

Concurrent with the expansive amount of research being conducted regarding the impact of trauma and stress on the developing child, an increased number of studies examine the protective factors that mitigate the effects of toxic stress.

The concept of resilience can be examined at different levels (community, family and individual) and can also be defined in numerous ways. The research focus has shifted over the years from a preliminary examination and identification of specific traits or characteristics that define resilience to a more complex analysis of what actions effectively promote those characteristics, with or without the presence of various levels of exposure to adversity (O’Dougherty, Masten & Narayan, 2013; Smith & Carlson, 1997). To date, researchers have consistently found that the most important factor necessary in building resilience and minimizing the effects of toxic stress for children is the presence of a caring adult.

This brief provides an introduction to resilience, one of many protective factors that child abuse and neglect prevention professionals are examining. (To expand on this information, an overview of the research defining toxic stress and describing its impact of on a child’s development can be found in a companion brief called *The Neurobiology of Stress*.)

Children and families can have multiple stressors that may or may not be readily apparent. Family support providers (along with other professionals) are working to respond effectively and appropriately in the hope of ameliorating the effects of recurring stress on children. While the field is relatively new, efforts are underway to combine what is known about trauma and what is coming to light about resilience to change how services are provided and children are supported.

Defining Resilience

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats and other significant or chronic sources of stress. It is the ability to overcome and, in some cases, benefit from challenging experiences.

Many studies qualify resilience as being highly dependent on the individual, their family, available resources, as well as community setting and cultural characteristics, all within the context of society and government at large. An individual’s resilience can change over time, and can be exhibited in various ways at different stages of development or across one’s lifespan. So many variables make researching the relationship between resilience and outcomes both interesting and complex.

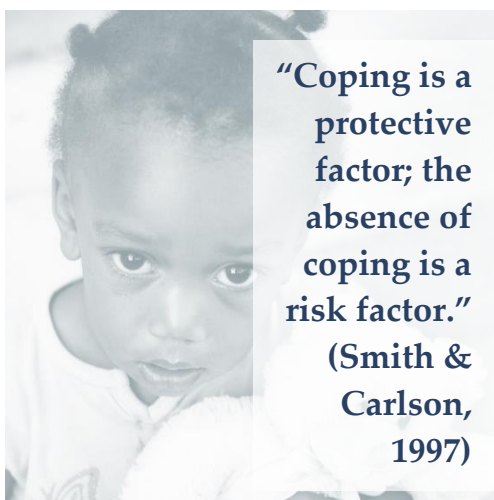
Nonetheless, the question remains: *Why do some do so well with adversity and others suffer such negative outcomes?*



Helping Children Build Resilience

Foundational research shows that individuals exposed to chronic stress and multiple risk factors are more likely to develop emotional or behavior disorders, but this does not always dictate the presence of later dysfunction (Garmezy, 1983; Masten, Best & Garmezy 1991; Rutter, 1978; 1983; 1985). According to Smith and Carlson (1997), “Not all young people subjected to high levels of stress or multiple risk factors go on to experience poor outcomes as adults” (p. 235-236). Some amounts of stress and risk factors can contribute to growth and strength in individuals and cohesion and empathy in groups. The challenge is that the optimal level of stress differs for each individual.

Recent studies have highlighted the importance of determining whether children *perceive* stressors as being within their control or if they demonstrate the ability to cope with what is happening. Understandably, if the stressor (including the cause of stress) is seen as controllable, children are more likely to manage it. Parents, relatives and other caregivers can help children make better sense of stressful situations, and are important role models who demonstrate healthy coping strategies.



“Coping is a protective factor; the absence of coping is a risk factor.”
(Smith & Carlson, 1997)

Traits of Resilient Children

Certain characteristics have been found more frequently among those who persevere through traumatic experiences compared to those who do not fare as well. Through many decades of research, the following traits were found to be common to resilient children (Agaibi & Wilson, 2005; Masten, Best & Garmezy, 1990; Morrison, 2000; Werner, 1990, 1993):

- *Adaptable*
- *Flexible, willing to try new things*
- *High self-esteem*
- *Intelligent*
- *Motivated*
- *Optimistic*
- *Persistent*
- *Pro-social or extroverted*

While children who do not exhibit these traits can recover from adverse experiences, these studies indicate that they may require more support, extra time and focused attention from supportive providers. These findings are important to prevention providers working with children living with multiple stressors, but also apply to working with children with developmental delays and behavioral issues (Alvord & Grados, 2005).

Children who are more inclined to be cautious, timid, anxious, withdrawn or forlorn, for example, may need extra assistance and may require more time and attention than children who exhibit other dispositions. On the other hand, for the typically developing child, providers can consider this list of traits as the most important characteristics to nurture and encourage.

The “Building Blocks of Resilience”

Dr. Kenneth Ginsburg’s *Essential Building Blocks of Resilience* includes a set of guidelines suitable for family support or other prevention providers working to promote resilience. These components are related to many internal feelings in children that, if nurtured, will result in healthy relationships and resilience.

Ginsburg’s “7 Cs” or Essential Building Blocks of Resilience include:

1. **Competence** – encouraging the feeling that “I have skills and I have abilities.”
2. **Confidence** – encouraging a willingness to take chances.
3. **Connection** – assuring a sense of belonging; feeling supported by others.
4. **Character** – teaching children to operate with a sense of “right and wrong” and personal integrity.
5. **Contributing** – showing that the world is a better place because of them; teaching that “people care about what I say and do.”
6. **Coping** – giving children a selection of positive strategies for working through challenges.
7. **Sense of Control** – promoting the feeling that choices can be made; taking responsibility is important and empowering.

Strengthening these specific traits in children helps them bounce back and prepares them for meeting future challenges. The combination of efforts from parents and other providers gives children and youth a wide repertoire of what *to* do and how to cope when faced with significant or prolonged stressors (Ginsburg, 2013).

Ideally, the primary caregiver supports children through their challenges. Whether or not this support is present, the literature suggests that resilience can be built by promoting the following actions:

- Teaching self-worth and encouraging a positive sense of being;
- Encouraging altruism, promoting empathy and taking responsibility;
- Developing and nurturing positive social connections, both with peers and family members;
- Working toward stability and predictability in the home; and
- Being available for children as a consistent and nurturing caregiver (Alvord & Grados, 2005).

These five strategies promote resilience in children but also overlap with other protective factors that increase as families evolve together. Parents experience the success of raising children who are self-confident, empathic and more at-ease in a predictable household.

While caregivers strive to reduce toxic stressors, they can also effectively demonstrate how to handle manageable challenges. Having a completely stress-free environment is not necessary to promote resilience and to experience the satisfaction of overcoming adversity.

For example, the stress that a child feels in preparing for her first music performance—the rapid heart rate, nervousness or excitability—helps her summon and use the energy, cognitive function and even emotion needed to successfully perform. The parent can support the child in this situation by being encouraging, helping the child predict what might happen next, and by being physically present, which in itself is reassuring.

Promoting Resilience With Families

Professionals working with parents rather than directly interacting with children often ask: *If we were to focus efforts on promoting resilience, what would be the best use of our time and energy?*

Countless studies suggest the importance of promoting protective factors, some focusing on parental resilience and others on individual resilience (Cicchetti & Lynch, 1993; Masten, 2009; Rutter, 1985, 1990; Southwick & Charney, 2012; Smith & Carlson, 1997; Werner, 1995). Regardless of the focus, the promotion of *any* protective factor is known to offset the familial risk factors that lead to toxic stress. While this brief focuses on resilience, links to additional information on other protective factors can be found later in this brief, under “Select Websites for More Information.”

The Development Services Group for the Administration on Children, Youth and Families (ACYF) studied eight protective factors to determine the link between specific efforts and well-being in high-risk populations. Its report examined results at three levels: individual, family, and community. The study identified three factors at the relationship/family level that showed the strongest evidence of effectiveness in promoting well-being for these populations: parenting competencies (e.g., knowledge of child development and positive parenting practices), the presence of a caring adult (nurturing and attachment), and social support (e.g., the presence of positive peers). Given that protective factors are often inter-related, these results suggest that providers working with families to promote familial protective factors are also promoting resilience in their children.

As explained through the Fostering Resilience project, Dr. Kenneth Ginsburg states that caregivers and providers have to believe that they can be effective and that their efforts are worthwhile. This foundational belief is followed by giving children positive messages as early as possible, reinforced in various settings (Ginsburg, 2013). While not a new concept in child development or the early education fields, it is a shift in how professionals are teaching parents about guidance. This shift connects the parent’s expectation and understanding of development, the child’s behaviors and reactions to their surroundings, and strategies that are effective in counter-balancing the negative input-behavior cycle. Essentially, parents are learning that in many cases the child’s behavior is a response to their environment.

Vulnerable Populations

It may be challenging to promote protective factors effectively without recognizing common risks or vulnerabilities. The Administration for Children, Youth and Families has specified serving five vulnerable populations, which are labeled in the recent report on effective protective factors as “In-Risk.” They include:

- ▶ Homeless or runaway youth
- ▶ Children exposed to domestic violence
 - ▶ Victims of child abuse and neglect
 - ▶ Youth in and aging out of foster care
 - ▶ Pregnant and parenting teens

Did You Know...?

Resilience can be learned! Having resilience does not necessarily mean that one is unaffected by the trauma endured, however, nor does it mean that one will always function well in all areas.



Influencing the Community

It is human nature to want to feel a sense of belonging and to be included. There are a few ways to positively influence resilience in individuals and families, by providing opportunities for inclusion in the community.

- *Provide opportunities for youth to practice giving, civic responsibility and empathy.* This not only benefits the community as a whole, but also helps youth feel important.
- *Provide venues for positive social connections.* Even when attempted on a small scale, people who have good experiences with social engagement over time will experience the benefit of neighborhood support, which can become reciprocal and reduce feelings of isolation.
- *Be reliable and predictable in supporting children's development.* Children need to know that there are trustworthy adults in the world beyond their immediate families. Community providers can work to dissolve stereotypes by welcoming all participants; they can actively demonstrate support for children at any level of need or any developmental stage, regardless of initial willingness to engage (Alvord & Grados, 2005).
- *Apply principles of child development to teaching and when modeling desired behaviors.* Providers are more effective when expectations are aligned with a child's development. Being mindful of the neurobiological system and how the body tends to react to input can positively inform teaching practices and providing guidance. Repetition is critical, particularly in the "rewiring" process or in forming new social habits and connections to and within the community (Perry, 2013).
- *Partner with other early educators and caregivers.* Partnerships are both important and effective. The ACYF study conducted by the Development Services Group found that support and programming from a positive school environment was one protective factor showing strong evidence for being effective with high-risk populations. Not only did this study find an increase in resilience and school performance (among other areas), but it also noted reduction in traumatic stress disorder symptoms (DSG, 2013, p.7).

The first priority as parents, providers and communities is to minimize the debilitating adverse experiences children are exposed to. When reducing or eliminating negative stressors is not possible, the next course of action and priority should be to increase the protective factors, the coping skills, and the preparation children need to endure future challenges.

learn more



For More Information

Listed below are a few additional resources on the topics discussed in this brief.

Alvord, M. K., & Grados, J. J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice*, 36(3), 238-245.

Development Services Group, Inc. for ACYF. (2013). *Protective Factors for In-Risk Populations Served by the Administration on Children, Youth, and Families*. Retrieved from <http://www.dsgonline.com/ACYF>

Loman, M. M., & Gunnar, M. R. (2010). Early experience and the development of stress reactivity and regulation in children. *Neuroscience & Biobehavioral Reviews*, 34(6), 867-876.

Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227-238.

Resnick, M. (2000). Protective factors, resiliency, and healthy youth development. *ADOLESCENT MEDICINE: State of the Art Reviews*, 11(1).

Smith, C., and Carlson, B. (1997). Stress, coping, and resilience in children and youth. *Social Service Review*, 71(2), 231-256.

Substance Abuse and Mental Health Services Administration. (2012). *Supporting infants, toddlers and families impacted by caregiver mental health problems, substance abuse and trauma: A community action guide*. DHHS Publication No. SMA-12-4726. Rockville, MD.

Werner, E. E. (1990). Protective factors and individual resilience. *Handbook of early childhood intervention*, 2, 115-132.

Werner, E.E. (1993). Risk, resilience and recovery: Perspectives from the Kauai Longitudinal Study. *Development and Psychopathology*, 5, 503-515.

US Department of Health and Human Services Administration for Children and Families. (2014). *Making Meaningful Connections: 2014 Prevention Resource Guide*.

For a complete list of references for this research brief, contact me@hornbyzeller.com.

Select Websites for More Information

National Alliance of Children's Trust and Prevention Funds www.ctfalliance.org

Protective Factors Framework for ACYF www.dsgonline.com/ACYF

The Child Study Center www.aboutourkids.org

The Child Trauma Academy www.childtrauma.org

Child Welfare Information Gateway www.childwelfare.gov

Fostering Resilience (The 7 Cs) www.fosteringresilience.com

FRIENDS, NRC friendsnrc.org/home

The Search Institute www.search-institute.org

Strengthening Families www.cssp.org

Zero to Three www.zerotothree.org

Contact Prevent Child Abuse Iowa ▶▶▶

Research completed and produced by
Hornby Zeller Associates, Inc. © 2014
on behalf of Prevent Child Abuse Iowa

Funded by Iowa Department of Public Health

See companion Research Brief: *The Neurobiology of Stress* at www.pcaiowa.org/resources/research

