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The Impact of Childhood Trauma on Development

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Objectives

1. Recognize traumatic events and their current prevalence.
2. Understand the impact of traumatic events on childhood development across domains.
3. Reflect on the unique risk factors and needs of children with disabilities who have experienced trauma.

Trauma Defined

- Life experiences that are scary, dangerous, or violent.
 - Serious accidents, Abuse, Neglect, Witness to violence (within the home, in their neighborhood), Separations from parents or caregivers (such as foster care), Natural disaster (tornado, hurricane, fire)
 - Trauma can occur once or more than once, both can result in serious consequences. Trauma can lead to more trauma, such as removal from the home or separation from loved ones.
- Maltreatment vs. trauma
 - Maltreatment: interpersonal problems; e.g., neglect
 - Trauma: not person to person; e.g., natural disasters, chronic illness

National Prevalence of Trauma (2017)

- 3.6 million children are involved in reports to child protective services
 - 65% of those reports were made by professionals
- 674,000 children identified as victims of abuse
 - 77% neglect
 - 14% multiple traumas
 - 91% of perpetrators are the victim's parents

The Youngest are the Most Vulnerable

- By age 4, more than 25% of all children will experience a traumatic event.
- 79 out of 1,000 children ages 0-5 are victims of abuse
- 1,688 fatalities occurred in 2017 due to child maltreatment.
 - Nearly 75% were children under the age of 3.
 - The most vulnerable population was 0-12 months
 - Why? → Total dependence on adults

Health Risks of Childhood Trauma

- Significant mental and physical health challenges associated with childhood trauma
- ACEs - Adverse Childhood Experiences
 - # of ACEs increases the risk for negative health outcomes
 - 4 or more ACEs= average lifespan shortened by 20 years
 - Possible Risk Outcomes
 - Behavior: Lack of physical activity, smoking, alcoholism, drug use, missed work
 - Physical/mental health: severe obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones
 - Trauma associated with inflammation - migraines, fibromyalgia

The Rationale for Expanding Trauma Knowledge in Speech-Language-Hearing Providers

- These children are in your office, even if their referral doesn't explicitly describe a trauma background
 - 35% of children with speech or language delays experience maltreatment (Sullivan & Knutson, 2000)
- We are all mandated reporters regarding maltreatment
- The presence of a supportive adult-child relationship is the single best predictor of child outcomes after experiencing trauma

Trauma Has Significant Impacts on Language Development

- Maltreatment, particularly neglect, has far-reaching implications on development, including language development.
 - Neglect = limited exposure
- Trauma produces emotional states and vulnerabilities that can make it harder to learn, further impeding compensation for these deficits.
- The younger the child, the bigger the impact of abuse/neglect on language abilities.
- Language development occurs in the critical periods of your life
 - 90% of a child's brain development happens before age 5

Children in Foster Care

- 60% of children in foster care experience delays in development (Silver et al., 1999).
 - 57% have language delays
 - 33% have cognitive delays.
- One in four children under the age of 6 years demonstrate deficits in expressive and receptive language skills that are more than 2SDs below average.
 - Slightly higher prevalence of expressive than receptive language skill deficits
 - Expressive delays also tend to persist more over time in children who are maltreated.

THE ROLE OF EARLY LIFE EXPERIENCES IN DEVELOPMENT

Experience Changes the Brain

- "...our experiences are what create the unique connections and mold the basic structure

of each individual's brain." Siegel, D., Hartzell, M. (2003)

- Video - Experiences Build Your Brain: <https://www.youtube.com/watch?v=VNNsN9IJkws>

The Power of Relationships

- Children develop within the context of relationships.
 - Babies cannot exist without adult interaction
- Adults provide the environment in which learning takes place.
- Adult-child interactions teach children about themselves, adults, and the world
 - Teaching how to value and what to expect in the world (safety, behavior)
 - Kids learn what they say is important, use of gestures & pragmatics
 - "Serve and return"
 - Video - Dad and Baby Serve and Return:
<https://www.youtube.com/watch?v=0IaNR8YGdow>
 - Focus on the quality of interaction

Toxic Stress

- Positive: Brief increases in heart rate, mild elevations in stress hormone levels.
 - Adaptive
 - E.g., waking up in the night before a flight so you aren't late
- Tolerable: Serious, temporary stress responses, buffered by supportive relationships.
 - High degrees of stress but tolerable
 - Trauma can be tolerable stress
- Toxic: Prolonged activation of stress response systems in the absence of proactive relationships.
 - Damages body
 - Overloads developing systems - stress response system permanently on high alert
- Video - Toxic Stress Derails Healthy Development:
<https://www.youtube.com/watch?v=rVwFkcOZHJw&t=1s>

Fight, Flight, Freeze

- Trauma impacts how our bodies detect and respond to stressors.
- Creating an optimal learning environment means anticipating, recognizing, and appropriately responding to fear behavior.
- Fight = approach; not necessarily aggression; doing something with your body
- Flight = leave the room, hide
- Freeze = (under response, harder to recognize) shutting down, "deer in headlights"
 - Under response can be just as bad as over response

Understanding Children's Trauma Triggers

- Video: Young Child Triggered During Exploration:
<https://www.youtube.com/watch?v=7FC4qRD1vn8>
 - How adults interact in front of kids (assertive, loud, doesn't have to be violent or cussing) impacts kids

- 80% of temperament can be found to be heritable
- “Snake in a Field” example - you’re walking in a field and almost step on a snake.
 - What might happen the next time you’re in the field?
 - Avoidance - doesn’t walk in the field at all
 - Seeing a garden hose could trigger the same response
- A young client reacted to the therapist’s hair being styled up for the first time → the foster mom said that the child’s mom used to wear her hair up
- Triggers are not always observable, could be an internal state
 - Such as feeling ashamed, and hunger
 - Simple things to ask before expecting kids to be engaged in learning environment - do you need a drink? Eat? Potty?

THE IMPACT OF TRAUMA ACROSS DOMAINS

Attachment

- “Attachment” is a word that is often used to describe the relationship that children have with their caregivers. Note: relationships are bi-directional.
- Attachment behavior from a developmental perspective refers to how children behave with a caregiver when they are frightened (i.e., safety-seeking behavior).
- Children’s attachment to caregivers is a dyadic process built over the course of thousands of interactions.
 - Can have secure AND insecure relationships
- Early caregiving relationships influence how children develop relationships with others in their lives (e.g. siblings, friends, romantic partners, their own children).

Body Reactions

- Increased physical complaints, such as headaches or stomachaches.
- Difficulties with sleeping, eating, or meeting developmental milestones (walking, talking, toilet training).
- Could become extra sensitive to being touched by others. Immune system may not work as well, making it difficult to fight illness.

Controlling Feelings

- Children might be more fussy, hyperactive, or irritable. Older children may seem more sad, worried, or angry. They may also show blunted feelings.
- Not just over responders, but under responders too
- Video - Still Face Experiment: <https://www.youtube.com/watch?v=apzXGEbZht0&t=1s>
 - Ask the mother not to respond to the baby
 - Baby tries to engage mom - smiles, points, frustrated behaviors, cries
 - Caregiver appearing numb, frozen out
 - Impact of post-partum depression, technology, abuse

Controlling Behavior

- “I beHAVE SOMETHING TO SAY”

- Demonstration to others of how we feel at any given moment
- Children with traumatic experiences often have trouble controlling their behaviors when upset. This may include temper tantrums, long crying spells, or difficulty being happy. Older kids - skipping school, hitting
 - They may have a short fuse even for things that seem small or unrelated to the trauma.
 - Their emotional reactions may appear exaggerated OR far less than we would expect.

Executive Functioning Skills

- Sharp growth in these skills from 0-5 years of age.
- After trauma, children may have trouble focusing or paying attention;
 - They might forget things more or be more disorganized;
 - They may be distracted easily, requiring people to repeat directions or information several times;
 - They might have problems learning information in school or at home
- Visual Cliff: <https://www.youtube.com/watch?v=p6cqNhHrMJA>
 - Children can listen to and trust their caregivers more than their own natural instinct
 - Impact of having caregivers who do not model good behaviors/choices

Thoughts About One's Self

- Feeling ashamed or embarrassed about difficult events;
- Sometimes feeling responsible or guilty for what happened;
- Feeling unloved, unsafe, or hopeless about life;
- Having low self-esteem.

Thoughts About the World

- Children look to caregivers to understand safety
- This natural developmental process is undermined by unsafe early environments.
- Kids cue off of adults to understand what is safe

THE IMPACT OF TRAUMA ON SERVICE PROVISION

Getting to You

- Poor quality early childhood education environments may make early delays harder to find.
- The increased likelihood of engagement in other services that could present pragmatic scheduling difficulties, as well as a large burden of therapeutic care on a family.
- Difficulties in making and keeping routine appointments in overworked family environments.

While They're With You

- Separations from caregivers.
- Heightened sensitivity to criticism/growth areas.

- Deficits in executive functioning skills, attention, inhibitory control, may lead to difficulties in participating in, and optimally benefiting from, services.

In-Between Appointments

- Children make the most strides when skills in therapy are reinforced in their caregiving environments.
 - Availability of caregivers who are able to be supportive?
 - Stability of placements, and as a result, caregivers?
- The magnitude of intergenerational trauma patterns means that we are very likely to be working with parents who themselves have experienced trauma that has impacted their ability to manage and support their children.
- If you are giving a 5-minute “homework” for parents → important to ask what are they giving up to do that

Caregiver Behaviors in Households of Maltreatment

- Parents who engage in abusive behavior toward children (Eigsti & Cicchetti, 2004):
 - Are less verbally interactive with their children
 - Use more simplistic language
 - Ask fewer questions
- Household factors that impact executive functioning in early childhood (Rhoades et al., 2011)
 - Crowded households
 - Mothers who gave birth when they were teenagers
 - Maternal mood difficulties
 - Maternal life stress
 - Low social support

A CALL TO JOIN FORCES

Identifying Needs

- Mental health and developmental service providers need to sit at the same table more often.
- We can identify and refer to each other.
- We can coordinate our techniques so we can best avoid families receiving mixed messages of what works and what to do to help.
- NCTSN - resources for trauma

Evidence-Based Treatments That Help Traumatized Children

- There are many treatments that work for children birth – 18 years who have experienced trauma
 - Child-Parent Psychotherapy
 - Parent-Child Interaction Therapy
 - Trauma-Focused Cognitive Behavioral Therapy.

