Supporting resilience in unaccompanied immigrant youth: are CBITs groups safe & culturally appropriate?

Naomi Schapiro, PhD, RN, CPNP-E
Ellen Moore, PhD, LCSW
Erica Gomes, LCSW

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Objectives

At the end of the workshop, attendees will be able to:

1) Discuss the impact of traumatic events, before during and after migration, on the presentation and recovery process for unaccompanied immigrant youth
2) Name three potential barriers to group interventions, such as CBITS, for unaccompanied immigrant youth after migration from Central America
3) Identify potential adaptations to CBITS and other group interventions for Central American unaccompanied immigrant youth, in order to increase safety and culturally appropriate care

Recent migration from Central America’s Northern Triangle

• Since FY 2014, over 120,000 unaccompanied minors and 120,000 migrant families have migrated to the US from Guatemala, El Salvador and Honduras

Escaping:

- Pervasive violence: gangs/cartels and government corruption
- Poverty
- Discrimination and targeted violence against indigenous populations
- Impact of climate change on cash crops (coffee) & subsistence farming

Background to violence in Central America

- US instigated overthrow of democratically elected government/land reform in Guatemala (1954), supported authoritarian regimes in Guat, El Sal, Hond
- Generations of civil war in El Salvador and Guatemala, ending by 1996.
- After 1996, increase in criminal activities in all three countries. police/state institutions unable to control & sometimes benefitted/involved
- Guatemala: violence targeted at indigenous populations, destroyed traditional Mayan communal ownership of land - Ladinos put in position of power & power structure, dispossession of land
- Erased historical indigenous understanding of person in society; dependence on outside power structure, dispossession of land
- Loss of land; rules of ownership shifted; displacement, etc
Context of immigration from Guatemala

Primarily Mayan, from regions bordering Mexico, speaking Mam, Sipakapense, K'iche, and other indigenous languages:

- Over 50% of poor are indigenous, 40% of them live on < $1.90/day
- Many immigrants have only been in school for a few years: low literacy, may not speak Spanish
- Generations of targeted violence & discrimination
- Drug growing (poppies) & transport routes through border regions have increased presence of gangs, cartels


The Study

Aims: to explore cultural and immigration-related factors affecting the safety and acceptability of school-based group interventions (CBITS) to promote resilience among Central American unaccompanied immigrant youth (UIY).

Participants: 17 youth ages 14-19, who crossed US border without a parent (15/17 detained at border); 10 Key Informants, including 5 leaders of Spanish language CBITS groups for newcomers, 2 Mam interpreters

Methods: Semi-structured interviews in Spanish, English or Mam, observation, grounded theory analysis

Study demographics and abbreviations

ES - designate youth from El Salvador (6)
G - designate youth from Guatemala (10, 5 Mam speakers, 3 other lang, 2 Span)
H - designate youth from Honduras (1)

Ages 14-20

All youth questioned about gender identification, all endorsed assigned/assumed gender at birth (14 M, 3 F)

Names used in presentation are all pseudonyms

Study permissions and protections

Approved by IRB of UCSF, and three community organizations

Youth considered mature minors for consent/assent - verbal consent only, parental consent not required

Youth chose pseudonyms to protect privacy, no records kept of PHI

$25 gift card as incentive for interviews, conducted in Spanish or Mam (via interpreter)

Interviews audiotaped, tapes destroyed after checking transcriptions

Youth voices: Reasons for migration

Gustavo (18M, migr at 16, G, Sp) bullied/beaten in school, because of gender expression: “Because of the clothes I used, because over there you’re raised very macho and all. Well I wore pink shirts, but obviously there’s nothing wrong with that. Pink is pink, and if you like it, you like it.”

Eric (16M, migrated at 13, Es) “I noticed that after 16 years old, since there are no jobs there, some boys don’t like to study. They don’t like to move ahead. They’d rather start stealing, bothering others or smoking, things like that. The police would bother them a lot, but sometimes, the police bothered people who had nothing to do with them. That was the problem.”
Youth voices: Reasons for migration

Oscar (14M, migr at 13, ES): It was a little group since—Something happened about 10 years ago—There is a volcano where we used to live, and it erupted near our apartment, so people started to move around that area. Small groups started to gather and form and become stronger, and they wanted all young people to be a part of them. My friend and I didn’t want to, and we had to—we would go to church every day and one day, we were taken out by this group. We were very afraid because they threatened me with killing my friend, or killing me any day.”

Daniel (14M, migr at 13, G, Sp), talking about maras: “They wouldn’t let us study. Interviewer: What is it that they do that they won’t let you study? Daniel: They asked for money.”

Initial detention at the border (hielera/icebox):

JMRA (17M, migr at 15 G, Sp/Sipakapense): “I couldn’t sleep at all because there was a lot of noise and the door was too loud, they kept on shouting, they took people out, people came in, it was impossible to sleep, I almost didn’t sleep at all, and the worst part is you couldn’t even see if it was day, or night, only when the food came, they’d give a tiny piece of meat and a juice box, that was it, sometimes a small burrito. That was all they’d give you.”

Rosameli (14F, migr at 13, Mam/Sp): “It was awful because they took all of our clothes. They only gave us a blouse and a pair of shorts. That’s the only thing we had left.”

Detention in youth shelters (albergues):

Oscar (15M, migr at 13, ES), in shelter for one month: “I felt protected in the shelter… they had nurses. We had after-school programs like soccer and basketball.”

José (18M, migr at 16, ES) in shelter for 25 days: “Well, it was very nice. I made friends and met new people. People from many countries, but it’s also hard being there without seeing your family, without knowing anything about them. They only let you make two phone calls.”

JMRA (17M, migr at 15, G, Sp/Sipakapense), in shelter for 6 months: “They couldn’t just let me go because I needed somebody to be my legal guardian, my cousins were living in another state, but they don’t have the papers, so I couldn’t stay with them. My brother was the only option left, but he was still underage, he was 17 then, so I had to wait until he turned 18. His 18th birthday was in November, so the case went on until December, and they finally sent me with him.”

School District

SY 2017-18 2,864 identified newcomer students (grades TK-12)
650 unaccompanied youth, of these, 65% in grades 6-12
1 in 8 students in District are newcomers < 3 years in US
Arrive with:
❖ Significant history of trauma
❖ Lack of legal representation
❖ Unmet basic needs: food, housing
❖ Language diversity: must navigate complex systems without mastery of English nor Spanish

Resources for Newcomers in N California County

Martina (19F, G, migr at 15, Mam/Spanish): “My parents tell me how to do things through the phone. But here, my uncles didn’t help me much. They don’t talk to me, only when I am in their houses. But some teachers helped me, and that’s how I was able to keep on going.”

JMRA (17M, G, migr at 15, Sp/Sipakapense): What I miss the most is my parents because when I lived with them, my mother was always there to take care of me and all that, my brother is always working here, I have to stay alone in the house, and I don’t know; it gets lonely sometimes. I always see parents and children, going out to eat, having fun.

Case manager in HS newcomer program, talking about youth working after school: “Going out or arriving home late is difficult. After a certain time, it’s dangerous, and we know that it’s dangerous anywhere in the world. However, having to ride a bus or working until 12:00 AM or 1:00 AM and having to ride the bus home is very complicated.”
Adjustment to life in US:

Interviewer: Could you suggest what other young immigrants need in order to adapt here?

**Eric** (16M, migrant at 13, ES), living with aunt, video-chat daily w parents: “Most of all, their family’s support, the feeling that somebody worries about them. For example, when somebody comes and their family tells them, ‘Do whatever you want,’ and doesn’t speak with them. There are times where you feel distressed and need to talk to someone, and if your family isn’t there for you, you end up doing other things; you start doing drugs or things like that.”

CBITS: Cognitive Behavioral Interventions for Trauma in Schools

- **CBITS Model - Benefits for this population**
  - Population-based approach to treat trauma-related symptoms in youth exposed to traumatic experiences
  - Follows other treatment modalities proven successful in PTSD Tx using cognitive behavioral skill-building techniques (Foa et al, 2010)
  - Most appropriate for students with moderate symptoms
  - Designed for students ages 11-15, but also implemented in late elementary schools, middle schools and high schools

- **CBITS Curriculum**
  - Delivered to a group of students weekly for 10 weeks, during course of the school day
  - Includes 1-2 individual sessions mid-way through group
  - Uses an early-intervention, skill-building approach to reduce symptoms related to PTSD
  - Cognitive Behavioral skills also target depressive and general anxiety symptoms

- **Theory behind CBITS**
  - Guides students through each domain to reduce maladaptive trauma-related thoughts, normalize trauma-related emotions, increase capacity to notice and regulate emotions; developing skills to reduce avoidance intrusive in daily functioning
  - Exposure theory: titrated exposure to the traumatic memory will take the negative emotional power out of the experience, will allow for cognitive abstraction, and enables healing
  - Peer Support: shared experience; externalize and universalize experience
● Three Main Goals of CBITS:
○ Decreasing current symptoms related to trauma exposure
○ Building skills for handling stress and anxiety
○ Building peer and caregiver support

● Main components of CBITS:
○ Psychoeducation about trauma and its sequelae
○ Relaxation training
○ Learning to monitor stress or anxiety levels
○ Recognizing maladaptive thinking
○ Challenging unhelpful thoughts
○ Social problem-solving
○ Creating a trauma narrative and processing traumatic event
○ Facing trauma-related anxieties vs avoidance

CBITS groups at our schools

CBITS Standard Treatment Outcomes

CBITS Model - challenges using with newcomers/UIY

• CBITS designed to treat participants post-trauma, more difficult for those who’s traumatic exposure is ongoing/uncontained

• Different cultural understandings of trauma, mental health and healing e.g.:
  ➢ The use of conscious denial as cultural value and coping mechanism
    i) “Seguir adelante” focus on future goals/Forgetting
    ii) “Dejarlo atrás” “El pasado es el pasado”
  ➢ The belief that to admit to symptoms is to exacerbate them

• Different levels of literacy and psychological development, exposure to formal education
• Difficult to find common threads outside of trauma experience—fewer shared cultural reference points

Study challenges & barriers:

• Tension with teachers re: pulling students from class
• Gathering participants for focus group challenging—need to work when not in school, movements restricted by guardians to work & school
• Telling stories vs. using categories and symptom checklists for indigenous youth—challenging for screening
• Doing research in current political climate- More trauma crossing the border —more guarded about telling migration histories, more restricted movement
CBITS Model & Youth with ongoing & pervasive trauma

- Trauma ongoing and pervasive (not discrete incident):
  - Family separation – voluntary & traumatic
  - Ongoing fears about detention and deportation
  - Ongoing exposure to community violence – close & far away
- Avoidance of discussing traumatic incidents in group setting
- Innocuous vs reality-based fears: cognitive restructuring involves challenging maladaptive thoughts/cognition

Exposure & disclosure:
- Exposure exercises may be triggering
- Disturbance of group confidentiality – fear of disclosure
- Fear of consequences of group disclosure
  - Being judged by peers
  - Chisme (gossip) in small & fragmented immigrant communities - may put family members at risk

Cultural considerations & use of interpreters

- Youth in study initially refused Mam interpretation, so we interviewed our interpreters:
  - "And I've heard some of my family members say, 'Well, there was an interpreter today, but I was scared. What if they made fun of me asking this question? Or they were um, they were, the interpreter was there and they now they know my story.'"
  - "But then, at the same time, unusually chisme goes around. And back then when I was still growing up and during high school, I would hear. Oh, she's an interpreter. He's an interpreter. They're going for the lawyers, or they're going for clinic. So that's why I have the fear of exposing myself and then everybody knowing, like my background, like, what, where I work."

Youth voices: definitions of trauma

- Martina (19F, migr at 15, G Mam/Sp): "Trauma is like when you have a lot of nightmares or fear, like if there are people chasing you. You don't feel good. You have on your mind what you have been through, and you can't forget it."
- Gustavo (18M, migr at 16, G Sp): "Uh, it's when a person is like stressed, uh, when they have something in their mind and it can't be erased. [no se lo borra]"
- Popeye (16M, migr at 14, H): "If something happens to you, it stays in your mind as a trauma. You can't concentrate because you are always thinking about what happened, what happened here, this and that."

Findings: CBITS model & Central American students

Students from urban areas more likely to understand and identify psychological concepts like "anxiety" "depression" "trauma", have exposure to counseling

Indigenous/Latino differences within Guatemala
Different recognition of/approaches to aftermath of civil wars (El Salvador vs. Guatemala) – leads to more or less openness in discussing trauma

"Proxy" traumas - some trauma stories stood in for traumatic problems/experiences that were unspeakable to participants
Institutional distrust - fear that disclosure could bring negative consequences

CBITS model & Guatemalan indigenous youth

- Interrupted schooling; not having vocabulary in native language for "anxiety" "depression" "trauma"
- CBITS based on written psychoeducation (handouts, homework) even at 6th grade literacy level is difficult - impacts self-esteem
- Less safety in disclosing trauma involving families; primarily indigenous languages - embarrassed to speak in native language in group; internalized racism about utilization of indigenous languages (may have had more access to emotional content in native language)
- Experience being teased by native Spanish speakers
- Institutional distrust – fear that disclosure could bring negative consequences
Youth voices: Forgetting in order to heal

Martina (19F, migr at 15, G, Mam/Sp): “I tried to forget what had happened to me, but when I remembered, I didn’t feel good. I didn’t sleep well sometimes. I would wake up thinking about what happened. But if I don’t think about it, I’m better. When I remember those things, the trauma comes back. You can’t forget what you have been through. It’s like a scar, and it won’t fade. It will always chase you.”

Popeye (16M, migr at 15, H, Sp): “Here, it is a new story, that they should start forgetting little by little because if they keep thinking about that trauma, they will never get over it, they will always have that in their minds, and they will always be scared, everywhere they go. They should forget about that. Even though it is hard to forget, little by little, they will.”

Youth voices: seguir adelante [going forward]

Martina (19F, migr at 15, G, Mam/Sp): “Forgetting and recovering is not easy, but what you have to do is focus on the good things or say, ‘This is how I am going to be in my life, in the future,’” or, “This is who I am going to be today,” and not think about the bad things. That’s how your mind heals. You’re not going to heal if you think about the bad things because they are going to be there all the time, but if you seek help and think about the good things and focus on them, you will. I did that.”

Oso (17M, migr at 16, G, Sp/K’iche), describing recovery: “Maybe trying to forget what you’ve experienced in your home country, talking to someone, thinking positive things for the future, and trying to forget the past.”

Interviewer: “So, what personal characteristics have helped you get over like this situation of being separated from your parents?”
José (18M, migr at 16, ES): “What keeps me motivated is the fact that I’m studying. I’m seeing a better future.”

CBITS:

Adaptations

Adaptations to the Model: most effective

Screening Adaptations:
• The Maya screener instead of standard UCLA trauma screening tool, greater focus on somatic symptoms, less reliance on complex Likert scale
• Allow students with sub-threshold scores to participate -- allows some with less mastery of Spanish yet known trauma histories to participate

Maya Screener from Maya Health Toolkit https://brycs.org/toolkit/maya-health-toolkit-for-medical-providers/

Adaptations to the Model: most effective

Screening Adaptations:
• Flexibility related to guardian consent: allow older sibling, aunt/uncle providing consent for treatment
• Shift on population focus: targeting specific population of newcomer and unaccompanied youth
• Group breakdown by self-identified gender: potential increased sense of safety in similar-gender group
Adaptations to the Model: most effective

Content Adaptations:
- Use of culturally specific images and examples (e.g., fear thermometer = volcano or ladder)
- Inclusion of more hands-on, art/expressive content vs heavy reading content
- Lighting sage at beginning of group/creating ritual (check-in, one word)
- Emphasis on group support for one another

Adaptations to the Model: most effective

Content Adaptations - Specific Content:
1. Externalization of Trauma: During the “my story” section, reduction of self-disclosure in group and increase of discussion of “traumas” that can be experienced in general. This allowed a safe enough distance from personal (ongoing in some cases) trauma for the group to bring forward the multiple traumas experienced.

Adaptations to the Model: most effective

2. Emphasis on Explaining Fight/Flight/Freeze
   - Using body outline, having students indicate where they experience stress in the body
   - Using bell curve, learning how the body experiences different stages of stress response
   - What do you feel at different points on the curve?

Adaptations to the Model: most effective

2. Trauma Narrative Adaptation: shift to adatation “My Journey”

River of Life

- Visual narrative activity used in a variety of settings
- Enables participants to construct a narrative timeline of their life and reflect on events of their past.
- Useful as both diagnostic and expressive technique

Adaptations to the Model: most effective

Delivery adaptations

Included onsite supports in the group as co-facilitators (newcomer SW); other trusted adults with whom they have connections

Changed order of sessions, responding to group needs & school schedules

Focused heavily on somatic relaxation interventions, less on cognitive restructuring
Adaptations to the model: lessons learned

- Adaptations to the model - which were more effective and less effective?
  - Celebrating birthdays in the group – triggered grief response
  - Handouts increased isolation of low literacy participants
  - Homework (parent-involved) – did not fit this population

Other lessons learned through clinical practice

Barriers to group interventions:
- School staff don’t share priorities- didn’t release students for group
- Mixed gender groups not as effective

Participant voices: Barriers to Group

Reluctance to join a group:

Adelina (19F, migr at 17, Guat, interviewed in Mam): So the problem with being in a group is, for example, if it’s something confidential, others would just look at you or know your story, compared to one on one, it’s like, you know, that’s confidential and you’re just speaking with that person.

Mam interpreter: “It’s super difficult. It’s already difficult individually and they think, “There are more people around me, I better not say anything. I’m fine.””

Limits of forgetting and silence

Therapist, CBITS group leader: “he was someone who really felt that strength especially as a young man, is not to talk about things and to just get through it to be strong like to survive it, to keep on going. But because of the level of trauma that he was continuing to experience, that just wasn’t working for him anymore.”

Martina (19F, migr at 15, G Mam/Sp): “Forgetting and recovering is not easy, but what you have to do is focus on the good things or say, “This is who I am going to be in my life, in the future,” or, “This is who I am going to be today,” and not think about the bad things. That’s how your mind heals. You’re not going to heal if you think about the bad things because they are going to be there all the time, but if you seek help and think about the good things and focus on them, you will. I did that.”

Youth voices: Benefits of CBITS group

Oscar (15M, migr at 14, ES): “Since I started the group, I feel my nightmares don’t get to me as often. I feel a bit safer.”

JMRA (17, migr at 15, G, Sp/Sipakapense): “I cannot focus in school if I think about the assault but then I go to the group... with other assaulted people, or people that had accidents, and it helps me release stress, to forget what happened. We are still working on it, the truth is that it has truly helped me.”

Martina (19F, migr at 15, G, Mam/Sp): “For me, it was good because they shared things about their lives, and you can learn from another person. I thought I was all alone, but there are other people who are alone too, without their parents, but with the help of another person sometimes, we are able to keep going.”

Youth voices: CBITS: Skills learned

Rosameli (14F, G, Mam/Sp, migrated at 13): “I learn to appreciate things, and they taught me how to give advice to other people.”

Eric (16, ES, migrated at 13): “Sometimes, we did exercises that helped you sleep, or [group leader] would bring these things that you put over your eyes, and you’d relax. She’d use things like that, and we’d talk.”
Healing through helping others

Mam interpreter from Guatemala, came to US as adult:

“Yes, I was seven years old when the war started, and I saw everything, I lived everything, I was there, but I have overcome it by helping other people, and I am grateful to you and for having special people around me. I can say I feel good, I feel very happy.”

References


