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continued



Childhood Trauma & Communication Virtual Conference

Guest Editor: Trisha L. Self, PhD,
CCC-SLP, BCS-CL

continued
ONLINE CONTINUING EDUCATION FOR THE LIFE OF YOUR CAREER



The Effects of Stress and Trauma on Language Development

Joy D. Osofsky, PhD

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com

continued



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- Must be logged in for full time requirement
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- Two opportunities to pass the exam

Experiencing Trauma and Effects on Language Development

- Joy D. Osofsky, Ph.D.
- Paul J. Ramsay Chair of Psychiatry
- Barbara Lemann Professor of Child Welfare
- LSU Health Sciences Center, New Orleans
- August 8, 2019

Learning Outcomes

After this course, participants will be able to:

- Describe ways exposure to trauma affect cognitive and language development.
- Describe how abuse and neglect play an important role in language development.
- List at least 3 prevention strategies that can help avert more serious developmental outcomes over time.

Road Map

THE IMPACT OF TRAUMA ON DEVELOPMENT

HOW TRAUMA EXPOSURE CAN AFFECT
LANGUAGE DEVELOPMENT

UNDERSTANDING THE CLINICAL IMPLICATIONS
FOR LANGUAGE DEVELOPMENT

Children ages 0-6 exposed to trauma may:

- Show poor verbal skills – speech may be absent, delayed or hard to understand
- Exhibit memory problems
- Develop learning disabilities
- Show poor skill development
- Have difficulty focusing or learning in school
- Lack self-confidence

Effects of Trauma on Young Children

Traumatic stress can change a child's development, behavior and functioning affecting:

- Biology and physiology
- Relationships and attachment
- Behavior and emotion regulation
- Cognitive skills
- Emotional and social development

The Effects of Trauma on Young Children

- Derails the normal developmental trajectory and can contribute to:
 - Developmental delays
 - Emotional dysregulation
 - Behavioral dysregulation
 - Sense of self and fearfulness
 - Difficulties in forming attachments in childhood and later life

Red Flags - Signs in a Baby that Emotional Needs are Not Being Met

- Sad or bland affect (emotions)
- Lack of eye contact
- Non-organic failure to thrive
- Lack of responsiveness
- Prefers “stranger” to familiar caregiver
- Rejects being held or touched

Red Flags - Signs of Emotional Problems in Toddlers or Preschoolers

- Dysregulated, aggressive behaviors
- Problems with and deficits in attention
- Lack of attachment; indiscriminate attachment
- Sleep problems or disorders
- All beyond what is “usual” behavior for children of this age

The Impact of Trauma on Adults – Parents, Caregivers, Teachers

- Ability to listen to child may be limited – parent/adult may be so stressed they cannot listen to or hear the child's distress
- Parent/adult may need to protect herself from feelings of vulnerability and trauma

Factors that Influence How Children Experience Trauma

- The number and severity of the traumatic episodes
- Proximity to the event
- The personal significance of the traumatic event for the child
- The extent to which the child's support system is disrupted after the trauma (e.g., children separated from parents during the London blitz)

Other Factors

- Child's age and developmental stage
- Child's perception of the danger
- Child's relationship to victim and/or perpetrator
- Presence/availability of adults who can offer help and protection
- Genetic predisposition
- Previous history of traumatic experiences

Additional Risk Factors for Speech and Language Delays

- Poverty
- Lack of social supports
- Limited parental education
- Adolescent parents
- Depressed parents
- Exposure to alcohol and drugs during prenatal and perinatal period
- Poor nutrition
- Preterm birth or low birth weight
- Neglect or abuse
- Placement in foster care or kinship care

Additional Risk Factors

- Males are more likely to have speech delays
- Having ongoing hearing problems
- Children with difficult temperament

Risk for Language Delay in Children with Disabilities (Sullivan, et al, 2000)

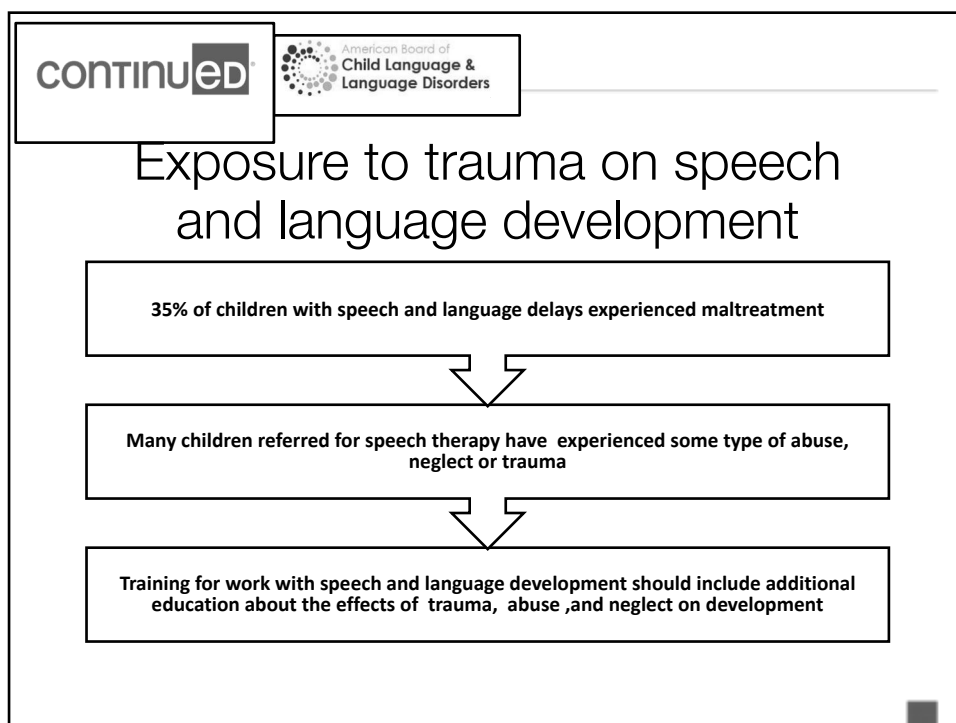
- Prevalence maltreatment rate:
 - Typically developing children: 9%
 - Children with disabilities: 31%
- Deaf /hard-of-hearing children: 2x the risk for neglect and almost 4x the risk for physical abuse than nondisabled peers
- Children with communication delays: 5x the risk for neglect and abuse than non-disabled peers

Effects of Trauma and Maltreatment on Infants and Toddlers

- Absence of stimulation interferes with growth and development of the brain
 - Can result in generalized cognitive delay
- Basic safety needs are not being met
- Difficulties with attachment is common
- Maltreated toddlers typically exhibit language and speech delays. They fail to use language to communicate with others

Abuse and Neglect Co-Occur Often with:

- Domestic Violence
- Substance Abuse
- Other risk factors in families



continued American Board of Child Language & Language Disorders

How Maltreatment Impacts Language and Speech

- Nearly 700,000 **children** are abused in the U.S annually.
- 75% of them experienced neglect
- Children in the first year of life had the highest rate of victimization of 24.2 per 1,000 children in the national population of the same age. (National Children's Alliance)



The Effects of Neglect on Language Development

(Spratt, Friedenberg, Brady, 2013)

- Neglect, whether in an institutional setting or in foster care, negatively affects cognitive and language development
- With neglect, young children do not receive the types of stimulation that are important for language development, such as being talked to and reading.



The Effects of Neglect on Language Development

(Sulvestre, A., Bussieres, E., Bouchard, C. (2016). Child Maltreatment

- Meta-analysis shows that exposure to abuse and neglect negatively affects language development
- Younger children are particularly vulnerable to abuse and neglect with significant negative effects on development

The Effects of Early Care and Education (ECE) on Language Development for a Child Welfare Sample

(Merritt & Klein, 2015, Child Abuse and Neglect)

- With early childhood education, a child welfare population under 6 years had improved language development
- Certain types of ECE are more beneficial for children in child welfare
 - Those addressing attachment issues
 - More consistency in attending and receiving ECE is more beneficial
 - Irregular attendance can also indicate more risk for the child

NICHD Study of Early Child Care

Higher-quality child care, improvements in the quality of child care, and experience in center-type arrangements predicted better pre-academic skills and language performance at 4¹/₂ years.




A Continuum from Stress to Trauma

(Center for the Developing Child at Harvard)

Normative,
Developmentally
Appropriate Stress

Emotionally
Costly Stress

Traumatic
Stress






Center on the Developing Child
HARVARD UNIVERSITY

Positive Stress

A necessary aspect of healthy development that occurs in the context of stable, supportive relationships.

Brief increases in heart rate and mild changes in stress hormone levels.

Tolerable Stress

Stress responses that could disrupt brain architecture, but are buffered by supportive relationships.

Allows the brain an opportunity to recover from potentially damaging effects.



continued

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Toxic Stress

Strong, prolonged activation of the body's stress response systems in the absence of the buffering protection of adult support.

Can damage developing brain architecture and create a short fuse for the body's stress response systems, leading to lifelong problems in learning, behavior, and both physical and mental health.

continued

The Adverse Childhood Experiences (ACE) Study

- The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants)
- Basic Findings: Trauma exposure is associated with a higher number of common health problems

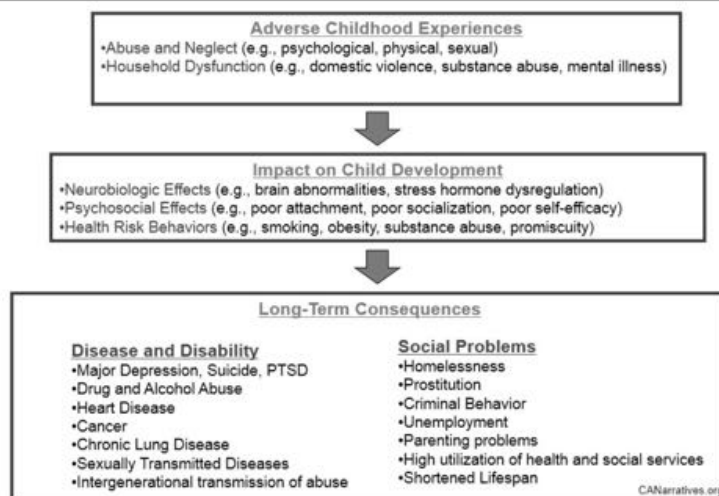
Short and Long-Term Effects of Traumatic Experiences on Development

- The foundations of many mental health problems in children and adults are established early in life
- What happens to a child is a result of interaction between:
 - early risk factors
 - genetic predisposition
 - exposure to significant environmental adversities (i.e., harsh, inconsistent parenting as a result of poverty, exposure to substance abusing parent, poor quality child care, parental mental illness, parent in prison, etc)

Adverse Childhood Experiences-- ACE Study Felitti, Anda, et al. (1998)



How the ACES Work



Cumulative ACES Increase Risk for Poor Outcomes

What ACEs tells us:

Children under 3 have highest rates of abuse/neglect**

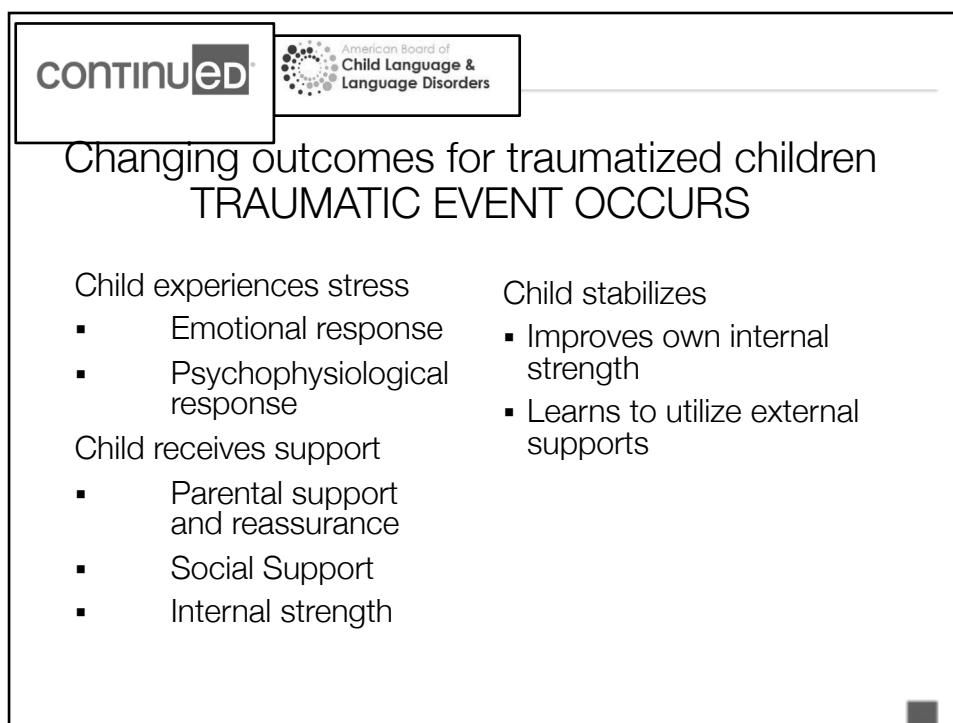
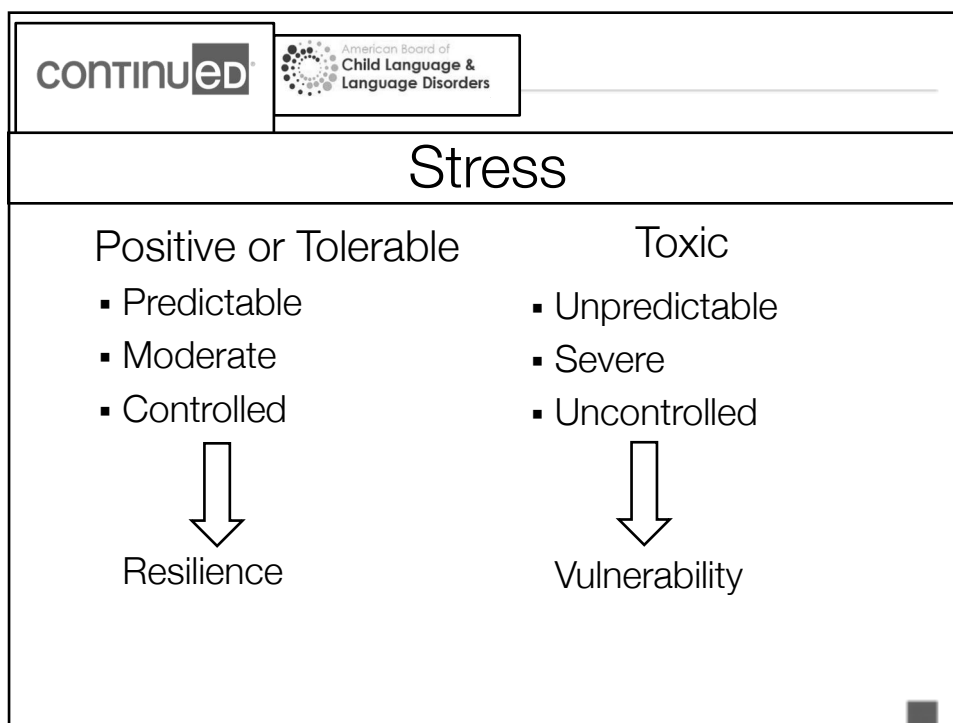
76% of children who died from maltreatment were under 4 years of age**

(Children's Defense Fund, 1996- update; **U.S. Department of Health and Human Services, 2006)

Toxic stress from exposure to violence can impair healthy development.

- One study revealed that exposure to relationship-based violence and trauma in the first two years of life resulted in lower IQ scores at 5 and 8 years of age.

• Enlow, Egeland, Blood, Wright, Wright (2012)



Positive Relationships are Important for Healthy Development

- Early childhood is a time for promoting resilience (Masten & Gewirtz 2006).
- Positive relationships and environments
 - support healthy cognitive, social, emotional, and physical development
 - Provide a foundation for young children to develop resources and skills needed to cope and adapt to adversity later in life

What Contributes to Maltreatment?

- Increased likelihood of child abuse and neglect in homes with:
 - Domestic violence: 30-50%
 - Substance abuse: 50-80%
 - Other socioeconomic factors

U.S. Department of Health and Human Services, 2005

Risk Factors Specific to Maltreatment Contributing to Language Delays

- Poverty
- Lack of social support
- Limited education
- Adolescent parents
- Depressed mothers or other serious mental illness
- Substance and alcohol use during pregnancy and after birth
- Preterm birth/ low birth weight
- Abuse and neglect

Infants in the Child Welfare System

- Infants under the age of one year are the largest cohort in the child welfare system
- It is rarely the case that a maltreated infant has no symptoms

Young Children in Foster Care in U.S.

- More likely to be abused and neglected
- 79% of child fatalities occur under age 4
- Remain in placement longer (twice as long)
- 33% return to placement
- Lower rate of reunification
- Developmental delay is 4 to 5 times greater than children in general population
- More than half suffer from serious physical health problems

Prevalence Rates of Developmental Delay

- Foster care – Overall Delay is 60%
 - Language – 57%
 - Cognitive – 33%
 - Gross motor – 31%
 - Growth problems – 10%
- General Population – Overall Delay is 4-10%

(Leslie, L.K., et al, 2004, Journal of Developmental and Behavioral Pediatrics)

Maltreatment for Children with Language and Speech Delays

- Prevalence maltreatment rate:
- Typically developing children: 9%
- Children with disabilities: 31%
- Deaf /hard-of-hearing children: 2x the risk for neglect and almost 4x the risk for physical abuse than nondisabled peers
- Children with communication delays: 5x the risk for neglect and abuse than non-disabled peers

Abuse and Neglect – Which Affects Language Delays More

- Not unexpectedly, severely neglected children experience more delays and fewer receptive language skills as well - they understand less
- Neglect is the result of many factors –
 - substance use contributes to neglect
 - Serious mental illness

Protective Factors

- Children and families can show resilience even in the face of significant trauma
- A crucial protective factor is the presence of a positive, caring and protective parent or caregiver
- The child can be reassured that the parent will be there for them and keep them safe

Additional Protective Factors

- Consistent and sociable temperament
- Higher levels of maternal well-being
- In understanding language and speech delays even in the context of trauma, it is crucial to consider family factors
- Harrison, L. & McLeod, S. (2010). Risk and protective factors associated with speech and language impairment in a nationally representative sample of 4- to 5- year old children. Journal of Speech, Language and Hearing Research
- ([https://doi.org/10.1044/1092-4388\(2009/08-0086\)](https://doi.org/10.1044/1092-4388(2009/08-0086)))

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