



# **CHILDREN CROSSING BORDERS**

Stories of Trauma and  
Teamwork

- ❖ What is TRAC ?
- ❖ Who do we serve?
- ❖ Who makes up the team?
- ❖ How do we work effectively as a team to take care of the residents in a protective, family-like and nurturing environment?

**\* THE QUESTIONS WE HOPE  
TO ANSWER**

- \* TRAC stands for Transitional Residence for Alien Children.
- \* Children are referred from the Office of Refugee Resettlement to await determination of their refugee status.
- \* Remain in our care until released from ORR custody to family members or sponsors or safely returned to their country of origin

**\* What is TRAC?**

- \* Latin American Countries (Mexico, Guatemala, Honduras and El Salvador), African countries, Canadians, Europeans, Asians, Middle East and the Caribbean
- \* The children ages range from 5-17years
- \* Recently migrated and domestic

**\* WHO DO WE SERVE?**



\*WE SERVE CHILDREN



# \*The Team

- \* EXAMINE 2 CASES THAT PRESENTED IN THE TRAC PROGRAM
- \* HOW WOULD YOU HANDLE THESE CASES BASED ON YOUR OWN JOB DESCRIPTION
- \* HOW THE TRAC TEAM HANDLED THE CASES

**\* HINT: COMMUNICATION IS  
THE KEY**

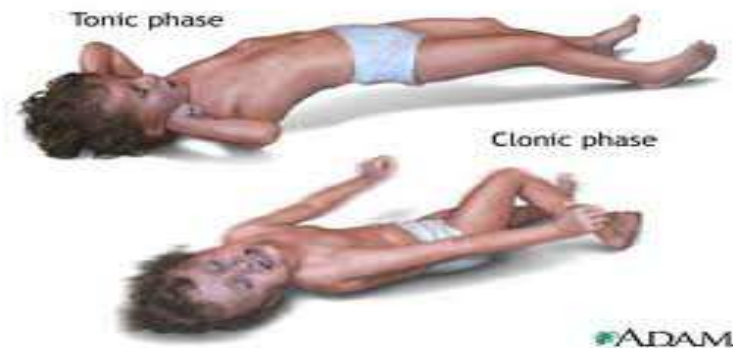
- \* EH is a 16 year old Hispanic male from Honduras
- \* Denies any medical problems, past surgery or family history of medical problems
- \* Denies any complaints
- \* Allergies; sugar and sugar containing products (diarrhea)
- \* Meds: Fe and MVIs
- \* Denies any drug or alcohol use
- \* Sexually active ( does not use contraception)
- \* Admits to being sad about being captured (Maysi test labeled him a “critical case”)
- \* Normal Exam



\* Upon arrival residents are seen by case worker.

\* What do you think is one of the most important questions the case worker can ask?

- \* EH continued history
- \* 6 days later he had a seizure in the cottage - seen in ER and released the same day



## EH history discovered 1 day later

- \* Admits to “seizures” since age of 9, 10 in past year
- \* Didn’t consider seizures a medical problem but God punishing him for wrongdoing
- \* He was seen by a doctor in his home country who told him it was because he lacked faith in God. He needed to be more committed
- \* 3 days later admitted for hospitalization after another episode
- \* Episodes include visual and auditory hallucinations and inconsistent “smell” hallucinations

## \*Hospital Summary

- \* Real name is “Darwin”( EH was brother’s name)
- \* Brother and Sister were killed in home when he was 9-10 years of age
- \* Diagnosed with PTSD Started on Zoloft and (thorazine when arrived back to CV)
- \* ( Noticed to have lesion on brain on MRI)

**\*What else would you like to know?**

### \* Additional information

- \* “EH” traveled to preach including Nicaragua and Costa Rica with the help of a clergyman
- \* He was hospitalized for 4 months as a boy as doctors tried to understand his condition
- \* “EH” Tried to drown himself on two occasions most recently 5 months ago and thought of stabbing himself but didn’t go through with it
- \* Test done when he returned to CV + for 3 different parasites

**\* What have we learned?**

## \*STAGES OF MIGRATION TRAUMA

- \* 1. Pre-migration Trauma
- \* 2. Trauma during Transit
- \* 3. Asylum/temporary resettlement
- \* 4. Settlement in the host Country

**\*Where do you fit in  
the process?**



**\*Where do you fit in the process?**



\* Remember there are  
girls among this  
population.



- \* SH was a 15 year old female from Honduras
- \* 1/20/12 intake physical normal except for lower abdominal pain, irregular periods denied any other concerns
- \* 1/24/12 Maysi tool done ( Critical case)
- \* 1/31/12 Diagnosed with GERD, Asthma
- \* Seen five more time by me alone for multiple ailments as well as multiple times by nursing staff by end of March

**\* What do you want to know?**

- \* Chronic abdominal pain
- \* UTI x 3
- \* Constipation
- \* Gastritis/ Reflux
- \* Irregular Periods
- \* shortness of breathe with exercise
- \* Abdominal xray, ultrasound, UA, Ucx, HIV, STDS, TFTS, numerous other labwork X 2, multiple meds

## Information she gave after taking the Maysi

- \* “There were some questions about drugs I did not know how to answer because I was forced to take drugs and consume drugs when they raped me and because that violation caused me to get a disease called gonorrhoea. “ SM
- \* Trauma History.....

**WE HAVE LEARNED THAT THERE IS MORE  
THERE THAN WHAT WE SEE ON THE  
SURFACE.**

\* “ I WANT YOU TO KNOW THAT EVERYTHING I WENT THROUGH. THIS HELPS ME GET BY AND SOMETIMES I FALL BUT THERE ARE PEOPLE AROUND ME TO HELP ME UP”. SM



\* Administrators, Medical Personnel, Social Workers, Cottage/School Personnel and Legal Team all worked directly and collaborative with this young lady.

\* What would be the next step in the process?

**\* Strategy and  
implementation**

- \* 1. The Impact of these stressors on mental health: anxiety, depression, PTSD, substance abuse, somatic complaints and higher prevalence of serious psychiatric disorders
- \* 2. Education gaps
- \* 3. Poor Interpersonal relationships “trust issues”
- \* 4. Poor Coping Skills ( John Hopkins 04/10/2012)

## \* Short-term Outcomes/challenges

- \* 1. Multitude of health and social problems:
  - \* Heart Disease, Liver disease, STDS, Unintended pregnancies, Alcoholism, Disability and Early Death
- \* 2. Occupationally Disabled ( “Can’t seem to get it together”.)
- \* 3. Domestic Violence, multiple Sexual partners
- \* 4. Suicide attempts, Depression

## \* Long-term Outcomes/ Challenges

\* In 2011, an estimated 20.6 million persons aged 12 or older were classified with substance dependence or abuse in the past year (8.0 percent of the population aged 12 or older) (Figure 7.1). Of these, 2.6 million were classified with dependence or abuse of both alcohol and illicit drugs, 3.9 million had dependence or abuse of illicit drugs but not alcohol, and 14.1 million had dependence or abuse of alcohol but not illicit drugs.

(Department of Health and Human Services. SAMHSA)

\* **“HOME GROWN  
STRESSORS”**



- \* Over 500,000 children in the U.S.
- \* Abandonment, homelessness, emotional and physical illness, parental incarceration, AIDS, domestic violence parental alcohol/substance abuse and parental death.
- \* Multiple placements
- \* Neglect and abuse while in care

## \* Foster Care



# \* Basic Needs of All Human Beings

- \* First, All children and youth need connections to adults who believe in them and will remain connected.
- \* Second, education, appropriate social behaviors, and job skills essential to functioning as independently as they can in the society.
- \* Third, to use strengths and desire to make his or her life happy and fulfilling; with support and tools to overcome obstacles.

## \* CV VALUES

\*THANK YOU

\*Traci Gardner MD