



## Technical Assistance Sampler

### ***Protective Factors/Resiliency***

(Updated 2016)



\*The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspice of the School Mental Health Project, Dept. of Psychology, UCLA,  
Box 951563, Los Angeles, CA 90095-1563  
(310) 825-3634  
E-mail: [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)  
Website: <http://smhp.psych.ucla.edu>

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## ***Protective Factors/Resiliency***

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## ***Barriers (Risk Factors), Protective Buffers, and Promotion of Full Development***

As terms such as resilience and protective factors are popularized, confusion and some controversies have arisen. In particular, an ongoing discussion centers on how to reconcile differences among advocates of addressing risks and those who stress asset building and youth development. Perhaps the following distinctions will help.

***Risk factors.*** One way to think about risk factors is in terms of potential external and internal barriers to development and learning. Research indicates that the primary causes for most youngsters' learning, behavior, and emotional problems are external factors (related to neighborhood, family, school, and/or peers). For a few, problems stem from individual disorders and differences. One facet of any emphasis on addressing barriers is guided by the research on risk factors.

***Protective factors.*** Protective factors are conditions that *buffer* against the impact of barriers (risk factors). Such conditions may prevent or counter risk producing conditions by promoting development of neighborhood, family, school, peer, and individual strengths, assets, corrective interventions, coping mechanisms, and special assistance and accommodations. The term *resilience* usually refers to an individual's ability to cope in ways that buffer. Research on protective buffers also guides efforts to address barriers.

***Promoting full development.*** As often is stressed, being problem-free is not the same as being well-developed. Efforts to reduce risks and enhance protection can help minimize problems but are insufficient for promoting full development, well-being, and a value-based life. Those concerned with establishing systems for promoting healthy development recognize the need for direct efforts to promote development and empowerment, including the mobilization of individuals for self-pursuit. In many cases, interventions to create buffers and promote full development are identical, and the pay-off is the cultivation of developmental strengths and assets. However, promoting healthy development is not limited to countering risks and engendering protective factors. Efforts to promote full development represent ends which are valued in and of themselves and to which most of us aspire

Considerable bodies of research and theory have identified major correlates that are useful guideposts in designing relevant interventions. And, as the examples in the box on the next page illustrate, there is a significant overlap in conceptualizing the various factors. Some barriers to development and learning (risk factors) and protective buffers are mirror images; others are distinct. Many protective buffers are outcomes of efforts to engender full development. From the perspective of interventions designed to address barriers to learning and development, promoting healthy development is the other side of the coin, and when these are done well, resilient behavior, individual assets, and healthy behavior in children and adolescents are engendered.

Thus, protective buffers are a natural by-product of comprehensive, multifaceted efforts to reduce risk factors and foster positive development, but the aims of such efforts go well beyond what research has established so far as protective factors. It is a mistake, of course, to jump too quickly from research that identifies compelling correlates to making assumptions about cause and effect. This is especially so when one understands that behavior is reciprocally determined (i.e., is a function of person and environment transactions). Many concepts labeled as risk and protective factors are so general and abstract (e.g., community disorganization, quality of school) that they will require many more years of research to identify specific causal variables. At the same time, it is evident that these general areas are of wide contemporary concern and must be addressed in ways that represent the best evidence and wisdom that can be derived from the current knowledge base. The same is true of efforts to promote development.

Another mistake is to take lists of risk factors, symptoms, or assets and directly translate them into specific intervention objectives. The temptation to do so is great – especially since such objectives often can be readily measured. Unfortunately, this type of approach is one of the reasons there is so much inappropriate and costly program and service fragmentation. It is also a reason why so many empirically supported interventions seem to account for only a small amount of the variance in the multifaceted problems schools must address in enabling student learning. And, with respect to promoting development, such a piecemeal approach is unlikely to produce holistic results.

Any school where large numbers of students manifest learning, behavior, and emotional problems needs to implement a comprehensive, multifaceted, and cohesive continuum of interventions. This continuum must address barriers (reducing risks, enhancing buffers) and promote full development. Policy makers and researchers must move beyond the narrow set of empirically supported programs to a research and development agenda that pieces together systematic, comprehensive, multifaceted approaches so that schools are effective in re-engaging the many students who have become disengaged from classroom learning and who are leaving school in droves.

## **Examples of Barriers to Learning, Development,, Protective Buffers, and Promotion of Full Development**

### **ENVIRONMENTAL CONDITIONS\*\***

### **PERSON FACTORS\*\***

#### **I. Barriers to Development and Learning** (Risk producing conditions)

##### **Neighborhood**

- >extreme economic deprivation
- >community disorganization, including high levels of mobility
- >violence, drugs, etc.
- >minority and/or immigrant status

##### **Family**

- >chronic poverty
- >conflict/disruptions/violence
- >substance abuse
- >models problem behavior
- >abusive caretaking
- >inadequate provision for quality child care

##### **School and Peers**

- >poor quality school
- >negative encounters with teachers
- >negative encounters with peers &/or inappropriate peer models

##### **Individual**

- >medical problems
- >low birth weight/ neurodevelopmental delay
- >psychophysiological problems
- >difficult temperament & adjustment problems

#### **II. Protective Buffers** (Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations)

##### **Neighborhood**

- >strong economic conditions/ emerging economic opportunities
- >safe and stable communities
- >available & accessible services
- >strong bond with positive other(s)
- >appropriate expectations and standards
- >opportunities to successfully participate, contribute, and be recognized

##### **Family**

- >adequate financial resources
- >nurturing supportive family members who are positive models
- >safe and stable (organized and predictable) home environment
- >family literacy
- >provision of high quality child care
- >secure attachments – early and ongoing

##### **School and Peers**

- >success at school
- >positive relationships with one or more teachers
- >positive relationships with peers and appropriate peer models
- >strong bond with positive other(s)

##### **Individual**

- >higher cognitive functioning
- >psychophysiological health
- >easy temperament, outgoing personality, and positive behavior
- >strong abilities for involvement and problem solving
- >sense of purpose and future
- >gender (girls less apt to develop certain problems)

#### **III. Promoting Full Development** (Conditions, over and beyond those that create protective buffers, that enhance healthy development, well-being, and a value-based life)

##### **Neighborhood**

- >nurturing & supportive conditions
- >policy and practice promotes healthy development & sense of community

##### **Family**

- >conditions that foster positive physical & mental health among all family members

##### **School and Peers**

- >nurturing & supportive climate school-wide and in classrooms
- >conditions that foster feelings of competence, self-determination, and connectedness

##### **Individual**

- >pursues opportunities for personal development and empowerment
- >intrinsically motivated to pursue full development, well-being, and a value-based life

#### **\*For more on these matters, see:**

- Huffman, L., Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*. The Child and Mental Health Foundation and Agencies Network. <http://www.nimh.nih.gov/childp/goodstart.cfm>
- Hawkins, J.D. & Catalano, R.F. (1992). *Communities That Care*. San Francisco: Jossey-Bass.
- Deci, E. & Ryan, R. (1985). *Intrinsic Motivation and Self-Determination in Human Behavior*. New York: Plenum.
- Strader, T.N., Collins, D.A., & Noe, T.D. (2000). *Building Healthy Individuals, Families, and Communities: Creating Lasting Connections*. New York: Kluwer Academic/Plenum Publishers
- Adelman, H.S. & Taylor, L. (1994). *On Understanding Intervention in Psychology and Education*. Westport, CT: Praeger.

**\*\*A reciprocal determinist view of behavior recognizes the interplay of environment and person variables. See the work of Piaget, Vygotsky, Bruner, Bandura, etc.**

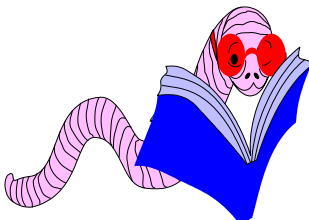
## ***Resilience as a Dynamic Concept***

Michael Rutter (2012).

*Development and Psychopathology*, 24, 335-344.

[http://journals.cambridge.org/action/displayAbstract?  
fromPage=online&aid=8538863&fileId=S0954579412000028](http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8538863&fileId=S0954579412000028)

*Abstract:* The concept of resilience has as its starting point the recognition that there is huge heterogeneity in people's responses to all manner of environmental adversities. Resilience is an inference based on evidence that some individuals have a better outcome than others who have experienced a comparable level of adversity; moreover, the negative experience may have either a sensitizing effect or a strengthening "steeling" effect in relation to the response to later stress or adversity. After noting the crucial importance of first testing for the environmental mediation of risk through "natural experiments," findings are reviewed on "steeling effects" in animal models and humans. Gene-environment interaction findings are considered, and it is noted that there is some evidence that the genetic influences concerns responsivity to all environments and not just bad ones. Life course effects are reviewed in relation to evidence on turning point effects associated with experiences that increase opportunities and enhance coping. Attention is drawn to both research implications and substantive findings as features that foster resilience.



## ***Reflections on Resilience***

S. Truebridge & B. Benard (2013).

*Education Leadership*, 71, 66-67

<http://www.ascd.org/publications/educational-leadership/sept13/vol71/num01/Reflections-on-Resilience.aspx>

**Resilience begins with beliefs.** If you believe in the capacity of all individuals to demonstrate resilience, you won't give up on them. Your actions, words, and behaviors will project that message and will awaken and foster resilience in your students.

**Resilience is a process, not a trait.** It involves how we interact and negotiate with ourselves, others, and our world; how we navigate through the resources that help us thrive; and how we move on a positive trajectory of success and health in the midst of adversity, trauma, and everyday stress.

**Everyone, regardless of age or circumstances, has the capacity for resilience.** It just needs to be tapped.

**The three major protective factors that help us mitigate adversity** and nourish personal strength are caring relationships, high expectations, and opportunities to participate and contribute.

**Resilience isn't just for people from high-risk environments;** affluent communities can be high-risk for some. The stress incurred from family, peer, and self-imposed pressures to perform and excel academically and socially contributes to an increase in high-risk behaviors among youth in affluent communities.

**Resilience isn't a program or curriculum.** It's not a quick-fix product that schools can buy. Resilience is more influenced by how a teacher teaches than by what a teacher teaches.

**Resilient people identify themselves as survivors rather than victims.** They acknowledge that life comes with challenges and setbacks, which they can overcome.

**Resilience is not just for remediation or intervention.** It incorporates a shift from a problem-based deficit model to a strengths-based one. This model of resilience is positive, protective, and preventive.

**One person's support can be crucial in developing another's resilience.** You can say something to a student or believe in that student in a way that can change his or her life forever.

Challenging life experiences can be opportunities for growth and change. Our perseverance through tough times can make us stronger.

**Most people make it despite exposure to severe risk.** Close to 70 percent of youth from high-risk environments overcome adversity and achieve good outcomes.<sup>1</sup>

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## ***I. What is Resiliency?***

- A. Resilience as a Dynamic Concept (conclusion)**
- B. 10 Tips for building resilience in children and teens**
- C. Protective Factors**
- D. Childhood Resilience**
- E. Risk and Protective Factors**
- F. Protective and Promotive Factors**





## ***I. What is Resiliency?***

### **A. From: *Resilience as a Dynamic Concept***

Michael Rutter (2012).

*Development and Psychopathology*, 24, 335-344.

[http://journals.cambridge.org/action/displayAbstract?](http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8538863&fileId=S0954579412000028)

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#### **Conclusions**

Resilience research has as its starting point the universal finding of huge heterogeneity in outcomes after all types of environmental adversity, together with the evidence that, in some circumstances, exposure to stress may be followed by an increased resistance to later stress (a steeling effect), rather than a sensitization or increased vulnerability. In other words, the focus is on individual differences in response to adversity rather than an assumption that outcomes can be accounted for in terms of the balance between positive and negative influences, with the assumption that they will affect most people in the same way and to the same degree.

There are some nine features that serve to characterize resilience research as distinctive from the overall field of risk and protective factors. First, there is a direct analysis of the features associated with heterogeneity in response to adversity, rather than a reliance on statistical approaches to detect nonlinear interactive effects. The statistical power to detect interactions is inevitably less than the power to determine the associations with heterogeneity of outcomes. In addition, there is the requirement to test for environmental mediation of risk effects, rather than relying on quantifying a heterogeneous mixture of risks that may be either genetically mediated or environmentally mediated or both.

Second, there is an interest in variables that are without effect in the general population of lower risk individuals but which have substantial effects in the presence of adversity. Adoption is the obvious example of this kind. Of course, it could be identified in risk and protective factor studies but it has not been so identified, probably because of its infrequency in the total population. Planning constitutes a further example in which its origins lay in good experiences outside the family. That would be unlikely to have been picked up in the usual type of risk and protective factor study. However, it is both relevant and noteworthy that the importance of planning was detected in Masten et al.'s (2004) competence study once there was a focus on individual differences.

Third, there is an interest in the steeling effects of successfully coping with stress or challenge. That could have arisen as a result of risk/protective studies but it has not been a prominent feature, probably because what was needed was a focused hypothesis-testing approach, a feature of resilience research but not other approaches, at least not to the same extent.

Fourth, as a specific example of hypothesis-driven strategies, there is the group of studies of G x E interactions. Once more, the need (that was met) was for hypotheses driven by biological findings (see Rutter et al., 2009). In addition, however, there was the explicit acceptance that epidemiological findings had to be put to the test through human experimental studies, animal models, and basic science.

Fifth, that brings in the central importance in resilience research of animal models, of which the squirrel monkey studies of possible stress inoculation, represent a good example. The focus is explicitly on possible steeling effects and an experimental approach is used.

Sixth, there is the study of possible turning point effects, as illustrated by the study of the beneficial effects of marriage and of early service in the Armed Forces for individuals from a disadvantaged background living through the Great Depression of the 1930s. General population longitudinal studies provided the data but it was the focus on individual differences that brought this research into the resilience arena.

Seventh, a key feature of resilience research has been the use of qualitative data to determine the meaning of experiences. The research into marriage constitutes one example of this and the study of positive outcomes following inpatient psychiatric care in adolescence constitutes another rather different example.

Eighth, there are the basic science findings on brain plasticity (see Rutter, in press-c), which underline the dynamic nature of plasticity in terms of its temporal limits and its openness to external influences.

Ninth and finally, resilience is defined in terms of a better outcome than that seen in other individuals from a similarly adverse background. In short, there is no requirement of superior functioning in relation to the nondeprived population as a whole. The study of Romanian adoptees who experienced profoundly depriving care (Rutter & Sonuga-Barke, 2010) constitutes a good illustration. Although, in the group as a whole, deficits were apparent, some individuals fared surprisingly well. There was marked relative success of a meaningful kind. Once again, the risks were shown to be environmentally mediated and a hypothesis-testing approach was followed.

As indicated in the introductory section, resilience concepts accept, and build on, the importance of risk and protective factors research (and require its operation), but they add to it in crucially important ways that would not have emerged at all readily out of other approaches. The fields of competence, positive psychology, risk and protection and resilience all have importance, but it is a mistake to want to group them together.

**See original for the References** -- here is the beginning of the extensive list

- Anthony, E. J. (1974). The syndrome of the psychologically invulnerable child. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family: Children at psychiatric risk* (pp. 529–545). New York: Wiley.
- Anthony, E. J., & Cohler, B. J. (Eds.). (1987). *The invulnerable child*. New York: Guilford Press.
- Bennett, A. J., Lesch, K. P., Heils, A., Long, J. C., Lorenz, J. G., Shoaf, S. E., et al. (2002). Early experience and serotonin transporter gene variation interact to influence primate CNS function. *Molecular Psychiatry*, 7, 118–122.
- Belsky, J., & Beaver, K. M. (2011). Cumulative-genetic plasticity, parenting and adolescent self-regulation. *Journal of Child Psychology and Psychiatry*, 52, 619–626.
- Bleuler, M. (1978). *The schizophrenic disorders: Long-term patient and family studies*. New Haven, CT: Yale University Press.
- Bowes, L., Maughan, B., Caspi, A., Moffitt, T. E., & Arseneault, L. (2010). Families promote emotional and behavioural resilience to bullying: Evidence of an environmental effect. *Journal of Child Psychology and Psychiatry*, 51, 809–817.
- Boyce, W. T., & Ellis, B. J. (2005). Biological sensitivity to context: I. An evolutionary-developmental theory of the origins and functions of stress reactivity. *Development and Psychopathology*, 17, 271–301.
- British Academy Working Group Report. (2009). *Social science and family policies*. London: British Academy Policy Centre.
- Caspi, A., Hariri, A. R., Holmes, A., Uher, R., & Moffitt, T. E. (2010). Genetic sensitivity to the environment: The case of the serotonin transporter gene and its implications for studying complex diseases and traits. *American Journal of Psychiatry*, 167, 509–527.
- Caspi, A., McClay, J., Moffitt, T. E., Mill, J., Martin, J., Craig, I. W., et al. (2002). Role of genotype in the cycle of violence in maltreated children. *Science*, 297, 851–854.
- Caspi, A., Moffitt, T. E., Cannon, M., McClay, J., Murray, R., Harrington, H., et al. (2005). Moderation of the effect of adolescent-onset cannabis use on adult psychosis by a functional polymorphism in the catechol-O-methyltransferase gene: Longitudinal evidence of a gene environment interaction. *Biological Psychiatry*, 57, 1117–1127.
- Caspi, A., Sugden, K., Moffitt, T. E., Taylor, A., Craig, I. W., Harrington, H., et al. (2003). Influence of life stress on depression: Moderation by a polymorphism in the 5-HTT gene. *Science*, 301, 386–389.
- Cicchetti, D. (2010). Resilience under conditions of extreme stress: A multi-level perspective. *World Psychiatry*, 9, 145–154.
- Costello, E. J., Compton, S. N., Keeler, S. N., & Angold, A. (2003). Relationships between poverty and psychopathology: A natural experiment. *Journal of the American Medical Association*, 290, 2023–2029.
- Davey Smith, G., & Ebrahim, S. (2003). “Mendelian randomization”: Can genetic epidemiology contribute to understanding environmental determinants of disease? *International Journal of Epidemiology*, 32, 1–22.
- Davey Smith, G., & Ebrahim, S. (2005). What can Mendelian randomization tell us about modifiable behavioural and environmental exposures. *British Medical Journal*, 330, 1076–1079.
- D’Onofrio, B. M., Turkheimer, E., Eaves, L. J., Corey, L. A., Berg, K., Soles, M. H., et al. (2003). The role of the children of Twins design in elucidating causal relations between parent characteristics and child outcomes. *Journal of Child Psychology and Psychiatry*, 44, 1130–1144.
- D’Onofrio, B. M., Van Hulle, C. A., Waldman, I. D., Rodgers, J. L., Harden, K. P., Rathouz, P. J., et al. (2008). Smoking during pregnancy and offspring externalizing problems: An exploration of genetic and environmental confounds. *Development and Psychopathology*, 20, 139–164.
- Eisenberg, L. (1977). Development as a unifying concept in psychiatry. *British Journal of Psychiatry*, 131, 225–237.
- Elder, G. H. (1974). *Children of the Great Depression*. Chicago: University of Chicago Press.
- Ellis, B. J., Boyce, W. T., Belsky, J., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2011). Differential susceptibility to the environment: An evolutionary-neurodevelopmental theory. *Development and Psychopathology*, 23, 7–28.
- Fergusson, D. M., & Horwood, L. J. (2003). Resilience to childhood adversity: Results of a 21-year study. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 130–155). Cambridge: Cambridge University Press.
- Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1992). Family change, parental discord and early offending. *Journal of Child Psychology and Psychiatry*, 33, 1059–1075.
- Garnezy, N. (1974). The study of competence in children at risk for severe psychopathology. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family: Children at psychiatric risk* (Vol. 3, pp. 77–97). New York: Wiley.
- Garnezy, N. (1985). Stress-resistant children: The search for protective factors. In A. Davids (Ed.), *Recent research in developmental psychopathology* (pp. 213–233). Elmsford, NY: Pergamon Press.

# I. What is Resiliency



## ***B. 10 Tips for Building Resilience in Children and Teens***

### **Introduction**

We all can develop resilience, and we can help our children develop it as well. It involves behaviors, thoughts and actions that can be learned over time. Following are tips to building resilience.

- Make connections** -- Teach your child how to make friends, including the skill of empathy, or feeling another's pain. Encourage your child to be a friend in order to get friends. Build a strong family network to support your child through his or her inevitable disappointments and hurts. At school, watch to make sure that one child is not being isolated. Connecting with people provides social support and strengthens resilience. Some find comfort in connecting with a higher power, whether through organized religion or privately and you may wish to introduce your child to your own traditions of worship.
- Help your child by having him or her help others** -- Children who may feel helpless can be empowered by helping others. Engage your child in age-appropriate volunteer work, or ask for assistance yourself with some task that he or she can master. At school, brainstorm with children about ways they can help others.
- Maintain a daily routine** -- Sticking to a routine can be comforting to children, especially younger children who crave structure in their lives. Encourage your child to develop his or her own routines.
- Take a break** -- While it is important to stick to routines, endlessly worrying can be counter-productive. Teach your child how to focus on something besides what's worrying him. Be aware of what your child is exposed to that can be troubling, whether it be news, the Internet or overheard conversations, and make sure your child takes a break from those things if they trouble her. Although schools are being held accountable for performance on standardized tests, build in unstructured time during the school day to allow children to be creative.
- Teach your child self-care** -- Make yourself a good example, and teach your child the importance of making time to eat properly, exercise and rest. Make sure your child has time to have fun, and make sure that your child hasn't scheduled every moment of his or her life with no "down time" to relax. Caring for oneself and even having fun will help your child stay balanced and better deal with stressful times.
- Move toward your goals** -- Teach your child to set reasonable goals and then to move toward them one step at a time. Moving toward that goal — even if it's a tiny step — and receiving praise for doing so will focus your child on what he or she has accomplished rather than on what hasn't been accomplished, and can help build the resilience to move forward in the face of challenges. At school, break down large assignments into small, achievable goals for younger children, and for older children, acknowledge accomplishments on the way to larger goals.
- Nurture a positive self-view** -- Help your child remember ways that he or she has successfully handled hardships in the past and then help him understand that these past challenges help him build the strength to handle future challenges. Help your child learn to trust himself to solve problems and make appropriate decisions. Teach your child to see the humor in life, and the ability to laugh at one's self. At school, help children see how their individual accomplishments contribute to the wellbeing of the class as a whole.
- Keep things in perspective and maintain a hopeful outlook** -- Even when your child is facing very painful events, help him look at the situation in a broader context and keep a long-term perspective. Although your child may be too young to consider a long-term look on his own, help him or her see that there is a future beyond the current situation and that the future can be good. An optimistic and positive outlook enables your child to see the good things in life and keep going even in the hardest times. In school, use history to show that life moves on after bad events.
- Look for opportunities for self-discovery** -- Tough times are often the times when children learn the most about themselves. Help your child take a look at how whatever he is facing can teach him "what he is made of." At school, consider leading discussions of what each student has learned after facing down a tough situation.
- Accept that change is part of living** -- Change often can be scary for children and teens. Help your child see that change is part of life and new goals can replace goals that have become unattainable. In school, point out how students have changed as they moved up in grade levels and discuss how that change has had an impact on the students.

# I. What is Resiliency

## C. Protective Factors



<http://friendsnrc.org/cbcap-priority-areas/protective-factors>

Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families. They are attributes that serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. For years, researchers have been studying both the risk factors common among families experiencing abuse and neglect and those factors that protect families who are under stress. There is growing interest in understanding the complex ways in which these risk and protective factors interact, within the context of a child's family, community, and society, to affect both the incidence and consequences of abuse and neglect.

### Why Focus on Promoting Protective Factors?

Research has found that successful interventions must both reduce risk factors and promote protective factors to ensure the well-being of children and families. Focusing on promoting protective factors is a more productive approach than reducing risk factors alone because:

- Protective factors are positive attributes that strengthen *all* families. A universal approach helps get needed support to families that may not meet the criteria for "at-risk" services, but who are dealing with stressors that could lead them to abuse or neglect.
- Focusing on protective factors, which are attributes that families themselves often want to build, helps service providers develop positive relationships with parents. Parents then feel more comfortable seeking out extra support if needed. This positive relationship is especially critical for parents who may be reluctant to disclose concerns or identify behaviors or circumstances that may place their families at risk.
- When service providers work with families to increase protective factors, they also help families build and draw on natural support networks within their family and community. These networks are critical to families' long-term success.

### Which Protective Factors Are Most Important?

Research has shown that the following protective factors are linked to a lower incidence of child abuse and neglect:

- **Nurturing and Attachment**  
A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection.
- **Knowledge of Parenting and of Child and Youth Development**  
Discipline is both more effective and more nurturing when parents know how to set and enforce limits and encourage appropriate behaviors based on the child's age and level of development. Parents who understand how children grow and develop can provide an environment where children can live up to their potential. Child abuse and neglect are often associated with a lack of understanding of basic child development or an inability to put that knowledge into action. Timely mentoring, coaching, advice, and practice may be more useful to parents than information alone.
- **Parental Resilience**  
Resilience is the ability to handle everyday stressors and recover from occasional crises. Parents who are emotionally resilient have a positive attitude, creatively solve problems, effectively address challenges, and are less likely to direct anger and frustration at their children. In addition, these parents are aware of their own challenges—for example, those arising from inappropriate parenting they received as children—and accept help and/or counseling when needed.
- **Social Connections**  
Evidence links social isolation and perceived lack of support to child maltreatment. Trusted and caring family and friends provide emotional support to parents by offering encouragement and assistance in facing the daily challenges of raising a family. Supportive adults in the family and the community can model alternative parenting styles and can serve as resources for parents when they need help.
- **Concrete Supports for Parents**  
Many factors beyond the parent-child relationship affect a family's ability to care for their children. Parents need basic resources such as food, clothing, housing, transportation, and access to essential services that address family-specific needs (such as child care and health care) to ensure the health and well-being of their children. Some families may also need support connecting to social services such as alcohol and drug treatment, domestic violence counseling, or public benefits. Providing or connecting families to the concrete supports that families need is critical. These combined efforts help families cope with stress and prevent situations where maltreatment could occur.

These protective factors are critical for all parents and caregivers, regardless of the child's age, sex, ethnicity or racial heritage, economic status, special needs, or whether he or she is raised by a single, married, or divorced parent or other caregivers. All of these factors work together to reinforce each other; for example, parents are more likely to be resilient in times of stress when they have social connections and a strong attachment to their child. Protective factors can provide a helpful conceptual framework for guiding any provider's work with children and their families.

*This information was taken from "Strengthening Families and Communities: 2010 Resource Guide", a joint publication of the Children's Bureau, FRIENDS National Resource Center and Child Welfare Information Gateway. To view the guide, visit the [Child Welfare Information Gateway site](#).*

#### **Resources to Support Your Work with Protective Factors**

 [Annual Community Resource Guide](#)

[Center for the Study of Social Policy, Strengthening Families Site](#)

[Search Institute Developmental Assets](#)

[CDC Information on Risk and Protective Factors](#)

[Institutes of Medicine Report: Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities](#)

[FRIENDS Protective Factors Survey](#)

## I. What is Resiliency

### D. Childhood Resilience



<http://www.samhsa.gov/homelessness-programs-resources/hpr-resources/childhood-resilience>

Learn how developing problem-solving skills, self-regulation, and relationships with caring adults can help promote childhood resilience.

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We can't "make" children resilient, but we can shine a light on those qualities and skills that help them develop key elements of resiliency. Ann Masten, one of the foremost researchers of resilience in children, writes, "Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities." This "ordinary magic" means that children will be more able to adapt to adversity and threats when their basic human systems are nurtured and supported.

### Factors that Contribute to Childhood Resilience

While many factors contribute to resilience, three stand out:

- Cognitive development/problem-solving skills
- S e l f - r e g u l a t i o n
- Relationships with caring adults

#### Cognitive Development/Problem-solving Skills

As a species, we have been solving problems since the beginning of time. Watch a child play and you will see that his/her problem-solving skills are nearly always at work. Infants attempt to soothe themselves by figuring out how to put their thumbs in their mouths or crying for a caregiver. Toddlers try to fit shapes into shape sorters. As children mature, the problems they solve get more complex. Solving problems engages our prefrontal cortex, sometimes called the "thinking brain," which is the seat of our executive function. During times of stress and [trauma](#), this part of our brain is typically shut down so that our body can respond to the threats it is facing. By helping children engage in problem-solving activities, they not only gain a sense of self-efficacy and mastery, they also re-engage the parts of their brain that may have been offline. Because the neural pathways of young brains are still being wired, the more we can engage and reinforce healthy pathways, the better. Developing problem-solving skills also helps children with self-regulation skills, another key quality that fosters resilience.

(cont.)

## **Self-regulation**

Self-regulation is the ability to control oneself in a variety of ways. Infants develop regular sleep-wake patterns. Schoolchildren learn to raise their hand and wait patiently to be called on rather than shouting out an answer. College students concentrate for hours on a research paper, delaying the gratification that might come with being outdoors on a sunny day. Self-regulation has been identified as “the cornerstone” of child development. In the seminal publication [From Neurons to Neighborhoods](#), experts conclude, “Development may be viewed as an increasing capacity for self-regulation, seen particularly in the child’s ability to function more independently in a personal and social context.” It involves working memory, the ability to focus on a goal, tolerance for frustration, and controlling and expressing one’s emotions appropriately and in context. Self-regulation is key for academic and social success and plays a significant role in mental health outcomes—all things that can be a challenge for children experiencing homelessness and other stressors.

## **Relationships with Caring Adults**

Ideally, we form close attachment relationships with our primary caregiver(s) beginning at birth. As we get older, those relationships extend to teachers, neighbors, family, friends, coaches, and others. Disrupted attachment relationships can be devastating for young children because they are still developing an internal working model of what relationships look like and because they rely so intensively on their caregivers to get their basic needs met.

By developing relationships with caring adults, whether they be parents, family members, coaches, teachers, or neighbors, children learn about healthy relationships—ones that are consistent, predictable, and safe. They receive guidance, comfort, and mentoring.



## I. What is Resiliency






### *E. Risk and Protective Factors*

<http://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth>

The presence or absence and various combinations of protective and risk factors contribute to the mental health of youth. Identifying protective and risk factors in youth may guide the prevention and intervention strategies to pursue with them. Protective and risk factors may also influence the course mental health disorders might take if present.

A protective factor can be defined as “a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.”<sup>1</sup> Conversely, a risk factor can be defined as “a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.”<sup>2</sup> The table below provides examples of protective and risk factors by five domains: youth, family, peer, community, and society.

### Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders in Adolescents

	Depression
	Anxiety
	Substance Abuse
	Schizophrenia
	Conduct disorder

Risk Factors	Domains	Protective Factors
<ul style="list-style-type: none"><li>• Female gender</li><li>• Early puberty</li><li>• Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration</li></ul>	Individual	<ul style="list-style-type: none"><li>• Positive physical development</li><li>• Academic achievement/intellectual development</li><li>• High self-esteem</li></ul>



<ul style="list-style-type: none"> <li>• Low self-esteem, perceived incompetence, negative explanatory and inferential style</li> <li>• Anxiety</li> <li>• Low-level depressive symptoms and dysthymia</li> <li>• Insecure attachment</li> <li>• Poor social skills: communication and problem-solving skills</li> <li>• Extreme need for approval and social support</li> <li>• Low self-esteem</li> <li>• Shyness</li> <li>• Emotional problems in childhood</li> <li>• Conduct disorder</li> <li>• Favorable attitudes toward drugs</li> <li>• Rebelliousness</li> <li>• Early substance use</li> <li>• Antisocial behavior</li> <li>• Head injury</li> <li>• Marijuana use</li> <li>• Childhood exposure to lead or mercury (neurotoxins)</li> <li>• Parental depression</li> <li>• Parent-child conflict</li> <li>• Poor parenting</li> </ul>		<ul style="list-style-type: none"> <li>• Emotional self-regulation</li> <li>• Good coping skills and problem-solving skills</li> <li>• Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture</li> </ul>
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<ul style="list-style-type: none"> <li>• Negative family environment (may include substance abuse in parents)</li> <li>• Child abuse/maltreatment</li> <li>• Single-parent family (for girls only)</li> <li>• Divorce</li> <li>• Marital conflict</li> <li>• Family conflict</li> <li>• Parent with anxiety</li> <li>• Parental/marital conflict</li> <li>• Family conflict (interactions between parents and children and among children)</li> <li>• Parental drug/alcohol use</li> <li>• Parental unemployment</li> <li>• Substance use among parents</li> <li>• Lack of adult supervision</li> <li>• Poor attachment with parents</li> <li>• Family dysfunction</li> <li>• Family member with schizophrenia</li> <li>• Poor parental supervision</li> <li>• Parental depression</li> <li>• Sexual abuse</li> <li>• Peer rejection</li> <li>• Stressful events</li> <li>• Poor academic achievement</li> </ul>	Family	<ul style="list-style-type: none"> <li>• Family provides structure, limits, rules, monitoring, and predictability</li> <li>• Supportive relationships with family members</li> <li>• Clear expectations for behavior and values</li> </ul>
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<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Community-level stressful or traumatic events</li> <li>• School-level stressful or traumatic events</li> <li>• Community violence</li> <li>• School violence</li> <li>• Poverty</li> <li>• Traumatic event</li> <li>• School failure</li> <li>• Low commitment to school</li> <li>• Not college bound</li> <li>• Aggression toward peers</li> <li>• Associating with drug-using peers</li> <li>• Societal/community norms favor alcohol and drug use</li> <li>• Urban setting</li> <li>• Poverty</li> <li>• Associating with deviant peers</li> <li>• Loss of close relationship or friends</li> </ul>	<p>School, Neighborhood, and Community</p>	<ul style="list-style-type: none"> <li>• Presence of mentors and support for development of skills and interests</li> <li>• Opportunities for engagement within school and community</li> <li>• Positive norms</li> <li>• Clear expectations for behavior</li> <li>• Physical and psychological safety</li> </ul>
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Adapted from O'Connell, M. E., Boat, T., & Warner, K. E.. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press; and U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2009). *Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle*. Retrieved from

[http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM\\_Matrix\\_8%205x11\\_FINAL.pdf](http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf)  
([http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM\\_Matrix\\_8%205x11\\_FINAL.pdf](http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf))

## I. What is Resiliency



### F. Protective and Promotive Factors

[http://www.cssp.org/reform/child-welfare/youth-thrive/2013/YT\\_Youth-Resilience.pdf](http://www.cssp.org/reform/child-welfare/youth-thrive/2013/YT_Youth-Resilience.pdf)

Adolescence can be a very happy and exciting developmental period. But it can also have its share of stress. The stress that youth experience, like the stress that individuals experience at any stage of development, is caused by the pressures (stressors) that are placed on them and can come from many sources:

- *typical events and life changes* (e.g., taking a drivers exam or physical changes)
- *unexpected events* (e.g., parents divorcing or being in a car accident)
- *individual factors* (e.g., substance abuse or the youth's trauma history)
- *interpersonal factors* (e.g., bullying at school, relationship problems or feelings of loneliness and isolation)
- *community, societal or environmental conditions* (e.g., school violence, racism, homophobia or being placed in foster care)

Numerous researchers have concluded that how youth respond to stressors is much more important than the stressor itself in determining their outcomes. Youth are more likely to achieve healthy, favorable outcomes and to thrive if they are resilient. **Resilience is the process of managing stress and functioning well even when faced with adversity and trauma.**

Some stressors youth face can be easily managed so that problems get resolved; for example, working with a tutor when additional help is needed to understand schoolwork. But some stressors cannot be easily resolved. Youth cannot "fix" their parents' broken relationship, erase the abuse they suffered or be able to move out of a crime-plagued neighborhood. **Rather, youth are resilient when they are able to call forth their inner strength to positively meet challenges, manage adversities, heal the effects of trauma and thrive given their unique characteristics, goals and circumstances.** Research studies show that youths' resilience is aided by a trusting relationship with a caring, encouraging and competent adult who provides positive guidance and promotes high expectations.

Demonstrating resilience increases youths' **self-efficacy** because they are able to see evidence of their ability to:

- face challenges competently
- make productive decisions about addressing challenges, including when and how to seek help
- think about and be accountable for their actions and the consequences of their actions
- influence their development and well-being in a positive direction

Furthermore, demonstrating resilience helps youth to internalize the belief that their lives are important and meaningful. Thus, they can envision and conscientiously work with purpose and optimism toward future possibilities for themselves.

Brain research shows that some experience in managing stress, including learning from failure, is important for healthy youth development and well-being. Youth who have never had to address challenges or have never experienced failure are not fully prepared for adulthood. But sometimes the pressures youth face are so overwhelming that their ability to manage stress is severely compromised. This is the case with youth who grow up in environments that create toxic stress; that is, youth who experience strong, frequent and prolonged adversity without the buffering protection of nurturing adult support. Toxic stress can disrupt brain development, and adolescence is the developmental period in which the long-term effects of earlier experiences of toxic stress become most evident—such as patterns of disconnected relationships, difficulty interpreting others' emotions and problems controlling one's thoughts and actions.

There is increasing evidence, however, that the effects of **toxic stress** can be mitigated by experiences that help to build youths' resilience. Experiences that:

- foster a consistent relationship with at least one safe, caring, reliable and competent adult who promotes high expectations and encourages self-improvement
- provide opportunities for productive decision-making and constructive engagement in their family, community, school and other social institutions
- encourage adolescent voice, choice and personal responsibility
- promote the development of self-regulation, self-reflection, self-confidence, self-compassion and character

Research studies show that in addition to helping youth who experienced toxic stress to manage responses to their histories of adversity, these experiences help to build all youths' resilience so that they are on a developmental trajectory toward healthy, positive outcomes.

# CSSP'S PROTECTIVE AND PROMOTIVE FACTORS

The Center for the Study of Social Policy (CSSP) works to create new ideas and promote public policies that produce equal opportunities and better futures for all children and families, especially those most often left behind. The foundation of all of CSSP's work is a child, family and community well-being framework that includes a focus on protective and promotive factors. Using an ecological perspective:

- **protective factors** are conditions or attributes of individuals, families, communities or the larger society that **mitigate or eliminate risk**
- **promotive factors** are conditions or attributes of individuals, families, communities or the larger society that **actively enhance well-being**

*Taken together, protective and promotive factors increase the probability of positive, adaptive and healthy outcomes, even in the face of risk and adversity.*

The **Strengthening Families™** and **Youth Thrive™** frameworks exemplify CSSP's commitment to identify, communicate and apply research-informed ideas that contribute to the healthy development and well-being of children, youth and families. As numerous studies affirm the importance of early childhood experiences in influencing adolescent and adult behavior, these frameworks provide a view of two interrelated phases of the lifespan developmental continuum: Strengthening Families focuses on families of young children (0-5 years old) and Youth Thrive on youth ages 11-26.

The Strengthening Families Protective Factors	The Youth Thrive Protective and Promotive Factors
<ul style="list-style-type: none"> <li>• Parental Resilience</li> <li>• Social Connections</li> <li>• Knowledge of Parenting and Child Development</li> <li>• Concrete Support in Times of Need</li> <li>• Social-Emotional Competence of Children</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Resilience</li> <li>• Social Connections</li> <li>• Knowledge of Adolescent Development</li> <li>• Concrete Support in Times of Need</li> <li>• Cognitive and Social-Emotional Competence in Youth</li> </ul>

Parents, system administrators, program developers, service providers and policymakers can each benefit from learning about and using the Strengthening Families and Youth Thrive frameworks in their efforts to ensure that children, youth and families are on a path that leads to healthy development and well-being.

## ***II. What Research Says***

**A. Introduction**

**B. About Childhood**

**C. The Efficacy of Resiliency Training Programs**

**D. A Public Health Perspective**



## ***II. What Research Says***

### ***A. Introduction***

Anyone working with children and youth these days is familiar with words like strengths, assets, and resilience. This reflects the progress made in moving beyond a deficit or problem focused bias to incorporate approaches that build on motivation and promote resilience.

Research indicates that external factors (related to neighborhood, family, school, and/or peers) are primary causes for most youngsters' learning, behavior, and emotional problems. Protective factors act as buffers to risk producing conditions. Resilience refers to an individual's ability to cope with risk factors.

“Resilient children are children who remain competent despite exposure to misfortune or to stressful events”...Characteristics of resilient children include:

- A sense of self-esteem and self-efficacy, which allows the child to cope successfully with challenges
- An active stance toward an obstacle or difficulty
- The ability to see a difficulty as a problem that can be worked on, overcome, changed, endured, or resolved in some way
- Reasonable persistence, with an ability to know when “enough is enough”
- A capacity to develop a range of strategies and skills to bear on the problem, which can be used in a flexible way...”

From “Fostering Resiliency”

Northwest Regional Educational Laboratory

[Http://www.nwrel.org/pirc/hot9.html](http://www.nwrel.org/pirc/hot9.html)

While efforts to reduce risks and enhance protection can help minimize problems, a focus on promoting healthy development goes a step further by focusing on establishing systems that foster full development, well-being, and a value-based life. Safe, stable schools and neighborhoods that provide enriched opportunities to promote student development, learning, and a sense of community go well beyond just strengthening resilience.

## II. What Research Says

### B. About Childhood

#### Resilience in Childhood

research in brief:

[http://www.cssp.org/reform/strengthening-families/resources/body/1.3\\_4\\_RB\\_-\\_Resilience\\_in\\_Childhood\\_.pdf](http://www.cssp.org/reform/strengthening-families/resources/body/1.3_4_RB_-_Resilience_in_Childhood_.pdf)

#### RESILIENCE: COMPETENCE DESPITE ADVERSITY

An important question raised by many researchers is “Why are some children able to function successfully in a context of multiple risk factors that extend over time while others are not?” Many studies have found that children who were victims of child abuse and neglect were able to develop positive relationships later in life.

The explanation for variable responses to severe, cumulative risk factors lies in an understanding of “resilience”: a dynamic process that entails positive adaptation and successful developmental outcomes in spite of the presence of adverse conditions. Resilience is not only the presence of risk factors, but also the presence of protective factors that counterbalance risk.

#### PROCESS VERSUS PERSONALITY TRAIT

Some researchers have used the terms “resiliency” and “resilient children” both which may suggest a discrete personality trait. Other researchers caution against this usage because conceiving resilience as a personality trait implies that it is a quality that some children have and others do not; that some children have the capacity to overcome adversity and others do not. These researchers suggest that it would be more beneficial to conceive resilience as a dynamic, developmental process and seek to understand those factors that underlie it.

#### RESILIENCE IS NOT INVULNERABILITY

The ability to demonstrate resilience does not mean that a child is “stress resistant” or “invulnerable” to adversities. Children who are able to demonstrate resilience are affected by stressful and challenging situations, sometimes to the point of feeling overwhelmed. The difference is that they are more able to bounce back from adversity than their peers who don’t show resilience in various contexts.

#### RESILIENCE MAY BE UNEVEN

Resilience is multidimensional. This means that children who experience severe or prolonged risk factors may be able to

demonstrate resilience in some domains or contexts (e.g., positive adaptation in an academic setting) but not others (e.g., peer relationships). Thus, resilience may not be even across all domains; positive adaptation in one domain does not mean competence in all domains. Increasingly, researchers are using qualifiers like educational resilience or social resilience.

#### FACTORS RELATED TO THE DEVELOPMENT OF RESILIENCE

Resilience may derive from factors both internal and external to a child:

- 1 **Attributes of the Child** (e.g., feelings of hope and meaningfulness of life)
- 2 **Aspects of the Family** (e.g., strong relationship with a caring, prosocial parent or parent-figure)
- 3 **Characteristics of the Social Environments** (e.g., opportunities to learn and experience mastery; opportunities to be mentored by a competent, caring adult)

#### SELECTED REFERENCES

- Fraser, M.W., Kirby, L.D., & Smokowski, P.R. (2004). Risk and resilience in childhood. In M. W. Fraser. *Risk and resilience in childhood: An ecological perspective*, (pp. 13-66). Washington, DC: NASW Press.
- Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work, *Child Development*, 71(3), 543–562.
- Masten, A.S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. Wang & E. Gordon (Eds.), *Risk and resilience in inner city America: Challenges and prospects*, (pp. 3-25). Hillsdale, NJ: Erlbaum.
- Masten, A.S., Best, K.M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2, 425-44



## II. What Research Says

### **C. The Efficacy of Resiliency Training Programs: A Systematic Review and Meta Analysis of Randomized Trials.**

*PLoS ONE*, 9(10): e111420. doi:10.1371/journal.pone.0111420

A.L. Leppin, P.R. Bora, J.C. Tilburt, M.R. Gionfriddo, C. Zeballos-Palacios, et al. (2014).

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0111420>

#### **Abstract**

*Importance.* Poor mental health places a burden on individuals and populations. Resilient persons are able to adapt to life's challenges and maintain high quality of life and function. Finding effective strategies to bolster resilience in individuals and populations is of interest to many stakeholders.

*Objectives.* To synthesize the evidence for resiliency training programs in improving mental health and capacity in 1) diverse adult populations and 2) persons with chronic diseases.

*Data Sources.* Electronic databases, clinical trial registries, and bibliographies. We also contacted study authors and field experts.

*Study Selection.* Randomized trials assessing the efficacy of any program intended to enhance resilience in adults and published after 1990. No restrictions were made based on outcome measured or comparator used.

*Data Extraction and Synthesis.* Reviewers worked independently and in duplicate to extract study characteristics and data. These were confirmed with authors. We conducted a random effects meta-analysis on available data and tested for interaction in planned subgroups.

*Main Outcomes.* The standardized mean difference (SMD) effect of resiliency training programs on 1) resilience/hardiness, 2) quality of life/well-being, 3) self-efficacy/activation, 4) depression, 5) stress, and 6) anxiety.

*Results.* We found 25 small trials at moderate to high risk of bias. Interventions varied in format and theoretical approach. Random effects meta-analysis showed a moderate effect of generalized stress-directed programs on enhancing resilience [pooled SMD 0.37 (95% CI 0.18, 0.57)  $p=?.0002$ ;  $I^2=?41\%$ ] within 3 months of follow up. Improvement in other outcomes was favorable to the interventions and reached statistical significance after removing two studies at high risk of bias. Trauma-induced stress-directed programs significantly improved stress [-0.53 (-1.04, -0.03)  $p=?.03$ ;  $I^2=?73\%$ ] and depression [-0.51 (-0.92, -0.10)  $p=?.04$ ;  $I^2=?61\%$ ].

*Conclusions.* We found evidence warranting low confidence that resiliency training programs have a small to moderate effect at improving resilience and other mental health outcomes. Further study is needed to better define the resilience construct and to design interventions specific to it.

## II. What Research Says

### ***D. A Public Health Perspective on School Dropout and Adult Outcomes: A Prospective Study of Risk and Protective Factors From Age 5 to 27 Years***

J.E. Lansford, K.A. Dodge, G.S. Pettit, & J.E. Bates (2016).

*Journal of Adolescent Health*, ePub.

<http://www.sciencedirect.com/science/article/pii/S1054139X16000495>

#### **Abstract**

*Purpose:* This study aimed to advance a public health perspective on links between education and health by examining risk and protective factors that might alter the relation between dropping out of high school and subsequent negative outcomes.

*Methods:* A community sample (N = 585) was followed from age 5 to 27 years. Data included self and parent reports, peer sociometric nominations, and observed mother-teen interactions.

*Results:* High school dropouts were up to four times more likely to experience individual negative outcomes (being arrested, fired, or on government assistance, using illicit substances, having poor health) by age 27 years and 24 times more likely compared to graduates to experience as many as four or more negative outcomes. Links between dropout and negative outcomes were more pronounced for individuals who were in low socioeconomic status families at age 5 years, rejected by elementary school peers, and became parents at a younger age; the dropout effect was decreased for individuals who had been treated for a behavioral, emotional, or drug problem by age 24 years.

*Conclusions:* Addressing school dropout as a public health problem has the potential to improve the lives of dropouts and reduce societal costs of dropping out.

*Implications and Contribution:* Individuals who dropped out of high school were 24 times more likely than graduates to have experienced four or more negative outcomes (e.g., being incarcerated, fired) by age 27 years, but several risk and protective factors (e.g., treatment for behavioral, emotional, or drug problems) altered the risks associated with dropping out.

### **III. Intervention**

#### **A. School-Based**

- >What Can Schools Do to Build Resilience in their Students
- >Teaching Students the ABCs of Resilience
- >School-Based Promotion of Resiliency in Children and Adolescents
- >The Role of Resilience in Assisting the Educational Connectedness of At-risk Youth
- >Bolstering Resilience Through Teacher-student Interaction
- >The Efficacy of Resiliency Training ProgramsThe Healthy Kids Resilience Assessment

#### **B. Community and Family**

- >Community Resilience
- >Promoting Protective Factors and Strengthening Resilience
- >Mentoring -- How Effective Are Mentoring Programs for Youth
- >Natural mentoring among older youth in and aging out of foster care
- >The role of positive youth development practices in building resilience
- >Building family resilience
- >Be resilient: s-t-r-e-t-c-h, bounce back & roll forward



### III. Intervention

#### A. School-Based

##### *What Can Schools Do to Build Resilience in their Students?*



Author: Child Trends | October 30, 2013 | 12:37 pm



<http://www.childtrends.org/what-can-schools-do-to-build-resilience-in-their-students/>

After each school shooting, violent classroom episode, or student suicide—all too common today—there is talk about resilience in schools. Why is it that some students bounce back from adversity and others do not? Coping and functioning well despite adversity or trauma is resilience.

Schools are recognizing the importance of students' social and emotional well-being as well as a supportive school climate, more generally, in promoting positive academic and behavioral outcomes. In fact, at the September convening of the U.S. Department of Education Safe and Supportive Schools federal grantees in Washington, states presented data indicating improvements in both academic achievement as well as in student behaviors from three years ago—the point at which the federal grants began that enabled many high poverty school districts in 11 states to implement school climate surveys and programs. Numerous studies show that programs and practices that build resilience are particularly effective in improving the academic performance of low achieving students.

There are a variety of models of resilience out there, each with their research base, and many have interventions to go along with them. Many school districts are asking, "How can we sort through all of these models and interventions to choose the right one for our students?" Child Trends' researchers offered help to 11 states who have received federal Safe and Supportive School grants, by synthesizing the research and resources available on resilience in schools.

#### **Common Components of Resilience**

While each model has its favorite components of resilience, we looked across the various models and found that the following components kept re-appearing.

##### **Individual Behaviors, Attitudes, and Competencies**

- Physical health supports resilience, including getting enough sleep, eating well, exercising, and enjoying good health.
- Social and emotional competencies that promote resilience include stress management; a sense of control over one's life; positive relationship to self including self-efficacy, self-regulation, and self-esteem; hopefulness and goal-setting with the motivation and perseverance needed to reach those goals; and social competence.
- Cognitive competencies that help include insightfulness and general skills such as problem-solving, information processing, and intellectual ability.

##### **Family, School, and Community Support**

- A positive and supportive family, including warmth, stability, cohesiveness, a positive parenting style, and high expectations.
- Presence of a caring adult outside the family, such as a teacher, counselor, coach, or mentor
- Belonging to groups and institutions, like schools, clubs, organizations, and religious communities.

##### **Strategies that Build Resilience in Schools**

Child Trends and our partners on the National Center for Safe and Supportive Learning Environments have compiled resources that can help schools to build resilience in their students. They can be found at <http://safesupportivelearning.ed.gov/hot-topics/response-and-resiliency>. Looking across these resources, here are some strategies that schools can use to build resilience in students.

- Promote positive social connections between staff and students, among students, and between schools and home.
- Nurture positive qualities, such as empathy, optimism, or forgiveness, and give students a chance to use them.
- Notice and reinforce qualities that are key to resilience.
- Avoid focusing on failure or negative behaviors.
- Teach by example, which is an effective approach; train staff to develop the same qualities.
- Apply restorative justice techniques can help schools by giving students a structured opportunity to work difficulties out by encouraging reflection and empathy.
- Foster feelings of competence and self-efficacy.
- Set high expectations for students; teach them to set realistic, achievable goals, and also how to reach out for help when needed.

## **Strategiess to Help Students Recover from a Traumatic Event**

**In addition, here are strategies that schools can use to help students recover from a traumatic event:**

- Supportive relationships are key to recovery: Make sure students have time to talk with caring adults and have the opportunity to express their feelings and ask questions.
- Schools can provide supports to parents by sponsoring parent meetings.
- Stay flexible! Children's responses to a traumatic event will be varied not just in intensity, but also in recovery time; it is important for schools to avoid a one-size-fits-all response to recovery.
- After a traumatic event, students may feel nervous, anxious, or unsafe so try to reassure students that they are safe, and keep to familiar routines.
- School administrators can provide extra support to teachers, such as training, time to unwind and ways to connect with other teachers for support.

Programs that work in schools to build resilience in schools can be found in the Child Trends What Works database as well as SAMHSA's National Registry of Evidence Programs and Practices and the Collaborative for Academic, Social and Emotional Learning (CASEL). Measures of components of resilience that can be used in surveys and program evaluations can be found on Child Trends positive indicators website.

**Laura Lippman, Senior Program Area Director, Education**

**Hannah Schmitz, Research Assistant, Education**

## III. Intervention

### A. School-Based (cont.)

edutopia

SOCIAL AND EMOTIONAL LEARNING

# Teaching Students the ABCs of Resilience

JANUARY 10, 2016

<http://www.edutopia.org/blog/teaching-the-abcs-of-resilience-renee-jain>

By Renee Jain, Founder of GoZen.com - Anxiety Relief Programs for Children



Image credit: iStockphoto

From natural disasters to economic meltdowns, from wars abroad to tragic shootings close to home, this year brought to light the increasing complexity of the world in which we raise kids. Our natural instinct as teachers, parents and caretakers is to protect children from hardship, yet we know walking between the raindrops of adversity is not possible. Instead of sidestepping challenge, we can teach kids to cope positively, to learn and grow from adversity. We can arm our youth with skills of resilience, and these lessons can begin in the classroom.

### Understanding the Roots of Resilience

Have you ever wondered why one student may be more resilient than another?

Let's say Lisa and Jenny are students in the same eighth grade math class. They both struggle during the quarter and, in the end, they both receive low final grades. Upon hearing the news, Lisa and Jenny share myriad negative emotions: disappointment, anger, fear and sadness. However, after a few days, they diverge in their coping strategies. Lisa picks herself up; she finds a tutor and commits to making a greater effort in math going forward. Meanwhile, Jenny tumbles into a downward spiral of negativity; she sulks and starts performing poorly in all of her subjects. Lisa and Jenny faced the same adversity, so why did one bounce back while the other did not?

You may guess the difference lies in their genetic disposition or family circumstance. Maybe Lisa was born a "stronger" person, or maybe Lisa's parents are more supportive than Jenny's parents. While this may all be true, one factor supersedes the influences of genes, childhood experiences, and opportunity or wealth when it comes to resilience. In fact, according to decades of research (<https://ppc.sas.upenn.edu/research/resilience-children>), the biggest influence on resilience is something within our control. The biggest influence is our cognitive style -- the way we think.

### The ABCs of Resilience

Students can adjust their own cognitive style by learning about the ABCs of resilience. This model was first proposed by psychologist Albert Ellis (<http://albertellis.org/>) back in 1962, and it is still used as a foundational lesson in resilience. Let's learn about the ABCs by going back to our example.

If you asked Lisa or Jenny why she was unhappy upon receiving low math grades, she would probably look at you quizzically. It's obvious, isn't it? She was upset because she received a low grade. This seems to be the correct answer, but it's not. Many people mistakenly believe that facing an *adversity* like receiving a low grade leads to a *consequence* like feeling unhappy.

### ***Myth: Adversity Leads to Consequence***

If a particular adversity led to a particular consequence, then Lisa and Jenny would have shared the same enduring reaction to their poor grades. In fact, everyone would have the same reaction to every adversity in life, and we know this is not the case. People react differently to the same exact challenges, because between A (adversity) and C (consequence) lies the crucial letter B. Here is the more accurate model: every *adversity* one faces triggers *beliefs* about that situation, which in turn causes a reaction or *consequence*.

### ***Reality: Adversity Leads to Beliefs Leads to Consequence***

The ABC model explains why Lisa and Jenny coped differently with the same challenge. Lisa knew she received a low grade, but she *believed* she would improve by making a greater effort; she also felt that one bad grade wasn't the end of the world. Lisa's beliefs led her to acquire a tutor. Jenny, on the other hand, *believed* that doing poorly in math had spoiled her chances of getting into a good college. Jenny thereby decided there was no point in trying at all in school and began skipping her classes and neglecting her studies.

Lisa's optimistic and more realistic beliefs contributed to her high resilience in an adverse situation. Jenny's pessimistic and unrealistic beliefs contributed to low resilience in the same adverse situation. Optimistic and realistic belief systems combine to create a cornerstone of resilient mindsets. The great news is that once students learn the ABC model, they can hone in on their *beliefs* and begin fine-tuning them for greater optimism and accuracy.

The ABC model is a simple yet power tool in cultivating self-awareness -- a crucial element of resilient mindsets. Do you think it's a model you would teach in your classroom?

**Source:** [www.edutopia.org/blog/teaching-the-abcs-of-resilience-renee-jain](http://www.edutopia.org/blog/teaching-the-abcs-of-resilience-renee-jain)

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### III. Intervention

#### A. School-Based (cont.)

##### **Fostering Psychosocial Skills: School-Based Promotion of Resiliency in Children and Adolescents**

S. Prince-Embury, K.V. Keefer, & D.H. Saklofske (2016).

Chapter 19 In Psychosocial Skills and School Systems in the 21st Century edited by A.A. Lipnevich, F. Preckel, & R.D. Roberts.

[http://link.springer.com/chapter/10.1007/978-3-319-28606-8\\_12](http://link.springer.com/chapter/10.1007/978-3-319-28606-8_12)

*Abstract.* This chapter discusses the application of resiliency in school environments. We begin by briefly introducing the constructs of resilience/resiliency as internal and external mechanisms that allow an individual to recover from/overcome adversities. Resilience is described as a non-stigmatizing construct which includes social-emotional intelligence and which is well suited to use in a school environment. Next, the three-factor model of personal resiliency, developed by Prince-Embury, is presented as a working model to simplify the construct into three underlying developmental principles for applications in schools. The three-factor model describes core underlying developmental systems of personal resiliency as sense of mastery, sense of relatedness, and emotional reactivity. The Resiliency Scales for Children and Adolescents are then presented as a tool for preventive screening in schools that employ the three-factor model. A multitiered model for preventive screening is presented using the RSCA index scores of vulnerability and resource to identify students who are most at risk and drilling down to identify specific areas of relative strength and vulnerability. The second part of this chapter provides specific examples of applications of resiliency and related strength-based constructs in schools at different levels of intervention: school-wide/systemic, classroom, and individual.



### III. Intervention

#### A. School-Based (cont.)

##### **The Role of Resilience in Assisting the Educational Connectedness of At-risk Youth: A Study of Service Users and Non-users**

A.J. Martin, D. Bottrell, D. Armstrong, M. Mansour, et al. (2015).  
International Journal of Educational Research, 74, 1–12.

*Abstract.* Many at-risk youth utilize support services, including educational, health, correctional, and community/family/youth services. This study investigated young service users and non-users, resilience, and ‘educational connectedness’ (academic engagement, academic achievement, academic difficulty). Structural equation modeling with 249 young people ( $M = 16.5$  years) showed that service users were lower in educational connectedness, while resilience was positively associated with educational connectedness. There was also evidence that resilience played a moderating or buffering role for service users. Specifically, service users’ negative educational outcomes were attenuated once resilience was entered into modeling and there were significant interactions between service use and resilience such that resilience explained more variance in the educational connectedness of service users than non-service users.

### III. Intervention

#### A. School-Based (cont.)

##### **Bolstering Resilience Through Teacher-student Interaction: Lessons for School Psychologists**

L. Liebenberg, L. Theron, J. Sanders, et al. (2016).

*School Psychology International*, 37, 140-154.

<http://spi.sagepub.com/content/37/2/140>

*Abstract.* Schools are often the only formal service provider for young people living in socioeconomically marginalized communities, uniquely positioning school staff to support positive psychosocial outcomes of youth living in adverse contexts. Using data from 2,387 school-going young people [Canada (N=41,068), New Zealand (N=4591), and South Africa (N=4728)] living in marginalized communities and who participated in the Pathways to Resilience study, this article reviews how student experiences of school staff and school contexts moderated contextual risks and facilitated resilience processes. Findings of these analyses affirm that school staff play an important role in moderating the relationship between resilience resources and community/family risk in both global North and global South contexts. Findings hold important implications for school psychologists, including the need to champion the ways in which teachers can scaffold resilience resources for young people through the quality of the relationships they build with students.

### III. Intervention

#### B. Community and Family

##### Community Resilience

Featured from RAND <http://www.rand.org/topics/community-resilience.html>

Community resilience is a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations. RAND has implemented and evaluated community resilience-building activities worldwide and identified opportunities to integrate the non-profit and for-profit sectors in public health and emergency preparedness, infrastructure protection, and the development of economic recovery programs.

##### Promoting Protective Factors and Strengthening Resilience

T.B. Walsh, S.N. McCourt, W. L. Rostad, K. Byers, & K. Ocasio (2015). Chapter in *Advances in Child Abuse Prevention Knowledge* edited by D. Daro, A. Donnelly, L.A. Huang, & B.J. Powell. [http://link.springer.com/chapter/10.1007/978-3-319-16327-7\\_9](http://link.springer.com/chapter/10.1007/978-3-319-16327-7_9)

*Abstract.* Protective factors are qualities of individuals and conditions in families and communities that serve to preserve and promote child and family well-being. They function as buffers, mitigating risk for child abuse and neglect and promoting resilience, which is the ability to successfully and positively adapt to circumstances that threaten well-being. In this chapter, the authors draw on literature from within and beyond the field of child maltreatment prevention to present findings that can inform prevention efforts. The chapter addresses: (1) the emergence of protective factors and resilience as a focus of practice and research, (2) the growing evidence of the importance of focusing on protective factors and resilience in child maltreatment prevention, (3) examples of innovative programming and research efforts that specifically focus on strengthening families by promoting protective factors and enhancing resilience, (4) how these types of promotional approaches can be taken to scale, and (5) research and policy initiatives with the potential to inform program planning.

### III. Intervention

#### B. Community and Family (cont.)

##### **How Effective Are Mentoring Programs for Youth? A Systematic Assessment of the Evidence**

D. L. DuBois, N. Portillo, J.E. Rhodes, N. Silverthorn, & J.C. Valentine (2011).

*Psychological Science in the Public Interest*, 12, 57-91.

<http://psi.sagepub.com/content/12/2/57.extract#>

*Summary:* During the past decade, mentoring has proliferated as an intervention strategy for addressing the needs that young people have for adult support and guidance throughout their development. Currently, more than 5,000 mentoring programs serve an estimated three million youths in the United States. Funding and growth imperatives continue to fuel the expansion of programs as well as the diversification of mentoring approaches and applications. Important questions remain, however, about the effectiveness of these types of interventions and the conditions required to optimize benefits for young people who participate in them. In this article, we use meta-analysis to take stock of the current evidence on the effectiveness of mentoring programs for youth. As a guiding conceptual framework for our analysis, we draw on a developmental model of youth mentoring relationships (Rhodes, 2002, 2005). This model posits an interconnected set of processes (social-emotional, cognitive, identity) through which caring and meaningful relationships with nonparental adults (or older peers) can promote positive developmental trajectories. These processes are presumed to be conditioned by a range of individual, dyadic, programmatic, and contextual variables. Based on this model and related prior research, we anticipated that we would find evidence for the effectiveness of mentoring as an approach for fostering healthy development among youth. We also expected that effectiveness would vary as a function of differences in both program practices and the characteristics of participating young people and their mentors.

The meta-analysis encompassed 73 independent evaluations of mentoring programs directed toward children and adolescents published over the past decade (1999–2010). Overall, findings support the effectiveness of mentoring for improving outcomes across behavioral, social, emotional, and academic domains of young people's development. The most common pattern of benefits is for mentored youth to exhibit positive gains on outcome measures while nonmentored youth exhibit declines. It appears then that mentoring as an intervention strategy has the capacity to serve both promotion and prevention aims. Programs also show evidence of being able to affect multiple domains of youth functioning simultaneously and to improve selected outcomes of policy interest (e.g., academic achievement test scores). From a developmental standpoint, benefits of participation in mentoring programs are apparent from early childhood to adolescence and thus not confined to a particular stage of development. Similarly, although programs typically have utilized adult volunteers and focused on cultivating one-to-one relationships, those that have engaged older peers as mentors or used group formats show comparable levels of effectiveness. Collectively, these findings point toward the flexibility and broad applicability of mentoring as an approach for supporting positive youth development.

(cont.)

Several other aspects of our findings, however, underscore a need for caution. These include a failure of evaluations to assess several key outcomes of policy interest (e.g., juvenile offending, obesity prevention) or to determine whether benefits for youth are sustained at later points in their development. More generally, we find that gains on outcome measures for the typical young person in a mentoring program have been modest (equivalent to a difference of 9 percentile points from scores of nonmentored youth on the same measures). This level of impact is within the range of effects observed for other types of interventions for children and adolescents but fails to reflect discernible improvement over the previous generation of mentoring programs ( DuBois, Holloway, Valentine, & Cooper, 2002 ). Variability in program effectiveness, although less pronounced, also continues to be evident even after accounting for methodological differences in studies. In analyzing this variability, we find that programs have been more effective when (a) participating youth have either had pre-existing difficulties (including problem behavior specifically) or been exposed to significant levels of environmental risk, (b) evaluation samples have included greater proportions of male youth, (c) there has been a good fit between the educational or occupational backgrounds of mentors and the goals of the program, (d) mentors and youth have been paired based on similarity of interests, and (e) programs have been structured to support mentors in assuming teaching or advocacy roles with youth. These findings suggest that effects may hinge to a noteworthy extent on decisions that are made regarding which youth and mentors to involve in a program and on the care with which mentoring relationships are established and then guided toward specific types of activities.

Taking stock of the available evidence leads us to see value in continued support for youth mentoring programs. The argument for using mentoring as an intervention strategy is particularly strong when there is interest in promoting outcomes across multiple areas of a young person's development. For investments to yield optimal returns, however, there is a need for policy to be directed toward several critical areas of concern: (a) ensuring adherence to core practices (e.g., screening and training of mentors) that both research and common sense dictate to be essential elements of program quality, (b) facilitating ongoing refinement and strengthening of programs using the available evidence as a guide, and (c) fostering stronger collaborations between practitioners and researchers as a framework for evidence-driven dissemination and growth within the field. From a research standpoint, to support and inform these efforts there is a pressing need to (a) gauge the impact of mentoring interventions on key outcomes of policy interest and on the outcomes of participating youth at later points in their development; (b) utilize study designs and analyses that are capable of addressing the relative effectiveness of competing models and practices, the unique contributions of mentoring within more complex, multi-component interventions, and differences in youth responsiveness (including potential harmful effects for some youth); (c) investigate increasingly well-specified models of how different types of program practices and processes may be instrumental in shaping consequential features of mentoring relationships and ultimately, the realization of particular desired outcomes for youth; and (d) establish a research registry to improve the quality and synthesis of available evidence regarding the effectiveness of youth mentoring as an intervention strategy.

### III. Intervention

#### B. Community and Family (cont.)

##### **Natural mentoring among older youth in and aging out of foster care: A systematic review**

A.E. Thompson, J.K.P. Greeson, & A.M. Brunsink (2016).

Children and Youth Services Review, 61, 40–50.

<http://www.sciencedirect.com/science/article/pii/S0190740915301201>

*Abstract.* Due to their histories of caregiver maltreatment, living instability, and potential attachment challenges associated with out-of-home care, older foster youth represent a particularly vulnerable group of adolescents at increased risk for a number of poor well-being outcomes. However, research supports the notion that a relationship with a competent, caring adult, such as a mentor, may serve protectively for vulnerable youth, and a nascent yet growing body of literature suggests that naturally occurring mentoring relationships from within youth's social networks are associated with improved outcomes among young people in foster care during adolescence and the transition to adulthood. This systematic review is the first to comprehensively identify, synthesize, and summarize what we currently know from nearly a decade of theories, concepts, and research findings pertaining to natural mentoring among adolescent youth in foster care. A bibliographic search of seven databases and personal outreach to mentoring researchers and practitioners through a national listserv yielded 38 English-language documents from academic sources and the gray literature pertaining to natural mentoring among older foster youth. We identified quantitative studies that have been conducted to test the theories and hypotheses that have emerged from the qualitative studies of natural mentoring among youth in foster care. Together, this literature suggests that natural mentoring is a promising practice for youth in foster care. Based on our findings from the systematic review, we make practice recommendations to encourage the facilitation of natural mentoring within child welfare contexts and outline an agenda for future research that more rigorously investigates natural mentoring among older youth in foster care.

### III. Intervention

#### B. Community and Family (cont.)

##### **The role of positive youth development practices in building resilience and enhancing well-being for at-risk youth**

J. Sanders, R. Munford, T. Thimasarn-Anwar, L. Liebenberg, & M. Ungar. (2015).  
*Child Abuse & Neglect*, 42, 40–53.

<http://www.sciencedirect.com/science/article/pii/S0145213415000514>

*Abstract.* Services that utilise positive youth development practices (PYD) are thought to improve the quality of the service experience leading to better outcomes for at-risk youth. This article reports on a study of 605 adolescents (aged 12–17 years) who were concurrent clients of two or more service systems (child welfare, juvenile justice, additional education, mental health). It was hypothesised that services adopting PYD approaches would be related to increases in youth resilience and better wellbeing outcomes. It was also hypothesised that risks, resilience, service experiences and well-being outcomes would differ by age, gender and ethnicity. Youth completed a self-report questionnaire administered individually. Path analysis was used to determine the relationship between risk, service use, resilience and a wellbeing outcome measure. MANOVA was then used to determine patterns of risk, service use, resilience and wellbeing among participants based on their demographic characteristics. Services using PYD approaches were significantly related to higher levels of youth resilience. Similarly, increased resilience was related to increased indicators of wellbeing, suggesting the mediating role of resilience between risk factors and well-being outcomes. When professionals adopt PYD practices and work with the positive resources around youth (their own resilience processes) interventions can make a significant contribution to well-being outcomes for at-risk youth.

# III. Intervention

## B. Community and Family (cont.)



### *Building family resilience*

Psychologists are adapting evidence-based resiliency programs to help military families, couples and children.

By Tori DeAngelis  
2013, Vol 44, No. 11

<http://apa.org/monitor/2013/12/family-resilience.aspx>

For more than 20 years, trauma specialist Robin Gurwitch, PhD, has successfully used the evidence-based intervention known as parent-child interaction therapy to improve caregivers' parenting skills, children's behavior and parents' stress levels. The intervention is easy to learn, fun for participants, and it doesn't take long to complete, the Duke University Medical Center psychologist says.

"I still get excited about it because positive changes happen so fast," she says.

Given the stress that military families face, in 2009, Gurwitch reasoned they might benefit from the treatment as well. With funding from the Substance Abuse and Mental Health Services Administration and in collaboration with colleagues at several military bases, her team developed a protocol for implementing the therapy with military families. In 2013, 11 families completed the tailored treatment.

Preliminary results show the adaptation is working: Parents' stress levels went down, their parenting skills improved, and the couples even reported greater marriage satisfaction. Their children's behavior also improved significantly. Now the team plans to implement the intervention with more than 60 military families nationwide in an expanded demonstration project.

The program is just one example of the ways psychologists are adapting resiliency treatments to help military families and couples. The programs share several features: They are evidence-based, they are often tweaked from interventions already shown to work with other populations, and they are standardized across sites, so if families move — as military families often do — they can reconnect with the program right where they left off.

An added plus? Families say they enjoy the treatment. "They show up for appointments, they do what is asked of them, and they complete their homework assignments," Gurwitch says with a grin.

The best of these interventions align with APA's and the federal government's emphasis on family well-being as a key component in ensuring the long-term health of service members, says Heather O'Beirne Kelly, PhD, APA's lead staffer for military and veterans policy.

"Family interventions are particularly important with the people who served in Iraq and Afghanistan because unlike in previous conflicts, about half have children, many of them very young," she says.

"Parenting young children and negotiating the many stressors associated with all phases of deployment can present a major challenge," she adds. "We are thrilled to see the Department of Defense collaborating with psychologists to employ empirically based programs that capitalize on military families' resilience and strengths."

### Effective parent training

Parent-child interaction therapy combines coaching, practice and support to ensure that parents learn positive parenting skills.

The treatment starts with the therapist observing from behind a one-way mirror how parents and children interact in increasingly demanding situations. In one five-minute interaction, for instance, the parent is told to let the child take the lead in play; in another, the parent takes the lead while the child follows. All interactions are assessed using a coding system derived from previous research to allow therapists to monitor progress and give feedback to parents about how well they're mastering skills.

Based on the interaction the therapist observes between the parents and child, the therapist then coaches parents in skills designed to improve the relationship and address behavioral concerns. For example, parents are coached in how to use specific praise statements to improve behaviors or follow a specific protocol to manage a child's defiant behavior.

Parents then practice the skills at home with their children for a "therapeutic dose" of five minutes a day, Gurwitch says.

Knowing that parent-child interaction therapy had been successfully adapted in families where a member had a cognitive impairment, Gurwitch and colleagues are adopting some of the same strategies for military families coping with traumatic brain injury. The team will be assessing families for PTSD symptoms. While the tailored treatment is not designed as a PTSD treatment per se, the researchers are hoping to minimize such symptoms by helping to create a calmer, more predictable, and more stable home environment for both parents and children — a hypothesis she and others will examine in future research.

"We believe parent-child interaction therapy may help to complement ongoing PTSD treatment," Gurwitch says.

### Helping families and couples connect

Another prevention and resiliency intervention that draws from successful evidence-based programs in nonmilitary populations is FOCUS, or Families OverComing Under Stress, designed for military families with children ages 3 to 18. FOCUS has been implemented at 22 major military installations nationwide and served thousands of family members to date. The researchers have adapted it for couples, families with very young children and families that include service members who are wounded, ill or injured. They also have tailored it for different service branches and groups, including the Navy Seals.

A 2012 *American Journal of Public Health* study of 331 families who participated in the original military FOCUS program shows it significantly improves children's behavior and family functioning and reduces anxiety and depression among all family members.

It does this by offering fun and engaging ways for family members to learn and practice key skills that support resilience and recovery in the wake of war's many challenges, says William Saltzman, PhD, a psychologist at the University of California, Los Angeles, who co-created the program with UCLA psychiatrist Patricia Lester, MD.

The original FOCUS protocol includes four core elements:

Real-time computerized psychological health check-ins with customized feedback and referrals for all family members.

Family-specific psychoeducation on issues such as PTSD, traumatic brain injury and the impact of stress on families and child development.

A chance for service members and their families to reflect on their differing experiences during the service member's deployment and share them with family members. The team then helps the family take these "narrative timelines" and create a shared family narrative from them—a key feature of the intervention, Saltzman adds.

"The narratives help to bridge estrangement and the misunderstandings and misattributions that can grow up across these years of deployment," he says.



Resilience training in emotional regulation, goal setting, problem-solving, communication, and managing trauma and loss, using tools to enhance emotional awareness and communication skills. An example is the "feeling thermometer," which uses color coding to help family members talk about their emotions — green for a comfortable, "good to go" feeling, and red for such uncomfortable feelings as anger.

The newer adaptations are helping specific audiences improve their resiliency as well, research is showing. One is the couples intervention, which the UCLA team created in a partnership with Purdue University's Military Family Research Institute. Couples are important to target because by the time they come for services, they often feel overwhelmed, depressed and anxious about deployment and related stressors, Lester says.

To fit their needs, the team modified the core elements of FOCUS to address dyadic coping, marital satisfaction and marital functioning, rather than parenting. They paid extra attention to the couple's narrative timelines because military couples are separated for long periods and often lack a good understanding of what their partner's life has been like. "Having the opportunity to map that all out and look at it is really helpful for them," Lester says.

First-year data on 202 couples are promising. In a paper under review, the team finds that at six months, couples' clinical depression scores were reduced by half, while self-reported functioning as a couple rose significantly. A paper out this month in *Clinical Child and Family Psychology Review* describes more of these adaptations, which also include mobile applications and video conferencing so soldiers and families can access them from anywhere.

It's gratifying to see the way these programs make a difference in the lives of military families, says Saltzman.

"By increasing and improving the natural resilient processes in the family, it appears that all family members may benefit and better contend with ongoing stressors," he says.

## Home-based coping tools

Another resiliency intervention created by University of Michigan psychologist Michelle Kees, PhD, and social worker Kate Bullard is called HomeFront Strong, designed to foster resilience in the partners of deployed service members using psychological tools and friendship support. It's one of several evidence-driven interventions under the University of Michigan's M-SPAN, or Support Programs and Networks program, tailored to military and veteran families. Data from HomeFront Strong also will be used as part of a longitudinal study looking at how service members, spouses and parents of soldiers fared during deployment and three years after.

HomeFront Strong families are an important group to target because many personnel are in the National Guard and Reserve and lack connections with and support from military bases, Kees says. "These families can literally be living one street over from someone and not know they're military," she says.

The program — a pilot project funded by the Ethel and James Flinn Foundation, a Michigan-based philanthropy — features eight weekly classes grounded in empirically based theories and strategies relevant to deployment. Positive psychology tools can help spouses build optimism in the face of uncertainty, for instance, while cognitive behavioral strategies offer ways to expand and normalize participants' thinking, which tends to be more negative during deployment. The program also relies on aspects of dialectical behavior therapy to help participants tolerate difficult emotions, while social support can help them cope across life domains.

As with the FOCUS intervention, narrative therapy plays a part by helping participants frame their lives and situations in more meaningful ways, Kees adds. "It's all grounded in the notion that the story you tell yourself matters," she says.

The two-hour sessions include a talk, discussion time, a grounding exercise like progressive muscle relaxation or a mindfulness technique, and homework. They're designed to be fun and interactive: After a take-in dinner, participants discuss such topics as coping with their partners' deployment, dealing with challenging thoughts and regulating their emotions. Humor and sharing are encouraged.

Many women end the sessions feeling more attuned to their strengths, says Kees. "They'll say, 'This [experience of deployment] was hard, but I learned I'm stronger than I thought I was.'"

In measures taken right after the intervention, 16 participants reported less stress and anxiety, more optimism and life satisfaction, and for parents, less parenting stress than they had before meeting with each other. They also reported a greater ability to handle stress thanks to tools such as learning how to identify negative thoughts, distressing emotions and positive social support.

And at least in this sample, their ties lasted, Kees adds. "They created a social network outside of our group, and that is incredibly powerful," she says. The team is now analyzing longer-term follow-up data.

Next on Kees's docket: program dissemination. In October, she received additional funding from the Flinn Foundation to train providers in other Michigan communities, which she will begin to do in January. University of Michigan researchers will evaluate the effort.

Kees says that working with these families opened her eyes to an admirable but poorly understood culture. "It's a volunteer military, but less than 1 percent of our population volunteers," says Kees. "So there is something very unique and honorable about that 1 percent. They sacrifice so much, and it's our obligation to serve them."

Tori DeAngelis is a writer in Syracuse, N.Y.

### III. Intervention

#### B. Community and Family (cont.)

University of Wisconsin-Extension

🕒 29. Aug, 2011

*Be resilient: s-t-r-e-t-c-h, bounce back & roll forward!*

<http://fyi.uwex.edu/familyresiliency/2011/08/29/resiliency-reminder/>



#### Keys to Resilience: Transformation through Adversity

Resilience is a common word and many of us have a sense that being resilient is a good thing. But what does resilience really mean? And how can being resilient benefit families and individuals, especially when faced with challenges in life?

Resilience can be defined as the capacity to rebound from adversity stronger and more resourceful. It's important not to equate resilience with competent functioning. Resilience is more than just "getting through" or coping with a challenging situation. Resilience involves positive transformation and growth that enables one to deal effectively with challenges.

One way to think of resilience is to compare it to a rubber band. In order for a rubber band to move forward we need to pull it back first. The same thing happens in life. Something might happen that knocks us back for a while but, if we are resilient, we stretch ourselves and spring forward.

Froma Walsh developed a family resilience framework that can be useful for families and individuals who are dealing with adversity. Her approach is based on research and has been developed, refined and reformulated over many years of clinical teaching, supervision, and direct practice as a family therapist.

According to Walsh, the family resilience framework applies to various types of family structures as well as formal and informal kin networks. Research has found that families can flourish and children thrive in a variety of kin arrangements; what matters most are effective family processes that contribute to resiliency. The framework can also apply to individuals in the context of their biological or created family.

Walsh offers nine "keys to resilience" in three different areas: family belief systems, family organization and resources, and family communication. When considering any of these keys to resilience it's important to acknowledge that cultural differences could affect how these ideas look in any particular family.

In the area of family belief systems, resilient families:

- **Make meaning of crisis and challenge**

Resilient families view crisis as a shared challenge, in contrast to a philosophy of the “tough, rugged individual” getting through adversity. Relationships are extremely important in these families. They believe that by joining together with family members and others who are significant to the family, they can strengthen their ability to meet challenges. Resilient families see adversity as manageable and meaningful, something that contributes to growth and change across the life cycle of the family.

- **Maintain a positive outlook**

Resilient families hold an optimistic view of life. By affirming family strengths and potential in the midst of crisis, families encourage their members and reinforce a sense of confidence and a “can do” spirit. Resilient families “master the art of the possible,” taking stock of the crisis situation and focusing the family’s energies on making the best of available options. This also implies acceptance of things that are beyond the family’s control.

- **Value transcendence and spirituality**

Resilient families find meaning, purpose and connection to something beyond themselves, their members, and their immediate problems. This may be defined as the family’s moral and spiritual values that are their source of strength. Many families find strength, comfort and guidance in adversity through their connections with cultural and religious traditions. Families may also find spiritual nourishment through such things as a deep connection with nature, music or art. By seeing themselves as part of something bigger than themselves families are able to take a larger view of the crisis that they are experiencing, which can lead to a heightened sense of purpose in their lives.

In the area of family organization and resources, resilient families are:

- **Flexible**

Resilient families have a flexible structure that they can modify to fit their needs and challenges, rather than holding a rigid conception of family roles and rules. This allows the family to adapt to changes which may come about through crisis or adversity. While people often refer to “bouncing back” after a crisis, resilience might be seen as “bouncing forward.” Resilient families rebound and reorganize in the face of challenge, rather than returning to the way things were before the crisis. Strong leadership with a focus on security and some sense of predictability is needed within the family to help guide vulnerable family members through changes in the family.

- **Connected**

Resilient families know they can count on each other during times of crisis. At the same time, family resiliency is strengthened when members respect each others' individual differences, separateness, and boundaries. Resilient families are able to balance connectedness and separateness among family members in order to respond to changing situations within the family.

- **Supported by social and economic resources**

Resilient families have a network of people (family, friends, neighbors) and organizations that can serve as their lifelines during challenging times. This network provides practical assistance (information, concrete services), emotional support, and connection to the larger community. Resilient families are able to recognize when they need help and make use of their network to get the help they need.

In the area of family communication, resilient families:

- **Share clear, consistent messages**

Resilient families "say what they mean and mean what they say." Communication that is direct, clear, specific, consistent and honest helps all family members understand the crisis that the family is facing and encourages them to share their feelings and opinions with one another. This type of communication also sets the stage for a shared process of decision making about how the family will go forward in the face of crisis.

- **Openly express their emotions**

Resilient families are characterized by a climate of mutual trust and encourage their members to share a range of feelings, practice empathy, and comfort one another. Resilient families look for opportunities to enjoy humor and pleasurable interactions that can serve as respite during challenging times. Encouraging family members to laugh with one another or to enjoy a pleasurable activity together can revitalize families who are under stress.

- **Use collaborative problem solving**

Resilient families identify problems and the options available to deal with them and then make decisions as a team. Family members engage in creative brainstorming as a way to discover new possibilities for overcoming diversity, with ideas of all members respected and valued. Resilient families focus on achievable goals and concrete steps that can be taken to achieve those goals. Families build on their success as they pursue their goals and learn from things that don't work. Through this process, families learn skills that can help them become proactive in preparing for future challenges.

Prepared by: Patti Herman, Pam Peterson and Jane Schaaf, Family Living Educators, UW-Extension, 2009.  
Resource: Walsh, F. (2006) *Strengthening Family Resilience* (Second Edition). New York: The Guilford Press  
University of Wisconsin-Extension, U.S. Department of Agriculture, and Wisconsin counties cooperating.  
UW-Extension provides equal opportunities in employment and programming, including Title IX and ADA

## ***IV. Measurement***

### **A. Assessing Personal Resiliency**

### **B. Methodological Issues**



## **IV. Measurement**

### **A. Assessing Personal Resilience**

#### **Assessing Personal Resiliency in School Settings: The Resiliency Scales for Children and Adolescents**

S. Prince-Embury (2015)

*Journal of Psychologists and Counsellors in Schools*, 25, 55-65.  
<http://journals.cambridge.org/action/displayAbstract?aid=9859700>

*Abstract.* Recent understanding of education and human development recognises the importance of psychosocial factors, particularly personal resiliency, in the academic success of children and youth. This article presents the examination of resiliency within school settings for the purpose of preventive screening, intervention and outcomes assessment. The Resiliency Scales for Children and Adolescents (Prince-Embury, 2007) is described as an example of an instrument developed specifically for this purpose. This description identifies developmentally sound factors of personal resiliency that are relevant for children and youth in school settings. Also addressed are criteria of psychometric soundness required for universal screening and impact tracking, norm-based profiles of personal resiliency and summary indices of resource and vulnerability for use in screening.

#### **Risk Behavior and Personal Resiliency in Adolescents**

S. Prince-Embury (2015)

*Canadian Journal of School Psychology*, 30, 209–217.  
<http://cjs.sagepub.com/content/30/3/209.full.pdf+html>

*Abstract.* This study explores the relationship between self-reported risk behaviors and personal resiliency in adolescents; specifically whether youth with higher personal resiliency report less frequent risk behaviors than those with lower personal resiliency. Self-reported risk behavior is surveyed by the Adolescent Risk Behavior Inventory (ARBI). Self-reported personal resiliency is reflected in responses to the Resiliency Scales for Children and Adolescents (RSCA). Findings suggest that youth reporting higher personal resiliency report less frequent risk behaviors. The findings suggest the possibility of screening in normative samples of youth in a relatively non-intrusive manner.

## IV. Measurement

### B. Methodological Issues

#### **The Value of Keeping an Open Eye for Methodological Issues in Research on Resilience and Culture**

J. He Fons, & J.R. Van de Vijver (2014).

Chapter in *Youth Resilience and Culture* edited by L.C. Theron, L. Liebenberg, & M. Ungar.

[http://link.springer.com/chapter/10.1007/978-94-017-9415-2\\_14?no-access=true](http://link.springer.com/chapter/10.1007/978-94-017-9415-2_14?no-access=true)

*Abstract.* While research on resilience and culture has been diverse and fruitful, it can be further enhanced by rigorous research design, implementation, and analysis. Notably, research would gain from further integration of qualitative and quantitative methods. Drawing on frameworks from quantitative cross-cultural methods, we first review construct, method, and item bias arising in resilience research involving multiple cultures, and the corresponding levels of equivalence in cross-cultural comparisons. Specifically, studies on resilience measures, validation and comparison of resilience across cultures, and large-scale resilience projects are examined. We then extend the discussion to qualitative (and mixed) methods. We argue that most methods for dealing with bias in quantitative research also apply to comparative qualitative research. We propose strategies including choice of data collection methods aimed at enhancing the design of the study; we also discuss procedures that affect the quality of quantitative and qualitative data analysis. It should be noted that qualitative procedures for comparative analyses are not well developed and that procedures for validating cross-cultural differences are largely absent in qualitative methods. As a consequence, much of our discussion focuses on how to examine comparability of cross-cultural data and examples of studies in which these procedures have been used. We integrate the use of mixed methods, as the conversion of qualitative to quantitative data opens a wide array of validation procedures.

#### **Measuring Resilience and Youth Development: The Psychometric Properties of the Healthy Kids Survey**

T. Hanson, & Jin-Ok Kim (2007).

(Issues & Answers Report, REL 2007–No. 034). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West.

[http://ies.ed.gov/ncee/edlabs/regions/west/pdf/REL\\_2007034.pdf](http://ies.ed.gov/ncee/edlabs/regions/west/pdf/REL_2007034.pdf)

This report summarizes findings from a study of the psychometric properties of the resilience and youth development module, a key component of the Healthy Kids Survey. The study aims to improve resilience assessment and research so that educators can shape the school environment to promote academic resilience.

The Healthy Kids Survey (HKS) is a comprehensive student self-report tool for monitoring the school environment and student health risks. This report focuses on one module of the survey, the resilience and youth development module (RYDM), which assesses environmental and internal assets associated with positive youth  
(cont.)

development and school success. Environmental assets refer to meaningful and pro-social bonding to community, school, family, and peers. Internal assets are personal resilience traits, such as self-efficacy and problem-solving skills.

A part of the resilience and youth development module is administered to 600,000 students in California every year. School districts and schools, which receive both single-year prevalence data and trend data gathered by the module, use the data to evaluate their local programs and guide decisionmaking. The Healthy Kids Survey and the resilience and youth development module were designed as an epidemiological surveillance tool to track aggregate levels of health risk and resilience. The module increasingly is being used in evaluation work to assess student-level changes over time.

However, widespread use of the module, particularly for evaluation, may be premature. The psychometric properties of specific scales assessed by the elementary school module have yet to be established. The secondary school module has not been validated since 2000, when the instrument was first tested in the field. The instrument has since undergone several modifications, however, and must be revalidated. Moreover, measurement equivalence across different grades, males and females, and racial and ethnic groups has never been examined. Given California's diversity, demonstrating the cultural appropriateness of the module for different racial and ethnic groups is critical.

Using HKS data processed for school districts by WestEd's Health and Human Development Program, Regional Educational Laboratory West analyzed the module's psychometric properties. This report describes the results of this analysis, provides recommendations on the proper use of the instrument, and suggests modifications to the module.

For the secondary school module, the results are consistent with the instrument's current use as an epidemiological tool and with its conceptual foundation. It provides comprehensive and balanced coverage of eight environmental resilience assets and four internal resilience assets; its subscales exhibit good internal consistency and are associated with student risk factors in expected ways. And if certain items are dropped, the module also demonstrates measurement equivalence across racial/ethnic groups, males and females, and grades. The secondary school RYDM scales exhibit low test-retest reliability, however, which suggests that the module is not well suited for examining student-level changes over time. The instrument was not designed to examine individual differences across students and should not be used this way. Moreover, two of the six internal assets that the secondary school module was designed to measure — cooperation and goals/aspirations — could not be assessed validly. Several measures would benefit if additional items were included in derived scales to increase domain coverage.

The elementary school module was designed to assess seven environmental resilience assets and three internal resilience assets, but it can reliably assess only two environmental assets and one internal asset. Most of the scales measured by the elementary school instrument have poor psychometric properties. The elementary school instrument should thus be modified considerably to make it suitable for research.



### **Developing Norms for the California Resilience Youth Development Module: Internal Assets and School Resources Subscales**

M.J. Furlong, K.M. Ritchey, & L.M. O'Brennan (2009).

*The California School Psychologist*, 14, 35-46.

<http://link.springer.com/article/10.1007/BF03340949>

*Abstract.* Resilience and other positive psychological constructs are gaining attention among school psychologists. Theoretically, external assets (e.g., support from caring adults, participation in meaningful activities) help to meet youths' basic developmental needs, which, in turn, promote the growth of internal assets (e.g., ability to problem solve, empathize with others). Despite this knowledge, existing measures of resilience-building assets are underutilized. With the aim of facilitating broader access to and use of one strengths-based assessment tool, the current article attempts to further examine and increase the applicability of the Resilience Youth Development Module (RYDM) of the California Healthy Kids Survey (CHKS) for practicing school psychologists. The authors provide normative data on the internal assets and school-focused external resources subscales of the RYDM, while examining grade, ethnicity, and gender patterns.



## V. Policy Changes to Support Protective Buffers



# Public Policy and Resilience

## HOW WE CAN CHANGE OUR POLICIES TO HELP DISADVANTAGED KIDS COPE AND THRIVE

BY BARI WALSH MARCH 23, 2015 3:04 PM

<http://www.gse.harvard.edu/news/uk/15/03/public-policy-and-resilience>

Resilience — it's not about grit; it's about relationships.

That's one of the takeaways of a new report

([http://developingchild.harvard.edu/resources/reports\\_and\\_working\\_papers/working\\_papers/wp13/](http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wp13/))

issued by the National Scientific Council on the Developing Child,

(<http://developingchild.harvard.edu/activities/council/>) which seeks to unite the science of early childhood development with the policies we devise to support disadvantaged kids.

Despite good intentions, too many of our efforts to help children overcome adversity are failing to prioritize the power of a strong adult relationship, as well as the other key building blocks of resilience, the report maintains. And by mischaracterizing the battle that disadvantaged kids face as one of individual motivation or grit, policies send a signal that kids themselves are at fault if they fail to thrive.

“There is no magical ‘resilience gene,’” says Jack Shonkoff (<http://www.gse.harvard.edu/faculty/jack-shonkoff>), chair of the council and director of the Center on the Developing Child at Harvard (<http://developingchild.harvard.edu/>).

“When we think that kids just need willpower to overcome adversity, we miss opportunities to provide the relationships and build the skills that can actually strengthen resilience.”

## MISSING THE MARK

The report outlines several examples of policies that miss the mark when it comes to building capacity for resilience:

- When child-welfare policies focus solely on removing a child from an unsafe environment, they miss the opportunity to restore the relationships and build the capacities necessary for resilience.
- When poverty-reduction policies require parents to work without assuring access to affordable childcare, they miss the opportunity to promote *both* adult economic self-sufficiency *and* developmentally supportive experiences for children.
- When programs use “character education” models in contexts for which they were not designed (and to which they won’t coherently transfer), they miss the power of creating the supportive environments that build skills that can be used in many contexts.

## TOWARD BETTER POLICY

The report also offers new approaches that can build the foundations of resilience.

## ***VI. References & Resources***

### **A. References**

### **B. Agencies, Organizations, & Internet Sites**

### **C. Quick Find**



### **Additional References**

- Alvord, M.K., Zucker, B., & Grados, J.J. (2011). *Resilience builder program: Enhancing social competence and self-regulation*. Champaign, IL: Research Press.
- Brooks, R., & Brooks, S. (2014). Creating resilient mindsets in children and adolescents: A strength-based approach for clinical and nonclinical populations. In S. Prince-Embury & D. H. Saklofske (Eds.), *Resilience interventions for youth in diverse populations*. New York: Springer.
- Brooks, R., Brooks, S., & Goldstein, S. (2012). The power of mindsets: Nurturing engagement, motivation, and resilience in students. In S. Christenson, A. L. Reschly, & C. Wylie (Eds.), *Handbook of research on student engagement*. New York: Springer
- Doll, B., Brehm, K., & Zucker, S. (2014). *Resilient classrooms: Creating healthy environments for learning* (2nd ed.). New York: Guilford Press.
- Doll, B., Spies, R.A., Champion, A., Guerrero, C., Dooley, K., & Turner, A. (2010). The ClassMaps Survey: A measure of students' perceptions of classroom resilience. *Journal of Psychoeducational Assessment*, 28, 338–348.
- Goldstein, S., Brooks, R., & DeVries, M. (2013). Translating resilience theory for application with children and adolescents by parents, teachers, and mental health professionals. In S. Prince-Embury & D. H. Saklofske (Eds.), *Resilience in children, adolescents, and adults: Translating research into practice*. New York: Springer
- Mallin, B., Walker, J.R., & Levin, B. (2013). Mental health promotion in the schools: Supporting resilience in children and youth. In S. Prince-Embury & D. H. Saklofske (Eds.), *Resilience in children, adolescents, and adults: Translating research into practice*. New York: Springer.
- Martin, J. (2013) Academic buoyancy and academic resilience: exploring 'everyday' and 'classic' resilience in the face of academic adversity. *School Psychology International*, 34, 488–500.
- Obrist, B., Pfeiffer, C., Henley, R. (2010) Multi-layered social resilience: a new approach in mitigation research. *Progress in Developmental Studies*, 10, 283–293
- Prince-Embury, S. (2010). Assessment for integrated screening and prevention using the Resiliency Scales for Children and Adolescents. In B. Doll, W. Pfohl, & J. Yoon. (Eds.), *Handbook of youth prevention science*. New York: Routledge
- Prince-Embury, S. (2014). Three factor model of personal resiliency and related interventions. In S. Prince-Embury & D. H. Saklofske (Eds.), *Resilience interventions for youth in diverse populations*. New York: Springer.
- Prince-Embury, S., & Saklofske, D.H. (Eds.) (2013). *Resilience in children, adolescents and adults: Translating research for practice*. New York: Springer.
- Prince-Embury, S., & Saklofske, D.H. (Eds.). (2014). *Resilience interventions for youth in diverse populations*. New York: Springer.
- Prince-Embury, S., & Steer, R. (2010). Profiles of personal resiliency as assessed by the Resiliency Scales for Children and Adolescents. *Journal of Psychoeducational Assessment*, 28, 10–15.
- Sapienza, J. K., & Masten, A. S. (2011). Understanding and promoting resilience in children and youth. *Current Opinion in Psychiatry*, 24, 267–273.
- Samel, A. N., Sondergeld, T. A., Fischer, J. M., & Patterson, N. C. (2011). The secondaryschool pipeline: Longitudinal indicators of resilience and resistance in urban high schools under reform. *The High School Journal*, 94, 95–118.

- Schwean, V.L., & Rodger, S. (2013). Children first: It's time to change! Mental health promotion, prevention, & treatment informed by public health and resiliency approaches. *Canadian Journal of School Psychology*, 28, 136–166.
- Shure, M.B., & Aberson, B. (2013). Enhancing the process of resilience through effective thinking. In S. Goldstein & R. Brooks (Eds.), *Handbook of resilience in children* (2nd ed.). New York: Springer.
- Song, S.Y., Doll, B., & Marth, K. (2013). Classroom resilience: Practical assessment for intervention. In S. Prince-Embury & D. H. Saklofske (Eds.), *Resilience in children, adolescents, and adults: Translating research into practice*. New York: Springer.
- Song, S. Y., Sikorski, J., Doll, B., & Sikorski, M. (2014). Enhancing classroom resilience with ClassMaps consultation. In S. Prince-Embury & D. H. Saklofske (Eds.), *Resilience interventions for youth in diverse populations*. New York: Springer.
- Theron, L., Liebenberg, L., & Malindi, M. (2014). When schooling experiences are respectful of children's rights: A pathway to resilience. *School Psychology International*, 35, 253–265
- Toland, J., & Carrigan, D. (2011). Educational psychology and resilience: New concept, new opportunities. *School Psychology International*, 32, 95–106.
- Ungar, M. (2011) The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81, 1–17

## VI. References & Resources



### *B. Agencies, Organizations and Internet Sites*

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**Attainment Company** -- <http://www.attainmentcompany.com/>

**Center for Educational Research and Development** -- [www.cerd.org](http://www.cerd.org)

**Child Trends:** <http://www.childtrends.org>.

**Connecticut Clearinghouse** -- <http://www.ctclearinghouse.org/>

**Family Resiliency: Building Strengths to Meet Life's Challenges** --  
<http://www.extension.iastate.edu/Publications/EDC53.pdf>

**Project Resilience** -- <http://www.projectresilience.com/>



**On-Line BULLITIN BOARD**

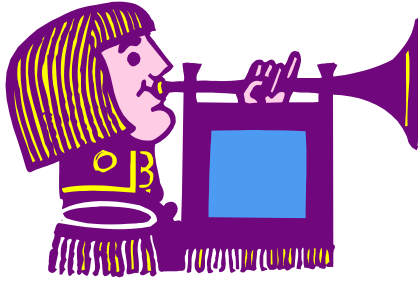
**RESILIENCE IN ABUSED CHILDREN** -- <http://www.ndacan.cornell.edu/hyper/msg01983.html>

Read and post questions and comments on the topic of Resilience in Abused Children.

**Resiliency In Action** -- <http://www.resiliency.com/>

The purpose of this journal is to spread the news of resiliency through sharing research and facilitating the practical application and evaluation of the resiliency paradigm.

## Spotlight on...



### **Project Resilience**

<http://www.projectresilience.com/>

Project Resilience is a private initiative based in Washington DC. They offer training and products for professionals in education, treatment, and prevention. They promote a strength-based approach to both youth and adults struggling to overcome hardship, for instance family disruption, poverty, violence, substance abuse, and racism. Project Resilience offers several forms of training for helping administrators and professionals in schools, clinics, community centers, prevention settings, and agencies. Their website features a Bulletin Board Discussion Group, publications and ordering information.

#### **Project Resilience**

**5410 Connecticut Ave., N.W., Suite 113**

**Washington, D.C. 20015**

**Tel: (202) 966-8171 / Fax: (202) 966-7587**

**e-mail: [info@projectresilience.com](mailto:info@projectresilience.com)**

Steven Wolin, M.D. & Sybil Wolin, Ph.D. have developed these core concepts that are the hallmark of the Project Resilience approach to working with people's strengths:

- *Resilience as Paradox*
- *Survivor's Pride*
- *Vocabulary of Strengths*
- *Child, Adolescent, and Adult Phases of Strengths*
- *Challenge Model*
- *Reframing*
- *Talking About Strengths*

Since the Wolins began their work on resilience in the late 80's, they have presented more than 160 workshops across the country and abroad, for instance, to state and county child welfare departments, alcohol and drug prevention agencies, school systems, professional associations, and mental health clinics. Recent consultations include the U.S. Holocaust Museum, SAMSHA's Center for Mental Health Services, the Alberta Department of Youth and Family Services, the Licking County (Ohio) Civilian Conservation Corps.



## Spotlight on...

### ***Search Institute***

*The Banks Building, 615 First Avenue NE, Suite 125  
Minneapolis, Minnesota 55413*

*Telephone: 612-376-8955 /Toll Free: 1-800-888-7828*

*Fax: 612-376-8956 / Email: [si@search-institute.org](mailto:si@search-institute.org)*

Search Institute is an independent, nonprofit, nonsectarian organization whose mission is to advance the well-being of adolescents and children by generating knowledge and promoting its application.

### **Areas of Work**



**Research & Evaluation**--Search Institute conducts in-depth research, evaluation, and survey services to explore young people's needs and the effectiveness of youth-serving programs. These studies have been conducted in hundreds of communities and organizations across the United States.



**Publishing & Communication**--Search Institute translates research findings into books, reports, videos, newsletters, and other materials (including this Web site). Products include a quarterly magazine, *Assets: The Magazine of Ideas for Healthy Communities & Healthy Youth*, a twice-yearly newsletter (*Source*) on the institute's work, and a collection of more than 100 books, reports, videos, and other resources. (Check out many of our publications and other resources.)



**Training & Consulting**--Search Institute provides consulting, technical assistance, and training for community partnerships and organizations dedicated to the well-being of children and youth. Most of this work centers around Search Institute's national Healthy Communities - Healthy Youth initiative.

**National Initiatives**--Search Institute provides leadership for Healthy Communities - Healthy Youth, a national initiative that seeks to motivate and equip individuals, organizations, and their leaders to join together in nurturing competent, caring, and responsible children and adolescents. The initiative, rooted in Search Institute's framework of developmental assets, provides communities, schools, organizations, and families with research, evaluation, resource materials, technical assistance, networking opportunities, and training to launch and sustain long-term efforts to promote the positive development of youth. Major support for Healthy Communities - Healthy Youth is provided by Lutheran Brotherhood, a not-for-profit financial services organization, and by other funders.

Search Institute's initiatives include a statewide effort in Colorado, *Assets for Colorado Youth*, a five-and-a-half-year project funded through a major grant from The Colorado Trust. This comprehensive asset-building initiative encourages public awareness and education, community mobilization, individual and institutional adoption of the assets framework, and action by individuals and groups. The initiative is managed by Search Institute through a Denver office and staff.

The institute's national initiatives also include *Uniting Congregations for Youth Development*, a four-year project funded by the DeWitt Wallace-Reader's Digest Fund, to provide youth workers from all faith traditions with resources and training/networking opportunities that can strengthen their congregations' abilities to build developmental assets.

*To subscribe to *Assets: The Magazine of Healthy Communities & Healthy Youth*, call 1-800-869-6882.*

## VI. References & Resources

### C. Quick Find On-line Clearinghouse

TOPIC: *Resilience/Protective Factors* -- <http://smhp.psych.ucla.edu/qf/resilience.html>

TOPIC: *Mentoring* -- <http://smhp.psych.ucla.edu/qf/mentoring.htm>