



# Are the Words “Toxic Stress” Toxic?

## RE-THINKING THE NARRATIVE ABOUT EARLY LIFE STRESS

On March 20, 2019, CANTASD (the National Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center) hosted a Digital Dialogue with Cailin O’Connor, Senior Associate at the Center for the Study of Social Policy and 233 individuals from around the country who joined the discussion.

### SETTING THE CONTEXT: WHAT IS THE TOXIC STRESS RESPONSE?

“Toxic stress” was popularized by Dr. Jack Shonkoff at The Harvard Center of the Developing Child, who was looking for a term to describe the biological mechanisms underlying the strong correlation between adversity in childhood and poor outcomes in adulthood. The term “toxic stress” describes when the physiological stress response overwhelms the developing brain and disrupts normal development. Toxic stress should not be confused with positive stress, which is moderate and brief and helps stress systems to develop. Nor should it be confused with tolerable stress, which, though more serious, can be recovered from or mitigated by caring adults.

Toxic stress occurs when children experience strong, frequent, or prolonged adverse experiences--such as repeated abuse or extreme poverty--without adult support, causing the body’s stress response system to stay active for a prolonged period. When there is no caring adult to help the child regulate their physical and emotional response and calm their stress response system, the child cannot regain a sense of safety and allow their brain to resume regular development. As a result, the child never feels safe, and his or her stress response system never deactivates.

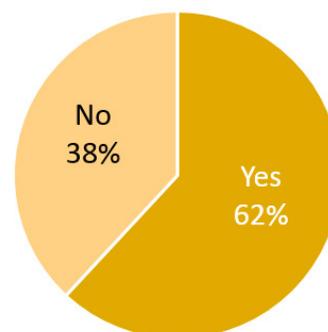
### UNINTENDED CONSEQUENCES FROM THE MISUSE OF THE TERM “TOXIC STRESS”

The concepts of toxic stress and adverse childhood experiences (ACEs) have received the attention of researchers, early childhood professionals, and the public in recent years. Although the idea of toxic stress has helped to raise awareness of and bring more resources to early childhood issues, it also has resulted in problematic language and imagery depicting children, families, or entire communities as “broken,” lacking in resilience, or beyond healing.

#### Find Related Resources:

- Access the [Digital Dialogue recording and handouts](#).
- Go to CANTASD’s page on [Trauma and Resilience](#).
- [Stay connected](#) to our ongoing work in this area.

Poll: Are you using "toxic stress" in your messaging and communications?



Examples of some of these unintended consequences include the following:

- Practitioners sometimes conclude that correlations of increased risk of poor outcomes equate to an inevitable effect, as though risk factors or a high ACE score are predictive factors for negative outcomes.
- When early childhood professionals talk about “toxic stress” without articulating the nuances behind statistical correlations, the conversation can feed into harmful stereotypes and narratives about children, families, and communities, and especially about children and families of color.

For example, while attempting to support families and to alleviate the stressors in unsafe neighborhoods, professionals in the field may lose the distinction between the stressor and the toxic stress response in the body, and inaccurately describe neighborhoods as being “toxic.” This usage is concerning because many children growing up in those neighborhoods will go on to thrive. They may be exposed to a lot of adversity and stress, but due to the support of caring adults, or their own genetic makeup, or some combination of the two, they will not experience a toxic stress response, and they will not experience the negative outcomes later in life that we associate with ACEs and toxic stress.

### **PIVOTING THE DISCUSSION ABOUT RISK & TOXIC STRESS**

It is important for those in the field to remember that risk factors are not predictive. That is because of protective factors, which can be strengthened within families. The Strengthening Families framework identifies five key protective factors that all families need to thrive:

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Nurturing children’s social and emotional development

Child- and family-serving professionals should work with families to leverage their strengths to overcome the challenges they face. In practical terms, this means that professionals should balance discussion about toxic stress, trauma, and ACEs with discussion about protective factors, strengths, and resilience.

A good example is the state-level report on ACEs developed by West Virginia in 2018. It not only includes data about adult reports of ACEs and how they correlate to adult outcomes, but also shares prevention and intervention activities that are happening in the state around these issues.

Changing the conversation around toxic stress requires more than understanding and intervening. It’s also about:

- Tackling the root causes of stress in families’ lives.
- Helping parents and caregivers buffer their children from toxic stress responses.
- Building protective factors in families and communities.
- Promoting resilience and thriving.
- Building community-level strategies to support families, reduce and address adversity, and promote healing.

By shifting the conversation about toxic stress, those working in the child welfare and family support arena can have a more nuanced, change-focused conversation with families.

**Risk factors**  
are not  
**predictive factors**  
because of  
**protective factors.**

–Dr. Carl Bell

## Question & Answer

### WHAT THOUGHTS DO YOU HAVE ON WHAT WE CAN SAY OR HOW TO APPROACH THE CONVERSATION WITHOUT USING THE PHRASE “TOXIC STRESS?”

**O’Connor:** I think the term “toxic stress” should only be used in the very precise, scientific way that it was designed. Otherwise, referring to early adversity, early stress is the direction that we’d want to go in the field. If I had my way, no one would talk with a parent about trauma, toxic stress, or ACEs without talking about protective factors, strengths, and resilience in the next breath. I think we always need to share what we know about how parents can buffer their children from experiencing a toxic stress response when they’re going through a hard time. We also need to help parents see how they’ve harnessed their own protective factors to get through the hard times that they’ve faced. And at the community or policy level, I’d say the same: We should never talk about risks without talking about strengths and healing.

#### From Participants: Strategies for More Positive Conversations About Toxic Stress

- Start with a discussion of neuroplasticity - so it is clear that healing can occur due to the brain’s ability to grow new neurons.
- Use Health Outcomes from Positive Experiences (HOPE) framework in conjunction with protective factors. [Link to our FtF on HOPE here]
- Discuss protective factors and how to use stress in positive ways.
- Note that one trusted adult can make a difference.
- Introduce community resiliency model (CRM) skills.
- Start from “what’s right with you.” Identify individual and family strengths.
- Determine where a person is before engaging in the conversation about ACEs and resilience.
- Do not assume that the help you choose to offer will align with the intended recipient’s idea of needing help, or what kinds of help may be welcomed.
- Use words “early adversity” or just “early stress” rather than “toxic stress,” unless the situation calls for using the term in a precise and scientific way it was designed.

#### HOW WE CAN IMPLEMENT ACES SCREENING FOR CHILDREN IN A SOCIAL SERVICE AGENCY IN A WAY THAT MINIMIZES TRIGGERS?

**O’Connor:** Dr. Nadine Burke Harris is doing a lot of good work about how to screen for ACEs in a clinical setting, and there is probably a lot to be learned from that. Some concerns have come up around screening for ACEs. For instance, the screening can bring up traumatic memories, and agencies need to be prepared to respond to whatever is being shared. Sometimes screenings are being administered in places and settings where staff actually are not equipped to respond to what they learn. And, of course, with children, disclosure of ACEs can raise issues related to mandatory reporting. We all need to be cautious about having conversations with families about the support they need without getting ourselves in a position where we have no choice but to report something when our preference would be to talk through issues. The triggering question is an important one. People might not be ready to answer some of the questions we want to ask.

For these reasons, among others, administering ACEs as a screening and kind of ticking off the boxes might not be ideal. Touching on these issues through conversation seems like a more natural way to allow us to gauge ACEs. If someone is not responding well, we don’t need to keep going through them. We might just ask them what kind of support they need, and help them feel that they’re there to receive support and not to get grilled about problems in their life.

#### IN YOUR RECENT EXPERIENCE, HAVE MORE SYSTEMS ACKNOWLEDGED THEIR ROLE?

**O’Connor:** I think we do see more systems getting involved around protective factors. For example, a lot of housing and community development providers are looking for ways to better support families with young children. They’re looking at how they can support their tenants, how they can use the spaces they have available for parent and child activities, things like that. I think that when we get into intervening systems, such as child welfare, there are some systems around the country that are giving a lot of thought to how they contribute to

community-level outcomes. However, I still think that the majority of those systems are focusing one family at a time, which is part of the nature of the work or maybe just a question of work load—that they're too busy to step back and think about the community-level impact of how they do their work. I hope that the trend will continue, and more and more systems will take a community-level approach to supporting children and families.

### **WHAT IS STRENGTHENING FAMILIES DOING AROUND PROTECTIVE FACTORS AT THE COMMUNITY LEVEL?**

O'Connor: Right now, CSSP is developing a new strategic plan for Strengthening Families, and there are a lot of people expressing interest in the idea of developing community protective factors. We're looking at what needs to be in place in a community so that families have opportunities to build better protective factors. And then, across all the programs that make up our early childhood systems, we also want to see a greater incorporation of protective factors. We want to make sure that there is support for protective factors at all levels, which we can do through professional development for providers, and through better coordination and referrals between and among those providers.

I've been very impressed with communities that have started to get non-traditional partners involved—getting business owners and the faith-based communities into promoting protective factors, and seeing that as part of their work. In this way, families are getting that messaging and that support in more of the places where they spend time.

The other thing I would mention is café conversations. A lot of communities are using Parent Café or the Community Café model. There is also a Caring Conversations model from Zero to Three. These are different adaptations of informal yet structured conversations among community members that are either directly about protective factors or about issues in their community, but with a protective factors focus.

### **CAN YOU SPEAK TO THE INTERSECTION OR NECESSITY FOR FAITH-BASED SPIRITUALITY AND OPPORTUNITY?**

O'Connor: There are a couple of reasons that I think we really need this language and type of support to get into faith-based communities. Many, many people draw their resilience from their faith. It's a big component in having hope for the future and getting through hard times, for people who have a religious or spiritual belief system.

Additionally, there are a lot of families who don't interact with formal service providers but do go to church or synagogue or mosque. We want to make sure that they're getting family support, and that either the clergy or the lay people staff in those organizations understand protective factors, have a sense of what kind of support they can provide to families, know what other resources are available when they can't meet a family's needs, and to connect them to those.

To give one example, Reverend Darrell Armstrong in New Jersey has developed a covenant for clergy to sign on, that basically states that they agree that part of their ministry to families needs to include helping families build their protective factors. Reverend Armstrong is doing that in his church, but any clergy leader can sign onto this covenant and find how they can strengthen families through their own ministries. I think that's really a powerful way to use a social system that's outside of our social services structure, but that really reaches and serves a lot of families.

### **From Participants: Tips for Using ACES in Screening**

First, ask yourself why you're doing it. What purpose will it serve? Perhaps just a conversation about what supports are needed is a better way to go.

Second, does the standard screening need to be modified to be a little more culturally relevant to the population you're working with?

Third, are you prepared to deal with issues that might come up during the screening?

Finally, do more screening for protective factors to give people more of an opportunity to communicate their strengths, and to help them build on those strengths.

### **From Cailin O'Connor**

Ask people about their positive memories of childhood and what strengths their family had, because we want to move into a conversation about how they themselves want to parent. It gives parents a place to focus their own thinking: "This is what I want my child to remember from his or her childhood, and here is how I can minimize the negative things but also emphasize the positive ones."

One thing I think that's great about what Reverend Darrell Armstrong does is, when a family wants a child to be baptized, they get home visits from the pastor in the lead up to the baptism because this is a time when they're seeking information. They have probably a new baby or a young child. In his faith, that's when they bring children in for baptism. And so, they're eager for information and support, and it's a great opportunity for the pastor to not only to build a stronger relationship with that family, but to also check in on their protective factors and see what kind of support they need and make sure that they see the church as a place that they can come for that support.

### From Participants: What would support this conversation shift?

- More funding for cross sector state and community work
- Training and education
- More wraparound and interagency work
- Incentives for providers to learn about protective factors
- Use of peers as supports
- Avoiding buzz words
- Strong engagement and support for all family members
- Leadership in and from the communities served
- Strong collaboration with school districts and employers
- Elect policy makers who understand poverty and systemic racism

## Resources

Center on the Developing Child at Harvard University, <http://developingchild.harvard.edu/>

"Using Science to Understand the Effects of Adversity and Build Resilience" Digital Dialogue with Jack Shonkoff, <http://cantasd.org/explore-topics/trauma-and-resilience/using-science-to-understand-the-effects-of-adversity-and-build-resilience/>

A Guide to Toxic Stress, <https://developingchild.harvard.edu/guide/a-guide-to-toxic-stress/>

Working Toward Well-Being: Community Approaches to Toxic Stress, <https://cssp.org/resource/working-toward-well-being-community-approaches-to-toxic-stress-2/>

Strengthening Families Protective Factors Framework, <https://cssp.org/our-work/project/strengthening-families/>

West Virginia ACEs Report, <https://www.wvaces.org/>

### ADDITIONAL RESOURCES IDENTIFIED BY DIGITAL DIALOGUE PARTICIPANTS

The Future of Healing (article), <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

NEAR@Home Toolkit, <https://www.nearathome.org/>

Healing Centered Engagement Webinar (recording), <https://flourishagenda.com/healing-centered-engagement-webinar-2019>

Five for Families, <https://fiveforfamilies.org>

Trauma Screening, Brief Intervention, and Referral to Treatment (T-SBIRT), <https://uwm.edu/icfw/t-sbirt/>



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Prevention Institute, <https://www.preventioninstitute.org/>

Building Community Resilience Collaborative, <https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>

Empower Action, <https://scchildren.org/research/adverse-childhood-experiences/>

Healthy and Vibrant: A Tree Grows in Tarpon (article), <https://www.acesconnection.com/blog/healthy-and-vibrant-a-tree-grows-in-tarpon>

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