

Designing Systems that Match the Needs of Diverse Families: Focusing on Attachment, Culture and Trauma

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Culture Consortium

National Child Traumatic Stress Network

Mission of NCTSN

To raise the standard of care and improve access to services for traumatized children aged 0-5, their families, and communities throughout the United States.

Mission of the Culture Consortium

To enhance the ability of the NCTSN to integrate a focus on diversity and context in all aspects of our work

Surgeon General's National Action Agenda: Fourth Goal

Elimination of racial/ethnic and socioeconomic disparities in access to mental healthcare services
(U.S. Public Health Service, 2000)

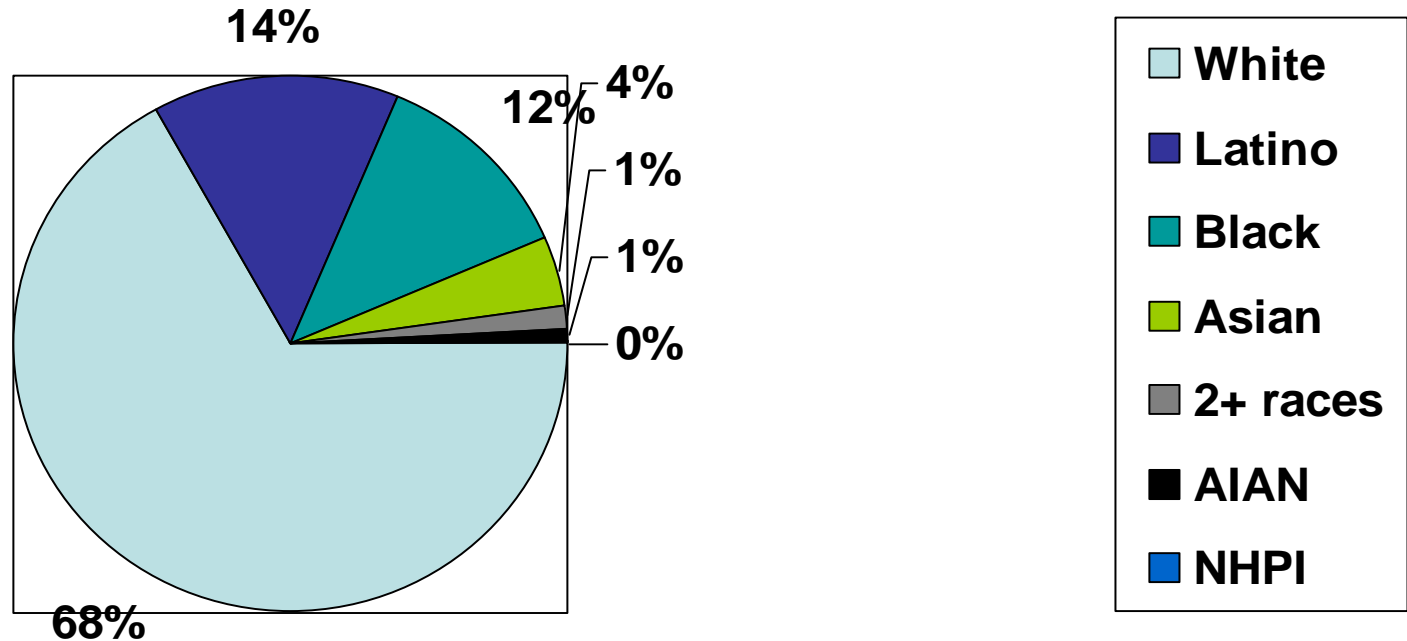
National Center for Cultural Competence

Cultural and Linguistic Competence Policy Assessment: Knowledge of Diverse Communities

- Is your agency able to identify the culturally diverse communities in your service area?
- Is your agency familiar with current and projected demographics for your service area?

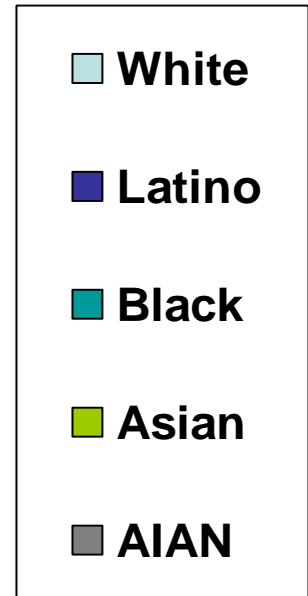
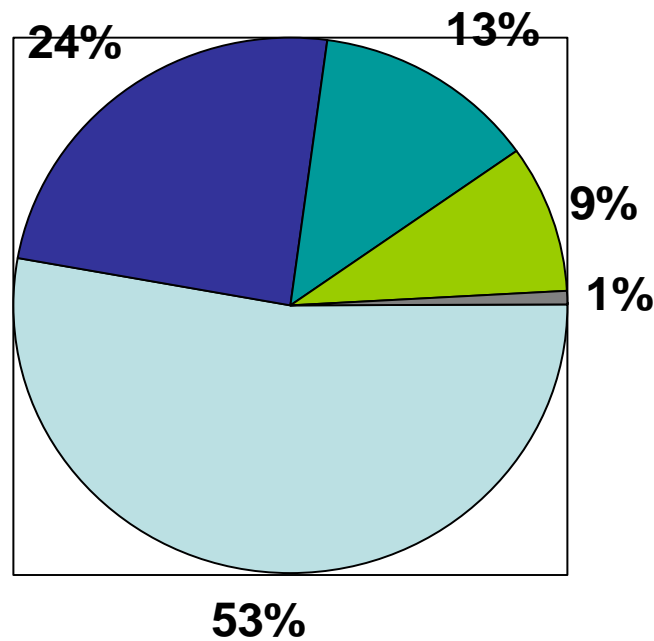
<http://www11.georgetown.edu/research/gucchd/nccc/>

U.S. Population Statistics



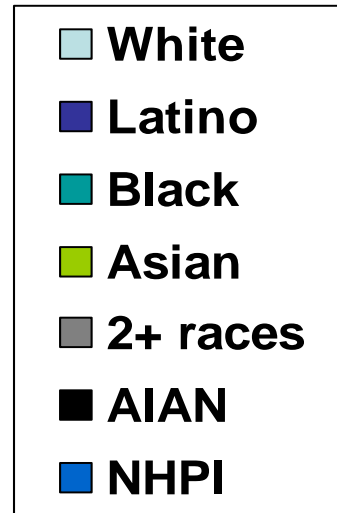
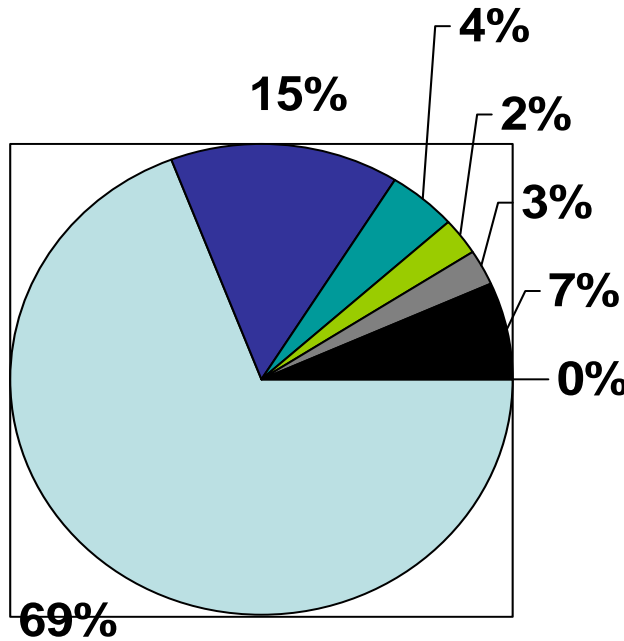
(U.S. Census Bureau, 2005)

U.S. Population Projections 2060



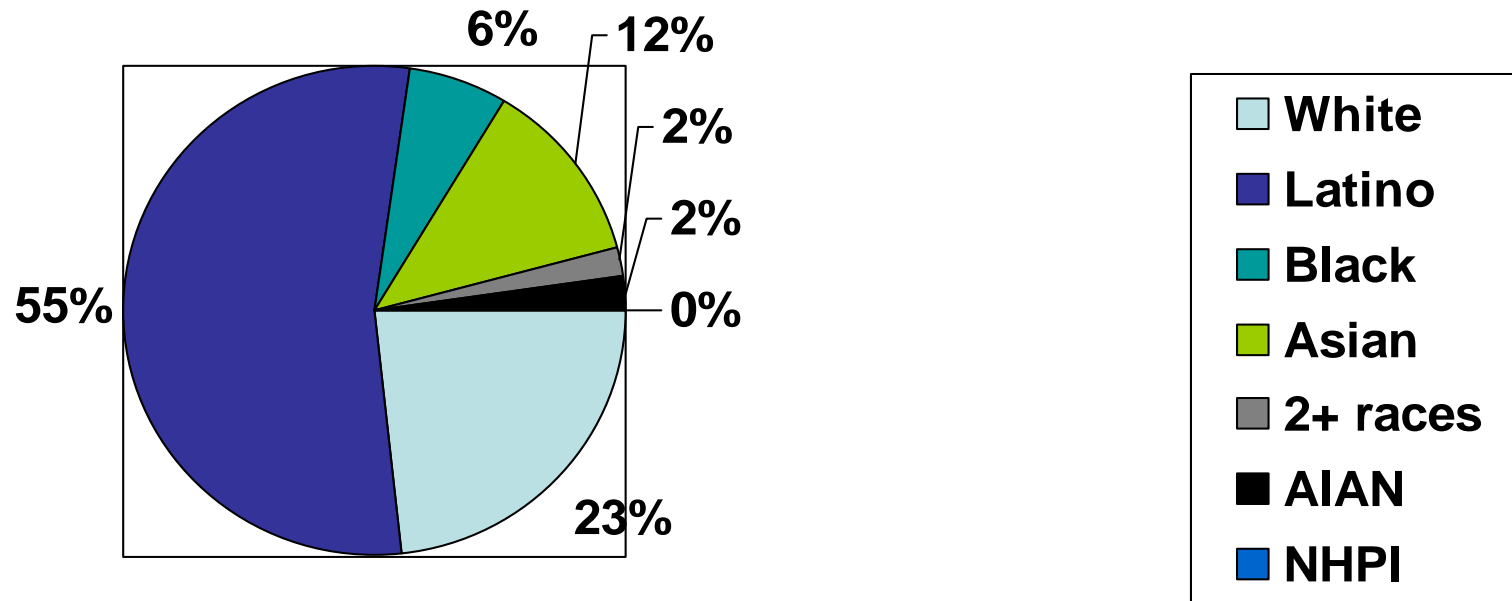
<http://www.census.gov/population/projections/nation/summary/np-t5-g.pdf>

California Population Statistics



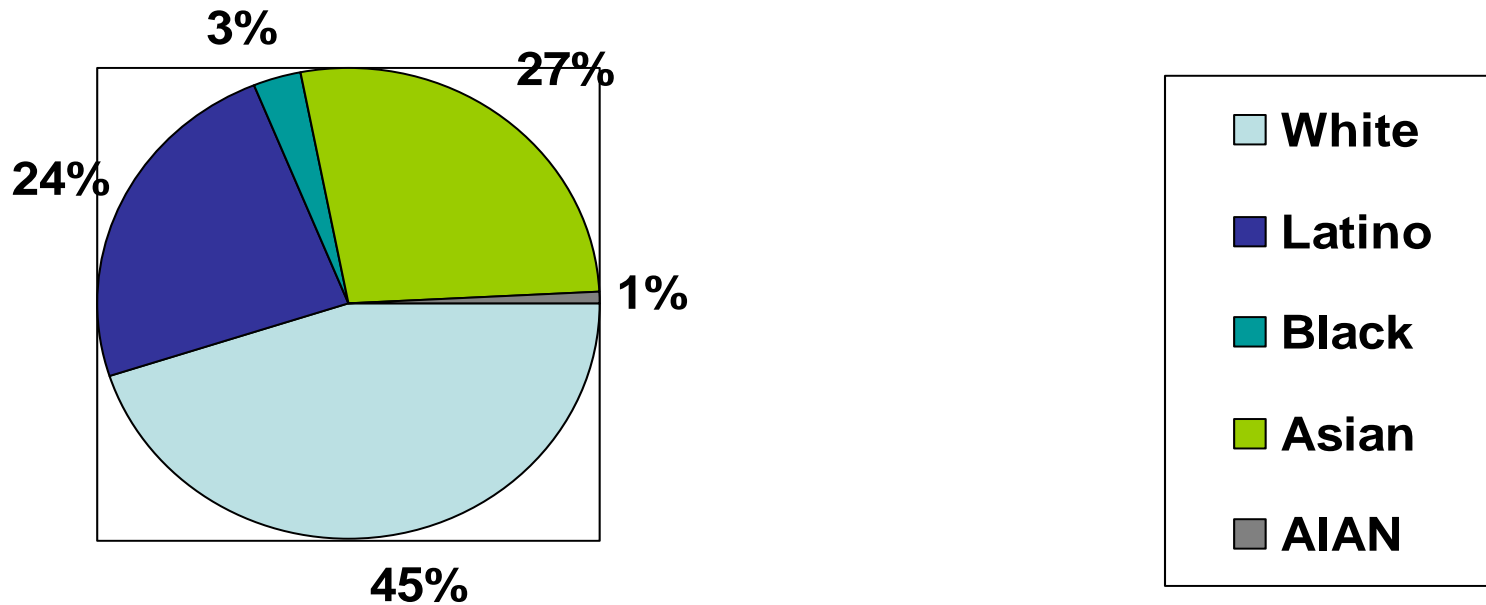
State of California, Department of Finance, *California County Race/Ethnic Population Estimates and Components of Change by Year, July 1, 2000–2004*. Sacramento, California, March 2006.

California Population Projections 2050



State of California, Department of Finance, *Population Projections by Race/Ethnicity for California and Its Counties 2000–2050*, Sacramento, California, May 2004.

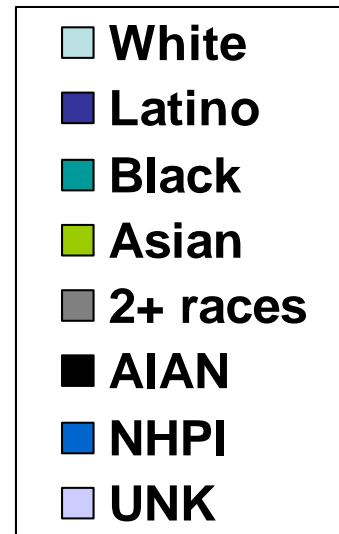
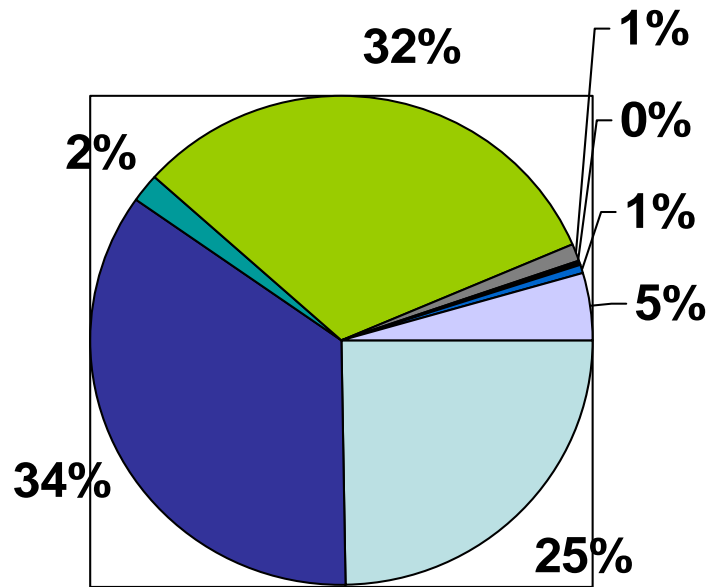
Santa Clara Population Statistics 2000



State of California, Department of Finance, *Race/Ethnic Population Estimates: Components of Change for California Counties, April 1990 to April 2000*. Sacramento, California, August 2005.
http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/Estimates/E3/E3-90-00/documents/E-3_RaceEthnicReport1990-2000.xls

Santa Clara County Birth Rate 2004

26,537 Live Births



<http://www.dhs.ca.gov/hisp/chs/OHIR/tables/datafiles/vsofca/0233.pdf>

Santa Clara County

- Majority minority country
- 1/2 of Californians are immigrants or have an immigrant parent
- Immigrants – leading countries of origin
 - Mexico
 - Vietnam
 - The Philippines
 - India
 - China
 - Taiwan
 - Iran
- Example of shifting demographics: 3000 immigrants from 66 countries have moved into one San Jose neighborhood (zip 95117) of 27,000 since 1990.

<http://immigrantinfo.org/kin/index.html>

Santa Clara County and Trauma: Domestic Violence

- Estimated 7000-9000 DV related calls to police per year
 - Severity 5000-8000 involved weapons
 - Child Involvement
 - 1998 Santa Clara County Sheriff's Office received 5,404 restraining orders – 58% involved children
 - In 2003, the Santa Clara County's DA office reviewed 5,393 DV cases. In 1212 cases a child was present. In 116 the victim was pregnant.

http://www.thegreenbook.info/santa_clara.htm

Santa Clara County and Trauma: Child Abuse

- On average Santa Clara Department of Family and Children's Services Emergency Response Unit received 20,000 referrals a year
- 2005-2006
 - 20,430 allegations
 - 13,100 investigations
 - Children referred for dependency action 1,846
 - Voluntary family maintenance 937
 - Court ordered family maintenance 160
 - Court ordered family reunification 682

http://www.cacsc.org/resources/comp_05-06.pdf

Childhood Adversity and Minority Status

- Minority children are more likely to be poor
- Traumatic events cluster when there is poverty
- The impact of traumatic events is cumulative
- Minority children are more vulnerable to a traumatic event due to cumulative effect of adversities and less access to services

(Oser & Cohen, 2003; Flores et al., 2002;
U.S. Surgeon General's Report, 2001)

Minority Children Are At Greater Risk

Environmental Stresses

- Poverty
- Racism
- Health disparities
- Substandard schools
- Dangerous neighborhoods
- Lack of opportunities

Family Trauma

- Child abuse
- Domestic violence
- Parental depression and posttraumatic stress
- Foster care placement

Poverty and Ethnicity

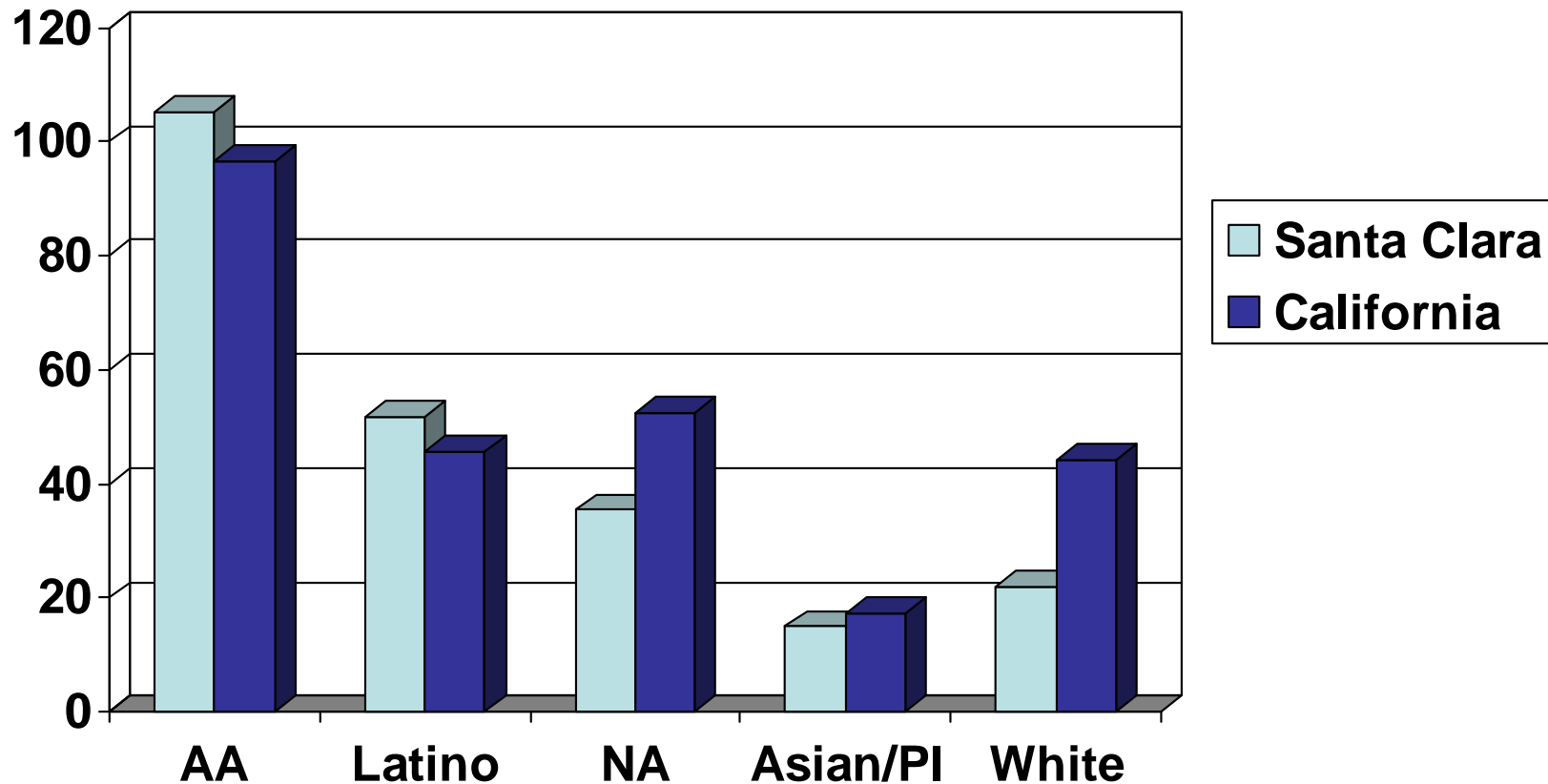
2006 Estimate of Children 0-5 Living in Poverty in Santa Clara County

Ethnicity	# children 0-5	% children 0-17 of that ethnic group living in poverty
White	3029	5.8%
African American	878	22.3%
Asian	2850	7.3%
Latino	9166	17%

<http://www.kidsdata.org/demographicdata.jsp?dem=7>

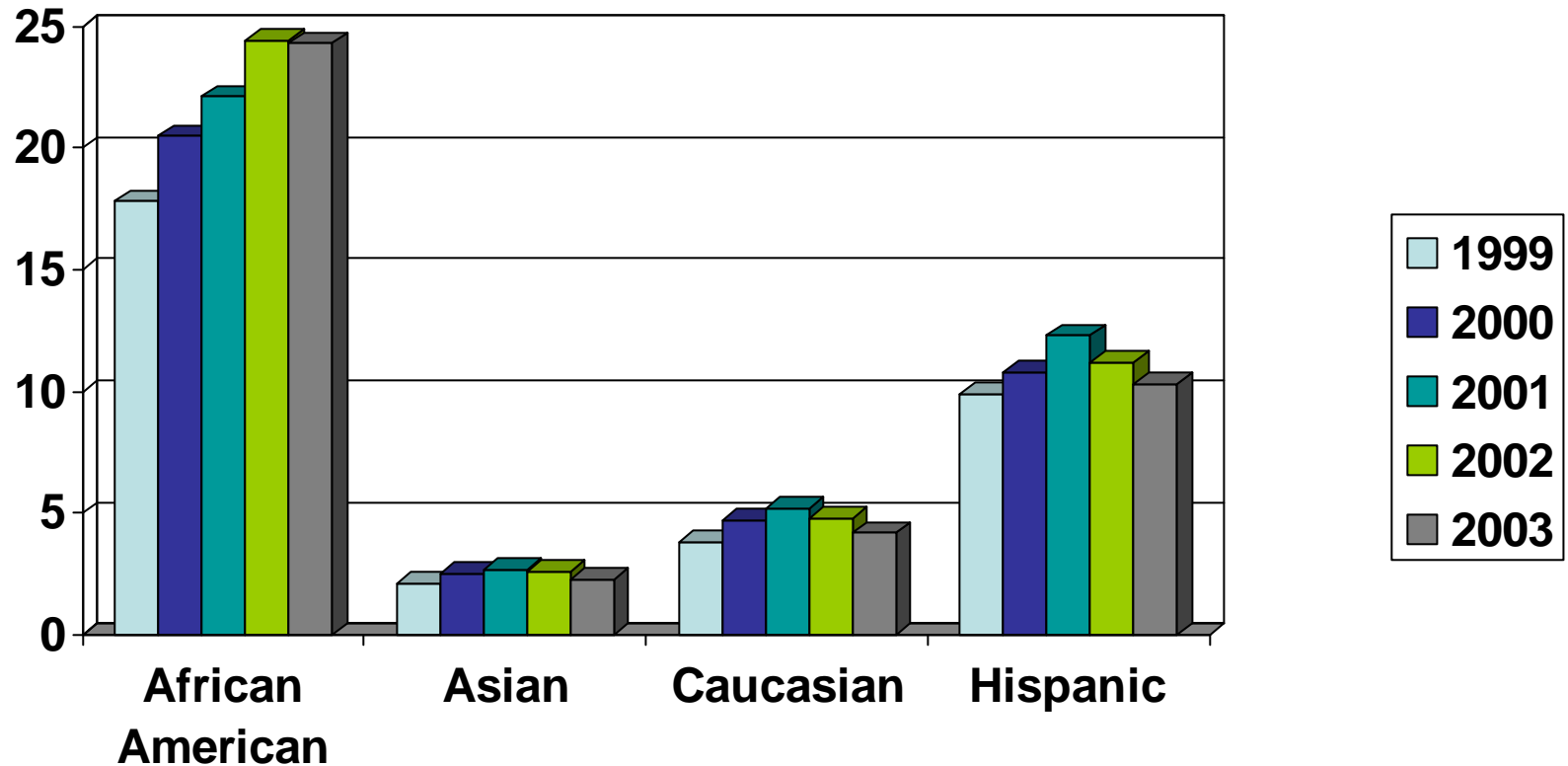
Child Welfare Referrals in 2005

Referral per 1,000 children



Santa Clara County: 2007 Plan to Address Ethnic Disproportionality in Child Welfare Services
<http://www.sccgov.org/SCC/docs/SCC%20Public%20Portal/keyboard%20agenda/Committee%20Agenda/2008/February%2019,%202008/TMPKeyboard202214175.pdf>

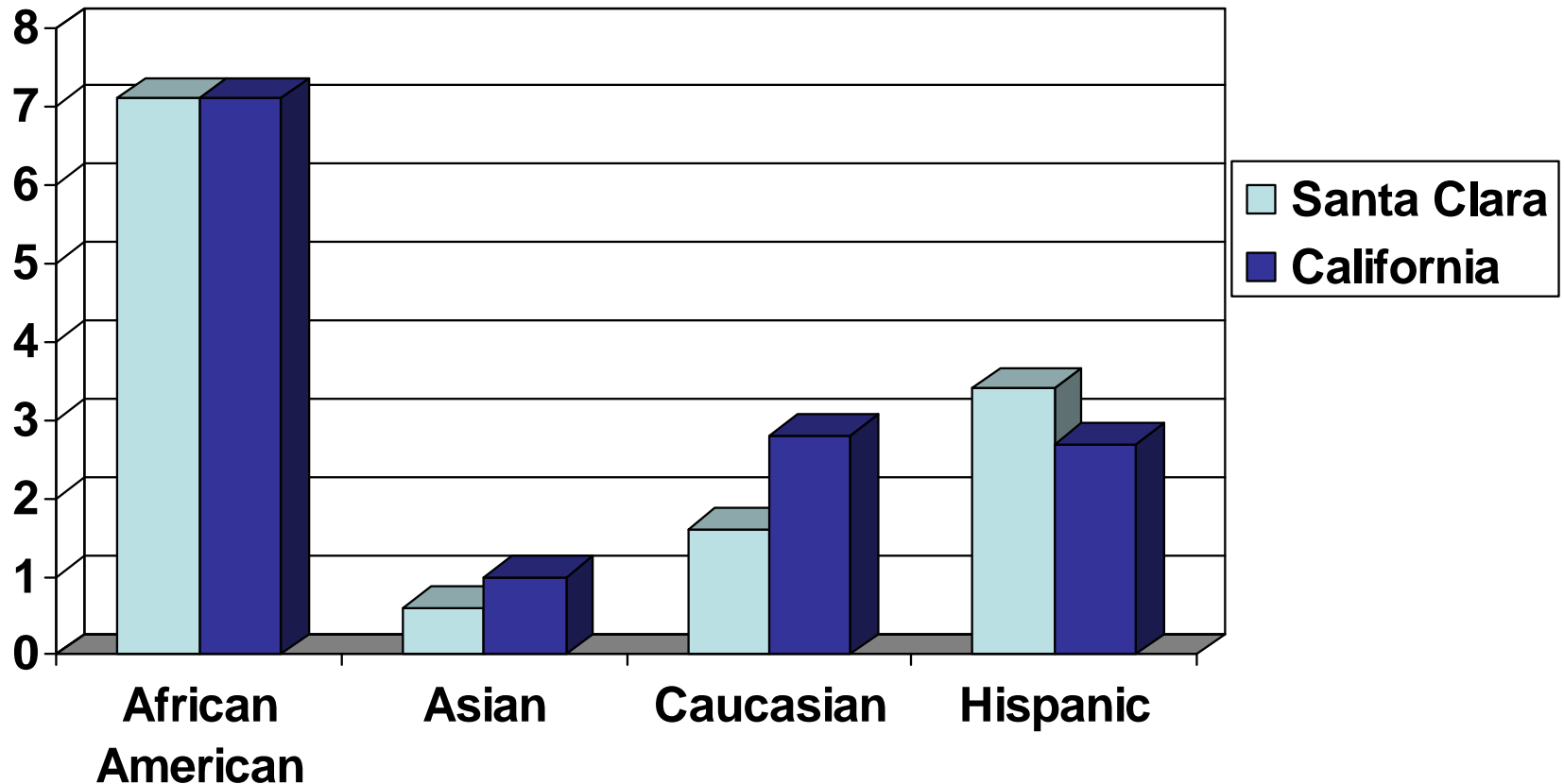
Rate of Santa Clara County Substantiated Counts of Abused Children by Ethnicity, 1993-2003



2005 Santa Clara County Children's Report: Key Indicators of Well-Being
http://www.kidsincommon.org/childrens_report_2005.pdf

From Needle et al., 2004. Child Welfare Service Reports for California

Rate of First Entry into Foster Care per 1,000 Children Ages 0-17 by Ethnicity, 2003



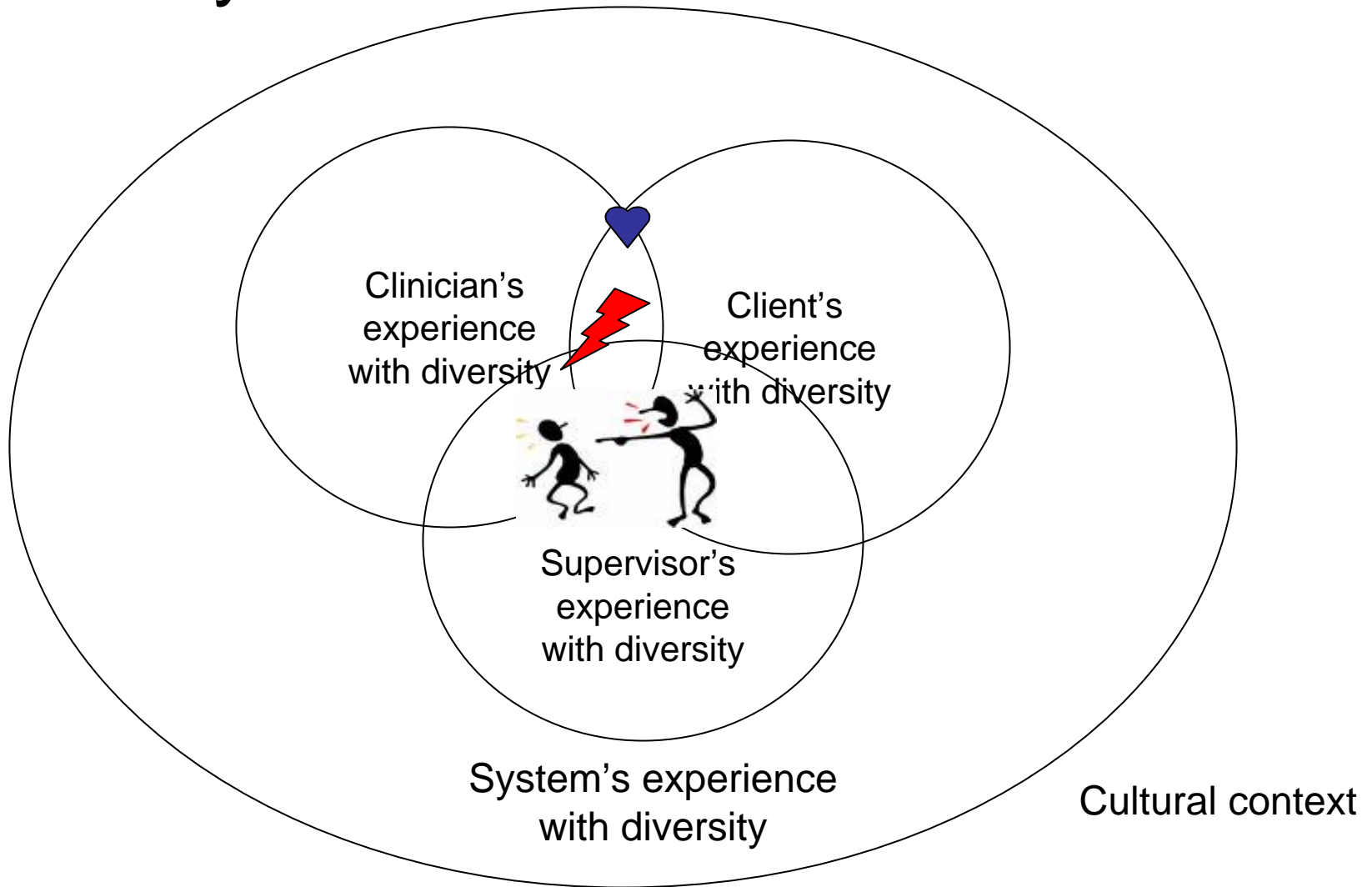
2005 Santa Clara County Children's Report: Key Indicators of Well-Being
http://www.kidsincommon.org/childrens_report_2005.pdf

From Needle et al., 2004. Child Welfare Service Reports for California

The growing racial, ethnic, linguistic, and cultural diversity of the early childhood population requires that all early childhood programs and medial services periodically reassess their appropriateness and effectiveness for the wide variety of families they are mandated to serve. Poor “take-up” and high rates of program attrition that are common to many early intervention programs, while not at all restricted to specific racial, ethnic, or linguistic groups, nonetheless raise serious questions about whether those who design, implement, and staff early childhood programs fully understand the meaning of “cultural competence” in the delivery of health and human services.

- Neurons to Neighborhoods pg 11 executive summary

Diversity Awareness Model



My grandmother's name is Estelle Marie Talley. She's not here tonight. And this is going to be the toughest part. But she was my first acting teacher. She told me to stand up straight. Put your shoulders back. Act like you got some sense. We would go places. And I would wild out. And she would say, "Act like you've been somewhere." And then when I would act the fool, she would beat me. She would whup me. And she could get an Oscar for the way she whupped me because she was great at it. And after she whipped me, she would talk to me and tell me why she whipped me. She said I want you to be a Southern gentleman. She still talks to me now. Only now, she talks to me, in my dreams.

And I can't wait to go to sleep tonight because we got a lot to talk about. I love you."

What are our assumptions?

- What is therapy?
 - Is it acceptable/safe to express different feelings? How should we express them?
 - What is the meaning of play and what is a parent's role in play?
 - How much do you value respect?
 - How much do you value self expression?

Play: Why play, what is the purpose?

Parmar, Harkness & Super, 2004

- White parents – play is important for early development (social, cognitive, emotional)
- Asian immigrant parents – little developmental value in play, need to focus on academics

“Asian kids are very quiet in the classroom settings. I think their parents are very pushy at home and also they have very high expectations from their preschoolers, which I do not think does any good, but we help them to be themselves here.”

Quote from a preschool director

Play: How do you play?

- Mothers with infants (Fernald & Morikawa, 1993)
 - American mothers
 - Label objects consistently with the same word
 - More likely to use questions, particularly with regards to objects
 - Goal: teach the child words
 - Japanese mothers
 - Used toys to engage in social routines (exchanging toy, politeness routines)
 - Use more nonsense sounds, onomatopoeic words (wawan chan – woof woof)
 - Goal: Talk gently and use sounds the infant could imitate

**Why do we think
this way?**

Culture

“The sum total of ways of living **built up** by a group of human beings and **transmitted** from one generation to another.”

(The Random House Dictionary)

Values and Behavior

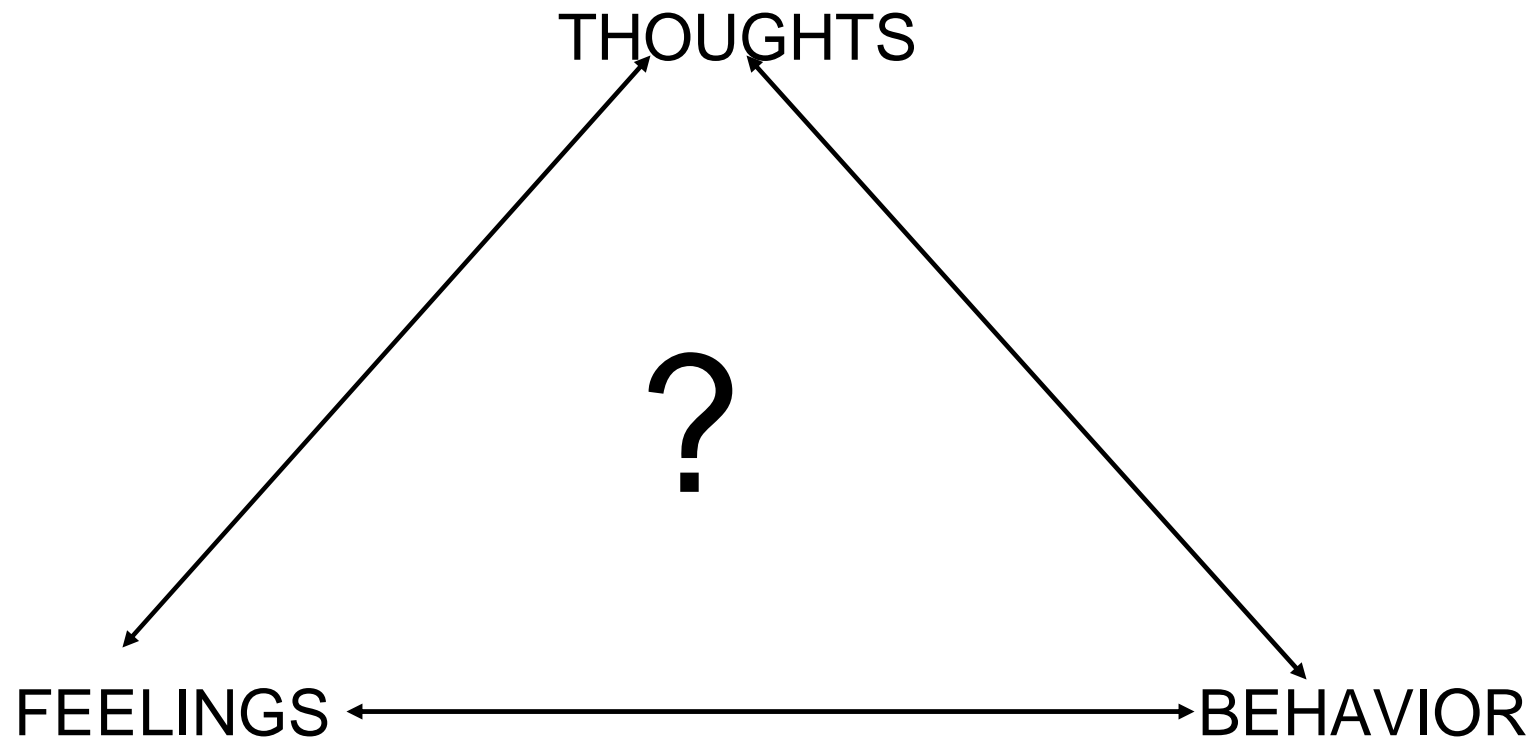
Determined by

- Ethnic culture
- Social characteristics
- Unique personal experience
- Context

Affects

- Is there a problem?
- Why is there a problem?
- What can be done?
- Who should intervene to address the problem

García Coll & Meyer, 1993



ACT

ATTACHMENT

Thoughts

Anger?
Shame?
Anxiety?

Feelings

Behavior

CULTURE

TRAUMA

Emotion Socialization (Cole, Tamang, & Shretha, 2006)

Participants: Two groups in Nepal

- Brahmans (Hindu)
- Tamang (Buddhist)

Methods: Interviews w/ elders & observation of interactions w/ children

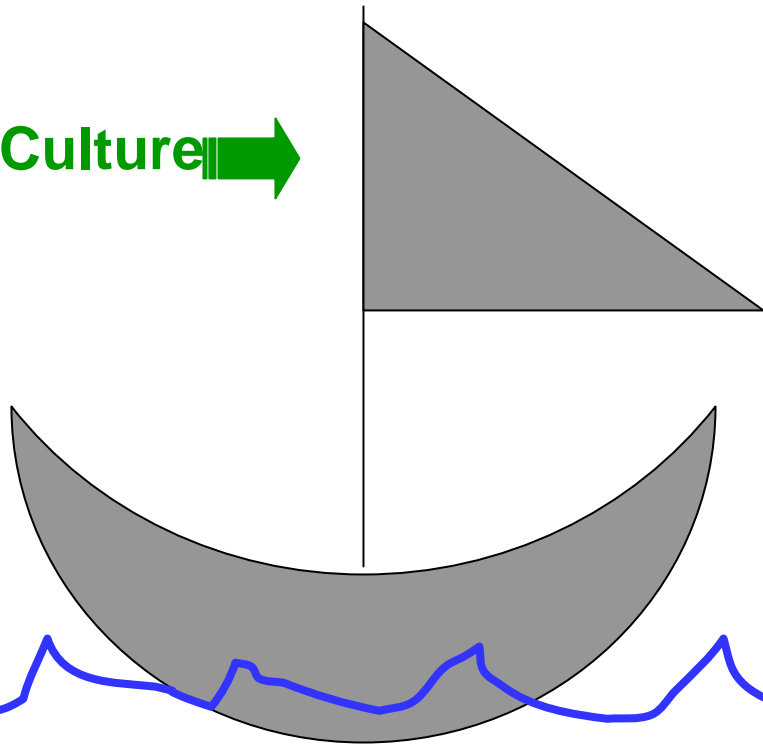
Findings

- Shame
 - Tamang -teach and nurture
 - Brahmans - Ignore (75% instances of shame)
- Anger
 - Tamang disapprove, rebuke or tease child
 - Brahmans- teach, nurture or coax child to feel better

Culture →

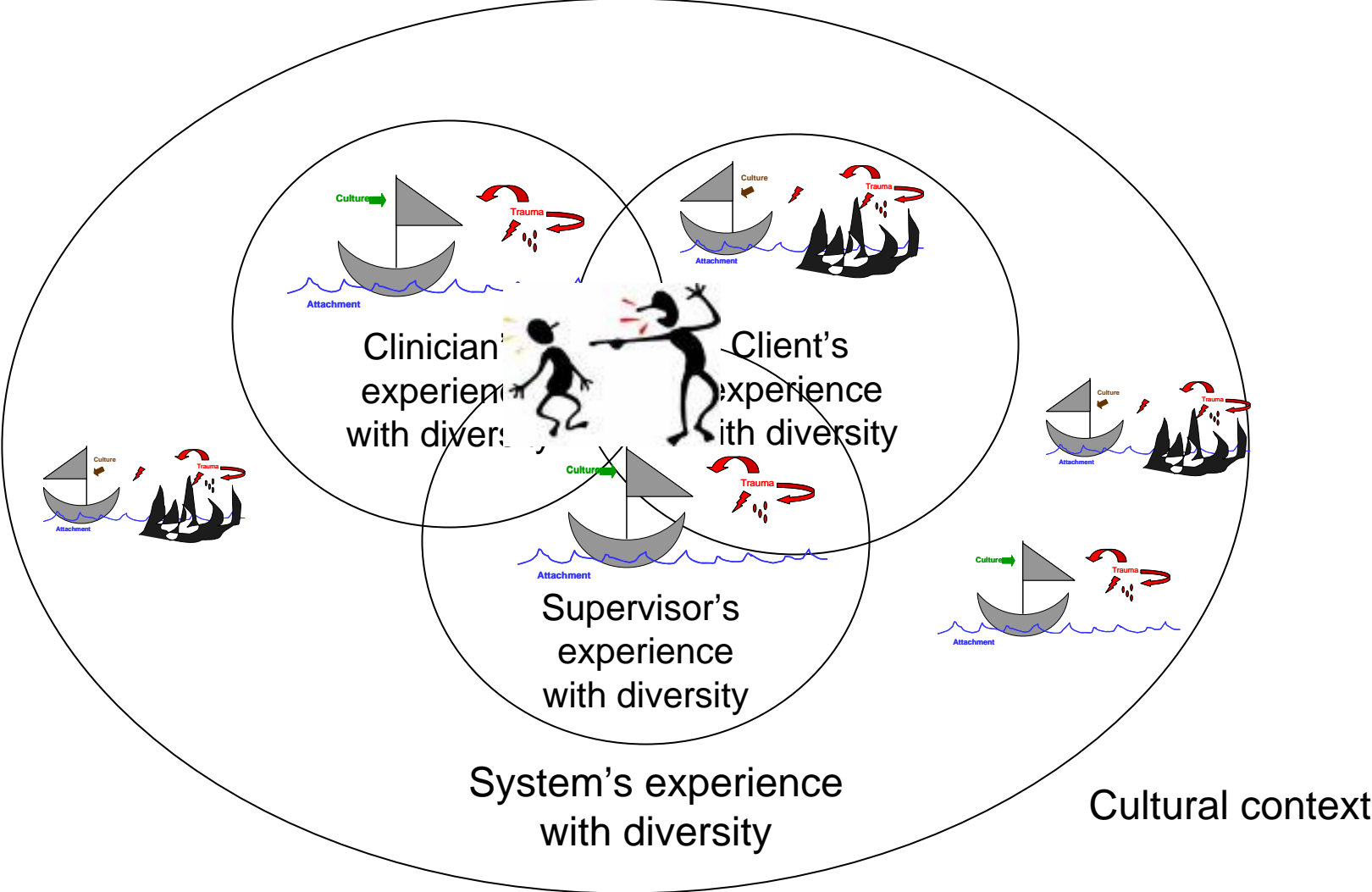


Trauma



Attachment

Diversity Training Model



Culture Lens

- Where did the family come from?
- How did they get here?
- What is their environment like now?
- What does it mean for them to be here?
- What is their position in today's society? How does that affect safety?
- To what degree do the family's values match up with the realities of what they must do to survive in their context?

Trauma Lens

- Child's Trauma History
- Caregiver's Trauma History (Ghosts in the Nursery; Fraiberg, Adelson, Shapiro, 1975)
- Historical Trauma (Ghosts in Society)
- Secondary Adversities & Stressors (Pynoos, Steinberg, & Piacentini, 1999)
- Traumatic Reminders

Trauma Lens - Cultural Filter

- What traumas are members of this group likely to have experienced now and in the past (war, immigration-related trauma, family separation, community violence)
- How “common” are the traumas the family has experienced in their cultural group.
- How do they perceive the trauma
- How does the family view their place in the larger society given historical traumas and current racism, oppression, and prejudice that serve as reminders of that trauma

Attachment Lens – Trauma & Culture Filter

- What have I learned about relationships?
- Are relationships safe? If so, with whom and under what conditions?
- How do we raise/protect our children so they grow up to succeed in our context?

Attachment Lens – Culture & Trauma Filter

- What does it mean that the child is behaving in this way
 - How do we understand the child’s behavior?
 - How do we feel about how others perceive the behavior and how they perceive us as parents?
- How do adults and children typically interact?
- What are our socialization goals? How are they linked to survival?

Contextually Congruent Intervention

- Go with culture
- Understand that cultures change
- Understand that individuals adapt to their context
- Balance the need/goals of culture and context when they are at odds
- Think about underlying principles and determine whether they are relevant given the client's context.
- Develop interventions from the foundation up – based on relevant principles rather than predetermined skills

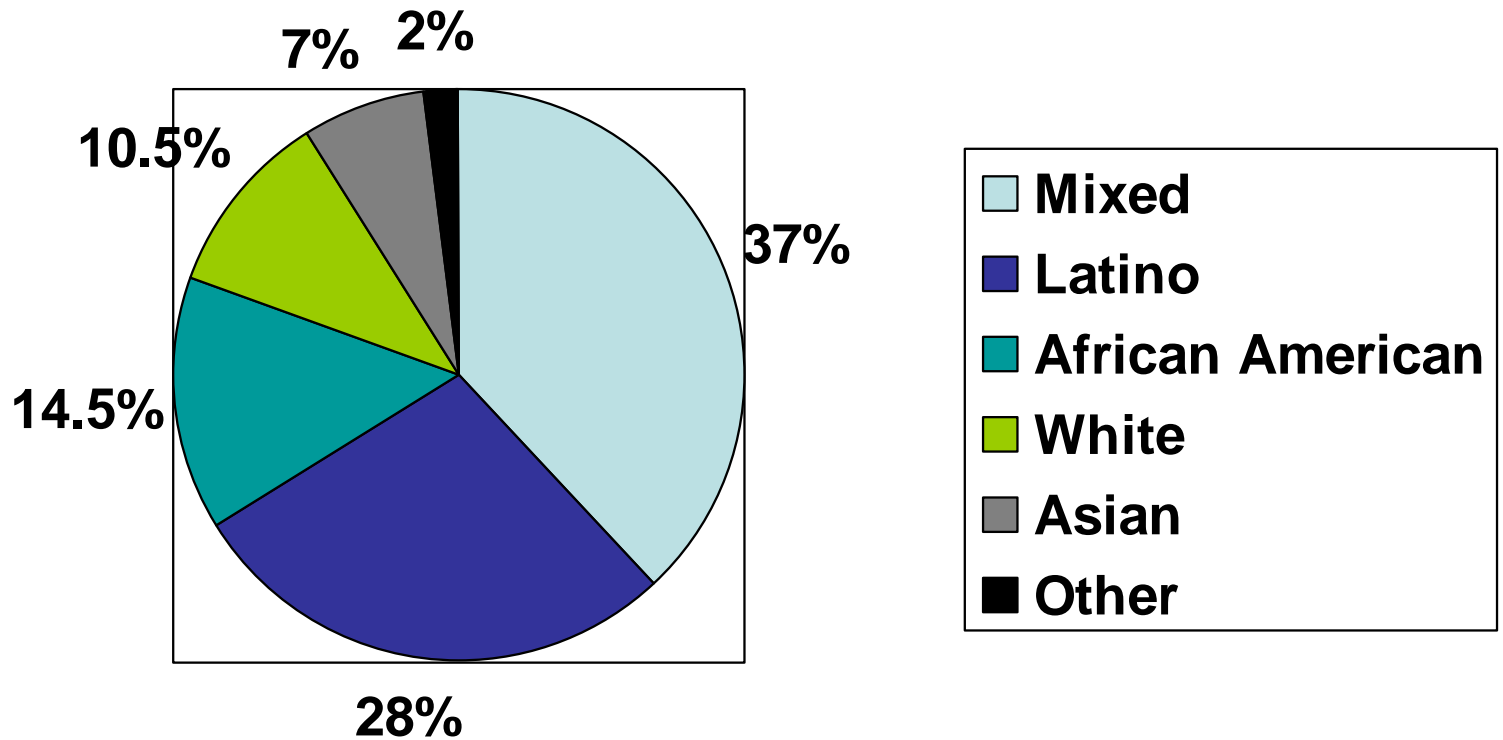
Empirical Evidence for the Efficacy of Child-Parent Psychotherapy with Ethnically Diverse Families

Child Witnesses to Domestic Violence

- 75 children age 3-6 years exposed to domestic violence.
- Children also experienced other traumas
 - physical abuse (49%)
 - exposure to community violence (46.7%)
 - sexual abuse (14.4%).
- Mothers experienced on average 12.36 stressful life events
- Randomized to Child-Parent Psychotherapy or Case Management plus standard community intervention

Lieberman, Van Horn, & Ghosh Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006

Ethnicity of Children



Child Witnesses to Domestic Violence

- Treatment children show greater improvements than comparison group children
 - Traumatic stress symptomatology
 - Diagnosis of Traumatic Stress Disorder
 - Behavior problems
- Treatment mothers show greater improvement
 - Avoidant symptomatology
 - Total PTSD symptomatology
 - General symptomatology
- Improvements in children's and mother's symptoms maintained at 6-month follow-up

Intervention with Maltreated Preschoolers

- 122 children approximately 4 years old recruited from welfare roles (DSS and TANF)
- 34% sustained physical or sexual abuse. The balance sustained emotional maltreatment and/or neglect
- 76.2% of children noted to be ethnic minorities
- Four groups
 - Child-Parent Psychotherapy
 - Home visiting with skills training for mothers and therapeutic preschool for children
 - “Community Standard”
 - Non-maltreated controls

Toth, Maughan, Manly, Spagnola, & Cicchetti, 2002

Intervention with Maltreated Preschoolers

- After treatment
 - CPP group: fewer negative maternal representations
 - Fewer negative self representation
 - Greater number of positive expectations of parent-child relationship

Intervention with Maltreated Infants

- 122 children approximately 1 year old recruited from CPS identified maltreating families
- 66.4% directly experienced neglect or abuse. 33.6% were living in families where siblings had experienced neglect or abuse
- Majority (74%) of mothers were ethnic minorities
- Average family income was \$17,151 including welfare benefits
- Four groups
 - Child-Parent Psychotherapy
 - Psychoeducational Parenting Intervention
 - “Community Standard”
 - Non-maltreated controls

Cicchetti et al., 2006

Intervention with Maltreated Infants

- CPP and PPI had similar efficacy in terms of altering children's attachment classifications and were both significantly different from the comparison group
- Rate of secure attachment (pre to post)
 - CPP 3.1% to 60.7%
 - PPI 0% to 54.5%
- Similar findings for rates of disorganized attachment

Preventive Intervention with Anxiously Attached Dyads

- 100 low SES, multiply stressed, Spanish speaking recent Latina immigrants and their 11 – 14 month old children
- Assessed at intake using modified Strange Situation
- Intervention conducted by bi-cultural, bi-lingual interveners

Lieberman, Weston, & Pawl, 1991

Preventive Intervention with Anxiously Attached Dyads

- Anxiously attached intervention group differed significantly from anxiously attached controls
 - Increases in maternal empathy and interaction with child
 - Decreases in child avoidance, resistance and anger
 - Increased goal-corrected partnership
- No differences between intervention group and securely attached controls

Intervention with Toddlers of Depressed Mothers

- Mothers and their toddlers (18 – 24 months of age, mean age at intake 20 months)
- Three groups
 - Mothers with major depression – intervention
 - Mothers with major depression – controls
 - Mothers with no history of depression – controls
- Measures
 - Attachment Security
 - Bayley Mental Development Index

Cicchetti, Toth, & Rogosh, 1999; Cicchetti, Rogosch, & Toth, 2000; Toth, Rogosch, & Cicchetti, in press

Intervention with Toddlers of Depressed Mothers

- At posttest CPP children had higher cognitive abilities than depressed controls and did not differ from normative comparison children
- CPP children showed greater improvement in attachment security