

# Syrian Newcomers: Pediatric Medical Assessment and Considerations

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# Curiosity is the most powerful thing you own..

- Born and raised in Ottawa, Ontario
- Curious about what we are hearing in the news concerning one of the largest refugee crisis' and how 25,000 people are coming to Canada
- Looking to connect with newcomers coming to Ottawa, want to help..
- How to connect pediatrics/our skills?
- Medical Assessments? Host? Sponsor?



What we see now in the news...



# Outline

- Background on the war in Syria
- Refugee crisis
- Numbers coming to Canada
- Challenges beginning in a new country
- Pediatric Resources
- Medical Assessment: Clinical Pearls
  - medical history
  - physical exam
  - screening investigations
  - anticipatory guidance
  - PTSD
  - follow-up
- Questions
- References

# Background on the war in Syria

- More than 250,000 Syrians have lost their lives since 2011
- Began with anti-government protests, escalating into a full civil war
- More than 13 million others have been forced from their homes



# Summary Syrian Civil War

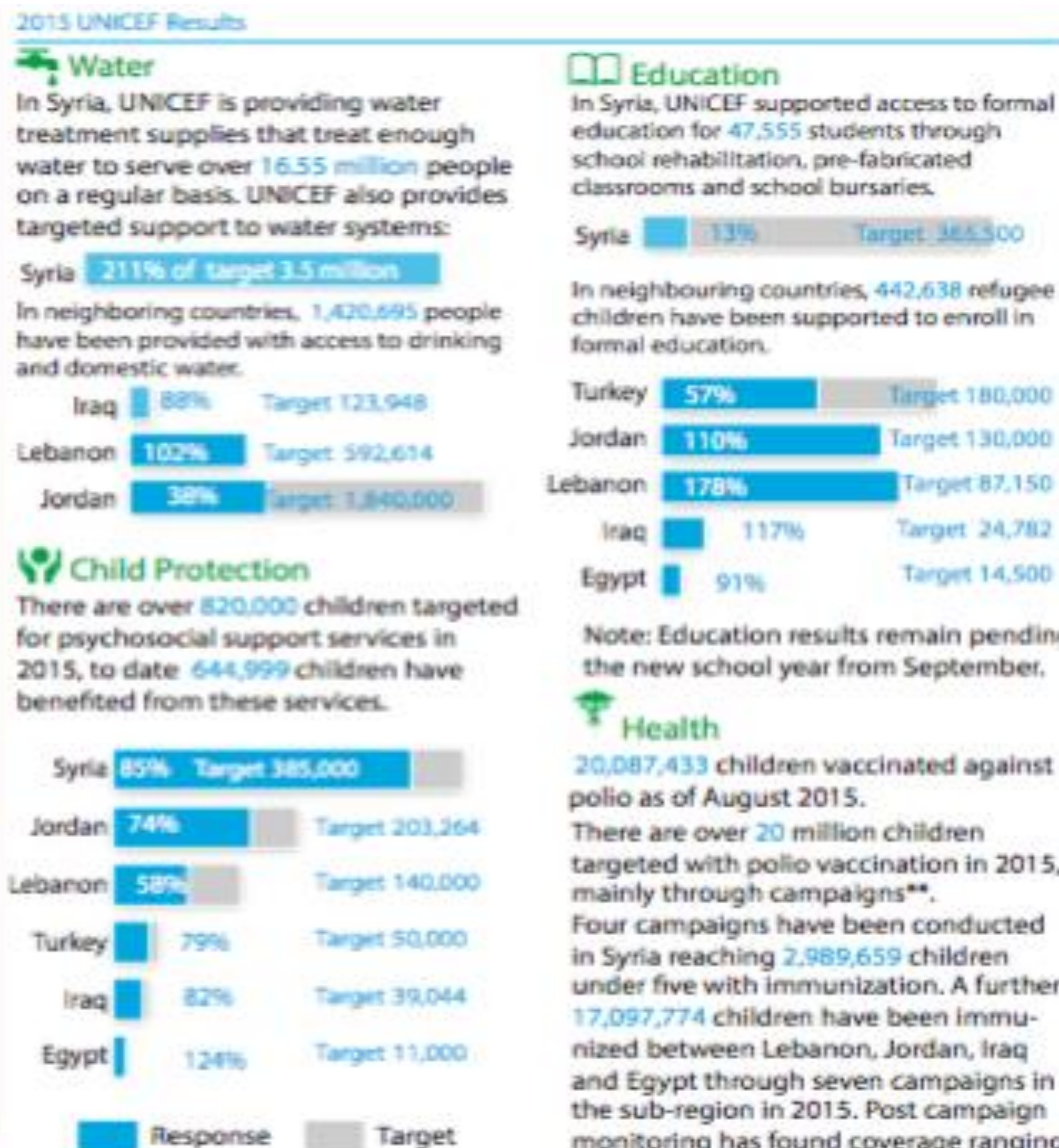
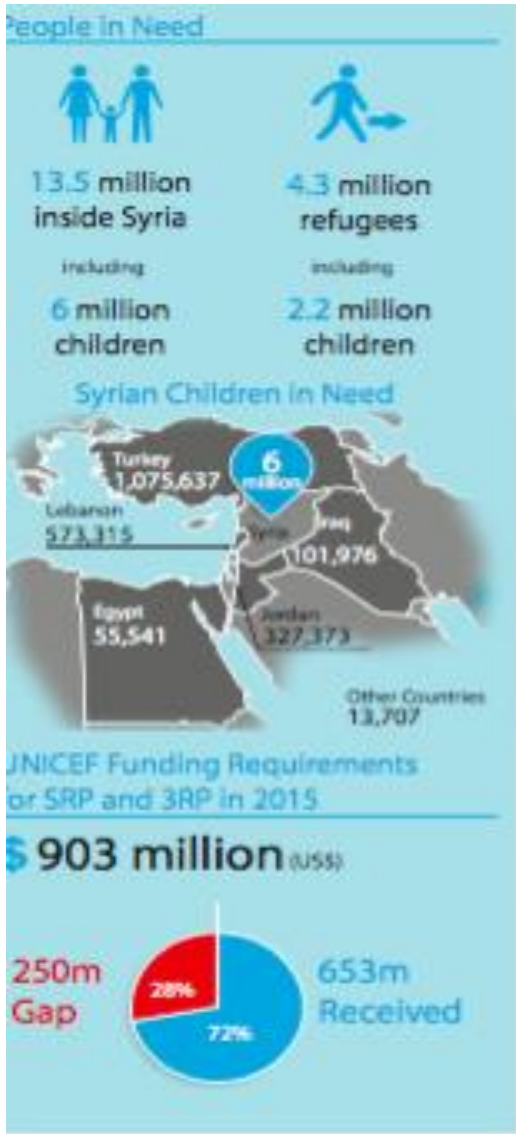


- **1. Uprising turns violent**
  - Pro-democracy protests March 2011 in Deraa after the arrest/torture of **teens that painted revolutionary slogans on a school**
  - Opposition began to first defend themselves and eventually to try and expel security forces from their local areas
- **2. Descent into civil war**
  - Violence escalated into civil war, rebel brigades reached the Damascus and Aleppo in 2012
  - Complexity
    - pitching to the country's Sunni Muslim majority against the president's Shia Alawite sect
    - drawing in neighboring countries and world powers
    - rise of jihadist groups including Islamic State
- **3. War Crimes**
  - UN investigation found alleged human rights violations, since March 2011 from both sides of the conflict
  - **war crimes- murder, torture, rape, enforced disappearances, blocked access to food, water and health services**
- **4. Chemical weapons**
  - August 2013 rockets filled with nerve **agent Sarin** fired around Damascus
  - prospect of US military intervention the president agreed to remove all Syria's chemical weapons
  - despite the operation, the use of **chlorine and ammonia** by the government between April – July 2014
  - Islamic State had also accused of homemade chemical weapons including using **sulphur mustard**

# Summary Syrian Civil War continued...

- **5. Humanitarian crises**
  - Approximately **13 million** require humanitarian assistance (more than half the country's population) inside Syria with around **6 million of them children**
  - **4 million** have fled, most women and children, **one of the largest refugee exodus in history**
  - Neighboring countries **Lebanon, Jordan and Turkey** struggling to accommodate flood of new arrivals
- **6. Rebels and the rise of the Jihadists**
  - Capitalizing on the chaos - extremists group that grew out of al-Qaeda in Iraq have taken control of huge territory
  - National Coalition for Syrian Revolutionary and Opposition Forces backed by western and gulf Arab states
    - little influence on the ground in Syria
- **7. Peace efforts**
  - In Jan 2014 the US, Russia and UN convened to implement 2012 Geneva Communique an internationally backed agreement for establishment of a transitional governing body in Syria
    - the talks broke down
    - government insistence on a focus on fighting the rebel groups
- **8. Proxy war**
  - Began as another Arab spring uprising against an autocratic ruler has progressed into a large war
  - Drawn world powers

# Refugee Camps



#### Health

20,087,433 children vaccinated against polio as of August 2015.

There are over 20 million children targeted with polio vaccination in 2015, mainly through campaigns\*\*.

Four campaigns have been conducted in Syria reaching 2,989,659 children under five with immunization. A further 17,097,774 children have been immunized between Lebanon, Jordan, Iraq and Egypt through seven campaigns in the sub-region in 2015. Post campaign monitoring has found coverage ranging from 74-92%.

\*\*Campaigns including national and sub-national.

# What have these children gone through...

- **Violence**
  - abuse- physical, verbal, emotional, sexual
  - exploitation
  - child labor
  - early marriage
  - recruitment and detention
- **Neglect and separation of children**
- **Malnutrition**
- **Lack of basic needs** of non-food items (winter clothes, school supplies, household items)
- **Removal from school/Lack of education and vocational training**

# Advocacy

- Canadian Pediatric Society (CPS)
  - Immigrant and refugee health
    - Advocacy : Speed up process for resettling refugee children, urged paediatricians (September 11, 2015)
      - Dr. Robin Williams “Children in danger, without adequate food and shelter and with an uncertain future. Some have even been separated from their families along the way. Like other privileged countries, Canada must work quickly to minimize the trauma and risk to these children”
      - Suggested the Canadian government to:
        - Remove obstacles and delays to private sponsorships
        - Dispatching Canadian government personnel overseas to expedite health and security screening of refugees
        - Opening up options for family reunification
        - Ensuring access to housing and adequate health care upon arrival in Canada

The screenshot shows the website of the Canadian Paediatric Society (CPS). The header includes the CPS logo and tagline: "Protecting and promoting the health and well-being of children and youth". There is a "CPS Member Login" section with fields for "Username" and "Password" and a "Sign In" button. Below the header is a navigation menu with links: "Who We Are", "What We Do", "Get Involved", "Education/CPD", and "Publications". The main content area is titled "Immigrant and refugee health" and includes a paragraph about immigration rates in Canada. Below this is an "Advocacy" section with three bullet points: "Advocacy for Immigrant and Refugee Health Needs", "Speed up process for resettling refugee children, urge paediatricians (September 11, 2015)", and "Cuts to federal refugee health program put children and youth at risk (June 2012)". A featured image shows a woman and a child with the text "25,000 Syrian refugees are coming to Canada. Help give them a healthy start." and the logo for "Caring for Kids New to Canada". Below the image is a "News" section with three bullet points: "Helping Canadian communities help Syrian refugees (November 2015)", "New website targets professionals working with newcomer families (June 2013)", and "Cuts to refugee health program put children and youth at risk (June 2012)". On the right side, there is a sidebar with a search bar and a list of "In this section" topics, including "Index", "Aboriginal Child & Youth Health", "Active Kids, Healthy Kids", "Adolescent Health & Safety", "Children with School Problems", "Early Literacy", "First Years First", "Global Child Health", "Immigrant and refugee health" (highlighted), "Immunization", and "Injury prevention". At the bottom of the sidebar are sections for "Position statements and practice points", "Focus Issues", and "Paediatrics & Child Health".

# Refugees coming to Canada

#WelcomeRefugees



- 18,050 refugees arrived in Canada or who have been approved but have not yet travelled to Canada
- 12,425 refugees have arrived in Canada
- 5,625 refugee applications have been finalized but they have not yet travelled to Canada
- 47 flights of Syrian refugees have arrived in Canada
- 151 communities are preparing to welcome refugees (both government assisted refugees and privately sponsored)
- 25,000 Syrian refugees arriving in Canada by the end of February 2016 will be GAR (government assisted refugees)
  - receive immediate specialized services and support
  - permanent accommodation
- Many other refugees will be privately sponsored by organizations and groups of Canadians



# Catholic Centre for Immigrants/Reception House (Ottawa)

- Non-profit charitable organization
- 2 locations
  - Maison Sophia House (accommodates 96 people, average length of stay 3-4 weeks)
    - Resettlement Assistant Programs for GAR
    - Housing support
    - Financial entitlement and income support
    - ESL classes
    - Children programs
    - Assistance with telephone, furniture, house ware, clothing, transportation
  - Bruyere Center for Immigrants
    - Community connection
    - Employment
    - Pastoral services
    - Ottawa newcomer medical clinic
      - Immunization, health education, connect with primary care providers
    - ID doctors
- GAR funded by Citizenship and Immigration Canada took 400 GAR in 2014
  - 2013 21.6% Somalia, 19.2% Iraq, 17.2% Congo, 10.7% Afghanistan
- Refugees Claimants 200 for 2014 funded by the city of Ottawa
- Life skills program – 3 months intensive hands on training in mother tongue to transition to independence (appliances, heating, electricity, shopping, transportation)
- Long term settlement services, ongoing support, translation, counseling, employment



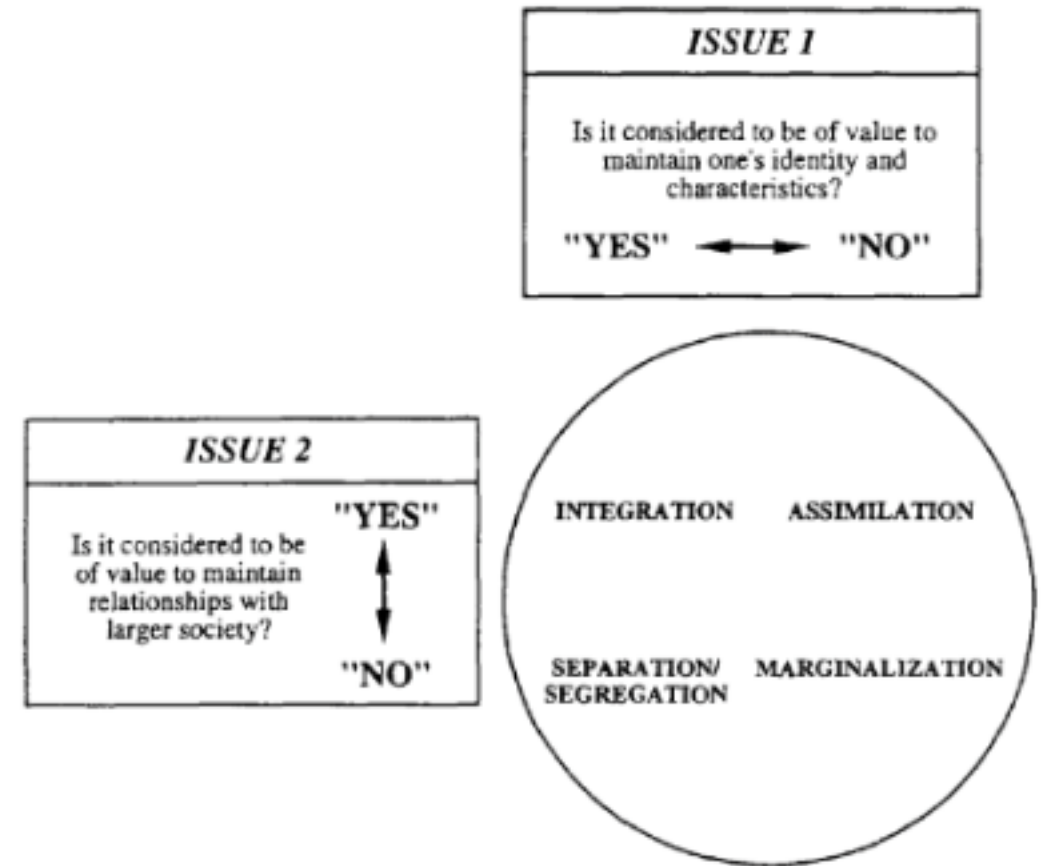
# Canadian Newcomer's Challenges

- Large families: spouse and children left behind
- Income disparity
  - Rising cost of rent/Lack of suitable and affordable housing
    - Ex. 1 bedroom rent average is \$916/mn in Ottawa, family of 6 income is \$777/mn
- Employment
- Unfamiliarity with city and culture
- Gender roles, social norms
- Communication and Language
- Racism
- Access to health services
- School Systems
- Sense of security
- Mental health
- Climate

# Adaptation and Acculturation

- **Stages of resettlement**
- 1. Happiness and fascination (before or shortly after arrival)
- 2. Disappointment, confusion, frustration and irritation (first 6 months)
  - Focus on differences of self and Canadians, misses family, feels lonely, guilty
- 3. Gradual adjustment or recovery (more involvement)
- 4. Acceptance and adjustment (more comfortable, understands systems)

Figure 1: Acculturation strategies



Source: Berry, JW. "Immigration, acculturation, and adaptation." *Applied Psychology* 1997;46(1):10. With permission.



# Pediatric Resources

- Caring for Kids New to Canada
- Helping Canadian communities help Syrian refugees (CPS)
  - **Medical assessment of immigrant and refugee children**
  - Electronic checklists for medical assessment
  - Anticipatory guidance and counselling (Canadian climate, clothing, frostbite, nutrition, food guide, injury prevention, car seat, child discipline, travel related illness)
  - Immunizations: bringing a newcomer children up to date
  - Oral health screening
  - Post-arrival Tuberculosis Assessment of Syrian refugee children (Dec 2015)
  - Electronic Symptoms, signs and clinical problems a tool for ddx (ID focus)
  - Adaptation and acculturation
  - Post Traumatic Stress Disorder
  - FAQ: medication coverage, interpreters, community resources, webinars etc..



# The Immigration Medical Examination (IME)

- Prior to immigration
- History, physical, age-specific laboratory tests
  - Urinalysis – clients  $\geq 5$  years
  - Chest x-ray (postero-anterior view) – clients  $\geq 11$  years
  - Syphilis – clients  $\geq 15$  years
  - HIV – clients  $\geq 15$  years
- <http://www.cic.gc.ca/english/resources/publications/dmp-handbook/index.asp#chap4>

# Preparation

- Be sensitive to and aware of cultural and language difference
- Trained cultural interpreters
- Prepared to look for chronic illnesses that may have not been adequately assessed or treated, both physical and psychosocial
- It may take several appointments to complete the initial medical assessment
- Know your resources (online, local community)
- Have families bring you
  - pre-immigration screening or test results
  - immunization records
  - growth records
  - medical documents from their country of origin

# Communication

- Clinical demeanor- culturally medical professionals are in a position of authority in Syria
- Family dynamics- may be more appropriate to begin address questions to an elder or male such as the father or grandfather (just ask!)
- Give an overview of how the Canadian health system works
- Provincial/federal coverage for health care
  - Interim Federal Health Program (temporary until provincial available)
  - Hospital services, physician services, laboratory services, diagnostic and urgent ambulance services
  - Immunizations
  - Limited medication, dental, vision care
  - <http://www.kidsnewtocanada.ca/care/insurance/>

## Initial medical assessment

The initial assessment of a young newcomer is no different than that for a Canadian-born child. It includes a detailed and complete history, a full physical exam and appropriate investigations. If symptoms are present, the work-up can be targeted toward specific areas.

Ideally, the first visit should be scheduled as soon as possible after the family arrives in Canada. It occurs more often, however, when a child is sick or has a health problem and after the family has been in Canada for some time.

Meeting a new immigrant or refugee family for the first time can seem overwhelming, especially if they come from an unfamiliar country or culture or if there are several children. Remember:

A sensitive, caring and compassionate health professional can learn a lot about a new child, with a warm smile, calm manner and gentle touch.

- You may need to take considerable time and effort to get background information about a family and to conduct a history and physical exam for each child. Spread this process over more than one visit.
- Ideally, each child in the family should have a separate appointment, though this is not always possible for busy families.
- If a child presents with a specific health concern, you might have to deal solely with that and leave the more general medical assessment until the next visit.
- Some children may need to be admitted to hospital for urgent medical care.

## Preparing for the visit: Documentation

Encourage immigrant and refugee families to bring all health-related documents, including:

- Pre-immigration screening or test results



# Clinical Pearls: Medical History

- **Chief concerns**, complaints, health or medical problems
- **Birth information**
  - Pregnancy – gestational age, complications
  - Where was the delivery (home, hospital, **refugee camp**)
  - Birth weight and size
  - Neonatal complications
  - **Documentation**
- **Previous Illness, hospitalizations, operations, accidents, tropical disease**
  - TB, HIV, GI parasites
- **Review of systems:** head to toe
- **Sleep, Behavior, Diet, Activities**
- **Adolescents** HEADSS (home, education/employment, activities, drugs, alcohol, smoking, sex, suicide, depression)
- **Medications:** past and present, herbal remedies, over the counter
- **Allergies:** medications, environmental
- **Immunizations record:** refer to catch up resources

# Clinical Pearls: Medical History continued

- **Family History:** parents, siblings, extended family
  - consanguinity
  - tropical diseases, tuberculosis, hepatitis, HIV/AIDS
- **Social History**
  - Family relationships
    - aware some may be far or have passed away in the war
    - additional members planning to join them in Canada
  - Birthplace, where they were raised, refugee camps, travel history
    - Setting rural or urban, housing conditions, water, food resources
    - Predominant insects or animals
  - Parents vocational training and highest education
  - Exposures in the home (smokers, alcohol, recreational drugs)
  - **Discipline**
  - Identify Stressors
  - Mental health

# Clinical Pearls: Physical Exam

- **General:** appearance, demeanor
- **Vitals, Growth** (ht, wt, BMI)
- **Nutritional:** dehydration, anemia, edema, abdominal distension, muscle wasting, signs of rickets
- **Dysmorphic** features
- **Head and Neck:**
  - Scalp lesions, fungal infections, lice
  - Ocular, visual acuity: <http://www.kidsnewtocanada.ca/screening/vision>
  - ENT chronic OM, hearing abnormalities
  - Dental: <http://www.kidsnewtocanada.ca/screening/oral-health>
  - Lymph nodes
- **Cardiovascular:** cyanosis, clubbing, rhythm, murmurs
- **Respiratory:** dyspnea, wheezing
- **Abdominal:** distension, jaundice, tender and guarding, HSM, mass
- **Genitourinary** (sensitive) education on who can exam, parental consent, ask who can be present
  - Tanner staging
  - Genital mutilation
- **Musculoskeletal:** wasting, weakness, spine, hips
- **Skin:** lesions, bruises (coining is not typical to Syrian medicine)
- **Developmental assessment:** Rourke, Ages and Stages, Nipissing <http://www.kidsnewtocanada.ca/screening/child-development>

# Clinical Exam: Screening and Investigations

- Consider what is needed **initially**
- **Hematology**
  - **CBC + diff**
  - **G6DP (glucose-6-phosphate dehydrogenase) screening**
  - Hemoglobin electrophoresis (sickle cell, thalassemia)
  - Ferritin, serum iron
- **Infectious Disease**
  - **hep B surface antigen and antibody, hep C antibody**
  - **Strongyloides serology**
  - HIV
  - Syphilis serology
  - Urine G+C
  - Stool analysis O+P not required
  - Mantoux not required
  - CXR
- **Biochemistry**
  - Urinalysis: glucosuria, proteinuria, hematuria
  - Thyroid stimulating hormone TSH, thyroxine T4
  - Liver enzymes: ALT, AST, ALP
  - Serum creatinine and urea

# Clinical Pearls: Anticipatory Guidance



- **Canadian climate:** clothing, skin care, frostbite prevention
- **Nutrition:** breastfeeding, vitamin D, food guide
  - [http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/guide\\_trans-trad-eng.php](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/guide_trans-trad-eng.php) (available in Arabic )
- **School Attendance,** Saturday language schools
- **Injury prevention:** mandatory seat belts, car seats  
[http://www.caringforkids.cps.ca/handouts/car\\_seat\\_safety](http://www.caringforkids.cps.ca/handouts/car_seat_safety)
- **Child discipline**  
[http://www.caringforkids.cps.ca/handouts/guiding\\_with\\_positive\\_discipline](http://www.caringforkids.cps.ca/handouts/guiding_with_positive_discipline)
- **Oral Health Screening:** <http://www.kidsnewtocanada.ca/screening/oral-health>
  - dental home by 12 months



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## Car seat safety

Every year, more than 2500 children between the ages of 1 and 4 years are injured or killed in car collisions in Canada. Many injuries or deaths can be prevented with the right use of car seats and booster seats.

### What type of car seat should I use?

- Infants should be in **rear-facing car seats** until they are **at least 1 year of age** and weigh 10 kg (22 lb). Rear-facing car seats should be used as long as your child meets the weight and height limits in the manufacturer's instructions, even if they are beyond 1 year of age. Don't rush to move them to the next stage. Even young toddlers are safer in the rear-facing position. Some rear-facing car seats can be used for children up to 20 kg (45 lb).
- Once your child has outgrown her rear-facing car seat and is at least 10 kg (22 lb) and older than 12 months, you can begin to use a **forward-facing car seat**. Use it until your child is at least 18 kg (40 lb). Forward-facing car seats with higher weight limits are now available (up to 30 kg [65 lb]) for larger toddlers and preschool-aged children.
- When your child is at least 18 kg (40 lb), he can move to a belt-positioning **booster seat and use the vehicle's lap-shoulder seat belt**.
- Don't use your car's regular **seat belt** until it fits your child correctly. This is usually when your child is approximately 36 kg (80 lb) in weight, and 145 cm (4 feet 9 inches) tall.
- All children younger than 13 years of age should ride in the **\*back seat\*** of the car.

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# caring for kids

.cps.ca

Information for parents from Canada's paediatricians



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## Guiding your child with positive discipline

Disciplining your child is one of the most important things you'll do as a parent. It's also one of the hardest.

The Canadian Paediatric Society strongly discourages the use of physical punishment on children, including spanking. Physical punishment can physically and emotionally hurt your child. There are other, more effective ways to discipline children.

Positive discipline teaches and guides children and is part of a comforting family environment. It helps your child grow up to be a happy, caring person who has:

### :: Highlights

- The Canadian Paediatric Society strongly discourages the use of physical punishment on children, including spanking.
- Good behaviour isn't just luck. There is a lot that parents can do to foster it.
- Your child has her own temperament (a built-in style of

## Assessment & Screening

### Oral Health Screening

[Key points](#)

[Epidemiology](#)

[Risk factors](#)

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# Oral Health Screening

### Key points

- Oral health and dental care are unmet needs of young newcomers to Canada.
- Refugee children may have never received oral health care or been exposed to preventive measures (e.g., a toothbrush, fluoridated toothpaste or water).
- Dental caries in newcomer children can lead to complications: pain, problems with feeding, growth and learning, and damage to permanent teeth.

Oral health is a basic component of children's health,<sup>1</sup> and a particular concern in young newcomers to Canada. Newcomer status is itself a risk factor for early childhood caries (ECC),<sup>1</sup> and young newcomers may not have received dental care before their arrival or learned about oral hygiene in their country of origin.

#### Complications of early childhood caries:<sup>2</sup>

- Pain
- Difficulty chewing, which can lead to poor feeding and slow weight gain
- Difficulty speaking
- Oral infections
- Loss of sleep, difficulty concentrating and interrupted learning
- Decay and loss of teeth

## Related Topics

[Health Insurance for Immigrant and Refugee Families](#)

[Barriers and Facilitators to](#)



**Table 2: Recommended Immunization Schedule, Children (less than 7 years of age), NOT Previously Immunized as Infants**

- **For children at-risk due to underlying medical conditions,** refer to [Table 4](#) for additional recommendations for immunization.
- [ ] = dose(s) may not be required depending upon age of child or vaccine used or both (refer to the relevant [vaccine-specific chapter](#) in Part 4 and provincial/territorial schedule). mos = months.
- Refer to [Timing of Vaccine Administration](#) and [Vaccine Administration Practices](#) in Part 1 regarding administration of multiple injections.
- Refer to [vaccine-specific chapters](#) in Part 4 for additional information.

**Table 2: Recommended Immunization Schedule, Children (less than 7 years of age), NOT Previously Immunized as Infants**

Vaccine*	1 <sup>st</sup> visit	Time after 1 <sup>st</sup> visit					6-12 mos after last dose
		4 weeks	8 weeks	3 mos	4 mos	6 mos	
<b>DTaP-IPV-Hib</b> <i>or</i> <b>DTaP-IPV</b>	A		A		A		A [B]
<b>Pneu-C-13</b>	[C]		[C]				
<b>Men-C-C</b>	D						
<b>MMR</b>	E	E					
<b>Var</b>	F			F			
<b>OR</b>							
<b>MMRV</b>	G			G			
<b>HB</b>	[H]	[H]				[H]	
<b>Inf</b>	I	I					

# Post Traumatic Stress Disorder (PTSD)

- PTSD is an anxiety disorder developed after seeing or living through an event that has caused or threatened serious harm or death
- Prevalence 11% in child refugees
- Head injuries increase the risk of developing prolonged PTSD
- PTSD higher rate in females
- PTSD in refugees appear to cluster in families
  - shared experience, compromised parenting resulting from trauma, genetic susceptibility
- Co-morbid psychiatric disorders
  - Major depression (50%)
  - Substance abuse
  - Another anxiety disorder (separation anxiety, panic disorder, generalized anxiety disorder)
  - Externalizing disorders (ADHD, oppositional defiant disorder, conduct disorder)

Table 1: Symptoms of PTSD

Underlying pathology	Common symptoms
Re-experiencing	<ul style="list-style-type: none"><li>● Flashbacks (reliving trauma; can include physical symptoms)</li><li>● Nightmares</li><li>● Frightening thoughts</li></ul>
Avoidance	<ul style="list-style-type: none"><li>● Avoiding reminders of the trauma (e.g., places, events, objects)</li><li>● Feeling emotionally numb</li><li>● Feeling strong guilt, depression or worry</li><li>● Losing interest in activities</li><li>● Trouble remembering the traumatic event</li></ul>
Hyper arousal	<ul style="list-style-type: none"><li>● Easily startled</li><li>● Feeling tense or “on edge”</li><li>● Difficulty sleeping</li><li>● Angry outbursts</li></ul>

Age group	Symptoms
Young children (1 to 6 years)	<ul style="list-style-type: none"> <li>● Intense fear of separation</li> <li>● Clinging</li> <li>● Regressive symptoms (e.g., bedwetting, loss of speech or motor skills)</li> <li>● Fearfulness</li> <li>● Confusion</li> <li>● Exaggerated startle responses to noise</li> <li>● Fussiness</li> <li>● Helplessness</li> <li>● Passivity</li> <li>● Trauma re-enactment</li> </ul>
Primary school-aged children (6 to 11 years)	<ul style="list-style-type: none"> <li>● Guilty feelings</li> <li>● Repeated traumatic play, story-telling</li> <li>● Sleep disturbances, nightmares</li> <li>● Angry outbursts</li> <li>● Regression to behaviour of a younger child</li> <li>● Loss of interest in activities</li> <li>● Distractibility</li> <li>● Unwillingness to go to school</li> </ul>
Adolescents (12 years and older)	<ul style="list-style-type: none"> <li>● Self-consciousness</li> <li>● Rebellion at home or school</li> <li>● Rapidly shifting relationships</li> <li>● Extreme risk-taking that may be life-threatening re-enactments of trauma</li> <li>● Decline in school performance</li> <li>● Social withdrawal</li> <li>● Accident proneness</li> <li>● Sleep and eating disturbances</li> </ul>

# Trauma Risk Assessment

- Haroon
- Rachel
- Use the Assessment Tool
- Core Stressors Overview
- Trauma**
- Acculturation
- Resettlement
- Isolation
- Assessment Summary

Provider Tips

## CONTACT US

For support issues, contact the NCTSN Help Desk at [help@nctsn.org](mailto:help@nctsn.org).

For questions, visit our FAQ page.

## ADMINISTRATION

Level of Risk	
Low	<p>Child may experience occasional distress or trauma-related symptoms in response to reminders or other stressors such as:</p> <ul style="list-style-type: none"> <li>• Problems with emotion regulation</li> <li>• Problems with accessing social support</li> <li>• Continued environmental stressors</li> </ul> <p>However the child is functioning well, symptoms do not interfere with functioning at home, school, or in social situations and child reports overall general good mood most days.</p>
Moderate	<p>Child reports some symptoms of emotional distress such as:</p> <ul style="list-style-type: none"> <li>• Depressed mood</li> <li>• Irritability</li> <li>• Trauma-related symptoms such as:               <ul style="list-style-type: none"> <li>◦ Flashbacks,</li> <li>◦ Hypervigilance,</li> <li>◦ Trouble concentrating</li> </ul> </li> </ul> <p>Symptoms seem to be interfering with functioning at home, school, work, or in social relationships.</p>
High	<p>Child reports acute or severe symptoms of emotional distress or behavioral dysregulation including risky behaviors such as:</p> <ul style="list-style-type: none"> <li>• Self-injury</li> <li>• Suicidal ideation</li> <li>• Aggressive behavior</li> </ul> <p>Child's symptoms are severely interfering with functioning at home, work, school, with peers; unable to attend school or develop appropriate social relationships; difficulties completing basic tasks, etc.</p>

# Diagnostic criteria for PTSD in adults and children

- Criterion A: Stressor
  - Experienced, witnessed or been confronted
  - Responds with intense fear, helplessness or horror
    - children may express as disorganized or agitated behavior)
- Criterion B: Intrusive recollection
  - Persistently re-experienced (recollections, dreams, acting or feeling the event in recurring such as illusions, hallucinations and dissociative flashbacks, psychological distress and reactivity when exposed to external cues that resemble the traumatic event)
- Criterion C: Avoidance and numbing
  - Persistent avoidance (avoid thoughts, activities that arouse recollections, inability to recall aspects of the trauma, diminished interest in activities, detachment, restricted affect, sense of foreshortened future)
- Criterion D: hyper arousal
  - 2 of : difficulty falling asleep, irritability, difficulty concentrating, hyper vigilance, exaggerated startle)
- Criterion E: Duration (B,C, D more than a 1 month) (acute < 3 months, chronic > 3 months)
- Criterion F: Functional significance (social, occupational or other areas)

# PTSD Treatment

- How to discuss PTSD
  - Family centered
  - Communicate confidentiality to family and child
- Do no harm
  - Single session psychological debriefings are ineffective and may cause harm
- Social support
- Specialized care \*\* difficult to obtain adequate treatment
  - Individual or group-trauma focused CBT
  - Eye movement desensitization and reprocessing (EDMR)
  - Narrative exposure therapy (NET, KIDDIENET)
  - Pharmacotherapy: SSRI

## Selected resources

- American Psychological Association. [Children and trauma: Report of the Task Force on Post-traumatic Stress Disorder and Trauma in Children and Adolescents](#).
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- [Te Pou o te Whakaaro Nui](#). Te Pou works to support and develop the mental health, addiction and disability workforces in New Zealand. [Therapies for refugees, asylum seekers and new migrants](#), 2010.
- U.S. Committee for Refugees and Immigrants. [Working with refugee and immigrant children](#).
- U.S. Department of Veterans Affairs, National Center for PTSD. [PTSD Research Quarterly](#).
- Wilson JP, So-kum Tang C, eds. *Cross-cultural Assessment of Psychological Trauma and PTSD: International and cultural psychology series*. New York, NY: Springer Science and Business Media, 2007.

Webinar: ["I May Look as if I'm Feeling Good, but Sometimes I Am and Sometimes I'm Not": The Mental Health of Immigrant and Refugee Kids in Canada, December 5, 2014](#)





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Ottawa-Carleton, ON

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<p><b>Medical Services</b></p>	<p><b>Mental Health Professionals</b></p>	<p><b>Self-help, Mutual Aid and Support Groups</b></p>
<p><b>Specific Groups and Populations</b></p>	<p><b>Mental Health Facilities</b></p>	<p><b>More Categories...</b></p>

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[Does our Microbiome Control Us or Do We Control It?](#)  
[Burnaby Hospital could get new mental-health zone for ER - Burnaby Now](#)  
[Inquest in death of Sask. inmate reveals mental health details - Saskatoon StarPhoenix](#)  
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**Events Calendar**

[Caregivers and Powers of Attorney](#)  
 Jan 18, 2016  
[Making Parenting Connections](#)  
 Jan 19, 2016 to Mar 22, 2016  
[Friends for Life \(anxiety prevention program for 10-12 yr. olds\)](#)  
 Jan 27, 2016 to Mar 30, 2016  
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# Clinical Pearls: Follow-up

- Complete Development assessment
- Behavioral/psychological/mental health (PTSD)
- Catch up immunizations
- Follow up on anticipatory guidance and referrals (hearing, vision, dental)
- Ensure housing adequate, school in place
- Language courses
- Community resources

# More resources!

## 2015 Ottawa Syrian Refugee Template Initial Intake Assessment Infant and Toddler (Age 0-4)

### Orientation:

Welcome to Canada. We are primary care doctors. The questions we are asking about your child's health are for your wellbeing, not affiliated with immigration processes, and is confidential.

---

### Demographics:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date: \_\_\_\_\_

Female  Male  Other \_\_\_\_\_ Date of birth (YYYY/MM/DD) \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Origin: \_\_\_\_\_ Countries migrated through: \_\_\_\_\_

Date of Arrival in Canada: \_\_\_\_\_ Ever lived in a refugee camp:  Yes  No

Duration since first displaced internally \_\_\_\_\_ Duration since first displaced internationally \_\_\_\_\_

Languages Spoken (any):  Eng  Fr  Arabic  Kurdish  Armenian  Turkish  Other

Ethnicity:  Arabic  Kurdish  Armenian  Other

Status in Canada:  GAR  PSR  BVOR  Claimant  New Immigrant  Undocumented

Family Supports: \_\_\_\_\_ Settlement Worker/Agency: \_\_\_\_\_

---

**Pregnancy and Birth History:**Pregnancy details:

Did you have antenatal care? Antenatal US results  Normal OR \_\_\_\_\_

Antenatal screening (pos, neg or unknown): syphilis \_\_\_\_\_ Rubella \_\_\_\_\_ HIV \_\_\_\_\_ HBV \_\_\_\_\_

During pregnancy did you use:  prenatal vitamins  medications \_\_\_\_\_

alcohol or drugs \_\_\_\_\_

Were you diagnosed with:  gestational diabetes  hypertension

Neonatal details:

Gestational age at birth \_\_\_\_\_ Birth Weight \_\_\_\_\_

Was neonatal resuscitation required?  No  Yes, and details (APGARS) \_\_\_\_\_

Breastfed (duration) \_\_\_\_\_ OR Formula fed (duration) \_\_\_\_\_

Please select birth details:

C section OR Vaginal birth without assist OR Vaginal birth with forceps/ vacuum

Hospital OR Home birth OR Other \_\_\_\_\_

---

**Developmental History:**

0-3 months	4-6 months	6-12 months
<input type="checkbox"/> startles or turns head to sound <input type="checkbox"/> tracks movement with eyes	<input type="checkbox"/> head control when prone <input type="checkbox"/> reaching for objects <input type="checkbox"/> transferring between hands	<input type="checkbox"/> sitting independent >9months <input type="checkbox"/> crawling <input type="checkbox"/> localizing sounds

**Medications (including vitamins, non-prescription and herbal medicines):**

Name	Indication	Dose	Date started	Discontinued

Allergies:

 No known drug allergies**Immunization status:**
 Complete records (see attached)
  Incomplete records (see attached)
  Absent records
If written records absent patient requires full catch-up series<sup>3</sup>:

Children 0-12 months	Immunize as per routine immunization schedule
Children over 1 years old	
Tetanus, diphtheria, polio	Give Tdap-IPV-Hib series.
Measles, mumps, rubella and varicella	Give MMR-V.
Meningococcus	Give Men-C-C.
Pneumococcus	Give Pneu-C-13.
Influenza	Give annually.

**Health Promotion:** Discuss dental care <sup>5</sup>

<sup>5</sup> Ottawa Public Health offers dental health promotion and screening for low-income adults in the community. For a list of dentists in Ottawa accepting refugee patients: <http://canadiandentistsforrefugees.net/patients/>

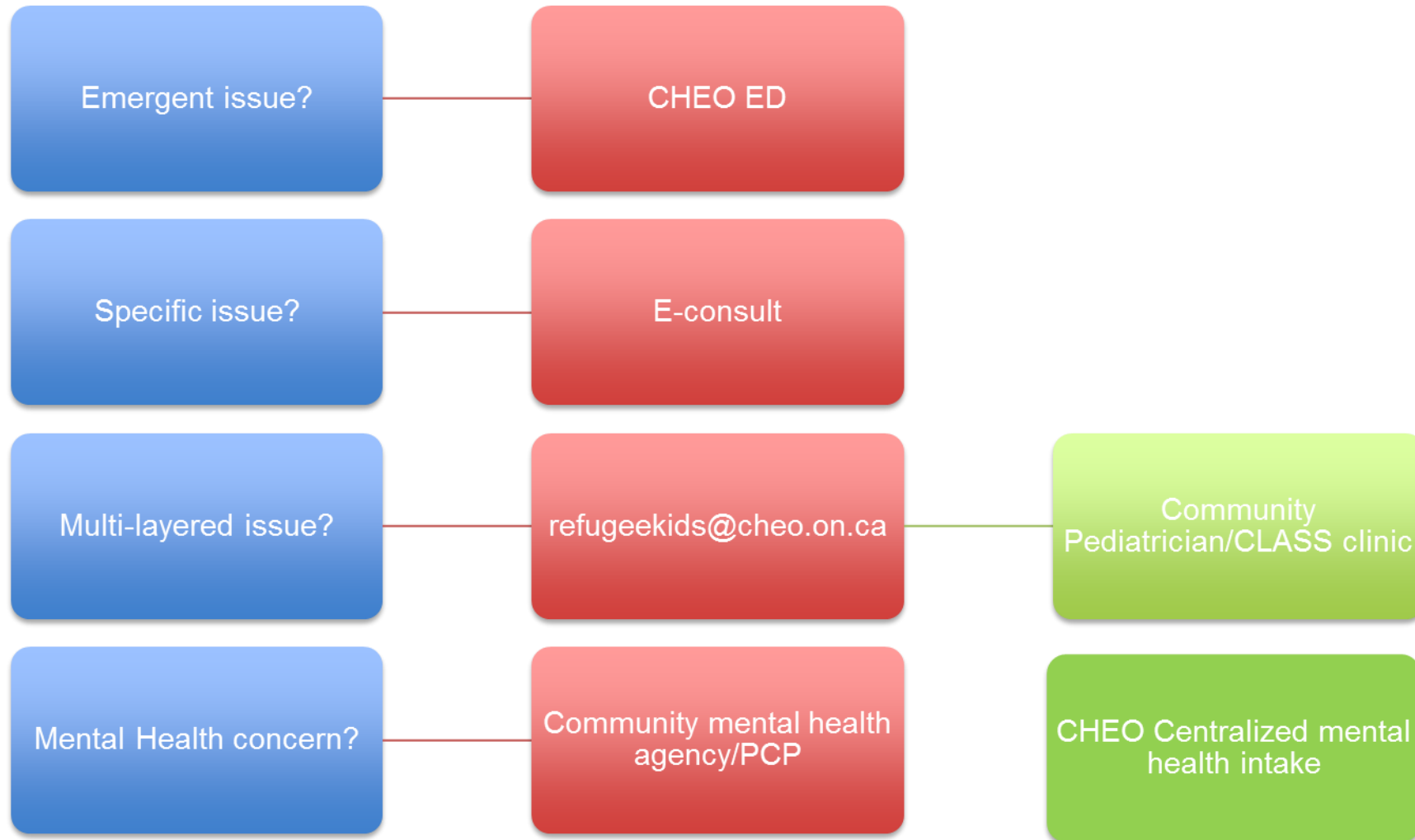
## Screening investigations:

All infants and toddlers	Considerations:	Do not screen for:
<input type="checkbox"/> CBC+ differential <input type="checkbox"/> G6PD <input type="checkbox"/> HBsAg + HBs-Ab <sup>5</sup>	Consider testing vitamin D levels or empiric supplementation if signs of malnutrition/ bruising. Consider TSH, LFTs and lead if neurological signs and symptoms. Consider urine GC CT NAAT, HIV and syphilis screen if suspect sexual assault. If anemic consider Hemoglobin electrophoresis.	HIV and syphilis: IME does not screen children under age 15, but Syrian prevalence is low so screening is not recommended. TB: prevalence in Syria does not warrant screening for latent TB, but for contacts with active TB document age of BCG, mantoux, symptomatic patients CXR.
<input type="checkbox"/> HCV-Ab <input type="checkbox"/> Strongyloides serology	Parasites: best evidence recommends against stool O&P in asymptomatic refugees. Schistosomiasis is low prevalence in Syria so not recommended. However, if children have suspected growth stunting or nutritional deficiency, consider testing or empiric treatment for parasites.	

5 If serology indicate non-immune for Hepatitis B please check for eligibility for publicly funded vaccination through the 'high risk' program or Interim Federal Health (IFH) program and document for follow up.

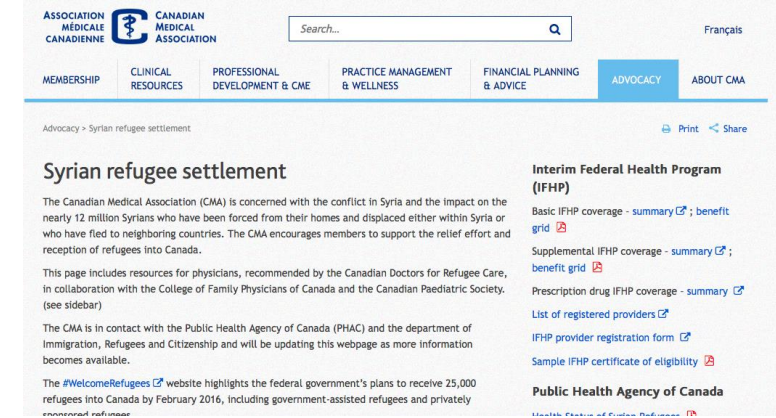
## Problems and Plan:

# Pediatric care navigation



# More resources... Canadian Medical Association


- Interim federal health program
- Public health agency of Canada
  - Health Status of Syrian Refugees
- Citizenship and Immigration Canada
  - Population Profile of Syrian Refugees
- Caring for a newly arrived Syrian family, CMAJ article
- Refugees Mental Health Project
- Review on the trauma and mental health for Syrian refugees
- Evidence-Based Preventative Care Checklist for New Immigrants and Refugees
- Health stats on newly arrived refugees in Toronto
  - Part 1 : infectious disease
  - Part 2: chronic disease
- Pod casts on immigrant health from the Cochrane library



# Summary

- Be aware of cultural challenges beginning in a new country
- Pediatric Resources
- Medical Assessment: Clinical Pearls
  - medical history
  - physical exam
  - screening investigations
  - anticipatory guidance
  - PTSD
  - follow-up
- Community Resources
- This is just the beginning...
- [refugeekids@cheo.on.ca](mailto:refugeekids@cheo.on.ca)

## #WelcomeRefugees



**#WelcomeRefugees**  
Key dates and figures

Stay updated on the key dates and figures as we welcome Syrian refugees.

The infographic features a central wavy line representing a timeline. Above the line, from left to right, are: a group of people, a group of people with a speech bubble, a young girl's face, an airplane, and a person's face. Below the line, from left to right, are: a group of people, a map of the Middle East, a group of people, a group of people, and a group of people. The background is a light gray gradient.

Questions?



# References

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- UNICEF Syria Regional Dashboard & Map October 2015. UNHCR: Syria Regional Refugee Response Inter-agency Information Sharing Portal 2015 [cited 2016 Jan 3]. Available from: <http://data.unhcr.org/syrianrefugees/partner.php?OrgId=50>
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- Government of Canada. #welcome refugees: Milestones and key figures. Dec 2015. [cited 2016 Jan 3] Available from: [http://www.cic.gc.ca/english/refugees/welcome/index.asp?gclid=Cj0KEQIAqqO0BRDyo8mkv9y259EBEiQApVQD\\_STCziNgL7U6\\_N81vYALpYDbKxhUgP9\\_AZDQuhlnIXEwaAvnm8P8HAQ](http://www.cic.gc.ca/english/refugees/welcome/index.asp?gclid=Cj0KEQIAqqO0BRDyo8mkv9y259EBEiQApVQD_STCziNgL7U6_N81vYALpYDbKxhUgP9_AZDQuhlnIXEwaAvnm8P8HAQ)
- Catholic Centre for Immigrants resettlement services overview. Catholic Centre for Immigrants Ottawa 2015 [cited 2016 Jan 3] Available from: <http://cciottawa.ca/services/>
- Speed up the process for resettling refugee children, urge paediatricians. Canadian Pediatric Society [last updated 11 Sept 2015, cited 2016 Jan 3] Available from: <http://www.cps.ca/en/media/release-communique/speed-up-process-for-resettling-refugee-children-urge-paediatricians>
- Helping canadian communities help syrian refugees. Caring for Kids New to Canada. Canadian Pediatric Society. [last updated Dec 2015, cited 2016 Jan 3] Available from: <http://www.kidsnewtocanada.ca/beyond/helping-syrian-refugees>
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- Refugee Services ToolKit. Trauma Risk Assessment. [copyright 2010, cited 2016 Jan 21] Available from: <http://learn.nctsn.org/mod/book/view.php?id=4518&chapterid=16>
- eMentalHealth.ca: Find mental health help in your area.[last updated 2016 Jan 21, cited 2016 Jan 21] Available from: <http://www.ementalhealth.ca>