What works in building resilience?

Tony Newman

With a prologue by Tuppett M Yates and Ann S Masten

1 Prologue : the promise of resilience research for practice and policy

Tuppett M Yates and Ann S Masten

When raised amidst multiple adversities and limited resources, children often develop symptoms of mental distress and maladaptation. Nonetheless, a significant number of young people achieve positive developmental outcomes despite exposure to incontrovertible adversity. Repeated observations of children and young people faring well despite adversity have inspired a quarter century of scholarly research on resilience, much of which has aimed to inform policy and practice (see Cicchetti and Garmezy, 1993; Luthar, 2003; Luthar et al, 2000).

In this chapter, we briefly examine the promise of resilience research for conceptualising and implementing interventions to foster positive adaptation among children who are at risk of poor developmental outcomes. First, we highlight core concepts and models in resilience research. Second, we discuss general strategies based on this research for effecting positive change in the lives of children. Third, we describe examples of each strategy from a developmental perspective. Finally, we summarise the implications of a resilience framework for practice and offer suggestions for improving its future utility in applied work.

An overview of key concepts in resilience

Resilience refers to positive adaptation and development in the context of significant adversity. Contemporary models of risk and protection suggest that resilience arises from multiple interactions and influences in a child's life. This dynamic view of resilience holds that the quality of individual adaptation results from interactive processes among factors operating at the levels of individuals, families and communities, as well as broader physical and social environments (for example, neighbourhoods, media, policy). Together, these factors influence the operation of fundamental human adaptational systems that appear to underlie resilient patterns of adaptation, including caregiver–child attachment, individual problem-solving capabilities, and self-regulation of attention, emotion and behaviour (Masten, 2001; Yates et al, 2003).

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Research in diverse settings has converged on a group of assets and risks that are associated with positive and negative developmental outcomes, respectively. The assets and resources identified are:

- competent parenting
- connections to supportive adults and support networks (eg religious affiliation)
- good cognitive functioning
- social appeal (eg talents, attractiveness)
- economic advantage
- high-quality schools and teachers
- community resources
- a sense of self-worth, self-efficacy and self-determination.

Risks and adversities identified by research are:

- community and political violence
- poverty and homelessness
- insensitive, harsh, or impaired parenting
- peer rejection
- perinatal complications, low birth-weight
- intrafamilial violence or trauma (eg child maltreatment, domestic violence)
- racism, sexism, homophobia
- lack of access to healthcare and proper nutrition.

Some of these assets and risks reflect the good and bad sides of the same system (for example, good versus poor parenting, adequate income versus poverty), while others do not. Some assets reflect the presence of a good influence (for example, a mentor), and some risks reflect the presence of a negative influence (for example, a traumatic event).

Assets and risks are generally related to better and worse developmental outcomes, respectively. However, other factors contribute to the quality of an individual's adaptation by altering the effect of experiences on a particular child: these are called 'protective' and 'vulnerability' factors, depending on whether they result in better-than-expected or worse-than-expected outcomes. Some children, for example, may be more vulnerable to developing depression in the aftermath of parental loss because of a predisposition to depression. In this instance, a family history of depression is a vulnerability factor because it magnifies the negative impact

of adversity, parental loss, on the child's development. Protective factors, on the other hand, moderate the effect of potentially adverse experiences in positive ways. For example, effective parents who actively monitor their children's activities may buffer their children from the potential risks associated with living in a dangerous neighbourhood.

The interplay among assets, risks, protective and vulnerability factors across different levels of ecological influence (for example, relationships, biology, family, schools) enable or disable the normal operation of the fundamental human adaptational systems that underlie resilience. Thus, it is not only the influence of these factors on the individual, but also the individual's capacity to engage and respond effectively to potential assets and risks, that shapes the course of development. Resilient patterns of adaptation are strengthened when individuals are supported in engaging, accessing and utilising resources, both within and outside the self, to negotiate important developmental challenges successfully (for example, rule-abiding conduct, school achievement, social competence; Egeland et al, 1993). In this way, the study of resilience can be viewed as a quest to understand 'how effectiveness in the environment is achieved, sustained or recovered despite adversity' (Masten, 1994, p4). We suggest that this understanding is based on understanding in turn the normal operation of basic adaptational processes in adverse environments.

Strategies to promote resilience

A resilience framework for intervention suggests several strategies for fostering positive development among at-risk youth (Masten and Powell, 2003; see Cicchetti et al, 2000, for numerous examples). Like resilience theory itself, resilience-based protocols for practice have become more and more focused on fundamental adaptational systems that mediate developmental change. Early on, intervention efforts sought to maintain a favourable balance between stressful life events and protective resources, either by decreasing children's exposure to adversity or by augmenting their protective factors. Risk- and asset-focused approaches to intervention continue to be prominent and effective methods of practice. However, consistent with recent advances in resilience research, contemporary intervention programmes are increasingly applying process-oriented models of practice, which attempt to modify developmental systems themselves, rather than solely the factors that influence them (see Masten and Reed, 2002; Rutter, 1990).

Risk-focused techniques constitute a primary prevention approach to practice. These methods attempt to improve developmental outcomes by attenuating or eliminating initial adversity exposure. Efforts to prevent premature births, remove landmines, and reduce gang violence are all examples of risk-focused practice. A risk-focused paradigm is effective if there are known, modifiable and feasible ways to reduce risk exposure. In cases where the avoidance of risk is not possible, or the nature of the risk cannot be modified, other intervention strategies may be needed.

Asset-focused approaches to resilience-based practice attempt to counteract adversity by providing resources, or by improving access to extant resources that enhance adaptive functioning. Resources that promote better outcomes in children have many forms, ranging from assets within the child to social policies that support positive youth development. Interventions intended to increase assets at the level of the child include tutoring services, healthcare, and nutrition programmes. Family-based resource enhancements include parent education, job training, housing programmes, and home-visiting nurse associations. In the community, asset-based interventions aim to improve educational funding and resources, community parks and recreation facilities, and youth development centres. Asset-focused approaches to practice are particularly important when risk factors are intractable and on-going.

Process-focused approaches to intervention aim to protect, activate or restore fundamental adaptational systems in the service of positive development. These approaches transcend extant risk- and asset-focused models in an attempt to change the way systems work to protect and promote positive development. Efforts to foster or strengthen positive, long-term relationships between children and important adults having a positive effect on their lives ('pro-social adults') are popular and promising methods of process-oriented practice. For example, attachment interventions endeavour to bolster the quality of early caregiver–child relationships. These interventions build on attachment theory and research, which indicates that early experiences of sensitive and available caregiving endow children with positive expectations of future relationships and a complementary view of the self as a worthy and effective social partner (Sroufe, 1979). In turn, early representations of available care and self-worth contribute to the individual's adaptive negotiation of future relationships and developmental challenges (Sroufe et al, 1990).

Additional examples of process-oriented interventions that foster resilient patterns of adaptation include efforts to enhance children's self-efficacy and self-worth by

providing opportunities for successful mastery experiences, and programmes that teach children better self-regulation skills for controlling their attention, emotions and behaviour. Process-focused approaches to practice have the capacity to effect enduring positive developmental change because they engage powerful human adaptational systems that influence how a child negotiates important developmental challenges.

The most effective intervention programmes are usually multi-focused, encompassing all of the above three strategies – focusing on risks, assets and processes. These multi-faceted paradigms attempt to reduce modifiable risk, strengthen meaningful assets, and recruit core developmental systems to enhance positive adaptational processes within the child, the family and the broader community (Coie et al, 1993; Masten and Coatsworth, 1998; Wyman et al, 2000). In the United States, programmes for young, low-income children, such as Project Head Start (Zigler and Muenchow, 1992) and the Abecedarian Early Intervention Project (Ramey and Ramey, 1998), have adopted a comprehensive approach to practice. These programmes provide an array of educational, psychological, health, and social services to high-risk children and their families. They illustrate the utility of coordinating and integrating service delivery across risk-, asset-, and process-focused paradigms to maximise the positive impact of intervention.

Applying a developmental model of resilience to everyday practice

In a resilience framework, practitioners are encouraged to attend to the developmental nature of doing well in life. Behavioural expectations change with age; thus the goals, measures and strategies of interventions to enhance competent adaptation must change with development as well. A toddler relies on a different skill base from that of the primary schoolchild, who, in turn, needs different resources from those of the adolescent to adapt successfully. Within a resilience framework, competence promotion is itself a developmental process in which resources and adaptational systems are recruited in concert to facilitate the child's capacity to engage developmental challenges effectively. A resilience perspective encourages practice protocols that scaffold children's adaptation across the developmental continuum, rather than solely within discrete developmental periods. Thus, resilience-based interventions should focus on the initiation of positive developmental pathways, as well as on their maintenance over time.

A resilience framework highlights the changing nature of development, with respect to both the challenges it poses and the resources with which it equips individuals to meet them. Resilience-based interventions may be uniquely salient for specific developmental periods because they target age-salient skills and developmental issues. However, development is dynamic and probabilistic such that demarcations between early, middle and later childhood are porous. Thus, interventions that are effective in one time period may be important during other developmental periods as well. For example, emotional and behavioural regulation skills have a prominent role in adaptation throughout development. Similarly, a single intervention may influence development at several different time periods. For example, preventing teenage pregnancy reduces risk in adolescence with regard to school dropout, but it also prevents the risk in early childhood that is associated with having a very young parent.

Practice in early childhood

The family is the primary developmental context for the very young child. Relationships within the family influence the young child's biological, regulatory and relational foundation for subsequent adaptation. Thus, intervention efforts during this period typically target both parents and children.

- Risk-focused approaches to intervention in early childhood seek to prevent initial derailments from normative development via parent-based interventions. For example, comprehensive prenatal care and public service announcements about the risks associated with substance use during pregnancy can help to prevent prematurity, low birth-weight and other risks for poor developmental outcomes. In infancy, the mandatory use of car seats can prevent or reduce the risk of injury in the event of a car accident.
- Asset-focused strategies in this period offer services to families with young children to ensure proper nutrition, adequate material resources (for example, clothing, toys, housing), and academic socialisation (for example, school readiness programmes). Parent education and childcare services provided through home-visiting nurses, high-quality day care, and early childhood family education programmes are also important asset-oriented interventions in the early childhood years.
- Process-focused interventions that endeavour to improve the quality of early caregiving relationships scaffold the child's emergent capacities for behavioural

and emotional self-regulation. Efforts to strengthen the early attachment relationship through parent education and parental sensitivity training support the development of effective relational and regulatory skills upon which the child's subsequent adaptive functioning is predicated.

Practice in middle childhood

- Risk-oriented approaches to practice in middle childhood typically focus on safety and educational issues as the child's developmental context begins to expand beyond primary caregiving relationships to include other settings (for example, schools, peers, neighbourhoods). Efforts to prevent victimisation experiences in the school setting as a result of bullying constitute a risk-reduction strategy that is particularly salient during the school-age years. Similarly, recent efforts to educate school-age children about human rights, personal safety and child abuse aim to prevent victimisation experiences both within and outside the family.

- Asset-focused approaches to practice during middle childhood provide opportunities for pro-social peer relationships through community centres (for example, boys' and girls' clubs) and recreational activities (for example, sports programmes). High-quality educational services, such as special education, tutoring, after-school programmes, and school-based meals, are powerful methods of resource provision for school-age children.

- Capitalising on the growing importance of relationships outside the family, process-oriented examples of intervention include mentoring programmes (for example, the Big Brothers/ Big Sisters programme) and efforts to connect young people with culturally specific support systems (for example, religious affiliations).

Practice in adolescence

In adolescence, issues of identity formation, autonomy seeking, and the onset of romantic partnerships are emerging developmental issues that often involve peer and, to a lesser degree, occupational contexts.

- Risk-based approaches to practice aim to decrease the potentially negative influence of peer and social pressures on adolescent decision-making and behaviour. For example, educational programmes on teenage dating attempt to teach healthy-relationship skills to prevent dating violence. 'Students against

drunk driving' programmes are an excellent example of an integrative approach to risk-focused prevention that draws upon both the peer and school contexts to influence adolescent decision-making. Efforts to prevent substance abuse and teenage pregnancy are also important risk-focused strategies during the adolescent period.

- Asset-focused interventions aim to strengthen adolescents' preparedness for future developmental challenges, particularly the transition to work. Teen centres, vocational training, tutoring and job corps are all examples of asset-oriented practice approaches that are especially powerful for adolescents. Specialised support services for at-risk adolescents (for example, gay, lesbian, bisexual or transgender support groups) are another example of an asset-based approach to practice.

- Process-focused protocols engage adaptive systems to encourage adolescents' successful transition to adulthood. These models aim to create opportunities for success through educational development and occupational mentoring. As yet another example, high-school community service learning programmes scaffold adolescents' civic engagement and foster pro-social community involvement.

Implications of a resilience framework for future practice

Resilience perspectives are transforming multiple aspects of practice (Masten and Powell, 2003). A resilience framework underscores positive goals, and the importance of a developmental perspective in practice. Resilience-based interventions are defined in terms of positive developmental outcomes. They target key developmental tasks and the adaptive systems that are associated with mastering those tasks. Evaluations of success are measured in terms of meeting expected developmental tasks, as well as in terms of symptom relief and problem reduction. Assessments address developmentally appropriate components of competence (for example, school achievement or positive peer relationships), assets and adaptive capacities, along with symptoms, risks and deficits.

A developmental understanding of resilience holds that the normative operation of basic human adaptational systems underlies resilient patterns of adaptation among high-risk youth (Masten, 2001). Therefore, applied efforts to foster positive development among high-risk children must ensure that these fundamental systems are operating normally, despite extraordinary circumstance. In this way, competence promotion lies at the core of applied efforts to enhance resilient adaptation.

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Competence promotion entails more than simply re-stating negative missions in positive terms, such as replacing 'to prevent disorder' with 'to promote health'. Competent functioning requires more than the absence of disease; the organism must have the capacity and supports to respond flexibly to the demands of the environment in order to meet the expectations set forth for children of a given age, by a particular society, in a specific historical time and culture (Masten and Coatsworth, 1998). Resilience occurs when this adaptive use of resources enables the successful negotiation of challenges despite adversity. By focusing on positive adaptation, the practitioner's emphasis shifts away from an exclusive focus on the prevention of disorder toward the promotion of competence and the adaptational capacities that render the individual better equipped to negotiate future developmental challenges (Masterpasqua, 1989).

A resilience framework encourages a competence orientation in practice across all levels of ecological influence. Successful interventions with at-risk youth are characterised by multi-pronged approaches to the child's psychosocial system, including competencies within the child, the family and the broader community (Schorr, 1988). The resilience perspective encourages greater attention to the strengths of the child and family, as well as to those of the community and culture (Luthar and Cicchetti, 2000). In this view, prevention scientists are encouraged to integrate culturally congruent values, norms and resources into intervention programmes so that they will be more readily accepted, utilised and integrated into the community structure (Black and Krishnakumar, 1998; Cicchetti et al, 2000; Luthar and Burack, 2000). Thus, a resilience-based model of practice entails collaboration among scientists, practitioners and the individuals they aim to serve, for example through focus groups or by training lay providers (Cowen, 1991).

Concluding comments

There remains a prominent trend towards positive adaptation among children and young people, despite the marked adversities and developmental threats they encounter. Resilience research offers a wellspring of information about the normal operation of fundamental adaptational processes under extraordinary circumstances. As highlighted here, this understanding encourages applied intervention efforts that protect and restore basic adaptational systems in high-risk environments. This goal can be realised by reducing risks, providing resources and encouraging protective developmental processes that foster resilient adaptation. The most effective inter-

ventions integrate these different approaches into multi-faceted practice protocols. At its core, a resilience-based approach to practice encourages competence promotion, which emphasises the strengthening of skills and assets, as well as the mitigation of disease and distress. This mission can be achieved by adopting multi-faceted, culturally sensitive, community-based practice protocols that maximise the inherent strengths of individuals, families and communities through collaborative and empowering intervention paradigms.