauma in Immigrant Families: How health systems and providers
can deliver trauma-informed care to immigrant families

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Raja's pyramid of TIC
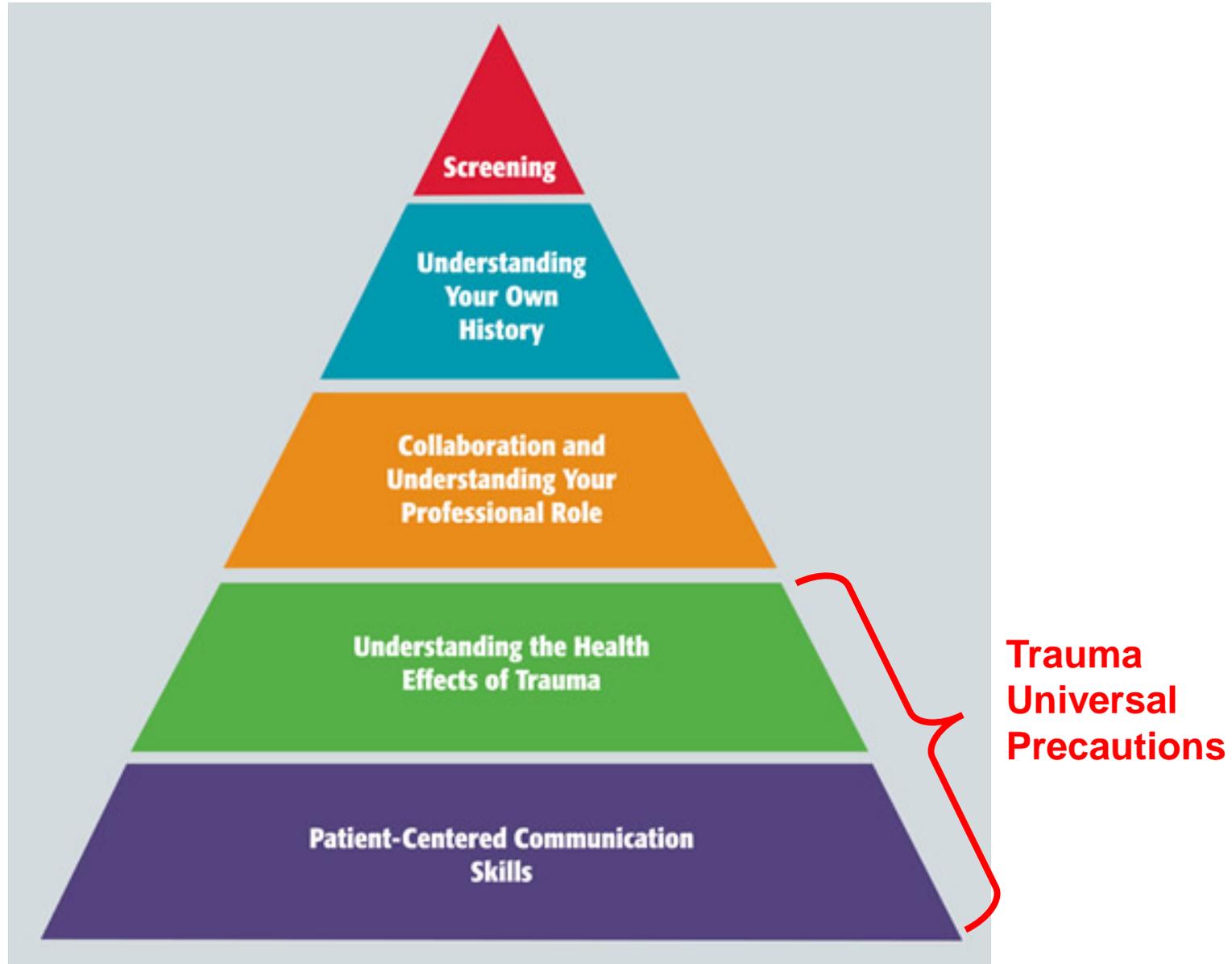
Raja S et al.
Fam Community Health.
2015 Jul-Sep;38(3):216-26.

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SAMHSA's definition of TIC

A [provider,] program, organization, or system that is trauma-informed

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;

- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and

- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and actively

- **Resists** re-traumatization

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Principles of TIC – SAMHSA

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical, and gender issues

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My revision of SAMHSA's principles of TIC

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical, and gender issues
7. Building on strengths (i.e., enhancing resilience)

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"Our program director said it best when he observed that we had stopped asking the fundamental question 'What's wrong with you?' and changed it to 'What has happened to you?'"

Bloom, S. L. (1997). *Creating sanctuary: Toward the evolution of sane societies.*

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Judgment and Detachment

"Our program director said it best when he observed that we had stopped asking the fundamental question 'What's wrong with you?' and changed it to 'What has happened to you?'"

Curiosity and Compassion

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What has happened to you?

©David Fierstein 2002
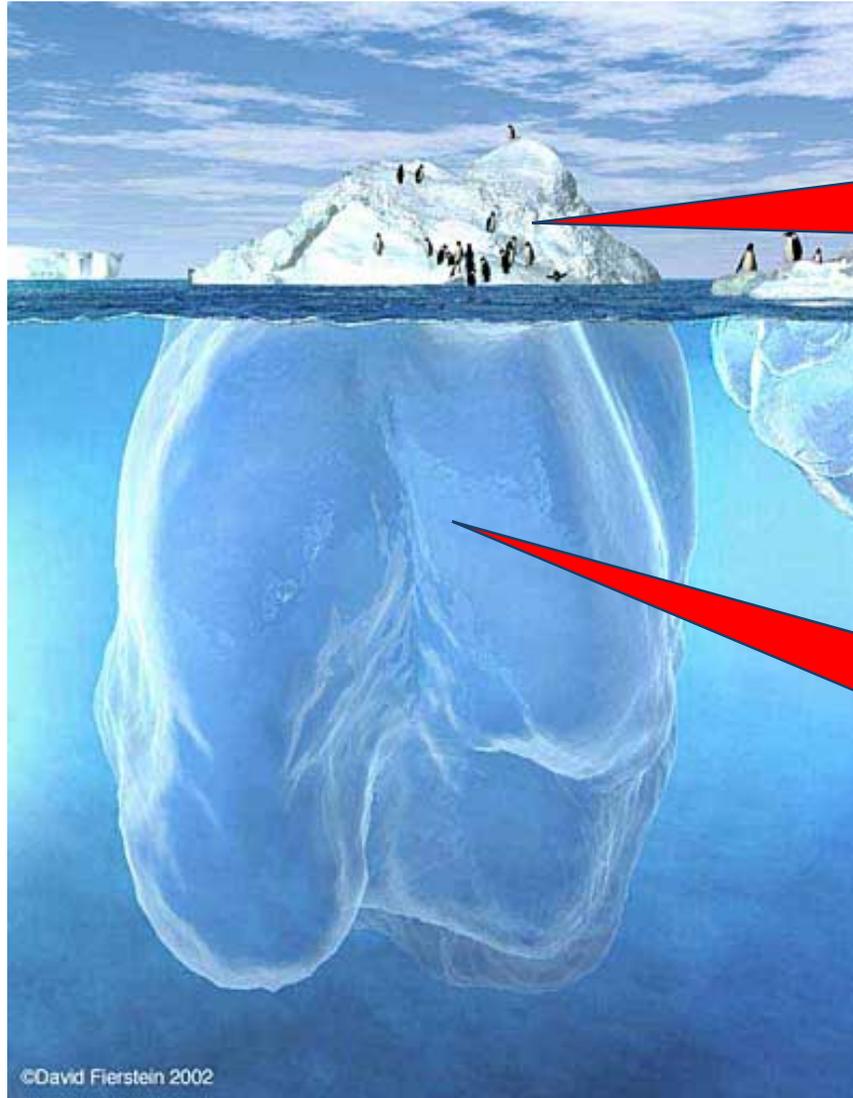
Big "t" Traumas

Little "t" Traumas

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Little "t" traumas
we often overlook

- Structural stigma stemming from intersecting "isms" and "phobias"
  - Government-sponsored displacement, exclusion, and segregation
  - "Public Charge" rule and DACA rescission
  - Laws don't protect same-sex couples

- Macro and micro-aggressions based on race, ethnicity, national origin, social class, gender expression, sexual orientation or religion, among others

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The final common pathway

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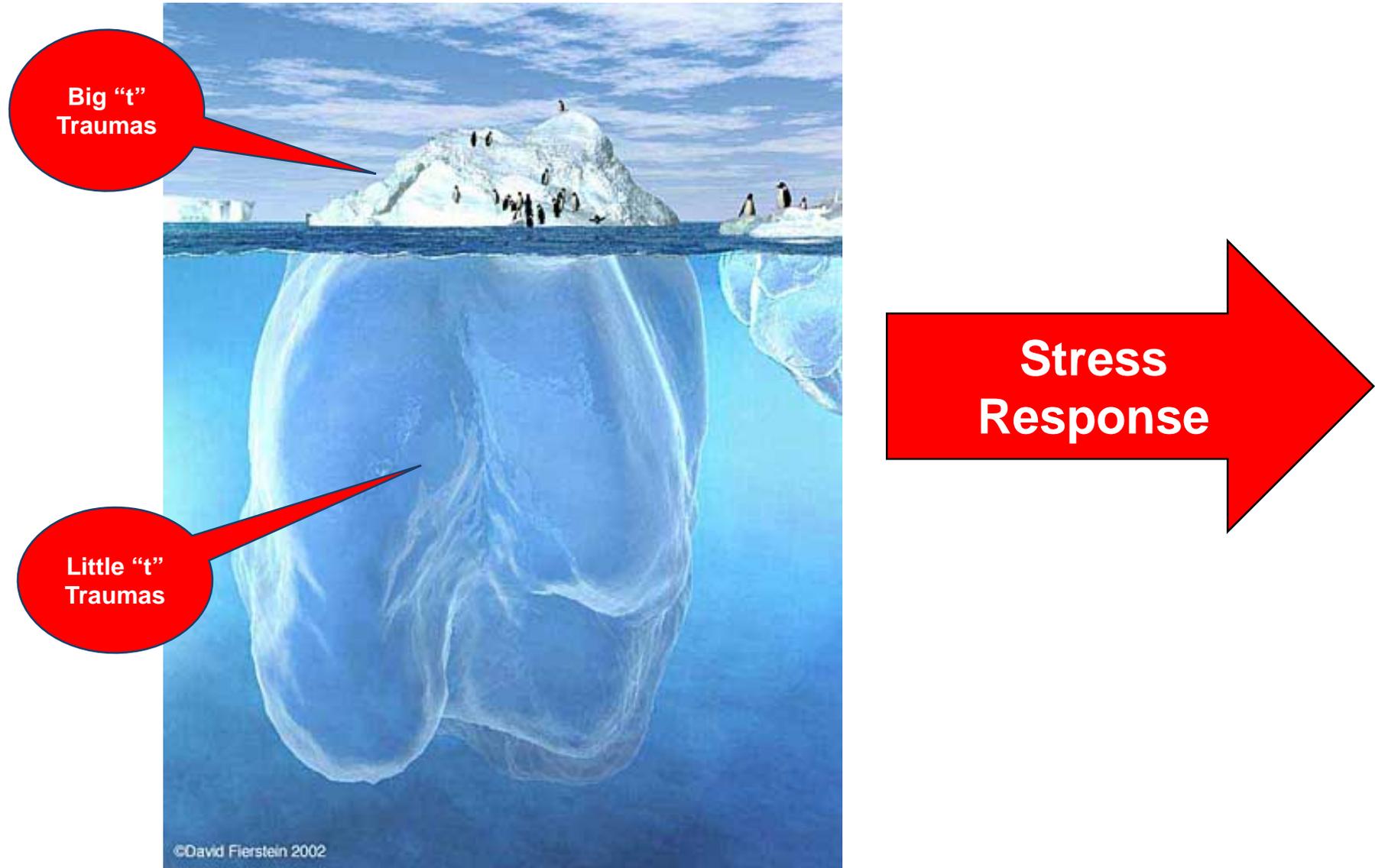
FIGURE 1.1: STIGMA: A MULTILEVEL CONSTRUCT

Structural
State Policies, Institutional Practices

Interpersonal
Abuse, Rejection, Discrimination

Individual
Self-Stigma, Disclosure

Level 1

Level 2

Level 3

Stress Response
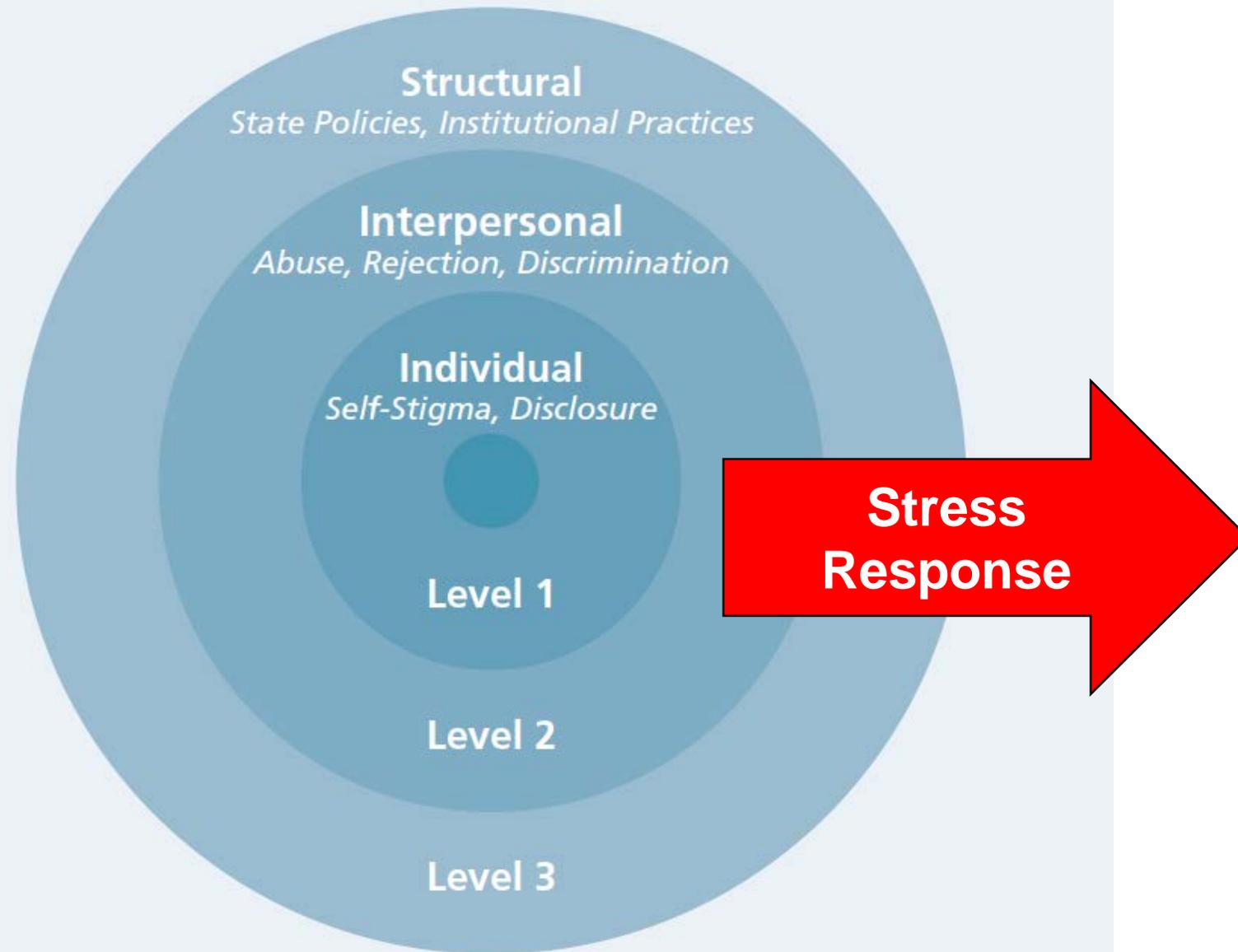
Hatzenbuehler ML & Link BG. Soc Sci Med. 2014 Feb;103:1-6.

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Nusslock R & Miller GE. Biol Psychiatry. 2016 Jul 1;80(1):23-32.

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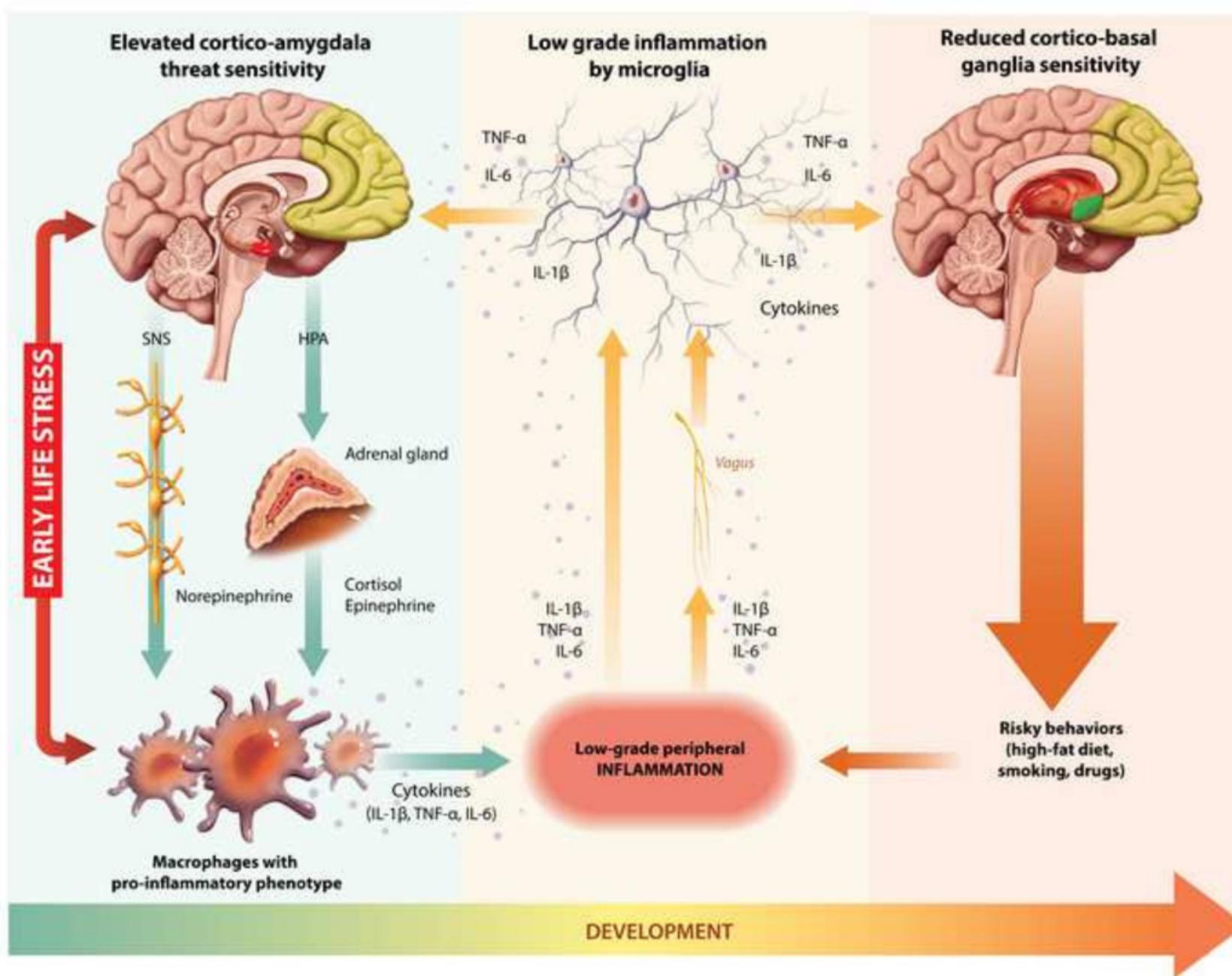
Is stress ever good?

POSITIVE

A normal and essential part of healthy development

EXAMPLES
getting a vaccine, first day of school

**TOLERABLE**

Response to a more severe stressor, limited in duration

EXAMPLES
loss of a loved one, a broken bone

TOXIC

Experiencing strong, frequent, and/or prolonged adversity

EXAMPLES
physical or emotional abuse, exposure to violence

www.media1.kaboom.org

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How can toxic stress become tolerable or even positive?

POSITIVE	TOLERABLE	TOXIC
A normal and essential part of healthy development	Response to a more severe stressor, limited in duration	Experiencing strong, frequent, and/or prolonged adversity
EXAMPLES *getting a vaccine, first day of school*	EXAMPLES *loss of a loved one, a broken bone*	EXAMPLES *physical or emotional abuse, exposure to violence*

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From adversity to posttraumatic growth?
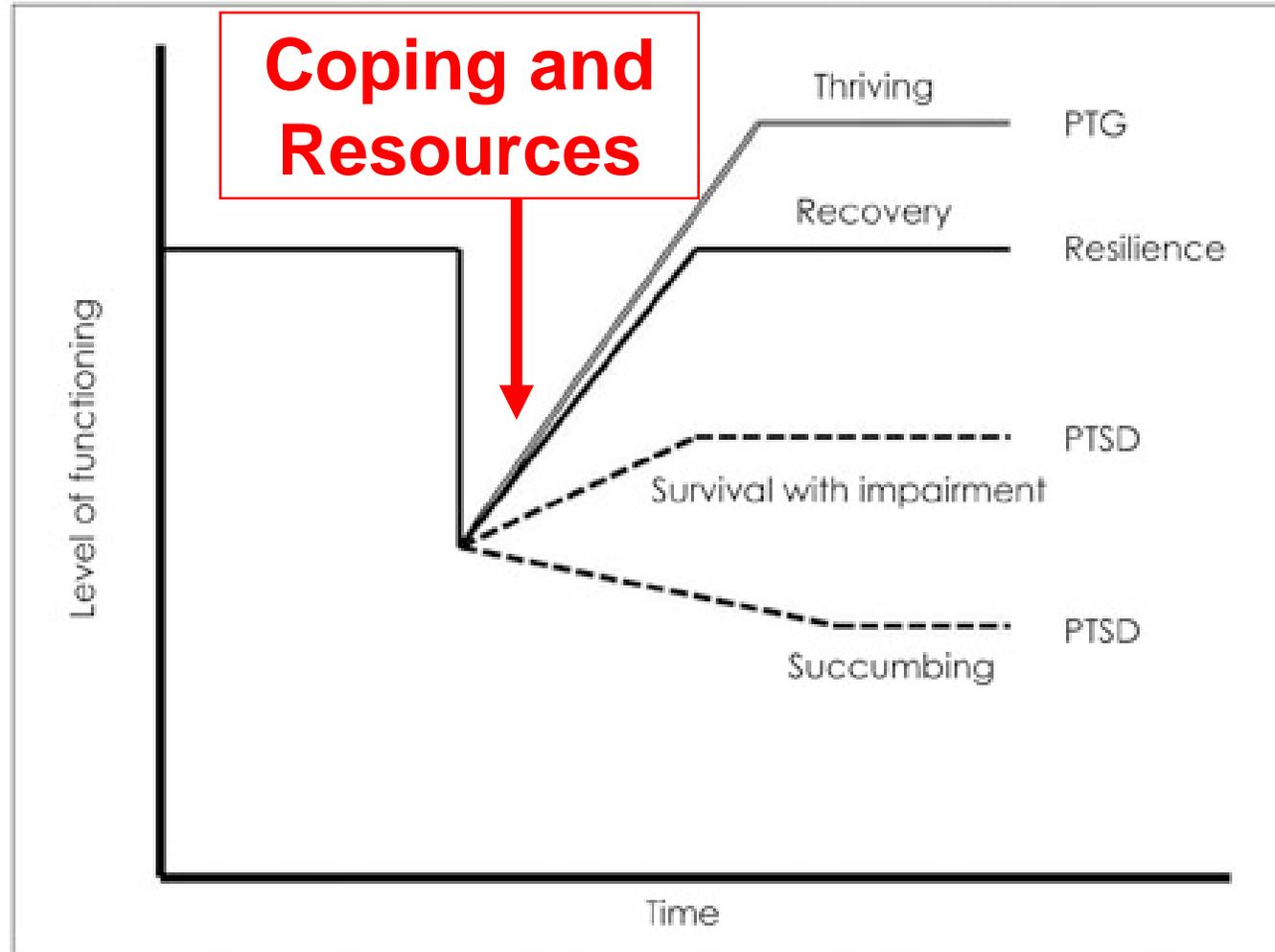
Jeon SW et al. J Korean Neuropsychiatr Assoc. 2015 Feb;54(1):32-39.

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What do I mean by resilience?

- The ability [of an individual] to cope with a crisis or to return to pre-crisis status quickly (Wikipedia)

- The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress (APA)

- The capacity of a dynamic system to adapt successfully to disturbances that threaten the viability, the function, or the development of that system (Masten)

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What I **don't** mean by resilience

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Resilience as contextual and collective

- The figure situates individual resilience within overlapping and inter-related scales of resilience

- It recognizes that each scale of resilience contributes to (and potentially detracts from) any of the others
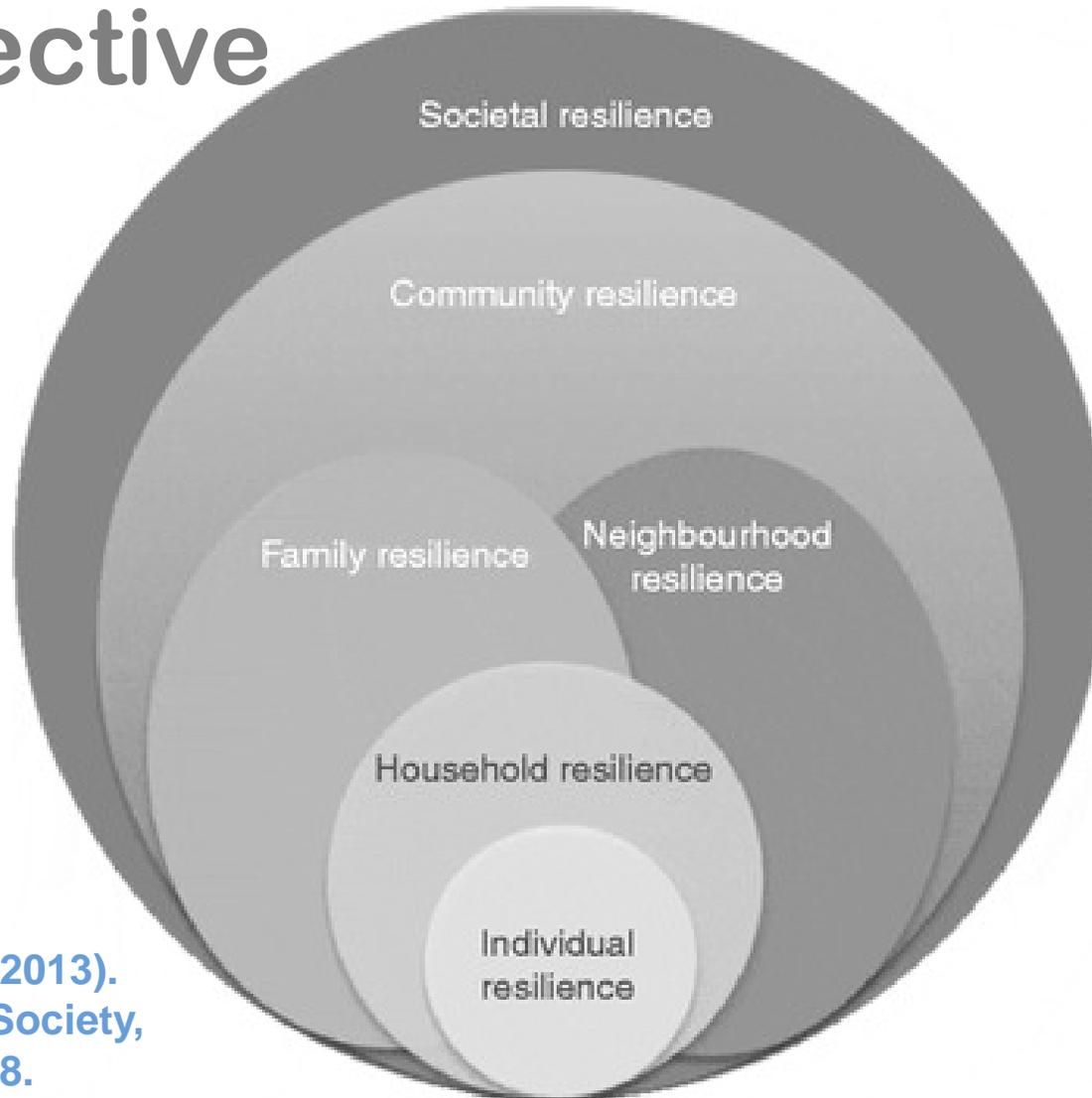
Wild K et al (2013). Ageing and Society, 33(1), 137-158.

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Summary

- How can mental health providers provide TIC for immigrants and their families?
  - Trauma-informed conversations about exposure to adversity at the individual and community levels, across development and generations
  - Identify goals and strengths to support resilience at the individual, family and community levels
  - Build and sustain interdisciplinary teams
  - Integrate and coordinate mental health to needs for physical health, socioeconomic, educational, occupational, or legal services

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Summary

- How can all health providers help to identify and respond to the mental health needs of their immigrant patients?
    - Implement trauma universal precautions to avoid retraumatization
    - Recognize unapparent manifestations of exposure to trauma, adversity and chronic stress
    - Educate patients on the science of resilience and adversity
    - Identify resources to mitigate negative social and structural determinants of health

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Summary

- How can teachers, social service providers and family members support trauma-informed approaches to support immigrants and their families?
    - Implement trauma universal precautions to avoid retraumatization
    - Identify goals and strengths to support resilience at the individual, family and community levels
    - Educate and empower clients and families
    - Eliminate or circumvent barriers to access and coordinate services to address diverse needs

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Responding to the COVID Pandemic
- *Marshalling everything that already exists*
- *Rooted in community*
- *Trusted sources*

AHS Patients by Language
Top 15

Language	AHS Patients
Chinese-Cantonese	23937
English	9564
Vietnamese	4201
Chinese-Mandarin	3243
Other	992
Korean	832
Khmer	719
Oth Asian	481
Tagalog	367
Spanish	353
Mongolian	296
Unknown	237
Burmese	222
Chinese	177
Mien	108
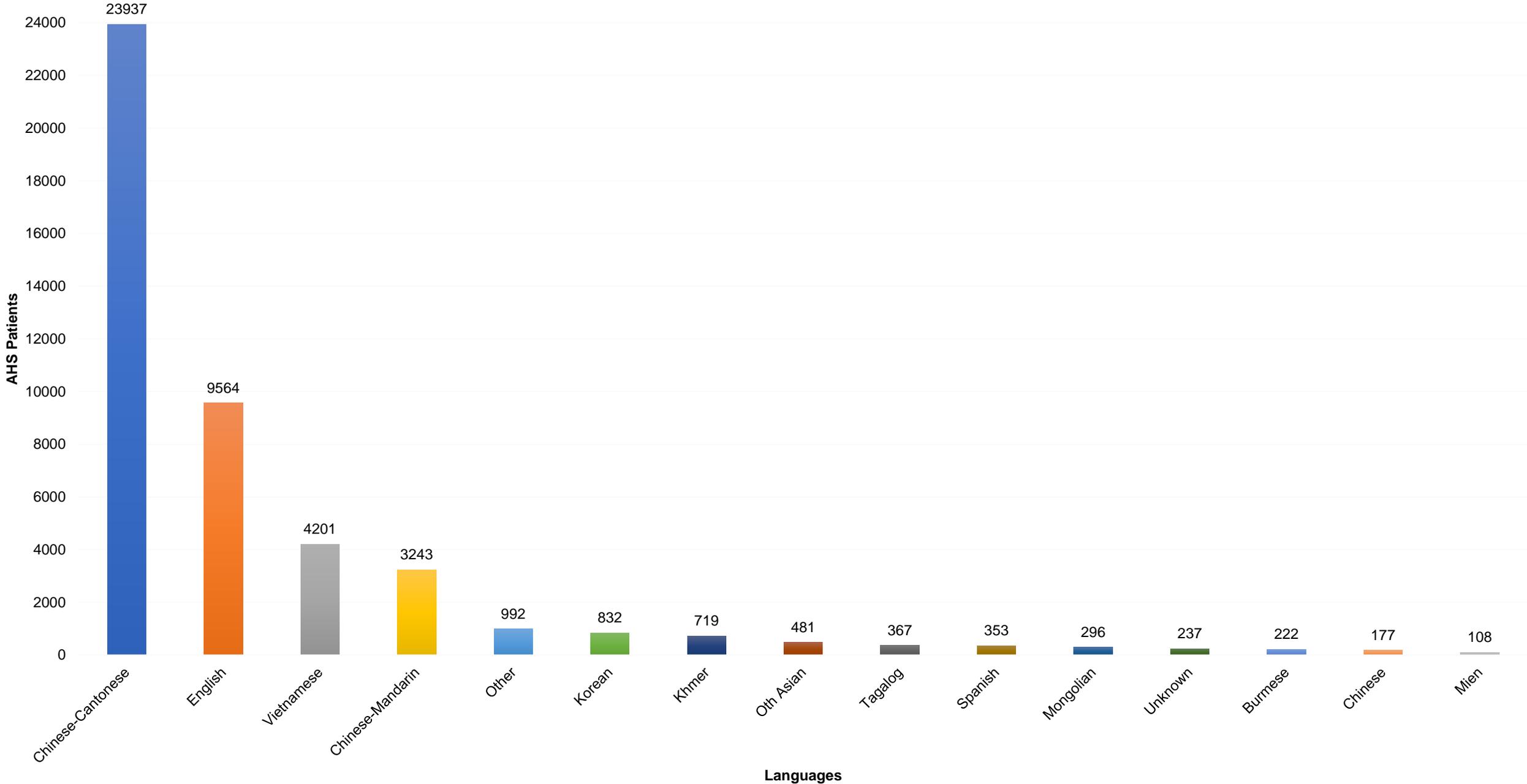
The Perfect Storm
AAPIs went underground

- Anti-immigrant public charge policy
- Anti-Asian Attacks
- COVID-19
- Chinatown restaurants closed
- People masked up even BEFORE Shelter in Place
- Testing barriers
- Shortages in PPE
- Unemployment/ economic challenges

AHS
Rapid and Radical Transformation

- Visits down to 9% initially

- RAPID AND RADICAL TRANSFORMATION

- Hundreds Laptops

- Hundreds iPhones

- Mobile Wifis

- New Protocols

- Trainings

- Medical, Dental, Mental Health Leadership

- Now ^ 80-90% volume
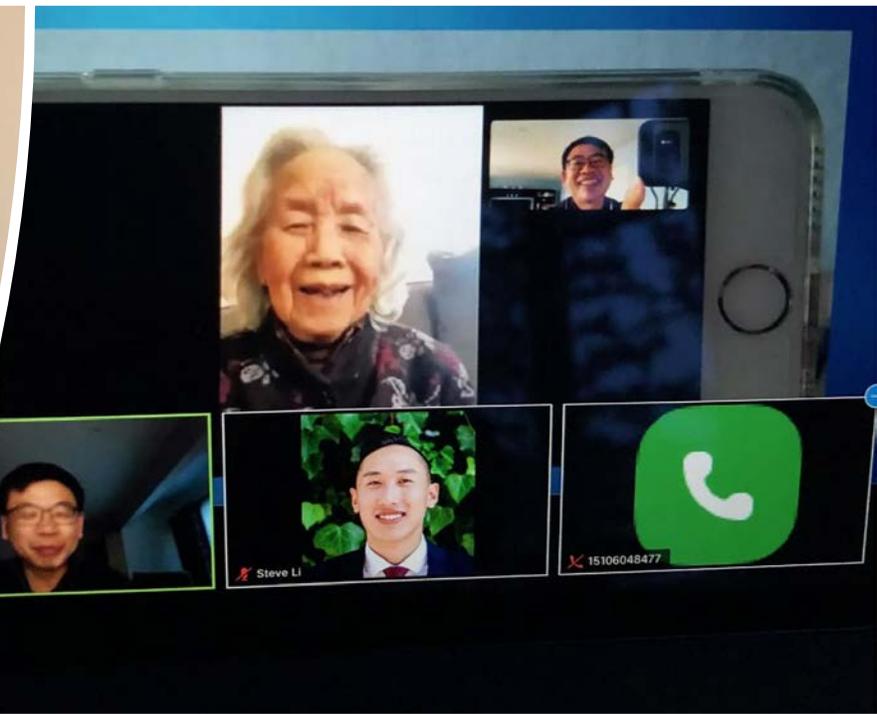
COVID-19 Case Rates by Race/Ethnicity

Alameda County July 2020
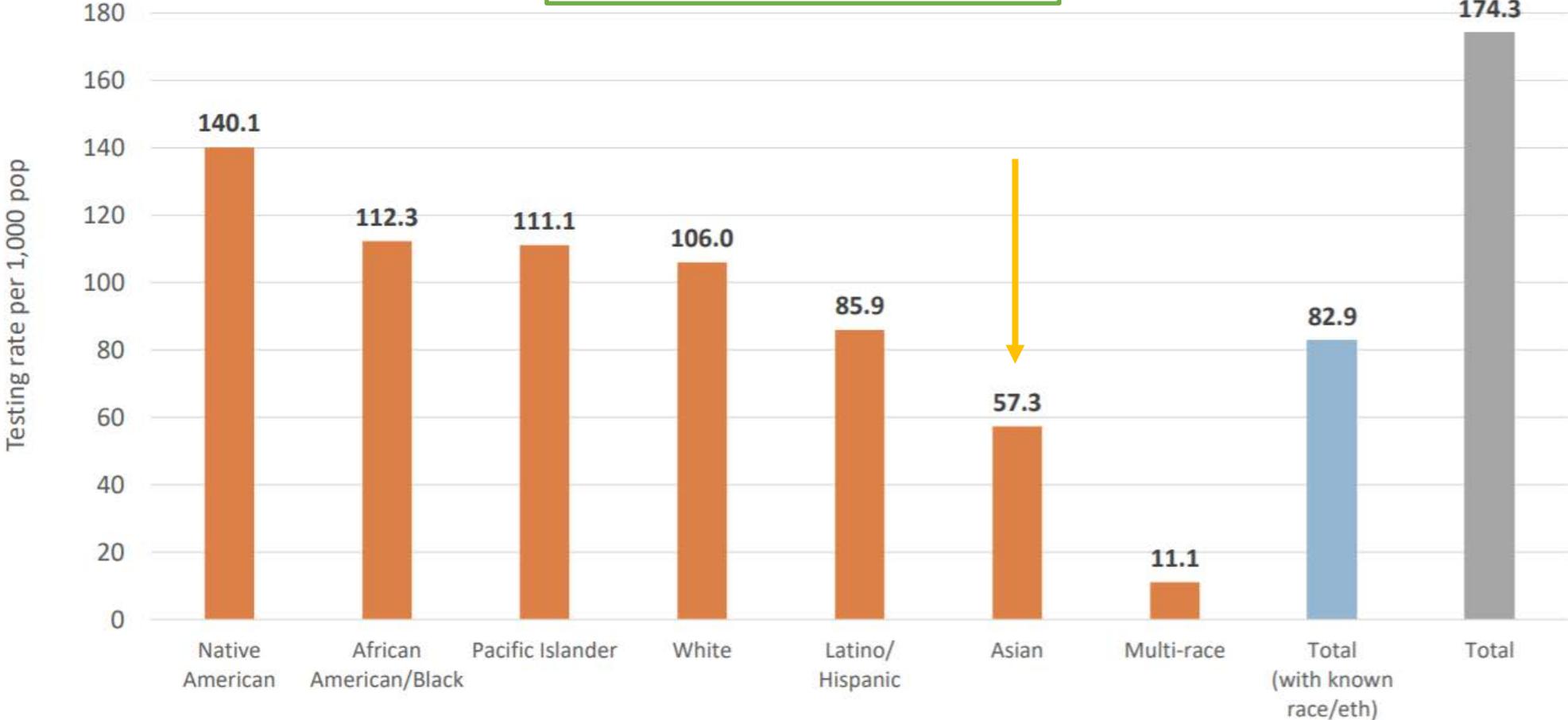
National Asian American COVID-19 Research & Policy Team – Disparities in Case Fatality

San Francisco Chronicle

HEALTH

Why has coronavirus taken such a toll on SF's Asian American community? Experts perplexed over high death rate

Joaquin Palomino | May 20, 2020 | Updated: May 21, 2020 9:17 a.m.

State/County	Case Fatality (Asian)	Case Fatality (Overall)
California	8.1%	3.9%
New Jersey	13.8%	7.3%
Washington	8.5%	5.2%
Nevada	9.4%	4.9%
Illinois	7.4%	4.5%
Santa Clara County, CA	8.6%	5.2%
San Francisco County, CA	5.9%	1.6%
Los Angeles County, CA	12.3%	4.3%
Chicago, IL	10.5%	4.7%
New York City[a]	17.7%	10.8%

ASIAN HEALTH SERVICES

Rise in Anti-Asian Hate

Man harassed, spat on Asian people, blaming them for coronavirus in series of racist attacks: cops

By NELSON OLIVEIRA
NEW YORK DAILY NEWS | MAY 26, 2020 | 12:02 PM

Report: 2,000 Cases Of Hate And Discrimination Against Asian Americans Amid Pandemic

NEWS

Regional: Asians Bear Brunt Of Blame For Covid-

KPIX CBS SF BayArea

Bay City News Service   Published 7:58 am PDT, Monday, May 18, 2020

AHS COVID Community Survey

- Conducted May 20 through June 23
- AAPIs in the local area
- Online (English, Chinese, Vietnamese, Korean) and via staff-administered
- Total N=1,301 (Original Goal was 500)
- Estimated 60-80% are AHS patients

Demographic Profile of Participants

Asian Ethnicity of Participants (Total=1,301)

- Chinese: 1154 (89%)
- Vietnamese: 109 (8%)
- Cambodian: 20 (2%)
- Filipino: 6 (0.5%)
- Other Asian: 12 (1%)
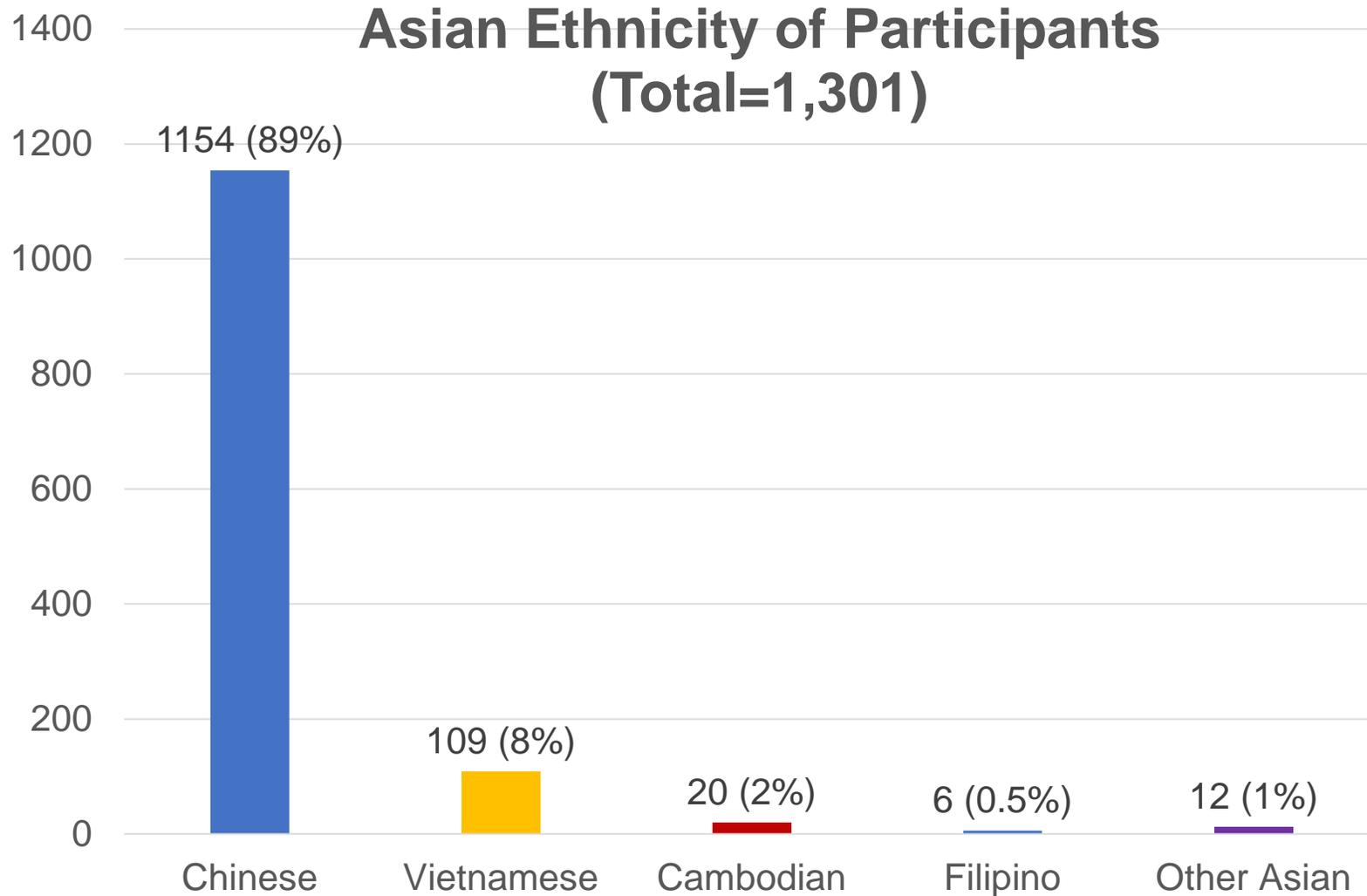
English proficiency
Not Fluent: 56%
Fluent: 44%

Immigrant Status
US-born: 20%
Foreign-born: 80%

Residence
Oakland: 52%
San Leandro: 18%
Alameda: 7%
Other AlCo: 9%

COVID Testing

	No.	%
How many have gotten tested for COVID? (n=1,304)	40	3%
How many tested positive for COVID? (n=40)	2	5%
How many could not find a place for COVID Testing? (n=816)	396	49%
How many thought they could isolate themselves to get better and to prevent infecting others? (n=843)	35	4%
How many were not concerned that had been exposed to the virus? (n=843)	356	44%

COVID Impacts

Total N=689	No.	%
How many have lost their regular job.	246	36%
How many have had a reduction in hours, or a reduction in income.	173	25%
How many have switched to working from home.	122	18%
How many have continued to report to work because they are an essential worker.	88	13%
How many have had financial difficulties with paying rent or mortgage.	93	14%
How many have had financial difficulties with basic necessities, such as paying bills, tuition, affording groceries,…	97	14%

Discrimination/Anti-Asian Hate

	No.	%
How many have experienced discrimination/ violence due to race? (n=1,302)	72	6%
How many have reported these incidents (n=72)	1	1%

Age range: 16-74

I was called, "corona china" from a random person and was told that from a cashier that Korean people are coming here with the virus. I reduced going out after these incidents.

People have yelled at me while I am wearing a mask

Patient was screamed at by bus driver multiple time; he doesn't know why because he didn't do anything wrong

Just going grocery shopping with my parents, in line to pay, a women had the audacity to call us racial slurs

Since Covid-19 outbreak began, have you felt any of the following? (n=643)

- Depressed: 160 (25%)
- Hopeless: 45 (7%)
- Stressed: 483 (75%)
- Restless or fidgety: 112 (12%)
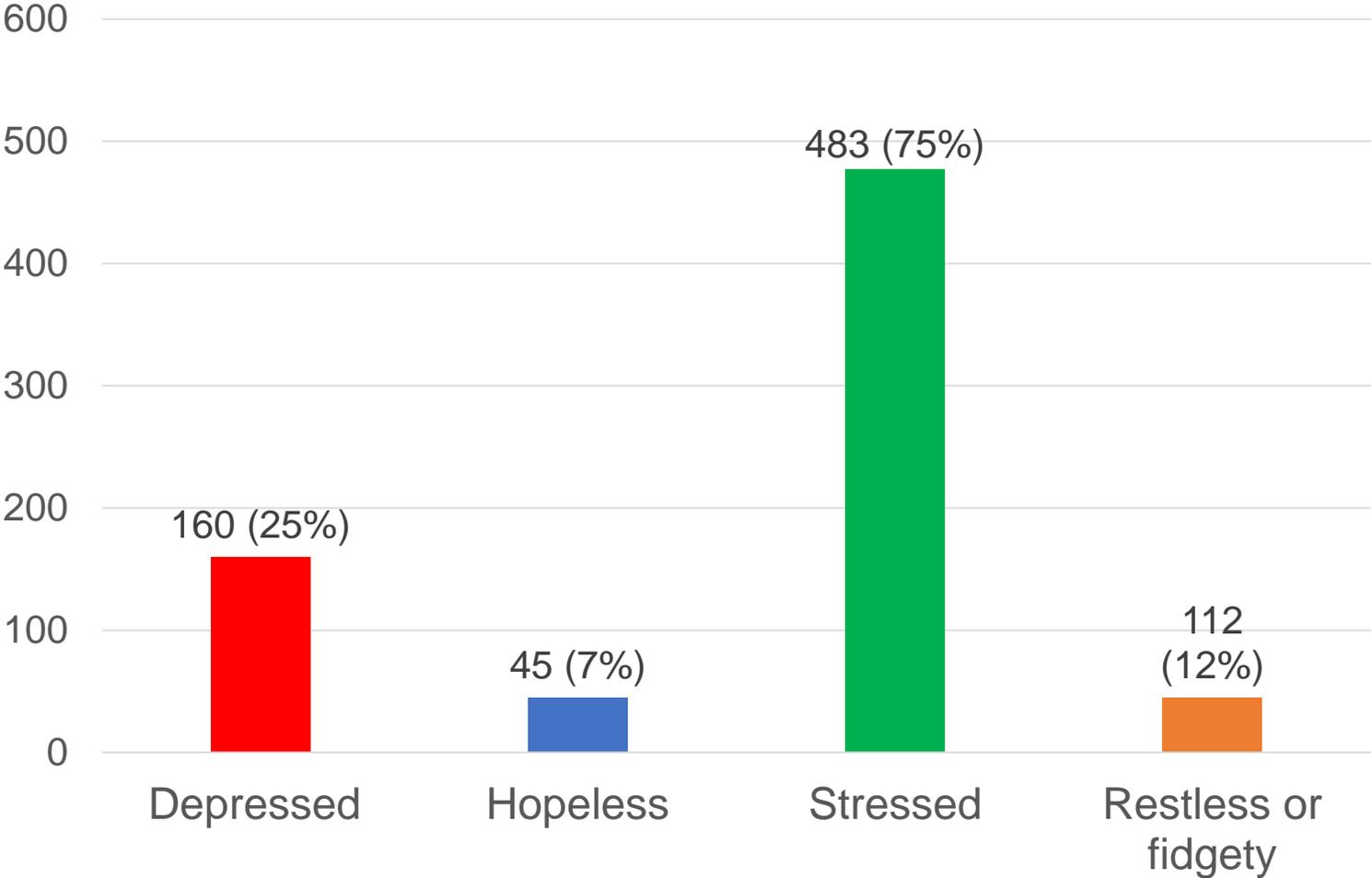
How many have talked to their doctor or a mental health professional about how they felt?
N=69 (5%)

What have done to reduce getting infected?
(n=1,295)

- Avoid leaving house: 945 (73%)
- Avoid health care: 105 (8%)
- Avoid public transportation: 239 (19%)
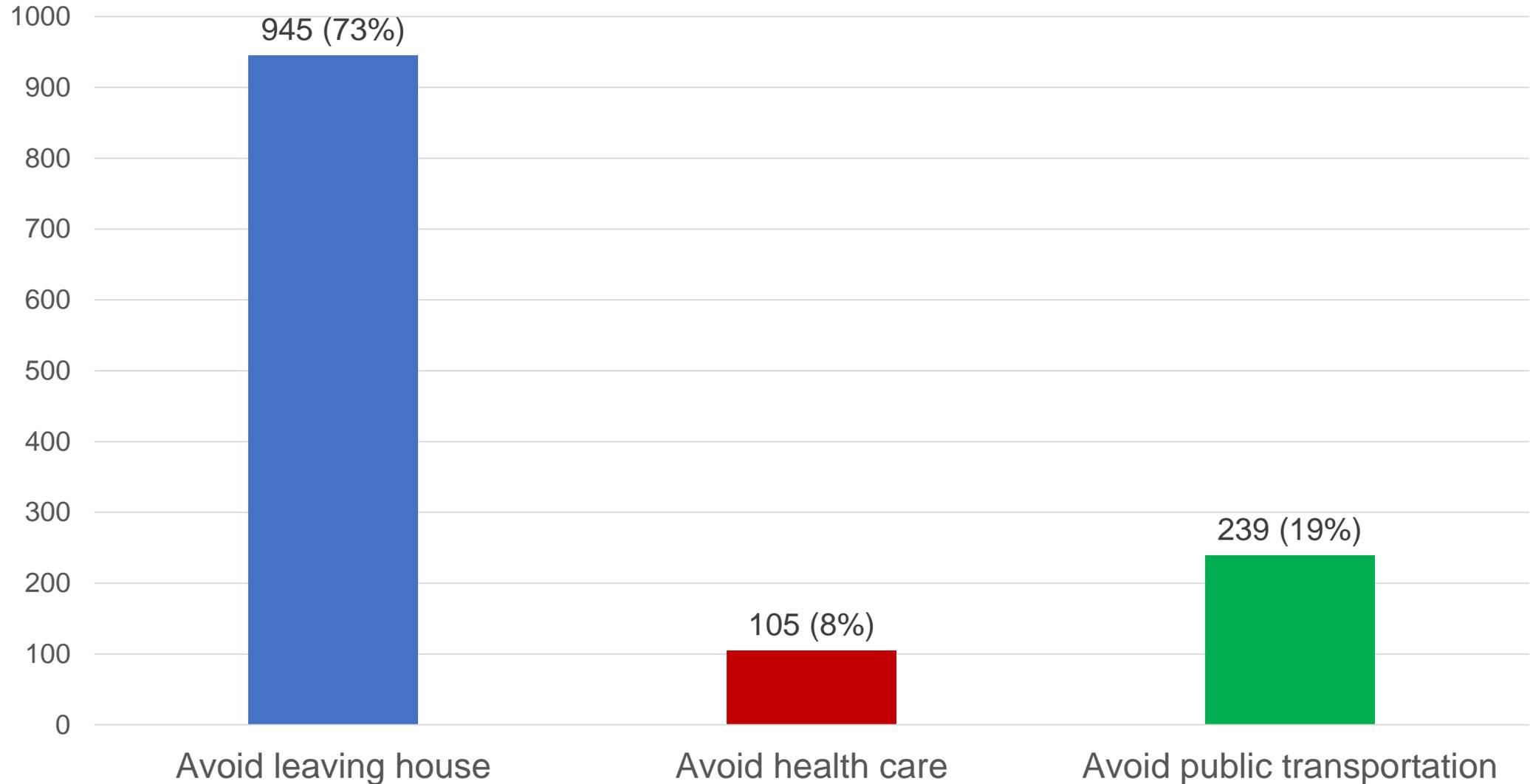
How long wearing masks? (n=1,297)

- Before SIP: 522 (40%)
- When SIP: 526 (41%)
- When Required by Gov: 244 (19%)
- No wear: 5 (0.5%)
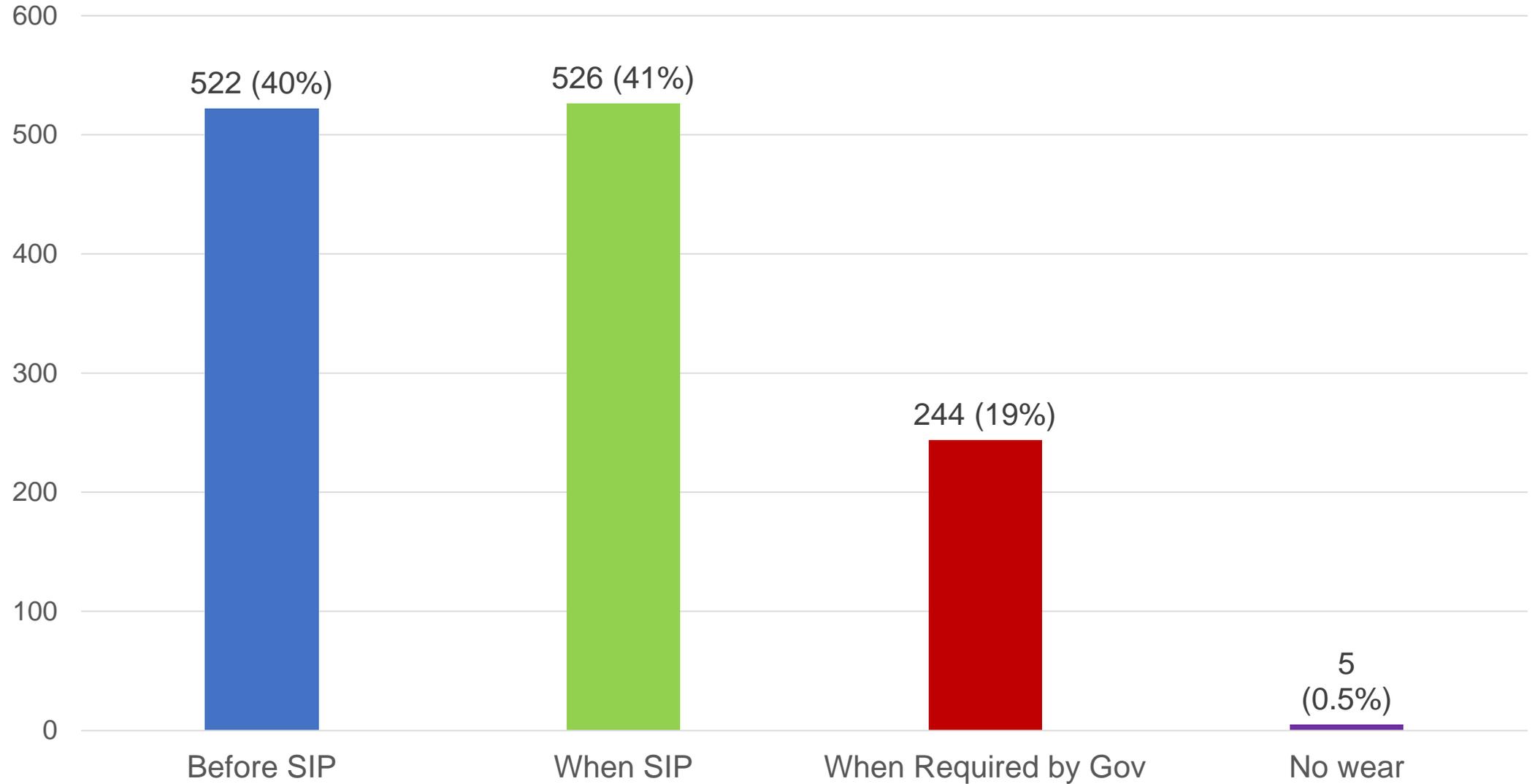
COVID Comprehensive Response for AAPI Initiative

Outreach & Education
- Information on where and why to test
- Multiple languages
- WeChat, Youtube videos in different languages

Testing
- Community testing site in Oakland Chinatown
- First Asian multilingual and multicultural site in the county
- Operated by staff from within the community

Contact Tracing
- Setting up diverse team who has connections with community

Case Management & Support
- Resources for quarantine (housing, food)
- Mental health support
- Other social needs (financial/employment, health care)

COVID Community Testing Site

- Located in Oakland Chinatown

- Launched 8/18

- Asian Multi-lingual and Multi-cultural in Alameda County

- Free, regardless of insurance, immigration status…

ASIAN HEALTH SERVICES

We are here for you

COVID-19 HELPLINE (510)735-3222

MONDAY - FRIDAY, 9AM- 5PM

HELPLINE SERVICES

✓ HELP SCHEDULE YOUR COVID-19 TEST APPOINTMENT
✓ HELP RECEIVE YOUR TEST RESULTS

IN YOUR LANGUAGE

✓ CANTONESE/ MANDARIN
✓ VIETNAMESE
✓ KOREAN
✓ TAGALOG

Understanding our community's barriers and addressing them.
-Language
-Digital Divide
-Cultural
-Trauma experiences

What is Case Investigation & Contact Tracing?

Case investigator
(elicits names and information of contacts)

Case
(has tested positive for COVID-19)

Contacts
(exposed to a known COVID-19 case)

Contact tracer
(informs contacts of their encounters with a COVID-19 case)

Asian Americans Advancing Justice — Asian Law Caucus

Oakland Chinatown Chamber of Commerce
屋崙華埠商會

Center for Empowering Refugees & Immigrants

Filipino Advocates for Justice

Korean Community Center of the East Bay

Family Bridges, Inc.
家橋驛社

APEN — Asian Pacific Environmental Network

Asian Health Services

Regional Pacific Islander Taskforce

AYPAL

APALA — Asian Pacific American Labor Alliance, AFL-CIO

API Legal Outreach

Oakland Chinatown Coalition

California Healthy Nail Salon Collaborative
Liên Hiệp Ngành Móng Tay Lành Mạnh

How health systems and providers can deliver trauma-informed care to immigrant families

Altaf Saadi, MD MSc (asaadi@mgh.harvard.edu)

Massachusetts General Hospital

Harvard Medical School

UCD Center for Reducing Health Disparities Symposium

August 25, 2020

POLICIES OF EXCLUSION: IMPLICATIONS FOR THE HEALTH OF IMMIGRANTS AND THEIR CHILDREN

Krista M. Perreira and
University of North Carolina at Chapel Hill

Juan M. Pedroza
University of California at Santa Cruz

Household fear of deportation in relation to chronic stressors and salivary proinflammatory cytokines in Mexican-origin families post-SB 1070

Airín D. Martínez,[a,b,*] Lillian Ruelas,[c] and Douglas A. Granger[d,e,f]

Worry About Deportation and Cardiovascular Disease Risk Factors Among Adult Women: The Center for the Health Assessment of Mothers and Children of Salinas Study

Jacqueline M Torres, PhD, MPH,[1] Julianna Deardorff, PhD,[2] Robert B Gunier, PhD,[3] Kim G Harley, PhD,[4] Abbey Alkon, RN, PhD, CPNP,[5] Katherine Kogut, MPH, MSc,[3] and Brenda Eskenazi, PhD[6]

Association of Preterm Births Among US Latina Women With the 2016 Presidential Election

Alison Gemmill, PhD[1,2]; Ralph Catalano, PhD[3]; Joan A. Casey, PhD[3]; Deborah Karasek, PhD[4]; Héctor E. Alcalá, PhD[1]; Holly Elser, PhD[3]; Jacqueline M. Torres, PhD[5]

» Author Affiliations | Article Information

RESEARCH ARTICLE

Declared impact of the US President's statements and campaign statements on Latino populations' perceptions of safety and emergency care access

Child and Adolescent Psychiatry and Mental Health

COMMENTARY

How has the presidential election affected young Americans?

Melissa DeJonckheere[1*], Andre Fisher[2] and Tammy Chang[1,3]

|	INTERCEPT 1 **Migration to US**	INTERCEPT 2 **In the community**	INTERCEPT 3 **Detention**	INTERCEPT 4 **Deportation and removal**
Social-structural determinants of health	*Pre-migration* US foreign policies that inhibit countries' economic and social development Experiences of violence from war or political conflict, and physical or sexual trauma that precipitate migration *Migration journey* Physical, sexual, and psychological trauma in migration and at border US immigration policies that prevent receipt of relief (e.g., laws preventing asylum seeking) or exacerbate trauma (e.g., family separation)	Community conditions that confer health risks. For example: • Poverty • Racism • Stigma • Unstable housing • Restricted employment opportunities • Lack of educational opportunities • Language barriers Community conditions that increase risk of involvement with law enforcement. For example: • Racial profiling • Over-policing in Black and Latino/a communities	Exposure to new health risks (e.g., overcrowding; physical, sexual, and emotional abuse and mistreatment by guards; solitary confinement) Inadequate acute and chronic health care services (e.g., understaffing, delays in diagnosis and care) Economic and social stressors (e.g., costs, disrupted social networks) Profit motive of private prison companies Nonbinding and inconsistently applied detention standards Absence of independent oversight	Potentially fatal consequences of deportation Disruption of medical care Symptom burden increased Readjustment period similar to re-entry Returning to impoverished communities in US or in home countries

Saadi et al. **Understanding US Immigration Detention: reaffirming Rights and Addressing Social-Structural Determinants of Health.** Health Hum Rights. 2020 Jun; 22(1): 187-197.
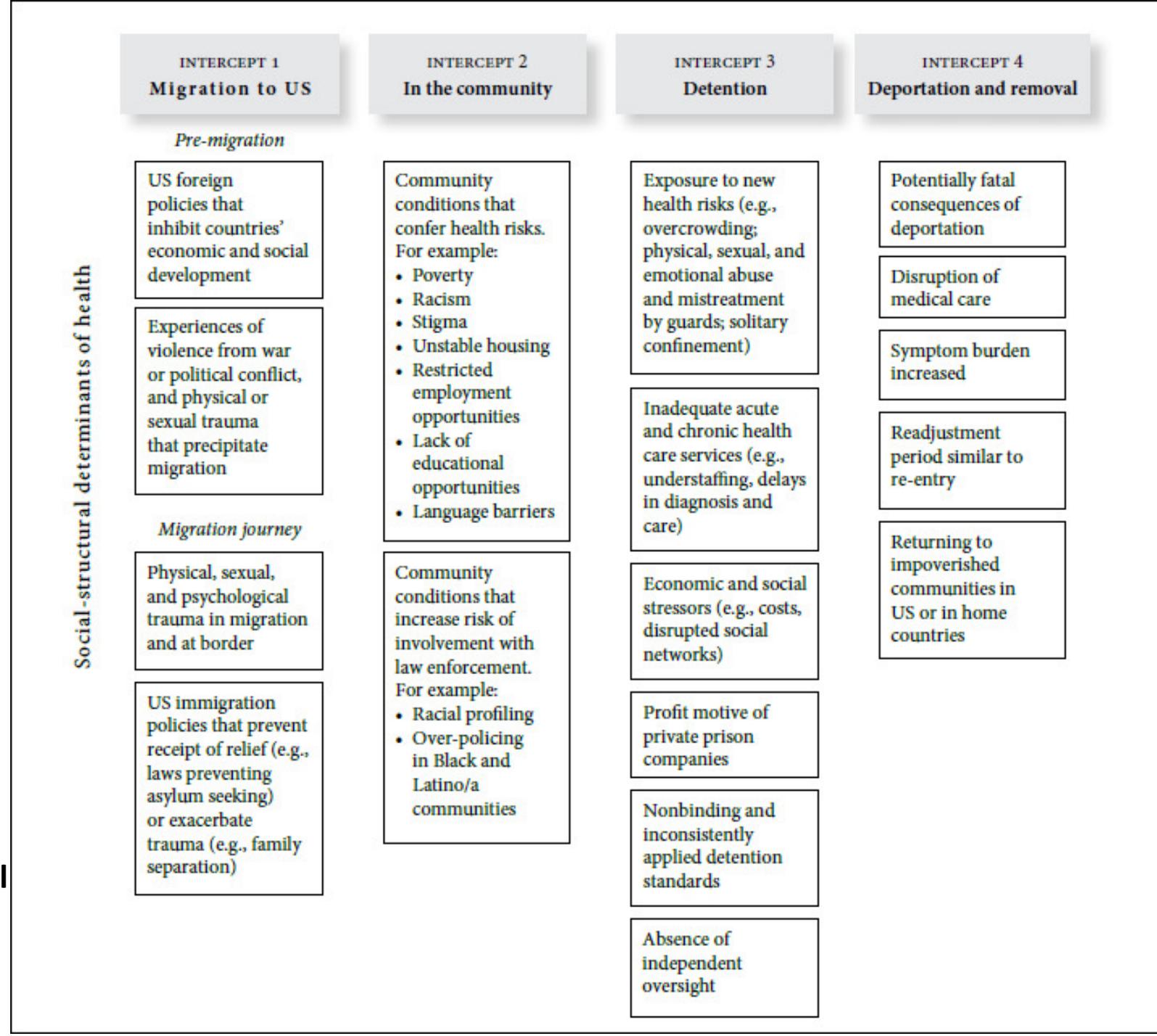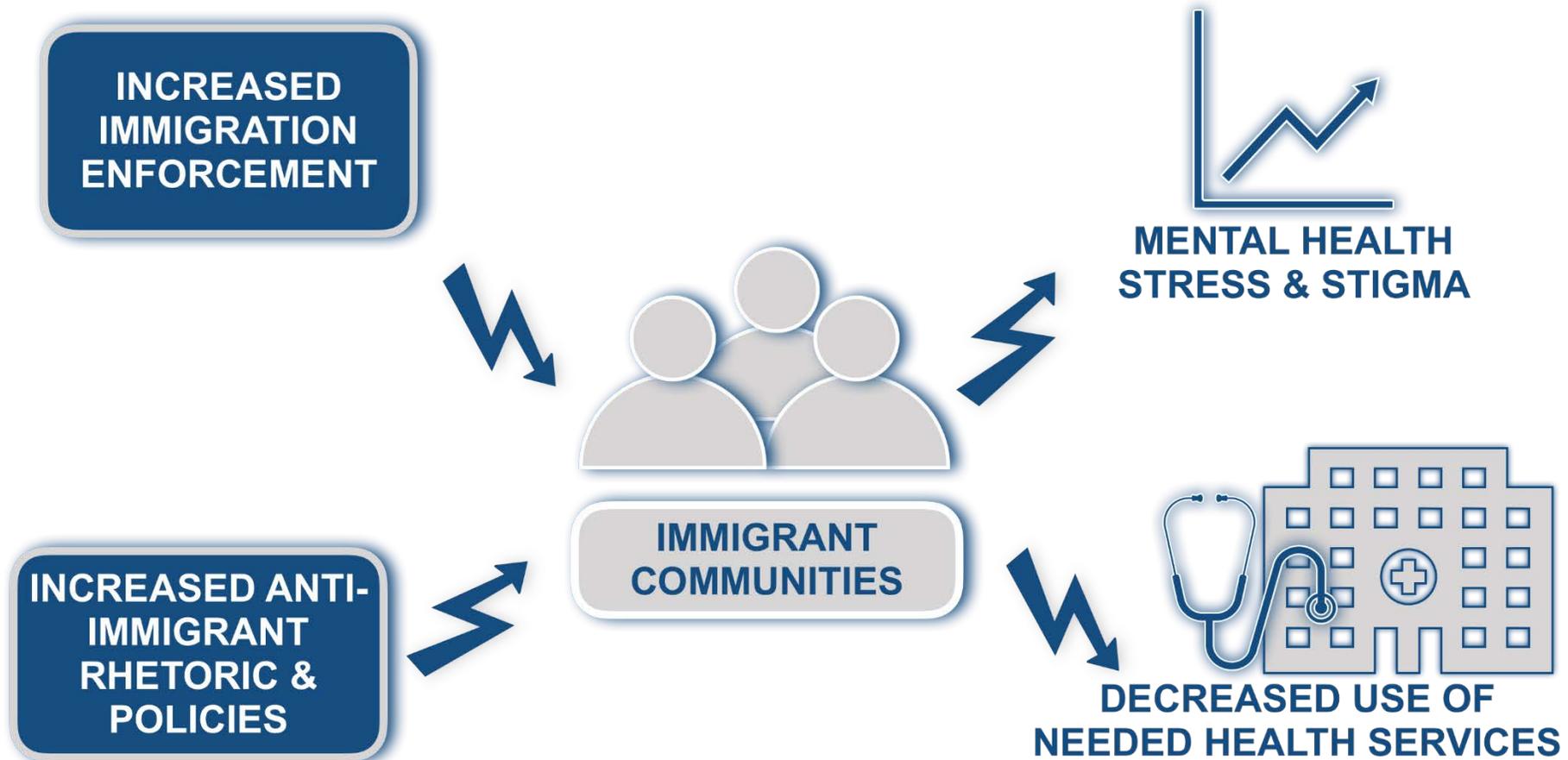
Role of Healthcare Facilities?

Video: https://doctorsforimmigrants.com/ourwork/#ourtoolkit

Table. Health Care Facility Risk-Reduction Strategies

Category	Policies and actions
Risk of immigration enforcement personnel on or near facilities	• Implementing a policy that limits cooperation with immigration enforcement personnel • Designating public and private spaces • Pursuing alternative models for providing health care services (eg, telehealth)
Risk of immigration status–related information disclosure	• Limiting acquisition and documentation of immigration status in medical records • Ensuring protection and confidentiality of patient information • Offering alternative payment models
Risks associated with patient-level stressors	
Legal stressors	• Pursing medical-legal collaborations to meet the legal needs of immigrants • Educating patients about their legal rights • Incorporating deportation preparedness into larger patient emergency preparedness
Resiliency promotion	• Promoting affirming care messages • Finding ways to nurture empowerment and engagement (eg, advocacy skills, media and story-telling skill-building programs, and voter registration) among immigrants
Risks associated with practitioner-level stressors	• Providing supportive services for employees who are immigrants • Educating and offering clinicians health-focused training for providing care to immigrants
Coordination of risk mitigation	• Designating an immigration point person or task force
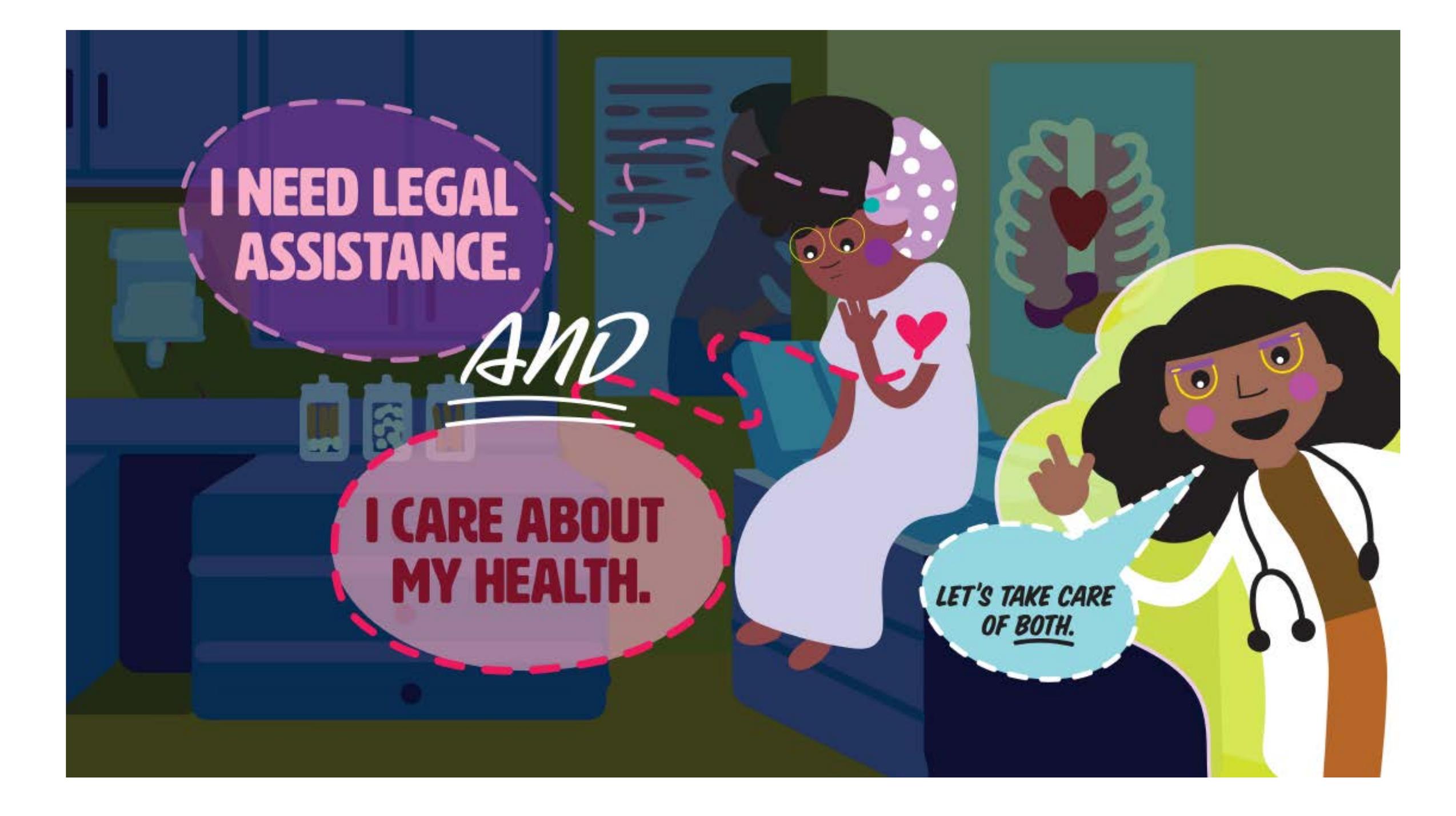
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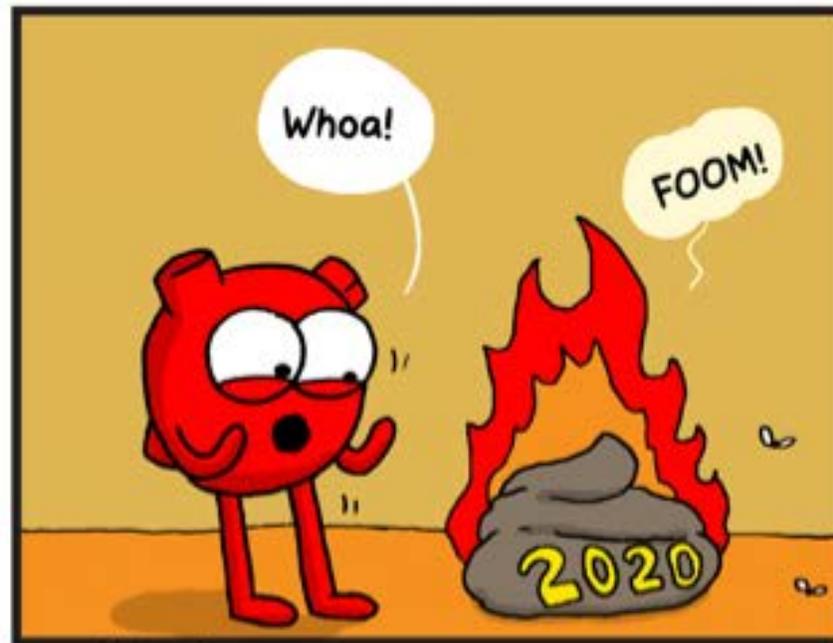
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Building Immigration-Informed, Cross-Sector Coalitions: Findings from the Los Angeles County Health Equity for Immigrants Summit

Altaf Saadi ✉, Mary L. Cheffers, Breena Taira, Rebecca Trotzky-Sirr, Parveen Parmar, Shamsher Samra, Janina L. Morrison, Sural Shah, and Todd Schneberk

Adopt the concept of "Immigration-Informed Care"

We propose the concept of "immigration-informed care," building upon "trauma-informed care",[16] to describe health care settings that are primed with the knowledge and resources to meet the health needs of immigrants. Trauma-informed services encompass core principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, and cultural competency and humility across all service providers, programs, and agencies.[17] Trauma-informed services also utilize an intersectional approach that addresses the compounding impact of culture, history, race, gender, location, and language on trauma.[18,19] As such, systems that incorporate a trauma-informed approach into their daily practice would offer services such as: routinely screening for trauma exposure, using evidence based and culturally responsive assessments and treatments for mental health symptoms, providing resources to families and clinicians on the treatment and impact of trauma exposure, engaging in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma, emphasizing collaboration across service systems, and maintaining an environment that addresses secondary traumatic stress among staff members.

In addition to the core principles of trauma-informed care, relevant for this highly trauma-exposed population, components of "immigration-informed care" include appropriate language services, clearly delineated referral pathways for undocumented patients, culturally and structurally competent clinicians trained to discuss sensitive topics without inciting fear,[20,21] and institutional policies that ensure the physical and psychological safety of immigrant patients, such as avoiding documentation of immigration status in medical records and limiting cooperation with law enforcement.[22,23] Consequently, immigration-informed care would have a positive impact on patient care and patient–clinician partnerships as has the trauma-informed approach.[24]

Additional Resources

Treating Fear: Sanctuary Doctoring

This web page contains **presentation materials**, **video**, **patient flyers** and **lapel pins** (linked in the TOOLKIT) developed by **Johana Mejias-Beck**, **Mark Kuczewski, PhD** and **Amy Blair, MD**.

These materials are designed to be simple and useful in helping physicians and health-care professionals to meet the needs of their patients who may be undocumented or suffering stresses related to close family or community members being undocumented. While there are many toolkits being developed, we hope that these materials might be very easy to use and enable the physician or other health-care professional to address the most immediate needs of such patients.

Read the article by Mark Kuczewski, Johana Mejias-Beck and Amy Blair, *"Good Sanctuary Doctoring for Undocumented Patients."* AMA Journal of Ethics 21(1):E78-85, 2019 *https://journalofethics.ama-assn.org/article/good-sanctuary-doctoring-undocumented-patients/2019-01*
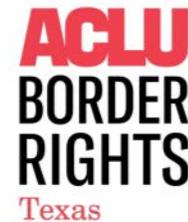
Thank you

www.DoctorsforImmigrants.com

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@AltafSaadiMD