Supporting Immigrant Children & Teens with Traumatic Separation

ELENA REYES, PHD
JAVIER ROSADO, PHD

Objectives
1. Recognize the effects of traumatic separation in immigrant children and know how to identify pre-migration traumatic experiences.
2. Recognize effective methods for guiding caregivers on how to talk to children and adolescents about separation.
3. Understand treatment strategies to help young children who have experienced traumatic separation.

American Academy of Pediatrics
In 2017, the AAP published a policy statement that immigrant children seeking safe haven in the United States should never be placed in detention facilities...

In June 2018, “Conditions in US detention facilities, which include forcing children to sleep on cement floors, open toilets, constant light exposure, insufficient food and water, no bathing facilities, and extremely cold temperatures, are traumatizing to children. No child should ever have to endure these conditions.”
Colleen Kraft, MD - President

Culture & Trauma
How to adapt what we know about trauma and children to a culturally different group?
- Culture affects:
  - Symptom expression
  - Help seeking patterns
  - Healing mechanisms
  - Meaning ascribed to trauma
  - Type of trauma experienced
- Cultural bereavement, cultural trauma, generational trauma
- Acculturation
Cultural Humility

Cultural humility incorporates:
- A lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the provider-patient dynamic;
- To developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations;
- Work toward institutional accountability.

Tervalon & Murray-Garcia (1998)
Fortuna et al. (2019)

Intersection of religion/spirituality & trauma

Research has focused on:
- How Religion / Spirituality may serve as coping or resilience factors;
- Effects of trauma & highly stressful events on people’s spiritual life;
- There is relatively lack of attention until very recently to the spirituality – trauma interface;
- Most of the work has been with adult trauma exposure.


Compared to the general US population, Psychologists are less religious but majority regard religion as beneficial and not harmful to mental health.

Only 51% often or always inquire or assess about their clients’ religion or spirituality.

Ethical obligation for psychologists to consider religion/spirituality as an aspect of diversity and include in conceptualization of problem.

Spirituality

Need for Meaning - understand one’s experience and feel one’s life has significance (purpose)

Global meaning – overarching framework of beliefs, goals, sense of purpose
- Beliefs, goals, feelings

Situational meaning – based on the overarching framework, they assign meaning to specific experiences

Distress - When appraised meaning violates one’s global meaning → Two Options:
- Try to change/distort view of event to incorporate into my Global Meaning (assimilation)
- Change their global meaning to reduce sense of discrepancy (accommodation)
**Appraisal**

- Spiritual beliefs and practices can provide a comprehensive way for individuals to cope with trauma (I will offer this up as sacrifice)
- Spiritual beliefs can result in distressing emotions (God has abandoned me)

- How did your patient understand and make meaning of the trauma that occurred to them as a child/adolescent?
- At what stage of cognitive development were they? Do they still understand it in the same way?

**Purpose of a Spiritual History**

1. Become familiar with patient’s religious beliefs as they relate to decisions about behavioral care
   - Is there a history of trauma/adversity that has impacted those beliefs?
2. Understand the role that religion plays in coping with the distress/symptoms or in causing stress
   - Have the patient’s coping strategies been impacted by the trauma/adversity?
3. Identify spiritual needs that require addressing
   - Identify history of trauma/adversity and appraisal that needs addressing
4. Listen to understand not to agree / disagree
   - Listen just to allow the story to be told

**Spiritual History**

Purpose is to understand the patient’s beliefs and what role they play in health and illness, without judgment or attempt to modify those beliefs or lack of belief.

**Trauma History**

Purpose is to understand history and role that it may have on health and illness and educate that the events impact health (both physical and mental) - not judgement.

**Immigration Trauma Experience**

1. Parental Trauma
2. Trauma Experiences Pre-Migration
3. Trauma Exposure During Migration
4. Ongoing trauma post migration
**Parental Trauma**

UNHCR – Northern triangle of Central America – one of the most dangerous places on earth

* 86% of women interviewed report living in neighborhoods that are under criminal armed control
* 64% women are targets of direct threats and attacks and this reason for fleeing
* 58% women – sexual assault and sexual abuse history
* 100% ineffective protection or no protection at all from authorities

---

**Trauma During Migration**

* Exposure to violence during the journey
* Uncertainty about the journey and when it will end
* Exposure to unsafe conditions that are often crowded, dangerous
* Witnessing/experiencing sexual violence to self or caretaker
* Fear of doing something that threatens family’s safety
* Limited food and healthcare

*In spite of these traumas, migration can be perceived as “safe” relative to experiences in their native country*

---

**Child Trauma: Pre-Migration**

* Exposure to violence, experienced or witnessed atrocities to themselves or family members
* Kidnapping, killing, sexual violence and/or torture
* Disruption of basic needs (education, health care, food sources)
* Separation from family members / caregivers

---

**American Academy of Pediatrics**

May 2018

“Separating children from their parents contradicts everything we stand for as pediatricians – protecting and promoting children’s health. In fact, highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child’s brain architecture and affecting his or her short- and long-term health. This type of prolonged exposure to serious stress - known as toxic stress - can carry lifelong consequences for children.”

Colleen Kraft, MD - President
Trauma Summary

- Many children exposed to multiple traumas before arriving
- They need safe, trusting and caring relationships to counter the negative impact of trauma
- Hope of safe haven is a protective factor
- Traumatic separation takes away that hope
- Traumatic separation deprives the child of most critical relationship for their psychological well-being and recovery at a critical time in development
- Impact can be intensified by the previous traumas experienced

Parental presence: Protective Factor

- Decrease cortisol levels (stress hormones)
- Decrease amygdala hyperactivity
- Strengthens amygdala-mPFC connectivity
- Increase affective regulation
- Decrease risk of PTSD / depression

Parent in TF-CBT (trauma informed cognitive behavior therapy) → significantly more positive outcomes

Neurobiological Impact of Traumatic Separation

Stressful Experiences

- Prefrontal cortex: Decision making, working memory, and top-down control of impulsive behavior; down-regulation of stress response
- Amygdala: Emotional perception, fear/anger, and regulation of stress response
- Hippocampus: Contextual, spatial, and spatial memory; regulation of stress response

From: McGinn & Galvanos (2020)
Annals NY Acad Sci

Parental Separation

- Parents are a potent protective factor for immigrant children, especially those that have experienced prior trauma
- Traumatic separation deprives immigrant children of protection when they most need it
Who is explaining to the kids what is going on?

- Parents do not have the vocabulary and are traumatized themselves.
- Minimal contact with parents for ongoing support
- Detention center staff/shelter staff are not trained in complex trauma
- Not enough mental health professionals who speak Spanish

How to Talk to A Child About Separation

<table>
<thead>
<tr>
<th>Caretaker Experience</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caretakers may feel</td>
<td>Caregivers can help the child</td>
</tr>
<tr>
<td>apprehensive about</td>
<td>by providing honest, age-</td>
</tr>
<tr>
<td>responding to</td>
<td>appropriate information.</td>
</tr>
<tr>
<td>questions they do not</td>
<td>Reassure the caregiver that it</td>
</tr>
</tbody>
</table>
| have answers to.     | is okay to say "I don’t know."
|                      | They can reassure the child   |
|                      | by saying "when I get an      |
|                      | answer I will tell you."      |
|                      | • Caretakers should have on- |
|                      | going conversations and       |
|                      | provide updates as           |
|                      | appropriate.                 |

How Can Caretakers Explain Separation?

The use of analogies is often a helpful method for explaining difficult to understand concepts to children.

Excerpts are from the resource Guiding Caregivers: How to talk to a Child about Deportation Separation available at www.FSUstress.org
**Explain Separation: Pre-school Age Children**

Children at this age understand separation only in the short term. Concepts like “for a long time” are difficult to understand. For this age group, it is helpful to explain things in very concrete terms.

Classroom rules analogy:
Premise is that sometimes we have to “ask for permission” before doing things — even necessary things (i.e., need bathroom/ hall pass before leaving the classroom) and not doing so has potential consequences (i.e., may need to return to the classroom & ask for pass).
Concretely explain who will meet the child needs:
“Tia Maria will dress you, take you to school, play with you, give you dinner, and put you to bed, etc.”

**Explain Separation: School Age Children**

Children may try to hide emotions as to not worry adults or may attempt to ignore the situation although they may still be feeling strong emotions.

Field-trip analogy:
Premise is that before you go on a field trip you need a “paper” (permission slip) to go. If one goes on the field trip without the “paper” then he/she may need to “go back” to properly ask for permission.

**Impact of Separation**

Clinical Symptoms by Age-Group

- **Sleep Disturbance**
- **Poor Attention**
- **Somatic Complaints**
- **Internalizing Problems: Depression, Anxiety, Pre-Occupation with Safety, Trauma-Related Guilt**
- **Externalizing Problems: Aggressive or Redress Behavior**
Impact of Separation

Clinical Symptoms by Age-Group

- Adolescents
  - Heightened Shame
  - Guilt
  - Withdrawal
  - Engage in Self-Destructive or High-Risk Behavior

Treatment Recommendations: Affect Expression

Special Considerations:
- Addressing Ambivalent Feelings
  - If relationship was ambivalent prior to separation, it can become more difficult to express feelings about separation
  - May explore ways to resolve some of the ambivalence
  - If immigration status is stigmatizing in a particular community, that may also present a challenge

Goals:
- Identify/label variety of feelings
- Explain feelings are not good or bad
- Define difference between feelings and behaviors

Feelings Frequently Associated with Deportation Fears:
- Helplessness
- Confusion
- Worry
- Sadness
- Anger
- Abandonment

Helping a child recognize physiological symptoms
eBook: After the Harvest, A Story About Saying Goodbye,
www.FSUstress.org
Treatment Recommendations

Stress Management Skills
• Used to help manage unpleasant physiological symptoms
• Helps person feel more in control
• Helps to cope effectively with reminders of deportation risk

Cognitive Affective Regulation
• Use productive, age-appropriate responses to distress
• Explain cognitive triangle (thoughts/feelings/behaviors)
• Metaphors and illustrations

Questions to elicit distortion:
• Why did this happen?
• Was it anyone’s fault?
• Some people in this situation think it’s their fault it happened. Do you ever feel that way?
• Could something have been done to prevent it?
• Has this event changed what you think about other people? The world?
• What do you think your life will be like in the future?

Treatment Recommendations: Cognitive Processing

Techniques to Evaluate/Correct Distortions

Progressive logical questioning:
• “So you’re saying that you should not have asked your mom to take you to [where your brothers are]? Did you know that you’d get separated going there? Would you have told your mom to go if you knew you’d be separated? Is there really any way you could have known that would happen?”

Best friend role plays:
• “What would you tell your best friend if he told you that he believed it was his fault that his family was separated?”

Therapist role reversal:
• “I’m going to pretend to be you, and I want you to pretend to be a therapist. I’m going to tell you some things that you’ve told me you think about. I want you to say what you think a therapist would say about those things.”

Corrective mantras:
Suitable for individuals less able to engage in cognitive processing. Therapist can provide them with corrective “mantras” such as “Deportation is complicated, there is nothing I could have done to cause my dad’s deportation.”
ON GOING TRAUMATIC EXPERIENCE

- Ongoing awareness that you are different, that you do not belong and you are not wanted
- No immediate solution
- Loss of hope of reunification

This is difficult work for therapists → take care of yourself!

RESOURCES

Guiding Caregivers: How to talk to a Child about Deportation Separation available at www.FSUstress.org

National Child Traumatic Stress Network
www.ncsn.org

Immigrant Child Health Toolkit available from AAP

References


