



UNIVERSITY OF  
**ILLINOIS**  
URBANA-CHAMPAIGN

# WEEK 4: LASTING IMPACTS OF CHRONIC, TOXIC TRAUMA

## BEFORE WE BEGIN...A NOTE ABOUT COMPLEX TRAUMA FROM A GLOBAL PERSPECTIVE

- Child maltreatment and atrocities against women and children occur at staggering rates in less developed nations, including Afghanistan, Pakistan, and India where girls and women are routinely killed and tortured (honor killings) for getting pregnant out of wedlock or dishonoring their families in other ways; girls living in some countries in Africa, the Middle East, and parts of Asia are subjected to female genital mutilation practices, rapes, among other forms of mis-treatment. Their perpetrators are not brought to justice and the killings, mutilations, and traumas imposed on women are often justified in cultures that implement these practices.
- The focus of this class is understanding the health, education, employment, and relationship impacts of child maltreatment on survivors across the life span, *in the context of nations that recognize this issue, pass laws to protect citizens and punish perpetrators, and spend money on research, intervention, and prevention efforts.* As problematic as maltreatment is for survivors in this country, the traumas endured by others across the globe must be recognized by those of us wishing to “serve and connect” with our fellow humans.

## A NOTE ABOUT SELF-CARE

- I ask a lot of you in this class emotionally as well as cognitively. Take breaks, take care of yourself, and reach out as needed! Remember that we can only serve others by first learning what others need from us. By learning about maltreatment, you are taking necessary steps to understand how to help future clients, students, and fellow humans on the road to recovery from trauma. One way to provide emotional space as you complete this class might be to avoid reading or watching too much news coverage, particularly on global events related to war and atrocities against people. As empathic people, taking in an abundance of information regarding traumas and atrocities against others can be detrimental to your learning (numbing effect), and/or detrimental to your health and wellbeing. My hope is that you can continue to learn without over-burdening your system.

# THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT

- <https://www.youtube.com/watch?v=tLiP4b-TPCA>
- [https://www.youtube.com/watch?v=7Qb3DXY\\_7fU](https://www.youtube.com/watch?v=7Qb3DXY_7fU)
- Watch the above videos from Harvard's Center on the Developing Child for a refresher on how early experiences shape the brain's capacity for social-emotional, learning, and other effects over the lifespan.
- What are the key points?

# CHILDHOOD TRAUMA IS A PUBLIC HEALTH CRISIS

<http://www.pbs.org/wnet/amanpour-and-company/video/nadine-burke-harris-on-the-impact-of-childhood-adversity/>

Watch the above video interview with Dr. Harris Burke discuss ACES and early trauma on health, and how she views trauma as a public health crisis.

What are the key points of this interview?

Did watching this video clarify any points from previous readings?

What did Dr. Harris Burke say in this interview that was new for you?

# HEALTH, EDUCATION, EMPLOYMENT AND, RELATIONSHIPS

- Health, Education, Employment, and Relationships determine overall quality of life, and each has the capacity to impact the other domain.
- Read this week's readings in the following order:
  - Jones Harden, Jimenez Parra, & Drouin Duncan (2019)- "The Influence of Trauma Exposure on Childhood Outcomes"
    - Overview of neurobiological, physical health, motor, cognitive-academic, language, and social-emotional consequences of trauma
  - Shonkoff, Garner, et al (2012)- "The Lifelong Effect of Early Childhood Adversity and Toxic Stress"
    - Focuses on health
  - Kim & Cicchetti (2010)- "Longitudinal Pathways Linking Child Maltreatment, Emotion Regulation, Peer Relations, and Psychopathology"
    - Focuses on emotions and relationships
  - Crozier and Barth (2005)- "Cognitive and Academic Functioning in Maltreated Children"
    - Focuses on education/learning
  - Zielinski (2009)- "Child Maltreatment and Adult Socioeconomic Well-being"
    - Focuses on employment and economic status
- **NOTE: some of the article's authors use the term "maltreatment victim". I use the term "survivor" in place of victim, since victim implies a powerlessness, and survivor conveys empowerment.**

# STUDY GUIDE: JONES HARDEN ET AL. (2019)

- What are the major **consequences of trauma** in relation to development in these areas? Give examples.
  - Neurobiological
  - Physical health and motor
  - Cognitive and academic
  - Language
  - Social-emotional
  - Mental health
- T/F: Individuals who have experienced trauma are at **higher risk for suicide**.
- What is the relationship between **attachment** and maltreatment?
- What contributes to higher rates of **injury** in children who have been maltreated?
- What are the consequences of **shaken baby syndrome**?
- What is meant by the **function and structure of the brain** (as in, the function and structure of the brain are both negatively impacted by trauma)?
- What are some of the **recommendations for schools** to better support children who have experienced trauma?
- How can you use the information related to developmental consequences in your work as a counselor or human services professional?

# STUDY GUIDE: SHONKOFF ET AL. (2012)

- How would you explain *in your own words* the biology of toxic, chronic stress?
- What is *tolerable stress*? What is *positive stress*? What is needed to reduce a toxic stress to a tolerable stress? Or reduce from a tolerable stress to a positive stress? Provide examples.
- What *specific health and life outcomes* result from toxic stress?
- What are the *foundations of healthy human development*?
- What *policy* or law would you most like to see implemented in regard to healthy child development? (You can come up with this on your own based on the readings, you can amend a current policy)
- All of us are responsible for the next generation...(cue Whitney Houston's *The Greatest Love of All*...). Imagine your future job...what is one specific thing you will do as a human service professional (counselor, teacher, other), and/or in your personal life, to *promote healthy child development*?



# STUDY GUIDE:

## KIM & CICCHETTI(2010)

- What is the purpose of this study?
- Who was investigated?
- Explain **Emotion Regulation**. What does it mean to be “emotionally dysregulated”?
- What are **internalizing** symptoms? What are **externalizing** symptoms?
- Compare the maltreated children’s capacity to regulate their emotions to non-maltreated children.
- How does emotional regulation impact internalizing and externalizing behaviors?
- T/F: Children with better emotion regulation had better **peer relationships**.
- If you are a counselor working directly with kids who demonstrate difficulty regulating their emotions, how could **you promote positive peer relationships** for these kids?
- Why are peer relationships important in your view? Do you think peer relationships in childhood are connected to adult relationships? Why or why not?

# CROZIER & BARTH(2005):TERMS TO KNOW

- **Cognitive functioning** is closest to intelligence, and usually measures how well a person thinks about new things. Analogies and pattern recognition assess innate abilities, not skills learned in school. While many people with high intelligence do not perform well at school, there is a threshold needed on cognitive functioning in order to do well at school. In other words, high intelligence doesn't always translate to high school performance, but a certain level of intelligence is needed in order for a person to learn and succeed in school.
- **Academic performance** can suffer for a range of reasons, including reduced cognitive functioning. Other reasons include health, lack of support, poor teaching. Academic performance is important for continued learning.
- **The K-BIT** (Kaufman Brief Intelligence Test) is a measure of cognitive functioning. It is considered valid and reliable as a measure of general intelligence. Novel problem solving related to concepts, pattern recognition, and analogies are presented to ascertain how well a person can reason.
- **The Woodcock McGrew Werder Achievement Test** assesses basic reading, science, writing, social studies, and math knowledge learned in school. This is not a test of innate ability demonstrating problem solving, but tests how well a person retained information and processes (writing and math) that are taught at school.

(Both assessments are normed so that the mean is 100, and a standard deviation is 15. So, the range of “normal” intelligence and achievement is 86-114. One standard deviation below the mean (85) is considered just at the threshold of significant problems with cognition and/or academic achievement.)

# STUDY GUIDE: CROZIER & BARTH(2005)

- Who were the participants in this study? What was the purpose of the study?
- What measures were used to assess participants? (See next slide for help related to two measures)
- What percent of maltreated children scored at least one standard deviation below the mean on the KBIT and MBA?
- Is gender related to scores? Is maltreatment type?
- Explain the overall finding from this study.
- What is the authors' primary recommendation?
- NOTE: I didn't assign other articles explaining additional academic outcomes related to maltreatment, including high absenteeism, school suspensions, GPAs. If you would like additional articles, please see the "supplemental readings" folder in canvas for readings on a range of topics that are relevant to this class but not assigned.

# STUDY GUIDE: METZLER ET AL., (2017)

- What is the purpose of this study? Who was studied? What was measured as adverse childhood experiences (ACEs)?
- What is a theoretical framework of this study? What components are explained in the framework?
- T/F: ACEs were more prevalent for women and racial minorities.
- The results indicate that adults who scored 4 or more ACEs were \_\_\_\_\_ times more likely to be unemployed, \_\_\_\_\_ times not to graduate high school, and \_\_\_\_\_ times to live in a household with poverty, compared with those have no ACE.
- Why do the findings matter? Describe it with a lens of intergenerational transmission of maltreatment.
- What is the “new narrative” in this study? As a helping professional, how will you practice the “new narrative” for individuals and families at risk for poor outcomes across generations?

# WATCH REMOVED

- <https://www.youtube.com/watch?v=IOeQUwdAjE0>
- Watch the above video and answer the following questions for this week's assignment. It may be helpful the review info about internalizing and externalizing symptoms in the Kim and Cicchetti article.
  - What did you notice about Zoe's ability to regulate her emotions.
  - What examples of internalizing symptoms and externalizing symptoms did you notice?

# BI-DIRECTIONALITY OF RISKS AND OUTCOMES

Module 3 outlined the people who experience maltreatment and traumas at much higher rates. These include *children with disabilities, children living in foster care, adults in treatment for substance use disorder, and adults who are incarcerated*. Many of the **risk factors for maltreatment** are also **outcomes of maltreatment**, suggesting the **bi-directionality** of the relationships, and providing evidence for the **multi-generational patterns** of maltreatment risks and outcomes in families.

# REVISITING MULTI-GENERATIONAL PATTERNS

## Revisit the case study from week 3

Imagine a single working parent with limited resources in the following way: Highest level of education is high school diploma; lives with type II diabetes; is low on energy and time due to working long hours at low-wages to make ends meet; has a meager social support system. The typical demands of a child may exceed this parent's capacity at times. The emotional "serve-and-receive" process between parent and child is not consistently provided. This parent may not be able to take time off from work when the child needs to go to the doctor. This parent may chronically struggle to keep the house and clothes clean; meals are not regularly prepared, so the child occasionally eats what is available, which is not always enough, and rarely nutritious. At times, the child is left unsupervised when care cannot be secured during a time the parent must work. Tired at the end of each day, and frequently experiencing feelings of hopelessness, this parent rarely has the energy to read to, or play with the child.

After reading about the lasting effects of maltreatment, do you view this parent and child dyad differently? Would you take different actions based on what you learned this week? Do you have different emotions and/or reactions? Explain if so, or if not.

**Submit your responses to Case study drop box**

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