ENHANCING RESILIENCE AND PROTECTIVE FACTORS

Anyone working with children and youth 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.

Enhancing resilience is a good thing; but what does it mean and how do we do it? 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

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.

School-based interventions can strengthen resilience, prevent problems, and promote healthy development. Positive outcomes have been found that last well into adulthood. For example, a report in the May 2002 issue of the Archives of Pediatrics & Adolescent Medicine indicates that an elementary school social development program designed to promote social competence, bonding to school, and academic success also contributed to a reduction in risky sexual practices and adverse health consequences in early adulthood. The program, the Seattle Social Development Project, is only one of many that appear on the proliferating lists of evidence-based programs. (See the online journal Prevention & Treatment for a composite review of positive youth development programs: http://journals.apa.org/prevention/volume5/pre0050015a.html

Staff from the Prevention Research Center for the Promotion of Human Development at Pennsylvania State University have reviewed and extrapolated the ingredients of effective programs. Their conclusions are that:

- Multi-year programs are more likely to foster enduring benefits
- Preventive interventions may effectively operate throughout childhood when developmentally-appropriate risk and protective factors are targeted. However, interventions may need to begin at preschool for serious conduct problems.

- Preventive interventions are best directed at risk and protective factors rather than at categorical problem behavior. It is both feasible and cost-effective to target multiple negative outcomes in the context of a coordinated set of programs.
- Interventions should be aimed at multiple domains, changing institutions and environments as well as individuals.
- Prevention programs that focus independently on the child are not as effective as those that simultaneously "educate" the child and instill positive changes across both the school and home environments.
- There is no single program component that can prevent multiple high-risk behavior. A package of coordinated, collaborative strategies and programs is required in each community.
- Prevention programs need to be integrated with systems of treatment to enhance linkages and sustainability.

Finally, they express surprise that so few comprehensive interventions (combining school-wide primary prevention together with secondary prevention and treatment) have been developed and evaluated.. They stress that schools, in coordination with community providers, are potential settings for the creation of such fully-integrated models.

School based health center staff are in a unique position to work with school students support staff and the community to create the type of integrated system that builds on strengths and fosters resilience.

"Kids can walk around trouble if there is some place to walk to and someone to walk with."
Tito, quoted in McLaughlin, Irby, and Langman, 1993

For links to materials on resilience see http://smhp.psych.ucla.edu/qf/resilience.html