



UNACCOMPANIED MINORS AND TRAUMA: WHAT IT LOOKS LIKE AND DOE RESOURCES THAT CAN HELP

**Scott Bloom, LCSW-R
Director of School Mental Health Services
New York City Department of Education
October 30, 2014**

In the midst of the pull of interdependence and the push of colliding cultures, unaccompanied minors face **identity concerns, challenging socioeconomic and environmental conditions, vulnerability to trauma, stress, substance abuse disorders, depression, and other psychiatric disorders, and multiple barriers to obtaining needed treatment.**



MANY IMMIGRANT AND REFUGEE FAMILIES EXPERIENCE...

- Exposure to traumatic events before, during and after migration
- Loss of home, friends, and family members
- Higher rates of poverty than US-born children
- Acculturative stress
- Host community hostilities and discrimination

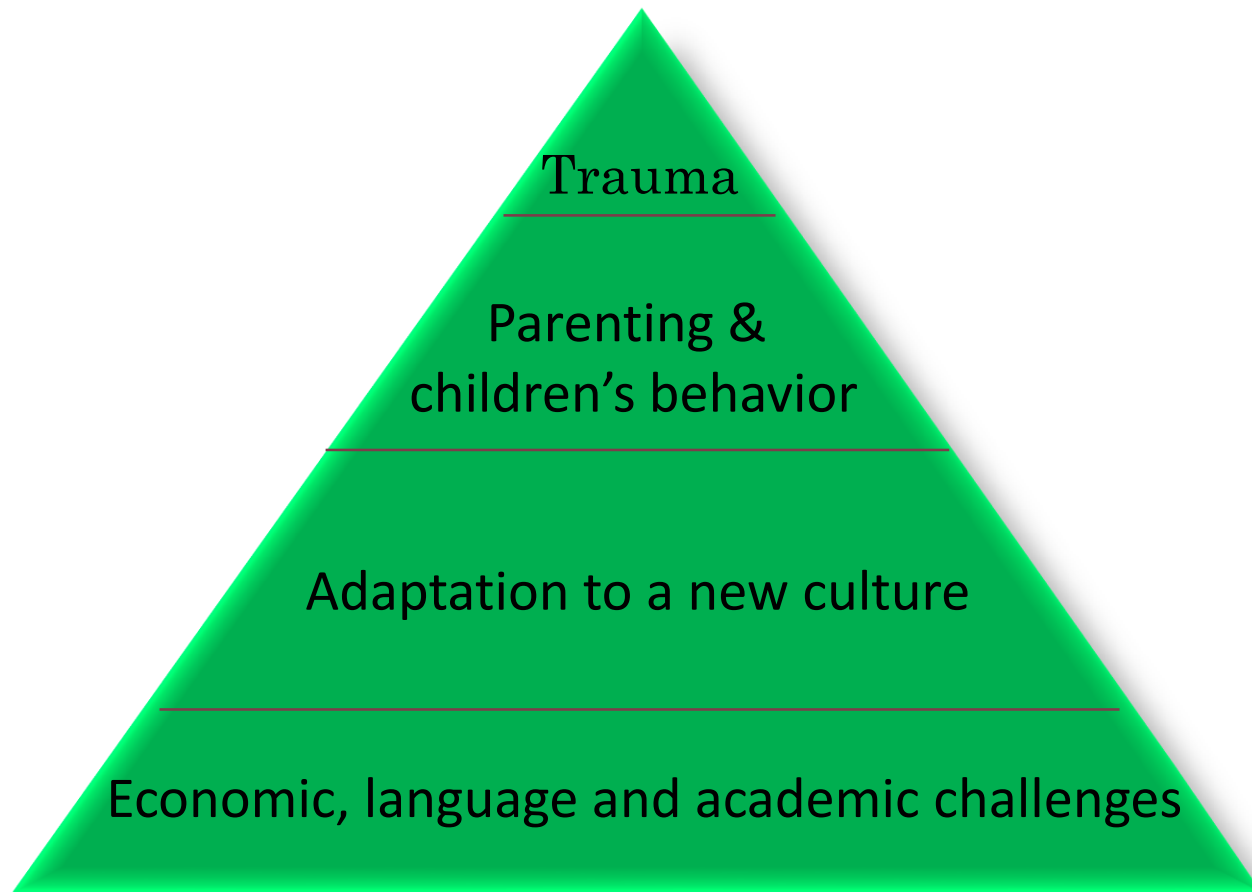


SOMETIMES LEADING TO...

- **Academic struggles**
- Negative peer relations
- **Disruptive behaviors at school**
- **Poor school attendance**
- Anxiety, depression,
- PTSD



Hierarchy of Challenges Facing Immigrants and Refugees



WHAT IS CHILD TRAUMATIC STRESS?

- Trauma is cumulative - one insult adds upon the last.
- A child's response to a traumatic event may have a profound effect on his or her perception of self, the world, and the future.
- Traumatic events may affect a child's
 - Brain development
 - Sense of personal safety
 - Ability to trust others
 - Behavior and social relationships
 - Effectiveness in navigating life changes
 - **Educational performance and capacity to learn**



Children who have experienced trauma may face so many trauma reminders in the course of an ordinary day that the **whole world seems dangerous** and no adult seems deserving of **trust**.



WHY IS IT IMPORTANT TO IDENTIFY TRAUMA IN YOUNG CHILDREN

- Untreated trauma symptoms are associated with:
 - Emotional dysregulation and behavioural difficulties
 - Poor health-related outcomes
 - Obesity
 - Cardiac Problems
 - Premature death
 - **Poor school and academic performance**
 - Increased risk for other psychiatric disorders (anxiety, depression)
 - Substance use



IS SHE OR HE JUST A BAD KID?

Trauma lens changes the fundamental question from

“What’s wrong with this child?”

to

“What happened (is happening) to this child?”

- the *meaning* behind behavior.



STIGMA AS A BARRIER TO MENTAL HEALTH CARE

- **Social stigma:** Fears of
 - social repercussions,
 - including institutionalization
- **Personal stigma:** Negative
 - perceptions of mental health
 - “crazy”
 - “bad”
 - “taboo”



THERE IS HOPE

With proper treatment
and care, traumatized
children can and do get
better!



ENGAGING IMMIGRANT FAMILIES



- **First impressions matter.** Ensure that engagement begins at the first contact, using the families' cultural values. Be warm, empathetic and polite and follow cultural norms.
- **Avoid assumptions.** Immigrant families fall into many ethnic groups and legal statuses. Take the time to find out about each family's beliefs and values.
- **Assess the need for information.** Immigrant families may need additional support in understanding the purpose, roles and services of various systems.
- **Recognize the importance of family.** Be willing to devote the time and energy necessary to meet as many members of the family as you can. Be ready to help families maintain their traditional family systems, even in the face of great obstacles.
- **Understand the importance of *reconstituted* family.** Those related by marriage and very distant relatives are often significant connections.
- **Avoid stereotypes.** Families may take offense if they feel you have insulted their country or other members of their family or ethnic background, even slightly.
- **Honor cultural and family traditions.** Recognize the importance of respect, honor and courtesy.
- **Don't take offense if a family is uncomfortable with "Anglo" systems of care.** There is pressure on immigrants to adopt the practices of the dominant culture, but doing so may be detrimental to their ability to function. Find out how they have traditionally solved problems.



PRACTICE RECOMMENDATIONS

- Create trauma-informed school systems . Help teachers learn how to recognize possible signs of trauma and coach them on how to respond effectively to students who may be acting out their distress in the classroom. Redefine adult roles and responsibilities with regard to school climate (i.e. restorative principles and practices; non-punitive responses)
- Help social workers understand critical stages in learning and skill development, so that they, in turn, can better guide parents and caregivers in ways to support a child's schooling and work more effectively with school staff to support a child's educational program
- Develop strategies for caseworkers, foster parents, and educational professionals to reengage older youth in academic learning.

- Walker, L. & Smithgall, C. (2009). Underperforming Schools and the Education of Vulnerable Children. Chapin Hall Issue Brief. Smithgall, C., Jarpe-Ratner, E., & Walker, L. (2010). Looking Back, Moving Forward: Using Integrated Assessments to Examine the Educational Experiences of Children Entering Foster Care. Chapin Hall Working Paper.



10 TIPS FOR SCHOOLS



- Embrace diversity and accept the challenges.
- Be flexible and creative—explore other ways of communicating.
- Communicate clearly, use simple language, and highlight important points.
- Utilize community resources and cultural intermediaries.
- Reach out to parents, families—offer educational support, English, computers, introduction to resources.
- Send staff to community meetings, create liaisons with cultural community leaders and organizations.
- Foster community partnerships with school activities.
- Ask yourself about your own cultural viewpoint—review and update your own information.
- Develop and “bank” resources—language help, cultural resources, community elders, outreach opportunities.
- Make services available to all students; emphasize strategies that meet the unique needs of children from immigrant or refugee families.



DOE MENTAL HEALTH MODELS

What Does the DOE Have to Offer?



Overview of Current Resources to Support Unaccompanied Child Migrants

Work of the NYC DOE

With historical precedent for welcoming large influxes of immigrant students, the NYC Department of Education (DOE) is well-positioned to guide the enrollment, instruction, and support of unaccompanied child migrants arriving in NYC.

A team from the DOE is participating in a citywide inter-agency task force with the Mayor's Office of Immigrant Affairs, Department of Youth and Community Development, Administration for Children's Services, Department of Health and Mental Hygiene, Human Resources Administration, Mayor's Office of Criminal Justice, Department of Homeless Services, and Office of the Deputy Mayor for Health and Human Services. The task force works to coordinate efforts in providing targeted support to communities experiencing a large influx of unaccompanied child migrants.

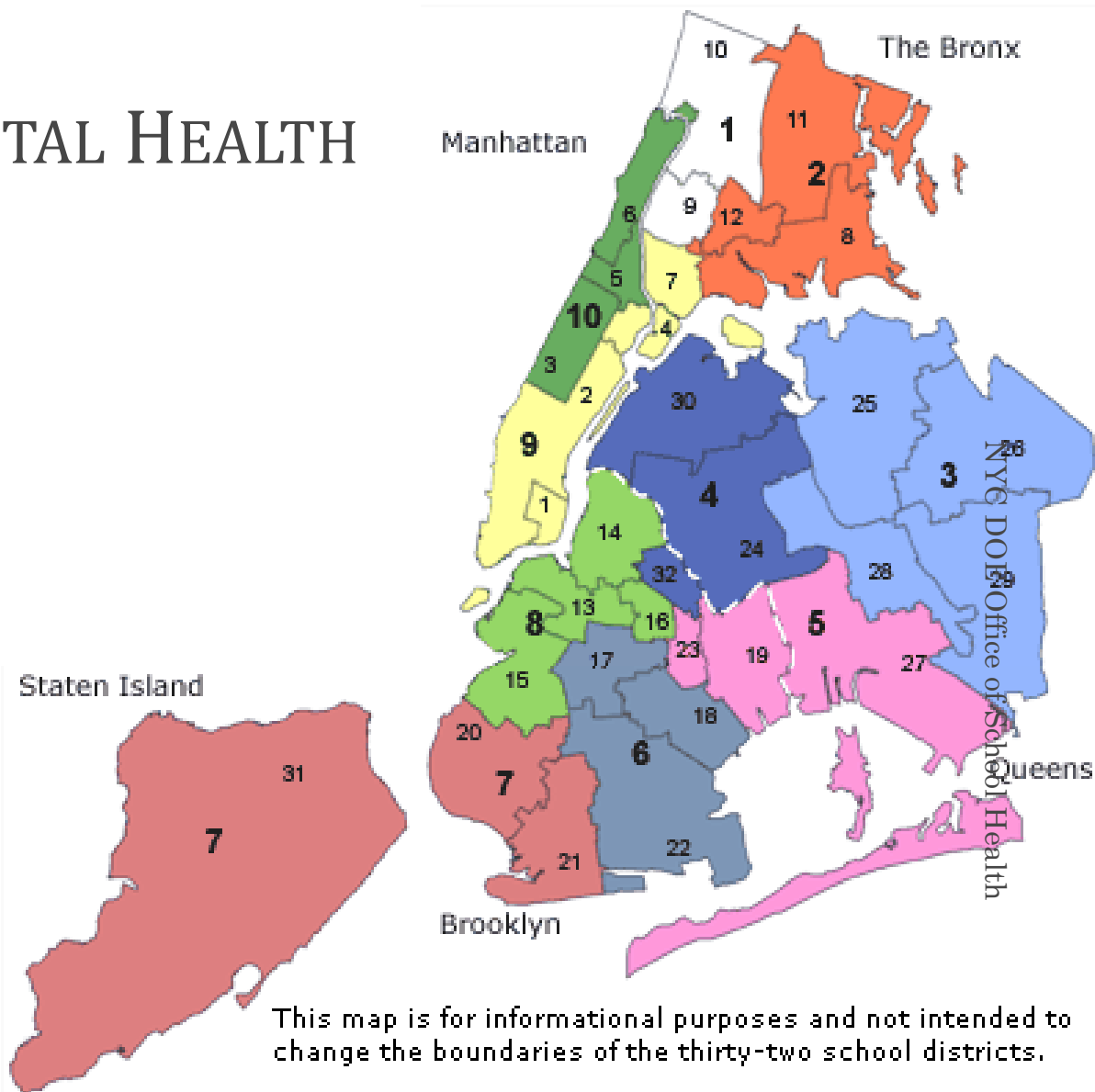
Schools play a critical role in supporting students who have recently arrived and settled in New York City. School-based staff are vital in the enrollment process and often are the first point of contact with a city agency for new students and their families. Upon enrollment, teachers, administrators, and support staff lead the educational experience of a child and are uniquely-situated to guide these students on a successful path forward.

¹References to "parents" in this document, and their vital role in supporting children during the educational process, is meant to also include guardians and/or sponsors.

SCHOOL-BASED MENTAL HEALTH LOCATIONS

221 Licensed SBMH

- Manhattan
- Bronx
- Brooklyn
- Queens
- Staten Island



<http://schools.nyc.gov/Offices/Health/SBHC/MentalHealth.htm>

MENTAL HEALTH PROVIDERS



- Astor Child Guidance
- The Association to Benefit Children
- Astro Care
- Brooklyn Center for Psychotherapy
- Children's Aid Society
- Child Center of New York
- Community Counseling & Mediation
- Elmhurst Hospital
- Fordham Tremont/St. Barnabas Hospital
- The Guidance Center of Brooklyn
- Harlem Family Institute
- Henry Street Settlement
- Hudson Guild Counseling Services
- Institute for Community Living
- Interborough Developmental Center
- IPTAR
- Jamaica Hospital
- Jewish Board for Family and Children's Services
- Long Island Jewish Medical Center
- Lutheran Medical Center
- Mental Health Providers of Western Queens
- Montefiore Medical Center
- Morris Heights Health Center
- New Horizon Counseling Center
- New York Presbyterian Hospital
- Northside
- Queens Hospital
- Riverdale Mental Health Association
- Safe Space
- St. Luke's Roosevelt
- Staten Island Mental Health Society
- Steinway Child & Family Services
- Union Settlement Association
- University Settlement
- VNSNY
- FEGS



REQUIRED COMPONENTS FOR MENTAL HEALTH PROGRAM

- A Referral Protocol
- An Evidence Based Assessment protocol
- Treatment protocols
- Psychiatric consultation
- Prescription and monitoring of Psychopharmacologic Medications
- Case Management
- Effective use of Pupil Personnel Team Integration or Student Referral Meetings
- Development and implementation of a School Crisis Intervention Plan
- 24 Hour Emergency Access
- Weekly Clinical Supervision and On-Going Staff Training
- Linkages to Community Resources



CLINICAL INTERVENTIONS

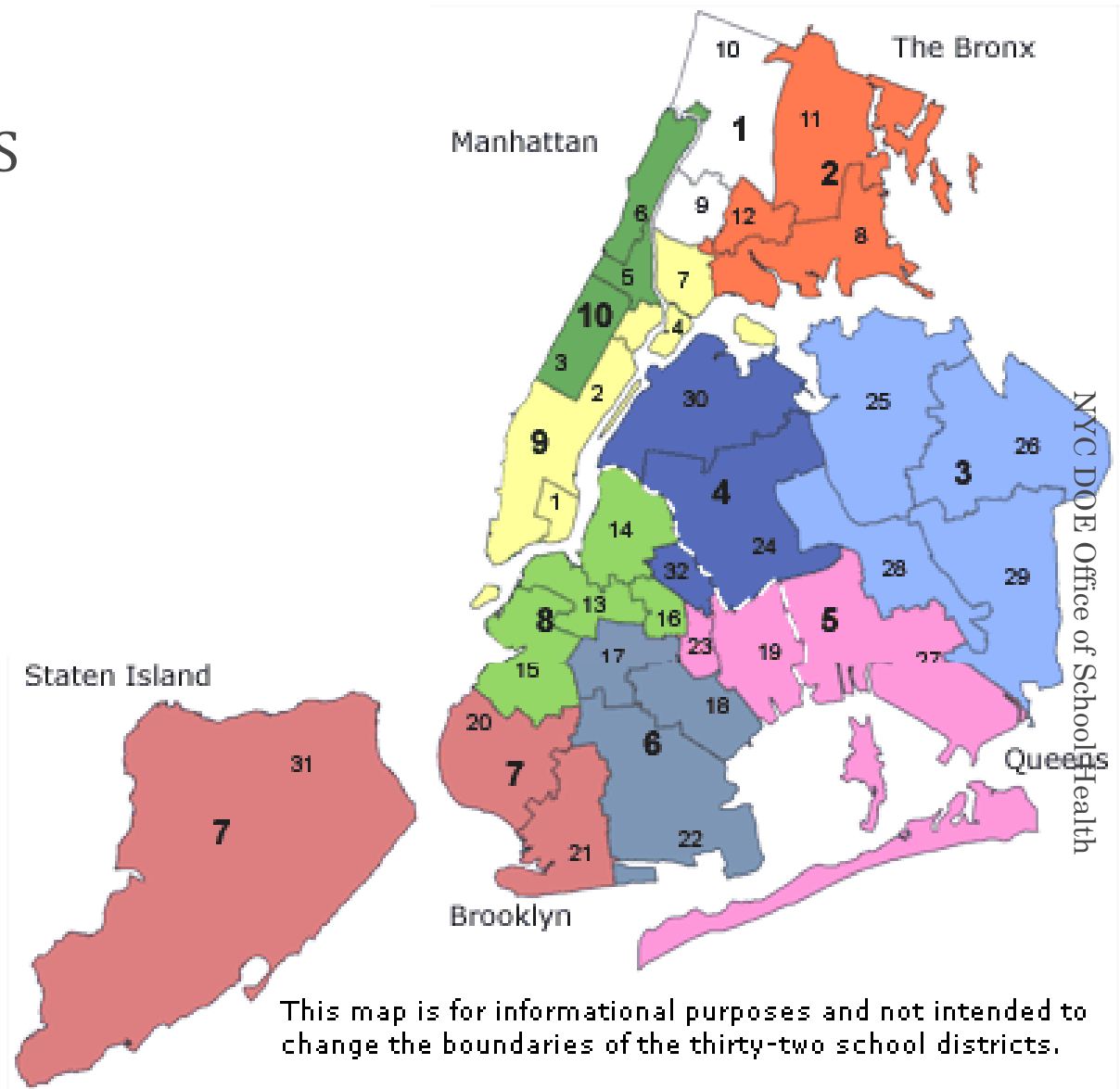
- Mental Health Assessment & Evaluations
- Treatment Modalities:
 - Individual Counseling
 - Family Counseling
 - Group Counseling
 - Psychiatric Evaluation
 - Medication Monitoring
 - Crisis Intervention



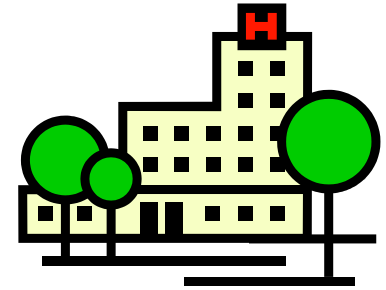
SBHC LOCATIONS

- 215 Schools SBHC's

- Manhattan
- Bronx
- Brooklyn
- Queens (16)
- Staten Island



HEALTH CARE PROVIDERS



- Bedford Stuyvesant (2-3)
- Bellevue (2)
- Bronx Lebanon (2)
- Brooklyn Plaza (3)
- Brownsville Multiservice (1)
- Children's Aid Society (5)
- SUNY Downstate (2)
- East Harlem Council (3)
- East New York (1-2)
- Elmhurst (4)
- Heritage Health Care (1)
- Hunts Point Multi-Service Center (2)
- Institute of Urban Family Health (1)
- Jamaica Hospital (3)
- LICH (4)
- LIJ (3)

- Lutheran (14)
- Montefiore (13-14)
- Morris Heights (5)
- Morrisania (5)
- Mount Sinai (6)
- Columbia Presbyterian (5-6)
- North General Hospital (1-2)
- OLM (1)
- Queens Hospital Center (1)
- Renaissance Health Care Network (10)
- St. Luke's/Roosevelt (3)
- Staten Island University Hospital (1)
- Urban Health Plan (5-7)
- Ryan Center (5)
- Woodhull (2)



SERVICE COMPONENTS FOR HEALTH CENTERS

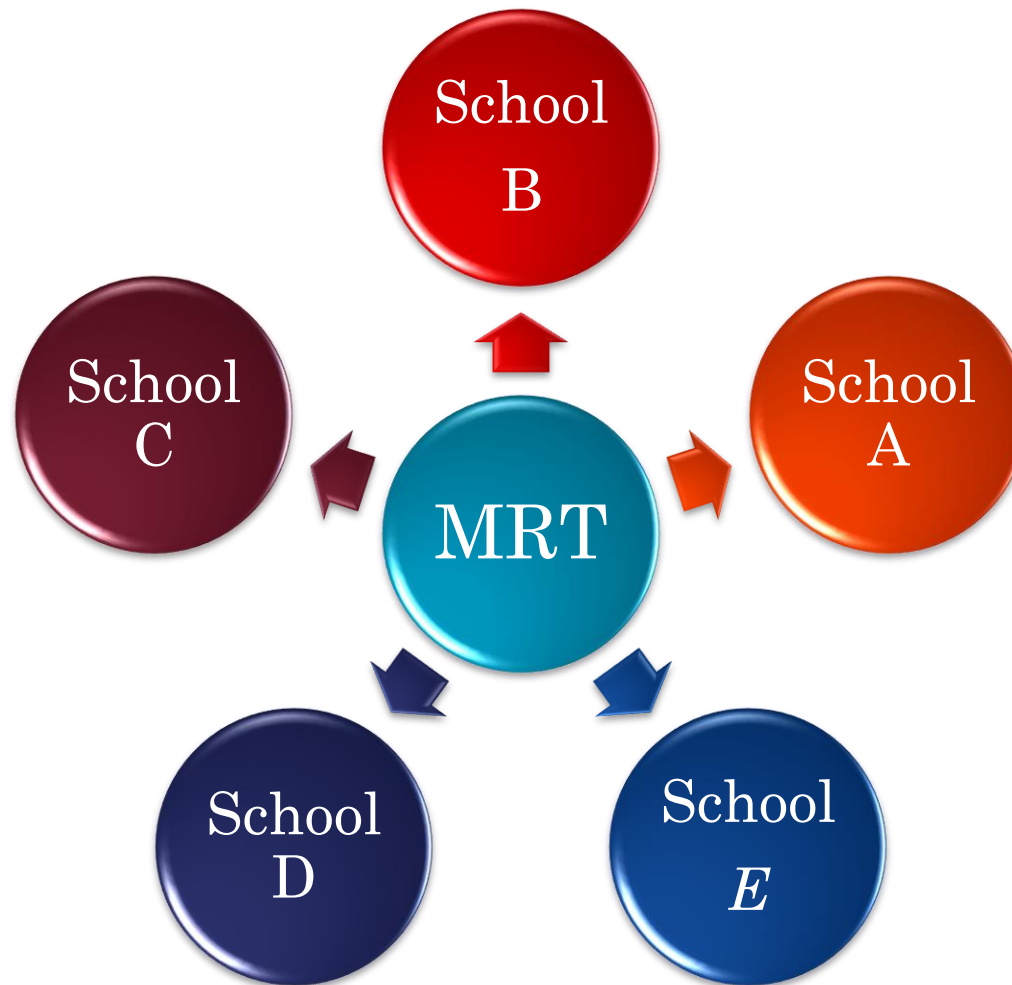
- Can serve as a student's Primary Care Provider
- Provide scheduled and walk-in services during school hours
- Services are free for students. SBHCs can bill Medicaid & Private Health Insurance, but there is no copayment for students.
- Provide first aid care to all students registered—including those who are not enrolled in the SBHC;
- Primary care and preventive health services for SHBC enrolled students (parents must sign a Parental Consent Form)
- Emergency care to anyone in need in the school building.
- 24-hour telephone coverage
- Comprehensive physical examinations including: sports, working papers, and new admissions
- Screenings for vision, hearing, asthma, obesity, scoliosis, tuberculosis, and other medical conditions.
- Medical care and treatment for chronic illness and disease, including dispensing and prescribing of medications

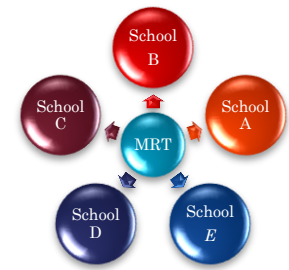
STARS: SCREENING THE AT-RISK STUDENT

- Goal is to identify students with previously undiagnosed depression (or existing depression) who are at risk for suicide or other harmful behaviors
- Screen for: Sadness, Depression, Suicide Ideation



MOBILE RESPONSE TEAM





PROGRAM DESCRIPTION

- The mobile response team (MRT) serves a cluster of 5 middle schools to meet the mental health needs of their students.
- In collaboration with designated school staff referrals, MRT conducts assessments and recommends treatment for mental health and social services as needed.
- The team would spend one day a week in each school. Regardless of what school it's situated in on a given day, the team would be immediately available to travel to any of the schools in the cluster to assist with crises.
- The team would offer training, consultations and conduct school-wide assessments to cater their interventions to the needs of each participating school.
- If needed, treatment for students would be provided at the team's community location (i.e., mental health clinic).



EARLY RECOGNITION AND SCREENING IN SCHOOLS

- ***Evidence Based Screens*** for emotional problems and suicide in high school students (model used nationally) with parental consent.
- **OMH designed to identify youth with problems in middle school who may go un-diagnosed.**
- **Those that score high on screening are assessed further and if needed, referred for treatment.**
- **93 schools currently support ERS.**





Prohibit students from bullying other students for any reason, including taunting and/or intimidation through the use of epithets or slurs involving race, color, ethnicity, national origin (which includes groups of students of common ancestry, heritage, background or those from the same country), religion, gender, gender identity, gender expression, sexual orientation or disability. This policy is in effect on school grounds, school buses and at all school sponsored activities, programs and events.



Toll-free and confidential Mental Health Information and Referral Line with access to Mobile Crisis Team

Staffed by trained Social Workers 24 hours, 7 days per week, 365 days per year

1-800-LIFENET

<http://www.800lifenet.org>



WWW.HITESITE.ORG



New York's Online Directory of Free and Low-Cost Health and Social Services

Social Services

Health Care
Services

Mental Health &
Substance Abuse

Immigrant Support

Health
Insurance

Financial Assistance



Children's Mobile Crisis Team

Rapid Response Crisis Care



VNSNY's Children's Mobile Crisis Team (CMCT) provides rapid response crisis care for children, teens and their families who need:

- Crisis assessment
- Crisis stabilization
- Prevention planning
- Caregiver support

The VNSNY Crisis Team consists of licensed clinical staff with advanced degrees in counseling as well as family advocates.

Rapid response is available 24/7

CMCT is available 24 hours a day, 7 days a week to provide rapid responses and crisis management for children and adolescents in active crisis situations. A team will:

- Respond within two hours of receiving a crisis referral
- Provide crisis de-escalation
- Conduct a psychosocial assessment
- Initiate prevention planning
- Collaborate with existing services
- Coach caregivers on how to manage situations and prevent future crisis situations

Initial contact is done with Lifenet by telephone and follow-up visits are conducted in the home.

**Do you have a child or are you a family in need of our services?
Speak to a crisis counselor right now at 1-800-Lifenet.**

Parent's Resource Center

- Provide Parent-to-Parent Support
- Specially trained staff who are aware of problems families have with children with emotional/behavioral difficulties.
- Provide education, support and advocacy to parents.

• Manhattan:	Olga Vazquez,	212-410-1820
• Manhattan:	Janet Rosa,	212-964-5253
• Bronx:	Wanda Greene,	718-220-0456
• Bronx:	Yvette Pena,	718-220-0456
• Queens:	Lorraine Jacobs,	718- 651-1960
• Queens:	Kathy Gardini,	718-474-2070
• Brooklyn:	Terri Johnson,	718-290-8100
• Brooklyn:	Denise Stephenson,	718-859-4500
• Staten Island:	Deborah Miller,	718-698-5307



New York City High School Teacher and Staff Training

Identifying , Approaching, and Referring
Students in Psychological Distress

NYC TEEN: WWW.NYC.GOV/TEEN

Goals:

- Reduce stigma associated with mental health and getting help
- Increase knowledge about mental health
- Facilitate help-seeking
- *TTK*
- *Texting for Teens*



Scott Bloom, LCSW–R
Director of School Mental Health Service

SBLOOM5@SCHOOLS.NYC.GOV

[HTTP://SCHOOLS.NYC.GOV/OFFICES/HEALTH](http://SCHOOLS.NYC.GOV/OFFICES/HEALTH)



Health

Department of
Education

NYC DOE Office of School Health

