Supporting the Whole Child: Connecting Brain Health, Systems, and Practice

From ACEs to Resilience: Supporting Adolescents Through Adversity

August 12th, 2026
Session #9

This series is made possible by HRSA through the Telehealth Technology-Enabled Learning Program Grant #U3I43512

What This Series Is

- An ongoing, twice-monthly learning series
- Grounded in the Whole School, Whole Community, Whole Child (WSCC) framework
- Interactive and case-based (not just presentations)
- Designed for multiple disciplines and perspectives
- Focused on real-world practice and collaboration

A space to learn, share, and problem-solve together in support of the whole child

Gwen O'Brien, LCSW
Park Hill Education Foundation
Executive Director

Allison Hilton, MPA
Telehealth ROCKS
Director of Operations

Today's Session

- ***Content caution:*** Topics including abuse, neglect, violence, substance use, mental illness, parental separation, and incarceration.
- Define Adverse Childhood Experiences (ACEs) and review all ten (10) ACEs.
- Examine the impact of ACEs and how it impacts children and adult's health, development, and wellness.
- Explore how resilience complements our understanding of ACEs and supports positive outcomes.
- Identify the role of supportive relationships and protective factors in healthy child development.
- Review practical ways schools, families, and community partners can build resilience using a Whole School, Whole Community, Whole Child (WSCC) approach.
- WSCC component(s):
  - Social and emotional climate
  - Counseling, psychological, and social services

Learning Objectives

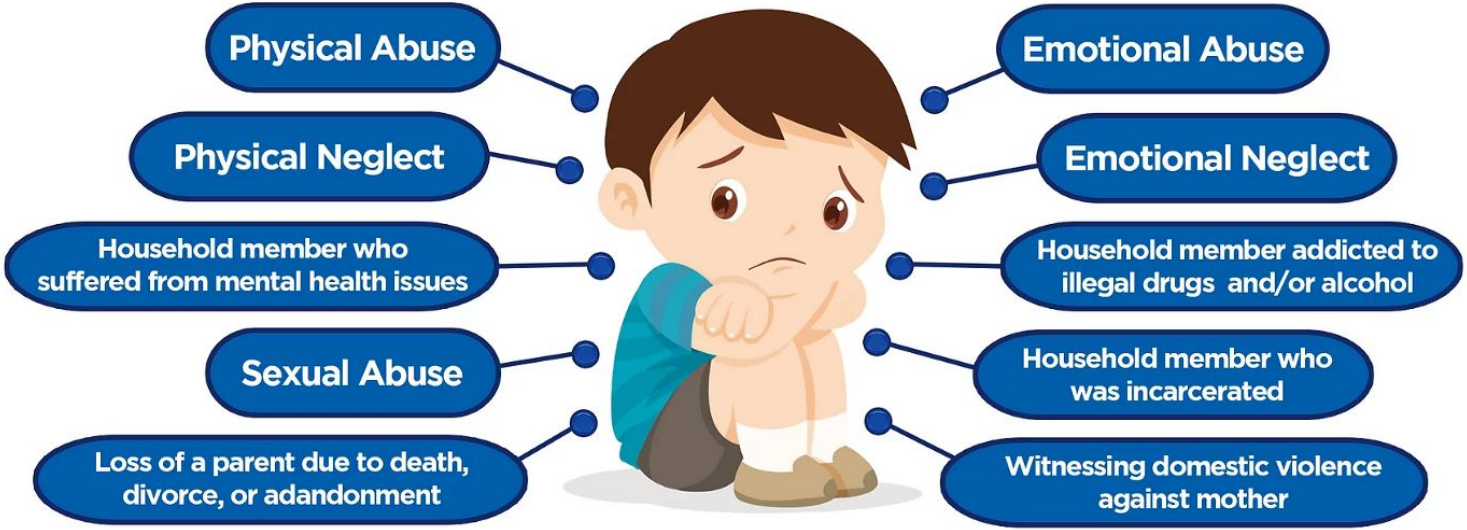
1) Understanding the Adverse Childhood Experiences (ACEs) study and questions associated with an ACE score
2) Understanding the impact adverse childhood experiences can have on health and wellness
3) Describe how resilience and protective factors can buffer the effects of ACEs and support healthy social, emotional, and academic development within the Whole School, Whole Community, Whole Child (WSCC) framework
4) Identify at least three evidence-informed strategies that schools, families, and community partners can implement to strengthen resilience and create safe, supportive environments that promote positive outcomes for all children

ACE's HISTORY

Kaiser Permanente study from 1995-1997 with two waves of data collection.

Over 17,000 people from Southern California surveyed about their childhood health experiences and current health status and behaviors.

ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



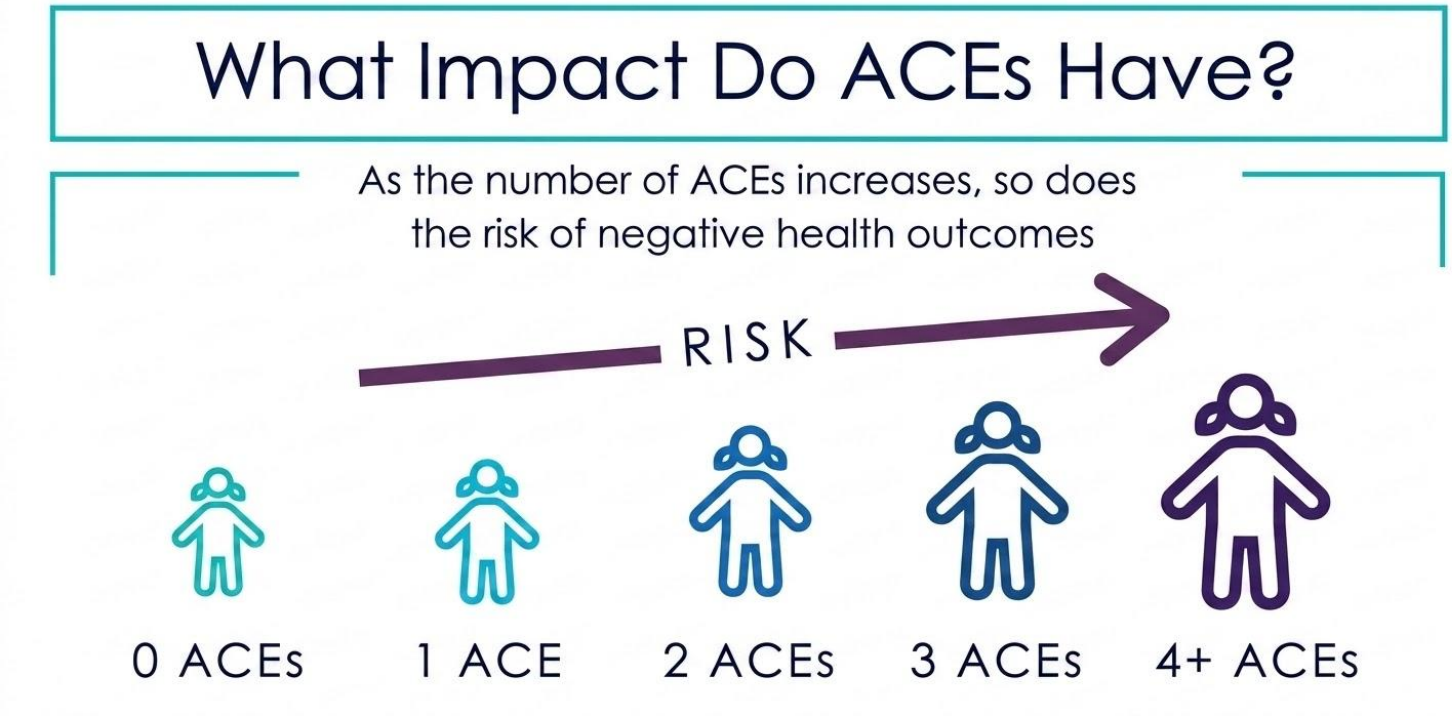
ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO:

ACEs INFORMATION

Adverse Childhood Experiences study found a graded relationship between the number of adverse events in childhood and the adult health and disease outcomes.

Strong predictors of health risks and disease from adolescence to adulthood

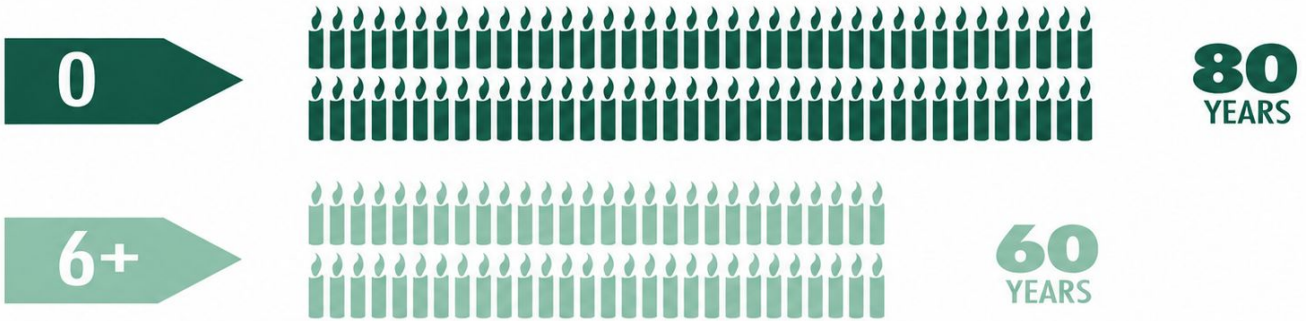
Four or more adverse childhood events greatly increases the risk for various medical conditions.


What Impact Do ACEs Have?
As the number of ACEs increases, so does the risk of negative health outcomes
RISK
0 ACEs
1 ACE
2 ACEs
3 ACEs
4+ ACEs


Possible Risk Outcomes:
BEHAVIOR
Lack of Physical Activity
Smoking
Alcoholism
Substance Abuse
Missed Work
PHYSICAL & MENTAL HEALTH
Severe Obesity
Diabetes
Depression
Suicide Threats
STIs
Heart Disease
Cancer
Stroke
COPD
Broken Bones

LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



ECONOMIC TOLL

The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at **$124 billion**.

Building Resilience

Supporting Adolescents Through Adversity

Resilience science gives us a hopeful and practical path.

Protective relationships, skills, and environments can shift outcomes for children and youth who experience childhood adversity.

Resilience is the process of adapting well in the face of adversity.

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.

Source focus: Harvard Center on the Developing Child — InBrief Resilience Series

ACEs

UNDERSTANDING RISK

WHAT HAPPENED?

RESILIENCE

BUILDING STRENGTH & PROTECTIVE FACTORS

WHAT HELPS?

RESILIENCE CAN OVERCOME THE IMPACT OF ACEs

1. RESILIENCE CAN CHANGE THE TRAJECTORY.

Research shows that strong protective factors can reduce or even eliminate the negative health effects of high ACE scores.

2. HIGH ACE SCORES DON'T HAVE TO DETERMINE OUTCOMES.

Studies found that individuals with multiple ACEs who also had high resilience had similar health outcomes to those with low ACE scores.

3. PROTECTIVE FACTORS BUILD RESILIENCE.

Supportive relationships, safe environments, and skills for coping help buffer the impact of adversity.

4. INVESTING IN RESILIENCE IMPROVES LIFELONG HEALTH.

Building resilience in children and communities leads to better physical health, mental well-being, and overall quality of life.

The strongest protective factor: Relationships

What matters most

The most common factor among children who do well after hardship is at least one stable, committed relationship with a caring adult.

Parent / caregiver
Teacher / counselor
Coach / mentor
Grandparent / kin
Faith leader / community adult

Relationships buffer stress and help children build the skills needed to face adversity.

Center on the Developing Child at Harvard University, 2015

How resilience is built

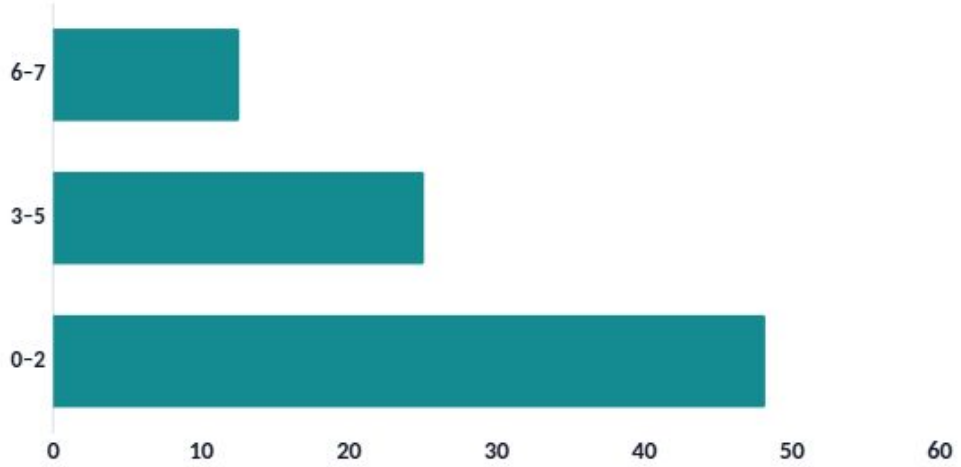
Protective factors we can strengthen

1. **Supportive relationships**
   Consistent adults who notice, respond, and stay connected.
2. **Executive function skills**
   Planning, problem-solving, flexible thinking, and follow-through.
3. **Self-regulation**
   Naming feelings, calming the body, and managing reactions.

1. **Opportunities for mastery**
   Small wins that build self-efficacy and control.
2. **Belonging and hope**
   Environment,understanding self, traditions, and community connection.
3. **Reduced stress burden**
   Safer routines, basic needs, and systems that lower unnecessary stress.

Positive Experiences Change the Odds

Percentage of adults reporting depression or poor mental health, by positive childhood experiences



72% LOWER ODDS

Adults reporting 6–7 positive childhood experiences had 72% lower adjusted odds of depression or poor mental health than those reporting 0–2—even after accounting for ACE exposure.

Adversity can accumulate—but positive experiences can accumulate, too.

Source: Bethell et al. (2019), JAMA Pediatrics, 173(11), e193007. doi:10.1001/jamapediatrics.2019.3007

What adults can do tomorrow

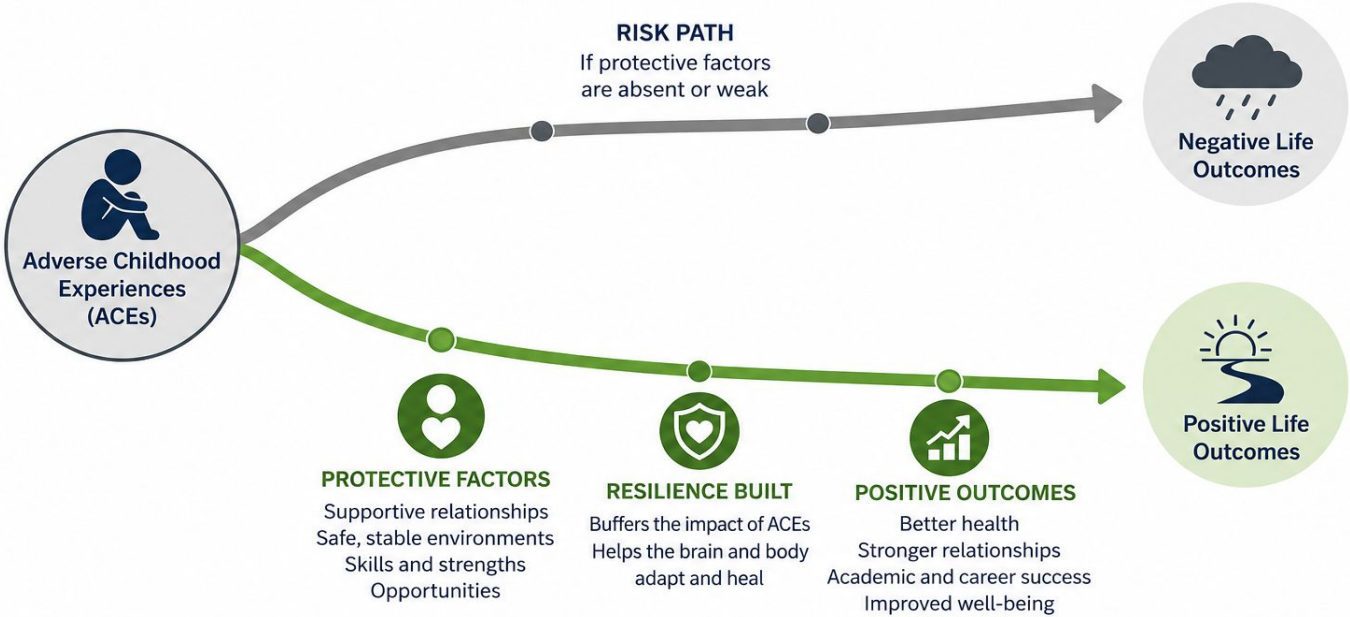
Practical resilience-building behaviors

1. **Notice**
   Name strengths and effort before behaviors of concern
2. **Regulate**
   Bring calm first; teach skills after the child is settled.
3. **Predict**
   Use routines and clear expectations to lower uncertainty.and build confidence
4. **Connect**
   Create an authentic relationship the child can count on and model repair.
5. **Scaffold**
   Intentionally create opportunities for skill attainment and leadership roles
6. **Include**
   Give youth choice and opportunity over their experience and environment when safe and appropriate.

Consider: "What does this child need to feel safe enough to learn, connect, and try again?"

Protective Factors Change the Path

Resilience Interrupts the Impact of ACEs



Strong protective factors create a **RESILIENT PATH** to a healthier, brighter future.

Fact or Myth

1. “Resilience is a personality trait that some children naturally have and others do not.”
2. “A high ACE score means a child will experience negative outcomes later in life.”
3. “One stable relationship with a caring adult can meaningfully support resilience.”
4. “Building resilience means teaching children to cope better with their difficult circumstances.”
5. “Positive childhood experiences can support better outcomes even when adversity has occurred.”

Case Discussion

Meet Jordan

Jordan is a 10-year-old fifth-grade student who has recently become increasingly withdrawn in class. Over the past several months, Jordan has frequent emotional outbursts, has difficulty concentrating, and has been sent to the office multiple times. Attendance has become inconsistent, and Jordan often appears tired.

You learn that Jordan's family has experienced several recent challenges, including parental separation, housing instability, and a caregiver struggling with substance use. Jordan's teacher shares that despite these difficulties, Jordan lights up during art class and has developed a strong connection with the school counselor..

Case Discussion

1. Which experiences in Jordan's story might be considered Adverse Childhood Experiences (ACEs)?

2. What signs or behaviors may reflect the impact of chronic stress or adversity?

3. In your current role, what additional actions could strengthen a student like Jordan's resilience and support healthy development?

4. How do you imagine your own ACE score impacts your support to youth and children?

Today's Ripple

- ACEs can affect health, behavior, development, and well-being across the lifespan
- The risk of negative outcomes increases as ACE exposure increases, but an ACE score identifies risk; it does not determine a person's future
- Resilience can be intentionally strengthened. Positive relationships are among the most powerful protective factors.
- Every supportive action, no matter how small, has the potential to create a ripple effect that changes a child's future.

Thank you!

What's Next

Supporting Youth Through Vaping Cessation: A Shift in Mindset

Join us August 27th at 12 PM CST with Amanda Olinger & Elly Leavens!