Resilience in children and adolescents

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Resilience

✓ Controversy of what resilience is
✓ Is it a quality in the child himself?
✓ Is it an interactive process, environment vis a vis individual?
✓ Do some children “not have what it takes” to cope with adversity?
Resilience

✓ What resilience is
✓ Mechanisms of operation
✓ How to promote resilient features
✓ In the child, the family, social circumstances
✓ Implications for PREVENTION
What is resilience?

- Disagreement about definitions
- “invincible children”
- “vulnerable but invincible” (Werner)
- “superkids” or
- Combination of circumstances
What is resilience?

- Is it characteristics in the child, e.g. “ego” resiliency
- Or is it a process, for instance involving interactions (e.g. protective interactions with a mother, a teacher, etc.)
What is resilience?

- Child at risk
- Outcome is “better than expected”
- Better functioning than would be predicted
- A prediction that fails
- Child may come out “unscathed”
What is resilience?

✓ The outcome:
✓ Better than predicted in certain areas but not in all areas
✓ Areas have strong cultural component, e.g. academic competence
✓ Relevant areas depend on social circumstances
Resilience : Dimensional or categorical?

✓ Categorical: the person, resilient or not (statistically, cluster analysis, analysis of variance, discriminant function)

✓ Dimensional. More or less resilient features (regression, path analysis, structural modeling).
Resilience

Population At risk
- Poverty
- Parental Psychopathology
  - High number Of children
  - Perinatal problems
- Born unwanted

Behavioral and Emotional difficulties
- Externalization
- Internalization
- Developmental

“Healthy” course resilient
Emotional and behavioral difficulties

Risk factors
Biological
Psychological
Social

Protective factors

Problem behavior
Positive outcome
Some risk factors....

- Genes
  - Biological Features, e.g. Sensory integration
  - Early experiences Or lack of them
- Parental psychopathology Child rearing style
- temperament
- In utero
  - Fit between Parents and children
  - Social group And cultural factors
- Family relations And functioning
Some studies on resilience

✓ Kauai study (Werner et al.), from pregnancy to age 40
✓ Project competence (Garmezy et al.) with children at risk
✓ Thousand families study (I. Kolvin) in Newcastle UK
Some studies of resilience

✓ Christchurch study (McGee, Fergusson et al.) New Zealand. Follow up study
✓ Rochester child resilience project (Cowen et al.)
Some studies of resilience

- Salutogenic effects, long term follow up age 30 (Cederblad et al). Lundby, Sweden

- National Child Development Study (Buchanan et al) UK
Kauai study.

- Vulnerable but invincible
- Children at risk followed up at various points
- A third of children defied the prediction of negative outcome and were considered resilient
Kauai study

- Adverse perinatal conditions, complications
- Poverty. Difficult early child rearing conditions
- Parental psychopathology, family discord
- Comparison group
- Physical, cognitive and psychosocial development at different points in life
- Protective factors?
- 698 children born in 1955
Kauai study

✓ Follow up ages 1, 2, 10, 18, 31-32 and 40 years old
✓ High rate of follow up around 80%
✓ Importance of child rearing environment
✓ Emotional support provided by people
Kauai study

- Emotional support by family, friends, teachers and adult mentors
- Problems in adolescence for most of the high risk children. Learning difficulties, mental health problems, teenage pregnancy, delinquency
Kauai study

- Recovery by fourth decade of life for most
- Stable marriages and jobs, satisfied with their relationships, responsible citizens
Kauai study

- Worst outcome in adults for exposed to parental alcoholism or mental illness, especially for men
- Born small for gestational age had most health problems and depression
- More losses and disruptions, more health problems in adulthood
Kauai study

- Better health status during childhood, better adaptation at age 40
- Mother’s caregiving competence
- Emotional support by mother in childhood
- All these lead to better outcomes
Kauai study

✓ Most adults manage to make successful adaptation
✓ A third of children at risk did not present difficulties during childhood or adolescence
Kauai study

☑ Importance of community colleges, vocational skills
☑ Service in armed forces
☑ Good marriage, strong religious faith
☑ Catalysts for change, e.g. illness, accident, second marriage
Kauai study

- Many adults had low opinion of effectiveness of professional help.
- Social workers or psychiatrists.
- Psychotherapy helped only 5% of those with mental health problems.
Lundby study (Cederblad et al)

✓ Prospective population study, 1947, 1957, 957, 1988-89
✓ 148 persons, (42-56 years of age at follow up)
✓ At least 3 risk factors for mental disorders at beginning of study
Lundby study

- Life span coping style
- Coping mechanisms e.g.
- Optimism
- Substitution
- Wishful thinking
Lundby study. Coping mechanisms

✓ Planning,
✓ Self reliance
✓ Humor
✓ Acceptance,
✓ Resignation
✓ Social support
Lundby study. Coping mechanisms

- Religion, catharsis, self criticism
- Value reinforcement, alcohol and drug consumption
- Professional help, endurance, information seeking, isolating activity
- Magic and minimizing
Lundby study

- Quality of life
- Mental health
- Problem solving, social support and optimism associated with greater mental health
- Sense of coherence and personal disposition
Project competence

- Norman Garmezy et al. Minnesota
- Children with major illnesses, undergone surgery (transposition of great arteries)
- How they cope with problems related to illness
Project competence

- Features that promote successful coping:
  - Greater social cognition
  - Greater creativity
  - Ability to delay gratification
Project competence

- Cognitive flexibility
- Aspirations, self-esteem
- Sense of humor
- Tolerance
- Accepts other people’s perspective
Christchurch Health and Development Study

- Longitudinal study of unselected birth cohort
  1265 children born in 1977
- Studied at birth, 4 months, 1 year, annual intervals to age 16, age 18, age 21
- Parental interview, self report, testing, teacher reports, police records
- High sample retention, statistical modeling of resilience
Christchurch Health and Development Study

✓ Being female diminished risk of externalizing disorder
✓ Being male diminished risk of internalizing disorder
✓ Gender specific vulnerabilities?
Christchurch Health and Development Study

- Low novelty seeking and high self esteem mitigate effect of adversity
- Low neuroticism mitigates risk of internalizing disorder
Christchurch Health and Development Study

- Studied risk factors and protective factors
- Exposure to abuse, to stressors in environment
- Children with “high resilience” or low, and high or low levels of symptoms
Christchurch Health and Development Study 21 yr follow up

✓ Children reared in high risk environments
✓ Intelligence and problem solving abilities
✓ Gender (e.g. females fare better after divorce)
Christchurch Health and Development Study

- External interests and affiliations
- (e.g. attachments outside family)
- Parental attachment and bonding at least one parent
- Early temperament and behavior
Christchurch Health and Development Study

- Peer factors (positive peer relationships contribute to resilience)
- Poverty is a crucial risk factor: increases chances of criminality
Competence study. Masten, Garmezy

- 205 children, 8-12 yrs, 27% minority
- Inner city school. Mostly lower middle class in Minneapolis public school
- Reassessed 7 and 10 years after first assessment (98% participation)
Competence study. Masten, Garmezy

- Rate academic achievement
- Conduct of child (parent and adolescent questioned)
- Social assessment
- Self worth, distress
- Life events questionnaires
Competence study. Masten, Garmezy

- Group divided in
- Resilient youth
- Competent youth
- Maladaptive youth
Competence study. Masten, Garmezy

- Intelligence, IQ and problem solving abilities strongly associated with resilience
- Better parenting quality (warmth, expectation and structure)
Competence study. Masten, Garmezy

- Resilient less rule-abiding than competent group
- IQ quite high in resilient group and low in maladaptive group
- Resilient: low in negative emotionality
- Possibly some with more emotional distress
Competence study. Masten, Garmezy

- High adversity makes good outcome more difficult
- If good resources at start, generally good outcome
- Good parenting strong predictor of good outcome
Resilient features infancy

✓ Easy temperament
✓ Attractiveness and vitality
✓ Next sibling at least two years younger
✓ Gender (female)
✓ Oldest child
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Resilient features infancy

- History of less separations from the mother during the first year of life
- Social orientation, interest in others
- Secure attachment
Resilient features in infancy

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- Social orientation, interest in others
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Resilient features preschool age

- Attractiveness
- Social orientation
- Persistence
- Sense of humor
Resilient features in preschool age

- Attractiveness
- Social orientation
- Persistence
- Sense of humor
Resilient features preschool age

- Eliciting other’s attention
- Gender (female)
- Normal intelligence
- Optimism and self-confidence
- More energy and vigorous
Resilience features school age

✓ Gender (female)

✓ Self-esteem

✓ Persistence (despite disappointment or failure)
Resilient features school children

- For boy: Less stereotypically masculine interests
- More cognitive flexibility
- Internal locus of control
- To be able to reflect on problems
Resilient features school age

- To be able to speak to others about one’s problems
- Better problem solving abilities
- More independent
- A social orientation
- Several interests and hobbies
Resilient features adolescent

✓ Gender (male)

✓ For girls: required helpfulness (e.g. look after siblings, help parents, etc.)

✓ Belief that one can have success
Resilient features adolescent

- Interest in others, prosocial orientation
- Participation in peer organizations and social causes, sports
- Less feelings of competition with siblings
- Oriented to details and focused on details
- Exhibit responsibility
Resilient features in family

- Features of families:
  - Structure
  - Functioning
  - Adaptability or flexibility
  - Cohesiveness
  - Communication and emotional expressiveness
Salutogenic effects

- Sense of Coherence (Antonovsky)
- Comprehensibility (understand problem)
- Manageability (coping strategies)
- Meaningfulness (it makes sense to cope with the problem)
Salutogenic effects

- Intelligence
- Validity (energy level)
- Solidity (flexibility level)
- Stability (Sociability level)
- Locus of control
- Mastery, ways of coping
Resilient families

- Able to cope with normative changes
- Able to cope with challenges/stressors by developing new strategies
- Improve cohesiveness and problem-solving
- Challenge improves the functioning “cars in a circle” to face stressors
Resilient families

- Importance of rituals
- Vacations together
- Time to talk, eat together
- Celebrations and anniversaries
- Optimal degree of involvement and individuation
- What the family needs depends also on cultural factors
Community protective factors

- Educational opportunities
- Chance to have friends,
- Extended family
- Neighbors, relatives, elders for counsel
- Support in case of crisis
Community protective factors

- Extra curricular opportunities
- Help to bond to the school and teach skills
- Leadership and teamwork
- Church opportunities, faith
Promoting resilience

- Early intervention
- Promotion of healthy pregnancy
- Programming effects, etc.
- Preparation for transition to parenthood
- Early identification of difficulties
Promoting resilience

- Promoting sensitive parenting
- Supportive, may be authoritative but not authoritarian
- Less separations from children
- Spacing between children
Promoting resilience

- Promoting positive of self esteem
- Intervene in stressful situations
- Work on strengths
- Promote internal locus of control
Promoting resilience

- Importance of school experience, environment as protective in situations of stress
- Importance of mentors and protective benign figures
Promoting resilience

- Importance of life transition points
- Educational transitions
- Job opportunity
- Opportunity for friendships
- Extracurricular activities
Promoting resilience

- New opportunity after a failure
- Tutoring,
- Teaching problem solving skills
- Teaching social skills