# The Concept of Resiliency in Schools and Culturally Competent Interventions

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## Introduction

Ten years after the introduction of the educational reform mandate "No Child Left Behind," student achievement in public schools has not increased to expected levels and the majority of public schools are still at risk for failure (Duncan, 2011). Moreover, Arne Duncan, the Secretary of Education, states that four out of five schools may not reach their "No Child Left Behind" goals by the year 2012 (Duncan, 2011). Despite other attempts at educational reform, large numbers of children are still failing in school, graduating unprepared for the job market, participating in gangs and drug use, and ultimately escalating the work of social workers in child welfare agencies, hospitals, mental health centers, residential treatment and correctional facilities, and the court systems (Fraser, 2004). Despite these depressing outcomes, researchers have discovered situations in which an individual succeeds in life despite experiencing adversity. This occurrence demonstrates the concept of resiliency, or the development of competence in the face of severe stress or hazardous circumstances (Doll & Lyon, 1998).

As the poverty rate increases due to the recent economic recession, the development and implementation of prevention and intervention programs which foster resiliency become even more crucial (DeNavas-Walt, Proctor & Smith, 2009). Mazza and Overstreet (2000) suggest that reducing exposure to poverty may be the single most effective way to increase resiliency. Exposure to poverty introduces potential contact with a constellation of other risk factors including community violence, limited community resources, hunger, poor health, abuse, and stress (Mazza & Overstreet, 2000; Children's Defense Fund as cited in Seccombe, 2002). Additionally, children exposed to the effects of poverty have been found to develop more socio-emotional and behavioral problems, struggle academically and eventually drop out from school more often than children not in poverty (FIFCFS, 2000; Children's Defense Fund as cited in Seccombe, 2002). Hispanics and other multicultural children are continually disproportionately overrepresented in poverty and experience negative physical, and mental health outcomes (Drake & Rank, 2009; National Research Council, 2006). In addition to the overrepresentation of minorities in poverty, minority students tend to be at a higher risk for academic failure (Natriello, McDill, & Pallas as cited in Borman & Overman, 2004). Given that Hispanics are the largest and fastest growing minority group within the United States, and that an estimated 45 percent of children under age five are minorities, services that address the growing number of at-risk children and adolescents, are essential (Population Reference Bureau, 2006).

## Risk and Protection

As the current economic recession continues to impact children and their families, helping-professionals must think in terms of preventive interventions in order to assist the healthy development of children, rather than continuing with the current "wait to fail" model (Benard, 1993; Duren Green, McIntosh, Cook-Morales & Robinson-Zaartu, 2005). In order to best structure a prevention or intervention program, one must view resiliency as an interaction between risk factors and protective factors. A risk factor can be understood as any influence that increases the probability of harm, contributes to a more serious state, or maintains a problem condition (Coie et al., 1993). Some common risk factors affecting children and adolescents include: being raised in single-family homes, low maternal education, presence of genetic abnormalities, parental psychopathology, low socioeconomic status, as well as exposure to drugs and violence (Doll & Lyon, 1998). Conversely, protective factors contribute to successful life situations (Kaplan as cited in Williams, Ayers, Van Dorn & Arthur, 2004). Protective factors can also be understood as the

number of available resources to protect against adversity. Many researchers on the concept of resiliency divide protective factors into three dimensions: individual factors, family factors, and environmental or community factors (Carbonell et al., 2002; Carlton et al., 2006; Kaplan, Turner, Norman & Stillson, 1996; Seccombe, 2002). Children's resilience can be thought of as the relationship between their genetic makeup and the support they receive from their family and community (Condly, 2006). Therefore, through the study of protective factors which foster resiliency one can better structure and plan preventive interventions, which enhance these protective factors and foster healthy development (Benard, 1991).

Reoccurring individual protective factors that buffer against risk include intelligence or cognitive capabilities, especially verbal and communication skills (Carbonell et al., 2002; Masten, Best, & Garmezy, 1990), a positive self-concept, self-esteem (Carbonell et al., 2002) and self-efficacy (Cowen, Wymen, Work & Parker, 1990). Additionally, sociability and social problem-solving skills are protective factors for resiliency (Garmezy as cited in Seccombe, 2002; Masten et al., 1990). In addition to problem-solving skills and social competence, Benard (1993) posits two more characteristics of resilient children: autonomy, and a sense of purpose and future.

The nature of families as a protective influence can be illustrated by the qualitative data collected from Palestinian youth in the West Bank. Despite the severity of the conditions faced in the West Bank, the youth considered their families vital for providing safety and emotional support (Nguyen-Gillham, Giacaman, Naser, & Boyce, 2008). Thus, family relations are significant in fostering resilience. Some family protective factors include cohesion, conflict management, and communication (Carbonell et al., 2002). Additional factors include family warmth, affection, commitment, and particularly emotional support (Seccombe, 2002). Werner (2005) found that the number of sources of emotional support during childhood was positively related to academic proficiency at the age of 10. Additionally, children who reported more sources of emotional support experienced fewer stressful life events later in life (Werner, 2005). Parenting styles can also can affect resiliency development in youth. Authoritative parenting styles have been found to utilize problem-solving skills and conflict management through a balance of freedom and responsibility (Sheridan, Eagle & Dowd, 2005). Authoritarian parenting styles consist of high levels of authority and control (Sheridan et al., 2005). Families in poverty are more likely to adopt an authoritarian parenting style and engage in severe and inconsistent physical discipline (Conger et al., as cited in Seccombe, 2002).

Werner (2005) found that despite childhood adversity, relying on support from family and the community during later years in life increased competence and efficacy. Protective factors within the community that foster resiliency; include extracurricular activities, religious youth groups, a stable and cohesive neighborhood, a safe community and many positive adult and peer role models (Seccombe, 2002; Thomlison, 2004).

**School as a Protective Influence**

Kaplan, Turner, Norman, and Stillson (1996) suggest an additional dimension of protective factors is found within the school setting. Schools have a unique position to influence and potentially protect many children from risk factors, by teaching the development of good problem-solving and academic skills, individual talents, and social competence (Doll & Lyon, 1998). Through increased positive teacher expectations, meaningful connections to caring adults, and classroom activities that involve students, schools can foster the academic and psychosocial development of youth (Borman & Overman, 2004; Kanevsky, Corke, & Frangkiser, 2008). Additionally, schools with caring and attentive teachers can help foster resiliency in children from

disadvantaged homes (Robertson-Hickling, Paisley, Guzder & Hickling, 2009).

Furthermore, the unique situation of schools to foster resiliency is highlighted by the relationship between resiliency and academic success. Academically resilient students experience stronger self-concepts (Gordon, as cited in Kanevsky et al., 2008), higher self-esteem (Padrón, Waxman, Brown, & Powers as cited in Kanevsky et al., 2008) and greater self-efficacy (Gordon, as cited in Kanevsky et al., 2008). Additionally, Werner (2005) found that academic competence resulted in the ability to make realistic plans at age 18 and fewer reported health problems in adolescence.

**Culturally Competent Interventions**

Moreover, public schools provide equal access to education and services, and thus have the ability to foster resiliency in communities that might not normally have access to mental health services, such as ethnic minorities or low-income families (Lopez, as cited in D'Angelo et al., 2009). Individuals from diverse populations experience a different array of risk factors and protective factors. Awareness of these differences increases the ability of creating culturally competent prevention and intervention programs. Acculturative stress is a risk factor experienced by multicultural communities due to differences in language and culture (D'Angelo et al., 2009). A protective influence for African American youth includes a strong social support system, multigenerational support, and strong religious beliefs and devotion (Macgowan, 2004). Hispanic and Latino American youth experience risk factors, such as acculturation stress, family, school, and psychiatric problems, but benefit from family honor and familism (Macgowan, 2004). Additionally, protective factors for gay, lesbian, and bisexual youth are strong parent relations and a favorable school environment (Macgowan, 2004).

In order to develop culturally competent interventions, helping-professionals must be aware of their own biases and values in context with the clients' worldview (Roysircar as cited in Withrow, 2008). The cultural values of the client should be incorporated into the interventions (D'Angelo et al., 2009). Moreover, helping-professionals involved should ideally be of the same race or ethnicity as the client and fluent in the client's primary language. Lastly, helping-professionals should have or should learn specific knowledge about the client's family, spiritual traditions, and community (D'Angelo et al., 2009; Withrow, 2008).

**Six Steps for Fostering Resiliency**

In the context of public education, these helping-professionals or school counselors are vital, influential members of the school environment. School counselors assist with adult-child communication, and also develop programs that may enhance children's social support systems (Taylor & Karcher, 2009). As a school psychologist develops programs, there are elements which foster resiliency that should be promoted. Henderson and Milstein (1996) outline six steps to fostering resiliency: "1) increasing bonding, 2) setting clear and consistent boundaries, 3) teaching life skills, 4) providing caring and support, 5) setting and communicating high expectations, and 6) providing opportunities for meaningful participation" (p.12). Research has supported each of these steps as means to foster resiliency. Benard (1995) concurs with the importance of caring relationships, high expectations, and opportunities for participation. The presence of one caring person in a child's life is a very strong protective factor against risk (Benard, 1995). Providing caring and support in the school environment can be done by paying attention to every student, remembering names, allowing time in the classroom for relationship building, and giving every

student a chance to succeed (Henderson & Milstein, 1996). Encouraging family involvement in the school community, such as setting up parent resource centers or giving parents equal voice in school decisions can also increase pro-social bonding. Additionally, providing in-school and after-school activities, such as arts, music, drama, clubs, and sports increases pro-social bonding (Henderson & Milstein, 1996). Certain opportunities for participation, such as encouraging critical thinking and dialogue, hands-on learning, and involving students in curriculum planning, allows students to meaningfully participate in the school community and thus fosters resiliency (Benard, 1995). Students allowed to participate in school curriculum planning have shown higher achievement, better attendance, and better overall behavior (Rutter as cited in Bosworth & Earthman, 2002). Meaningful participation should mean allowing students to participate in things not readily available, such as student government, service learning, school-community magazines, or environmental centers (Henderson & Milstein, 1996). Henderson and Milstein (1996) recommend that the school, parents, and community business members work together to implement the six steps of resiliency building.

Henderson and Milstein (1996) posit that the natural environment of a school, which allows working in groups, expressing one's opinion, and goal setting provides an easy way to teach life skills. Additionally, health courses or meeting with a school counselor might be the best way to teach life skills in curriculum form (Henderson & Milstein, 1996). In order to set and communicate high expectations for students, teachers must focus on intrinsic motivation, and create more meaningful, participatory curricula, which should place the responsibility of the learning on the students (Henderson & Milstein, 1996). Lastly, setting clear and consistent boundaries can be conveyed through posters around the school, or through a contract signed by the parents and the students (Henderson & Milstein, 1996). However, Henderson and Milstein (1996) suggest that students should contribute to the setting of the boundaries. Having high expectations can influence students to develop self-esteem, self-efficacy, autonomy, and optimism, all key characteristics of resiliency (Benard, 1995).

Several resiliency-building programs have sought to implement curricula with similar goals and steps as the Henderson and Milstein model (1996). The Oregon Resiliency Project was launched in 2001 through the school psychology program at the University of Oregon, which eventually developed the Strong Kids SEL (social-emotional learning) programs. Social-emotional learning is, "the process of acquiring and effectively applying the knowledge, attitudes, and skills necessary to recognize and manage emotions; developing caring and concern for others; making responsible decisions; establishing positive relationships; and handling challenging situations capably" (Zins & Elias as cited in Merrell, 2009, pg. 1). This project is beneficial to the fostering of resilience. Research has found an association between SEL skills and academic resilience (Elias, Parker, & Rosenblatt, 2005). The Strong Kids curriculum focuses on developing self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Merrell, 2009). The program is divided into five developmental stages; pre-K, grades K-2, grades 3-5, grades 6-8, and grades 9-12 (Merrell, 2009). This is an important aspect because research shows that risk and resiliency fluctuate depending on developmental stages of life (Rutter as cited in Doll & Lyon, 1998). In its entirety, the Strong Kids SEL programs have received positive feedback, and are even developing a *Jovenes Fuertes* program for Latino youth.

**Suggestions for Future Resiliency-Building Programs**

The Oregon Resiliency Project has experienced resistance implementing the Strong Kids SEL programs in high schools. This is due to the number of state and district mandated curriculum

programs, allowing teachers in high school very little spare time for experimental, optional curriculum such as Strong Kids (Merrell, 2009). Therefore, there needs to be a push for the development of preventive interventions that are affordable, easy to implement, and require minimal training. Moreover, preventive intervention programs should be well organized, and provide support and services consistently through all grades and school buildings (Doll & Lyon, 1998). Otherwise, children in chronic risk might not experience the protective influences of these programs.

Additionally, when considering developing prevention and intervention programs, it is important to start before risk has stabilized and dysfunction or psychopathology has already transpired (Coie, et al., 1993). Like the Strong Kids SEL programs, one can do this by having preventive interventions beginning through developmental transitions, particularly at a young age. Developmental transition periods are ideal times to implement preventive interventions (Coie et al., 1993).

Unfortunately, there have been few long-term evaluations of the effectiveness of resiliency promoting programs (Werner, 2005). Future research should focus on the development of resiliency promoting preventive interventions of which the effectiveness can be adequately evaluated in the long term. Additionally, research should focus on the role of gene-environment interaction so one can understand better the individual dispositions which allow children to develop resiliency (Werner, 2005).

## Conclusion

As research on fostering resiliency in school programs progresses, helping-professionals wishing to make a difference can begin by becoming educated on resiliency and the risk situations affecting their communities. Simply being aware of the risk and adversity youth face can make a difference. In a study of resiliency promotion in schools by administrators in a large southwestern city, Bosworth and Earthman (2002) found that administrators who had a student-centered definition of resiliency were less likely to apply for additional training and support meant to create more resilient environments. Thus, different understandings of a concept can have cascading effects on how resiliency is promoted. Certainly, awareness cannot make a difference in every situation. One of the greatest risk factors, poverty, is a social problem that cannot be changed without major social reform (Seccombe, 2002). However, the ability of one adult to positively affect a child is often underemphasized. One of the strongest protective factors for a child is the presence of one caring adult (Benard, 1995).

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