

# What Happened To You?

## A JOURNEY FROM CHILDHOOD ADVERSITY TO RESILIENCY

### TABLE OF CONTENTS

#### ADVERSITY

**Crisis ▪ Hardship ▪ Stress ▪ Violence ▪ Trauma ▪ Chaos ▪ Conflict**

**PAGE 1. MATTHEW SHARES HIS JOURNEY FROM ADVERSITY TO RESILIENCE**

I am now able to pass down a positive sense of self to my son

**PAGE 2. WHAT HAPPENED TO YOU?**

Childhood adversity is common — and it is familial, collective, societal and global

**PAGE 3. CHILDHOOD ADVERSITY CAN CAUSE TOXIC STRESS**

Toxic stress can disrupt a child's brain development and cause long-term harm

**PAGE 4. CHILDREN COPE WITH THE EFFECTS OF TOXIC STRESS**

Some coping behaviors can have serious health risks

**PAGE 5. CHILDHOOD ADVERSITY CAN LEAD TO DISEASE AND EARLY DEATH**

Illnesses including asthma, anxiety and addiction are linked to childhood adversity

#### RESILIENCY

**Adapt ▪ Rebound ▪ Transcend ▪ Hardiness ▪ Flexibility ▪ Courage ▪ Endurance**

**PAGE 6. WE CAN LEARN TO BE MORE RESILIENT**

Become more resilient so you can respond to adversity in a positive, adaptive manner

**PAGE 7. WE CAN STRENGTHEN RELATIONSHIPS AND FOSTER RESILIENCY**

Raise children's resiliency through the support of caring adults

**PAGE 8. WE CAN PROMOTE RESILIENCY IN OUR COMMUNITIES**

Work together to build resiliency in adults, children, families and community

#### **PAGES 9 & 10 RESOURCES**

Use these resources to stop trauma, heal trauma, and gain resiliency

*"Resilience is the strength and skills to cope when adversity hits home. One of the most important factors in building these skills is the presence of a caring, supportive adult."*

[www.sesameworkshop.org](http://www.sesameworkshop.org)

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You are welcome to make copies of this pamphlet. You can find the PDF on [www.acesconnection.com/g/sonoma-county-aces-connection](http://www.acesconnection.com/g/sonoma-county-aces-connection)

You are invited to attend Sonoma County ACEs Connection Meetings



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## A JOURNEY FROM CHILDHOOD ADVERSITY TO RESILIENCY

#### ADVERSITY

**Crisis ▪ Hardship ▪ Stress  
Violence ▪ Trauma ▪ Chaos  
Conflict**



#### RESILIENCY

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## **PAGE 1. MATTHEW SHARES HIS JOURNEY FROM ADVERSITY TO RESILIENCY**

I am now able to pass down a positive sense of self to my son

*My mother was alcoholic and single. We lived on welfare in low-income housing. I didn't know my father. Although I yearned for my mother's love and attention, she was unable to provide it, having had a traumatic childhood herself. If I did something she didn't like, she beat me with a wooden spoon or PVC pipe. I grew up believing I was unlovable.*

**I was useless and knew it**

*When I was five years old I got caught stealing from stores in Coddingtontown. The Santa Rosa Police would drive me home. When I was in the first grade I stole money from teachers' purses. I was suspended the second day of second grade for being disrespectful and disruptive in class. As the years went by, I was frequently suspended and expelled from the schools I attended.*

*By the time I was 14, I was doing drugs, stealing money and alcohol from my relatives, showing up at school drunk, and I had been convicted of a DUI (of course I didn't have a driver's license). I was in and out of Juvenile Hall and sent to a group home. When I aged out of Juvenile Hall I continued my criminal behavior, which landed me in and out of the Sonoma County Jail — and San Quentin.*

*When I wasn't incarcerated I worked at stores like Perry's (where I stole money from their cash registers). Then I hurt my back and couldn't work. I collected Worker's Comp and stayed high. I was useless and knew it. I didn't know how to get out of it and I didn't care.*

**I learned to have a positive sense of self**

*I was told I had to see a counselor at the Department Of Vocational Rehabilitation. The man was caring and supportive, listened to me, gave me suggestions, and didn't judge me. That was a new experience for me.*

*I got my girlfriend pregnant, and she demanded that I get clean from drugs or she would leave with our child. That got my attention. I realized I was at a crossroads. I decided I had to change my life so I wouldn't be following a path that would inevitably lead me back to jail or prison. I started attending Narcotics Anonymous (N.A.) meetings, where I followed program suggestions, got a sponsor, and heard other people tell my story — people like me looking for a way to feel better, do better, and be better.*

*I learned that the better I am, the more good I can do. I learned to have a positive sense of self — and I realized that I wanted to pass this down to my son. I was able to get a government job that allows me to help people help themselves. I've now had the job for 10 years. I've been clean and sober for 14 years, and I'm still a member of N.A. (where I have a service commitment and where I'm trusted with large sums of money!). Life continues to improve. What a journey this is.*

## **PAGE 10. RESOURCES**

### **HEALTH SERVICES**

- California Children's Services (Children With Serious Medical Conditions-SOCO) // 565-4500
- Child Health & Disability Prevention (SOCO) // 565-4460
- Dental Health Access Information (SOCO // 565-6670
- Interlink Self-Help Center (Peer Mental Health Support-GIRE) // 546-4481
- Mental Health Access Team (SOCO) // 565-6900
- National Alliance On Mental Illness (NAMI-Sonoma County) // 527-6655
- North Bay Regional Center (Disability Services) // 256-1100
- Petaluma Peer Recovery Project (Peer Mental Health Support-GIRE)) // 769-5299
- Russian River Empowerment Center (Peer Mental Health Support - Guerneville) // 604-7264
- Sonoma County Indian Health Project // 521-4600
- Wellness & Advocacy Center (Peer Mental Health Support-GIRE) // 565-7800

### **IMMIGRATION & OTHER SERVICES**

- California Human Development // 523-1155
- Catholic Charities // 578-6000

### **SUBSTANCE ABUSE RECOVERY**

- Al-Anon // 575-6760
- Alcoholics Anonymous // 544-1300
- Narcotics Anonymous // 324-4062
- Orenda Center (SOCO) // 565-7450

### **TEENS**

- CHOPS Teen Club // 284-2467
- DIG Leadership Program (Youth Leadership Development Activities) // 544-6911
- Hanna Boys Center (Residential Program For At-Risk Youth – Sonoma Valley) // 996-6767
- Positive Images (LGBTQ) // 568-5830
- Social Advocates For Youth (SAY) (Housing, Counseling, Career & Life Readiness) // 544-3299
- The Teen Center (Sonoma Valley) // 939-1452
- VOICES Youth Center (Foster Youth Transitioning To Adulthood) // 579-4327

### **VETERANS**

- North Bay Veterans Resource Center // 578-8387
- Santa Rosa Veteran Affairs Outpatient Clinic // 569-2300
- Vet Connect // 387-5623

### **24/7 EMERGENCY NUMBERS**

- Child Abuse Reporting (SOCO) // 565-4304
- Youth Or Parent In Crisis // 888-729-0012
- Emergency Mental Health Hotline (SOCO) // 800-746-8181
- Verity Rape Center Crisis Line // 545-7273
- YWCA Domestic Violence // 546-1234
- Suicide Prevention // 855-587-6373

## PAGE 9. RESOURCES

- This is a partial list of resources
- If you call a program or agency on this list, be sure to ask what services they provide and where else you might find the service you're looking for
- You can find more information about the types of services listed on these pages by:
  - calling or going on-line to 2-1-1
  - going on-line to <http://sonomacountyhomeless.org>
  - going on-line to [www.first5sonomacounty.org/Resources-for-Parents/](http://www.first5sonomacounty.org/Resources-for-Parents/)

When you visit the First 5 Website you can get a New Parent Kit, list of resources for parents, fun activities for young children, list of Positive Parenting Programs, and learn about Talk-Read-Sing.

### ACTIVITIES FOR CHILDREN & FAMILIES

- Children's Museum // 546-4069
- Local Parks, & Parks & Recreation Centers & Swimming Pools (Look Up On-Line)
- Snoopy's Home Ice // 546-7147
- Sonoma County Family YMCA // 545-9622

### ADULT, CHILD & FAMILY EDUCATION, COUNSELING & OTHER SERVICES

- Center For Social & Environmental Stewardship (Windsor/Cloverdale/Santa Rosa) // 838-6641
- Child Parent Institute (CPI) (Santa Rosa & Rohnert Park) // 585-6108
- Disability & Services Legal Center // 528-2745
- Forget-Me-Not Children's Services & Farm (Sonoma County Humane Society) // 577-1913
- Jewish Family and Children's Services-Parent's Place // 303-1520
- La Luz Center (Sonoma Valley) // 938-5131
- LifeWorks of Sonoma County (Includes Gang Prevention/Intervention Services) // 568-2300
- Men Evolving Non-Violently (M.E.N) // 528-2636
- Migrant Education // 526-1272
- Petaluma People Services Center // 765-8488
- Sunny Hills Services (Includes Gang Prevention/Intervention Services) // 569-0877

### CHILD CARE, PRE-SCHOOL & OTHER SERVICES

- A Special Place Therapeutic Pre-School & Child Care Center // 303-3548
- Community Child Care Council of Sonoma County (4 C's) // 544-3077
- Early Learning Center (Pre-School) // 388-8540
- Early Learning Institute (Pre-School, Play Groups, Parent Support – Rohnert Park) // 591-0170
- Head Start (Pre-School) // 544-6911
- River to Coast Children's Services (Child Care - Guerneville) // 869-3613

### FAMILY PLANNING/PREGNANCY/NEW BABY/YOUNG CHILDREN

- Drug Free Babies (SOCO) // 565-7463
- First Steps Perinatal Day Treatment Program // 566-0170
- Home Visiting Programs (Teen & Adult-SOCO) // 565-4440
- Planned Parenthood // 527-7656
- Women-Infants-Children (WIC) (Supplemental Nutrition Program-SOCO) // 565-6590
- Women's Health Specialists // 537-1171

## PAGE 2. WHAT HAPPENED TO YOU?

Childhood adversity is common — and it is familial, collective, societal and global

**Childhood adversity — also known as adverse childhood experiences, or ACEs — is common and is familial, collective, societal and global; it is:**

- Trauma that is experienced by the mother and passed down to her unborn child.
- Trauma that is passed down generation to generation within a child's family.
- Child abuse, whether physical, sexual, or emotional abuse; child physical or emotional neglect; witness to family violence; substance abuse by a member of the household; mental illness of a household member; abandonment by a parent; death of a parent; a child's parents' separation or divorce; incarceration of a household member.
- Removal from the home, foster placement, sibling separation, multiple placements in a short amount of time, the use of seclusion and restraint, unintentional injury or accident, physical illness, invasive or extremely painful or life-threatening medical procedures.
- Poverty, homelessness, discrimination (such as racism), school violence, bullying, community violence, immigration, forced displacement, war, terrorism.
- Collective trauma (also referred to as cultural or historical trauma, which is passed down from generation to generation within a community, such as Native American).
- Natural disasters, man-made disasters, serious accidents (such as a nuclear accident).
- Re-traumatization (such as unaddressed school bullying).

### **The effects that result from childhood trauma depend on a variety of factors**

The effects that result from childhood trauma — whether positive or negative — depend on a variety of factors. These factors include the child's age, gender, and sense of self, as well as the intensity, duration and number of traumas that the child experiences.

The key factor that can prevent long-term, harmful effects that trauma can have on a child is the presence of a positive relationship with at least one adult in the child's earliest years.

***Sadly, Matthew lacked positive relationships with both of his parents in his early years.***

The presence of at least one stable, responsive, nurturing adult in a young child's life makes a major difference. Within this relationship the child can learn the skills and resulting resiliency that are necessary to prevent long-term, harmful effects of adversity.

You can visit the following Website for more details about childhood adversity and its effects:  
[www.developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-child](http://www.developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-child)

### PAGE 3. CHILDHOOD ADVERSITY CAN CAUSE TOXIC STRESS

Toxic stress can disrupt a child's brain development and cause long-term harm

Childhood adversity, also known as childhood trauma or stress, is common. Even the body's stress response is common. Stress causes glands in the body to release hormones that increase heart rate, blood pressure and breathing. Stress causes the body's muscles to tense and make the blood sugar level go up. Stress causes the body to go into a "fight, flight or freeze" mode. However, once the stressor is gone, the body normally returns to its regular functioning.

#### Responses to childhood stress vary

Since every child is unique, each child's response to stress varies depending on individual and family characteristics, prior experiences, and current circumstances. But it cannot be emphasized enough that a key factor in shaping a child's stress response is the presence or absence of stable, responsive, nurturing, adult relationships in a child's earliest years.

#### A positive stress response is a healthy part of a child's development

Brief exposure to mild stressors in childhood can produce a positive stress response, which is a normal and healthy part of a child's development and can help build the child's resiliency. An example of a mild stressor might be the child's first day of school.

Even moderate stress doesn't usually cause long-term harm to a child. For instance, the death of a loved one may cause a moderate stress response in a child, as long as the child has the positive support of caring adults.

#### Toxic stress can disrupt brain development and cause long-term harm

A child's response to continuous or frequent exposure to stress is not the same as that of exposure to mild or moderate stress. There can be a snowballing, toxic stress effect on a child, especially when the child experiences multiple stressors. In the absence of protective adult relationships, childhood toxic stress response can emerge as a non-stop, fight-flight-freeze occurrence. The body is actually unable to return to its normal functioning. This is toxic stress. Imagine what it would feel like to be a child constantly stuck in this response.

Non-stop, fight-flight-freeze response in a child can disrupt the development of the child's brain and other organ systems. In fact, childhood toxic stress response can cause connections in the brain to be severely reduced and even lost. This can cause long-term injury to brain functions. The younger the child is when toxic stress occurs, the more harm the toxic stress can cause.

***The injury to brain functions can reduce the child's ability to respond, learn, and figure things out, which can result in problems in school (such as Matthew's disruptive behavior in the classroom).*** The harm to the child's brain can cause difficulty in making friends and maintaining relationships. It can also lower tolerance for stress, increase problems with memory, and increase wear and tear on physical body systems.

### PAGE 8. WE CAN PROMOTE RESILIENCY IN OUR COMMUNITIES

Work together to build resiliency in adults, children, families and community

No matter whether we raise children or not, everything we do affects our community. Whether or not we are resilient or teach our children to be resilient, it affects our community. The costs of adversity are huge. ***As an example, think of all the money Matthew's lack of resiliency cost the community — from being driven home by the police to stealing from his employers, to being incarcerated.***

And think about how his lack of resiliency affected people wherever he went. Store clerks, his mother, school teachers, and probation officers reacted to him negatively, each of these instances representing more adversity in his life. Given his state of mind when he was a drug-addicted adult, it seemed like he would never be able to transcend the ill effects of his traumatic childhood. But he did, and this is good for his community — our community.

Check out the resources on the next two pages. Each one has been chosen with resiliency in mind, from Catholic Charities, to CHOPs, to Men Evolving Non-Violently.

Teen-aged girls who find themselves pregnant can seek help with caring for their newborns through the Home Visiting Programs. Parents who are struggling with child-rearing issues can find assistance in local programs such as the Positive Parenting Program (Triple P) at the Child Parent Institute. Parents who are concerned about their pre-teen or teen turning toward gang life can find assistance in local programs such as LifeWorks. Adults who are struggling with mental health issues may find the help they need at one of the local peer support programs, such as Interlink.

#### Develop and maintain strong, positive social connections

There are many strategies we can do on our own to build our resiliency. These strategies will seem familiar, as they are also tactics for developing a sense of well-being. A few of these approaches are: regularly practice mindfulness meditation (which, among other positive benefits, can help activate the brain regions involved in regulating the emotions); develop and maintain strong, positive social connections (this is extremely important); and replace negative thinking with positive thoughts.

There are numerous other ways to approach resiliency-building that we haven't mentioned yet but must. These include: talk therapy; yoga; taking acting classes; being in a live theater group; and communal dance, music and movement such as Ballet Folklorico and Taiko drumming. There are many more. Healing from trauma and learning to be resilient is a process. It can take a while. There's no point in being hard on ourselves about our progress.

It's really all about community and the place we each hold in it. We can value and support each other's efforts to stop trauma, heal trauma, and gain resiliency. And, we will.

**PAGE 7. WE CAN STRENGTHEN RELATIONSHIPS AND FOSTER RESILIENCY**

Raise children’s resiliency through the support of caring adults

Some people say that children are born resilient. Others say that depending on their circumstances, children can learn to be resilient. In any case, most likely we can all agree that the more resilient we are, the better able we are to face life’s challenges and raise resilient children.

With this in mind, it follows that generally parents who are not resilient will be unable to raise resilient children. ***We saw this in Matthew’s story. The combination of his societal and familial situations was such that his mother was unable to be the stable, responsive, nurturing adult that Matthew needed in order to learn to be resilient in healthy ways.***

As our lives become more challenging than ever, we are all called upon to be resilient. We want to be part of a resilient community. To accomplish this, we need to be resilient ourselves so we can raise healthy, resilient children.

As we all know, child-rearing is not a simple task, perhaps especially given the uncertainty of our times. It takes a huge commitment of time, competence and consistent attention to raise children to be resilient adults.

Let’s re-visit what resiliency is. A person who is resilient responds to severe adversity in a positive, adaptive manner. We aspire to have resiliency for ourselves, our families and our community.

**There are five factors that help parents help children learn resiliency**

There are five factors in particular that have been shown to help parents help children learn resiliency. These five factors are parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

- Resilient parents find ways to solve problems, build and sustain trusting relationships including relationships with their own children, and they know how to seek help when necessary.
- Resilient parents build positive relationships with networks of friends, family and neighbors.
- Resilient parents engage with their community to assure that their family’s basic needs are met. When in crisis, resilient parents are willing to reach out for help from community services.
- Resilient parents are willing to acquire accurate information about child-rearing through a variety of sources, including parent education classes.
- Resilient parents support the development of the following skills in their children: managing their emotions, setting and achieving positive goals, feeling and showing empathy for others, establishing and maintaining positive relationships, and making responsible decisions. If a parent observes a delay in their children’s social and emotional skill development, the parent may consider getting help for the children through community services.

**PAGE 4. CHILDREN COPE WITH THE EFFECTS OF TOXIC STRESS**

Some coping behaviors can have serious health risks

Children who are raised by adults who provide stable, responsive, nurturing relationships can learn to be resilient and survive childhood adversity, free of the effects of toxic stress. When positive adult relationships are absent, children find ways to cope with the non-stop toxic stress response they experience, often choosing negative coping behaviors that have serious health risks.

**Some coping behaviors have serious health risks — these are:**

- |                           |                          |                  |
|---------------------------|--------------------------|------------------|
| ▪ Drinking alcohol        | ▪ Assaulting others      | ▪ Running away   |
| ▪ Smoking                 | ▪ Using drugs            | ▪ Stealing       |
| ▪ Unsafe sexual practices | ▪ Unintended pregnancy   | ▪ Prostitution   |
| ▪ Social isolation        | ▪ Taking excessive risks | ▪ Self-harm      |
| ▪ Suicidal thoughts       | ▪ Suicide attempt/s      | ▪ Joining a gang |

***There were no adults available to model resiliency in Matthew’s young childhood.*** He stole as a way of coping with his feelings. His stealing continued into his adolescence, and he picked up other harmful coping behaviors including alcohol and drug use. ***In essence, Matthew tried to lessen his stressful feelings by “self-medicating”.*** However, these coping behaviors led to long-term health problems including alcoholism and drug addiction.

**Before we go on, let’s review information presented up to this point**

- (1.) Children regularly experience adversity.
- (2.) Childhood adversity can include family, collective, societal, and global sources of trauma.
- (3.) The key factor that impacts the effects of childhood adversity is the presence or absence of stable, responsive, nurturing adult relationships in the child’s earliest years.
- (4.) Depending on a variety of factors, mainly the absence of positive adult relationships, adverse childhood experiences can cause toxic stress response.
- (5.) Childhood toxic stress response can result in harm to key brain functions such as memory and learning.
- (6.) Non-stop, fight-flight-freeze, toxic stress response can cause children to seek out negative ways to cope with their feelings. These coping behaviors generally cause risks to the body and mind (which, as we will see, can lead to long-term physical and mental health issues).

Whatever the circumstances are, it’s beneficial for children to have at least one stable, responsive, nurturing relationship with an adult. This gives children a base from which to safely gain skills that positively affect resiliency. These skills are: managing one’s emotions, setting and achieving positive goals, feeling and showing empathy for others, establishing and maintaining positive relationships, and making responsible decisions. ***As Matthew has shown us, even as an adult one can learn these skills and build resiliency by putting them into practice.***

## PAGE 5. CHILDHOOD ADVERSITY CAN LEAD TO DISEASE AND EARLY DEATH

Illnesses including asthma, anxiety and addiction are linked to childhood adversity

In the mid-1990s a doctor from Kaiser Permanente (KP) and a scientist from the Centers for Disease Control (CDC) conducted a study of 17,337 KP patients. The study was called The ACE Study (ACE means adverse childhood experiences). The idea driving this study was to determine if childhood adversity leads to adult physical and mental health problems.

You can learn the astonishing results of The ACE Study by going to this Website:

<https://www.cdc.gov/violenceprevention/acestudy/about.html>

Sadly, the study results prove that childhood adversity can lead to life-threatening adult health issues. These health issues include depression, anxiety, addiction, obesity, heart disease, cancer, stroke, diabetes, chronic lung disease, liver disease — and shortened lifespan.

As mentioned previously, the severity of harm that can be caused by adverse childhood experiences depends on a variety of factors. These factors include the child's age, gender, and sense of self when the trauma occurred, as well as the intensity, duration and number of traumas that the child experienced.

### **Adverse childhood experiences are common, interconnected, and can harm the brain**

The ACE Study, and more recent studies throughout the world, drew several conclusions. These are that traumatic childhood experiences are common, interconnected, and can have extremely negative impacts on a child's brain development (causing childhood toxic stress response).

As an example, brain development is often stunted in young children growing up in a household with substance-abusing parents. ***In essence, these parents are emotionally unavailable to their children, just as Matthew's mother was.*** Additionally there is likelihood that the parents' substance abuse is compounded by other stressors, such as violence or poverty. When children in these circumstances get older, they tend to have trouble forming close relationships, and they tend to have impulse control and substance abuse issues.

### **Connect the dots between childhood adversity and ill health**

Childhood adversity can lead to childhood toxic stress response which can lead to coping behaviors that have negative impacts — which can lead to adult ill health and shortened lifespan.

### **Consider taking the ACE Questionnaire**

One way to learn about the number of stressors in your own childhood (your "ACE Score") is to go to the Website: <https://acestoohigh.com/got-your-ace-score/> and complete the ACE Questionnaire. It is suggested that you do this when you have the opportunity to discuss your ACE score with a trusted support person.

## PAGE 6. WE CAN LEARN TO BE MORE RESILIENT

Become more resilient and respond to adversity in a positive, adaptive manner

Resiliency is the positive capacity to cope, adjust to, or recover from stress and negative life events.

As we have learned, the primary factor in a child's being able to develop resiliency is the presence of at least one stable, responsive, nurturing adult in the young child's life. This relationship includes creating love and trust with the child, being a positive and resilient role model for the child, and offering encouragement and reassurance to the child. Within the safety of this relationship the child can learn the skills and resulting resiliency that are necessary to prevent toxic stress response and its long-term ill effects.

Everyone encounters adversity: adversity is a common occurrence. As adults, all kinds of adversity come our way. An adverse situation can be relatively minor, like having a fender bender on the way to work. In comparison, some adverse situations can be severe, such as a wildfire sweeping through the neighborhood.

### **Resilience doesn't make adversity go away**

Adversity doesn't go away because we're resilient. Whether resilient or not, all of us have our own personal adverse situations, such as losing a job, experiencing the death of a loved one, having financial problems, having a medical emergency — the list goes on. And depending on to what degree we do or don't have resiliency, our responses to adversity may be mild, moderate or even dangerous to our own health and well-being.

Some of us are fortunate enough to have learned to be resilient as young children and seem to naturally be able to handle adversity in constructive ways. We're even able to remain calm in the face of a terrible disaster. It's clearly an advantage to learn how to be resilient as a young child rather than having to learn the skills later when we have less brain cell connections!

### **We can learn to be resilient at any point in our lives**

A person who is resilient responds to adversity in a positive, adaptive manner. No doubt about it, resiliency is a desirable quality to possess. Learning to be resilient may seem out of reach at this point. It's not. But, it can take hard work to achieve it if it's not something we're used to. ***The good news is that like Matthew we can learn to be resilient at any point in our lives.***

In the next pages we're going to explore factors that can help parents help their children learn resiliency, ways in which older children and adults can learn and practice resiliency, and resources that can support our resiliency-building efforts. Developing resiliency is a personal journey. Just as different people respond differently to stressful events, people learn and practice resiliency differently. For example, people's cultural backgrounds may affect how they learn and use resiliency-building strategies in their lives.