Understanding the Special Needs of Unaccompanied Immigrant Children

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“Crumbs & Crayons”

A. Child Development
B. Understanding Stress and Trauma in Children
C. Communicating with a Child
D. The Relief Petition Paradox - Retraumatization & Wellness Benefit
“Culture is in the Context”

- Cultural Competence
## Stages of Child Development

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Survey of 360 children and adults, most 4 and 5 year olds have a rudimentary understanding of what police do and what the truth is.

By age 6 to 8, most children can define a lie, a promise, what a judge does, what guilty means and what a court does.
By the age of 11, most children know the concepts of witness, defendant, lawyer and evidence.

By age 14, they can define trial, jury, and oath.

“Prosecution” was the most difficult concept, not well understood until the age of 15 at least (and not understood by 2.5% of adults in this sample).
The Trauma Informed Perspective

Known Abuse, Trauma, ACEs, etc.

Unknown Abuse, Trauma, ACEs, etc.
Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often…
   Swear at you, insult you, put you down, or humiliate you?  
   or
   Act in a way that made you afraid that you might be physically hurt?  
   Yes   No   If yes enter 1 ________

2. Did a parent or other adult in the household often or very often…
   Push, grab, slap, or throw something at you?  
   or
   Ever hit you so hard that you had marks or were injured?  
   Yes   No   If yes enter 1 ________

3. Did an adult or person at least 5 years older than you ever…
   Touch or fondle you or have you touch their body in a sexual way?  
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?  
   Yes   No   If yes enter 1 ________

4. Did you often or very often feel that …
   No one in your family loved you or thought you were important or special?  
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?  
   Yes   No   If yes enter 1 ________
5. Did you **often or very often** feel that …
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes  No  
   If yes enter 1

6. Were your parents **ever** separated or divorced?
   Yes  No  
   If yes enter 1

7. Was your mother or stepmother:
   **Often or very often** pushed, grabbed, slapped, or had something thrown at her?
   or
   **Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?
   or
   **Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes  No  
   If yes enter 1

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes  No  
   If yes enter 1

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes  No  
   If yes enter 1

10. Did a household member go to prison?
    Yes  No  
    If yes enter 1

    Now add up your “Yes” answers:  _______  This is your ACE Score.
Basic Guidelines for Interviewing Clients

- Know as much as possible about your client before the interview (age, special needs/disability, history of abuse, neglect & trauma, family & placement history, linguistic preference, nicknames, etc.)

- **Reasonable Expectations:** Go into the interview with a plan for areas to cover during the interview but be prepared to be flexible. Be mindful of the attention span of your client.

- **When interviewing a child remember to:**
  - Slow down your rate of speech and shorten your sentences
  - Allow the child time to process questions and allow them time to respond, avoid interrupting them
  - Ask questions that are simple, open-ended, concrete, free of abstract ideas, and free of suggestions or double negatives
  - Ask the client to repeat back what you have stated to ensure clarity.
Directive and Non-Directive Interviewing

Should the advocate be using directive or non-directive questioning or both?

**Open Questions**
- Cannot be answered in a few words. Encourages clients to talk and yields richer information.
- Children’s responses tend to be most accurate when asked open ended questions (Nathanson & Crank, 2004).
- Example: “Tell me about your journey to the USA?”

**Closed Questions**
- Can be answered in a few words (Yes or No)
- Allows the interviewer to focus the interview but places the responsibility for conversation on the interviewer.
- Example: “Was your journey to the USA difficult?”
- Sometimes there is a necessity for closed-ended questioning:
  - “How old are you?”

*** Once the interview is flowing the distinction between open and closed questions is less important. If a topic is of deep interest to the client, the client will likely elaborate whether the questions are open or closed.
Reliability of Child Evidence

Accuracy of Evidence Factors:

- Chronological Age
- Developmental Age
- Suggestibility – Leading Interviews
- Memory
- Motivation (to Protect Primary Attachment Figure/Abuser)
Reliability of Child Evidence

Children’s Secret-Keeping for Parent Study (N=107 4 to 12)

- Findings demonstrate that the majority of children will keep a parent’s secret when asked open-ended questions, and that secret-keeping for a parent increases with age.

Directive and Non-Directive Interviewing (continued)

Leading Questions (Suggestive Questioning)

- Examples of leading questions:
  - “Were you afraid of being killed by the MS gang members?”
  - “Did you flee El Salvador because of the MS?”

- Alternatives:
  - “How come you were afraid to live in El Salvador?”
  - “Tell me why you left El Salvador”

Collateral Interviewing

- Some information will not be available from our clients and will need to be gleaned from other sources such as family members, caregivers, teachers, child welfare workers, etc. Such information can include: past residences, dates of critical events, etc.
Additional Communication Considerations

**Language**
- The client’s dominant language base will have a limit. The larger the client’s language base increases the likelihood that interviewer and interviewee will understand one another. The client’s language base should increase as they age chronologically and mature developmentally.
- Spanish as a second language - Mam, Quiche, Quechua, and other indigenous languages

“Lost in Translation”
- How do we communicate effectively though a translator?
- Who is the translator? Qualifications?
- Is my client fluent in English?
- Accounting for regional differences in language
- What about the client’s culture?
- Some/All terms are not so easily explained:
  - Court, hearing, judge, asylum petition, etc.
Even More Communication Considerations

Source Monitoring
- Distinguishing between the child’s concept of fantasy & reality.
- Is the child presenting information they have received through their own experience or form other sources (e.g. parents or family members)?

Memory
- Related to time – use markers relevant to the child’s life (holidays, summer vacation, birthday, grade in school, etc.)

Conclusion
- It can take multiple meetings to accomplish one “productive” interview – maintain reasonable expectations
Understanding Stress and Trauma

Extreme Traumatic Stressor - for Post Traumatic Stress Disorder (PTSD) diagnosis:
The direct personal experience of an event that involves actual or threatened death or personal injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (DSM V).

- Type I trauma – result of one sudden blow/event
- Type II trauma – result of longstanding, repeated ordeals

Stressors are classified as either life events or chronic strains (Krause, 1989):
Chronic strains and life events are separated by a temporal distinction whereby stressful life events involve discrete occurrences that are limited by time, whereas chronic strains are continuous and ongoing.
What is PTSD according to the “New” DSM-V?

- **Criterion A: Stressor** The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence
- **Criterion B: Intrusion Symptoms** The traumatic event is persistently re-experienced
- **Criterion C: Avoidance** Persistent effortful avoidance of distressing trauma-related stimuli after the event
- **Criterion D: Negative alterations in cognitions and mood** Negative alterations in cognitions and mood that began or worsened after the traumatic event
- **Criterion E: Alterations in arousal and reactivity** Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event
- **Criterion F: Duration** Persistence of symptoms (in Criteria B, C, D, and E) for more than one month.
- **Criterion G: Functional significance** Significant symptom-related distress or functional impairment (e.g., social, occupational).
- **Criterion H: Exclusion** Disturbance is not due to medication, substance use, or other illness.
Differential Diagnosis & Treatment

- DSM-V:
  - Post Traumatic Stress Disorder
  - Acute Stress Disorder
- Culture of Origin vs. Culture-Bound Syndromes?
- Treatment:
  - Therapy most often used – psychoanalysis, play therapy, hypnosis, CBT & EMDR
  - Along w/ crisis intervention, critical incident debriefing, family and group intervention, creative art, supportive therapy, biofeedback, pharmacotherapy
  - Are we providing Culturally Appropriate Treatment?
  - Legal advocacy and therapeutic effect
Immigrant Children & Trauma

- Four characteristics particularly important in traumatized children (Adler-Nuevo & Manassis, 2005):
  - strongly visualized or otherwise repeatedly perceived memories
  - repetitive behaviors
  - trauma-specific fears
  - changed attitudes about people, aspects of life, and the future

- A large body of research documents that refugee children exhibit symptoms of PTSD at alarmingly high rates, as high as 75%

- In addition children experience acculturative stress as well as stresses associated with migration and displacement.

Stages of Uprooting (Igoa, 1995)

- Mixed Emotions – Should I stay or should I go?
- Excitement of Fear in the Adventure of the Journey – The fantasy of America and the real fear of venturing into the unknown.
- Curiosity – Arrival and new surrounding
- Culture Shock: Depression & Confusion – learning a new language, not being able to adapt to a new culture, children may learn to quell emotion, confusion and symptoms of depression may set in
- Assimilation or Acculturation – blending in and denying one’s cultural self; embracing and integrating both worlds
- In the Mainstream – successful integration with an openness to accepting their past and present lives; maladjustment which can result in a cultural split
Phases of Migration Experience

Preflight
- The phase prior to escape from one’s country of origin. Family and individuals face threats to personal safety and have had to anticipate and cope with devastating events.

Flight
- A period of great uncertainty of the future; one must survive displacement and multiple transitional placements. For children separation from parents and caregivers is common.

Resettlement
- Resettlement in a new country with new belief systems, culture and values present adjustment challenges. Marked by loss of homeland, family, friends and material possessions, and the challenges of a new language and culture. A period of “cultural bereavement”.

(from Review of Child and Adolescent Refugee Mental Health)
The Relief Petition Paradox – Retraumatization vs. Wellness

- The Petition – telling one’s story
- Post-petition submission – biometrics, forensic interviews, - Limbo
- Asylum Office or USCIS Interview – Formal process – retelling one’s story – consistently
- Individual Hearing - formal, adversarial, evidentiary - retelling one’s story
- Decision – Approval vs. Denial
What Can Help?

- Consistent and robust evidence of what helps reduce symptomatology:
  - Disclosure in a supportive context
  - Positive cognitive restructuring/reframing of the event and of thoughts about themselves, the world and others
  - A positive, consistent connection with a caring, competent adult
  - Trauma Specific and Informed Therapy
  - No research on asylum petition as an intervention for trauma but anecdotally speaking approvals have a profound therapeutic effect.
  - “It may be okay.” vs. “It’s going to be okay”? 


