Considering Resilience in Children and Youth:
Fostering Positive Adaptation and Competence in Schools, Families, and Communities

Discussion Paper for The Learning Partnership

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The Story of Nadia[1]

Ten year old Nadia attends Stanton Elementary School in North Philadelphia, an inner-city neighborhood where 90% of the students live below the poverty line. . Her school is underfunded, understaffed, and filled with children struggling to overcome their difficulties. For Nadia, the only hope for her future lies in the success of their education.

Teacher: Someone else want to let us know what their plans for the future are? How many people figured out, put down how old they'd been when they were doing a certain thing? (Hands up) Okay. Who's next?

Nadia: When I'm 24, in 2005, I'm going to be a lawyer. When I turn 31, in 2011, I'm going to get married. And when I turn 44 in the year 2031, I'm going to buy my dream car.

Narrator: Nadia is 10 years old and in the fifth grade. She will graduate this year from M. Hall Stanton.

Narrator: Nadia is a member of the schools' mentally gifted program and is interested in writing.

Principal: I mean the book review for, it was accepted and it's going to be published. Are you glad? Are you happy? I don't even see you jumping up. I don't see you saying anything.

Nadia: It's great.

Principal: I'm proud of you. All right? So Peter Durbin called me yesterday. He said they loved it. He said it was great, it was terrific. It was wonderful. He couldn't believe that you were how old?

Nadia: 10.

Principal: He couldn't believe it. You might be a book reviewer when you grow up? What do you think your grandfather is going to say?

Nadia: He's going to look at me and start smiling.

Principal: I'm proud of you Nadia. Really proud of you.

Nadia: (*In bedroom*) And my dresser is very junky. As you can see, everything goes on my dresser. Everything is on my dresser right now. I have a radio, doll babies, hair barrettes, hats, mirrors, toys. Um. Stuff. Um, um, ok. Now what else can I tell you?

Interviewer: What. When was the last time you played with these dolls?

Nadia: My dolls, about, I think it was last week. I did her hair.

Interviewer: Does this doll have a name?

Nadia: Barbie. I didn't name her. I have other ones, but they are over at my babysitters. In the doll case. Um. These are my cabbage patches, but they're undressed. This is Leo.

Narrator: Nadia's mother and father are both addicted to the drug crack.

Nadia: This is Maria.

Narrator: At age 8 Nadia was homeless and decided to live with a neighbour who she says is her grandfather.

Grandfather: Don't ask me how she came to live with me, cuz um, I tried to explain to him, but I wasn't, I'm not too sure how she came about coming in here. Ah. It comes like. I had a cat. This is the best way I can say it. I had a cat that jumped out of somebody else's window. Ran into my house and said "I'm not leaving." That's about the same way it was with Nadia.

Narrator: So Nadia isn't really a grandchild.

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[1] From the Academy Award Winning Documentary "I Am A Promise: The Children of Stanton Elementary School." A Film by Alan Raymond and Susan Raymond. DOCURAMA Productions.

Grandfather: She just feels this way. You see what I'm saying. I don't, I don't really know, um, how I met her. You understand what I'm saying?

Nadia: Um. Where I lived before. A whole lot of trouble got started around there. They shoot a lot. Because where I used to live. I used to live around a corner from where all the drug dealers and stuff would be at, and they were messed up. They would come on the block, fight and all that kinda stuff. In the middle of the night shoot. So.

Interviewer: Um, why don't you tell us again why you live in your grandfather's house?

Nadia: Why I live? Okay. I'm living with my grandfather because where my mom lives now, I really don't like the environment. And there's friends around here. Around there, there aren't really that many kids or nothing'. It would be boring. I would be stuck in a house. Around here, that's not how it is.

Grandfather: I couldn't say that she was alone. And then you could say that she was alone, because, ah, her mother and father were, ah, were on 'the other thing.' And, ah, you know, she was more or less left to her own methods, um, you know. Ah, you see she's probably like a lot of children, she had to bring her own self up. She had to raise herself. And like I said, it's like a cat. I don't know how she got in here, but the next thing I know I could be coming home from work and she'd be sitting down here on the step waiting for me to come home. You know. And then, when she got here, so her mother said, "Well you keep her around here because the kind of house I got, and blah, blah, blah, if you don't mind? And when I get straightened out you know." I said okay. And like I said, it's been two and a half, three years ago.

Overview

Understanding the factors that children and adolescents need to be successful in school and in life has long been an important objective for parents as well as professionals across a variety of disciplines (including child development, social work, education, psychology, psychiatry, and sociology) interested in the promotion of competence and in the prevention of unfavorable long-term outcomes, such as mental illness, school drop-out, and criminality. This interest in discerning how children's early experiences pave the road for later adjustment is spurred, in part, by research that indicates that childhood risk is generally a strong predictor of poor adult outcomes. Indeed, like Nadia, many children and youth in today's world confront obstacles that compromise both their present and future adjustment. For many of these children, their early experiences follow a predictable course – one filled with risk and failure. Poverty begets poverty. Risks lead to more risks. Researchers know a great deal about this typical path – one that starts with adversity and ends up with detrimental and undesirable outcomes. These individuals follow a trajectory that is all too familiar – one from risk to future problems.

Nonetheless, for other children and adolescents identified as "at risk," their developmental trajectory is redirected – pushed off course by other forces – more positive forces. Much less is known about this atypical path – the path of children and youth who, in the face of adversity and against the odds, develop into well functioning and relatively healthy adults. This is Nadia's story. People like her survive their risky environments with their self-confidence, their coping skills, and their success in school relatively intact. These individuals demonstrate competence and success despite the odds against them. They demonstrate resilience. The story of Nadia serves to illustrate the construct of resiliency. One might almost say that Nadia is the prototype for resiliency. Consider her story – a young girl who, when confronted with parental substance abuse, neglect, and homelessness decides to canvass a nearby neighbourhood until she finds an elderly man whom she believes will provide an environment for her in which she can flourish and succeed. Her ingenuity, tenacity, and her perseverance are evident as illustrated by the tactics she uses to find a new home for herself – she simply waits on a porch everyday as an older man that she has identified as suitable comes home from work.

In this paper, we begin with a discussion of past and current definitions of resiliency and map out the concepts' history from its early inception about 50 years ago to present day. Following, we provide some of the current data that makes the case for taking a resiliency perspective – one that focuses on promoting strengths rather than just reducing risks. We then delineate and summarize some of the key research findings that have recently emerged and we discuss the important roles of development and context in promoting competence in children and adolescents. We end with some of the critical questions that arise when considering the best practices and approaches for creating resiliency promoting environments for children and youth.

Resiliency: A Promising Framework

"There is a regrettable tendency to focus gloomily on the ills of mankind and on all mankind and on all that can and does go wrong . . . The potential for prevention surely lies in increasing our knowledge and understanding of the reason why some children are not damaged by deprivation . . . " (Michael Rutter, 1979, p. 49).

How do some children and adolescents succeed when their development is threatened by poverty, neglect, maltreatment, violence, isolation, war, or exposure to racism, and discrimination? What are the factors that protect them when their parents and/or caregivers are incapacitated by substance abuse, mental illness, or serious physical illness? How do we explain this phenomenon of "resilience" – children and adolescents demonstrating success and competence in the face of adversity?

Emerging research tells us that there are factors both internal to the individual (e.g., self confidence, intelligence, hope and optimism) and to the external environment (e.g., one significant adult, involvement in extracurricular activities, school and community support) that promote resiliency, and that these factors do not operate in isolation but instead interact with one another to help children and adolescents avoid negative consequences. Take the case of Nadia, for example. Nadia's internal strengths, such as her intelligence and self confidence might alone not have made a difference for her – instead it was these characteristics of Nadia that, in combination with warm and supportive relationships with adults in school and a caring neighbour that likely contributed to her resiliency.

For decades, researchers had typically focused on the pathology of disadvantage by categorizing risk factors and describing their adverse effects on development in childhood and adolescence. This cataloguing of risk factors led, in turn, to increased attention in identifying *vulnerability* – an *individual's predisposition to develop varied forms of psychopathology or behavioral ineffectiveness.*[2] More recently, however, there has been increased recognition that understanding positive development pathways in the context of adversity is fundamental to developing effective preventions and interventions, particularly among those children and youth at risk for psychopathology.

Hence, resiliency research then offers a promising framework for efforts to reduce and prevent risk factors by examining the ways in which individuals, despite the presence of risk factors, develop in healthy ways -- are resilient and "beat the odds." Indeed, the resilience concept has helped frame the study of child development using a strengths-based model rather than a deficit and problem-oriented approach.

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[2] Zimmerman, M. A., & Arunkumar, R. (1994). Resiliency research: Implications for school and policy. *Social Policy Report, Society for Research in Child Development, 8,* 1-20.

Defining Resiliency

The study of *resilience* goes back 50 years when just a handful of pioneers in the field, such as Norman Garmezy, Michael Rutter, and Emmy Werner, began to discover that there were some children who succeeded in the face of great risk. Norman Garmezy, for instance, in his early research on the children of mothers with schizophrenia, found that a subset of these children whom had been identified to be at high risk for psychopathology, had surprisingly healthy adaptation. Rather than dismiss these children as "atypical cases," Garmezy and his colleagues sought to discover the factors that might account for the success of these children. This change from a focus on risk to one of resiliency represented a paradigm shift from a focus on pathology or disorder to one of strength and success.

Early on in the history of resiliency research, children who succeeded despite extreme adversity were characterized as "invulnerable" or "invincible." According to this view, invulnerable or invincible children were considered to be "untouched" by the stresses they encountered. It quickly became apparent, however, that this terminology was erroneous - these children were not "made of steal" whereby all of the risks thrown at them were deflected or averted. Few children, it was found, exhibited such complete immunity to disorder in the presence of risk factors. It was surmised that neither vulnerability nor invulnerability was an all-or-none phenomenon.

Today, the term invulnerability has been replaced by resilience – a term that is preferred because it refers to the capacity of children and youth to face stress without being incapacitated; it does not mean they never experience distress or that they cannot be wounded – as the term invulnerability implies. Since its inception, the resiliency construct has been defined in multiple ways, with some researchers using the term to refer to the maintenance of healthy development despite the presence of threat (e.g., poverty) and other researchers using the term to refer to recovery from trauma (e.g., death of a parent). While a single definition of resiliency may not capture the complexities inherent in the term, an assortment of definitions does create problems for research and policy, and may hinder progress in the field. However, what remains consistent despite the varied terminology is that resilience is a multidimensional phenomenon that is context-specific and involves developmental change.

Here is one definition of resiliency, put forth by Garmezy and Masten, that captures the essence of many of the current definitions:

> *"a process of, or a capacity for, or the outcome of successful adaptation despite challenging and threatening circumstances"* (Garmezy & Masten, 1991).

Almost all definitions include the following four components: (1) the characteristics of the individual, (2) the nature of the context, (3) the risk factors – that is, the presence of adversity, and (4) the counteracting, protective, and compensatory factors.

According to Rutter, resistance to stress or *resilience* is (1) *not a monolithic construct*, that once achieved, will always be present – it is relative and not absolute, (2), the result of environmental as well as individual factors, (3) not a fixed attribute or quality of the individual, and (4) dependent on context – that is *resiliency is not a universal construct that*

applies to all life domains – children and adolescents may be resilient to specific risk conditions but quite vulnerable to others. Take, for example, a child of a parent with mental illness. This child may demonstrate high levels of competence at home as evidenced by taking care of younger siblings, making meals, organizing laundry and grocery shopping. This same child, however, in other contexts, such as in school and in peer relationships, may demonstrate poor competence and may experience school failure and poor peer relationships.

Why Study Resiliency?

Now, more than ever before, there is a profound urgency for identifying the factors or processes which circumvent or redirect the expected pathway *from risk to maladjustment* among children and youth. Consider the following Canadian statistics on the pervasiveness of extant problems among our children and youth.

1. As illustrated by both local and national statistics, a sizeable proportion of children and youth in Canada are considered to be "at risk." In his 2002 book, Doug Willms[3] posits that 29% of Canadian children are considered to be "vulnerable" as indexed via a composite score culled from multiple data sources from the *National Longitudinal Survey of Children and Youth.*

2. Recent data available from Statistics Canada and the Campaign 2000 Report Card on Child Poverty indicate that almost 1 in 6, or 17.7% of all children in Canada live below the poverty line (Statistics Canada, *Income in Canada 2004*). This represents 1.1 million Canadian children living in poverty as of 2001.

3. Epidemiological estimates indicate that approximately 20% of children and youth experience significant mental health problems that warrant social services, yet many remain undiagnosed.[4] School-based studies from Australia of children who suffer from serious emotional disorders reveal that more than 70% of those who need mental health services do not receive them.[5] Using large scale studies conducted in English-speaking, westernized countries, Waddell and Shepherd (2002)[6] developed estimates for the prevalence rates for various mental health problems among children and youth. Overall, they estimated that at least 14% of 4- to 17-year-olds experience some type of mental health disorder (well over 800,000 children across Canada). The most common disorders included anxiety disorders, estimated to affect 6.4% of the population, conduct disorders

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[3] Willms, J. D. (Ed.) (2002). *Vulnerable Children.* Edmonton: The University of Alberta Press and Human Resources Development Canada.

[4] Romano, E., Tremblay, R. E., Vitaro, F., Zoccolillo, M., & Pagani, L. (2001). Prevalence of psychiatric diagnosis and the role of perceived impairment: Findings from an adolescent community sample. *Journal of Child Psychology and Psychiatry, 42,* 451-461.

[5] Stanley, F. (2002). *Year Book Australia: Health centenary article – child health since federation.* Australian Bureau of Statistics.

[6] Waddell, C., & Shepherd, C. (2002). Prevalence of Mental Disorders in Children and Youth: A research update prepared for the British Columbia Ministry of Children and Family Development. Mental Health Evaluation and Community Consultation Unit (MHECCU), Department of Psychiatry, University of British Columbia, Vancouver, BC.

and attention deficit/hyperactivity disorder, estimated to affect 4.2% and 4.8%, respectively, and depression, estimated to affect 3.5% of the population.

4. New research is provoking increased concern about the physical, emotional, and social health of children ages 6 to 12 – the middle childhood years. According to the Child and Adolescent Task Group of the F/P/T Advisory Committee on Population Health and Health Security (2004),[7] this cohort of children will be the first generation to have poorer health status as adults than their parents, if measures are not taken now to address their developmental needs.

5. Finally, we now know that no child is immune from the stresses and pressures in our current, fast-paced, technologically driven environments, and that the healthy and successful development of *all children* may some how be compromised, not only those children and youth from disadvantaged families, but even those children and youth from the other end of the socioeconomic spectrum – those from affluent, high socioeconomic status (SES) families. Suniya Luthar has launched a series of research studies to examine the experiences and psychological adjustment of this group of children and youth – an entire population that has been excluded from the risk and resilience research. Luthar's findings on this population of children and youth from wealthy families are both surprising and disturbing. In her 2003 review article,[8] Luthar describes a study that she conducted with her colleague D'Avanzo comparing the adjustment of relatively wealthy Caucasian suburban youth to inner-city minority youth from low SES families. She reports that the average scores on measures for maladjustment were higher for the affluent youth. Specifically, Luthar states that affluent youth not only reported higher levels of depression and anxiety than their inner-city minority counterparts, these youth also reported significantly higher substance-use than the inner-city teens, "consistently indicating more frequent use of cigarettes, alcohol, marijuana, and other illicit drugs."

The Importance of Taking a Developmental Perspective

Early on in resilience research, it became apparent that children and adolescents might have different vulnerabilities and protective systems during different developmental phases. For instance, during the earliest stage of development, because of the total dependence on caregivers, infants are highly vulnerable to the consequences of loss of their parents or mistreatment by caregivers. In contrast, infants are more protected from the impact of a critical stressful event, such as war or natural disaster, because they lack the understanding of what is happening. As children grow and move beyond the family into the larger spheres of school and community, they can be exposed to a wider array of risk and protective factors such as unsupervised activities and involvement with peers. This exposure may lead to increased risk, but also may provide the opportunity for children to encounter others in their social networks, such as neighbours or teachers, who provide support. Adolescents may be confronted with other risk or protection as they develop, such as increased cognitive abilities to think and plan for the future.

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[7] The Child and Adolescent Task Group of the F/P/T Advisory Committee on Population Health and Health Security. (2004). *Middle Childhood: Taking Action Together*. Ottawa: Health Canada.
[8] Luthar, S. S. (2003). The culture of affluence: The psychological costs of material wealth. *Child Development, 74,* 1581-1593.

Individual, Family, and Contextual Factors or "Assets" Associated with Resiliency

As mentioned earlier, advances in the understanding of resilience are rooted in the work of pioneers, such as Garmezy, Werner, and Rutter, who "discovered" that a proportion of children who were thought to be a risk for current and future maladaptation, showed few or no signs of pathology, and often exhibited high levels of competence and success. Their research began with a "person-focused" approach (identifying resilient individuals and trying to discover how they differed from others facing similar adversities who were not consider to be resilient), and led first to descriptions or correlates of positive developmental characteristics among children living in high-risk conditions. A surprisingly high degree of consistency of findings across multiple research studies emerged pointing to a common set of broad characteristics and factors associated with resliency among children and youth identified as at risk for diverse reasons. Ann Masten, a colleague of Garmezy who, as noted earlier, was a pioneer in the field, identified these factors as "the short list" (Table 1). Masten and her colleagues posit that these factors "can reflect the fundamental adaptive systems supporting human development" (p. 24).[9]

The early attention to delineating the wide-ranging array of factors associated with healthy adaptation and competence in children and adolescents has fueled a new set of models which focus on the strengths, resources, and positive experiences of children and youth and of their communities.[10] One of these models is the Search Institute's developmental asset framework. "Developmental assets are defined as a set of interrelated experiences, relationships, skills, and values that are known to enhance a broad range of youth outcomes and are assumed to operate similiarly for all youth." [11]

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[9] Wright, M. O., & Masten, A. (2006). Resilience processes in development: Fostering positive adaptation in the context of adversity. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 17-47). NY, NY: Springer.

[10] Benson, P. L. (2003). Developmental assets and asset-building communities: Conceptual and empirical foundations. In R. M. Lerner & P. L. Benson (Eds.), *Developmental assets and asset-building communities* (pp. 19-43). New York: Kluwer Academic/Plenum.

[11] Sesma, A., Jr., Mannes, M., & Scales, P. C. (2006). Positive adaptation, resilience, and the developmental asset framework. In S. Goldstein & R. B. Brooks, (Eds.), *Handbook of resilience in children (pp. 281-296).* NY, NY: Springer.

CHILD ASSETS	❖ **Social and adaptable temperament in infancy** ❖ **Is good natured; has affectionate disposition (resilient temperament)** ❖ **Good cognitive abilities and problem-solving skills** ❖ **Effective emotional and behavioural regulation strategies** ❖ **Positive view of self (self-confidence, high self-esteem)** ❖ **Positive outlook on life (hopefulness), has trust and hope** ❖ **Sense of self-efficacy; has a sense of control over "fate"** ❖ **Accurate processing of interpersonal cues** ❖ **Is effective in work, play, and love** ❖ **Asks for help; is assertive** ❖ **Is above average in social intelligence** ❖ **Has ability to have close relationships** ❖ **Has healthy expectations and needs** ❖ **Uses talents to personal advantage** ❖ **Delays gratification** ❖ **Has future orientation (plans for the future)** ❖ **Faith and a sense of meaning in life** ❖ **Characteristics valued by society and self (talents, sense of humor, attractiveness to others)**

FAMILY ASSETS	❖ **Stable and supportive home environment**
	  ✓ **Low level of parental discord**
	  ✓ **Parental warmth**
	  ✓ **Close relationship to responsive caregiver**
	  ✓ **Authoritative parenting style (high on warmth, structure/monitoring, and expectations)**
	  ✓ **Positive sibling relationships**
	  ✓ **Supportive connections with extended family members**
	❖ **Parents involved in child's education**
	❖ **Parents have individual qualities listed above as protective for child**
	❖ **Socioeconomic advantages**
	❖ **Postsecondary education of parent**

COMMUNITY ASSETS	❖ **High neighborhood quality**
	  ✓ **Safe neighborhood**
	  ✓ **Low level of community violence**
	  ✓ **Affordable housing**
	  ✓ **Access to recreational centres**
	  ✓ **Clean air and water**
	❖ **Effective schools**
	  ✓ **Well-trained and well-compensated teachers**
	  ✓ **After-school programs**
	  ✓ **School recreation resources (sports, music, art)**
	❖ **Employment opportunities for parents and teens**
	❖ **Good public health care**
	❖ **Access to emergency services (police, fire, medical)**
	❖ **Sense of school belonging**
	❖ **Connections to significant and caring adults (e.g., teachers, coaches)**
	❖ **Connections to pro-social peers**

CULTURAL OR SOCIETAL ASSETS	❖ **Protective child policies (child labor, child health, and welfare)** ❖ **Value and resources directed at education** ❖ **Prevention of and protection from oppression or political violence** ❖ **Low acceptance of physical violence**

Table 1. Examples of Assets and Protective Factors

Considering Context and Process in Resiliency

The issue of resiliency from a developmental perspective presupposes that the lives of children are supported by a network of influences and that the developing child is significantly influenced by his or her environmental context. More specifically, following Urie Brofenbrenner's (1979) notion that successful development is a function of the individual in interaction with multiple supportive ecologies, it is now believed that a child's unique development cannot be viewed without seeing the child in his or her broader social and cultural context. Moreover, central to these efforts is an examination of interactive and richly layered community and cultural/societal effects on child and youth development.

Bronfenbrenner's model of the nature and levels of context has catalyzed the field of child development (Bronfenbrenner, 1979) because it provides a framework that takes into account the layers of influences on development. His ecological model posits five levels for classifying context beginning with those ecologies in which the child directly interacts and proceeding to increasingly distant levels of the social world that affect a child's development.

As can be surmised, competence or resilience ensues from complex interactions between a child and the environments in which she or he resides – as a result, competence will change as a child changes and as his or her environment changes. Accordingly, a child's capabilities along with the type of the contexts or environments in which a child lives will influence competence. What is critical to note here is that while a child must act to demonstrate competence, the environments in which a child finds himself or herself can impart competence. And, it is the proficient adults or peers in that environment that can lead a child to perform at a more advanced level and reach his or her highest potential by providing the child with structure and support.

Key Research Findings on Resiliency

Luthar and Brown (2007) contend that "Resilience researchers' central mission is to illuminate processes that significantly mitigate the ill effects of various adverse life conditions as well as those that exacerbate these, and thus to derive specific directions for interventions and social policies." [12] As such, over the past decade, a number of research findings have emerged that provide important directions for the design of resiliency promoting prevention and intervention efforts for children and youth. Following, we highlight just a handful of these critical findings.

1. *The Critical Role of Relationships*

> *Human beings of all ages are happiest and able to deploy their talents to best advantage when they experience trusted others as standing behind them."* (Bowlby, 1973)

> *"Every child requires someone in his or her life who is absolutely crazy about them."* (Urie Bronfenbrenner, 1977)

As illustrated by these quotes, relationships play a crucial role in fostering children's resiliency. A review of the literature by Luthar (2006) across five decades of research on resilience among children and adults led to the simple conclusion that, "Resilience rests, fundamentally on relationships."[13] Luthar and Brown (2007) contend that: "It is quite clear that the single most deleterious environmental risk is the sustained presence of neglect and abuse, and conversely, committed, loving relationships have high protective potential" (p. 943).

The National Scientific Council on the Developing Child (2004)[14] arrived at the following conclusion:

> *Stated simply, relationships are the 'active ingredient' of the environment's influence on healthy human development. They incorporate the qualities that best promote competence and well-being – individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being, be it a parent, peer, grandparent, aunt, uncle, neighbor, teacher, coach, or any other person who has an important impact on the child's early development.*

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[12] Luthar, S. S., & Brown, P. J. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing paradigms, possibilities, and priorities for the future. *Development and Psychopathology, 19,* 931-955.
[13] Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds), *Developmental psychopathology: Risk, disorder, and adaptation* (2nd ed., pp. 739-795). New York: Wiley. (p. 780).
[14] National Scientific Council on the Developing Child. (2005). *Young children develop in an environment of relationships.* Retrieved January 5, 2007 from http://www.developingchild.net/pubs/wp/excessive_stress/pdf

Clearly, the power of children's and adolescents' relationships with important adults transcends families and operates across the multiple contexts in which children and youth live – including schools and neighbourhoods.[15] If we have learned nothing else about preventing negative life outcomes among children and adolescents, we know that having a caring and supportive relationship with at least one adult is extremely important for healthy development and for promoting resilience, as illustrated by the seminal work of Werner and Smith.[16]

New research, however, is now showing that more than one significant adult can make an even greater difference in the lives of young people. In a recent large scale study funded by the United Way of the Lower Mainland of 1,266 Canadian children, ages 9 to 12, it was found that children who reported that they had at least *two or more adults* whom they felt were "important" to them in school, reported greater levels of optimism, happiness, school motivation, self confidence, empathy, concern for others, and other positive attributes in contrast to those children reporting either none or one significant adult.[17] Research has also demonstrated the benefits of significant adult relationships for children and youth in contexts outside of the school and within the context of community organizations, such as Boys and Girls Club and Big Brothers/Big Sisters,[18] along with the more informal networks in communities and neighbourhoods.

2. The Importance of School Context and Belonging

Unfortunately, for many children and youth today, such positive relationships with a caring adult or adults are neither readily available within their immediate family nor in their surrounding communities. This reality creates a more compelling reason for schools to fulfill their mission "*to educate students to be knowledgeable, responsible, socially skilled, healthy, caring, and contributing citizens*"[19] and to create the kind of social environments where *all students* feel accepted, supported, and valued as contributing members of the school community and thus, ultimately, as members of our larger society.

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[15] Scales, P., & Gibbons, J. L. (1996). Extended family members and unrelated adults in the lives of young adolescents: A research agenda. *Journal of Early Adolescence, 16,* 365-389.

[16] Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: McGraw-Hill.

[17] Schonert-Reichl, K. A. (2007). *Middle childhood inside and out: The psychological and social world of children ages 9 to 12.* Burnaby, BC: United Way of the Lower Mainland.

[18] Tierney, J. P., Grossman, J. B., and Resch, N. L. (1995). *Making a difference: An impact study of Big Brothers/Big Sisters.* Philadelphia, Pa.: Public/Private Ventures.

[19] Greenberg, M. T., Weissberg, R. P., Utne O'Brien, M., Zins, J. E., Fredericks, L., Resnik, H. et al. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic-learning, *American Psychologist, 58*, 466-474.

The crucial point from the perspective of the promotion of resilience in children and adolescents is that schools must be places that foster students' positive development not just in academics, but in the social, emotional, and moral aspects of their lives as well.[20] In short, schools must become health promoting environments, where young people acquire the abilities, inclinations, motivation, and values to succeed in their lives.

How is it that so many youth exposed to adverse life circumstances manage to survive, or even thrive, and what can schools do to promote this? A variety of evidence converges on the importance of *belonging* as a critical component of doing well in life: that is, the feeling that one is a competent, contributing, and valued member of a group. This evidence comes from both basic research on effective schooling and evaluations of school-based intervention programs. Although not all of these studies have examined the same outcomes for youth, they collectively have examined effects on a wide range of contemporary social problems, and their findings consistently indicate that young people who attend schools where they feel accepted, competent, and valued are much less likely to become involved in problem behaviors. Perceiving positive and strong connections to school has implications for current school functioning as well as future educational plans. Moreover, children's engagement or disengagement in institutions, such as schools, depends largely on whether children's fundamental needs for belonging, autonomy, and competence are being fulfilled.[21]

3. The Ordinariness of Resilience

So is resilience a rare phenomenon, obtainable only by a chosen few who happen to be in the right place at the right time; grasped by only those who, by luck of the draw, or by vague circumstances, happen to encounter the extraordinary recipe of individual characteristics and contextual factors that render them "resilient?" The answer to these questions, according to Ann Masten, is a resounding NO. Indeed, she contends that "the great surprise of resilience research is the ordinariness of the phenomenon."[22] In a 2001 review article she contends that: "Resilience does not come from rare and special qualities, but from…normative human resources in minds, brains and bodies from children, in their families and relationships and in their communities" (p. 227).

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[20] Schonert-Reichl, K. A., & Hymel, S. (2007). Educating the heart as well as the mind: Why social and emotional learning is critical for students' school and life success. Education Canada, 47, 20-25.
[21] Ryan, R. M., & Powelson, C. L. (1991). Autonomy and relatedness as fundamental to motivation and education. *Journal of Experimental Education, 60,* 49-66.
[22] Masten, A. (2001). Ordinary magic. *American Psychologist, 56*, 227-238. (p. 227)

4. An Aboriginal Perspective: The Circle of Courage

The Circle of Courage is a model of positive youth development first described in the book *Reclaiming Youth at Risk*, co-authored by Larry Brendtro, Martin Brokenleg, and Steve Van Bockern, which integrates Native American philosophies of child-rearing, the heritage of early pioneers in education and youth work, and contemporary resilience research. The Circle of Courage takes into consideration the universal growth needs of all children and includes four dimensions: belonging, mastery, independence, and generosity. These dimensions are in accord with the developmental needs outlined by Ryan and Powelson and provide a starting point for the creation of effective prevention and intervention efforts from an Aboriginal perspective.

New Directions: Understanding the Perspectives of Resilient Children and Youth

It is increasingly being recognized that it is important to collect data that permit children and youth opportunities to describe *their own perceptions* of their experiences of resiliency. It should be noted that as children enter middle childhood, they develop new language and cognitive capacities that allow them to be reflective about themselves and the world around them. It is during this period that children desire to have their voices heard distinct from those around them. In giving children a voice, they learn that they are listened to with respect. Thus, it is necessary to consider individualized aspects of children's experiences and to obtain their perspectives of their own experiences with family, peers, schools, and neighbourhood that promote resiliency. Indeed, one concern that has recently been voiced by researchers is the scarcity of descriptive and qualitative research that reflects children's and adolescents' organization of their own experiences. Such research has implications not only for theory, but has tremendous potential for influencing the design and implementation of effective interventions.

Conclusion

As can be surmised, the importance of promoting resiliency and positive development in all our children and youth in Canada becomes paramount. In today's complex society, we need to take special care to encourage and facilitate our young people to reach their greatest potential. The future of our world depends on it. It is therefore critical that we make concerted efforts to devise the most effective interventions that are based on strong conceptual models and sound research. Only then will we be in a place to foster development and help our nation's children and youth thrive.

Food for Thought: Additional questions to explore resilience

Part 1: Questions from Nadia's Story

1. Given the definitions of resiliency, would you consider Nadia to be "resilient?"

2. If so, what are the factors that you can identify that have contributed to Nadia's resiliency? Is it Nadia's self confidence; sense of humor; intelligence? Or is it the teachers in Nadia's school that have made her resilient? What role does Nadia's "grandfather" play in promoting her resiliency?

3. What are some of the factors that may impede the continuation of Nadia's resiliency? For example, would puberty be problematic; and / or the transition to high school?

Part 2: Considering Context and Process

1. What are some of the definitions of risk and resiliency from multiple perspectives? How would parents define resiliency? Children? Youth? Teachers? Social workers? Child and youth care professionals?

2. What are the characteristics of competent children, particularly those who have been exposed to stressful life circumstances?

3. What are the potential risk and protective factors that increase or reduce the negative effects of stress exposure?

4. What are the benefits and detriments of identifying children and adolescents as "at risk" or "resilient"?

5. Is resiliency stable across contexts? Across developmental transitons? Can resilency be fleeting? That is, can an individual be resilient at one point in time and not the next?

6. Are there critical periods in development for identification and intervention?

7. What role can adults play in developing resilient children and adolescents?

8. What role can schools and communities play in developing resilient children and adolescents?

9. What about children and youth in today's society. What societal factors may be impeding their resiliency? What societal factors may be promoting their resiliency?

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