# ASSESSMENT AND SERVICES FOR YOUNG CHILDREN IN IMMIGRANT FAMILIES EXPOSED TO TRAUMATIC EVENTS Abigail Gewirtz, University of Minnesota agewirtz@umn.edu Ambit Network Johara Mohammed, 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.

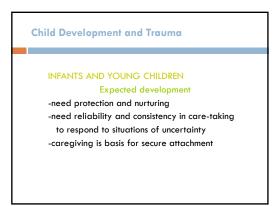
## Challenges in identifying traumatized children

- 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 ■ Re-experiencing Sleeping /flashbacks Toiletting □ Aggression; Turning □ Attention & passive into active Concentration ■ Relationships Withdrawal □ Partial memory loss Avoidance

# Long Term Effects: Chronic Developmental Adaptations Depression Anxiety PTSD Personality Substance abuse Perpetration of violence





## 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 4-6 years old

milestones (e.g. toilet training)

### Stress and Trauma

- □ regression: loss of previously attained
- 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

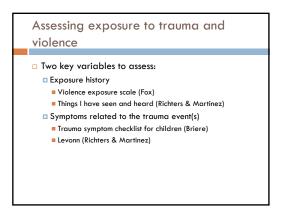
- Assessment more detailed, diagnostically oriented evaluation process.
  - May include structured clinical interviews, self-reports, observational and other multi-informant, multi-method data
  - □ Completed by mental health professional
- □ Product is a case formulation, diagnosis, and treatment plan

## Notes on the reporting of trauma exposure and symptoms

### By children

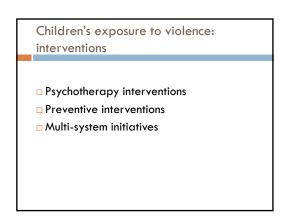
- □ Underreporting consistent with posttraumatic symptoms (i.e. denial)
- □ Fear of disclosure; shame; stigma
- By their caregivers underreporting well documented
- Guilt
- Denial
- □ Concern about child protection involvement
- Discrepancy between parent and child report of both history and symptoms

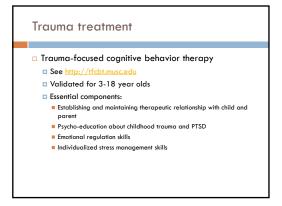
# The assessment process Assessing trauma in context of 'regular' assessment? Becoming 'trauma-informed' in organization Who does the assessing? E.g., triage unit, therapy clinicians, front line providers Types of assessment tools Trauma history assessment Assessing trauma symptoms Other symptoms/issues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



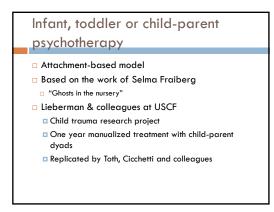
## Assessing PTSD Standardized instruments vs. clinical interview in assessing PTSD diagnostic criteria. You should directly ask children (ages 7 and older) about PTSD symptoms relating to a traumatic event. If they are not asked, they are less likely to talk about them!



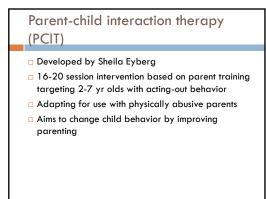




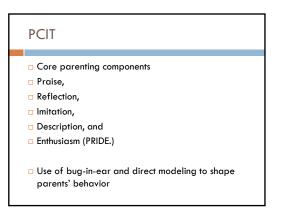
## Connecting thoughts, feelings, and behaviors related to the trauma Assisting the child in sharing a verbal, written, or artistic narrative about the trauma(s) and related experiences Encouraging gradual in vivo exposure to trauma reminders if appropriate Cognitive and affective processing of the trauma 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







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



## 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.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
- □ Working with funeral homes, firefighters, EMS

### Web resources

- $\hfill \square$  National Child Traumatic Stress Network
  - www.nctsn.org
- □ National Center for Children Exposed to Violence
  □ www.nccev.ora
- □ Minnesota Center Against Violence and Abuse
- www.mincava.umn.edu
- www.minicava.onmicao
- □ Minnesota Child Response Center
  - www.childresponse.org