Taking A Closer Look At Post Traumatic Stress Disorder (PTSD) In Migrant Youth

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INTRODUCTION

• One in five children in the US has been identified as an immigrant or a child of immigrant parents (1).
• By 2050, based on demographic trends, it is predicted that this will increase to one in three children (2).
• The initial presentation of PTSD in migrant youth is often somatic symptoms leading to missed opportunities for prompt diagnosis and treatment.

GOALS

• Utilize the components of structural competency by Dangmann and Hansen to develop a care pathway approach for migrant youth with PTSD (3).
• Outline and examine the specific stressors involved with migration and acculturation for children and adolescents.
• Analyze the current diagnostic tools and treatments to propose ways of utilizing systems of care for migrant youth with PTSD.

FUTURE DIRECTIONS

• Take a closer look at how providers obtain and document migration and trauma history.
• Provide information and practice opportunities to healthcare providers and educators about the role of self-reflection and self-critique in developing a culturally sensitive practice for migrant youth with PTSD.
• Develop partnerships and collaboration between educators and healthcare providers.

POTENTIAL BARRIERS

• There is a potential burden on the education and healthcare systems.
• Contribution to burnout to providers and educators.
• Barriers to access to care are still present for migrant youth, including how welcoming the host country is.

CONCLUSION

• The use of screening tools, especially the UCLA PTSD Reaction Index (PTSD-R) can be helpful.
• By incorporating structural competency into our approach for migrant youth with PTSD we can reduce stigma and isolation.
• Given the impact of post migration stressors there is a need for treatment that helps to reduce these, which involves working with the education systems.

REFERENCES

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