

# From Adversity to Resilience in the Early Childhood Sector

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Findings from *Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health*

## How Adversity Can Impact Early Childhood Outcomes

Recent estimates suggest that **62%** of California adults have experienced at least one **Adverse Childhood Experience (ACE)**, and **16%** have experienced four or more (2011-2017 data).<sup>1</sup> In a dose-response fashion, ACEs can lead to serious health risks, such as heart disease, stroke, cancer, dementia, mental health and substance use disorders, and premature mortality, including by suicide.<sup>2-12</sup> ACEs and other adversities experienced early in life without adequate buffering protections of safe, stable, and nurturing relationships and environments can lead to activation of the **toxic stress response**,<sup>13-19</sup> defined as "prolonged activation of the stress response systems that can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years... For children, the result is the disruption of the development of brain architecture and other organ systems and an increase in lifelong risk for physical and mental disorders."<sup>20</sup>

The toxic stress response can impair regions of the brain responsible for learning, memory, impulse control, attention, attachment, and emotional regulation, making learning and forming healthy relationships more difficult.<sup>21-23</sup> Further, the immune, metabolic, and inflammatory changes that result from toxic stress may increase the risk of infections, asthma and other atopic conditions, poor dental health, and somatic complaints, such as headache and abdominal pain.<sup>24-28</sup> Early childhood is a time of heightened biological plasticity,<sup>29</sup> when interventions are likely to be more effective and economical. Thus, the early childhood sector plays a critical role in the primary, secondary, and tertiary prevention of toxic stress.

# The Role of the Early Childhood Sector in Preventing and Mitigating Toxic Stress

In the early childhood sector, many programs provide services that braid primary, secondary, and tertiary prevention. **Primary prevention** of ACEs and toxic stress in the early childhood sector centers on preventing adverse experiences and strengthening buffering influences, typically by creating policies and programs that promote safe, stable, nurturing early relationships and environments.<sup>20,30,31</sup> Universal programs may encourage positive parenting, amplify access to high-quality support services, and provide parent education and supports for healthy child development and relationships.

**Secondary prevention** in the early childhood sector for at-risk populations includes home visitation programs, connection to economic and other parenting supports, and educational opportunities for parents and early childhood professionals about ACEs and toxic stress, long-term health and developmental impacts, and strategies relating to caregiver self-care, and positive, buffering interventions focused on preventing the transmission of adversity. While screening for ACEs should be performed in the healthcare setting, early childhood professionals should understand how to recognize the signs and symptoms of toxic stress and how to connect parents and families to the appropriate resources for support. In addition, early childhood professionals play an important role in delivering the daily doses of buffering interactions that are instrumental in preventing the development of the toxic stress response.

Unfortunately, many children receiving early care and education are experiencing ACEs, and supports are needed for children and families to help prevent or mitigate the toxic stress response.<sup>32</sup> **Tertiary prevention** targets families where child ACEs or other risk factors for toxic stress are already present, such as untreated parental mental health or substance use concerns, homelessness, domestic violence, or child maltreatment—along with evidence of toxic stress symptoms. The central aim of tertiary prevention activities is to reduce negative downstream consequences and halt any chance of recurrence.<sup>33</sup> Tertiary prevention programs may engage trained mental health counselors for intensive family preservation services, coordinate parent support groups to share best practices on positive parenting behaviors and attitudes, recruit parent mentors to serve as role models to families in crisis, and deploy mental health services to bolster effective communication and family cohesion.

Home visitors and other early childhood professionals can help families connect to trauma-informed healthcare for assessment and treatment of toxic stress through the [ACEs Aware provider directory](#).<sup>34</sup>



# Early Childhood Sector Strategies for Preventing and Addressing ACEs and Toxic Stress



## Primary Prevention Strategies

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*These activities are intended to prevent ACEs and toxic stress before they happen by focusing on upstream structural inequalities and determinants of health and well-being among the general population, to increase the total dose of buffering factors and decrease the total dose of adversity.*

## Secondary Prevention Strategies

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*These activities are designed to facilitate early detection and reduce or mitigate impacts from ACEs and other risk factors that have already occurred and to increase buffering or protective factors that can build resilience and protect against toxic stress.*

## Tertiary Prevention Strategies

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*These activities are targeted toward people who have already experienced ACEs and toxic stress impacts by intervening to halt or slow disease processes, prevent recurrence, and return people to health.*



## Primary Prevention Strategies

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- ▶ Expand supply and improve access to affordable child care and home visitation services
- ▶ Promote safe and stable home environments, especially ones that promote early learning and optimal development
- ▶ Promote social norms that protect against violence and adversity
- ▶ Improve integration of healthcare, early childhood supports, and related programs like social services across programs
- ▶ Offer universal parenting education and resources
- ▶ Expand licensing and accreditation of child care facilities and other early childhood workers to include trauma-informed competencies
- ▶ Provide widespread trauma-informed training and support self-care for all early childhood personnel

## Secondary Prevention Strategies

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- ▶ Provide parent education regarding ACEs and toxic stress and teach parenting skills to prevent intergenerational transmission
- ▶ Promote positive family relationship approaches
- ▶ Refer children and caregivers to ACEs Aware health providers
- ▶ Increase targeted early child home visitation services for at-risk families
- ▶ Support teen parents in graduating from school and supporting their children
- ▶ Reduce stigma surrounding ACEs, and seeking help for mental and behavioral health conditions
- ▶ Provide resources to meet specific family needs, such as through Family Resource Centers



# Tertiary Prevention Strategies

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- ▶ Emphasize buffering care strategies in home visitation, early care, and education
- ▶ Promote self-care strategies that buffer toxic stress, including healthy relationships, sleep, nutrition, mindfulness practices, mental healthcare, exercise, and access to nature
- ▶ Enhance access to high-quality healthcare services that address toxic stress
- ▶ Facilitate parent mentorship programs and support groups, especially for parents suffering from toxic stress
- ▶ Provide intensive support for families in crisis

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