SEPTEMBER 11, 2024

Trauma Attachment

With Unaccompanied Refugee Minor (URM) Clients

switchboard
connecting resettlement experts

Today's Speakers

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Learning Objectives

By the end of this session, you will be able to:

1

DEFINE

trauma and explain its impact on attachment and the cognitive, emotional, and social development of URMs

2

RECOGNIZE

the behavioral presentations of the four types of attachment

3

APPLY

practical strategies and interventions to alleviate attachment-related challenges URMs experience

1

Trauma and Its Impact on Attachment

and Development of URMs

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How might you define trauma?

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What Is Trauma?

- **Trauma is not the event; it is the effects of the experience of the event**
  - May be deeply disturbing, frightening, or life-threatening
  - May be outside of what would be considered “ordinary” or “normal”
  - May result in feelings of being overwhelmed, helpless, or at someone else’s control or mercy
  - May have negative short-term or long-term physical, emotional, psychological, and/or spiritual impacts
- **What may be traumatic to one person may not be to another**

The Three E's of Trauma

Traumatic Event(s)

- Actual or perceived threat of bodily harm to the child ***or caregiver(s)***
- Remember that children are reliant on their caregivers for safety

Experience of Event(s)

- What may be traumatic to one child may not be to another
- Consider age(s) at which the event(s) happened. Events may be experienced differently by a 3-year-old than a 13-year-old

Effects of the Event(s)

- Emotional, physical, and behavioral reactions that occur after exposure to traumatic events
- Also known as "traumatic stress"

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What traumatic stress reactions do you see in your work with URMs?

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Infancy and Early Childhood

Typical Development, 0–5	Traumatic Stress Reactions
INFANCY ▪ Ability to regulate behavior, emotion, physical functioning ▪ Attachment continues to develop	**BEHAVIORAL** ▪ Increased fussiness or crying ▪ Acting out traumatic events in play ▪ Difficulty separating from caregivers ▪ Regressive behaviors (returning to younger behaviors) ▪ Talking less or having difficulty saying what's bothering them
EARLY CHILDHOOD ▪ Improving self-regulation ▪ Ability to hide emotions ▪ Capacity for concrete/literal thinking ▪ Forming a sense of security and safety	**EMOTIONAL** ▪ Generalized fearfulness ▪ Helplessness and passivity ▪ Confusion about the event(s) and not understanding the permanency of death ▪ Nightmares and other sleep issues

Middle Childhood

Typical Development, 6–11	Traumatic Stress Reactions
▪ Increased ability to regulate behavior and emotion ▪ Reflection on consequences before acting ▪ Awareness of consequences of expressing emotion ▪ Importance of peer relationships	**BEHAVIORAL** ▪ Repetitious play and retelling ▪ Unusual irritability or aggressive behavior ▪ Somatic complaints (headaches, stomachaches, etc.) ▪ Social withdrawal and school avoidance **EMOTIONAL** ▪ Feelings of responsibility and guilt ▪ Concerns about safety and the recurrence of the event(s) ▪ Fearfulness and hyper-awareness of caregivers' anxieties ▪ Nightmares or sleep issues

Adolescence

Typical Development, 12–18	Traumatic Stress Reactions
▪ Increased independence ▪ Development of more intimate relationships with peers ▪ More self-awareness and self-reflection than in younger children	**BEHAVIORAL** ▪ Acting out and increase in risky behaviors ▪ Social withdrawal or excessive participation in activities as avoidance ▪ Decline in grades and school performance ▪ Reactiveness/reactivity to reminders of traumatic event(s) **EMOTIONAL** ▪ Depression, self-harming behaviors, or thoughts of suicide ▪ Anxiety, chronic worry and fearfulness ▪ Nightmares and sleep disturbance ▪ Shame and guilt ▪ Self-consciousness about being “abnormal”

Adolescence

Traumatic Stress Reactions

COGNITIVE

- Impaired memory and attention that hinders academics and intellectual development
- Chronic activation of the lizard brain
- Challenges with learning and coping in education environments

SOCIAL

- Difficulties in forming meaningful relationships due to challenge with trusting others
- Greater risk of withdrawing from social interactions increases feelings of loneliness and detachment

HEALTH AND CRIMINAL JUSTICE

- May not show distress in situations where it would be expected
- Challenges with seeking or accepting comfort within health care settings
- Increased risk of involvement with justice system leading to difficulties trusting professionals
- Constantly “tests” relationships

ATTACHMENT

- Disruption of the natural process to form secure attachment bonds
- Difficulties establishing trust and emotional connections with foster parents and staff
- Inconsistent caregiving complicates ability to create healthy attachment patterns

2

Behavioral Representations

of the Four Attachment Styles

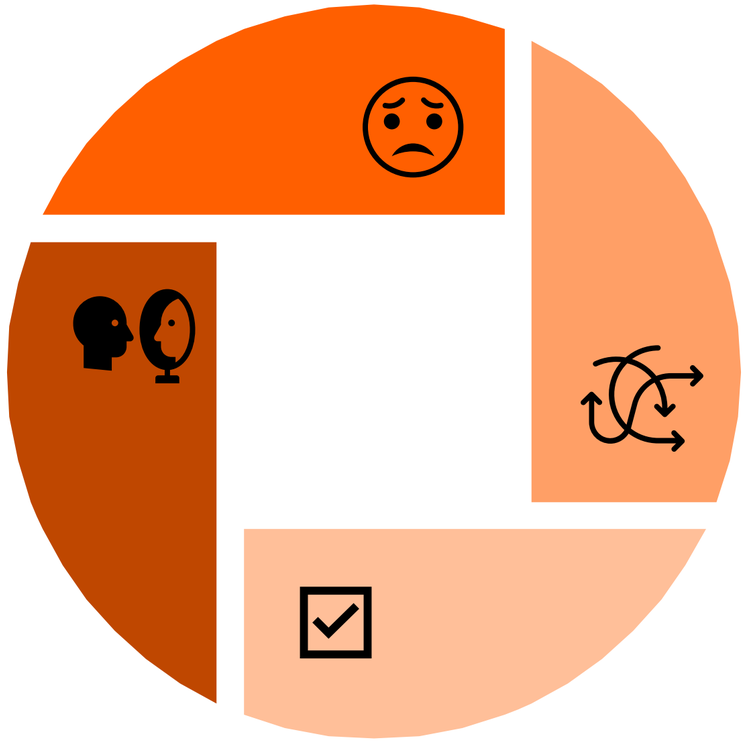
Attachment Theory

- The emotional bond between infant and caregiver that begins to develop during the first year of life to establish a sense of security and safety
- Depends, in part, on caregiver's ability to recognize and respond to infant's needs during times of distress
- Children may express their attachment-related upset in different ways (reactive, withdrawn, mixed, etc.)

Types of Attachment

ANXIOUS

DISORGANIZED



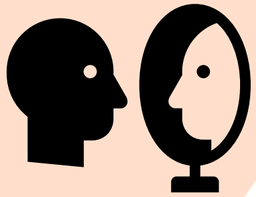
AVOIDANT

SECURE

Anxious Attachment

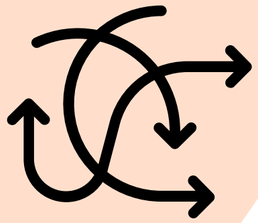
- Exhibits clingy behavior and a constant **need for reassurance** while **fearing abandonment** and **rejection**
- Fear of being **abandoned** leads to **anxiety, insecurities, and inconsistent boundaries** in relationships

Avoidant Attachment



- Maintains **emotional distance and rigid boundaries** with others and **avoids dependency** by **relying on themselves**
- Has difficulties with **expressing emotions** and **appears detached**

Disorganized Attachment



- Displays **erratic** and **unpredictable attachment behavior**
- Exhibits **chaotic boundaries**
- Displays signs of **confusion** and **fear**

Secure Attachment

- Feels **comfortable** and **trusting** in relationships
- Seeks **support** and **comfort** from caregivers
- Demonstrates **effective communication skills** and **emotional balance**
- Navigates social interactions successfully and has **healthy boundaries**

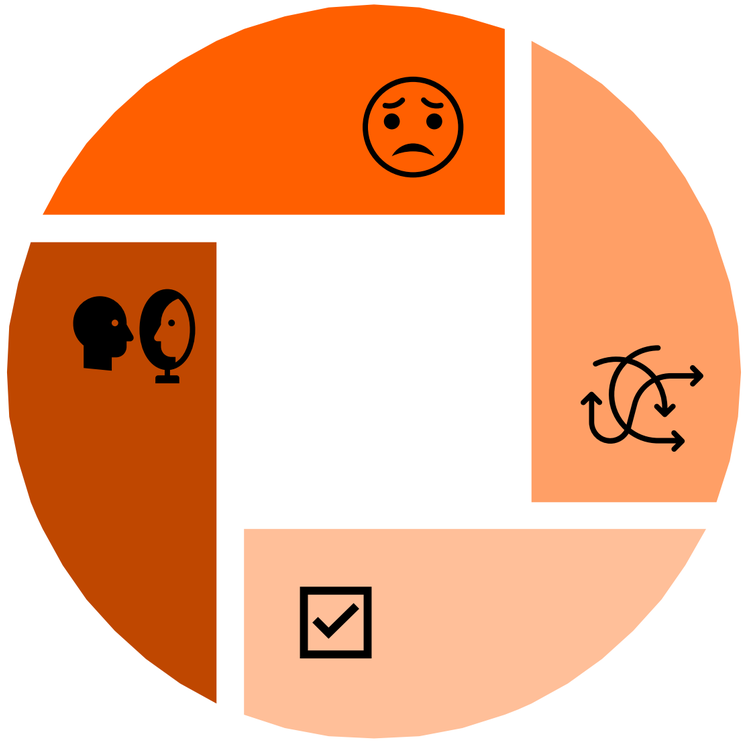
Attachment-Related Behaviors of URMs

ANXIOUS

- Challenges with transitions (refugee camps, shelters, foster homes).
- Clinging to caseworkers or teachers.

AVOIDANT

- Keeps distance from foster parents and staff.
- Reluctant to participate in therapy or process their trauma.



DISORGANIZED

- Difficulties with trusting teachers or counselors due to authority experiences.
- Challenges with adapting to stable, structured environments and following rules.

SECURE

- Forms healthy relationships with foster parents.
- Engages in learning and adapts to new community, sharing their culture.

Special Considerations for Adjustment of URMs

- Recognize late arrival age for most URMs
- Adjust to new caregivers among many changes
- Distinguish attachment-related behaviors from normal behaviors
- Avoid over-labeling normal behaviors as attachment-related
- Understand youth's conflict about "replacing" parents with new relationships

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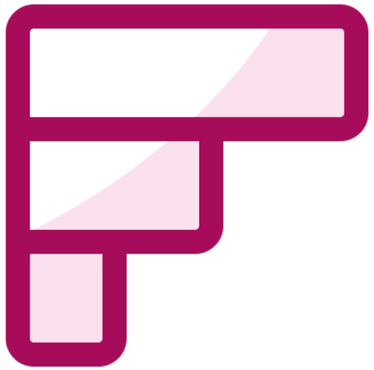

Which attachment style have you seen most often in your work with URMs?

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Case Scenario: Maria

Maria, a 16-year-old from Honduras, has been in foster care for four months. She was separated from her mother during their journey to the United States and doesn't know where her mother is now.

Maria has been placed with a foster family. She is very affectionate and frequently seeks reassurance from her foster parents. She often asks if they will "keep her" or if she'll be moved to another home.

When her foster mother leaves the house, even for short errands, Maria clings to her and asks, "Are you coming back? What if something happens to you?" Sometimes Maria cries or calls her foster mom repeatedly until she returns.

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Which attachment style does Maria’s behavior most closely reflect?

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Case Scenario: Imran

Imran, a 17-year-old refugee from Guinea, has been in foster care for the past six months. He was separated from his family during the journey to the host country and has not had any contact with them since. Imran has been placed with a foster family that has two younger children, aged 8 and 10.

Imran tends to keep to himself, often retreating to his room and avoiding family activities. He becomes visibly uncomfortable when his foster parents try to discuss his past or offer emotional support.

Additionally, when asked to participate in household tasks or family decisions, Imran either refuses or gives minimal responses like, “Whatever,” or “I don’t care.” Finally, Imran’s foster parents notice that he rarely seeks comfort when upset and instead prefers to handle things on his own. For example, when his foster father once tried to talk to him about his past, offering to listen if Imran wanted to share, Imran stiffened and said, “I don’t want to talk about it,” before abruptly leaving the room.

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Which attachment style does Imran’s behavior most closely reflect?

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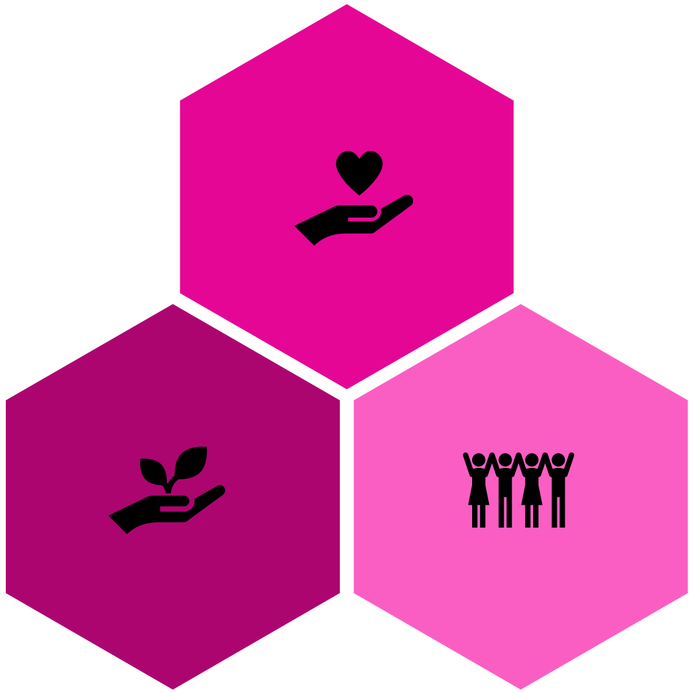
3

Practical Strategies and Interventions

to Alleviate Attachment-Related Challenges for URMs

Strategies and Interventions

Trauma-Informed Care Approaches



Supportive and Empowering Practices

Community and Peer Support

Trauma-Informed Care Approach

- Considers the impact of trauma on the **physical, emotional**, and **spiritual** aspects of an individual
- Recognizes that signs and symptoms of trauma can manifest themselves in **behavior, relationships, family dynamics,** and **community**
- Builds positive, trusting relationships that are **restorative** and **corrective**
- Supports **holistic** view of clients
- Seeks to **minimize possible trauma triggers**

The Six Principles of Trauma-Informed Care

1. **Safety**
2. **Trustworthiness & Transparency**
3. **Peer Support**
4. **Collaboration & Mutuality**
5. **Empowerment, Voice, & Choice**
6. **Cultural, Historical, & Gender Issues**

Considerations for gender, culture, history...

Substance Abuse and Mental Health Services Administration. (2014, July). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. (SMA) 14-4884). https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Supportive Practices for Foster Parents and Staff

- Build **resilience** and **post-traumatic growth** by countering harmful effects of trauma with positive experiences
- Have **consistent** and **predictable** interactions with URMs for them to develop a sense of security and stability
- Provide training on **attachment theory** and effective practices for foster parents and staff to enhance their ability to support URMs

Empowering Practices for Foster Parents and Staff

- Build **trust** and **rapport**
- Be honest, realistic, patient, **consistent**, and transparent
- Give information
- Promote agency by **offering choices** and model responsive caregiving through warm and sensitive responses
- Obtain **consent**
- Be **culturally sensitive** and mindful of the environment.
  Is it trauma-informed (special layout, soft lighting, minimized loud sounds, etc.)?

Community and Peer Support

- **Offer opportunities** for youth to feel **empowered** to choose and participate in activities and peer groups they are interested in
- Use **cultural humility** and **inclusive practices** to ensure URMs feel **respected** and **valued**

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Recall Imran. Which strategies or interventions might you incorporate into your service delivery to alleviate attachment-related challenges for her?

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Recall Imran. Which strategies or interventions might you incorporate into your service delivery to alleviate attachment-related challenges for her?

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Questions?

Type your question in the **Q&A**

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Help us help you!

Scan the QR code or click the link in the chat to access our feedback survey!

- Five questions
- 60 seconds
- Helps us improve future training and technical assistance

Recommended Resources

Switchboard

- Guide: Preventing Crises and De-escalating Difficult Situations with Newcomer Clients (2023)
- Webinar: Psychological First Aid (PFA) to Support Clients Affected by the Crisis in Afghanistan (2021)
- Evidence Summary: What Works to Improve Mental Health of Refugee Children and Adults? (2022)
- Guide: Trauma-Informed Care: Movement Towards Practice (2020)

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Guide: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)

International Centre for Missing and Exploited Children (ICMEC)

- Guide: Ten Tips to a Rights-Based, Person-Centered Approach When Speaking with Clients (n.d.)

Recommended Resources (cont.)

National Child Traumatic Stress Network (NCTSN)

- Tip Sheet: Being Culturally and Trauma-Informed While Assisting Displaced Afghan Families (2022)
- Webinar Series: Trauma-Informed Care: Understanding and Addressing the Needs of Unaccompanied Children (2019)
- Guide: Psychological First Aid for Displaced Children and Families (2021)
- Guide: Psychological First Aid for Unaccompanied Children (2021)
- eLearning: The 12 Core Concepts for Understanding Traumatic Stress in Children and Families (2019)
- Video: The Impact of Interpersonal Trauma in Early Childhood and Ways We Can All Help (2019)

Center for Adjustment, Resilience & Recovery (CARRE)

- Webinar: Attachment: Understanding the Impact of Early Childhood Trauma for Refugees and Immigrant Children (2023)

National Library of Medicine

- Book Chapter: Children's Attachment: Attachment in Children and Young People Who Are Adopted from Care, in Care or at High Risk of Going into Care (2016)

Oregon Post Adoption Resource Center

- Infographic: Three Realms of Adverse Childhood Experiences (ACEs)

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