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

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Department of Psychiatry & Behavioral Sciences
Raja’s pyramid of TIC

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
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
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)
“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?’”

“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?’”

Judgment and Detachment

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

What has happened to you?

Big “t” Traumas

Little “t” Traumas

©David Fiersten 2002
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
Part 2 – Trauma in Immigrant Families: How health systems and providers can deliver trauma-informed care to immigrant families

The final common pathway

Big “t” Traumas

Little “t” Traumas

Stress Response
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


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

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
How can toxic stress become tolerable or even positive?

**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
From adversity to posttraumatic growth?

Coping and Resources

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)
What I **don’t** mean by resilience
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.

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
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
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
Responding to the COVID Pandemic

• Marshalling everything that already exists
• Rooted in community
• Trusted sources
AHS Patients by Language
Top 15

Languages

Chinese

Vietnamese

Chinese-Mandarin

Other

Korean

Kırım

Other Asian

Tagalog

Spanish

Mongolian

Unknown

Burmese

Chinese

Mien

AHS Patients

23937

9564

4201

3243

992

832

719

481

367

353

296

237

222

177

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Case Rate per 100,000 pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino/Hispanic</td>
<td>1780.5</td>
</tr>
<tr>
<td>Native American</td>
<td>649.0</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>571.5</td>
</tr>
<tr>
<td>African American/Black</td>
<td>548.0</td>
</tr>
<tr>
<td>Multi-race</td>
<td>341.4</td>
</tr>
<tr>
<td>White</td>
<td>258.0</td>
</tr>
<tr>
<td>Asian</td>
<td>246.0</td>
</tr>
<tr>
<td>Total (with known race/eth)</td>
<td>644.3</td>
</tr>
</tbody>
</table>
COVID-19 Testing Rates by Race/Ethnicity

Alameda County July 2020

Note: Includes tests with known race/eth (58%); race/eth missing for 42% of tests
### National Asian American COVID-19 Research & Policy Team – Disparities in Case Fatality

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

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

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*a: Preliminary data*
Rise in Anti-Asian Hate

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

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

Regional: Asians Bear Brunt Of Blame For Covid-
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

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

<table>
<thead>
<tr>
<th>How many have lost their regular job.</th>
<th>246</th>
<th>36%</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many have had a reduction in hours, or a reduction in income.</td>
<td>173</td>
<td>25%</td>
</tr>
<tr>
<td>How many have switched to working from home.</td>
<td>122</td>
<td>18%</td>
</tr>
<tr>
<td>How many have continued to report to work because they are an essential worker.</td>
<td>88</td>
<td>13%</td>
</tr>
<tr>
<td>How many have had financial difficulties with paying rent or mortgage.</td>
<td>93</td>
<td>14%</td>
</tr>
<tr>
<td>How many have had financial difficulties with basic necessities, such as paying bills, tuition, affording groceries,…</td>
<td>97</td>
<td>14%</td>
</tr>
</tbody>
</table>
# Discrimination/Anti-Asian Hate

<table>
<thead>
<tr>
<th>How many have experienced discrimination/ violence due to race? (n=1,302)</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 6%</td>
<td>72</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many have reported these incidents (n=72)</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1%</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

**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 you done to reduce getting infected? (n=1,295)

- Avoid leaving the 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…
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)
The Challenge and Goal

To prevent being simultaneously BLAMED and OVERLOOKED for COVID19
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 Juan M. Pedroza
University of North Carolina at Chapel Hill and University of California at Santa Cruz

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

Alison Gemmill, PhD1,2; Ralph Catalano, PhD3; Joan A. Casey, PhD3; Deborah Karasek, PhD4; Héctor E. Alcalá, PhD1; Holly Elser, PhD3; Jacqueline M. Torres, PhD5

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

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 Abby Alkon, RN, PhD, CPNP5,6 Katherine Kouril, MPH, MSc,3 and Brenda Eskesenzi, PhD7

How has the presidential election affected young Americans?

Melissa DeJonckheere1, Andre Fisher2 and Tammy Chang1,3
Role of Healthcare Facilities?
Video: https://doctorsforimmigrants.com/ourwork/#ourtoolkit
## Table. Health Care Facility Risk-Reduction Strategies

<table>
<thead>
<tr>
<th>Category</th>
<th>Policies and actions</th>
</tr>
</thead>
</table>
| 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                                               | - Pursuing 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 |

From: Assessment of Perspectives on Health Care System Efforts to Mitigate Perceived Risks Among Immigrants in the United States: A Qualitative Study  
part 3: patient
I NEED LEGAL ASSISTANCE.

AND

I CARE ABOUT MY HEALTH.

LET'S TAKE CARE OF BOTH.
Eww!

Whoa!

FOOM!

2020

AHH!

BZZZ

2020

LET ME IN

YOU MANIAC!

OPEN UP!

2021

RATTLE

RATTLE
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-Sir, Parveen Pemar, Shamsheer Samra, Janina L. Morrison, Sural Shah, and Todd Schneberk

Published Online: 23 Aug 2019 | https://doi.org/10.1089/heq.2019.0048

Adopt the concept of “Immigration-Informed Care”

We propose the concept of “immigration-informed care,” building upon "trauma-informed care" 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. Trauma-informed services also utilize an intersectional approach that addresses the compounding impact of culture, history, race, gender, location, and language on trauma. 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 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. Consequently, immigration-informed care would have a positive impact on patient care and patient–clinician partnerships as has the trauma-informed approach.
Additional Resources

Health Care Providers:
Preserve Access to Care and Protect Your Patients from Border Patrol and ICE Interference
Thank you

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