

Border Trauma and Blurred Lines

— When Personal Feelings Affect Clinical Decisions

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PREBRIEF

As audiologists and speech-language pathologists (SLPs), we seek to make communication a right for all. As professionals, we have a vested interest in the welfare of our clients. This scenario focuses on the forced separation of one immigrant family and the impacts it has on their daughter. It also addresses the difficult decisions that professionals may face when working with children who are forcefully separated from their asylum-seeking parents. Immigrants and their U.S.-born children make up about 28% of the U.S. population, according to the 2019 Current Population Survey (CPS), a number which is projected to rise to about 36% by 2065 (Zong, Batalova, & Hallock, 2018). Almost 18 million children ages 0-17 years have at least one immigrant parent (Zong et al., 2018). Immigrants and refugee youth are the fastest growing group of children in the United States and are expected to make up one third of all U.S. children by 2050 (Zong et al., 2018).

OBJECTIVES

- Understand how trauma may affect overall development and place children at risk for communication disorders.
- Evaluate ethical implications when choosing whether or not to provide services.
- Ascertain the best practices when working with sequential versus simultaneous bilingual learners when there is a lack of bilingual staffing available (American Speech-Language-Hearing Association [ASHA], n.d.).

CASE SCENARIO

Shannon is a bilingual (Spanish-English) SLP who works in a large, urban school district providing services in their program for children from birth to 3 years old. Shannon is the only Spanish-speaking member of the district's early intervention interdisciplinary team, which includes an occupational therapist, an early childhood education teacher, a physical therapist, and a social worker. Recently, the social worker presented a new student referral for their team and requested assistance from Shannon.

notes:

Definitions

Simultaneous bilingualism—the acquisition of two languages at the same time, typically with both languages introduced prior to age 3

Sequential bilingualism—a second language introduced after age 3, at which time some level of proficiency has been established in the primary language, also referred to as successive bilingualism or second language acquisition

Dual language learners—individuals learning two languages simultaneously from infancy or who are learning a second language after the first language

<https://www.asha.org/practice-portal/professional-issues/bilingual-service-delivery/>

The referral involved Lucia, a 20-month-old girl, who was in crisis foster care. Lucia, her mother Marta, and her father Diego were from Guatemala. Their native language was K'iche', a Mesoamerican language from the Mayan language family, and they spoke Spanish as their second language. This brief description of their experience was documented in their case file:

Six months ago, they fled Guatemala because of the violence they were witnessing and made their way to Mexico. Lucia was just beginning to say her first words at this time. Her family arrived in Mexico 3 months later and were advised to wait their turn to complete the asylum application process for entry into the United States. Weary from their travels, Marta and Diego chose instead to cross the U.S. border independently and to request asylum from the first border patrol agent they encountered. As they attempted to cross the border, agents stopped Marta. The border agents used Spanish to explain the content of a document written in English to Marta while pointing to her daughter and then to the document to sign. Even though Marta did not fully understand the nature of the document, fearfully she signed it in the presence of the border patrol. As she signed it, Diego carried Lucia across the border and was immediately arrested and detained, with agents taking Lucia from his arms. Marta was barred from crossing the border to retrieve Lucia and was told to go back to the processing center in Mexico. The border patrol agents explained to Diego and Marta, in Spanish, that Lucia would now be placed in the U.S. foster care system until their case was seen. The family was now separated.

Notes from her file indicated that Lucia initially cried out, saying "mama, dada, agua," as she was detained, but after a week in the detainment center, she stopped communicating verbally.

Lucia arrived at the home of her crisis foster mother, Sally, 1 month after she was separated from her parents. Sally and the early childhood interdisciplinary team's social worker had frequently worked together through the early intervention program. Sally was a married, English-speaking woman, who had two children of her own, ages 9 and 14. The team and Sally were not able to obtain information on where Lucia's father was being held, and they had no knowledge of other family members living in the United States or abroad. They were told that the form Marta signed at the border terminated her parental rights for Lucia, and they had no further contact information for Marta.

Sally reported that in the past 2 months she observed that Lucia did not talk and cried often. She ate very little, appeared lethargic, and had issues with constipation. She reported that Lucia had a flat affect and did not initiate communication or demonstrate joint attention. She reacted strongly to any physical touch, affection, and attempts to comfort her. Lucia appeared to understand everything that was said to her in Spanish and followed directions in Spanish when supplemented with gestures. She was beginning to demonstrate understanding of some directions in English. Overall, Sally described her as appearing "depressed."

The social worker brought this information back to the interdisciplinary team. After reviewing, the team had many concerns, and agreed that Lucia was a good candidate for early intervention services. They also supported intervention services in Spanish, but Shannon, the SLP, was the only bilingual team member. Shannon was concerned that Lucia may be exhibiting much more than a speech delay, and she agreed to go on a home visit to meet Lucia and learn more about her.

During the visit, the team observed Lucia sitting quietly and not interacting. After 10-15 minutes, Shannon approached her with a baby doll and asked her, in Spanish, whether she would like to play with it. Lucia made eye contact with Shannon, reached out her hand, and grabbed the doll. Shannon presented a bottle for the doll. She told Lucia that she could use the bottle to feed the baby if it was hungry. Lucia looked at Shannon, then the bottle, and back at Shannon. Lucia stretched out her hand. Shannon gave her the bottle, and Lucia “fed” the baby. Shannon continued to play with Lucia for the remainder of the visit while the social worker obtained more information for their developmental questionnaire.

After completing her clinical checklist in Spanish, Shannon concluded that Lucia’s receptive language skills were age appropriate. Lucia identified common objects in Spanish, followed routine and novel directions, and answered yes-no questions by shaking her head. She demonstrated a few social smiles and joint attention. Lucia was beginning to imitate single words with Shannon. Lucia’s foster mother expressed that this was the most language and interaction she had seen from Lucia since she arrived in her home. As Shannon was packing the toys to leave, Lucia hugged Shannon and would not let go. Shannon told Lucia, in Spanish, that she could keep the doll, but that Shannon had to go visit other children. Lucia began to cry as the team left.

The team reconvened after the visit to discuss service options. Shannon was torn—she knew that Lucia had experienced major trauma in her recent past, which put her at risk for future language and developmental disabilities. However, on the basis of Shannon’s assessment, Lucia was currently demonstrating age-appropriate skills and did not show a need in the area of communication. If Lucia was a monolingual child, Shannon would not provide services. However, Shannon felt that because of her bilingualism, she was in a unique position to provide strategies to Lucia’s caregivers that would support the maintenance of Lucia’s Spanish while she learned English in her foster placement. Additionally, Shannon was disturbed by the forced separation that Lucia endured and wanted to find a way to contact Lucia’s father or other family members. Shannon strongly considered reporting a language delay and bending the rules for services so that she could continue to work with and advocate for Lucia.

CRITICAL THINKING AND DEBRIEFING QUESTIONS

1. What effect could trauma have on a child’s development, including speech and language?
2. How do you accurately measure developmental milestones in a case like this?
3. What are the potential impacts and implications of participating in systems that forcibly separate families?
4. What are some ways to advocate for this student and family?
5. Are there any other ways that Shannon could support Lucia if she is not truly demonstrating a delay?

COMMENTARY

Immigration has become a highly politicized topic in recent years. As policy enforcement changes in the United States, the increase in family separations and implications for chil-

dren, the foster care system, and educational systems have become more apparent. SLPs must be cognizant of the possible cognitive, social, psychological, and physical sequelae of trauma endured by children who experience these separations (Brabeck, Lykes, & Hunter, 2014). Trauma may precipitate the development of mental and behavioral disorders, both of which are correlated to language disorders and language development (ASHA, 2018). Other research demonstrates the impact of trauma on communication, including the onset of selective mutism or acquired stuttering (Perez & Stoeckle, 2016; Wong, 2010). The conditions under which children are separated, housed, transported, and eventually placed in foster care may all contribute to the experience of trauma. ASHA has spoken out against the unnecessary and unacceptable trauma of family separation and abhorrent living conditions that these children are exposed to (ASHA, 2019).

It is essential that communication professionals attempt to understand a child's or client's experiences and approach evaluations with cultural sensitivity. This may include culturally informed interviews and assessments that capture a child's abilities in their native language. It may also include screenings for adverse childhood experiences (ACEs) and information on any exposure to trauma. Additionally, bilingual SLPs and practitioners must be prepared to share community resources with team members to support them in providing culturally appropriate referrals and interventions.

The SLP initially visited Lucia because of her foster mother's concerns about Lucia's language development. Because of her bilingual skills and clinical experience, the SLP also had a unique opportunity to advocate for Lucia by educating her team and caregivers

Expand Your Knowledge

Statement by ASHA President Shari Robertson on Immigrant Children's Living Conditions at Southern U.S. Border

June 28, 2019

(Rockville, MD) One year ago, the American Speech-Language-Hearing Association (ASHA) called upon the Trump Administration to ensure that then recently separated immigrant families were reunited in timely fashion. Today, ASHA not only renews that call, but expands it to include urging an immediate end to the horrific living conditions immigrant children in the Administration's care now find themselves having to endure.

This unacceptable situation is potentially setting them up for lifetimes of struggle. Often, traumatized children require long-term comprehensive and sustained supports, including the treatment of resulting communication disorders, in order to successfully transition into adolescence and adulthood.

As ASHA noted last year, research shows the impact of trauma on communication such as the onset of selective mutism or acquired stuttering.* Back then, family separation was trauma enough—now it is being compounded by enforced living conditions barren of basics critical to children's overall welfare and development.

"As the president of an organization that represents thousands of professionals who work daily to foster the development of children in ways that are not only healthy but also their right, we find it abhorrent that any child would be caught in terrible situations like the one happening on the southern U.S. border," ASHA President Shari Robertson, PhD, CCC-SLP said. "It must end now, before any further or irreparable damage is done to innocent children."

*See Perez, H.R., & Stoeckle (2016). Stuttering: Clinical and research update. *Canadian Family Physician*, 62(6), 479-484, and Wong, P. (2010). Selective mutism: A review of etiology, comorbidities, and treatment. *Psychiatry*, 7(3), 23-31

<https://www.asha.org/News/2019/Statement-by-ASHA-President-Shari-Robertson-on-Immigrant-Children-s-Living-Conditions-at-Southern-U-S--Border/>

about the impact that Lucia's traumatic experiences may have on her future development. Although the SLP determined that Lucia's language skills were developing appropriately given her age and language background, the SLP noticed that Lucia was exhibiting symptoms of trauma, on the basis of her own observations and those of Lucia's foster mother. The SLP knew that because of the trauma Lucia experienced as a result of forced separation from her family, Lucia was now at risk for learning and language difficulties in the future. Additionally, the SLP knew that supporting Lucia's primary language (Spanish) would be critically important in the development of her language skills and in maintaining the ability to hopefully communicate with her family sometime in the future.

The SLP faces a personal dilemma—according to the way professionals were assigned to students in her district's early intervention program, Lucia was not a candidate for SLP services because she did not have a demonstrated need in the area of communication. The SLP wanted to continue her involvement in Lucia's case to support her language development in Spanish and advocate for her, but she could not compromise policies on the basis of her personal feelings. Although the decision not to provide services was appropriate, the SLP may decide to help Lucia by providing education to Lucia's foster family about the importance of maintaining Lucia's home language of Spanish and encouraging the use of interpreters and playing with other Spanish-speaking children across Lucia's intervention. The SLP may also provide information on ACEs and how to mitigate some of the damaging impact of the trauma she experienced.

CRITICAL THINKING AND DEBRIEFING RESPONSES

1. What effect could trauma have on this child's development, including speech and language?

Research about childhood trauma indicates that children who are exposed to multiple ACEs are at risk of having more difficulty with social, emotional, and cognitive ability and that ACE exposure increases a child's likelihood of having poor health outcomes as they grow (Westby, 2018). It is important to provide intervention that targets resilience when children have experienced multiple ACEs (Westby, 2018). Westby (2018) noted that the guidelines of the Individuals With Disabilities Education Act of 1990 require that "multidisciplinary teams determine the presence of a language delay or impairment that is not the result of an environmental or economic disadvantage" (p. 3), but there is no supporting evidence for that recommendation, and in this specific case, it may not be appropriate. Another study of a cohort of urban children noted that experiencing ACEs in early childhood, especially three ACEs or more, was associated with below-average language and literacy skills in kindergarten (Jimenez, Wade, Lin, Morrow, & Reichman, 2016). This study underscored the importance of supporting optimal development among children who have experienced multiple ACEs (Jimenez et al., 2016). Finally, Jessica Goodkind of the American Psychological Association noted that family separation was "on par with beat-

Expand Your Knowledge

Adverse childhood experiences (ACEs) can have serious, long-term impacts on a child's health and well-being by contributing to high levels of toxic stress that derail healthy physical, social, emotional, and cognitive development. The original ACEs study (Felitti et al., 1998) considered 10 ACEs: Five ACEs were personal to the child (emotional, physical, and sexual abuse; and emotional and physical neglect), and five ACEs were related to other family members (witnessing domestic violence; living with someone who abused substances, was mentally ill, or was imprisoned; and absence of parent through death, divorce, or abandonment). The study was continued in later years, sometimes adding additional ACEs such as urban ACE indicators (racism, witnessing violence, living in an unsafe neighborhood, living in foster care, experiencing bullying), caregiver leaving for military deployment, or experiencing natural disasters or war (Westby, 2018).

ing and torture in terms of its relationship to mental health” and could be one of the driving factors that creates psychological distress (Stringer, 2018, para. 13). Research supports the idea that Lucia is likely at risk because of her prior experiences and may benefit from targeted interventions (Stringer, 2018).

2. How do you accurately measure developmental milestones in a case like this?

In this specific case, it would be appropriate for the SLP to research common developmental milestones in Spanish language development for children from similar backgrounds as Lucia or, at the very least, children who speak Spanish. Although Lucia could not directly be compared with students as part of the research, given her exposure to K’iche’ and traumatic experiences in her asylum journey, it would provide a possible starting point to understand what a “typical” child with some of her background characteristics may be able to do. The SLP may consider completing a checklist to include ACEs and other trauma that Lucia has experienced, indicating that those experiences may have impacted her language or may put her language and other development at risk in the future. Given Lucia’s age-appropriate skills during the play sample and clinical evaluation, her communication skills appear to be within age-level expectations at this time. However, if Lucia would not have engaged with Shannon during the initial evaluation, it would have been appropriate for Shannon to come back for another observation after Lucia had formed an attachment with a provider. The SLP may choose to provide some supplemental coaching or resources that can help Lucia to continue to remain on track for her development, given that her traumatic experiences and lack of native language input now put her at risk for language and learning difficulties.

3. What are the potential impacts and implications of participating in systems that forcibly separate families?

Personal response. Please consider the following: Professional practice dictates a call to action. A professional must reflect on how their actions may work with or against systems that are in place and weigh those actions within their own moral and ethical codes. Professionals are also encouraged to reflect on their client interactions to improve their professional practice and to increase their cultural competence in areas where they may lack information or training.

4. What are some ways to advocate for this student and family?

The SLP could take a variety of approaches in advocating for this family. Shannon could provide information that indicates support of a child’s native language is the best practice when working on developing language skills, or she could provide strategies that monolingual clinicians or team members can use even though they do not speak a shared language with Lucia (Kohnert & Derr, 2004). Moreover, she may share data that show the positive relationships between forming genuine attachments with caregivers and positive overall development. Shannon could share Lucia’s story with her local lawmakers to discuss how different policies may affect children’s development in negative ways, or she could call national representatives to share this story. Shannon may also choose to support local or national charities that help children and families in similar situations. Shannon has specialized knowledge of bilingual development, typical language development, and how trauma affects the early global development of children, with persisting problems into adulthood. Sharing that information could provide a great impact on other children by teaching staff and caregivers effective strategies that can mitigate the nega-

tive effects of ACEs in their lives.

5. Are there any other ways that Shannon could support Lucia if she is not truly demonstrating a delay?

Shannon could advocate for an interpreter to work with Lucia's foster family to support her Spanish language development, make connections between the two languages, and lessen the impact of language loss because of her sudden exposure to English. She might also create a timeline of Lucia's family history and transition for her file to support future efforts of locating her family. Shannon could offer the team information on best practices for working with a child when you do not speak their language, including strategies that work on concepts that cross languages—for instance, working on conceptual knowledge, using picture supports, and finding phonemes shared across a language (Kohnert & Derr, 2004). The serving team, in addition to using an interpreter, could use resources in Spanish that utilize media incorporating songs and appropriate videos. Additionally, the team could choose to learn more about trauma-informed care practices and how to mitigate the long-term impact of ACEs on development.

TAKE AWAYS

- Children who have experienced a traumatic event such as forced separation from their parents may experience communication difficulties that require a multidisciplinary team to support their developmental needs.
- Self-reflection is an important aspect of any professional practice. SLPs and audiologists benefit from taking time to reflect on the populations they serve and how they may learn more about individual situations in an effort to enhance cultural competence.
- SLPs and audiologists are charged with advocating for their clients. It is important to understand how systems are constructed so that we can best advocate for our clients.

REFERENCES

- American Speech-Language-Hearing Association. (n.d.). *Bilingual service delivery*. Retrieved from <https://www.asha.org/practice-portal/professional-issues/bilingual-service-delivery/>
- American Speech-Language-Hearing Association. (2018, June 21). *ASHA urges quick reunification of separated families: Organization raises potential harm to children's communication development*. Retrieved from <https://www.asha.org/News/2018/ASHA-Urges-Quick-Reunification-of-Separated-Families/>
- American Speech-Language-Hearing Association. (2019, June 28). *Statement by ASHA President Shari Robertson on immigrant children's living conditions at southern U.S. border*. Retrieved from <https://www.asha.org/News/2019/Statement-by-ASHA-President-Shari-Robertson-on-Immigrant-Children-s-Living-Conditions-at-Southern-U-S-Border/>
- Brabeck, K. M., Lykes, M. B., & Hunter, C. (2014). The psychosocial impact of detention and deportation on U.S. migrant children and families. *American Journal of Orthopsychiatry*, 84, 496-505.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss,

- M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258. Retrieved from [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Individuals With Disabilities Education Act of 1990, Pub. L. 101-476, renamed the Individuals With Disabilities Education Improvement Act, codified at 20 U.S.C. §§ 1400-1482.
- Jimenez, M. E., Wade, R., Lin, Y., Morrow, L. M., & Reichman, N. E. (2016). Adverse experiences in early childhood and kindergarten outcomes. *Pediatrics, 137*(2), e20151839. <https://doi.org/10.1542/peds.2015-1839>
- Kohnert, K., & Derr, A. (2004). Language intervention with bilingual children. In B. Goldstein (Ed.), *Bilingual language development and disorders in Spanish-English speakers* (pp. 311-338). Baltimore, MD: Brookes.
- Perez, H. R., & Stoeckle, J. H. (2016). Stuttering: Clinical and research update. *Canadian Family Physician, 62*, 479-484.
- Stringer, H. (2018). *Psychologists respond to a mental health crisis at the border: Clinicians, researchers and advocates support families who are suffering in the wake of the family separation policy*. Retrieved from <https://www.apa.org/news/apa/2018/border-family-separation>
- Westby, C. (2018). Adverse childhood experiences: What speech-language pathologists need to know. *Word of Mouth, 30*, 1-4. <https://doi.org/10.1177/1048395018796520>
- Wong, P. (2010). Selective mutism: A review of etiology, comorbidities, and treatment. *Psychiatry, 73*(3), 23-31.
- Zong, J., Batalova, J., & Hallock, J. (2018, February 8). *Frequently requested statistics on immigrants and immigration in the United States*. Retrieved from <https://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states-7>

ADDITIONAL RESOURCES

ARTICLES AND BOOKS

- Evans, B. F., III, & Hass, G. A. (2018). *Forensic psychological assessment in immigration court: A guidebook for evidence-based and ethical practice*. New York, NY: Routledge.
- Lieberman, A. F., & Knorr, K. (2007). The impact of trauma: A developmental framework for infancy and early childhood. *Pediatric Annals, 36*, 209-215.
- McMinn, S., & Klahr, R. (2019, January 10). Where does illegal immigration mostly occur? Here's what the data tell us. *NPR*. Retrieved from <https://www.npr.org/2019/01/10/683662691/where-does-illegal-immigration-mostly-occur-heres-what-the-data-tell-us>
- Outley, C., & Skuza, J. A. (2019). Perspectives on immigrant, refugee, and border youth. *Journal of Youth Development, 14*(2), 1-9.
- Radford, J. (2019, June 17). Key findings about U.S. immigrants. *Fact Tank: News in the Numbers*. Retrieved from <https://www.pewresearch.org/fact-tank/2019/06/17/key-findings-about-u-s-immigrants/>

Teicher, M. H. (2018). Childhood trauma and the enduring consequences of forcibly separating children from parents at the United States border. *BMC Medicine*, 16(1), 146.

ONLINE RESOURCES

Early Childhood Technical Assistance Center: Part C Eligibility: <https://ectacenter.org/topics/earlyid/partcelig.asp>

Refugee Mental Health Resource Network: <https://refugeementalhealthnet.org>

To advocate for immigrant children and families, join the American Psychological Association's Federal Action Network: <https://www.apa.org/science/about/psa/2016/07/federal-action-network>