Strengthening Children's Resilience and Protective Factors

Early Ripples: The Effects of ACEs on Children 0-5

Hyun-Kyung You, Carol West, & Kelsey Taylor
Child Development
Humboldt State University

2021

Learning Objectives

- As a result of this training, participants will be able to:
  - Understand resilience
  - Describe individual and environmental protective factors
  - Identify strategies to strengthen resilience and protective factors

Resilience from Developmental Perspectives

- Resilience is a positive, dynamic, and adaptive response resulting from multiple interactions among individuals' biological systems and various protective factors in their social and cultural environments (NSCDC, 2015).
  - Protecting the developing brain and other organs from a dysregulated stress response system in the face of significant adversities
  - Altering potentially toxic stress into tolerable stress for better adaptation and coping
  - Resulting healthy and homeostatic development (physical-neurological, endocrine, and immune, cognitive, and social/emotional)
  - Nurtured through supportive relationships, adaptive skill-building, and positive early experiences

Protective Factors

Protective factors:

"intrinsic or extrinsic conditions or attributes that mitigate risk for toxic stress"

Sources: Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812. See notes for additional sources.

Intrinsic Factors

- Curiosity in learning
- Ability to pay attention
- Ability to regulate emotions
- Neuro, Endo, Metabolic, Immune Genetic and Epigenetic factors

Extrinsic Factors

- Buffering relationships
- Supportive environments
- Community resources

Interrelated Core Protective Factors

- Interrelated “core protective systems” can promote adaptation in early childhood and reduce the negative impacts of ACEs (Sciaraffa, Zeanah, & Zeanah, 2018).
  - Neuroplasticity of early years (Shonkoff & Phillips, 2000)
  - Individual capacities
  - Secure attachment with caregiver and supportive relationships with competent people
  - Protective community characteristics

Protective Factors: Individual Characteristics

- Intrinsic characteristics include curiosity in learning, ability to pay attention and to regulate emotions, and neuro, endo, metabolic, and immune, genetic, and epigenetic factors (Bhushan et al., 2020)
- Self-regulation: “the act of managing one’s thoughts and feelings to engage in goal-directed actions such as organizing behavior, controlling impulses, and solving problems constructively” (Murray, Rosanbalm, & Christopoulos, 2016, p. 7). (Bhushan et al., 2020, p.75)
- Positive self-concept and self-esteem can buffer the internalization of adversities, hopelessness, and helplessness in children (Haskett, Nears, Ward, & Mcherson, 2006; Sciaraffa, Zeanah, & Zeanah, 2018).

Protective Factors: Relationship

- Secure attachment with caregivers and supportive relationships with competent individuals can buffer adversity and promote children's resilience development (Bhushan et al., 2020; Sciaraffa, Zeanah, & Zeanah, 2018; Valentino, 2017).
  - Supporting self-regulation and positive self-concept
  - Feelings of belonging

Protective Factors: Community

- “Children can become resilient when the communities in which they live are home to resilient adults” (Ellis & Dietz, 2017, S87).
- Community resilience includes the capacities to (Ellis & Dietz, 2017)
  - Predict risk of childhood adversity
  - Prevent harm from childhood adversity
  - Restore the well-being of children and families in the community
- Collective community capacity building theory and practice also highlight the interaction among human, organizational, and social capacities (Hargreaves et al., 2017)

Protective Factors: Community (Cont'd.)

- The early childhood education community can offer early identification of ACEs, contribute to developing protective skills, and provide safe and healthy environments for children experiencing ACEs and other adversities that may be risk factors for toxic stress (Sciaraffa, Zeanah, & Zeanah, 2018).
  - Child care providers or teachers can provide predictable, sensitive, and responsive environments to mitigate stress and support young children to regulate their emotional arousal (Mortensen & Barnett, 2016).
  - Supportive relationships between families and child care settings can strengthen families' positive capacity (Masten et al., 2009)

Protective Factors: Community (Cont'd.)

- Assessing ACEs through early childhood home visiting programs can provide effective interventions in young children and their families (Center for Disease Control and Prevention, 2019; McKelvey et al., 2016).
- California ACEs Aware provides training to providers on the importance of screening for ACEs and how to respond to mitigate the health impacts of toxic stress (acesware.org)
- "Collective efficacy is not simply the sum of the efficacy beliefs of individual members. Rather, it is an emergent group-level property" (Bandura, 2000, p. 76)

What Professionals Can Do to Strengthen Resilience and Protective Factors in Young Children

Primary

- Primary prevention strategies: Increasing awareness of ACEs in early childhood education and pediatric settings; increasing positive childhood experiences (PCEs), strengthening the nurturing relationship between parent and child; offering high-quality early childhood programs, prenatal services, pediatric services, and family support programs with attention to reducing structural barriers (i.e., poverty, racism, equity issues, and accessibility issues, etc.).

Sources: Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812. See notes for additional sources.

What Professionals Can Do to Strengthen Resilience and Protective Factors in Young Children (cont'd)

Clinical response to identification of ACEs and increased risk of toxic stress should include:

1. Applying principles of **trauma-informed care**, such as establishing trust, safety, and collaborative decision-making
2. Supplementing usual care for **ACE-Associated Health Conditions** by providing **patient education** on toxic stress and offering strategies to regulate the stress response, including:
    a. Supportive relationships, including with caregivers (for children), other family members, and peers
    b. High-quality, sufficient sleep
    c. Balanced nutrition
    d. Regular physical activity
    e. Mindfulness and meditation
    f. Experiencing nature
    g. Mental health care, including psychotherapy or psychiatric care, and substance use disorder treatment, when indicated

Source: Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812. (p. 79-80)

Secondary and Tertiary Prevention: Clinical Response Overview (cont.)

Clinical response to identification of ACEs and increased risk of toxic stress should include:

1. Validating existing strengths and protective factors
2. Referrals to patient resources or interventions, such as educational materials, social work, school agencies, care coordination or patient navigation, and community health workers
3. Follow up as necessary, using the presenting ACE-Associated Health Condition(s) as indicators of treatment progress

For information on the clinical response to ACEs and toxic stress, visit ACEsAware.org/assessment-and-treatment

Source: Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812. (p. 79-80)

Summary

- Resilience is the ability to tolerate or recover from stressors and results from a mixture of intrinsic factors and extrinsic factors as well as biological predisposition.
- Strengthening “core protective systems”-individual, relational, and community- can promote adaptation in early childhood and reduce the negative impacts of ACEs.
- Professionals can engage in primary, secondary, and tertiary prevention strategies.

References

- Bandura, A. (2000). Exercise of human agency through collective efficacy. *Current Directions in Psychological Sciences, 9*, 75-78.
- Bhushan, D., Kotz, K., McCall, J., Wirtz, S., Gilgoff, R., Dube, S.R., Powers, C., Olson-Morgan. J., Galeste, M., Patterson, K., Harris, L., Mills, A., Bethell, C., & Burke, H. N. (2020). *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health.* Office of the California Surgeon General. DOI: 10.48019/PEAM8812.
- Centers for Disease Control and Prevention. (2019). *Preventing Adverse Childhood Experiences: Leveraging the best available evidence.* Atlanta, GA: National Center for Injury Prevention and Control.
- Dozier, M., Zeanah, C. H., & Bernard, K. (2017). Infants and toddlers in foster care. *Child Development Perspectives, 7*(3), 166-171.
- Ellis, W. R., & Dietz, W. H. (2017). A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Academic Pediatrics, 17*, S86-S93.
- Hargreaves, M. H., Verbitsky-Savitz, N., Coffee-Boden, B., Perreras, L., Roller White, C., Pecora, P. J. Morgan, G. B., Barila, T., Ervin, A., Case, L., Hunter, R., & Adams, K. (2017). Advancing the measurement of collective community capacity to address adverse childhood experiences and resilience. *Children and Youth Services, 76*, 142-153.
- Kimberg, L. S., & Wheeler, M. (2019). Trauma and trauma-informed care. In: Trauma-informed healthcare approaches: a guide for primary care. New York: Springer Berlin Heidelberg,
- Masten, A. S., Cutuli, J. J., Herbers, J. E., & Reed, M.-G. J. (2009). Resilience in development. In C. R. Snyder & S. J. Lopez (Eds.), *Oxford handbook of positive psychology* (2nd edn., pp. 117–131). New York: Oxford University Press.

References (Cont'd.)

- McKelvey, L. M., Whiteside-Mansell, L., Conners-Burrow, N. A., Swindle, T., & Fitzgerald, S. (2016). Assessing adverse experiences from infancy through early childhood in home visiting programs. *Child Abuse & Neglect, 51*, 295-302.
- Mortensen, J. A., & Barnett, M. A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Child and Youth Services Review, 64*, 73–81.
- Murray, D.W., Rosanbalm, K., and Christopoulos, C. (2016). *Self-Regulation and toxic stress Report 3: A comprehensive review of self-regulation interventions from birth through young adulthood. OPRE Report #2016-34*.
- National Scientific Council on the Developing Child (2015). Supportive relationships and active skill-building strengthen the foundations of resilience: Working paper 13. http://www.developingchild.harvard.edu
- Sciaraffa, M.A., Zeanah, P. D., & Zeanah, C. H. (2018). Understanding and promoting resilience in the context of adverse childhood experiences. *Early Childhood Education Journal, 46*, 343–353.
- Valentino, K. (2017). Relational interventions for maltreated children. *Child Development, 88*, 359-367.
- U.S. Department of Health and Human Services, Admin- istration for Children and Families, Administration on Children, Youth and Families. (2015). *Child maltreatment 2013*. Retrieved from http://www.acf.hhs.gov/programs/ cb/resource/child-maltreatment-2013