

Building Resilience in Childhood and Adolescence

National Association of Pediatric Nurse Practitioners,
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The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes that raising physically and mentally healthy children is the most critical challenge facing the American society and culture today. Childhood experiences, both positive and negative, affect the future physical and mental wellbeing of adolescents and adults. Adverse childhood experiences (ACEs) are risk factors for mental illness, diminished academic and social performance, and poor physical health outcomes. Children and adolescents with resilience adapt in the face of adversity. Building resilience in childhood and adolescence should be an integral component of health care provided by pediatric-focused advanced practice registered nurses (APRNs), and other health care providers.

ACEs are negative experiences that represent a deviation from the expected childhood environment and require adaptation by a child (McLaughlin, 2016). Toxic stress and trauma are terms that are related to ACEs and are often used interchangeably (McLaughlin, 2016). Toxic stress refers to the physiological stress response and the disruption in brain development which lead to changes in learning

(language, cognition, and socioemotional skills), behavior (adaptive or maladaptive responses), and physiology (an overactive or chronic stress response; Shonkoff & Garner, 2012). Trauma can be an actual or perceived threat to death, injury, or violence (McLaughlin, 2016), and can be experienced directly during childhood, or indirectly by witnessing or learning of such events at home, school, and in the community.

Multiple ACEs or co-occurrences increase the risk for poor physical and mental health outcomes, and the effects are cumulative (Hughes et al., 2017; Liming & Grube, 2018). In a review of multiple ACEs, individuals with at least four ACEs were at increased risk for physical inactivity, obesity or being overweight, diabetes, cancer, heart and respiratory disease, mental illness, risky sexual behaviors, smoking, alcohol and drug use, poor self-rated health, and interpersonal and self-directed violence (Hughes et al., 2017). Children who experience adversity are at risk for poor outcomes; however, protective factors such as positive early experiences, support from adults, and the development of adaptive skills compensate for adversity and strengthen resilience (Center on the Developing Child at Harvard University, 2016).

Early childhood experiences, both positive and negative, affect brain development or neurodevelopment (Center on the Developing Child at Harvard University, 2016). Neuroplasticity, the brain's ability to change over time, has been shown to improve resilience through self-regulation skills and decrease the negative effects of stress and trauma (van der Kolk, 2014). Neurodevelopment results from complex epigenetic traits, which include many different risk and protective genetic variations that are further modified by interactions with the environment (Kiser, Rivero, & Lesch, 2015). Early experiences with adversity affect future responses to stress by altering the developing brain. Fortunately, it is hypothesized that factors which affect the child internally or externally can protect from

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negative consequences for neurodevelopment. (Shonkoff & Garner, 2012). Normalization of brain function has been observed when interventions that address adverse experiences occur early (Fine & Sung, 2014).

Adversity and adverse situations or events are precursors to the development of resilience (Caldeira & Timmins, 2016). ACEs include but are not limited to childhood physical, emotional, psychological, or verbal abuse; sexual abuse; household substance abuse; household mental illness; exposure to domestic violence; parental separation or divorce; household criminality; neglect; family financial problems or conflict; bullying; death of parent, close relative, or friend; separation from family; and serious childhood illness or injury (Hughes et al., 2017; Liming & Grube, 2018). Neglect may apply to children in multiple foster or group homes, where the adversity consists of the absence of a supportive environment (Hughes et al., 2017). Trauma, poverty, natural disasters, and war are also adversities or risk factors for ACEs (Liming & Grube, 2018; Masten, Narayan, Silverman, & Osofsky, 2015). Migrant children may be exposed to ACEs that include war, violence, hunger, insecure or inadequate housing and food insecurity, social isolation, inadequate access to health care and education, uncertain legal status, and socioeconomic deprivation that affects their health and wellbeing (International Society for Social Pediatrics and Child Health [ISSOP] Migration Working Group, 2018).

Resilience is a dynamic, evolving process that continues throughout the life span, rather than an outcome of adverse experiences. Resilience is the ability of a system to adapt successfully to challenges that threaten function, survival, or development (Masten, 2018). The adaptive process is influenced by personal characteristics and family and social resources. Masten (2018) presents a list of factors that strengthen resilience: (1) caring family and sensitive caregiving, (2) close relationships, emotional security, and belonging, (3) skilled parenting, (4) agency and motivation to adapt, (5) problem-solving, planning, and executive function skills, (6) self-regulation skills and emotional regulation, (7) self-efficacy and positive view of the self or identity, (8) hope, faith, and optimism, (9) meaning-making and belief life has meaning, (10) routines and rituals, (11) engagement in a well-functioning school, and finally, (12) connections with well-functioning communities. These factors are substantiated by other authors (Caldeira & Timmins, 2016; Center on the Developing Child at Harvard University, 2016; McLaughlin, 2016; Shonkoff & Garner, 2012).

Key strategies for building resilience are decreasing risks and ACEs, enhancing or increasing protective factors, and facilitating the child and adolescent's adaptation to childhood experiences. Pediatric-focused APRNs must assess and address the various ACEs that can occur in children's lives to improve physical and mental health across the life span (Center on the Developing Child at Harvard University, 2016; Hughes et al., 2017; Liming & Grube, 2018). APRNs

must also support the children and their families in positive childhood development, support effective parenting or caregiving, and enhance the child's development of adaptive skills to build resilience.

Building resilience should be an integral component of pediatric health care. NAPNAP recognizes the need for pediatric-focused APRNs and other pediatric health care providers for the following:

- to assess children for ACEs that includes screening for risk factors such as developmental milestones, family and peer relationships, parent and caregiver mental health, and social determinants of health;
- to promote protective factors, diminish risk factors, and enhance adaptation in children and adolescents to promote positive childhood development;
- to enhance parent and caregiver skills that support positive parenting, including nurturing, belonging, role modeling, stress management, and family management;
- to promote programs in schools and the community that reduce exposure to ACEs, and encourage adaptation, problem-solving, and emotional skill-building in children and adolescents; and
- to promote health care policy and research directed toward building resilience in childhood and adolescence, integration of behavioral health with primary care, and advocacy for child health policies for unique and vulnerable populations.

In summary, NAPNAP, an organization whose mission is to empower pediatric nurse practitioners, pediatric-focused APRNs, and other health care providers to enhance child health through leadership, advocacy, professional practice, education, and research, acknowledges the importance of building resilience in childhood and adolescence. Research substantiates the effects of ACEs, and the ability to adapt from these events through the process of resilience (Caldeira & Timmins, 2016; Fine & Sung, 2014; Hughes et al., 2017; Liming & Grube, 2018; McLaughlin, 2016; Shonkoff & Garner, 2012). NAPNAP strongly supports the role of the APRNs in building resilience in childhood and adolescence that continues throughout the life span.

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