

# Diversity Focus: Dealing with Trauma in Immigrant Students

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Diversity...

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Social Media has  
impacted my  
thoughts on  
diversity...

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## Issues of Today

- Texas Senate Bill 242
- Muslim Registry
- Immigration

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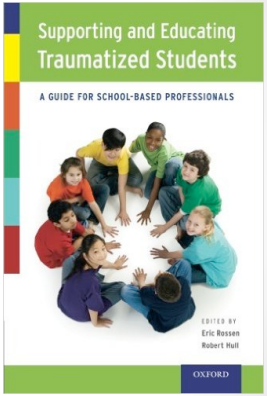
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## Trauma



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## What is trauma?

- An event is one that threatens injury, death, or the physical integrity of self or others and also causes horror, terror, or helplessness at the time it occurs (APA, 2008)
  - It is the individual's perception of the event that matters
  - Acute or chronic
- Factors Impacting Response to Trauma
  - Event factors
  - Risk and protective factors
  - Environmental, family and social influences

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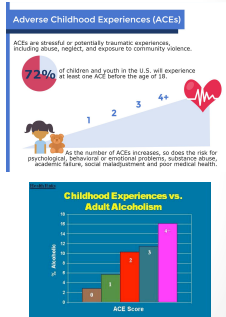
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## Exposure to trauma

- Estimated rates of witnessing community violence range from 39% to 85% — and estimated rates of victimization go up to 66%.
- Rates of youths' exposure to sexual abuse, another common trauma, are estimated to be 25 to 43%.
- Rates of youths' exposure to disasters are lower than for other traumatic events, but when disasters strike, large proportions of young people are affected, with rates varying by region and type of disaster.
- Other exposure to trauma?




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## Effects

- After exposure to a traumatic life event, short-term distress is almost universal
- Not all short-term responses to trauma are problematic, and some behavior changes may reflect adaptive attempts to cope with a difficult or challenging experience
- Typical reactions
  - development of new fears
  - separation anxiety (particularly in young children)
  - sleep disturbance, nightmares
  - sadness
  - loss of interest in normal activities
  - reduced concentration
  - decline in schoolwork
  - anger
  - somatic complaints
  - irritability
- Over time, most children return to their prior levels of functioning

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## Lasting Effects

- Most children with distress related to trauma exposure and in need of help do not receive psychological treatment
- A substantial minority of children develop severe acute or ongoing psychological symptoms (including PTSD symptoms) that bother them, interfere with their daily functioning, and warrant clinical attention

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## Challenges

- Mental health viewed as secondary and unrelated to academic success
- Difficulty identifying traumatized youth
  - Perception of trauma
  - Who has been exposed
- Different presentations
  - Looks different in different children
- Lack of Resources

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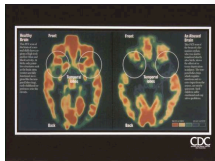
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## Impact on Neurobiology

- Trauma overstimulates the brain
  - Causes release of adrenaline and cortisol
    - Puts students into "survival" mode – cannot access higher functions
    - Long-term exposure can damage brain cells
- Recommendations
  - Encourage physical activity
    - Mitigates damaging hormones in the brain
  - Routines for sleep and rest
    - Critical to brain functioning



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## Impact on Cognitive and Academic Skills

- Difficulty processing instructions
- Interferes with executive functioning
- "Like trying to play chess in a hurricane" – Kenneth Fox
- Recommendations
  - Maintain high academic expectations for all students
  - Provide opportunities for success
  - Find ways to monitor and reward student progress

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## Impact on Behavior

- For example, hyper-reactivity, impulsivity , poor judgment
- Recommendations
  - Recognize behaviors may be a response to trauma
  - Acknowledge and respect boundaries
    - Focus on safety of the child rather than asking for more details
  - Provide opportunities to practice self-regulation
  - Use prudent judgment in reporting behavioral difficulties

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## Impact on Social-Emotional Functioning

- Interferes with academic functioning
- Recommendations
  - Help students differentiate skills they develop at home from those it takes to be successful in the school setting
    - E.g., violent neighborhoods
  - Help students develop an emotional vocabulary
  - Always empower, never disempower
  - Provide UCPR
  - Maintain high expectations
  - Check assumptions
  - Be a relationship coach
  - Provide opportunities for meaningful participation

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## Developmental Differences

- Preschool
  - Rely on caregivers
  - Magical thinking
  - Separation anxiety
  - Fears
  - Sleep disturbance
  - Traumatic play
- Elementary
  - Difficulty applying different rules at school and home
  - Rely on peers more
  - Somatic complaints
  - Bullying as an expression of anger

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- Secondary School
  - Take on adult roles or regress
  - Feelings of injustice
  - Self-destructive behaviors
  - Written processing of events

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### Intervening at the Different Levels

- Preschool and Elementary
  - Return to normal routines as soon as possible
  - Provide opportunities to feel empowered
  - Utilize partners rather than groups
  - Allow expression without having to speak
  - Don't overanalyze
  - Use visual supports for schedules, etc.
  - Provide reassurance
  - Be flexible and understanding
- Secondary School
  - Engage peers with similar experiences
  - Provide a venue for discussion
  - Acknowledge the distress
  - Use a strength-based approach to intervention

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### Immigrant Students

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## The Immigrant Population

Year	Size of Immigrant Population (Millions)	Immigrant Share of Total U.S. Population (%)
1970	9.6	4.7
1980	14.1	6.2
1990	19.8	7.9
2000	31.1	11.1
2010	40.0	12.9
2014	42.4	13.3

Source: Migration Policy Institute (MPI) tabulation of data from the U.S. Census Bureau's 2010 and 2015 American Community Surveys (ACS), and 1970-2000 decennial Census.

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## 1850s



<http://www.pewresearch.org/fact-tank/2015/10/07/a-shift-from-germany-to-mexico-for-americas-immigrants/>

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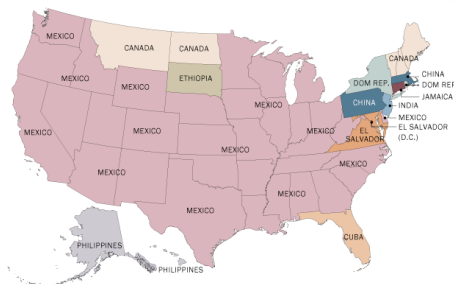
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## 2013




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## The Basics

- Very diverse group
- Currently 42.4 million immigrants
  - Most arrived legally
  - Majority of those without legal documents are those that have overstayed work or school visas
- Some are “voluntary” immigrants, others are “involuntary” or refugees
- Many believe in the American “ideal”

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## Challenges

- Traumatic Stress
  - Especially for refugees
- Resettlement Stress
  - Immigration status
  - Second language learning
  - Financial resources
- Acculturative Stress
- Interrupted education and formal literacy
- Discrimination
  - Overt racism
  - Perceived racism

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## Case Study #1

- At age 15 Marielena decided to leave her rural town in El Salvador to look for her mother, who had left her in the care of her grandmother 6 years earlier to find work in the United States to support her children. She met other teens on the way, and together they made their way through Mexico to the US border. There they met a coyote who promised to help them cross the border. Once there they would have to work and pay him back. In the US the coyote attempted to force Marielena and her friends into prostitution. However, she was able to escape, made her way to Georgia, and found her mother, who had remarried and started a new family there. Marielena is having difficulty getting along with her new stepfather and siblings and is worried about her friends who could not escape. Now enrolled in school, she is a quiet and well-behaved student but is having difficulty concentrating and is falling behind in her classes.

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### Best Practices

- Self-awareness
- Knowledge of other cultures
- Home-school collaboration
  - Collaborate with local community organizations
  - Support maintaining the home culture and language
  - Empower parents
- Provide support services
  - Routines
  - Mentors
- Address discrimination issues

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- Provide MTSS for ELLs
  - Tier 1
    - Preview key vocabulary
    - Scaffolding
    - Contextualize
    - Graphics
    - Using native language via peers or neighbors
  - Tier 2
    - Small group instruction
- Provide multicultural counseling and other social-emotional supports
  - Socialization groups
- Focus on student strengths

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### Case Study #2

• Ahmed, 11, is originally from Somalia, where he saw his father and older brother murdered. He fled with his mother and two younger sisters, leaving behind his grandparents and aunts' families, to whom he was very close. After spending time in Kenya in a refugee camp the family was admitted to the US with refugee status. Although successfully resettled in the Midwest, his mother is having difficulty making ends meet, and they live in a low-income, high-crime, inner-city neighborhood. Kids at school sometimes call him "Osama" because he is Muslim, and they tease him for being so thing and not knowing much English. After missing critical years of formal schooling, he is excited about being able to attend school and works very hard at his studies. However, after one year he often seems frustrated and angry, and recently got into a fight with two other students.

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## How Mental Health Professionals Can Help

- Support the child, family and community
- Provide education about trauma reactions and hope for full recovery
- Help children, families, and communities return to or create normal roles and routines
- Understand the child and family cultural perspective relating to the trauma, reactions to the trauma, and the need for and type of intervention
- Assess need and provide care consistent with the child's level of need and the time elapsed since exposure to the traumatic event
- Respect child and family readiness and willingness for treatment/ Keep doors to treatment open
- Consider confidentiality and privacy issues
- Advocate for trauma-focused treatment for those who do not recover fully
- Take care of yourself and watch out for burnout

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## Self-Care

- Physical – exercise, healthy eating
- Emotional - journaling
- Psychological - reading
- Social – spending time with friends
- Financial – spending wisely
- Spiritual – self-reflection

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## Creating Safe and Supportive Schools

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## Trauma-Sensitive Schools

- Provide all students with a safe environment
- Increase staff understanding of trauma and its impact
- Encourage ALL school staff to work to meet student needs
- Address relationship development, self-regulation, academic competency, health and well-being
- Ensure inclusion and connection
- Adapt school planning and operations to changing needs of the students
- Include parents and community resources in students support networks

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## Flexible Framework

- Process not a program
- Key functions
  - Making sure initiatives are executed effectively
  - Integrate individual action steps to make sure they are working in harmony
  - Ensure that all initiatives are creating a trauma-sensitive ecology
- Components
  - Infrastructure and leadership
  - Professional development – rethink *in loco parentis*
  - Link with mental health professionals in the school
  - Classroom-based academic strategies – explicit instruction
  - Nonacademic strategies – caring relationships
  - Policies, procedures, and protocols – e.g., communication

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## Barriers and Possible Answers

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|---|---|
| • Personal impact on staff              | • “This could also help me”   |
| • Balancing individual vs. group needs  | • Everyone can benefit  |
| • Lack of skills to teach “soft skills” | • Helps students learn academically                                 |
| • View of trauma as a home issue        | • For students to learn we have to deal with them where they are at |

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