Caregiver Resiliency: A Critical Component in Overcoming Childhood Trauma
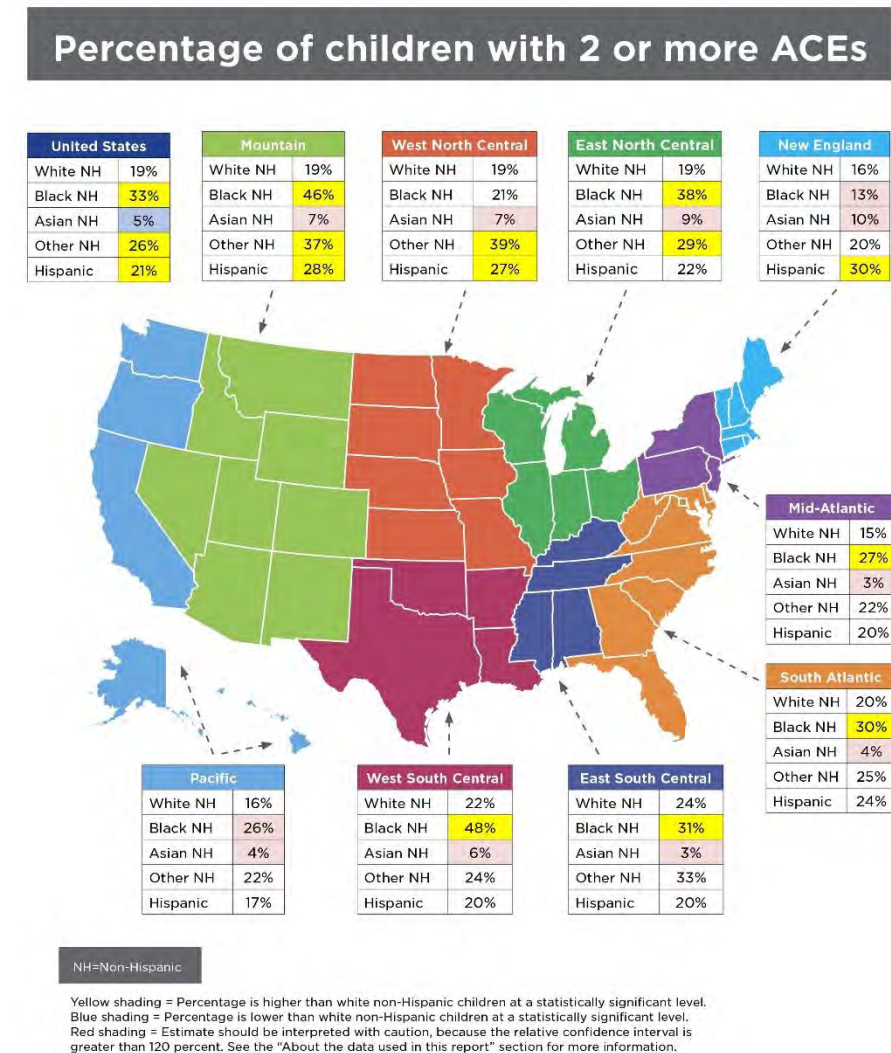
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Early Childhood Trauma

Given the prevalence of trauma in the lives of many young children today, it stands to reason that scores of early childhood educators and caregivers will have at least one, if not several children, in their classrooms that have suffered some form of acute, chronic or complex form of trauma. The National Child Traumatic Stress Network (2020, About Child Trauma, ¶1) defines a traumatic event as one that poses the threat of serious bodily harm or loss of life, as well as witnessing such acts upon others. According to Mimi Kirk (2018) these events, also known as Adverse Childhood Experiences (ACEs) include the following:

- Parental divorce or separation
- Parental incarceration
- Parental death
- Domestic violence
- Witnessing violent acts
- Substance abuse in the child's home
- Mental illness in the home
- Economic hardships/poverty
- Natural disasters
- Global pandemics, such as Covid-19

Prevalence of Childhood ACE's

Percentage of children with 2 or more ACEs

United States	
White NH	19%
Black NH	33%
Asian NH	5%
Other NH	26%
Hispanic	21%

Mountain	
White NH	19%
Black NH	46%
Asian NH	7%
Other NH	37%
Hispanic	28%

West North Central	
White NH	19%
Black NH	21%
Asian NH	7%
Other NH	39%
Hispanic	27%

East North Central	
White NH	19%
Black NH	38%
Asian NH	9%
Other NH	29%
Hispanic	22%

New England	
White NH	16%
Black NH	13%
Asian NH	10%
Other NH	20%
Hispanic	30%

Mid-Atlantic	
White NH	15%
Black NH	27%
Asian NH	3%
Other NH	22%
Hispanic	20%

South Atlantic	
White NH	20%
Black NH	30%
Asian NH	4%
Other NH	25%
Hispanic	24%

Pacific	
White NH	16%
Black NH	26%
Asian NH	4%
Other NH	22%
Hispanic	17%

West South Central	
White NH	22%
Black NH	48%
Asian NH	6%
Other NH	24%
Hispanic	20%

East South Central	
White NH	24%
Black NH	31%
Asian NH	3%
Other NH	33%
Hispanic	20%

NH=Non-Hispanic

Yellow shading = Percentage is higher than white non-Hispanic children at a statistically significant level. Blue shading = Percentage is lower than white non-Hispanic children at a statistically significant level. Red shading = Estimate should be interpreted with caution, because the relative confidence interval is greater than 120 percent. See the "About the data used in this report" section for more information.

Sacks and Murphey (2018)

It is widely believed that trauma and stress negatively impact brain development of young children. Consequently, their behaviors and emotional regulation systems are negatively influenced, as they often demonstrate debilitated decision making, based on high emotional reactivity, throughout their lives (Prince-Embury & Saklofske, 2013, pp. 19–30). While nowhere near as common as the occurrences

of ACEs, the trait of *resiliency* can alter these negative outcomes and allow a child to thrive despite the odds stacked against them. As Perry and Szalavitz indicate, "resilient children are made" and are impacted by their environments (2006, p.38), thereby making educators and caregivers a critical component in a child's growth for developing protective factors leading to resiliency.

Resiliency

Before we can begin to understand the critical role that a caregiver's resiliency plays in the lives of a child, we need to define what the term *resiliency* is within this particular context:

Resilience, as defined by Werner & Smith in 1982 in their finding of their study, entitled "Vulnerable but Invincible: A Study of Resilient Children", is the capacity to cope in an effective manner with internal stress triggered by external stressors (Dugan & Coles, 1989, pp. 3–4, 112). In more current literature on the subject, resiliency is defined as the ability to "endure adversity, threat or risk and to adapt positively in areas of functioning, even in the face of difficult circumstances (Hirschy & Wilkinson, 2010, pp. 135–136). Reasonably so, one may wonder exactly how this presents itself in a person and across various challenging and sometimes adverse situations.

There is no one-size-fits-all depiction of a resilient person and not one individual can be upheld as the model of resiliency, so how does one determine the traits themselves and then ascertain those of a person who can be deemed "resilient" from someone who is not? Scientific measures have been formulated and tested many times over the latter decades of the 20th century and to this day, resulting in dozens of resilience scales. PositivePsychology.com (Ackerman, 2020, ¶13) credits the following scales as the most popular and empirically-based:

- Connor-Davidson Resilience Scale (CD-RISC)
- Resilience Scale for Adults (RSA)
- Scale of Protective Factors (SPF)
- Predictive 6-Factor Resiliency Scale (PR6)
- Brief Resilience Scale (BRS)
- Resilience Scale
- Academic Resilience Scale (ARS-30)
- Ego Resilience Scale (RS-14)

More specific to the early childhood educator, the Devereux Center for Resilient Children created the Devereux Early Childhood Assessment (DECA). Their website contains a wealth of information on resiliency and its key components.

Traits of a Resilient Person

What is clear is that there are several agreed upon traits amongst the various assessments and it is believed that we are all born with innate resiliency that is impacted by the environments and conditions in which we find ourselves. According to Bonnie Bernard, MSW, when referencing her own work (Bernard, et al., 1991), in the online article "The Foundations of the Resiliency Framework: Resiliency in Action" (¶2) on Resiliency.com, defines the traits as:

- Social Competence – empathy, strong communication skills, cultural flexibility and a sense of humor
- Problem-solving – planning and willingness to seek help
- Autonomy – self-awareness, efficacy and the ability to distance oneself from negative circumstances and influences
- Sense of Purpose – understanding of and openness to one's own goals and aspirations and a sense of optimism for the future.

While resilience certainly can present differently between people and experiences, the graphic below does an excellent job in common terms at giving the big picture of the various attributes of a resilient person.

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Protective Factors

The question can now be raised to how one acquires these above referenced traits, as it appears as though many ACEs negative impacts would be severe, pervasive over a lifetime and lead one to a life of struggle. Truth be told, they all too often do result in unhealthy and maladaptive behaviors. However, researchers over the years have determined that there are certain *protective factors* that can be traced in a child's, adolescent's or adult's life that has rendered the ability to overcome trauma and lead to healthier feelings of self-concept and social connection.

Protective factors are both biologically and environmentally based, so the argument of nature versus nurture does come into consideration when defining these factors and each one's place of origin in these roles varies across individuals. The primary variables that help determine one's ability to become resilient in the face of stressors are according to Dugan & Coles (1989) and Bernard, et.al. (1991):

- Personality, including general disposition and cognitive preferences for processing information
- Family dynamics, parental personality and their social own ability to navigate or circumvent life stressors. Family is perhaps the most important factor in the child's development in the early years and when the stressors are generated within the family unit, the next factor becomes even more critical
- Social and community supports, such as literacy programs for children, resources for food and shelter, medical care and education.

The latter protective factor is where an educator can make a positive, lasting impact on an infant, toddler or preschool-aged child by laying the foundations for resiliency.

Caregiver Resiliency

As a child's community and social supports greatly impact early childhood development, it stands to reason that an educator or caregiver's own resiliency is critical to fostering resilient children within their classrooms. One cannot model effective stress management skills if one does not possess them. In the current social climate and world pandemic of Covid-19, there can be little argument against the need for resilient behavior from educators, as society begins to establish a new "normal" for everyday life. We have all felt the traumatic effects of social distancing, isolation, racial tensions and for some, financial instability and an inability to acquire basic resources, such as food, shelter and medical care.

There is a wealth of support available to assist people in processing and moving forward from traumatic events, such as your workplace Employee Assistance Program (EAP), telehealth counseling, various support groups and webinars available online or directly through programs affiliated with local organizations/medical facilities. In addition to helping an individual to develop social networks, which are an essential component to resilient behavior, these resources will enable one to promote change in the negative internal dialogues that trauma and stress can cause one to frequently revisit during crises.

Today's young children need us to discover ways to become a stable force for positivity, safety, wellness and security. We are all prone to rapid, negative transformation during times of trauma (Perry & Szalavitz, 2006, pp. 38-39). Much like very young children, with the right nurturing coupled with stress, that as adults we can bestow upon ourselves, also known as *self-care practices*, we can provide the supportive environment that children with traumatic backgrounds require to build resiliency.

CONNECTION TO EARLY LEARNING STANDARD

The information contained in this article relates directly to Ohio's Early Learning Content Standards: Social and Emotional Development: Relationships: Interactions with Adults

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