Risk, Protection, and Resilience in Childhood

Based on the work of Jack M. Richman, Ph.D. Professor and Dean
and
Mark W. Fraser, Ph.D. Professor and Associate Dean for Research

Presentation developed by Anna Scheyett, MSW
Clinical Assistant Professor

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Introduction: The “Risk and Resilience” Orientation

- Adaptational behavior results from interaction of
  - combinations of factors predictive of negative outcomes (risk factors)
  - combinations of counteracting factors that reduce/ameliorate risk (protective factors, or strengths)

- Resilience: successful coping and adaptation despite adversity
Risk

- Presence of one or more factors increasing the probability of negative outcome for a child or youth

- Multiple possible origins
  - biological
  - ecological
  - combined biopsychosocial

- Risks can be
  - correlates
  - predictors
  - causes
Risk

• Can be thought of as (Fraser, Richman, & Galinsky, 1999)
  - Non-Specific: linked to a variety of negative outcomes
  - Specific: linked to specific negative outcome

• Risk is cumulative (Garmezy, 1994)
  - social problems multiply determined
  - cumulative impact of multiple risks outweighs specific nature of risks
Protection

- Characteristics or conditions that counteract the risk to which children are exposed
- Delay, suppress, or neutralize negative outcomes
- Three categories
  - individual factors (e.g. tenacity, optimism)
  - familial factors (e.g. support, supervision)
  - extra-familial factors (e.g. small class size, social cohesion)
Protection

- Effects of protective factors can be thought of as
  - Compensatory:
    - directly ameliorates a condition
    - proportionately lowers odds of negative outcome
    - direct effect
  - Buffering:
    - protective factor interacts with risk
    - disproportionately protects children with certain risks
Resilience

• High functioning in the context of adversity
• Intersection of high risk and exceptional resources
• Three aspects to resilience
  - overcoming the odds
  - sustaining competence under pressure
  - recovering from trauma
Resilience

• **Contextually dependent**
  - context shapes resilient responses by providing opportunity and reward for adaptive behavior

• **Varies with child**
  - varied “sensitivity to risk”
    - biological
    - cognitive and social development
    - prior exposure to adversity (“steeling effect”)
Resilience and Evidence-Based Practice

• Responsibility to use best available evidence in clinical practice (Gambrill, 1999)

• Must therefore:
  - know and evaluate current evidence
  - understand research-based theory
  - integrate evidence, theory, individual practice expertise, and client values and expectations
Resilience Research

- Three criteria should be articulated (Masten et al, 1999)
  - indicate the developmental threat
  - specify measures used to determine successful adaptation
  - identify the protective factors hypothesized to modify/buffer risk
Resilience Research

- Challenge in reviewing research literature when little consensus on definitions of risk and successful adaptation
- A goal: understanding mechanisms and processes:
  - identify risk sequences
  - identify protective processes that disrupt risk sequences
Resilience: Implications for Practice

• Foundation strategies: Interventions must:
  - lower overall risk, and
  - strengthen protective factors and mechanisms

• Interventions must be based on clear specification of “keystone” risk factors and processes
Resilience: Implications for Practice

- Interventions should reduce individual sensitivity to keystone risks
  - must focus on different risk factors at different points in child’s development
  - multi-systemic
- Interventions must interrupt risk chains and mechanisms
- Interventions should create new opportunities and build on strengths
References

Presentation based on Chapters 1 and 8 of:


