

## ASSESSMENT AND SERVICES FOR YOUNG CHILDREN IN IMMIGRANT FAMILIES EXPOSED TO TRAUMATIC EVENTS

Abigail Gewirtz,  
University of Minnesota  
[agewirtz@umn.edu](mailto:agewirtz@umn.edu)  
Ambit Network

Johara Mohammed,  
[moham033@umn.edu](mailto:moham033@umn.edu)

### Overview

- Impact of trauma on young children's development and family relationships
  - Refugee and immigrant children's exposure to trauma
  - Case study "Ibrahim"
- Identifying, assessing and screening young traumatized children
- Interventions and resources for children exposed to trauma

### Defining trauma

- In its definition of PTSD, the DSM uses this definition of trauma: an event or events the person experienced, witnessed, or was confronted with that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

### Trauma: Definitional issues

- Types of traumatic events
  - Community & school violence
  - Domestic violence (IPV, family violence)
  - Child maltreatment
  - War, terrorism, political violence
  - Disasters, accidents
- Status/type of exposure
  - Child as victim/witness/perpetrator
- Amount of exposure
  - Acute vs. chronic

### Trauma exposure is common

- 15 to 43% of girls and 14 to 43% of boys have experienced at least one traumatic event in their lifetime.
- Among immigrant and particularly refugee families, trauma exposure is extremely common

### Violent crime in the USA

- USA has the highest level of homicide of any developed country in the world.
- Homicide is the third-leading cause of death for children ages 5-14, the second-leading cause of death for those aged 15-24, and has been the leading cause of death for African-American youth from the early 1980s into the early twenty-first century

## Domestic Violence

- 1.8 to 4 million American women are physically abused each year.
- 1,159 women and 385 men were killed by their partner in 2004
- Up to 14 million children witness family violence each year (Edleson et al., 2007)

## Child abuse

- Maltreatment incidence is 12 per 1,000 children, with 899,454 substantiated or indicated cases in 2005.
- 233, 858 children were sexually or physically abused (2005 data).
- Maltreatment rates for under 3s: 16.5 per 1,000 compared with 6.2 per 1,000 for children ages 16 to 17

## The cycle of violence

- Both follow-up and follow-back studies have consistently shown a direct link between exposure to violence and subsequent perpetration of violence.
- For example, Widom (2001) reported that child victims of violence and neglect were 59% more likely to be arrested as juvenile, 28% more likely to be arrested in adulthood, and 30% more likely to be arrested for a violent crime.

## Challenges in identifying traumatized children

- No way to know about children's histories of traumatic events
  - Particularly complicated by the shame and stigma associated with many types of trauma
- Identifying 'invisible' witnesses
  - E.g. emergency room visits
  - E.g. police reports
- No national surveillance system
- Concerns about formal identification via official statistics leading to government involvement (e.g. CPS)

## TRAUMA & DEVELOPMENT

## Short Term Effects: Acute Disruptions in Self Regulation

- |                             |   |
|-----------------------------|---|
| □ Eating                    | □ Fearfulness                             |
| □ Sleeping                  | □ Re-experiencing / flashbacks            |
| □ Toileting                 | □ Aggression; Turning passive into active |
| □ Attention & Concentration | □ Relationships                           |
| □ Withdrawal                | □ Partial memory loss                     |
| □ Avoidance                 |   |

Long Term Effects:  
Chronic Developmental Adaptations

- Depression
- Anxiety
- PTSD
- Personality
- Substance abuse
- Perpetration of violence

Child Development and Trauma

INFANTS AND YOUNG CHILDREN

Expected development

- need protection and nurturing
- need reliability and consistency in care-taking to respond to situations of uncertainty
- caregiving is basis for secure attachment

Child Development and Trauma

INFANTS AND YOUNG CHILDREN

Stress and Trauma

- disturbances of sleep and eating
- inability to be soothed
- constant crying
- more generalized fears such as stranger or separation anxiety
- avoidance of situations that may or may not be related to the trauma

Child Development and Trauma

PRESCHOOL CHILDREN

(18 months to 3 years old)

Expected development

- rely on natural clues that elicit responses and seek the company of attachment figures to diminish apprehension.
- Increased capacities: physical, cognitive, language development
- normal struggles around separation

Child Development and Trauma

PRESCHOOL CHILDREN

(18 months to 3 years old)

Stress and Trauma

- disruption of expectations of protective figures (attachment difficulties)
- agitated motor behavior or extreme passivity.
- eating and/or sleeping disturbances
- inconsolable crying

Child Development and Trauma

4-6 years old

Expected development

- play: to express feelings and ideas
- increased cognitive capacities
- increased sophistication of language
- less action
- reality and fantasy

## Child Development and Trauma

### 4-6 years old

#### Stress and Trauma

- regression: loss of previously attained milestones (e.g. toilet training)
- preoccupation with words or symbols that may or may not be related to the trauma.
- posttraumatic play in which themes of the trauma are repeated
- nightmares
- temper tantrums

## Factors that Mediate Child's Response to Trauma

- Age & developmental stage
- History of trauma
- Nature of child's exposure to the event(s)
- Event severity
- Emotional and cognitive resources for mediating anxiety related to real and imagined dangers (development vs. temperament)
- Parenting, social support, and parental psychopathology

## ASSESSMENT

Of traumatized children

## Screening and assessment

- Screening – initial tool to identify children warranting further attention
  - NOT a way to diagnose a child
  - Public health approach
  - Doesn't require mental health professional to administer (though may require a professional to interpret)

## Screening and assessment

- Assessment – more detailed, diagnostically oriented evaluation process.
  - May include structured clinical interviews, self-reports, observational and other multi-informant, multi-method data
  - Completed by mental health professional
  - Product is a case formulation, diagnosis, and treatment plan

## Notes on the reporting of trauma exposure and symptoms

### By children

- Underreporting consistent with posttraumatic symptoms (i.e. denial)
- Fear of disclosure; shame; stigma

### By their caregivers – underreporting well documented

- Guilt
- Denial
- Concern about child protection involvement

Discrepancy between parent and child report of both history and symptoms

## The assessment process

- Assessing trauma in context of 'regular' assessment?
  - ▣ Becoming 'trauma-informed' in organization
- Who does the assessing?
  - ▣ E.g., triage unit, therapy clinicians, front line providers
- Types of assessment tools
  - ▣ Trauma history assessment
  - ▣ Assessing trauma symptoms
  - ▣ Other symptoms/issues
  - ▣ Other information: e.g. prior services history

## Assessing exposure to trauma and violence

- Two key variables to assess:
  - ▣ Exposure history
    - Violence exposure scale (Fox)
    - Things I have seen and heard (Richters & Martinez)
  - ▣ Symptoms related to the trauma event(s)
    - Trauma symptom checklist for children (Briere)
    - Levonn (Richters & Martinez)

## Assessing PTSD

- Standardized instruments vs. clinical interview in assessing PTSD diagnostic criteria.
- You should directly ask children (ages 7 and older) about PTSD symptoms relating to a traumatic event. If they are not asked, they are less likely to talk about them!

## Children's exposure to violence: interventions

- Psychotherapy interventions
- Preventive interventions
- Multi-system initiatives

## Trauma treatment

- Trauma-focused cognitive behavior therapy
  - ▣ See <http://tfcbt.musc.edu>
  - ▣ Validated for 3-18 year olds
  - ▣ Essential components:
    - Establishing and maintaining therapeutic relationship with child and parent
    - Psycho-education about childhood trauma and PTSD
    - Emotional regulation skills
    - Individualized stress management skills

## INTERVENTIONS

for childhood trauma

## TF-CBT contd.

- Connecting thoughts, feelings, and behaviors related to the trauma
- Assisting the child in sharing a verbal, written, or artistic narrative about the trauma(s) and related experiences
- Encouraging gradual in vivo exposure to trauma reminders if appropriate
- Cognitive and affective processing of the trauma experiences
- Education about healthy interpersonal relationships
- Parental treatment components including parenting skills
- Joint parent-child sessions to practice skills and enhance trauma-related discussions
- Personal safety skills training
- Coping with future trauma reminders

## Infant, toddler or child-parent psychotherapy

- Attachment-based model
- Based on the work of Selma Fraiberg
  - "Ghosts in the nursery"
- Lieberman & colleagues at USCF
  - Child trauma research project
  - One year manualized treatment with child-parent dyads
  - Replicated by Toth, Cicchetti and colleagues

## IPP contd.

- Dyadic tx model focused on assisting mothers to read, interpret and respond to baby's cues
- Mothers encouraged to express own emotions in the context of mother-child relationship.
- Therapist 'talks' for baby, describing how baby might be feeling
- Helps mothers tune into their babies without feeling forced to do so by therapist
- Role playing allows mothers to uncover own 'ghosts'
- Help mothers understand infant's viewpoint

## Parent-child interaction therapy (PCIT)

- Developed by Sheila Eyberg
- 16-20 session intervention based on parent training targeting 2-7 yr olds with acting-out behavior
- Adapting for use with physically abusive parents
- Aims to change child behavior by improving parenting

## PCIT contd.

- Tx goals:
  - Improve relationship quality
  - Decrease child behavior problems and increase prosocial behaviors
  - Increase parenting skills, specifically positive discipline
  - Decrease parenting stress

## PCIT

- Core parenting components
  - Praise,
  - Reflection,
  - Imitation,
  - Description, and
  - Enthusiasm (PRIDE.)
- Use of bug-in-ear and direct modeling to shape parents' behavior

### What is 'evidence-based' prevention?

- clear empirical evidence for programs' effectiveness in reducing or eliminating the target problem behavior or risk factor
- Databases that screen and list promising or model interventions:
  - [www.modelprograms.samhsa.gov](http://www.modelprograms.samhsa.gov)
  - <http://www.colorado.edu/cspv/blueprints/>

### Violence prevention and intervention: examples of the blueprints programs

- Functional family therapy
- Nurse home visitation
- Parent management training – Oregon model

### Prevention best practices: parent training (Oregon model)

- Rationale for parent training in trauma
  - Complexity of post traumatic responses in kids
  - Many traumatized children are not referred for mental health services
  - Key: Child behavior is predicted by parenting, and parenting is compromised under stressful conditions
  - Parents are critical available sources in traumatic contexts!

### Collaborating to increase access to care for traumatized children

- Multi-disciplinary partnerships with first responders
- Goals: increasing awareness of traumatized children; increasing access to care; providing psycho-education about exposure to violence
  - Child development policing program (CDPP)  
[www.cura.umn.edu/reporter/06-Summ/Gewirtz\\_et\\_al.pdf](http://www.cura.umn.edu/reporter/06-Summ/Gewirtz_et_al.pdf)
  - Working with funeral homes, firefighters, EMS

### Web resources

- National Child Traumatic Stress Network
  - [www.nctsn.org](http://www.nctsn.org)
- National Center for Children Exposed to Violence
  - [www.nceev.org](http://www.nceev.org)
- Minnesota Center Against Violence and Abuse
  - [www.mincava.umn.edu](http://www.mincava.umn.edu)
- Minnesota Child Response Center
  - [www.childresponse.org](http://www.childresponse.org)