

Adverse Childhood Experiences, Resilience and Mindfulness-Based Approaches

Common Denominator Issues for Children with Emotional, Mental, or Behavioral Problems

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KEYWORDS

- Child and adolescent mental health • Adverse childhood experiences • Resilience
- Protective factors • Parent stress • Mindfulness

KEY POINTS

- Compared with children with no adverse childhood experiences (ACEs), prevalence of emotional, mental, or behavioral conditions (EMB) is 1.65 to 4.46 times higher across ACEs levels.
- Those without resilience and multiple ACEs have nearly 11 times greater adjusted odds of having an EMB compared with children with resilience and no ACEs.
- With resilience, children with EMB and multiple ACEs have 1.85 times higher rates of school engagement and are 1.32 times less likely to miss 2 or more school weeks.
- Resilience is nearly 2 times greater among children with EMB and multiple ACEs when their parents report less parenting stress and more engagement in their child's lives.
- Attenuating effects of child resilience, parental stress management, and engagement suggest promotion of these protective factors. Mindfulness-based, mind-body methods hold promise for doing so.

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Abbreviations

ACEs	Adverse childhood experiences
ADHD	Attention deficit hyperactivity disorder
CAM	Complementary and alternative medicine
EMB	Emotional, mental, or behavioral conditions
MBMB	Mindfulness-based, mind-body methods
MEPS	Medical Expenditure Panel Survey
NHIS	National Health Interview Survey
NSCH	National Survey of Children's Health

Diagnosing resilience begins with an assessment of exposure to adversity and the impact risk factors have on children's experience of wellbeing.

—Michael Unger, Professor, Dalhousie University, Author: *We Generation*

Without mindfulness, there is no therapy. All growth occurs because you are in a state of mindfulness. Without mindfulness, there is no growth.

—Bessel van der Kolk, Professor of Psychiatry, Boston University. Author: *The Body Keeps the Score and Treating Traumatic Stress in Children and Adolescents*

INTRODUCTION

An estimated 19.8% of all US children have a chronic condition requiring more than routine health and related services. This prevalence increases to 31.6% for the nearly one-fourth of US children exposed to 2 or more adverse childhood experiences (ACEs),¹ such as those experiences studied in the widely recognized Centers for Disease Control and Prevention and Kaiser Permanente study of adults exposed to ACEs.² Adapted for children and parental report, the National Survey of Children's Health (NSCH) now assesses 9 types of ACEs, including serious economic hardship, witnessing or experiencing violence in the neighborhood, alcohol, substance abuse, domestic violence, mental health problems in the home, parental divorce, loss of parents to death or incarceration, and social rejection through racial and ethnic discrimination. Measured in this way, the NSCH findings confirm those from the Centers for Disease Control and Prevention/Kaiser and other studies revealing a linear, dose-response effect of ACEs across a wide range of health and social impacts. This effect is stable even in the absence of more detailed information about the occurrence, frequency, and severity of any specific event or set of experiences. Exposure to ACEs is 71% for all US children in fair or poor health. Additionally, US children exposed to ACEs are substantially and significantly more likely to repeat a grade in school and lack resilience, such as usually or always being able to stay calm and in control when faced with a challenge.¹

Reports on the NSCH show that 70% of the 7.9% of US children ages 2 to 17 with attention deficit hyperactivity disorder (ADHD) have been exposed to ACEs. Less is known about ACEs prevalence and impact for US children with any type of emotional, mental, or behavioral condition(s) (EMB). Because common symptoms are shared by children exposed to ACEs and those diagnosed with EMB,^{3,4} it is important to understand the prevalence of ACEs exposure among children with EMB and how these phenomena are related, and to assess whether adaptations are needed in approaches to the prevention, diagnosis, or treatment of EMB in children who may also carry the social and emotional trauma and chronic stress that can result from ACEs.

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