All too often West Virginia’s children must deal with difficult events such as: the death of a loved one, being separated from a parent, natural disasters like floods, serious illness, and violence in the home or neighborhood. These are all examples of adverse life experiences.

Research from the Centers for Disease Control’s Kaiser Permanente ACE Study has revealed that these events, commonly referred to as Adverse Childhood Experiences (ACEs), influence a child’s present and future physical and mental health. The more ACEs an individual experiences, the more likely they will experience problems. However, with appropriate support from resilience building efforts at the individual, family, school/community and policy levels every child’s story can have a happy ending.

Resilience has been defined as “adapting well in the face of adversity, trauma, tragedy, threats or significant source of stress (APA, 2018).” It has also been described as: adaptability, flexibility, recovering from setbacks, having grit, skills to endure hardship, etc. “Resilience is the ability to roll with the punches. When stress, adversity or trauma strikes, you still experience anger, grief and pain, but you’re able to keep functioning — both physically and psychologically. However, resilience isn’t about toughing it out, being stoic or going it alone. In fact, being able to reach out to others for support is a key component of being resilient (Mayo Clinic, 2018).”

Resilience is not about making adversities go away. It is about developing skills to cope with your problems or on-going adversities in the healthiest ways possible considering the circumstances. “Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone (APA, 2018).”

West Virginia is adopting a number of different approaches to building resilience some of which are discussed in this brief.

“I feel very fortunate to have grown up in West Virginia. One of the opportunities that kids have because of the culture here is that they have the opportunity to make a difference because of how we connect with each other. We were required to volunteer and those are the things that I want to instill in my children. It is easy to do here.”

—Andrew Weber, CAMC Women and Children’s Hospital Vice President & Administrator

WV KIDS COUNT Board President
Resilience is an ordinary developmental process for all youth. It can also be an extraordinary accomplishment for youth that are experiencing multiple adversities. Many things contribute to the development of resilience. Resilience develops over time and is influenced by the interaction of risk and protective factors in a child’s environment and their individual traits (Shepler, 2009). The following are a core set of factors that children need to build resilience to life’s challenges from a prevention perspective. All of these are factors that can be developed by learning and practicing the underlying skills and by being involved in loving, trusting relationships. Additional support is needed for children that have experienced adverse childhood experiences and/or trauma.

**Relationship**: The key factor in resilience is caring and supportive relationships both within and outside the family. Developing communication and cooperation skills, empathy, and respect for others are keys in developing healthy relationships. Having adults and older youth that model healthy attitudes and behaviors are also important to youth development.

**Self-Regulation**: The ability to recognize and manage emotions and to manage impulses by thinking about consequences before acting is critical for a child to be able to learn. The 2016 National Survey of Children’s Health conducted by Johns Hopkins Bloomberg School of Public Health found that children who had learned to stay calm and in control when faced with challenges were three times more likely to be engaged in school compared to peers who had not learned these skills (ACEs, 2017). These skills can be developed through trauma-informed environment approaches and applied behavior analysis interventions such as: positive reinforcement, pre-determined non-harsh consequences, and strategies for giving children voice and choice in creating their environments and relationships, etc.

**Self-Efficacy**: Healthy child development also promotes a positive view of a child’s ability to make their voice heard, and make their situation, life and world better. This is built by learning and practicing problem-solving and decision-making skills that are constructive for both the child and for others with which they interact. Children need opportunities to fail, then critically analyze their problems and devise and implement alternative solutions in a non-punitive environment, just as much as they need opportunities to succeed.

Sometimes these factors are referred to as “Social-Emotional Skills” and the development of them called Social-Emotional Learning. These skills are increasingly being recognized as important for child development due to their influence on educational attainment for youth and for economic and social well-being into adulthood. Social and emotional competencies also foster personal satisfaction and reduce risky behaviors like violence and drug use. (Belfield et al, 2015).

---

A Columbia University study found that social emotional learning programs were highly cost effective in addition to contributing to healthy child development.
Every child in West Virginia can benefit from resilience building activities.

The skills needed to build resilience to life’s everyday challenges can be developed in children in a variety of ways and optimally should be available at different levels. Following are examples of some ways individuals and organizations are participating in evidence-based prevention interventions which build resilience.

Individual-Level: One way to help build resilience is through adults developing caring, trusted personal relationships with children. It is also important that adults provide role models and offer encouragement and reassurance for children (APA, 2018). The research is strong that having just one other caring adult in a child’s life to encourage and take an interest in them often makes a real difference in a child’s life. Several West Virginia communities provide opportunities that support getting involved in the life of a child. A few of these include the following.

• Becoming a mentor either through a formal program like Big Brothers/Big Sisters and Boys & Girls Club or informally spending time with children in your family, neighborhood, cultural or faith community
• Volunteering as a coach for community sport leagues such as t-ball or Little League or as a coach or organizational sponsor for a faith/community sports league
• Volunteering at your child or grandchild’s school to read to children or to assist with enrichment activities
• Sponsoring multi-generation community events that have activities that involve children, parents, grandparents and great-grandparents

Family-Level: Parents or caregivers are the primary role models for children. Secure attachment in infancy and as a toddler, and parent bonding with children is the foundation of how they will come to view the world in terms of security and safety. There are many resources for parents in West Virginia to help them build strong relationships with their children. Some of these include the following.

• Strengthening Families is a research-informed approach to enhance child development through increasing family strengths used by TEAM for West Virginia Children. It is based on engaging families and communities in building the following five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotion competence of children. More information and resources can be found at https://teamwv.org/strengthening-families-wv-landing/protective-factors/parental-resilience/.
• There are 26 Early Childhood Home Visiting Programs that serve families across West Virginia where a trained home visitor partners with families to provide services proven to have positive health and safety outcomes.
School/Community-Level: Schools and community organizations also play a major role in healthy child development. They provide safe places for learning, fun, worship, service, etc. A few examples of prevention interventions that are working to build resilience in West Virginia communities follow.

- Journey of Hope supported by Save the Children – This evidence-based prevention intervention was introduced to West Virginia in 2016 as a way to support children living in the 10 counties that were declared disaster areas as a result of flooding. The Journey of Hope program uses a child-centered, strengths-based approach to provide children with positive resources to understand and cope with emotions caused by traumatic situations. The program offers children the opportunity to better normalize their emotions and develop positive coping strategies through cooperative play, creative arts and literature. The program has been designed to support children post-disaster, but is general enough to be used in a variety of contexts. This program is operational in the original 10 counties, and additional facilitators were just trained in September 2018 which will increase the availability of the program to children that experienced natural or man-made disasters situations in other counties.

- PAX Good Behavior Game (PAX GBG) supported by Community Care of West Virginia School-Based Mental Health and Braxton County Schools – Last school year, Braxton County Kindergarten through third grade implemented this trauma-informed set of practices that increases the ability of children to regulate their own emotions and behavior while also reducing classroom disruptions therefore providing more instructional time. PAX GBG is an evidence-based practice that has a long-term positive influence on child development and a high return on investment according to longitudinal studies by Johns Hopkins University.

Policy-Level: West Virginia has developed innovative approaches in recent years that are being looked to as national models for supporting resilience in youth. Two examples of these include the following.

- Handle with Care – This project is a statewide trauma-informed response to child maltreatment and child exposure to violence. The model is simple but powerful. When a law enforcement officer encounters a child during a service call, the child’s name is provided to the school before the school bell rings the next day. Details of the calls are not provided and not needed for the school’s response. The school then implements individual, class and whole school trauma-sensitive curricula so that traumatized children are “Handled With Care.” If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school. For more information see: http://handlewithcarewv.org/

- ACEs Coalition - The ACEs Coalition of West Virginia includes more than 70 different organizations and individuals working together to improve the health and well-being of all West Virginians by reducing the impact of ACEs and preventing their occurrence. They produced a report, “Stumbling Blocks or Stepping Stones” in January of 2018 with data from an ACEs study in West Virginia. For more information see their website: https://www.wvaces.org/ There goals include the following.
  o Advocate for resources to support best practices to reduce the burden of ACEs.
  o Coordinate across agency boundaries to deliver the best possible services to reduce and mitigate ACEs.
  o Educate the public and influential citizens/leaders on the role of ACEs in the present health and economic problems facing our state.

References


