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Social Sciences

RESOURCE FACTORS FOR PSYCHOLOGICAL RESILIENCE IN CHILDREN AND ADOLESCENTS

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ABSTRACT:
RESILIENCE IS A CONCEPT THAT IS BECOMING INCREASINGLY POPULAR, EXPLAINING THE REASONS WHY INDIVIDUALS MAINTAIN POSITIVE ADAPTATION DESPITE EXPERIENCING SIGNIFICANT ADVERSITIES. THE STUDY OF RESILIENCE IS CRITICAL FOR IDENTIFYING EFFECTIVE STRATEGIES TO PROMOTE HEALTH AND WELL-BEING IN CHILDREN AND ADOLESCENTS. RESILIENCE RESEARCH SUPPORTS THE EXISTENCE OF VARIOUS FACTORS THAT PROMOTE ADAPTATION AND PROTECT YOUTH FROM EXPERIENCING NEGATIVE OUTCOMES. THIS PAPER AIMS TO REVIEW THE MAIN MODELS THAT CONCEPTUALIZE RESILIENCE AND TO EXPLORE THE FACTORS THAT PROMOTE AND SUSTAIN RESILIENCE IN CHILDREN AND ADOLESCENTS. SEVERAL PROCESSES AT THE INDIVIDUAL, FAMILY, AND ENVIRONMENTAL LEVELS HAVE BEEN PROVED TO HAVE A SUBSTANTIAL INFLUENCE ON RISK AND RESILIENCE IN YOUTH. THE SIGNIFICANCE OF THE RESOURCE FACTORS FOR THE CONSTRUCTION AND IMPLEMENTATION OF EFFECTIVE INTERVENTIONS THAT SUPPORT HEALTHY DEVELOPMENT WILL BE DISCUSSED.

KEYWORDS: RESILIENCE, RISK, DEVELOPMENTAL PSYCHOLOGY, RESOURCE FACTORS

INTRODUCTION

Many authors state that resilience has been a subject of investigation in developmental psychology since around 1970.[2] [3] Historically, the notion of resilience came from applied physics and engineering, where it denotes the ability of materials to "bounce back" from stress and resume their original shape or condition.[4] Similarly, in ecology, resilience refers to

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[2] Mandie Shean, *Current theories relating to resilience and young people – A literature review* (Melbourne: Victorian Health Promotion Foudation, 2015), 4.
[3] Sandra Prince-Embury and Donald H. Saklofske, eds., *Resilience in Children, Adolescents, and Adults - Translating Research into Practice (*New York: Springer, 2013), 10.
[4] Jo Boyden and Gillian Mann, "Children's Risk, Resilience, and Coping in extreme Situations," in *Handbook for Working With Children and Youth; Pathways to Resilience Across Cultures and Contexts*, ed. Michael Ungar (SAGE Publications, 2005), 6, accessed July 15, 2020, doi: 10.4135/9781412976312.n1.

the ability of an ecosystem to recover or avert damage when disturbed.[5] In medicine, the term has been used to characterize the recovery of patients from physical traumas such as surgery or accidents.[6] In psychology, the study of resilience evolved from psychopathology, where researchers studying children and adolescents noticed that some of them had good outcomes despite struggling with multiple risks and adversities.[7] [8] This finding stimulated the search for specific differences in children who succeed in the face of adversity, and generated the field of research on resilience.

Resilience research marked a paradigm shift within mental health sciences, changing focus from mental illness to mental health and positive development, from an individual's deficits or risks to their strengths, resources and protective factors.[9] Earlier clinical research was directed towards understanding psychopathology, identifying the consequences of adversity and the risk processes that account for the etiology of disorders. The resilience research led a revolution in thinking,[10] stimulating a search for ways to promote adaptation and healthy development among youth struggling with adverse childhood adversities.

Research shows that mental health difficulties occur at high rates in young people,[11] children exposed to early life stress being more likely to experience emotional and behavioral problems, mental health disorders, speech and language problems, learning difficulties and even physical disorders.[12] Significant mental health problems such as depressive, hyperactive and conduct-disordered symptomatology are experienced by about one in eight children.[13] These symptoms tend to persist and are linked to adverse psychosocial, educational, and health outcomes in adolescence and adulthood. Numerous types of family adversity (e.g., socio-economic disadvantage, adolescent parenthood, parental separation, parental mental health problems, stressful family life events, etc.) increase the likelihood that children will develop mental health difficulties.[14]

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[5] Shae-Leigh Cynthia Vella and Nagesh B. Pai, "A Theoretical Review of Psychological Resilience: Defining Resilience and Resilience Research over the Decades," *Archives of Medicine and Health Sciences*, 7 (2019): 233, accessed July 6th, 2020, doi: 10.4103/amhs.amhs_119_19.

[6] Boyden and Mann, "Children's Risk…", 6.

[7] Laura M. Supkoff, Jennifer Puig, and L. Alan Sroufe, "Situating Resilience in Developmental Context," in *The Social Ecology of Resilience: A Handbook of Theory and Practice*, ed. Michael Ungar (New York: Springer, 2012), 127.

[8] Ann S. Masten and Andrew J. Barnes, "Resilience in Children: Developmental Perspectives," *Children* 5, 98 (2018) accessed July 8th, 2020, doi:10.3390/children5070098.

[9] Tak Yan Lee, Chau Kiu Cheung, and Wai Man Kwong, "Resilience as a Positive Youth Development Construct: A Conceptual Review," *The Scientific World Journal* 2012 (2012): 2, accessed July 15, 2020, doi: 10.1100/2012/390450.

[10] Margaret O'Dougherty Wright, Ann S. Masten, and Angela J. Narayan, "Resilience Processes in Development: Four Waves of Research on Positive Adaptation in the Context of Adversity," in *Handbook of Resilience in Children*, ed. Sam Goldstein and Robert B. Brooks (New York: Springer, 2013), 15, accessed July 3rd, 2020, doi: 10.1007/978-1-4614-3661-4_2.

[11] Todd M. Edwards, Jon C. Catling, and Elisabeth A. Parry, " Identifying predictors of resilience in students," *Psychology Teaching* 22 (2016): 27, accessed July 11, 2020, at: https://files.eric.ed.gov/fulltext/EJ1146583.pdf.

[12] Deidre Gartland *et al*., "What factors are associated with resilient outcomes in children exposed to social adversity? A systematic review," *BMJ Open* 9 (2019): 1-14, accessed July 8th, 2020, doi:10.1136/bmjopen-2018-024870.

[13] Elisabeth Jane Costello *et al*., "Prevalence and Development of Psychiatric Disorders in Childhood and Adolescence," *Archives of General Psychiatry* 60 (2003): 837-44, accessed July 3rd, 2020, doi: 10.1001/archpsyc.60.8.837.

[14] Lauren R Miller-Lewis *et al*., "Resource factors for mental health resilience in early childhood: An analysis with multiple methodologies," *Child and Adolescent Psychiatry and Mental Health* 7 (2013): 1, accessed at July 12, 2020, at: http://www.capmh.com/content/7/1/6.

Compas[15] conveys that some important sources of risk precede adolescence and are associated with processes that begin in childhood. The concern is that at-risk children cannot benefit from all the chances of attaining their full potential and risk of becoming dysfunctional adults. Consequently, it is essential to comprehend what conditions place children and adolescents at-risk, as well as what resource factors may be fostered to improve and support their resilience. Early childhood is an opportune period for implementing early intervention strategies and policies aimed at altering the trajectories that lead to the emergence of these mental health difficulties. It is more effective to act early to promote healthy development, as opposed to intervening after the problems become chronic or well-established.

THE EVOLUTION OF THE PSYCHOLOGICAL RESILIENCE CONCEPT

There are many different definitions of resilience in the literature. The following are just a few examples of the most frequently encountered.

> Resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity.[16]
> Resilience embodies the personal qualities that enable one to thrive in the face of adversity.[17]
> Psychological resilience has been characterized by the ability to bounce back from negative emotional experiences and by flexible adaptation to the changing demands of stressful experiences.[18]
> Resilience is generally defined as a relative resistance to environmental risk experiences, the overcoming of stress or adversity, or a relatively good outcome despite risk experiences.[19]

Many researchers sanction the lack of consensus and clarity in the use of definitions, terminology and conceptualization of resilience.[20] A variety of seldom incompatible concepts and definitions are used at the moment. The multitude of definitions and the different levels of analysis have made standardized use of the construct very difficult.[21] These multiple meanings have led to severe criticism about the validity of resilience.[22]

This lack of consensus is motivated by the fact that resilience cannot be directly detected and measured and it is only inferred from observations based on the associated constructs of risk and positive adaptation.[23] Therefore, the inference of resilience necessitates

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[15] Bruce E. Compas, "Processes of Risk and Resilience during Adolescence – Linking Contexts and Individuals," in *Handbook of Adolescent Psychology*, ed. Richard M. Lerner and Laurence Steinberg (New Jersey: John Wiley & Sons, 2004), 263.

[16] Suniya S. Luthar, Dante Cicchetti and Bronwyn Becker. "The Construct of Resilience: A Critical Evaluation and Guidelines," *Child Development* 71 (2000): 525, accessed July 19, 2020 at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1885202/.

[17] Kathryn M. Connor, and Jonathan R.T. Davidson, "Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC)," *Depression and Anxiety* 18 (2003): 76, accessed July 6th, 2020, doi:10.1002/da.10113.

[18] Michele M. Tugade and Barbara L. Fredrickson, "Resilient Individuals Use Positive Emotions to Bounce Back From Negative Emotional Experiences," *Journal of Personality and Social Psychology* 86 (2004): 320, accessed July 7th, 2020, doi: 10.1037/0022-3514.86.2.320.

[19] Michael Rutter, "Implications of Resilience Concepts for Scientific Understanding", *Annals New York Academy of Sciences* 1094 (2006): 34, accessed July 18, 2020, doi: 10.1196/annals.1376.002.

[20] Prince-Embury and Saklofske, eds., *Resilience in Children…*, 9.

[21] Antonella Sisto *et al*., „Towards a Transversal Definition of Psychological resilience: A Literature Review," *Medicina* 55 (2019), accessed July 7th, 2020, doi:10.3390/medicina55110745.

[22] Adrian D van Breda, "A critical review of resilience theory and its relevance for social work," *Social Work* 54 (2018): 2, accessed July 14, 2020.

[23] Suniya S. Luthar, ed., *Resilience and Vulnerability. Adaptation in the Context of Childhood Adversities*, ed., (New York: Cambridge University Press, 2003), 34.

a substantial confirmation that the outcomes differ from those found in the absence of adversity. The criteria for assessing resilience was under discussion during the early period of researching the concept. There was debate, for example, on how to measure the quality of the adaptation or development, how many domains should be considered and what is the right moment to assess positive adaptation.[24]

In the developmental literature, many researchers have defined positive adaptation on the basis of the child's observed or reported competence in meeting the expectations for children of a given age and gender, in their particular sociocultural and historical context.[25] Luthar, Cicchetti and Becker[26] question whether competence should be excellent or average for a child to be considered resilient, and whether some domains are more important than others. Resilience resides in the observable social behavior or emotional states should be included? It indicates that one is unaffected by trauma or that they recover efficiently. It is also possible that a child may show resilience at one point in their life and not at another, or in one domain and not another. Clearly, the criteria by which resilience is measured in a population and how comprehensively it is assessed across domains of functioning will impact its prevalence in high-risk groups.[27]

But despite all these difficulties in defining and assessing the concept of psychological resilience, the researchers underline its significance in discovering new strategies of successful adaptation and coping with stressors.[28] Resilience is a very complex and multidimensional process that can sustain recovery from risk exposure and potentiate positive development. Resilience research has the potential to significantly improve psychological, emotional, educational, and social outcomes in young people.[29]

The study of resilience has progressed in four major waves of research. The first wave included descriptions of the resilience phenomena, its basic concepts and methodologies, and focused on the individual. The second wave adopted a developmental systems approach and focused on the transactions among individuals and the many systems of their development. The third wave focused on creating resilience by interventions directed at changing developmental pathways. The fourth wave, the most recent, is focused on integrating resilience across multiple levels of analysis, with increasing attention to epigenetic and neurobiological processes, brain development, and the systems interactions that shape development.[30]

Throughout its conceptual development, resilience has been categorized as an individual trait, a dynamic process, as well as an outcome. During the first wave, researchers focused on identifying the personal capacities and characteristics that facilitated positive adaptation to stressors. Connor and Davidson described resilience as a personal characteristic, as being "the personal qualities that enable one to thrive in the face of adversity". [31]

[24] Wright, Masten, and Narayan, "Resilience Processes…", 19.
[25] Wright, Masten, and Narayan, "Resilience Processes…", 18.
[26] Luthar, Cicchetti and Becker. "The Construct of Resilience…".
[27] Wright, Masten, and Narayan, "Resilience Processes…", 19.
[28] Raffael Kalisch *et al*., „Deconstructing and reconstructing resilience: a dynamic network approach," *Perspectives on Psychological Science* 14 (2019): 767, accessed July 2, 2020, doi: 10.1177/1745691619855637.
[29] Shean, *Current theories…*, 4.
[30] Wright, Masten, and Narayan, "Resilience Processes…", 15-16.
[31] Connor and Davidson, "Development of a new resilience…", 76.

The evolution of the concept then moved toward a process view. Rutter[32] claimed that resilience is not related to individual psychological traits, but rather it is an ordinary adaptation given the right resources. Luthar, Cicchetti and Becker defined resilience as "a dynamic process encompassing positive adaptation within the context of significant adversity".[33] Viewed as a dynamic process, resilience is characterized by constant change and activity. Additionally, being contextually based demonstrates that resilience is situation specific, an individual potentially being highly resilient in one context and not in another.

Zautra[34] sees resilience as an outcome of successful adaptation to adversity. Characteristics of the individual and situation may identify resilient processes, but only if they lead to healthier outcomes following stressful and adverse circumstances. Masten and Barnes[35] remark that, while we typically infer the presence of resilience from its manifestations in adaptive behavior, it is theoretically possible, although complex and difficult, to assess potential capacity for adapting to challenges prior to a demonstration of good adaptation to adversity.

In conclusion, resilience can be defined in terms of an individual's capacity for adapting to adverse experiences in a healthy way, the process they go through in order to return to normal functioning, and the result of successfully navigating stressful events. It is an interactive, multidimensional and dynamic process that can be understood by identifying and describing the individual and contextual factors that impact it, as well as its adaptive outcomes in the face of adversity. As Ungar states, "in the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of wellbeing, and a condition of the individual's family, community and culture to provide these health resources and experience in culturally meaningful ways".[36]

RISK FACTORS

Resilience means positive adaptation in conditions of adversity and risk. Most studies on resilience focus on people that face circumstances that endanger them. During assessments of the factors that undermine children's development, many sources of adversity have been scientifically associated to negative outcomes. Known as risk factors, these variables increase the probability of negative development. Compas[37] defines a risk factor as an agent or characteristic of the individual or the environment that is related to the increased probability of a negative outcome. The following are key risk factors that many studies have proved to negatively influence children's well-being: congenital defects, low birth weight,[38] poverty, physical illness, maltreatment, violence, abuse, neglect, family conflict, substance abuse, low

[32] Michael Rutter, "Resilience: Causal Pathways and Social Ecology," in *The Social Ecology of Resilience: A Handbook of Theory and Practice*, ed. Michael Ungar (New York: Springer, 2012), accessed July 10, 2020, doi: 10.1007/978-1-4614-0586-3_2.
[33] Luthar, Cicchetti and Becker. "The Construct of Resilience…", 543.
[34] Alex J. Zautra, John Stuart Hall and Kate E. Murray, "Resilience. A New Definition of Health for People and Communities," in *Handbook of Adult Resilience*, ed. John W. Reich, Alex J. Zautra and John Stuart Hall (New York: The Guilford Press, 2010), 4.
[35] Masten and Barnes, "Resilience in Children…", 3.
[36] Michael Ungar, "Resilience across Cultures," *The British Journal of Social Work* 38 (2008) apud Shean, *Current theories…*, 20.
[37] Compas, "Processes of Risk and Resilience…", 264.
[38] Staci M. Zolkoski and Lyndal M. Bullock, "Resilience in children and youth: A review", *Children and Youth Services Review* 34 (2012): 2295, accessed July 15, 2020, doi:10.1016/j.childyouth.2012.08.009.

education level of parents, racial discrimination,[39] environmental calamities, armed conflict, exploitation, forced migration, family separation and divorce.[40]

These factors have been shown to affect the normal intellectual, social and emotional development of children and adolescents, being related to mental health disorders, emotional distress, poor academic achievement, school dropout, substance use and violent behavior.[41] Because of their youth and, specifically, their lack of social power, children are often among the most severely affected by these adverse circumstances.[42]

Many scientists agree that the effects of these risk factors are cumulative,[43] [44] and children exposed to several stressful circumstances are at particular risk of becoming psychologically overwhelmed. In order to prevent or reduce these risks, it is essential to understand what factors place children at risk, as well as what protective factors may be fostered in order to improve and support resilience.

RESOURCE AND PROTECTIVE FACTORS

Resilience depends on individual, group and environmental resources, what is often described as protective factors. They operate through different mechanisms and levels, but frequently correlate with one another. Resource and protective factors alter responses to adversity so that potential negative outcomes may be avoided. Some risk and protective factors are stable, whereas others change with development.[45] Research has identified several processes at the individual, family, and environmental levels that have been proved to have a significant influence on risk and resilience in youth.

Individual characteristics

Numerous longitudinal studies have offered evidence on the personal factors that differentiate resilient children and adolescents from those who cede to adversity. Some children are better able to face difficult life conditions due to disposition and temperament. Boyden and Mann[46] mention curiosity, hopefulness, sense of humor and social competence as relevant factors in managing stress. According to Zolkovski and Bullock,[47] resilient children had a pronounced autonomy and a strong sense of independence, an optimistic view of their life, and their temperamental characteristics provoke positive reactions from family members and strangers.

Among other individual attributes in resilient children, age, gender[48] and physical health are frequently mentioned in the literature. Boyden and Mann[49] remark that a strong child is likely to be more resilient emotionally and psychologically than one who is physically weak or sick.

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[39] Zolkoski and Bullock, "Resilience in children…", 2296.
[40] Boyden and Mann, "Children's Risk…", 3.
[41] Zolkoski and Bullock, "Resilience in children…", 2296.
[42] Boyden and Mann, "Children's Risk…", 3.
[43] Wright, Masten, and Narayan, "Resilience Processes…", 18.
[44] Shean, *Current theories…*, 17.
[45] Compas, "Processes of Risk and Resilience…", 267.
[46] Boyden and Mann, "Children's Risk…", 7.
[47] Zolkoski and Bullock, "Resilience in children…", 2298.
[48] Karol L. Kumpfer, "Factors and Processes Contributing to Resilience. The Resilience Framework," in *Resilience and Development: Positive Life Adaptations*, ed. Meyer D. Glantz and Jeannette L. Johnson, (New York: Kluwer Academic/Pienum Publishers, 1999), 192.
[49] Boyden and Mann, "Children's Risk…", 6.

Cognitive factors have a strong prediction power as well, and psychological resilience in children and adolescents has been correlated to perceptual competencies, problem-solving skills[50], memory, intelligence,[51] cognitive flexibility,[52] learning, planning, critical thinking and executive functions.[53] Lateral thinking and problem solving can enhance resilience by identifying alternatives and devising creative solutions. The capacity to engage in critical thinking can also help to shield youth from simplistic interpretations of experience.

Numerous personality factors have been associated to adaptive processes. Among them, self-regulation is one of the most vital, because effective emotional and behavioral regulation strategies decrease vulnerability.[54] Children's self-control may buffer adversity and promote adaptive outcomes by enabling them to respond positively to stressful circumstances. Resilient youth have a positive self-esteem and a strong sense of self-efficacy,[55] self-worth also predicting resilient outcomes.[56]

Another personality factor that is an important resource for resilience is the sense of purpose, a goal for which to live.[57] Usually, children who are able to remain hopeful about the future, have a strong motivation to adapt and actively try to assume control over their lives are likely to be less vulnerable. Faith and a sense of meaning in life are often related to spirituality and belief systems that create a direction for the adaptation efforts.

Family circumstances

Developmental psychology has long emphasized the great importance of family factors for children's development and well-being. Boyden and Mann[58] underline the significant consequences of early bonding between mother and infant and overall quality of nurture. Many studies have demonstrated the central role that secure attachment to the parents has on psychological health.[59]

Zolkovski and Bullock[60] mention that the authoritative parenting style has been associated with optimal competence in children and adolescents. Authoritative parents have been identified as being responsive (supportive, warm, and loving while also providing a cognitively stimulating environment) and demanding (firm, rational, and consistent, but not controlling their children). Shean[61] remarks that in the absence of responsive parents, the presence of a caring adult, such as a grandparent, may still have a positive influence on the child's resilience.

Masten and Barnes[62] have identified multiple family circumstances that promote adaptation in risk contexts: nurturing family members and sensitive caregiving, family

[50] Ramona E. Anghel and Conona Petrescu, "Educational Resilience in At-risk Students," in *Globalization and national identity. Studies on strategies of intercultural dialogue. Psychology and educational sciences*, ed. Iulia Boldea (Târgu Mureș: Arhipelag XXI Press, 2016), pp. 445.
[51] Compas, "Processes of Risk and Resilience…," 266.
[52] Sisto *et al*., „Towards a Transversal Definition…", 12.
[53] Wright, Masten, and Narayan, "Resilience Processes…", 21.
[54] Zolkoski and Bullock, "Resilience in children…", 2298.
[55] Masten and Barnes, "Resilience in Children…", 6.
[56] Miller-Lewis et al., "Resource factors…", 2.
[57] Boyden and Mann, "Children's Risk…", 6.
[58] Boyden and Mann, "Children's Risk…", 7.
[59] Miller-Lewis et al., "Resource factors…", 3.
[60] Zolkoski and Bullock, "Resilience in children…", 2298.
[61] Shean, *Current theories…*, 10.
[62] Masten and Barnes, "Resilience in Children…", 6.

cohesion, close relationships and emotional security, a sense of belonging, skilled parenting and skilled family management, family routines and rituals, family role organization.

Other family circumstances that have been associated to successful outcomes of at-risk children and adolescents are: emotional expressiveness of the family members, parents' monitorization of the child, postsecondary education of parents, parents with qualities listed as protective factors within the child, positive sibling relationships, supportive connections with extended family members and harmonious interparental relationship.[63]

Personal familial history has a great influence on stress management. Children who have experienced approval, acceptance, resources, models and opportunities to develop healthy are far more likely to be resilient. Family members can play a major role in teaching and helping children interpret, process and adjust to, or overcome, difficult and adverse life experiences.

Environmental factors

A great part of the literature points to the essential role of community and environmental factors in mediating risk and resilience. Positive peer relationships provide support outside the family in which children can experiment, learn and develop skills, attitudes, and values. These relationships are especially important during middle childhood and adolescence and they contribute to a child's self-esteem and self-worth. This process may enhance the development of other resource factors, such as the ability to empathize and to form meaningful relationships. Role models outside the family – teachers, coaches, school counselors, community center workers, clergy, mental health workers, and good neighbors – may be potential buffers for at-risk children.

The social structures are central elements of an effective community. Boyden and Mann[64] emphasize that neighborhoods and institutions such as schools and organized community groups can enhance protective factors at the individual and family levels by providing a supportive and secure context for children.

Zolkovski and Bullock[65] note that community protective factors include (a) early prevention and intervention programs, (b) safety in neighborhoods, (c) relevant support services, (d) recreational facilities and programs, (e) accessibility to adequate health services, (f) economic opportunities for families and (g) religious and spiritual organizations.

Wright, Masten, and Narayan[66] list numerous environmental factors that promote and support resilience: community characteristics – high neighborhood quality, safe neighborhood, low level of community violence, access to recreational centers, effective schools, well-trained and well-compensated teachers, after-school programs, school recreation resources (e.g., sports, music, art, etc.), employment opportunities for parents and teens, good public health care, access to emergency services (police, fire, medical), connections to caring adult mentors and prosocial peers – and cultural or societal characteristics – 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.

Aspects of the peer group, neighborhood, school, and culture impact the socialization process of the child. These change with age and are specific to certain geographic location,

[63] Wright, Masten, and Narayan, "Resilience Processes…", 21.
[64] Boyden and Mann, "Children's Risk…", 8.
[65] Zolkoski and Bullock, "Resilience in children…", 2298.
[66] Wright, Masten, and Narayan, "Resilience Processes…", 21.

culture, and historical period. Resilient youth are those who find resources, support and growth opportunities even within risky environments.

These lists of factors associated with later psychological resilience in children and adolescents are thought to not provide an integrative understanding of the processes conducting to resilience in development.[67] Nonetheless, Masten and Barnes[68] claim that these are broad factors that engage and reflect many processes, and each of the processes implicated by the list could be studied across multiple levels of analysis. Also, Boyden and Mann[69] stress that the extent to which these protective factors are universal across cultures is yet unknown.

But, determining the factors that promote resilience in children and adolescents consequently helps to both focus effective interventions and target those in need. It is very important to develop an understanding of the resource factors that can influence a child's level of resilience, in order to help them adapt to risky life situations.

RESILIENCE-DEVELOPING INTERVENTIONS

The support offered to youth during crises can be significantly improved by the identification and development of adaptive and resilience-promoting resource factors. Child protection remains an uncertain art,[70] affected by challenges at multiple levels. Resilience research can be the basis of the creation of effective and relevant strategies to promote child and adolescent positive development.

Child protective projects and policies should aim at reducing exposure to risky life situations and increase protective compensatory factors. Effective interventions ought to consider the children's developmental level and the windows of opportunity, the periods in which protective actions are most beneficial. Consequently, preventive and therapeutic interventions ought to be carefully timed in order to have the greatest impact on youth's development.

Nevertheless, the aim is not for children and adolescents to avoid all exposure to adversity. Many researchers recognize the beneficial effects of experiencing negative life circumstances for developing resilience. In some circumstances, the experience of stress or adversity may strengthen resistance to later stress — a so-called "steeling" effect.[71] Individuals change while coping with stressful situations, changes that can take the form of psychological growth or maturation processes, emergence of new skills and competences.[72] Masten and Barnes[73] refer to the psychological inoculation to adversity, achieved through exposure and advance training. Early intervention strategies need to be very complex and multifaceted in order to address the intricacies of the development of youth resilience.

Many studies emphasize the importance of promoting resource factors from several systems in order to achieve the largest benefit. According to Zolkovski and Bullock,[74] interventions focused on developing resilience in youth can target three levels: the individual, the family and the social environment.

[67] Wright, Masten, and Narayan, "Resilience Processes…", 22.
[68] Masten and Barnes, "Resilience in Children…," 6.
[69] Boyden and Mann, "Children's Risk…", 9.
[70] Boyden and Mann, "Children's Risk…", 4.
[71] Rutter, "Implications of Resilience Concepts…", 2.
[72] Luthar Cicchetti and Becker. "The Construct of Resilience…".
[73] Masten and Barnes, "Resilience in Children…", 7.
[74] Zolkoski and Bullock, "Resilience in children…", 2299-2301.

Interventions at the individual level focus on creating and increasing personal coping skills and resource factors before encountering actual life adversity. The internal skills or assets that are most frequently developed are the individual characteristics that were found to represent resilience factors: self-efficacy and self-control, academic and problem-solving skills, and social skills such as developing social networks and conducting interpersonal relationships.

Interventions at the family level have an anticipatory and crisis-care focus. There are family-centered interventions that help create and enhance resources as communication skills and generally relationships strengthening.

Interventions at the social environment level include the school and the broader community, where programs aim at creating positive experiences for at-risk children and adolescents involving supportive peers, positive teacher influences, and opportunities for success. Supportive communities play an important role in promoting resilience.

Miller-Lewis[75] suggests that these resources have predominately promotive effects, generally being beneficial for children experiencing both low- and high- levels of adversity. Consequently, these resource factors may be suited for use in universal prevention strategies, for the benefit of all children, regardless of whether they have yet experienced significant adversity.

For a better protection of the children, extensive information is needed about what renders them vulnerable or resilient, what circumstances can be changed and how best to assist and support them. The ability to isolate and diminish risk and enhance protective factors in the lives of developing children is essential to an effective intervention. There is a significant need for scientifically based prevention efforts focused on developing resilience in at-risk youth.

CONCLUSIONS

The decades of research on psychological resilience have generated important models for theory as well as practice, a comprehensive list of protective factors and many suggestions about future directions for study. Resilience theory offers scientists and practitioners a conceptual framework to understand how children and adolescents overcome adversity and how this information can be used to improve assets and resources, and to develop the positive and constructive aspects of youth's lives.

Masten and Barnes[76] highlight the fact that human individuals have so much capacity for adaptation to adversity in part because their resilience depends on many interacting systems that co-evolved in biological and cultural evolution, conferring adaptive advantages.

Essentially, psychological resilience is an interactive and multidimensional concept that explains a positive outcome despite serious adverse experiences. It is important to inquire what are the resources and circumstances that lead to successful adaptation when confronted with risk and adversity in every type of population and at every level of development. Resources that help children and adolescents overcome the adverse effects of risks differ according to the characteristics of the population studied, life circumstances, and outcome. Rutter[77] emphasizes that research needs to focus on the processes underlying individual differences in response to environmental hazards, rather than resilience as an abstract entity.

[75] Miller-Lewis et al., "Resource factors…", 17.
[76] Masten and Barnes, "Resilience in Children…", 2.
[77] Rutter, "Implications of Resilience Concepts…", 10.

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Further research is highly necessary, the current understanding of resilience still suffering from important limitations, conceptual, methodological and cultural. Boyden and Mann[78] assert that a fully featured scientific theory to explain unexpectedly positive human response to adversity still lies in the future.

[78] Boyden and Mann, "Children's Risk…", 9.

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