Resilience...

successful navigation through significant threat

Report prepared by
Reaching IN...Reaching OUT

For
The Resilience Synthesis Review Project
Ministry of Children and Youth Services

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On behalf of Reaching IN...Reaching OUT, the report was written by Cathy Vine, Darlene Hall, Sam Gardner and Claire Molloy and should be cited as follows:


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EXECUTIVE SUMMARY

“Resilience...successful navigation through significant threat”

Introduction

“Resilience” is an important concept with the potential to change the way we commonly understand and support individuals, families and communities dealing with adversity. “Resilience” is also a popular concept which is often misunderstood and misused.

‘The Resilience Research Synthesis Review Project’ was developed to contribute to a greater understanding of resilience in order to guide policies, programs and practices at MCYS in support of its strategic goal: “Every child and youth is resilient.” With grant funding from MCYS, Reaching IN...Reaching OUT (RIRO) assembled a multi-disciplinary project team of senior professionals and researchers to carry out a multi-phase research and knowledge exchange project. Conducted over the period of November, 2009 to October, 2010, and involving over 100 participants including resilience and child development experts, MCYS staff, community and academic professionals, and parents and young people, the following highlights the activities and five key learnings of the project.

What we did

Designed to unfold in four interconnected phases (see the figure), the project involved locating, assessing, synthesizing and communicating the best understanding about resilience and, as a final step, offering recommendations for additional knowledge mobilization and exchange (KME) at MCYS. Several strategies were used to gather research and to explore and enhance understanding.

In Phase One, the core team began working closely with MCYS and laid the foundation for the project by gathering and synthesizing research and conducting interviews with experts in resilience and child development. We developed a literature-based working definition which, in its simplest form, involves successfully navigating through significant threat.

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1 Realizing Potential: Our Children Our Youth, Our Future, 2008, the MCYS multi-year strategic framework. In many ways, the knowledge gained through this project contributes to achieving the other strategic goals which in turn support this goal: being able to demonstrate resilience is fostered by having a voice in service; receiving personalized services; and, contributing to achieving common outcomes.

2 Reaching IN...Reaching OUT (RIRO), sponsored by The Child and Family Partnership (YMCA of Greater Toronto, Child Development Institute, University of Guelph and George Brown College) is an innovator in researching and promoting resilience on various levels—from providing evidence-based skills training to adults who live and work with children to helping organizations and communities create “cultures of resilience” through leadership training and knowledge mobilization. Project team - Core Team and Report Authors: Darlene Hall, Cathy Vine, Sam Gardner, Claire Molloy; Animators: Ramona Alaggia, Jean Clinton, Melanie Goodchild-Southwind, Alan Leschied, Peter Levesque, Ian Manion.
In Phases Two and Three, we took the working definition and questions “into the field” and met with over 80 MCYS staff, community and academic professionals, and parents and young people. We learned that the definition provided a good starting place for discussions and that each of these groups can provide concrete examples of significant threat (“my son tried to commit suicide” “having to parent your parent” “sexual abuse”), how they navigate (“mind over matter” “having the right help at the right time”), and how they define success and/or positive outcomes (“being able to help somebody else” “graduating high school” “feeling confident”). While there are many commonalities, the breadth of the examples speaks to the unique ways in which individuals understand their experiences and the unique combination of strategies they use to navigate through significant threats. Taken together, a combination of assets and resources at the individual, family and community levels were reported most often in terms of what facilitates successful navigation.

In our meetings and interviews with MCYS staff and community and academic professionals, we also explored how resilience ‘fits’ with their roles in order to begin to understand how it could be operationalized in policies, programs and practices at MCYS. In similar meetings with parents and young people, we explored how resilience resonated with their experiences and how services support and/or hinder overcoming serious challenges. Young people and parents agreed that “significant threat” was a good name for capturing the “hard times” and “rock bottom” that many of them experienced, and they offered feedback and ideas about what helps them to navigate through very difficult circumstances.

Throughout the project we identified knowledge and practice questions as well as issues concerning resilience. In Phase Four, we held a Dialogue on Resilience session with approximately 50 MCYS staff representing a variety of roles, branches and regions of the province. We used the session to share project learnings and to learn more about participants’ understanding of resilience and their ideas for how it could be put into practice at MCYS. The session promoted interest and engagement and staff generated examples, ideas and questions. This phase concludes with a final report integrating the learnings from all four phases and offering recommendations for additional knowledge mobilization.

What we learned – five central themes

Throughout the process of pinning down knowledge and exploring understanding and ideas about putting this knowledge into practice at MCYS, five central themes emerged:

1. **Resilience is a complex phenomenon involving significant threat and successful navigation.** Resilience is not a personality trait; it is something that happens—a dynamic process or pattern where an individual (or family or community) uses internal and external resources to navigate through significant threat. It involves a dynamic interplay between the individual, family, community and society and each aspect of resilience has strong temporal, cultural and individual meanings attached.

2. **A number of issues have an impact on the uptake of resilience knowledge, practice and evaluation.** These include: persistent misunderstanding and misuse of the term, cultural biases, confusion surrounding resilience and strength-based practice paradigms, and inadequate measurement tools. Clearly defining and explaining resilience is critical to developing a common understanding and advancing practice.

3. **Three general pathways are suggested to support resilience in infants, children and youth – reduce significant threat; support human development; and support assets and protective factors.** Some significant threats, for example, can be reduced through policy and program interventions at ‘society’ and ‘community’ levels. Similarly, interventions that strengthen family functioning and promote human development will minimize the occurrence of significant threats. Where significant threats are
unavoidable or likely to occur, interventions designed to support assets and protective factors can be used to support children, youth and families to navigate through such times. It is important to note that MCYS is already engaged in promoting resilience, although staff (along with the broader community) may still be developing their understanding of exactly how MCYS policies and services support resilience and what further policy and practice changes would contribute to the strategic goal.

4. **MCYS and community professionals are at an early stage of knowledge and practice regarding resilience.** Participants from MCYS and professionals outside the ministry identified additional needs for further knowledge mobilization and exchange including ongoing dialogue, support and opportunities to put knowledge into action. Recommendations for additional KME based on project findings are available in Appendix D.

5. **Adopting a ‘resilience lens’ will enable MCYS to move its agenda forward to support resilience in infants, children and youth.** Building on the research synthesized in the report, the working definition, the experiences shared, and the ideas and suggestions generated through the project, next steps could involve: establishing an MCYS “resilience hub” with diverse participants and advisors; determining which suggestions will be followed; developing ways to capitalize on participant interest (staff, community and academic professionals, and parents and young people); building momentum through “resilience road shows;” and, adopting methods to analyze existing policies, practices and programs.

**Conclusion**

‘The Resilience Research Synthesis Review Project’ set out to contribute to a greater understanding of resilience in order to guide policies, programs and practices at MCYS in support of its strategic goal: “Every child and youth is resilient.” Throughout we noted that MCYS staff, community and academic professionals, and parents and young people valued being able to talk about and explore questions, issues and ideas related to resilience and the significant challenges in people’s lives. In going forward, each of these groups would have a great deal to offer the other in continuing to build common understanding and strengthening policies, services and practices to support resilience in infants, children, youth and families.
PROJECT TEAM

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Animators
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“Voices of Resilience”- Parents and Young People
Members of Parents for Children’s Mental Health living in southern Ontario; First Nations parents involved with Dilico Anishinabek Family Care and living in northern Ontario; members of For Youth Initiative’s Victory Group living in Toronto’s Mt. Dennis/Weston area; members of the Youth Policy Advisory and Advocacy Group living in regions across Ontario; and, a parent and a young person who shared stories of resilience at Dialogue on Resilience.

The following people provided different kinds of help along the way—advice, leads, ideas, and more
Rita Barron, Elizabeth Bodkin, Amanda Cain, Sarah Cannon, Patricia Cunningham, Shannon Fenton, Sally Holland, Emma Keil-Vine, Valerie Lusted, Jennifer Pearson, Sean Twyford; Dialogue on Resilience participants; and, Tony Diniz and Child Development Institute (lead organization for this project acting on behalf of The Child & Family Partnership).

Special thanks to Barbara Dominic who provided generous leadership, support and insight throughout.

3 Participating parents and young people were assured that while their identities would be kept confidential, their views would be shared so that others could benefit from their experiences.
PART 1: PURPOSE AND METHODOLOGY

1.1 Preamble

1.2 Purpose of project

1.3 Methodology
   a) Project design
   b) Limitations

1.1 Preamble

In April 2008, the Ministry of Children & Youth Services (MCYS) set forth its strategic framework to guide its work over the next four years\(^4\). In that document, MCYS created five strategic goals, one of which is the focus of this report: “Every child and youth is resilient.” Accordingly, MCYS put out a call for proposals for projects that would contribute to a greater understanding of resilience in order to guide policies, programs and practices. Interestingly, while this particular goal is framed as an “outcome” goal, our developing understanding of resilience would see the goal more appropriately framed as a “process” goal, one that resonates particularly well with each of the other process-oriented goals. Indeed, being able demonstrate resilience, is fostered by having a voice in service; receiving personalized services; and, contributing to achieving common outcomes. In many ways, the knowledge gained through this project also contributes to achieving the other strategic goals.

1.2 Purpose of project

“The Resilience Research Synthesis Review Project” (the Resilience Project) is a multi-phase research and knowledge mobilization and exchange project conducted by a project team from Reaching IN...Reaching OUT (RIRO)\(^5\). Designed to develop common understanding about resilience and foster MCYS knowledge and practice, RIRO worked with MCYS along with researchers, experts, service providers, parents and youth to begin to pin down the best understanding about resilience. Several strategies were used to gather research and to explore and enhance understanding.

This report synthesizes research and perspectives on resilience and offers some ideas about how MCYS can proceed, along with recommendations for continued knowledge mobilization.

\(^4\) Realizing Potential: Our Children Our Youth, Our Future, 2008, the MCYS multi-year strategic framework.

\(^5\) Reaching IN...Reaching OUT (RIRO), sponsored by The Child and Family Partnership, is an innovator in researching and promoting resilience on various levels—from providing evidence-based skills training to adults who live and work with children to helping organizations and communities create “cultures of resilience” through leadership training and knowledge mobilization. The Partnership is made up of: YMCA of Greater Toronto, Child Development Institute, University of Guelph and George Brown College.
1.3 Methodology

a) Project design - The project was designed to unfold in four interconnected phases (see Figure 1).

Phase One laid the foundation for the project. With advice and leads provided by the project animators (leaders in their fields selected because their expertise reflected MCYS service areas), the core team identified, reviewed and analyzed the seminal and most recent literature concerning resilience (including work by Anne Masten, Jelena Obradovic, Michael Rutter, Michael Ungar, Suniya Luthar, Kim Shoenert-Reichl and Kim Marshall). We contacted and obtained advice and/or formally interviewed experts in resilience (Canada: Linda Liebenberg, Wayne Hammond, Kim Shoenert-Reichl, Michael Ungar; UK: Michael Rutter; US: Paul LeBuffe) and in related fields including human development, child welfare, etc. (Canada: Stuart Shanker, Nico Trocmé, Gordon Phaneuf). We traced the history of resilience, worked to understand the connection to human development and established a clear, conceptual grounding. A working definition was then proposed and a ‘vocabulary of relevant concepts’ (see Appendix B) was developed to help build understanding.

Phase Two expanded this exploration ‘into the field.’ We consulted with and interviewed MCYS staff from various branches and regions, and community and academic professionals with relevant content expertise in order to learn how they understood resilience, its ‘fit’ with their work and respective fields, and to begin to understand how it could be operationalized at MCYS in policies, programs and practices. These interviews were conducted by the core team and animators. While we followed an interview protocol, we also engaged in dialogues in order to delve into people’s understanding and to explore ideas. We also began to identify knowledge mobilization questions and issues. In total, 31 professionals participated in Phase Two.

Phase Three expanded the exploration even further, now to include “Voices of Resilience” — parents and young people who have experienced significant challenges and may know about resilience. Our goal was to learn how the concept of resilience resonates with their experiences and how services support and/or hinder overcoming difficult circumstances. Interviews and workshops were used to explore resilience and gather feedback, advice and recommendations. These learnings were incorporated into discussion papers and used to guide subsequent planning and conversations. In total, 50 parents and young people participated in Phase Three.

Phase Four intensified the exploration of how the working definition could be put into practice at MCYS. A ‘Dialogue on Resilience’ session was organized and held on Wednesday July 14, 2010 and approximately 50 MCYS staff representing a variety of roles, branches and regions of the province participated. The session promoted interest and engagement with resilience and enabled staff to generate examples, ideas and questions about “resilience in action” at MCYS—now and into the future. This phase concludes with a final
report integrating the learnings from all four phases and offering recommendations for additional knowledge mobilization.

b) Limitations – While the project a) explored and synthesized a great deal of research, knowledge and understanding regarding resilience; b) developed a clear conceptual framework for defining, understanding and promoting resilience; and c) engaged and informed professionals, parents and young people in the process, it is nonetheless important to identify the following project limitations:

1. **Search for resilience knowledge**
   We concentrated the literature search in the explicitly designated area of resilience and used literature reviews, major articles and books by well-known resilience researchers, recent peer-reviewed articles and a search through resilience-oriented web-based materials. We also engaged diverse groups of professionals, parents and young people to serve as additional sources of knowledge, and once again, focussed our discussions on resilience. However, to begin to make real sense of the mechanisms involved in resilience patterns would have meant expanding the literature search to include research on such areas as stress, coping, narrative, gene by environment interaction, etc. Similarly, to begin to make more headway with relevant interventions would have meant expanding in a much broader way into the program evaluation literature. Finally, it takes a great deal of time and concentrated discussion to move beyond ‘scratching the surface’ when it comes to delving into the different aspects of people’s understandings of resilience. Deeper, longer meetings and conversations were needed. These latter approaches were beyond the scope and resources of the current project.

2. **Interview process**
   Using a qualitative approach to gathering input from people within MCYS and from the broader community meant we weren’t looking for sample representativeness, but rather for just enough diversity in outlook and experience so that we could begin to spot and develop relevant themes, gather new ideas, test receptiveness to the working definition, etc. Suggestions for interview participants came from multiple sources, though it is unclear how much sample bias remained. To this end, we interviewed 31 professional key informants and conducted focus groups and workshops with 50 parents and young people. However, even with this small qualitative ‘sample’ we began to see some repetition in themes. Finally, the interviews and groups were conducted by several different people which means we have both the benefits (e.g., experts interviewing people within their own fields of expertise) and the limitations of such an approach (e.g., limited consistency of style and probing across interviews).

3. **Analysis of interviews**
   We gathered a substantial amount of information from individual interviews, focus groups and workshops and had the project been designed to support more formal and extended analysis, we would be able to speak with even more confidence about the emerging themes (though we are not concerned about what we have uncovered). We do have concerns that we may not have adequately represented the urgency of some of the significant threats currently being experienced by some of the young people and parents.

4. **MCYS staff participation**
   MCYS staff who participated in the key informant interviews, on the project advisory committee, and those who attended the *Dialogue on Resilience*, were chosen at the discretion of MCYS, and based on a number of factors including their roles and expertise. Any feedback concerning their experiences (e.g., participating in interviews, meetings and/or the *Dialogue on Resilience* session) was solicited and encouraged informally rather than using more formal means. Because of workload pressures and deadlines, some of the
participants had difficulty reviewing materials in time for their interviews and these challenges were accommodated whenever possible. These kinds of challenges (and others mentioned below) offer insights into the conditions under which MCYS operates in seeking to implement its strategic goals and recommendations for appropriate knowledge mobilization practices and other activities will need to be sensitive to this.

5. Project duration and intra-MCYS needs
The project design used a multi-disciplinary/multi-perspective approach which helped to cross-germinate perspectives and ideas. This approach will also be key to the success of subsequent knowledge mobilization activities. Ongoing planning for the project occurred primarily through meetings and teleconferences with the designated Ministry lead. This approach worked well as it served as a testing ground for this approach and ensured that the project was tuned into the unique culture and learning needs of MCYS. While we were able to participate in some additional inter-branch meetings to support the project and to begin to explore the groundwork for subsequent knowledge mobilization, we would have liked to have been able to support and expand ‘intra-ministerial’ discussions, connections and joint planning to better anchor resilience work at MCYS and better lay the groundwork for subsequent knowledge mobilization.
PART 2: WHAT IS RESILIENCE?

2.1 Initial perspectives – What professionals, parents and young people say

2.2 What the research says – Six things to know

2.1 Initial perspectives – What professionals, parents and young people say

For many of the people who were interviewed and/or participated in discussion sessions and workshops on resilience during the project—professionals, parents and young people alike—the word “resilience” is familiar.

When asked, “What comes to mind?” the vast majority offered comments like “bouncing back” and “overcoming obstacles.” Some remarks centred more on personal characteristics (“bravery”, “strength”, “courage”, “tough”); others focussed more on a ‘positive’ process (“growth”, “light”); and still others on successful results (“positive outcome”, “succeeding”). Their individual comments echoed some of the ways resilience is used in the literature; taken together, the comments reflect the major features of the working definition which is offered shortly. Nevertheless, the vast majority of participants had not really thought very much about resilience prior to their participation in the project.

We’ll start with the notion we heard most often: participants think of resilience as a personality characteristic. For many, this involves individuals having “inherent qualities” or “individual capacity” to deal with challenges. Some participants view resilience as the capacity to deal with “everyday frustrations” or as “everyday developmental resilience.” A few believe that extremely vulnerable children (e.g., those with multiple disabilities or diagnosed with autism spectrum disorder) do not have the capacity for resilience and therefore this concept is irrelevant to them.

Throughout these various discussions, participants recalled people they knew who embodied “stories of resilience.” These were relatives, friends or clients—a variety of people, young and old, who keep going despite “many odds against them.” Some professionals have had experiences with clients who fare “better than expected” and they loosely use the word “resilience” to capture something about why these clients succeed and others fail. An example of such a story is included here.

Several parents agreed that they may not know exactly what resilience is, but they believe that parents who have to advocate for services for a child with mental health challenges, must be resilient. Another talked about “losing” his resilience because of the challenges he continues to face. “The system that is designed to help us is often the thing we end up battling the hardest.”

“A little girl who was 8 or 9 witnessed an adult expose himself in broad daylight on the street. She was not in any direct physical threat. At the same time I was working with a child in the care of CAS, she was removed because mom was a sex worker and she was selling her daughter for years...I was working with these two kids... and the little girl who witnessed a man expose himself, “fell apart”. She was diagnosed with PTSD [post-traumatic stress disorder] and it took a lot of services to help her recover. The other little girl, she did really well, she loved her foster home, school, studying. She could talk very eloquently about what had happened to her. It was in the 1990s, and so I thought about the differences. This girl was attached to her foster parents. The other girl who came from a supportive family...developed a lot of anxiety, separation anxiety, wouldn’t go to school. The two cases were juxtapositioned at the same time – a stark contrast.”
Overall, while there is some implicit recognition that hardship or challenges may be involved, and that some people fare better than expected, only a few participants reported any knowledge of resilience research and approaches. Of those who did, some equated resilience with “strength-based” approaches, some were familiar with the resilience skills training offered by Reaching IN...Reaching OUT and one mentioned attending a presentation by Dr. Michael Ungar, one of the better-known resilience researchers in Canada.

In summary, when we first began asking what resilience meant to people, we learned that it was a familiar term, was generally understood as “bouncing back” or “overcoming obstacles”, and that resilience was typically associated with personality traits of the person involved.

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6 Strength-based approaches or perspectives emerged out of practitioners’ recognition of the limitations of the medical model (which focused on symptoms and disorder). These are built on the notion that people possess various strengths and assets and that these are key to one’s ability to cope with stress and trauma. Instead of diagnosing deficits and prescribing treatment to address them, strengths-based practitioners help clients identify and build on their capacities. Additional information is provided in Appendix B: Vocabulary of Relevant Concepts
2.2 What the research says – Six things to know

1. Where did the notion of resilience come from?

Part of the reason that resilience is familiar may be because the notion has been around for a long time. The English word “resilience” originated in the 16th and 17th centuries, deriving from the verb “resile”, which in turn was drawn from the Latin verb “resilire”, meaning to “jump back, recoil”.

During these early times, “resilience” enjoyed a broad kind of usage, referring loosely both to a property of physical matter (such as “elastic” or “springing” objects) and to personal characteristics (such as “tending to recover quickly or easily from misfortune, shock, illness, or the like; buoyant, irrepressible; adaptable, robust, hardy.”)(Oxford English Dictionary online).

As a concept connected to human development, ‘resilience’ emerged out of a variety of disciplines in the 20th century, including: psychoanalysis, trauma research, psychopathology research, stress research, ecological studies, developmental science, etc.

The key cross-disciplinary starting point of the term’s current meaning derives most clearly from observations of the universal fact that people react very differently to similar adversities—what people sometimes refer to as differential response to adverse life events or circumstances.

As Hill and colleagues7 assert:

“It is this analysis of differentiated responses to adversity that offers something over and above conventional developmental psychology, attachment theory and assessments of children’s needs.”

But of course, that is only the starting place when it comes to discussing resilience.

2. What is resilience?

Despite the views of the majority of people interviewed for the project—be they professionals, parents or young people—resilience is not a personality trait. Resilience is not something that one is born with, and it is not something that one “has” or “doesn’t have.”

Instead, resilience is fundamentally about a pattern of response involving a relationship between two conditions:

• significant threat
• positive adaptation

Over the course of the field’s development, there has been a gradual shift away from considering resilience as simply a characteristic of individuals to a view of resilience as a result of a complex interplay between the individual, family, community, and society.

7 Hill, 2007, p. 2
While resilience is an aspect of overall human development, it is only one part of human development. Resilience is more than possessing strengths or developing well; it essentially requires facing threats, especially those that undermine healthy development.

For example, if a young child is developing normally and excels in school and everyday life, can we say he is exhibiting resilience? What we can say is that he is on a good developmental trajectory or life course pathway or even that he is coping well with the ordinary demands of everyday life— but we cannot say that he is resilient. We can only say he is resilient if adversity strikes and he responds well to that adversity. Now if this same child loses a parent, contracts a severe illness, or experiences some form of abuse—any one of these could be considered a significant threat—and if the child adapts well, then we may be able to say that he is demonstrating resilience.

3. Why is resilience important?

Being resilient is important because it refers to the phenomenon of successfully dealing with significant threats in our lives. Threats in this sense endanger our development, health or happiness and making our way through such threats is vital.

Understanding how one adapts well to threat is equally important because it will allow us to think better about how to make sure that individuals can be assisted to develop abilities and acquire internal and external assets and supports that will help them overcome adversity.

4. Who is resilient?

Are some people just born resilient? Are some people resilient while others are not?

So far we have been building up a picture about resilience that necessarily involves successfully responding to threat. Because it is about a pattern of response, this means that resilience is not something that one is born with, and strictly speaking it is not something that one “is” or even “has” or “doesn’t have.”

With the advent of systems theory (and in particular dynamic systems theory) and the development of ecological perspectives on human development such as put forth by Bronfenbrenner (1979), the literature now views the nature of resilience and human development as essentially involving the complex interaction of many features at all levels of the individual and the environment.

Research indicates that, in general, human beings (along with families and communities) have the capacity to respond well to adversity, but not everyone develops the abilities to do so. Demonstrating resilience isn’t the result of something rare or extraordinary in a person, or restricted to only a few people. Research confirms that the basic abilities that contribute to resilience can be developed through processes found in normal human development. Moreover, the continuing development of these many abilities is what helps us respond well to adversities throughout our lives.
One of the biggest challenges in talking about resilience as a pattern (rather than as a personality characteristic) is that our language inadvertently reinforces the “trait trap.” While the phrase, “Jamar is resilient” is familiar and easy to use, it implies that Jamar has the “resilience trait” and therefore is and will always be resilient. Resilience doesn’t work this way. Unfortunately, phrasing that is more accurate is also often awkward: as in, “Chantal is displaying resilience” or “Maria exhibited resilience when she recovered from her accident last year.”

We’ll borrow from social ecology to try to better explain the distinction.

5. How does social ecology help understand resilience?

This broader notion of resilience as consisting of the interplay between the individual and his world is what is referred to as the “social ecology” of resilience.

Resilience arises when the individual is able to make use of internal (e.g., coping skills, attitude, planning competence) and external resources (e.g., physical necessities, family and social supports, expert interventions, etc.). These external resources, of course, must be accessible, culturally meaningful and relevant (Ungar, 2008).

Looking at Figure 2, we can see that there are multiple levels that are constantly in dynamic interplay with each other (as represented by the permeable borders of each level and the bi-directional arrows). Within the individual there are many ‘internal’ levels not indicated on this diagram — e.g., cognitive, emotional, neurological, endocrinological, genetic levels, etc. These internal levels are also engaged in the multi-level interplay, even with levels well outside the individual.

By introducing a developmental timeline (see the thick arrow at the bottom of Figure 2) we hope to represent that the interplay of the levels constantly changes as the individual moves from infancy to childhood to youth and into adulthood. This also means that interventions can occur at any point or level and still have significant impact.

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8 Using bi-directional arrows and permeable borders can only begin to illustrate the dynamic interplay of multiple levels. Smaller versions of this figure used in the remainder of the report do not include this level of detail due to size limitations.
6. What roles do context, culture and timing play?

While resilience always involves significant threat and positive adaptation, the ways in which threat and positive adaptation are understood and experienced may differ from context to context, from culture to culture, and from individual to individual. Once again, we need to approach resilience in the context of the individual plus the community, culture, and broader environment (as discussed above - see Figure 2).

For example, what some might consider a challenge (being born with partial blindness), others may view as a life-crushing adversity (blindness seen as punishment and a sign of unworthiness). What some cultures might consider a poor outcome for youth (membership in a gang) may be viewed as a sign of personal worth, strength and solidarity by that sub-culture. (This latter example, of course, raises additional issues and questions regarding behaviours that are illegal and/or could put others at risk, as well as about the kinds of overall developmental pathways we need to consider.)

Resilience is also dependent on time and context. Resilience can refer to how well one is navigating through some current adversity (concurrent), how successfully one navigated through some past threat or adversity (retrospective) or the likelihood that one will successfully navigate through threat in the future (prospective). As well, a person may be able to respond with resilience in a particular type of adversity (flood) but not in another (abuse), or at one time in their development (while attending school) but not another (after leaving the care of child welfare), or in certain contexts (with family involvement or without).

Thus far we’ve provided background information designed to address some of the common questions and misconceptions about resilience. Our goal was also to set the stage for providing a definition of resilience that should not only fit with the picture we’ve been developing, but also help demonstrate the essentials of resilience.
PART 3: WORKING DEFINITION

3.1 Working definition
3.2 Components close-up
   a) Significant threat
   b) Successful navigation and positive outcome
3.3 What this means to parents and young people
3.4 What this means to professionals

3.1 Working Definition

We created a working definition by carefully assessing the literature in order to construct a definition that specifically describes resilience (and not human development, strength-based approaches or positive coping skills).  

The definition is presented with three distinct parts highlighted.

Working definition of “resilience”

Resilience is successful navigation through significant threat.

- within the context of individual/cultural definitions and lived experience
- through the interplay of all levels of the individual and the environment, including assets, vulnerabilities, and the threat itself.

9 Again, refer to Appendix B: Vocabulary of Relevant Concepts for additional explanations.
We’ll discuss ‘successful navigation’ and ‘significant threat’ in more detail next, however, it is important to note that the working definition addresses the critical aspects of resilience:

A. The main definition contains the “essentials” of resilience that distinguish it from general human development or strength-based approaches: **significant threat and successful navigation**. It also highlights that resilience involves navigating **through** significant threat, i.e., that resilience is something that **happens**—a dynamic process of navigation.

B. The second part highlights **sensitivity to context**—*the context in which a person lives and one’s perceptions, attempts to make meaning, and ideas about the world*—are all important features of one’s lived experience in successfully navigating through threat.

C. The third part draws attention to **the nature of the mechanisms** involved—the interplay of multiple features contributing to a pattern of adaptation.

**Resilience is variable or constantly in flux**—intimately dependent on:

- the circumstances of our continual development over time,
- the nature and timing of the significant threats that enter each individual life,
- the nature of our ongoing adaptation to those threats and other events in our lives,
- the changing nature of the environment (e.g., social supports, family functioning, etc.) around us.

For example, a person may be resilient to one threat at one time but this does not guarantee that she will be resilient to it at another time. A person may be resilient to a series of threats of one kind, but will not necessarily be resilient to threats of another kind. And, two people of similar personality characteristics will not necessarily be resistant to similar threats.

### 3.2 Components close-up

a) Significant threat

A threat can be understood in several ways—as a probability or likelihood that adverse outcomes will happen, as something which adversely affects the functioning or viability of the person, or as those things that negatively affect a person’s development and/or ability to flourish. In all of these instances, **threat is significant**, not simply the stresses and challenges in daily life or connected to developmental transitions. As well,

- **Threat has a strong temporal dimension**. Threats can be acute or episodic, that is, threats can occur over a very short time (e.g., the loss of a parent or one instance of abuse), or threats can endure (e.g., a chronic illness or growing up with a parent with mental health issues), and over the course of time there may be threats that repeat. The issue of the quantity and quality of threat in a person’s life may be quite difficult to capture accurately. This is especially important if we are trying to understand why people respond differently to threats. For example, are we sure they are not simply responding to different doses of threat?
• **There are different basic kinds of threats.** There is threat in the context of developing or maturing systems where normative development is put at risk and there is threat in the context of mature or developed systems where human flourishing (e.g., happiness, mental health) is put at risk.

• **There is a difference in the source of threats.** There are threats that (1) originate from the ‘outside’ (e.g., natural disasters or abuse) and threats that are (2) internally generated (e.g., risky behaviours resulting from decisions made by a person).

b) Successful navigation and positive outcome

Once again, there are no hard and fast criteria for “successful navigation” or “positive adaptation” or “good outcomes”, though there is likely consensus on the range of things that count. The resilience literature began in part by counting just the lack of symptomatology or pathology as a good (and measurable) outcome from populations dealing with risk. However successful navigation generally encompasses a broader continuum of outcomes, ranging from survival or absence of disorder through to coping and normative development and functioning to growth in exceptional ways at the far positive end. Choice between these can depend on the particulars of each case or sets of cases. As well,

• **Successful navigation has a temporal component.** Researchers encourage us to take a long-term developmental perspective regarding the unfolding of positive adaptation (or successful navigation) in life courses affected by significant threat. As well, age appropriateness of outcomes needs to be considered, just as developmental stage is important in considering the effects of significant threat. Finally, there are no firm rules as to when successful navigation through a threat can be judged to be complete. Such judgments will either depend on context, or need to be bracketed in favour of taking a longer, life-course view on resilience.

• **Successful navigation has contextual/cultural sensitivities.** Ungar (2007, 2008) and other researchers discuss the importance of cultural identification of what counts as positive adaptation or good outcomes, and contend that maladaptation in one context actually can be seen as positive adaptation or resilience in another.

• **Successful navigation has other distinctions** as well. For example, Masten & Wright (2009) point out the distinction between internal versus external adaptation (pp. 218-9), where one has adapted successfully to the external environment after significant threat, but still experiences substantial internal psychological distress. This also becomes a measurement issue concerning the relative importance of subjective well-being/happiness versus external adaptation, i.e., functioning well in the environment (e.g., at school, job).
3.3 What this means to parents and young people

Our strategy of asking participants about their initial responses to the word “resilience” was intended to establish a simple baseline and provide a basis for fostering deeper learning about resilience. Subsequent discussions involved introducing the literature-based working definition and explaining significant threat, successful navigation and positive outcomes—all linked back to the initial ideas offered by participants.

What did parents and young people have to say about the key components of the definition? Were they able to make sense of it? The material to follow reflects their views on significant threat, successful navigation and positive outcome.

a) Significant Threat

Young people in one session agreed that “significant threat” was a good name for capturing the “hard times” and “rock bottom” that many of them experienced. This more focussed “lens” enabled them to identify specific experiences (WHAT was the significant threat?) and facilitated being able to start talking about how and why these experiences were threatening to them (WHAT made this a significant threat? HOW were you threatened?).

The “word cloud” below gives a sample of the significant threats reported by a group of youth from different regions of the province who are (or were previously) in the care of child welfare:

10 Courtesy of wordle.net, the word cloud gives greater prominence to the words that appear more frequently in the list of significant threats generated by the young people. Using a word cloud was proposed by one of the young people involved in this project.
A different group, youth living in the Weston-Mt. Dennis area of Toronto, focused their comments in just a few areas identifying negative interactions with police as the most significant threat in their lives, followed by other kinds of examples:

**Police hassleing you**

Pregnancy, Financial, Staying in school, Dealing with your partner, Stress, Bullying, Having my son

First Nations parents of children involved in a range of intervention and support services in Thunder Bay described the significant adversities in their lives—while they were growing up and/or as adults and parents now:

- Raising my kids with my own addiction problem
- I walked out of a toxic relationship
- The loss of my two older children to CAS, they live with their father now and my dad left when I was small
- A drug addiction, lose my kids, no family there for me, deal with it alone
- Being single, a widowed mother of three, helping them, it’s been a long 18 years
- Alcoholism, growing up with it
- My life has been a long hard road, parents drinking, left alone to look after my siblings, hungry, residential school and sexual abuse there
Parents living in southern Ontario whose children have mental health challenges spoke about the threats in their children’s lives:

- My son wasn’t coping anywhere in his life and we had no more options.
- In my daughter’s case, she was ready to die.
- My son tried to commit suicide.

These parents also spoke about their own challenges in coping with the circumstances—many describing themselves as reaching “rock bottom” and experiencing “loss of hope.” “The burden is all on us,” one parent said.

How significant threat affected parents and young people was more difficult to explore. Some, however, were able to paint clear pictures of how they were affected. One youth reported how being “hassled by police” made him feel:

“They violate you. They are violating everything – personal space, your rights. Makes you feel uncomfortable, not like a person. Makes you feel like an animal. Like you’re being watched at everything you do. You can’t go outside...when you know you’re going to be hassled. You can’t just catch some sunlight.”

Other young people and parents described profound states of ‘being alone’ with their problems:

- “Not having support...basically left me doing everything on my own”
- “Left stranded”
- “You’re just forced to come to the realization that this is what life is.”
- “At one point in my life I was very distant, hurt, angry at everyone and anyone...”
- “We’re falling apart on the inside, but we can’t risk telling anyone because we are being judged as parents.”

Apart from any discomfort that accompanies talking about difficult and overwhelming circumstances, parents and youth readily understood and were able to offer very clear examples of the significant threats they experienced.
b) Successful navigation

It is difficult to imagine finding one’s way through the significant threats identified by the parents and young people and yet many of them were able to talk about how they did. This portion often generated a great deal of discussion and while each person may have offered specific comments, many of the participants recognized and validated each other’s views. A range of factors and experiences were identified:

How do you navigate significant threat? Young people said:

- Mind over matter…I’ve had to focus on my success.
- I’ve almost had to step over it and make myself go towards my success.
- Setting goals. Having self-pride. Reading a lot to get an idea of how to conquer your problems.
- Having a role model or someone who supports you because you want to make them proud.
- Helping people…giving them that positive, ‘I’m there for you’ kind of thing. You’re giving them what you never had.
- Friends – when I face a hard time in my life, I talk to my friends and get their ideas. Being able to ask for help and take their advice.
- I came to Victory, I wrote my story, and it got published so that is me showing resilience. I want my story out there and I want people to know what happened to me…you start to make a connection with people and you share your story with others.
- My son – he motivates me. Because I want him to have a better life than I had and that is what keeps me going.
- It really does help if you can find a mentor, someone to look up to.
- This group. Everyone is so willing to listen to each other. Even though they are not the same stories, they are all around the same topic. I think that’s why everyone is so much closer. We’re on the road together. (Youth Policy Advisory and Advocacy Group)
- Focusing on graduating…attaining honours, having support of my foster family, my other family, Children’s Aid.
- Taking an experience that you’ve had or you’ve watched somebody else’s experience and learn from them.
- Individuals in my life – learning from people. Being inspired by them.
- Music is really big for me. You can always learn something. It drives me to focus and explore. I think if I can do music, I can do what I want to do. I want to teach.
- Being positive. I get happy making other people happy. Sports keeps me from kind of facing these hard times.
- Sports. Definitely sports.
- My nana always expected me to graduate and go to university.
- Everybody finds different outlets—not necessarily categories—just that everybody finds different ways...hopefully positive.
How do you navigate significant threat?  Parents said:

- Never giving up hope.
- What kept me going was my children.
- Persevere and keep your head up.
- My family helped me, the treatment centre and talking to a counselor.
- The eagle makes me feel strong and at peace with myself. It makes me think of my life and how I pulled myself out of the rut I was in, and spread my wings.
- Overcoming yourself.
- I had to forgive myself and others, to be a role model for my daughter.
- Love.
- Meeting other parents and talking to other parents and “knowing that I’m not the only one.”
- When you’re seeing progress.
- Information and being able to talk to other parents makes me a “much more powerful advocate.”
- I stay away from negative influences, those that are not real friends, they just wanted me there to support their habit – I did it for my kids, show them love.
- I wanted to break that cycle, I know how that feels.
- Parenting groups, elders, family, books, treatment centres for kids too…me wanting and needing it and asking for help.
- I had a dream. I was by myself in a cabin, very scared and lonely…door flew open and a white wolf came in and stood near me. I felt calm and come bedtime he laid down by my side of the bed. All my feelings of anger, etc. left me, had a peaceful sleep. The wolf came to me for a reason.
The many responses reflect different factors operating on interconnecting levels and can be organized into ecological domains—three are featured in Figure 3 below.

![Figure 3](image)

**Community**: connections, the “right” programs – professional assessment/counselling, individualized service, peer support, discussion groups, activities (sports, volunteering), helping people, connection to cultural traditions, spiritual practices

**Family/Relationships**: connections, unconditional friendships, stability/continuity, having family support, having family structure, relationships with adults, tough love from family, activities (sports, volunteering), inspiring individuals, mentors, caring for someone/something else

**Individual**: boundary setting, acceptance, focus on the positive/success, self-image/internal drive, following interests, self-awareness, learning from experience, personality, finding meaning in life, spirituality

### c) Positive Outcomes

It is hard to imagine that there can be any positive outcomes to some of the significant threats described. And, yet, once again, many of the participants told stories of successfully navigating through those threats; others are ongoing challenges.

The many responses exemplify the breadth of variation in defining “positive outcome.” One youth described how she grew up being labeled “at-risk” (in her case, growing up with a single parent in subsidized housing in one of Toronto’s thirteen “priority” neighbourhoods). She counts graduating high school and college as a positive outcome. Another youth living in the same area describes channeling his aggression into poetry as a positive outcome. He asserts that given his history of violence and involvement with police, his engagement in pro-social media and writing activities is evidence of his success.

Some First Nations parents reported feelings of “happiness”, “accomplishment”, “confidence”, “pride in what you do” and “not feeling afraid anymore” as signs that they had achieved positive outcomes.

Others described achieving goals: “Family is together, kids are all under one roof” and “You can help somebody else now, you can guide others going through similar situations.”
While many of these later examples reflect the long view of resilience—navigating through significant threats over the course of many years—parents whose children have mental health challenges right now identified any “major success” (or even “periods of calm”) as a positive outcome. One parent described success as a “period of normalcy” and said that the most she can hope for is “connected periods of normalcy” in order to replenish herself for the next crisis. For these parents, finding the right service or professional, successfully managing a child’s violent outburst, or supporting a daughter to start her first job—were all evidence of positive outcomes.

In summary, the literature-based working definition of resilience enabled parents and young people to provide concrete examples of each of the components. The importance of forgiveness and spirit animals for some of the First Nations parents powerfully illustrates how culture influences experiences, understanding and navigation. Some participants identified “faith” and the encouragement of spiritual leaders and members of their faith communities as helping to keep them going. While there are many commonalities, the breadth of the examples speaks to the unique ways in which individuals understand their experiences and the unique combination of strategies they use to navigate through significant threats. Taken together, a combination of assets and resources at the individual, family and community levels were reported most often in terms of what facilitates successful navigation.

3.4 What this means to professionals

All professionals interviewed for the project were asked to read a short report describing the history, issues and working definition before their interview. This gave participants an opportunity to reflect on the material in advance. During the interviews, professionals offered a range of responses to the working definition. For many, the definition offered a new way of understanding resilience; for a few, it confirmed what they already knew.

a) “Informed views” on resilience

Responses reflected the following themes:

**Changed my view of resilience** – Professionals reported that the working definition changed their view from understanding resilience as a trait in individuals to beginning to understand resilience as a dynamic pattern.

**Fit with my understanding** – Some professionals confirmed that the working definition matched their understanding, although there was still a tendency for some in this group in the course of discussion to return unconsciously to the notion of resilience as a trait.

**Expanded my view** – Many commented that they now had a much richer understanding and provided examples of concepts that broadened and/or deepened their understanding: e.g., role and nature of significant threat, importance of temporality, varied nature of navigation, importance of individual and cultural meaning, etc.

**Implicit in what I do** – Professionals reported that resilience is implicitly embedded in the work they do—whether it is fostering early child development or using “strength-based approaches” to counsel a youth on probation—they reported that aspects of their work reflect resilience approaches.

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11 This document, Resilience in 10 Key Questions and Answers, is available in Appendix C.
Others view resilience as a trait – Professionals commented that while they may now have a better understanding, their colleagues and other professionals view resilience as a “trait” suggesting that “trait thinking” is still dominant in their fields.

Once again, during the interviews and subsequent discussions, we recognized that we don’t yet have adequate language and phrases to facilitate using the newer understanding of resilience reflected in the working definition.

b) Significant threats

Two separate means were used to solicit professional views on significant threat—individual interviews and an interactive group session (Dialogue on Resilience) organized for MCYS staff.

Professionals provided a range of examples, drawing from their personal and professional lives, citing experiences similar to those offered by parents and youth:

- Impact of divorce on mother and children
- Loss of parent
- Mentally ill parent
- Violence in relationship/toxic relationships; removal of children
- Parents with drug addictions
- Chronic illness and persistent uncertainty about quality of life
- Baby born with Down’s Syndrome in culture with no institutional supports
- Death of parents, close family members
- “Coming Out” to your family, friends, or peers at school
- Unemployment/career changes/geographic moves
- Receiving a custodial sentence, taking you away from your ‘normal’ life
- Suffering the loss of a friend through suicide
- Living in extreme (geographical) isolation
When asked to describe what impact the significant threat has, once again the responses provided by professionals echoed and expanded on those of the parents and youth:

- Threat to sense of self, internalized negative view, limited view of abilities, challenge to self-confidence/aspiration, uncertainty, stigma, losing joy, giving up faith, in turmoil
- Fosters fear and avoidance of others
- Loss of connections and support, cut off from opportunities, possibilities
- Inability to cope, feeling like you can’t get out of it
- Needs not being met

Some participants also provided examples that fit better under “everyday” as opposed to “significant” stress. One cited a recent office move and another described the challenges of a career change. Both of these examples sit more comfortably with ‘stress’—events and challenges that are more often associated with career development and life transitions.

c) Successful navigation

We solicited professional views on successful navigation through the interviews and the Dialogue on Resilience session. Once again, professionals offered examples reminiscent of those offered by the parents and youth. Figure 4 below shows these examples organized primarily along two of the ecological domains:

In summary, using the literature-based working definition of resilience as a basis for discussion enabled professionals to provide concrete examples of each of the components of the working definition. Importantly, soliciting ideas, examples and questions about the concepts during the interviews and the interactive session was critical to facilitating learning. It’s not just that they were provided with concepts; it’s that they were engaged in facilitated discussions about them. Several professionals noted that they work in a “paper” setting and referred to memos and emails as the primary way in which they receive information. The interactive, person-to-person, discussion-based way of learning about resilience and the working definition in particular, was described several times as “refreshing” and “stimulating.”
PART 4: HOW TO PROMOTE RESILIENCE

4.1 Reduce significant threat
4.2 Support human development
4.3 Support assets and protective factors

When we think about outlining possible ways forward for promoting resilience, it is important to recall some of the fundamentals of the science of human development. This science understands and examines human development in an ecological setting, views human beings as ‘dynamic adaptive systems’; focuses on interdependence within levels and across all levels and views causality in bi-directional terms. Once again, Figure 5 depicts with more detail how these levels—ranging from the environment to the individual—always affect and are affected by each other.

The science of resilience also adds to this understanding. In particular, this science examines the nature of the mechanisms that create resilience patterns, and uncovers the relationships between various features of ecology, the nature of significant threats, and the range of positive outcomes experienced by people.

Using a social ecology framework enables us to understand how people navigate through significant threat, within the context of human development, and provides us with a framework for identifying possible ways forward (i.e., policies, services, programs) for promoting resilience patterns in people’s lives.

In other words, if we want to support infants, children, youth and families to demonstrate resilience by successfully navigating through significant threats, what shall we do? In this section, we suggest three pathways that can be taken.

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12 See for example Fogel, King, & Shanker, 2008.
13 See for example Cicchetti & Rogosh, 2009; Curtis & Cicchetti, 2007.
4.1 Reduce significant threat

This pathway focuses on using **policy, program and practice interventions to reduce or eliminate significant threat** in the lives of infants, children and youth, thus diminishing the need for particular supports.\(^{14}\)

How can this be done? Intervening in any of the following, for example, will reduce or eliminate significant threats currently being experienced by some infants, children and youth:

- increase supportive housing
- increase availability of nutritious food/nutrition information
- reduce parental addictions and mental illness
- reduce maternal depression
- reduce prenatal risks
- reduce bullying
- reduce child maltreatment
- reduce domestic violence/increase supports for victims
- reduce/eliminate “system-based” threats (e.g., “aging out of care” issues)
- increase family supports

Changes to legislation, regulations and/or policies could mean that some of the significant threats connected to inadequate housing or maternal depression, for example, are reduced. Similarly, reducing “system-based” threats such as eliminating or changing “aging out” criteria will reduce the threats currently being experienced by youth as they approach their 18th and 21st birthdays (see **Figure 6**).

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\(^{14}\) Strictly speaking, this approach steps out of a resilience framework in which the presence of a significant threat is criterional (i.e., by eliminating the threats themselves the resilience pattern itself will also be eliminated).
4.2 Support human development

This pathway focuses on using policy, program and practice interventions to support positive human development particularly in the following areas:

- Attachment relationships
- Agency and mastery motivation systems
- Executive functioning and problem solving
- Self-regulation (emotion/behaviour)
- Meaning making (optimism, hope, faith)

Anne Masten’s review of the resilience research finds that several fundamental developmental features such as attachment relationships, agency and mastery motivation systems, executive functioning, etc. are associated with the pattern of resilience.\(^{15}\) That is, those children and youth who have developed these features well in their life course tend to successfully navigate through significant threats when they occur, and those children and youth for whom these features have not developed well show less successful navigation in similar adverse circumstances.

The overall premise behind this kind of basic developmental support work is that strengthening parenting and healthy family functioning, for example, supports strong infants, children and youth.\(^{16}\) James Garbarino observes, “Families are the central micro system, the headquarters of human development.”\(^{17}\) And, recall from an earlier section of this report the youth participants identifying that “being the parent of your parent” and “not having a full functional family” were some of the significant threats they experienced.

Thus designing interventions that support normal and strong development of these features – desirable in its own right – will have the effect that more children and youth (and adults) will show resilience, i.e., navigate successfully through significant threat, when threat occurs.

Parents with infants and young children, for example, could be supported to promote the optimal development of their children through individualized parenting programs. These could be offered at the community level to support individual and family relationships (see Figure 7) in order to strengthen such features as self-regulation and attachment relationships.

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\(^{15}\) Masten & Wright, 2009.

\(^{16}\) Of course this important developmental work can also happen outside of the family system, e.g., in schools, in early childhood learning centres, in specialized treatment agencies, etc.

\(^{17}\) Garbarino, 1992. p. 72
Furthermore, interventions to support optimal development, even those identified and offered after these features would normally have developed, can have a remedial effect and similarly support children and youths’ abilities to navigate through threat.

### 4.3 Support assets and protective factors

This pathway focuses on **interventions supporting infants, children, and youth to successfully navigate through times of significant threat** (or those at risk for significant threat). These interventions include:

- **Policies that**
  - support human development
  - promote health, not just remediation
  - “normalize” versus “institutionalize”
  - recognize and support “strengths,” as opposed to deficits, of children, youth and families
  - support and strengthen families
  - promote parent education and awareness
  - promote family re-connection

- **Range of services, supports, opportunities that**
  - respond to individual child and family needs - “we ask for water, we get bread”
  - provide concrete supports (e.g., financial) through to skill development
  - provide support during all “transition” times in human development, not just in early childhood
  - offer longer term interventions, instead of one-shot brief support
  - ensure professional services are accessible and culturally appropriate – “CBT versus a rifle range” for First Nations youth
  - support mental health, not just mental illness services
  - provide supports to a broader range of families, not just those traditionally viewed as “at-risk”—universal as well as targeted approaches are necessary
  - offer mentoring – “second-chance attachments”
  - create conditions to “have a voice” and use personal experience to help others
  - encourage volunteering – enable young people to feel useful, busy, find meaning
  - promote education, prevention and intervention (continuum)

- **Range of peer support programs for parents and young people that**
  - reduce isolation, build trust, provide “natural help,” facilitate advocacy and empower participants

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18 Of course, supporting human development, as described in the previous pathway, also promotes the development of assets and protective factors. The focus in this pathway, however, is on strengthening supports for those either experiencing – or at risk for – significant threat.

19 CBT refers to “cognitive behavioural therapy” and the point being made here is that this kind of professional intervention might not be appropriate. Rather, services developed and delivered *hand-in-hand* with communities would ensure cultural appropriateness and relevance.
These supports, in particular, exist mainly at the community and society levels (see Figure 8—all these levels help infants, children and youth navigate through significant threat). Thus we can, for example, provide particular kinds of cognitive and skills “promotion/prevention” training to children and youth to equip them to deal better with the significant threats in their lives. Similarly, parents can be supported and trained to model and pass these skills along to their children enabling whole families to better navigate significant threat.

As well, as Michael Rutter suggests, we can offer supports focused on reducing the impact of significant threats\textsuperscript{20} because they can:

- reduce negative chain reactions of maladaptive coping
- neutralize negative experiences (e.g., by introducing counteracting positive experiences)
- support understanding and meaning making about these experiences

In summary, how do we promote resilience? Reducing significant threat, supporting human development and supporting assets and protective factors offer three general pathways that can be taken. Policy and program interventions at the ‘society’ and ‘community’ levels, for example, can reduce some of the significant threats being experienced; other interventions can be used to promote human development by strengthening family functioning in order to minimize the occurrence of significant threats. Finally, interventions designed to support assets and protective factors can be used to support children, youth and families to navigate through times of significant threats.

\textsuperscript{20} Rutter, 1999.
PART 5: TURNING RESILIENCE KNOWLEDGE INTO ACTION

5.1 Introduction to knowledge mobilization and exchange (KME)

“Knowledge Mobilization...is a suite of services that enhances the two-way connection between researchers and research users so that research and evidence can inform decisions about public policy and professional practice. Knowledge mobilization encompasses methods of knowledge transfer, translation and exchange and extends them to include the co-production of knowledge. Knowledge mobilization turns research into action.” (Research Impact, 2010)

While ‘knowledge mobilization and exchange’ (KME) goes by a number of names and encompasses a range of methods and strategies, its overall goal is to close the gap between knowledge and practice. For the purpose at hand, KME involves taking what we’ve learned about resilience and exploring ways for MCYS to put this knowledge into practice. For example, we found that resilience always involves significant threat and positive adaptation. We’ve also learned that there are three general pathways that can guide us forward in promoting resilience—reducing significant threat, supporting human development and supporting assets and protective factors. Now we move to consider which steps will be most useful and what conditions and supports will help to move this knowledge into practice at MCYS. For example, we’ve already seen that using interviews, meetings and workshops with a variety of individuals and groups yields critical information about the ways in which people think about and understand resilience, as well as providing space for individuals to develop and deepen their understanding of resilience. In fact, these tactics (and others to be discussed shortly) are central to KME.

As noted in the preamble of this report, one of the first KME steps taken at MCYS concerning resilience was to undertake this ‘Resilience Research Synthesis Review Project’ in order to build understanding and begin to determine how this improved understanding might be put into action to support the Ministry’s strategic goal, “every child and youth is resilient.” To this end, the project has involved locating, assessing, synthesizing and communicating the best understanding about resilience and, as a final step, will offer recommendations for subsequent KME at MCYS (see Appendix D). While the project did not undertake a comprehensive study of KME features or the conditions that would promote relevant knowledge mobilization activities, it did explore some of these aspects. Overall, KME is about supporting people to obtain, share, build, and use information, knowledge and skills. In this case, the purpose is to support MCYS staff to be engaged in active learning about resilience and building the capacity for action on resilience at MCYS. In short, a time-limited project can only “prepare the soil” in this regard.

21 “Knowledge mobilization and exchange” is the relevant term of choice used at MCYS. Other organizations use terms like “knowledge mobilization”, “knowledge exchange and transfer”, “knowledge translation”, etc., to name the range of relevant activities.
5.2 KME strategies used during the project

One of the overall goals was to help MCYS develop a common language about resilience and an understanding regarding what resilience is and how it can be promoted. This is no simple task given the complexity of resilience, the range of ways in which KME can be understood and used and the structure and mandate of MCYS. For example, MCYS includes a large number of staff, working in diverse branches, addressing a range of issues, across different populations, in all regions of the province, at a range of levels, with different knowledge needs and uses.

As well, MCYS staff relate to a variety of professionals (e.g., community-based service providers, researchers, etc.) and of course, to individuals and families involved in MCYS funded services, so it was important to explore the views of these groups as well. For example, parents’ and young people’s firsthand experiences of significant threat helped to ground resilience knowledge.

The following KME activities were used to begin to determine what may be useful in supporting KME related to resilience at MCYS:

- Synthesizing and reporting what the research says about resilience
- Investigating and analyzing what the research might mean to MCYS staff and their work
- Creating and testing a research literature-based working definition
- Gathering knowledge from sources beyond the scientific literature—interviewing and meeting with researchers, professionals, parents, young people
- Exploring how different sources of knowledge can expand and support understanding – soliciting thoughts, ideas and recommendations
- Integrating feedback, expanding knowledge, refining ideas, modifying communications and materials (e.g., the working definition, language, examples, ideas for moving forward, etc.)

Throughout the project, approximately 70 MCYS staff participated in one or more of the following: planning meetings, key informant interviews, team discussions, and a large group dialogue session. As well, 20 community professionals and academic researchers and 50 parents and young people participated in key informant interviews and/or workshops about resilience. Throughout these activities, many examples, ideas and suggestions were offered and the material (beyond what has already been included in earlier sections) is summarized and presented below. Participants reported they valued the opportunity to contribute their views. Importantly, several MCYS staff commented how refreshing it was to engage in this kind of dialogue about their work.

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22 Participating professionals received written materials and questions in advance of their interviews and/or participation in the large Dialogue on Resilience session. Questions explored understanding and included for example, “What do you understand differently now?” “Share a story of resilience.” “What was the significant threat and why?” “What contributed to successful navigation?” “Which MCYS policies, sectors, services and programs currently address resilience in some way?” “What’s already working well...why do you think that is?” “What should the next steps be?” etc. Brief verbal presentations, visuals and facilitated Q & As were used with parents and young people who participated in the workshops. Additional information including interview protocols and questions can be obtained from RIRO.
5.3 Resilience knowledge at MCYS and beyond

Where possible, we will identify which group or groups made the comments yielding the following themes:

1. **MCYS staff are in the ‘early learning’ stages regarding resilience.**
   MCYS staff who participated in the project may now have been exposed to more resilience knowledge than most professionals working outside of the Ministry, in many related fields. Written materials synthesizing knowledge and focused discussions were used to explore understanding, answer questions and identify additional learning needs. Being exposed to resilience knowledge, however, doesn’t mean that someone necessarily understands, endorses and/or has opportunities and support to put this knowledge into action. As we’ve seen, resilience can be a “fuzzy” construct, subject to persistent personal views. Understanding resilience means understanding the science of human development and the science of resilience and this takes time, interest, energy and a work environment that supports this learning and provides opportunities to put it into practice.

2. **Resilience may be poorly understood within the broader community.**
   While MCYS participants may be well-positioned to build on their learning, many professionals interviewed outside of MCYS—apart from selected child development experts—confirmed that much of the material shared was new to them and/or expanded their understanding. This suggests that other community-based practitioners and researchers—without specific and focused exposure to resilience knowledge—likely have a limited understanding and generally would be expected to fall prey to the same misconceptions as others. This means that, in going forward, MCYS will need to consider how its work will be understood and/or supported by other professionals, researchers and community stakeholders.

3. **MCYS staff are already engaged in promoting resilience but may not be aware of doing so.**
   Virtually any service or program that has the aim of supporting human development or of supporting individuals and families through difficult times can quite reasonably be seen to have some kind of orientation towards resilience. Many MCYS programs satisfy these criteria; however it was difficult for staff to readily identify how their work supported resilience, apart from simply naming various programs and services. For example, Nishnawbe Aski Nation Youth Resiliency Program, supported by MCYS, was identified by two staff as an MCYS program which explicitly promotes resilience, but other staff may not be aware of it. As well, for example, some MCYS staff (and/or branches) may not be aware of the universal and targeted programs which support early child development; and it’s possible that the latter groups may not be aware of the strength-based approaches being used in other areas. Increased information sharing and discussions would facilitate intra-ministerial knowledge and skills exchange. Materials and checklists describing the three pathways’ for promoting resilience could be used to deepen understanding and clarify exactly which services promote resilience and how. For example, protection services (e.g., Children’s Aid societies, adoption services) can be seen to reduce significant threat; early child development strategies/services (e.g., Best Start programs, Ontario Early Years Centres, attachment-based and life skills-building programs) support human development; and special needs services (e.g., services for children with autism, mental health challenges, multiple disabilities, etc.) can be seen to support assets and protective factors.
4. **Uncertainty regarding which “MCYS” programs and services support resilience.**
Participants outside of MCYS —community professionals, researchers, parents and young people— identified the services they knew which they believed supported resilience—but were not always certain whether the services were necessarily operated by, funded wholly or in part by, or operated completely independent of, MCYS. Once again, participants tended to mention what first came to mind rather than using any kind of formal criteria to explain their suggestions. Participants also identified ways in which services could better support resilience and these ideas are offered in the next section.

5. **Better understanding of human development is needed**
Across many of the groups, participants saw the need to increase everyone’s understanding of “science”, whether that of human development, resilience, early childhood development, etc. and offered thoughts and ideas:

- “Science moves these things forward – and if we want to build resilience in kids we really need to invest in the science of resilience. We know a little bit, but we don’t know very much. It’s absolutely crucial that we do studies to provide the evidence we need to make decisions.”
- “More dialogue/conversations with people (researchers) who understand human development.”
- “Build on expertise of the people and agencies we work with.”

6. **Better understanding of policies and program features that promote resilience needed**
MCYS staff expressed interest in learning more about which policies and programs promote resilience and how (“How would we know if we were doing it right?”). Staff involved in direct service wondered what tools could support this work; others wondered how MCYS would be able to demonstrate success in strengthening resilience when it is a difficult construct to measure.

- “We have to get a good handle on what are the obstacles and threats and then we have a better chance of developing the right intervention.”
- “There needs to be a background of understanding in whatever work that you’re doing to be able to implement ...”

In summary, this section provided information about ‘resilience knowledge’ at MCYS and beyond. As noted, MCYS staff are engaged in learning about resilience and despite the challenges associated with understanding and supporting resilience, they are well-positioned to advance that knowledge with the aid of a variety of supports and methods, detailed in Appendix D.

5.4 **Ideas for action by MCYS staff, community professionals, parents and young people**
In addition to soliciting views on resilience, as well as the knowledge needs and programs which may already support resilience, we asked how else MCYS could promote resilience through its policies, programs and services. We heard a variety of comments, many of which could be grouped as follows:

1. **Services attuned to human development and transitions**
Parents and young people identified that being able to use ‘the right services at the right time’ promoted their resilience. They also noted that services that restrict access to particular ages or specific ‘problems’ add to their challenges. Parents report that the challenges involved in finding professionals and services offering the expertise and type of support they need in order to help their children, adds to the significant threats already being experienced. One parent suggested that every family needs, “one
‘go-to’ person who knows how to navigate the system.” Young people involved with child welfare for example reported that losing services and support as they transition into adulthood causes significant threat. Other professionals’ comments supported this view and one observed:

- “The new brain development research says that the brain does not stop developing until about age 25 and it is the executive functions that are developing—decision making, problem solving. Therefore, services and programming for transitional age youth (18-24) are needed.”

2. More individualized and flexible approaches
As well, parents and young people spoke about how flexibility on the part of professionals and services supported them through difficult times. Professionals that “reached out” or “went the extra mile” provided important human connection. Young people who choose to ‘leave’ care, for example, want to be able to return if they discover they can’t manage completely on their own. Many comments echoed the need for increased flexibility:

- “Ability to ‘choose’/‘select’, based on facilitator, program needed”
- “Bend certain rules to help youth”
- “Flexible access to services”
- “One of the ways to promote resilience is to use the flexibility attached to being a Probation Officer—understand the young person’s behaviour in a different kind of context.”

3. Variety of “family supportive” services
Community-based participants including professionals, researchers, parents and young people identified a range of programs and/or commented on how particular program features strengthen resilience by supporting families and young people, particularly those in crisis and/or in transition:

- “...a very powerful program working with parents to help them understand and promote communication”
- “...can help in the face of divorce especially in high-conflict divorce situations. Adjusting to the new family structure, promoting healthy visiting arrangements, helping divorced parents co-parent with the interests of their children upper most in their minds, are all important aspects of mitigating the threat of family dissolution.”
- “programs where at risk mothers whose children are in care can get services to deal with mental health and addictions issues. These open up the possibility for reunification or at least sustaining mother-child relationships even if the children remain in care.”

4. Inter/intra-ministerial and community partnerships and coordination
Professionals working both inside and outside MCYS identified the importance of actively partnering and collaborating to advance efforts to support resilience:

- “Different agencies have different goals and they should be creating better collaboration so that the youth feel better supported because they’ll know everyone is working together to help them.”
- “Better co-ordination and collaboration inter- and intra-ministerially and between different systems/organizations”
- “Partnerships between Ministry, researchers, community leaders, parents and youth”
5. **Build on existing programs, policies, and practice - taking a more ‘positive’ approach**

Various participants reported that it wasn’t necessary to add new services, but rather, MCYS could modify existing approaches by incorporating more of an overall ‘positive’ orientation (seeing children and youth “at promise” rather than “at-risk”), using more positive approaches (e.g., strength-based) and by more actively involving parents and young people:

- “Strengthening and redesigning the assessment tool the Probation Officers use so that they can get to know their clients and their needs. These tools should also focus on strengths and existing skills as well as risks and needs.”
- “Ministry that aspires to seeing young people as full of potential…”
- “Collaborative and reciprocal approach to working with parents: to be allowed to be very much a part of the decision making even if their child is in a group home.”

6. **Support and build on school-based efforts**

Although participants were aware that the project was being undertaken for MCYS, nevertheless many stressed the importance of supporting and building on work being done in schools. Full-day early learning-kindergarten programs, literacy programs, and involving school counselors as well as other supports to help children and youth stay in school, were mentioned. One participant, referring to the new full-day kindergarten curriculum, noted that “*self-regulation is embedded right throughout [that document] ... the whole link between social-emotional development and learning.*”

7. **Meaningful engagement for young people, parents and communities**

Across all groups, participants stressed the importance of *including and involving* young people and families in service planning and delivery for a range of reasons: empowerment, inclusion, entitlement, accountability (“*Do what you need to do to make me a successful adult. Put the money into resources.*”), more responsive services (“*The Ministry should get together with everyone after the report comes out and ask us what we think.*”), validating competencies, helping others, etc. Young people and parents who participate in peer support groups remarked on how important peer support is (“*These people have been through what you’ve been through, so they support you*”) and yet they have largely had to seek these contacts and relationships outside of formal services. Professional comments focused more often on empowering parents and young people as “clients”:

- “Help clients have voice”
- “Families need to be involved in working with the youth and case planning”

With respect to First Nations communities, one professional expressed the hope that MCYS would ‘actively partner’ with First Nations communities in order to develop approaches grounded in cultural beliefs and practices.

8. **Public education and skills building for children, youth and families**

This was a common theme from many participants. Public awareness and training for parents and families was seen as key in promoting resilience. Several participants mentioned the training they had received from Reaching IN…Reaching Out and how they continue to use the resilience-supporting skills to manage challenges. Others mentioned:

- “Public forums, multi-agency meetings to discuss resilience”
- “Parent education programs on resiliency—through peer support, professional input and mentoring”
In summary, this section provided an introduction to KME and in particular the strategies used during this project to support participant learning about resilience. Interviews, meetings and workshops were used to explore and deepen understanding. Participants were also invited to think about how that learning could be put into action at MCYS. Interestingly, many of the suggestions summarized above continue to echo and reinforce the other MCYS strategic goals. Finally, it is important to recognize that resilience KME at MCYS has already begun. This project provided some indication of the approaches that may be useful in continuing to build understanding and capacity for action on resilience at MCYS. We offer recommendations for additional KME in Appendix D.
PART 6: MEASURING RESILIENCE

6.1 Conceptual issues associated with measuring resilience
6.2 Issues associated with resiliency measures
6.3 Working definition - measurement issues and possible directions
6.4 Implications

6.1 Conceptual issues associated with measuring resilience

Many thorny issues face researchers and others who wish to measure human resilience. One of the biggest issues, as alluded to in previous sections, is defining resilience so it can be measured. Most definitions of resilience in the field are either very general, or there is hazy operationalization of terms that make it difficult to create useful measures. Among other issues, the following certainly have contributed to the scarcity of well-tested measures in this field, especially for children and youth.

- Resilience concerns the relation between two distinct items – threat and outcome – the measure of both, as well as the link between, are integral in measuring ‘resilience.’

- Resilience is not a unitary concept or entity. It is multifaceted and includes multiple domains within individuals as well as the interplay at multiple levels, i.e., individual, family, community and society.

- Resilience is defined in different ways by various cultures—although certain general features of resilience may cut across all cultures, other features may vary from culture to culture. So how do we measure resilience? Cross cultural projects involving countries across the globe are beginning to elucidate these similarities and differences.

- Resilience is time sensitive. When does one start showing resilience after facing threats? How long should one wait to measure response to significant threat? Several resilience researchers suggest that a developmental or life-long perspective be taken to study resilience. While helpful in some ways, it is discouraging from the point of view of measurement (i.e., in the extreme, we can’t know if a person has been “resilient” until we see fuller narratives of that life).

- Resilience can and has been measured concurrently, retrospectively and even prospectively in regard to response to threat. All of these approaches will provide a different picture of resilience and may be useful depending on the questions asked, but they increase the complexity and confusion in the field.

- Resilience is context sensitive – a person may show resilience in one context (natural disaster) but not in another (family violence). So can we say that person is “resilient”? Variables mentioned in the literature are often associated with resilience in a certain context or in relation to a type of threat, yet these characteristics/attributes are blended together from many studies on a range of adversities.

- Even within individuals, resilience is multi-dimensional. A person can demonstrate “resilience” in one domain of life (academics) and not in another (intimate relationships). It may be that we need to speak

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23 This section and the compendium of resiliency measures in Appendix E will not address two standardized screening and outcome tools (the CAFAS & BCFPI) being utilized by many Ontario organizations serving children and youth with mental health problems because of the focus on risk in these tools (as opposed to a resilience or strengths focus), as well as the voluntary adoption of these tools by organizations and attendant implications for the sampling process.
of and measure (aspects of) resilience in specific domains. The issue of “apparent” resilience also enters here, “where [a person’s] outer functioning seems satisfactory, but there is ongoing inner distress.” (Hill et al. 2007, p.36)

- Resilience is affected by internal and external views (i.e., individual, family and cultural) about an adversity and the individual’s response to it. So how do we determine what threat and resilience are in this context and how should we go about it? Traditionally, risk/threat has been viewed through the probabilistic lens of the larger society as to what constitutes a threat and what is a resilient response as opposed to a more individualistic approach that considers meaning on multiple levels.

- Significant threat may be difficult to measure objectively outside the context of individual response. For example, is something that is usually considered a significant threat (e.g., a home robbery) really a threat if the individuals affected have sufficient resources to deal quickly and efficiently with the threat in question? Is a person being resilient, then, when something considered in general terms to be a significant threat actually has little effect on a person?

6.2 Issues associated with resiliency measures

Insufficient measures across the age span
Most available measures on resilience focus on adults. Only a few target adolescents, and even fewer are aimed at children from birth to 12 years. Many of the measures for children and youth have been a result of downward adaptation of measures aimed at an older age group.

Measures at an early stage in their psychometric evaluation
In a recent review of resilience scales undertaken in the UK (Windle, 2010), only four met most of the stringent criteria for psychometric development (in relationship to formal evaluation of the measure’s reliability and validity) as well as having been through a rigorous peer review process. Three of these were adult measures and one was suitable for older adolescents. Most resiliency measures are most appropriately used within a research context (and for further developing the measure) as opposed to being ready for widespread use in clinical and educational applications where fully standardized measures are preferable.

Measures appropriate for comparing groups, not measuring change in individuals
In general, instruments are developed for three purposes: 1) to screen and compare groups, 2) to profile/assess and determine needs and plan interventions for groups and individuals, and 3) to monitor/measure the effects of intervention within individuals. Current resiliency measures have been developed and tested for broad screening and a few for assessment/intervention planning. Most of the peer-reviewed measures have not been tested to determine a specific measure’s sensitivity to change within individuals and thus are not appropriate to measure the impact of intervention. Generally, current resiliency measures are best suited for providing a snapshot of groups for purposes of comparison with each other, but not to measure changes within individuals over time.

Risk as opposed to resilience focus
Although named as “resilience” measures, many measures still operate from a “risk” framework as opposed to a resilience framework (i.e., they look at dysfunction as opposed to strengths or assets).
Measuring individual characteristics or outcomes, not processes or external factors
There are very few measures available that look at how the individual navigates through adversity, i.e., the “process” of resilience. Most measures only look at one or two of the three higher-order categories of resilience (individual dispositional attributes; family support/cohesion; and external support systems) that have been previously identified (Garmezy, 1983; Rutter, 1990; Werner, 1993; Werner & Smith, 2001) and generally accepted by resilience researchers. They tend to focus on characteristics within individuals that are theoretically associated with good outcomes. Only a few include items looking at assets/factors in the environment such as relationships with peers in school, or in the family, community and culture. Virtually none are designed to look at the actual processes of navigation.

Measuring strengths, not resilience in response to threat
Some measures are really “strengths measures,” not resilience measures, and center on the individual’s overall coping and strengths as opposed to focusing on strengths called up in successfully dealing with threats.

Universal vs. culturally sensitive measures
Virtually all resiliency measures in use today are “First world”-dominated and items and domains incorporated in these measures may not be appropriate for use in other countries/cultures. Two issues arise: 1) Is it possible to develop a culturally-sensitive measure of resilience? 2) Are there features of resilience that are common to all cultures? These issues are the object of several ongoing studies conducted by Ungar and Liebenberg at the Resilience Research Centre using measures developed for cross-cultural research.

6.3 Working definition - measurement issues and possible directions
The working definition presented in this report raises several issues in relationship to measurement of resilience and offers possible directions for moving forward:

Resilience is a “process”
Most importantly, resilience is viewed as a “process,” not as a set of characteristics of an individual, and this has profound implications for measurement. Traditionally, resiliency measures have looked at resilience exclusively at the level of the individual traits or characteristics, but this doesn’t give a picture of the interplay between the individual and the environment. It also suggests we need to measure both internal and external factors—looking at internal and structural issues, not just focusing either on strengths or risk factors alone. And we need to look at the processes involved in successful navigation itself, not just the outcomes. One way to address some of these issues is to use qualitative approaches regarding the navigation experience; this may better elucidate themes and processes involved in resilience.

Resilience is about “meaning” and “lived experience” associated with the individual’s negotiation with the external world
Measures will need to look at assets, not only within individual, but also in the external world within context of individual/cultural meanings and lived experience. We need to expand our view of assets to include not only those that are provided, but those that are needed, accessible and culturally meaningful (Ungar, 2008). So to, must ‘significant threat’ and ‘successful navigation’ be defined in the context of individual and cultural meaning. And that suggests we look at internal (meaning, happiness) as well as external manifestations of resilience (external signs of adjustment like employment or school success) (Masten & Wright, 2009).
Resilience is about relationships

“Resilience rests, fundamentally on relationships.” (Luthar, 2006, p.780). Relationships are core to our understanding about resilience because they are at the core of human development. Since relationships and interactions are pivotal, we need to look in more detail at interactive strengths in a dyadic context in parent-child, sibling, and significant adult-to-significant adult relationships, not just between individual adults and children (Hill et al, 2007, p. 38).

6.4 Implications

So what does all of this mean for the consumer of “resilience” measures? We can divide our discussion into conceptual issues and measurement tools.

a) Conceptual issues

1. Conceptually, definitions of resilience framed within the context of social ecology create new challenges for those developing measures of resilience. It is far easier to measure resilience viewed as a set of individual traits (or even as traits residing within the individual, family and specific community) than it is to measure a complex interplay between levels/systems over time. In fact, one could argue that there is no measure in existence today that can measure the phenomenon of resilience; we can only measure pieces.

2. Furthermore, if resilience is something that is demonstrated in response to a significant threat within a certain context and time, then 1) measuring resilience should only be done once a threat has been established; and 2) measurement may need to be done over a course of time, not just once.

3. Because of the complex nature of resilience, as described above, most “resilience” measures are not really measuring resilience per se. They are actually measuring developmental assets or competencies. And some also examine external resources and risk behaviors that are associated in the literature with the demonstration of resilience. Thus, when we do large scale screening of children or youth to measure “resilience”, we are actually examining their internal, and possibly external, assets at a given moment in time, not their resilience per se.

4. Measuring individual and external assets also has other limitations because these tools are developed within a certain frame of meaning which may not be shared by the cultures of the children and youth who are being tested.

5. Developing new understanding and measures of resilience will require a multitude of strategies, both quantitative and qualitative. Currently, quantitative measures dominate the field, but additional approaches to measurement will need to be explored in order to gain a clearer picture of how children, youth and families navigate successfully through life’s significant challenges.
b) Measurement tools

1. Many “resilience” scales, although some of these are further along in their psychometric evaluation and development, tend to concentrate on individual traits and do not explore external factors. As well, these scales often do not adopt a resilience framework, emphasizing risk factors over strengths, thus identifying more children who may falter as opposed to identifying assets that will support them.

2. Most “resilience” scales that measure resilience on multiple levels (both internal and external factors) are still in the early stage of their development, so it is too soon to say whether they will reliably and validly measure “resilience” (at a given point in time and in the context of a given threat). What these measures actually measure is not “resilience” per se, but a set of developmental and external resources associated with resilience that are available to individuals at a given moment in time.

3. All measures are designed for specific purposes. Consumers need to select measures that meet their needs and the population they serve. For example, most resilience measures provide snapshots in time that are most appropriate for large screening purposes such looking at how various schools or classrooms compare. Only a few contain the depth required to assist in profiling and planning interventions for individuals. And even fewer are suitable for looking at changes over time in individuals associated with monitoring and measuring the impact of specific interventions to support assets and reduce risks. So consumers need to make sure that the measure they choose is the best one for the job.

4. Measuring change within individuals over time requires instruments that are sensitive to relevant change (in the context of developmental change) and that accurately measure “clinically significant” changes—two of the hardest tasks for any instrument designer. And both can create difficulties. For example, it is not unusual for participants in an intervention to report how effective an intervention has been in their lives, even though formal measures show no statistically significant changes. Even worse, however, is when tests show statistically significant changes, but observations show no clinically significant changes because the tests are picking up invalid/irrelevant change. Also, many of the internal characteristics that are being measured by resilience instruments (e.g., attitudes toward life, world views, optimism, problem-solving, etc.) are typically quite stable. So, that means to measure change requires taking measurements over a longer period of time as well as having an instrument that has high sensitivity to change. These are good reasons why consumers need to make sure that no one measure or source of information is ever used to determine the future of a child or youth. It’s important to remember that the best instruments can only provide guidelines—they are only tools, not a substitute for good assessment based on skilled observation.

5. Psychometric evaluation of an instrument is a pain-staking, time-consuming and expensive process. (This is why most instruments remain “research” measures and do not end up in testing catalogues.) However, it is an important process if the consumer is going to use an instrument with confidence for purposes other than research. Basically, any measure we use that may have an impact on children or youth should be both reliable (i.e., measure things accurately and consistently) as well as valid (i.e., measure what it says it’s going to measure).

6. Most of the newer resilience measures have evolved to the point that studies have been done to look at the internal consistency of the instrument. And some have now conducted studies to look at concurrent or construct validity (i.e., how well the current instrument comes up with results that are similar to known instruments measuring similar constructs or to real life indicators related to the construct). Less frequently, however, have studies been conducted to measure the stability of the instrument (i.e., whether one gets the same results if one gives the test to the same person twice). Even some widely
used measures have recently been found to lack stability. And for most, research to determine other aspects of the validity of these measures is still in its infancy. Submission of study results to a peer-reviewed journal is also a time-consuming process, but it adds an additional level of assurance about the integrity of the studies (although not always about the validity of the measure itself). Consumers have the right to request information about psychometric evaluation as well as other studies done with the instrument to make sure that it has been examined for key aspects of reliability and validity. They should also inquire whether the population they wish to use the instrument with is comparable to the population(s) on which the measure was developed.

7. From the perspective of measuring attributes or strengths associated with resilience, consumers should be able to find an instrument to measure reliably various assets/strengths/traits or risks associated with children and youth, but will not likely be able to measure external aspects of resilience reliably in individuals at this time; however, several measures show promise.

8. Culturally-sensitive measures of resilience used in cross-cultural research are now in the early to middle stages of their development and are available for research purposes, but not yet evaluated for purposes of clinical and educational assessment or monitoring.

9. Although there are some well-researched resilience and strength-based measures for adults, we were unable to locate any that are designed specifically to assess resilience in parents. This is a priority area since families play a very important role in supporting resilience in their children, especially for young children.

In summary, measuring resilience is a complex process. We have developed tools that are designed to examine selected developmental and external assets associated with resilience within the meanings of the majority culture. We do not as yet have tools to examine resilience as a complex interplay between systems at the level of the individual, family community and society.

Consumers need to be cautious as many resilience measures are in the early stages of development. We can reliably measure certain assets/strengths of the individual associated in the literature with resilience, but need to understand this isn’t the whole picture about resilience. The number and type of available measures are very limited in relationship to measuring change in individuals for purposes of assessing the impact of interventions. Being able to reliably and validly measuring resilience simultaneously on internal (dispositional attributes) and external levels (family support/cohesion and external support systems) is still in the future. There are, however, several instruments that show promise. Culturally sensitive measures are now under development and are available to researchers.

The “Annotated Compendium of Resilience Measures” in Appendix E, which includes a chart listing these measures, is included to assist in locating and evaluating “resilience” and related measures.

As part of the shift within human services in our conceptualization of prevention and intervention, resilience and strength-based perspectives are gaining importance. A resilience framework brings greater balance to measurement models—looking at assets, not just problems and deficits. When a resilience-based assessment is carried out with active involvement of the individuals being assessed, it can help individuals recognize personal strengths and other assets to develop a plan that builds on these assets to address challenges. This process can be quite empowering to children, youth and parents and may in itself contribute to supporting their resilience.
The Resilience Research Synthesis Review Project’ set out to contribute to a greater understanding of resilience in order to guide policies, programs and practices at MCYS in support of its strategic goal: “Every child and youth is resilient.”

Five central themes emerged which represent this report’s key messages; these are presented below with supporting points.

1. **Resilience is a complex phenomenon involving significant threat and successful navigation.**

   - “Resilience” is an important concept with the potential to change the way we commonly understand and support individuals, families and communities dealing with adversity.
   - At its simplest: resilience involves successfully navigating through significant threat. “Resilience” is not a set of characteristics or a trait that some people are born with. It is not something we have or don’t have. It is not constant or permanent.
   - Resilience is something that happens—a dynamic process or pattern where an individual (or family or community) uses internal and external resources to navigate through significant threat.
   - Internal resources include, for example, coping skills, attitude, and planning competence—all processes found in normal human development. External resources include, for example, physical necessities, family and social supports and expert interventions. These external resources must be accessible, culturally meaningful and relevant (Ungar, 2008).
   - There is no simple definition for significant threat or successful navigation. Each has strong temporal, cultural and individual meanings attached, so much so, that significant threat in one culture may be considered a rite of passage in another; successful adaptation in one group may be considered anti-social behaviour by another.
   - Significant threat can be understood in several ways: something which adversely affects the functioning or viability of a person (e.g., natural disasters or abuse); the normative development of a person (e.g., a chronic illness or growing up with a parent with mental health issues); a person’s ability to flourish (e.g., risky decisions or behaviours); or, the likelihood that adverse outcomes will happen (e.g., poverty, unsafe neighbourhoods). Threats can occur once, repeat and/or can endure. In all cases, threat is significant, not simply the stresses and challenges of daily life or those connected with developmental transitions.
   - Successful navigation (also referred to as positive adaptation) also involves several considerations: there are no firm rules as to when successful navigation can be judged to be complete—researchers encourage us to take a long-term developmental perspective. As well, we need to consider age appropriateness of outcomes and recognize that an individual can adapt successfully to the external environment (e.g., at school) but still experience substantial internal psychological distress.
   - Resilience is one aspect of overall human development. It is more than possessing strengths or developing well. It essentially requires facing threats, especially those that can undermine healthy development. Although children and youth may experience such threats (e.g., poverty, physical abuse, accidents, etc.) only some of these children will respond with “resilience.”
• *Parents and young people* can identify and talk about significant threats they have experienced, are currently experiencing, or anticipate experiencing. They can also describe what helps them to navigate successfully through these threats. While there are many commonalities, the breadth of their experiences speaks to the *meaning* which individuals bring to understanding their experiences and the *unique ways* they navigate through significant threats.

• Using a *social ecology framework* enables us to understand how people navigate through significant threat, within the context of human development, and provides us with a framework for identifying possible ways forward (i.e., policies, services, programs) for *promoting* resilience patterns in people’s lives.

2. **A range of issues have an impact on the uptake of resilience knowledge, practice and evaluation.** These include: persistent misunderstanding and misuse of the term, cultural biases, confusion surrounding resilience and strength-based practice paradigms, and inadequate measurement tools.

• “Resilience” needs to be clearly defined and explained in order to develop common understanding so that we can design policies, programs and practices to support it.

• “Resilience” is a popular concept which is also *frequently misunderstood and misused*. While many people accurately believe that it involves “bouncing back” or “overcoming obstacles,” they typically misattribute success to the *personality* of the individual.

• While resilience is *something that happens, not just a set of traits*, our language has not kept up and inadvertently reinforces the “trait trap.” While the phrase, “Jamar is resilient” is familiar and easy to use, it implies that Jamar has the “resilience trait” and therefore is *and will always be* resilient. Resilience doesn’t work this way. Unfortunately, more accurate phrasing is awkward: “Maria exhibited resilience when she recovered from her accident last year.”

• Although researchers continue to grapple with the exact nature of the relationship between threat and positive adaptation, a popular expression helps to keep focus on the dynamic process: “It’s not the hand that’s been dealt, it’s *how the hand is played.*”

• There is a gap between research and practice. Currently, “strength-based” approaches are popularly used to identify and build on strengths. While this focus on positives is critically important, it does not adequately capture the complexity of resilience and thus is limited when it comes to practice grounded in current knowledge.

• *Resilience-based orientations* grounded in current knowledge involve viewing individuals, families and communities as ‘*dynamic adaptive systems*’ and focusing on *interdependence within and across all levels* (from the individual’s internal levels--e.g., cognitive, neurological, genetic, etc.--through to family, community and society levels).

• *Resilience-based approaches* are grounded in better understanding and supporting: *how children and youth develop, respond to significant threat, the interplay of all factors involved, the roles of culture and context, and the unique ways in which internal and external resources interact to support successful navigation through significant threat.*

• *Assessments adopting a resiliency framework*, for example, involve active participation of the individuals being assessed, can help individuals recognize personal strengths and other external resources, and can aid in developing plans that build on these assets to address significant threats. The process itself has
been reported to be quite empowering to children, youth and parents and may in itself contribute to supporting resilience.

- *Measuring resilience* also presents many thorny issues for researchers and practitioners. While there are tools designed to examine selected developmental and external assets associated with resilience, they exist within the meanings of the majority culture. Moreover, we do not as yet have tools to examine resilience as the complex interplay between systems at the level of the individual, family, community and society. There is also a paucity of reliable and sensitive tools to measure change in individuals over time, a feature necessary to evaluate the effectiveness of interventions. There are a few promising instruments that adopt a resilience framework to look at strengths and risk factors in the individual and immediate environment and these bear further systematic examination. And there is also a new tool designed to measure resilience cross-culturally in multiple domains that is appropriate for research purposes.

3. **Three general pathways are suggested to support resilience in infants, children and youth.**

   - **Reduce significant threat** – reduce or eliminate significant threat, e.g., increase supportive housing, reduce prenatal risks, reduce/eliminate “system-based” threats like ‘aging out of care’.

   - **Support human development** – support parenting and healthy child and family functioning in order to minimize the occurrence of significant threats, e.g., attachment-based parenting programs, population-based strengths- and skills-building programs.

   - **Support assets and protective factors** – support infants, children, youth and families to navigate through times of significant threats, e.g., provide a range of supports and interventions (including concrete, clinical, mentoring, peer) to help during crises and significant individual and family transitions (e.g., changes in foster care, levels of child welfare support, family breakdown, family re-connection).

4. **MCYS and community professionals are at an early stage of knowledge and practice concerning resilience.**

   - **Better understanding of human development, the science of resilience and policies and program features that promote resilience** are needed within MCYS and the broader community.

   - **Participating MCYS staff have now been exposed to more resilience knowledge** than most professionals working outside of the Ministry. Being exposed to resilience knowledge is merely the first stage. Further dialogue, support and opportunities are needed to help participants understand, endorse and put this knowledge into action.

   - **Resilience may be poorly understood within the broader community and community members may not be aware of which services are operated by, funded wholly or in part by, MCYS.** MCYS will need to consider how its work will be understood and/or supported by other professionals, researchers and community stakeholders.

   - **MCYS staff are already engaged in promoting resilience but may not be aware of doing so.** Virtually any service or program that has the aim of supporting human development or of supporting individuals and families through difficult times can be seen to have some kind of orientation towards resilience. Increased information sharing and discussions would facilitate intra-ministerial knowledge and skills exchange.
• *Facilitated dialogues, meetings and workshops* with a variety of individuals and groups have already yielded critical information about the ways in which people think about and understand resilience. Continuation of these KME activities (and others) are central to moving the resilience agenda forward.

• Participating MCYS staff, community professionals, parents and young people valued being able to learn about resilience and offered additional comments and ideas about how MCYS can promote resilience:
  - Services attuned to human development and transitions
  - More individualized and flexible approaches
  - Variety of “family supportive” services
  - Inter/intra-ministerial and community partnerships and coordination
  - Building on existing programs, policies, and practice - taking a ‘positive’ strength-based approach
  - Support and build on school-based efforts
  - Meaningful engagement for young people, parents and communities
  - Public education and skills building for children, youth and families

5. **Adopting a ‘resilience lens’ will enable MCYS to move its agenda forward to support resilience in infants, children and youth.**

• **Build on the research synthesized in the report, the working definition, the experiences shared and ideas and suggestions generated through the project**, next steps could involve: establishing an MCYS “resilience hub” with diverse participants and advisors; determining which suggestions will be followed; developing ways to capitalize on participant interest (staff, community and academic professionals, and parents and young people); building momentum through “resilience road shows;” and, adopting methods to analyze existing policies, practices and programs.

• **Knowledge mobilization and exchange (KME) can be used to support MCYS staff to engage in active learning about resilience** thereby building their capacity for action, i.e., reviewing policies, programs, practices, and evaluation.

• **Systematic evaluation of available resilience-focused measures** in conjunction with a review of measures and data collection methods currently in use can assist in evaluating intervention outcomes.

Throughout the process of pinning down knowledge and exploring understanding and ideas about putting resilience into practice at MCYS, we noted that the individuals who participated in the project—MCYS staff, community and academic professionals, and parents and young people—valued being able to talk about and explore questions, issues and ideas related to resilience and the significant challenges in people’s lives. As the research tells us, resilience is supported by relationships; we believe that each of these groups has a great deal to offer the other in continuing to build common understanding and strengthening policies, services and practices to support resilience in Ontario’s infants, children, youth and families.

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24 Marshall, K.M. (2004) among others, discusses a broader approach to supporting the resilience/health of children, youth, families as well as carers in schools and other community organizations. RIRO promotes adopting a ‘resilience lens’ to look at ways to support organization-wide “cultures of resilience” in order to help clients, staff and community partners strengthen resilience.
PART 8: SELECTED REFERENCES AND ONLINE RESOURCES


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**APPENDIX A: Project Team Bios**

**Core Team**

**Darlene Kordich Hall**, RN, Ph.D., is a researcher, clinician and educator. For more than 30 years she has developed and evaluated early intervention programs for young children and their families. Darlene is currently the Coordinator and a Co-Principal Investigator for Reaching IN...Reaching OUT, an evidence-based resiliency promotion program for young children. She was a member of the provincial evaluation team for Ontario’s Healthy Babies – Healthy Children program and was director of the Parenting Program, a community mental health program for children at risk and their caregivers. She is published in the areas of child abuse, trauma and resilience and is a recognized trainer in these areas.

**Cathy Vine**, M.S.W., R.S.W., engages in research, writing and action projects to advance the inclusion, well-being and rights of children and youth. Cathy was the executive director of Voices for Children and has worked extensively with children, youth and adults affected by child abuse and intimate violence. She taught part time at the School of Social Work, Ryerson University. Cathy co-wrote Gardens of Shame: The Tragedy of Martin Kruze and the Sexual Abuse at Maple Leaf Gardens and co-edited Cruel but not Unusual: Violence in Canadian Families, published by Wilfrid Laurier Press in 2006.

**Sam Gardner**, B.A., M.A., studied philosophy at McGill University, University of Toronto, and McMaster University. He worked as a researcher at the Offord Centre for Child Studies for a number of years, working with Dr. Dan Offord on several social reporting projects. He is now a research consultant affiliated with the Offord Centre, working on various research and knowledge mobilization projects mainly in the Hamilton-Toronto area.

**Claire Molloy**, B.A., M.S.W., has worked with children, youth, and families on the frontline for 10 years. She completed her MSW at the University of Toronto in 2005 and then worked as a research and program assistant at Voices for Children. Claire then moved to the UK where she was a child protection social worker for over 3 years working in the north of England, East London, and North London. She returned to Canada in 2009 and has been working for the Children's Aid Society of Toronto as an Intake Worker for over a year.

**Animators**

**Ramona Alaggia**, Ph.D., is an Associate Professor at the University of Toronto where she holds the Factor-Inwentash Chair in Children’s Mental Health. Dr. Alaggia has published extensively on various forms of child and adult victimization, child sexual abuse and child exposure to domestic violence. Her teaching is focused on family assessment and treatment, inter-disciplinary responses to violence against women and children, and social work practice theory. Dr. Alaggia’s scholarly work is informed by over twenty years of clinical practice in the children’s mental health field as a child and family therapist and clinical director. She currently works with adolescents and their families, and individuals dealing with traumatic childhoods.

**Jean Clinton**, B Mus, M.D. FRCP(C), is an Associate Clinical Professor, Department of Psychiatry and Behavioural Neuroscience at McMaster, division of Child Psychiatry. She is on staff at McMaster Children's Hospital and an Associate in the Departments of Family Medicine at McMaster. Jean has been a consultant to child welfare and children’s mental health programs for 25 years and she currently consults with Telepsychiatry at Sick Children’s hospital in Toronto. Jean’s skills as a knowledge translator are frequently called upon as she gives 100 presentations each year, nationally and internationally. Currently, as a member
of Hamilton’s Best Start Network, she leads the Primary Care Engagement Strategy for the enhanced 18-month-well-baby visit and is the lead for the provincial education subcommittee.

**Melanie Goodchild-Southwind** is a member of the Ojibways of the Pic River First Nation. She is currently the Senior Manager for First Nations Projects, Ontario Zone for the Canadian Red Cross. Melanie is the former Director of Health Policy at Nishnawbe Aski Nation and the former Decade for Youth & Development Coordinator for Nishnawbe Aski Nation, a suicide prevention initiative. She is in the final year of her Ph.D. in Educational Studies with Lakehead University and is a former member of the Faculty of Medicine, Northern Ontario School of Medicine and Faculty of Indigenous Learning. She is the proud owner of a Harley Davidson bike and runs the blog Indians on Motorcycles.

**Alan Leschied, Ph.D., C. Psych.** is a psychologist and professor in the Faculty of Education at the University of Western Ontario. He began working in children’s mental health in 1977 at the London Family Court Clinic and later joined the faculty at Western in 1998. Dr. Leschied has served on numerous children’s services Board’s of Directors, including the Children’s Aid Society of London and Middlesex, The Coordinating Committee for Children and Youth, and The Canadian Council on Social Development. Currently he serves on the advisory committee to the Centre of Excellence in Children’s Mental Health at the Children’s Hospital of Eastern Ontario, the Research Advisory Committee of the Child Welfare Secretariat for the Ministry of Children and Youth and the research advisory committee with Correctional Services Canada. Dr. Leschied’s research interests have been in areas related to children’s legislation and how policies and services promote the welfare of children and families. He has produced numerous publications in areas related to young offender, child welfare and children’s mental health assessment and treatment. Dr. Leschied has presented in many parts of the world.

**Peter Levesque** is the Director of Knowledge Mobilization Works, a research and consulting company based in Ottawa. Peter served as Deputy-Director of Knowledge Products and Mobilization and was responsible for the piloting and implementation of the Community-University Research Alliance Program at the Social Sciences and Humanities Research Council of Canada. Other relevant work includes serving as Knowledge Exchange Specialist for the Provincial Centre of Excellence for Child and Youth Mental Health. He sits on multiple non-profit Boards and was the founding Chair of the Knowledge Mobilization committee for the Ontario Neurotrauma Foundation. An experienced speaker, moderator and facilitator, he combines his experience with an education that includes studies in Biochemistry, Sociology, Economics, Volunteer Administration, Public Administration, and Population Health at institutions in Canada and the United Kingdom.

**Ian Manion, Ph.D.** is a clinical psychologist and scientist-practitioner who has worked with children, youth and families presenting with a variety of social, emotional, and behavioural problems. He is a clinical professor in the School of Psychology at the University of Ottawa, and a Visiting Professor at the University of Northumbria (UK). He is the Executive Director for the Provincial (Ontario) Centre of Excellence for Child and Youth Mental Health at the Children’s Hospital of Eastern Ontario (CHEO). He is the Inaugural Chair of the National Infant, Child and Youth Mental Health Consortium, Co-Chair of the Canadian Child and Youth Health Coalition (CCYHC), and the Principal Lead for the National School-Based Mental Health and Substance Use Consortium. He is actively involved in research in the areas of parent/child interactions, community mental health promotion, youth depression and youth suicide. He is a committed advocate for child and youth mental health sitting on a number of local, provincial, national and international boards and committees. Dr. Manion is co-founder of Youth Net/Réseau Ado, a bilingual community-based mental health promotion program with satellites across Canada and in Europe.
The following lays out some of the terms commonly encountered in discussions concerning ‘resilience’, and provides a brief description for each indicating how we can best talk about them in the context of resilience. Here we are building a common vocabulary to support subsequent discussions and next steps. In some cases, there are different ways to define these terms, and, as one might imagine, the definitions can become quite technical and difficult.

**Assets**: These are measurable characteristics in individuals, groups or their situations that predict positive outcome with respect to a specific criterion. In this sense an asset is a predictor of positive outcomes across levels of risk, statistically reflecting a positive association between the characteristic and the outcome, or an elevated probability of a desirable outcome. Assets include a variety of internal and external characteristics, such as high IQ, good regulatory systems (e.g., emotional regulation), empathy, well-functioning family, positive social connections, etc.

**Capacity for resilience**: This can mean (1) that someone will probably demonstrate the resilience pattern in the future (because that person has demonstrated resilience in the past or because we know that enough of the resilience-implicated systems and structures exist in the person to make it likely they will be resilient again) or (2) that someone can develop – or develop further – those structures/systems implicated in resilience.

**Context sensitivity**: What counts as a ‘significant threat’ and a ‘good outcome’ will depend, in part, on what individuals and cultures take these to be. This doesn’t affect the general formulation for ‘resilience’ (i.e., ‘successful navigation through significant threat’, but it will affect which developmental patterns get counted as ‘resilience patterns’.) Note that it is an empirical question whether what is perceived or held as a good outcome (for example) actually turns out to be a good outcome for people. Another aspect of context sensitivity is that what may appear to be maladaptation to a threat is in fact a good adaptation to that threat, given the specifics of that context.

**Coping**: A general construct commonly understood to refer to successful ways of handling stress or problems. Connected to this, coping is understood in the research literature as those efforts to enhance adaptation. The notion of coping likely stems from the psychoanalytic concept of defense mechanisms, which were unconscious methods of dealing with stressful experiences. Distinct from that unconscious mechanistic view, however, ‘coping’ has come to refer to a body of intentional, conscious, effortful, and deliberate strategies, practices, and processes of managing oneself and circumstances, solving personal and interpersonal problems, and seeking to master stress or conflict in such a way that healthy development or well-functioning is maintained. (Note that ‘coping’ is used to apply to stressful situations/experiences in general, including both commonplace/normative challenges as well as adverse circumstances.) There are different ways to identify and categorize coping strategies, but some common ways include (1) appraisal-focused (i.e., changing the way one thinks); (2) emotion-focused (i.e., ways of dealing with various relevant emotions and emotional responses to stressful situations/experiences); (3) problem-focused (i.e., learning new problem-solving skills) or (4) socially-focused (i.e., obtaining appropriate emotional support from others). Research on coping and coping strategies constitutes one important part of resilience studies, but coping and resilience are not identical.
Developmental psychopathology: In brief, developmental psychopathology, as a developmental science, works to explain the development of individual patterns of adaptation and maladaptation. More explicitly, developmental psychopathology can be thought of “as an evolving interdisciplinary scientific field that seeks to elucidate the interplay among the biological, psychological, and social-contextual aspects of normal and abnormal development across the life course” (Cicchetti & Toth, 2009). Further, in addition to increasing understanding of the processes underlying adaptation across the life course, developmental psychopathology also aims “to provide the best means of preventing and ameliorating maladaptive and pathological outcomes” (Cicchetti & Toth, 2009).

Hardiness: One of the principal internal characteristics (i.e., personality disposition; personality style; personality construct) thought to help one overcome and deal with negative life experiences. The notion of ‘hardiness’ emerged out of the ‘constitutional strengths’ perspective adopted by early resilience researchers. The key figure in hardiness research, Kobasa, defined “hardiness” to be “a constellation of personality characteristics that function as a resistance resource in the encounter with stressful life events. The personality dispositions of hardiness are commitment, control, and challenge.” (Kobasa 1982; 1979). Hardiness, then, is understood as a kind of synergistic construct involving these three elements and operates to keep persons healthy despite encounters generally regarded as stressful. Thus ‘hardiness’ has an explanatory function in terms of the general phenomenon of coping (i.e., hardiness helps explain – or is the explanation - why some people cope well with adversity). With regard to resilience, the connection either is that one is resilient because one is psychologically hardy, or that resilience simply is hardiness. In either case, hardiness refers to characteristics within an individual and does not relate to external assets that may promote resilience.

Outcomes: An outcome is usually an identifiable or measurable set of features, events, or activities. Outcomes are thought to be dependent on a set of features, events, or activities. Resilience is an outcome-oriented construct or pattern, with one of the two essential ‘arms’ of the construct or pattern being a general kind of outcome (i.e., success navigation/adaptation). Note that when the literature is concerned with ‘resilience as an outcome’, what is being asked typically is, ‘How do we tell when people are doing well (in the context of significant threat)?’

Process: In general terms, a process is a systematic or connected set of events or actions that are directed to some end. In the context of this discussion about resilience, “process” can mean two main things. First, we can be making reference to the fact that the resilience pattern will happen through the complex interactions of the many systems that make up a human being (e.g., feedback/regulatory systems, executive functions, functioning meaning structures and social systems, etc.); these processes make for resilience. Second, we can be referring to resilience as a process in the sense that the resilience pattern unfolds over time, and is the process of all these other (sub) processes happening as a person navigates their way through threat. Finally, when the literature is concerned with ‘resilience as a process’, the real question that appears to be asked is, “What are the mechanisms and processes by which people successfully navigate significant threat?”.

Promotive factors: This term is sometimes used synonymously with “assets”. However it has the added connotation that the desired outcome is normative or enhanced development. Examples of such factors might include parental expectations of achievement, positive school environment, etc. A tenet of developmental science is that competence breeds competence, so in one sense the successful completion of various developmental tasks (e.g., attachment, development of various executive functions, etc.) can be seen as promotive factors (although in other contexts these can be seen as assets or protective factors of different kinds).
**Protective factors**: These are measurable features of individuals, groups or situations that are statistically related to the probability of reducing risk by moderating (or buffering) the effects of risk (or that predict positive outcome in the context of risk or adversity). There is some discussion in the field as to whether protective factors function only in the context or presence of risk and are not operative when risk is absent (like an airbag in a car). Protective factors can work in direct or indirect ways on risk (e.g., not allowing a child to have unsupervised access to the internet).

**Risk**: This term can refer to groups or individuals, and means an elevated probability of an undesirable outcome. Like “risk factor”, it is sometimes used as a synonym for “threat” or “adversity”.

**Risk factors**: This term is primarily used in the context of statistical measurements that attempt to identify the relationship between two different things, and is usually done at the population level. In general, a risk factor is a measurable characteristic of a group of individuals or their situation that predicts a negative outcome on a specific outcome criterion. Risk factors are usually biological (e.g., low birth weight, injury) or psychosocial (e.g., homelessness, abuse, parental mental health, stressful life events) hazards. This term is sometimes taken to mean “threat”, “adversity”, “stress” or “stressors” themselves.

**Strength-based approaches**: Strength-based approaches or perspectives emerged out of practitioners’ recognition of the limitations of the medical model (which focused on symptoms and disorder). These are built on the notion that people possess various strengths and assets and that these are key to people’s ability to cope with stress and trauma. Instead of diagnosing deficits and prescribing treatment to address them, strengths-based practitioners rather help clients identify and build on their capacities.

‘Strengths’ are noted to be intrinsic to the process of human development; they include both internal and external attributes (with such approaches drawing explicitly on ecological models of behaviour). These develop in the day-to-day interactions of the child in her natural environment. From their seminal work on measurement, and useful in terms of a definition of “strengths”, Epstein & Sharma indicate that:

> “Strength-based assessment is defined as the measurement of those emotional and behavioural skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one’s ability to deal with adversity and stress; and promote one’s personal, social, and academic development.”

The strength-based perspective has been operationalized in several ways: for example, in systems-of-care, in wraparound models of service delivery for children and families experiencing challenges in multiple areas, and in family systems frameworks. Despite the fact that strength-based approaches are often identified with resilience, it is clear that the former takes up a distinct though aligned position with regard to resilience. A strength-based approach is a broad developmental practical framework, while resilience is a narrow developmental phenomenon. And while implemented strength-based approaches may make more likely the manifestation of resilience, the two are not to be equated.

**Temporality**: This is an essential aspect of resilience. First, since resilience is a developmental pattern, it happens over time, and involves the interaction of many processes that likewise unfold over time. Second, the threat itself has a temporal dimension. It may be of short or long duration, and any period of a person’s life may be characterized by sequences and overlap of various threats (or a sequence of the same threat repeating). The relevant outcome also may occur over time, e.g., the re-establishment of positive social connections, and the outcome as well may involve a sequence and overlap of various occurrences.

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**Vulnerability**: These are the features or characteristics measurable in individuals or groups that increase susceptibility to stressors and in that context increase the likelihood of a defined range of adverse outcomes. Vulnerabilities in people might include poor attachment, low IQ, high reactivity, poor family functioning, etc. (A vulnerability in systems theory thinking concerns structural or organizational weaknesses in a system, again in the context of particular stressors and adverse outcomes, e.g., systemic discrimination, unemployment.)
Welcome to the Dialogue on Resilience.

We’ve prepared some material to support your participation in the session on Wednesday, July 14th and what we hope will be a continuing dialogue with your MCYS colleagues and others.

All of this is coming to you through the “Resilience Research Synthesis Review Project” where a team from Reaching IN...Reaching OUT (RIRO) is working with MCYS to use research and knowledge exchange to help develop common understanding and foster MCYS knowledge and practice in support of its strategic goal: “every child and youth is resilient.”

If you can spare 30 minutes for resilience – read 10 Key Questions and Answers. The attached guide will provide you with a thorough overview and bring you completely up-to-speed on current research and thinking.

If you can only spare two minutes for resilience – read Resilience at-a-glance on the next page. You’ll get the essentials and can come back and read more later. It could change the way you think about working with children, youth and families.

We welcome your questions, comments and ideas – send them by email to Elizabeth Bodkin, Policy Co-op Student at Elizabeth.Bodkin@ontario.ca so that we can consider them in our planning.

We look forward to working with you on the 14th! The RIRO team

Reaching IN...Reaching OUT (RIRO), sponsored by The Child and Family Partnership, is an innovator in researching and promoting resilience on various levels—from providing evidence-based skills training to adults who live and work with children to helping organizations and communities create “cultures of resilience” through leadership training and knowledge mobilization. Visit: www.reachinginreachingout.com.

1 YMCA of Greater Toronto, Child Development Institute, University of Guelph and George Brown College
Resilience at-a-glance

What is resilience? — 6 ‘need-to-knows’

1. At its core, resilience means successfully navigating through significant threat.

2. For individuals, families and communities, resilience is not something one has—it is something that happens.

3. Significant threat and successful navigation are not easily defined—each has strong temporal, cultural and individual meanings attached. Significant threat for one person, for example, may be viewed as opportunity for another. Similarly, successful navigation in one group may be considered anti-social behaviour by another.

4. Navigation takes place through a complex interplay of all levels of the individual and the environment, including assets, vulnerabilities, and the threat itself.

5. Resilience is not permanent. It is a pattern of adaptation that is dependent on:
   - circumstances of continued development over time
   - nature and timing of significant threats
   - ongoing adaptation to those threats and other events in our lives
   - the changing environment around us (e.g., social supports, family functioning, etc.).

6. Resilience-based approaches are related to, but different from, strength-based approaches, positive youth development approaches, etc.

Why is this important?

The better we understand how infants, children, youth and parents respond to significant threats, the better that organizations such as MCYS can act to help develop various supports for individuals and families to overcome adversity. This understanding can also guide us in finding ways to reduce risk among vulnerable children and youth.
Introduction

The notion of resilience has been around for a long time. The word “resilience” originated in the 16th and 17th centuries, deriving from the verb “resile”, which in turn was drawn from the Latin verb “resilire”, meaning to “jump back, recoil”.

During these times, “resilience” enjoyed a broad kind of usage, referring loosely both to a property of physical matter (such as “elastic” or “springing” objects) and to personal characteristics (such as “tending to recover quickly or easily from misfortune, shock, illness, or the like; buoyant, irrepressible; adaptable, robust, hardy.”)(Oxford English Dictionary online).

As a concept connected to human development, ‘resilience’ emerged out of a variety of disciplines in the 20th century, including: psychoanalysis, trauma research, psychopathology research, stress research, ecological studies, and developmental science, etc.

The key cross-disciplinary starting point of the term’s current meaning derives most clearly from observations of the universal fact that people react very differently to similar adversities—what people sometimes refer to as differential response to adverse life events or circumstances.

As Hill and colleagues (2007, p.2) assert:

“It is this analysis of differentiated responses to adversity that offers something over and above conventional developmental psychology, attachment theory and assessments of children’s needs.”

But of course, that is only the starting place when it comes to discussing resilience.
1. What is resilience?

It is important to state at the outset that resilience fundamentally involves a relationship between two conditions:

- significant threat
- positive adaptation

In the human resilience literature, researchers continue to grapple with the exact nature of the relationship between threat and adaptation, as well as with the set of interactions that make up the movement from threat to adaptation.

While resilience is an aspect of overall human development, it is only one part of human development. Resilience is more than possessing strengths or developing well; it essentially requires facing threats, especially those that undermine healthy development.

For example, if a young child is developing normally and excels in school and everyday life, can we say he is exhibiting resilience? Well, we can say he is on a good developmental trajectory or life course pathway or even that he is coping well with the ordinary demands of everyday life – but we cannot say that he is resilient. We can only say he is resilient if adversity strikes and he responds well to that adversity. Now if this same child loses a parent, contracts a severe illness, or experiences some form of abuse—any one of these could be considered a significant threat—and if the child adapts well, then we may be able to say that he is resilient.

2. Why is resilience important?

Being resilient is important because it refers to the phenomenon of successfully dealing with significant threats in our lives. Threats in this sense endanger our development, health or happiness and making our way through such threats is vital.

Understanding how one adapts well to threat is equally important because it will allow us to think better about how to make sure that individuals can be assisted to develop abilities and acquire internal and external assets and supports that will help them overcome adversity.
3. Who has resilience?

Are some people just born resilient? Do some people ‘have’ resilience, while others do not?

So far we have been building up a picture about resilience that necessarily involves successfully responding to threat. Because it is about a pattern of response, this means that resilience is not something that one is born with, and it is not something that one “has” or “doesn’t have.”

Research indicates that, in general, human beings (along with families and communities) have the capacity to respond well to adversity, but not everyone develops the abilities to do so. Being resilient isn’t the result of something rare or extraordinary in a person, or restricted to only a few people. Research confirms that the basic abilities that contribute to resilience can be developed through processes found in normal human development. Moreover, the continuing development of these many abilities is what helps us respond well to adversities throughout our lives.

4. Where does resilience reside?

Is resilience simply a set of attributes or abilities? Or is it something more?

Over the course of the field’s development, there has been a gradual shift away from considering resilience as simply a characteristic of individuals to a view of resilience as a result of a complex interplay between the individual, family, community, and society. While we may concentrate our analysis on describing how individuals respond to adversity, it is important to keep in mind that this view can also be readily applied to families and to other systems such as organizations and communities.

With the advent of systems theory (and in particular dynamic systems theory) and the development of ecological perspectives on human development such as put forth by Bronfenbrenner (1979), the literature now views the nature of resilience and human development as essentially involving the complex interaction of many features at all levels of the individual and the environment.

Thus, while we can still say that an individual is resilient, this is not to imply that resilience is a thing residing in just that one person. Rather, resilience is an emergent property that involves the systemic interaction of many internal and external factors. This broader notion of resilience as consisting of the interplay between the individual and his world is what is referred to as the “social ecology” of resilience. Resilience arises when the individual is able to make use of internal (e.g., coping skills, attitude, planning competence) and external resources (e.g., physical necessities, family and social supports, expert interventions, etc.). These external resources, of course, must be accessible, culturally meaningful and relevant (Ungar, 2008).
5. What roles do context, culture and timing play?

While resilience always involves significant threat and positive adaptation, the ways in which threat and positive adaptation are understood and experienced may differ from context to context, from culture to culture, and from individual to individual. We need to approach resilience in the context of the individual plus the community, culture, and broader environment.

For example, what some might consider a challenge (being born with partial blindness); others may view as a life-crushing adversity (blindness seen as punishment and a sign of unworthiness). What some cultures might consider a poor outcome for youth (membership in a gang) may be viewed as a sign of personal worth, strength and solidarity by that sub-culture. (This latter example, of course, raises additional issues and questions regarding behaviours that are illegal and/or could put others at risk.)

Resilience is also dependent on time and context. Resilience can refer to how well one is navigating through some current adversity (concurrent), how successfully one navigated through some past threat or adversity (retrospective) or the likelihood that one will successfully navigate through threat in the future (prospective). As well, a person may be able to respond with resilience in a particular type of adversity (flood) but not in another (abuse), or at one time in their development (while attending school) but not another (after leaving the care of child welfare), or in certain contexts (with family involvement or without).

6. Is there a definition that addresses all of these considerations?

Yes, we created a working definition by carefully assessing the literature in order to construct a definition that specifically describes resilience (and not human development, strength-based approaches or positive coping skills). The definition is presented with three distinct parts highlighted.

**Working definition of “resilience”**

**Resilience is successful navigation through significant threat.**

- within the context of individual/cultural definitions and lived experience
- through the interplay of all levels of the individual and the environment, including assets, vulnerabilities, and the threat itself
We’ll discuss ‘successful navigation’ and ‘significant threat’ in more detail next, however, it is important to note that the working definition addresses the critical aspects of resilience:

A. The main definition contains the “essentials” of resilience that distinguish it from general human development or strength-based approaches: significant threat and successful navigation. It also highlights that resilience involves navigating through significant threat, i.e., that resilience is something that happens—a dynamic process of navigation.

B. The second part highlights sensitivity to context—the context in which a person lives and in accordance with recent work in resilience— one’s perceptions, attempts to make meaning, and ideas about the world—are all important features of one’s lived experience in successfully navigating through threat.

C. The third part draws attention to the nature of the mechanisms involved—the interplay of multiple features contributing to a pattern of adaptation. Resilience is variable or constantly in flux—intimately dependent on the circumstances of our continual development over time, the nature and timing of the significant threats that enter each individual life, the nature of our ongoing adaptation to those threats and other events in our lives, and the changing nature of the environment (e.g., social supports, family functioning, etc.) around us. For example, a person may be resilient to one threat at one time but this does not guarantee that she will be resilient to it at another time; a person may be resilient to a series of threats of one kind, but will not necessarily be resilient to threats of another kind. And, two people of similar personality characteristics will not necessarily be resistant to similar threats.

7. What is significant threat?

A threat can be understood in several ways—as a probability or likelihood that adverse outcomes will happen, as something which adversely affects the functioning or viability of the person, or as those things that negatively affect a person’s development and/or ability to flourish. In all of these instances, threat is significant, not simply the stresses and challenges in daily life or connected to developmental transitions. As well,

- **Threat has a strong temporal dimension.** Threats can be acute or episodic, that is, threats can occur over a very short space or time (e.g., the loss of a parent or one instance of abuse), or threats can endure (e.g., a chronic illness or growing up with a parent with mental health issues), and over the course of time there may be threats that repeat. The issue of the quantity and quality of threat in a person’s life may be quite difficult to capture accurately. This is especially important if we are trying to understand why people respond differently to threats. For example, are we sure they are not simply responding to different doses of threat?

- **There are different basic kinds of threats.** There is threat in the context of developing or maturing systems where normative development is put at risk and there is threat in the context of mature or developed systems where human flourishing (e.g., happiness, mental health) is put at risk.

- **There is a difference in the source of threats.** There are threats that (1) originate from the ‘outside’ (e.g., natural disasters or abuse) and threats that are (2) internally generated (e.g., risky behaviours resulting from decisions made by a person).
8. What is successful navigation?

Once again, there are no hard and fast criteria for “successful navigation” or “positive adaptation” or “good outcomes”, though there is likely consensus on the range of things that count. The resilience literature began in part by counting just the lack of symptomatology or pathology as a good (and measurable) outcome from populations dealing with risk. However successful navigation generally encompasses a broader continuum of outcomes, ranging from survival or absence of disorder through to coping and normative development and functioning to growth in exceptional ways at the far positive end. Choice between these can depend on the particulars of each case or sets of cases. As well,

- **Successful navigation has a temporal component.** Researchers encourage us to take a long-term developmental perspective regarding the unfolding of positive adaptation (or successful navigation) in life courses affected by significant threat. As well, age appropriateness of outcomes needs to be considered, just as developmental stage is important in considering the effects of significant threat. Finally, there are no firm rules as to when successful navigation through a threat can be judged to be complete. Such judgments will either depend on context, or need to be bracketed in favour of taking a longer, life-course view on resilience.

- **Successful navigation has contextual/cultural sensitivities.** Ungar (2007, 2008) and other researchers discuss the importance of cultural identification of what counts as positive adaptation or good outcomes, and contend that maladaptation in one context actually can be seen as positive adaptation or resilience in another.

- **Successful navigation has other distinctions** as well. For example, Masten & Wright (2009) point out the distinction between internal versus external adaptation (pp. 218-9), where one has adapted successfully to the external environment after significant threat, but still experiences substantial internal psychological distress. This also becomes a measurement issue concerning the relative importance of subjective well-being/happiness versus external adaptation, i.e., functioning well in the environment (e.g., at school, job).

9. How can MCYS use this knowledge to achieve its strategic goal: “every child and youth is resilient”?

How do we take all of this knowledge and operationalize it at MCYS? There are several ways to proceed. One possibility is to review how MCYS may already be addressing resilience through its policies and programs. *Which policies currently promote resilience and how?* Another approach is to examine policies and practices in other jurisdictions. *What other resilience promotion initiatives/approaches should be considered?* Yet another way would be to scan the literature and interview a variety of individuals (both internal and external to MCYS) in order to gather their views and ideas. Finally, individuals who demonstrate resilience are frequently left out of these kinds of efforts and so we could gather the stories and perspectives of young people and parents who have successfully navigated through significant threats. *What helped you get through? What are some of your ideas about how MCYS could help more children and families succeed?* We are undertaking several of these approaches and we will have preliminary findings available for the Dialogue on Resilience.
10. What are your ideas for promoting resilience at MCYS?

Now it is your turn to answer! If MCYS strengthened or adopted approaches designed to promote resilience for infants, children, youth and parents, what would they look like? Be an “imagineer.” What would you change? Based on everything you know about carrying out your role at MCYS, what conditions and supports are needed to make that change? Do let us know your thoughts and ideas.

Conclusion

We’ve provided you with a ‘crash course’ on resilience. Our goal was to help support your participation in the “Dialogue on Resilience” session on Wednesday, July 14th. As well, we hoped to stimulate your thinking and imagination and to foster your ability to continue the dialogue with your colleagues well after the session has passed. We recognize that ‘resilience’ is a complex topic that takes time to absorb. A variety of strategies will be needed to fully support the knowledge and practice needs of MCYS staff. In the meantime, we welcome your feedback on this material. Please send comments by email to Elizabeth Bodkin, Policy Co-op Student, at Elizabeth.Bodkin@ontario.ca.
The recommendations contained in APPENDIX D were developed by the project team and offer possible next steps specifically focused on MCYS.

For further information, please contact Michelle Levine, Research Analyst, Research and Outcome Measurement Branch at 416-325-6109 or at Michelle.Levine@ontario.ca.
Compendium of Selected Resilience and Related Measures for Children and Youth
Compiled by Darlene Hall, Ph.D., Reaching IN...Reaching OUT

The 38 measures described in this overview include those that assess aspects of resilience, life strengths, hardiness and protective/risk factors. Resilience-oriented measures are described on pages 1-9, general strength-based on pages 10-14, hardiness on pages 14-15 and protective/risk factors, pages 16-17. Measures of each type are organized by age group, from pre-school to adolescence/young adults.

A chart listing all measures in alphabetical order and by target age range is found on pages 18-19.

After the description of each measure, two sections with the following information are provided:

- The conceptual category or higher order categories of resilience measured by the instrument
  a) individual attributes
  b) family relationships/cohesion
  c) external supports

- the purpose(s) for which the instrument has been created and evaluated
  a) screening
  b) profiling/assessing to plan for intervention
  c) monitoring/measuring change (e.g., intervention impact)

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Resilience-based measures:

Pre-school to age 5, only

1. Devereux Early Childhood Assessment Program (DECA) (LeBuffe & Naglieri, 1998)

For more information, including research bulletins summarizing findings, see the Devereux Foundation, Early Childhood Initiative, [www.devereux.org](http://www.devereux.org).

Description:
The DECA was developed in the US as part of an intervention program (Devereux Early Childhood Initiative) for 2-5 year olds and has a version for parents and teachers. It is based on the identification of ‘resilience’ and ‘protective’ factors captured in 37 items organized into 4 subscales:

- Initiative (child’s capacity to use independent thought and actions to meet their needs)
- Self-control (child’s ability to experience a wide range of feelings and to express those feelings in socially appropriate words and actions)
- Attachment (measures persistent relationships between child and significant adults)
- Behavior concerns

The DECA provides an individual and classroom profile. For each there are specific strategies appropriate for an individual child and for the class as a whole addressing their respective needs. The instrument can also identify children who may be developing behavioral problems. The DECA-C (clinical) is a 62-item questionnaire for use and interpretation by mental health and special education professionals to deal with behavioral concerns. It contains the same strengths-based items as well as 25 additional items dealing with behavioral concerns such as aggression, attention problems, emotional control, withdrawal/depression, etc. Recently a DECA program for infants and toddlers also has been developed. The DECA program promotes teacher-parent collaboration using their joint recognition of the child’s strengths to create shared approaches to addressing challenging behaviors and increasing protective factors.
This measure and the associated program are based on a resiliency framework. The psychometrics are acceptable and the DECA program has been the subject of many studies (most unpublished) with promising results. The measure was standardized on more than 2,000 children in the US. The DECA program is widely used in Head Start programs across the US (the measure is also available in Spanish). It has been chosen as the “most suitable” among pre-school measures in a recent review of measures of socio-emotional functioning (Stewart-Brown & Edmunds, 2007). “It can be used for the early identification and profiling of problematic emotional and social functioning, as well as for monitoring progress made as a result of targeted intervention (p. 252).” An added advantage of this measure is its facilitation of “the identification of collective needs of a particular class, school or entire school district (p. 253)” as well as its intervention strategies and training program for teachers. The Devereux Foundation has also supported development of the DECA Infant/Toddler Form (DECA-I/T) and the DESSA tool for school-age children (see below for measures for “Elementary school age and older”).

Conceptual categories: individual, family & external supports
Purpose: screening, profiling for intervention, and monitoring/measuring change

Elementary school age and older

2. Devereux Student Strengths Assessment [DESSA and DESSA-mini] (LeBuffe, Naglieri & Shapiro)

(For more information about the DESSA, see the Devereux Foundation (www.studentstrengths.org).

Description:
The Devereux Student Strengths Assessment (DESSA) is a 72-item, standardized, norm-referenced behavior rating scale that assesses the social-emotional competencies that serve as protective factors for children in kindergarten through the eighth grade (ages 5-14). The DESSA can be completed by parents/guardians, teachers, or staff at schools and child-serving agencies, including after-school, social service, and mental health programs. The assessment is entirely strength-based, meaning that the items query positive behaviors (e.g., get along with others) rather than maladaptive ones (e.g., annoy others).

For each of the 72 DESSA items, the rater is asked to indicate on a five-point scale how often the student engaged in each behavior over the past four weeks. The same form is used for all ages and both parent and teacher raters. The measure is also available for administration and scoring online.

The DESSA is organized into conceptually derived scales that provide information about eight key social-emotional competencies. Standard scores can be used to calibrate each child’s competence in each of the eight dimensions and guide school/program-wide, class-wide, and individual strategies to promote those competencies. The eight scales are as follows: self-awareness, social awareness, self-management, goal-directed behaviour, relationship skills, personal responsibility, decision making and optimistic thinking.

According their website, the DESSA was developed to meet or exceed professional standards for a high-quality, well-developed assessment instrument. The standardization sample, internal, inter-rater, and test-retest reliabilities as well as content, construct, and criterion validity evidence are discussed at length in the DESSA manual. The DESSA standardization sample consists of 2,500 children who are representative of the US population with respect to gender, race, Hispanic ethnicity, region of residence, and poverty status. The internal consistency (alpha coefficients) of each scale as well as the Social-Emotional Composite, for both teacher/staff and parent raters, exceeds the recommended standard of .80 for a scale and .90 for a total scale (i.e., the Social-Emotional Composite). The alpha coefficient for the Social-Emotional Composite is .98 for parents and .99 for teachers/staff. Test-retest reliabilities are also high with correlation coefficients ranging from .79 to .90 for parents and from .86 to .94 for teachers/staff. Inter-rater reliabilities are also reasonable with median scale correlation coefficients of .725 for parents and .735 for teachers/staff.

A variety of validity studies are reported in the DESSA manual. In a criterion validity study comparing DESSA scores of students who had already been identified as having social, emotional, or behavioral disorders to their non-identified peers, each DESSA scale showed significant meanscore differences (all p values < .01), with a median effect size of .80.
The effect size for the Social-Emotional Composite was 1.31. These results show that the DESSA can differentiate between students with and without social, emotional, and behavioral problems. Using only the Social-Emotional Composite score, the group membership of 70% of students with social, emotional, and behavioral difficulties and 76% of their non-identified peers could be correctly predicted. The scales on the DESSA can be considered protective factors within a risk and resilience theoretical framework. High scores on DESSA scales were associated with significantly fewer behavioral problems for students at both high and average levels of risk. Nickerson and Fishman (2009), in an article published in the School Psychology Quarterly, reported strong convergent validity of DESSA scores with BASC-2 and BERS-2 scores (see the DESSA website for more psychometric details (www.studentstrengths.org).

In addition, the DESSA-mini is comprised of four 8-item parallel forms which are designed to be used on a universal (i.e. school- or program-wide) basis to determine the need for social-emotional interventions. The four 8-item forms are standardized norm-referenced behavior rating scales that screen for social-emotional competencies which serve as protective factors for children in kindergarten through the eighth grade. The DESSA-mini can be completed by teachers or staff at schools and child-serving agencies, including after-school, social service, and mental health programs.

The DESSA-mini is entirely strength-based, looking at positive behaviors as opposed to maladaptive ones. For each question, the rater is asked to indicate on a five-point scale how often the student engaged in each behavior over the past four weeks. Each of the four 8-item DESSA-mini scales is comprised of a sampling of the various scales found in the DESSA. The DESSA-mini yields a single score, the Social-Emotional Total (SET) score, which provides an indication of the strength of the child’s social-emotional competence based on a comparison to national norms, and can be used to compare ratings between teachers or staff across time to monitor progress toward improving social-emotional competence.

Conceptual categories: individual, family & external supports
Purpose: screening, profiling for intervention, and monitoring/measuring change


Description:
This measure is for use with children and youth from 9 to 18 years. It measures personal attributes related to resilience. The scales focus on strengths as well as symptoms and vulnerabilities. The reading level is Grade 3. They are composed of three stand-alone global scales and ten subscales.

- Sense of Mastery Scale: optimism, self-efficacy, adaptability (3 subscales, 20 items)
- Sense of Relatedness Scale: trust, support, tolerance (4 subscales, 24 items)
- Emotional Reactivity Scale: sensitivity, recovery, impairment (3 subscales, 20 items)

Screening is done through the personal resiliency profile. Results are quantified using the Resource and Vulnerability indices. Children are identified who have low personal resources and high vulnerabilities before they fall behind and become symptomatic.

Principal component and confirmatory factor analysis support a 3-factor model for both males and females in more than one study. The psychometrics are adequate. Alpha coefficients are high across three age ranges (9 – 11, 12 – 14 and 15 to 18) for both males and females (sample sizes 100 – 113) for all 10 subscales with the exception of the 3-item Adaptability scale for both sexes in the two lower age groups (i.e., α ranged from .52 to .64 in these four groups). Internal consistency was highest in the oldest age level with α’s ranging from .79 to .95. In another study good test-retest reliability was found for two age bands, 9 – 14 (n = 49) and 15 – 18 (n = 65). For the three full scales this ranged from .79 to .88 and for the 10 subscales from .62 to .85. Although the measure is called a resiliency scale, it focuses heavily on behaviors of concern at the level of the individual, much as a problem checklist. The measure does not cover family or external resources and is used primarily for screening.


**Description:**
The CYRM is designed as a screening tool to explore the resources (individual, relational, communal and cultural) available to youth aged 12 to 23 years old that may bolster their resilience. The 58-item measure was designed as part of the International Resilience Project of the Resilience Research Centre, in collaboration with 14 communities in 11 countries around the world.

This new measure has acceptable psychometric properties and is the only measure to look at resilience across cultures. It contains items that are both consistent across cultures and unique to specific cultures allowing for introduction of culturally-specific items. Several studies have employed the CYRM and support the use of this measure for screening and group comparisons.

**Purpose:**
- screening

5. **Assessing Developmental Strengths questionnaires (ADS)** (Donnon & Hammond, 2007)


**Description:**
This group has developed three self-report measures to assess developmental strengths: the CR:ADS (for children from ages 9 to 12/13 years), the YR:ADS (for youth, ages 13 to 24 years) and the AR:ADS (for adults, 18 years and older). In addition, a measure has been developed for significant adults to report their perceptions about the child or youth (APC/Y: ADS). All measures focus on the 31 Developmental Strengths areas identified in Resiliency Initiatives’ “Resiliency Framework” which covers 12 internal and 19 external strengths across 10 factors (covering individual assets, family assets and social supports). The measure also includes items concerning risk areas and demographics.

The significant adult questionnaire has 62 items. The measures are very flexible and can be modularized so they can be modified to meet the evaluation needs of a program or community.

“Results from the resiliency assessment and evaluation protocol provides the basis for the early identification and development of short-term and long-term strategic plans of action specific to youth, adults and families as well as a way to evaluate the effectiveness of interventions provided by any type of community or treatment agency.” (Resiliency Initiatives website)

The YR:ADS measure has been administered to thousands of youth. Psychometric evaluation to date of the youth measure is promising. One large study with junior high students has reviewed the 10-factor structure of the measure as well as its predictive validity by comparing the number of strength areas reported with risk and pro-social behaviors. Test-retest reliability ranges from .72 to .90. More psychometric evaluation is needed to address test-retest reliability and construct validity of the tool.

**Purpose:**
- screening, profiling for intervention

6. **Resilience and Youth Development Module (RYDM of the California Healthy Kids Survey)** (Constantine & Benard, 2001; Constantine, Benard, & Diaz, 1999)
Description:
The Healthy Kids Survey (HKS) is a comprehensive student self-report tool for monitoring the school environment and student health risks. The resilience and youth development module (RYDM) is one module of the survey, which assesses environmental and internal assets associated with positive youth development and school success. Environmental assets refer to meaningful and pro-social bonding to community, school, family, and peers. Internal assets are personal resilience traits, such as self-efficacy and problem-solving skills.

The Healthy Kids Survey and the resilience and youth development module were designed as an epidemiological surveillance tool to track aggregate levels of health risk and resilience. The module increasingly is being used in evaluation work to assess student-level changes over time.

Conceptual categories: individual, family & external supports
Purpose: screening, profiling for intervention

[A psychometric evaluation summary]:

This report is available on the regional educational laboratory web site at http://ies.ed.gov/ncee/edlabs. “For the secondary school module, the results are consistent with the instrument’s current use as an epidemiological tool and with its conceptual foundation. It provides comprehensive and balanced coverage of eight environmental resilience assets and four internal resilience assets; its subscales exhibit good internal consistency and are associated with student risk factors in expected ways. And if certain items are dropped, the module also demonstrates measurement equivalence across racial/ethnic groups, males and females, and grades. The secondary school RYDM scales exhibit low test-retest reliability, however, which suggests that the module is not well suited for examining student-level changes over time. The instrument was not designed to examine individual differences across students and should not be used this way. Moreover, two of the six internal assets that the secondary school module was designed to measure—cooperation and goals/aspirations—could not be assessed validly. Several measures would benefit if additional items were included in derived scales to increase domain coverage.”

“The elementary school module was designed to assess seven environmental resilience assets and three internal resilience assets, but it can reliably assess only two environmental assets and one internal asset. Most of the scales measured by the elementary school instrument have poor psychometric properties. The elementary school instrument should thus be modified considerably to make it suitable for research.”

[Another psychometric review on this measure can be found at]:

Adolescents, only

7. The Adolescent Resilience Questionnaire (ARQ)-revised (Gartland et al., 2006)

Description:
The ARQ is the result of a research project with teens with chronic illness, focus groups of teens and secondary school students (ages 11-19). It not only looks at strengths within the adolescent, but also the family, peer group, school and community. This tool measures a young person’s ability to reach positive outcomes despite life challenges.

The revised self-report measure has 74 items and contains 13 subscales in 5 domains measuring the resources available to an adolescent both internally and externally:

- **Self:** Negative cognition (optimism reversed), confidence in self and future, meaning/introspection, empathy/tolerance, & social skills
- **Family:** Connectedness & availability
- **Peers:** Connectedness & availability
- **School:** Engagement & supportive environment
- **Community:** Connectedness

Initial psychometrics were favorable and further work is planned.

**Conceptual categories:** individual, family & external supports

**Purpose:** screening

8. **Brief Resiliency Checklist (BRC)** (Vance and Sanchez)

And [http://www.dhhs.state.nc.us/MHDDSAS/childandfamily/bestpractice/risk-resiliency-vance.doc](http://www.dhhs.state.nc.us/MHDDSAS/childandfamily/bestpractice/risk-resiliency-vance.doc)

**Description:**
The BRC is an assessment instrument that has been designed to document the presence of all risk and protective factors within a given child or family. It was tested on large high-risk cohorts. It lacks research evidence on appropriateness for use with adolescents. Unable to obtain further information.

**Conceptual categories:** individual, family & some external supports

**Purpose:** screening, profiling for intervention (?)

9. **Resilience Scale for Adolescents (READ)** (Hjemdal et al., 2006)


**Description:**
Development of the READ for adolescents began in 2004 as a direct derivation of the Resiliency Scale for Adults (RSA). It contains items from all three higher order categories of resilience. It contains 5 factors: (1) personal competence, 2) social competence, 3) structured style, 4) family cohesion, 5) social resources. The RSA’s response set was changed to a Likert-type scale as the semantic differential used in the RSA proved too difficult for teens. A parent/significant adult version of the scale (READ-P) is available.

Psychometric evaluation reveals Cronbach alphas for the 5 factors on the READ ranged from 0.85-0.69. Gender differences were found with girls reporting higher levels of social resources and boys reporting higher scores on personal competence which is consistent with other studies. However, no gender differences were found for the total READ scores. In a recent study READ was used as a possible predictor for depression among teens. Both teens and parent filled out the measure (parents completed READ-P). The READ total score and all READ factors significantly predicted depressive symptoms with personal competence being the best predictor (17% of the variance). READ-P scores did not predict depressive symptoms; young people were a better source of information regarding resilience as well as predicting depressive symptoms. READ also predicted social anxiety symptoms. Further validational work is underway using prospective designs with repeated measures as well as cross-cultural studies. Several projects are underway in French-, Spanish- and Portuguese-speaking countries.
Conceptual categories: individual, family & external supports
Purpose: screening, profiling for intervention

10. Resiliency Scale (RS) (Jew, Green & Kroger, 1999)


Description:
The Resiliency Scale for children and adolescents is based on the cognitive appraisal theory of Mrazek and Mrazek (1987), which emphasizes 12 essential skills that are important for coping adequately with life stress (rapid responsivity to danger, precocious maturity, disassociation of affect, information seeking, formation and utilization of relationships for survival, positive projective anticipation, decisive risk-taking, conviction of being loved, idealization of aggressor’s competence, cognitive restructuring of painful events, altruism and optimism and hope. The scale comprises 35 items distributed on three factors: (a) Future Orientation (alpha = .91), (b) Active Skill Acquisition (alpha = .79), and (c) Independence/Risk-Taking (alpha = .68). Each scale is rated on a 1 to 5 scale from strongly disagree to strongly agree. Subscales are reported but there is no total score.

The scale was developed using three adolescent populations: 9th grade students, rural grade 7-12 students and residents of an adolescent psychiatric treatment facility. This scale shows promising psychometric properties. Cronbach alphas for the three factors is 1) Future Orientation (alpha = .91), 2) Active Skill Acquisition (alpha = .79), and 3) Independence/Risk-Taking (alpha = .68). The subscales correlate with a measure of coping from .4 to .6. Jew and Green found the scale effectively differentiates between institutionalized and non-institutionalized adolescents as well as between self-reported “at-risk” versus “not-at-risk” students. The scale focuses on individual dispositional attitudes and does not include any of the other higher order categories of resilience (family support /cohesion and external support systems) previously identified by resiliency researchers.

Conceptual categories: individual
Purpose: screening


Description:
This scale was developed in Japan and consists of 21 items divided into three factors: (a) Novelty Seeking, (b) Emotional Regulation, and (c) Positive Future Orientation. Chronbach Alphas for the total scale (.85) and three factors were all acceptable (Novelty Seeking .79; Emotional Regulation .77; Positive Future Orientation .81). In a validational study (n=207; males and females, ages 19-23), as well as the ARS, subjects were given a 30-item negative events scale (Yes/No) and a 28-item general health questionnaire (4-point Likert scale). Correlations averaged about .75 among the resilience total and subscales. There were no significant correlations between the resilience items and negative life events, but correlations between -.26 and -.49 with the general health measure. Subjects were then divided into three clusters on the basis of the Negative Event and General Health scores: Cluster 1 - Well-adjusted, Cluster 2 - Vulnerable and Cluster 3 - Resilient. Differences were found between clusters for all Resilience scores with clusters 1 and 3 much the same and better than 2. The conclusion drawn was that “Construct validity is supported”

<table>
<thead>
<tr>
<th>Cluster</th>
<th>NE</th>
<th>GH</th>
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</thead>
<tbody>
<tr>
<td>1. Well Adjusted</td>
<td>10.51</td>
<td>1.87</td>
</tr>
<tr>
<td>2. Vulnerable</td>
<td>19.57</td>
<td>2.66</td>
</tr>
<tr>
<td>3. Resilient</td>
<td>22.20</td>
<td>1.91</td>
</tr>
</tbody>
</table>

Conceptual categories: individual
Purpose: screening
12. The Resiliency Attitudes and Skills Profile (RASP) (Hurtes & Allen, 2001)


**Description:**
This 34-item scale was designed to measure resiliency attitudes in seven dimensions (insight, independence, creativity, humour, initiative, relationships and values orientation) in youth ages 12-19 years for recreation and other services providing interventions.

**Conceptual categories:** individual  
**Purpose:** screening

**Adolescents & Adults**

13. Resilience Scale (RS) (Wagnild & Young, 1993) available from [www.resiliencescale.com](http://www.resiliencescale.com)


**Description:**
The 25-item RS measures the degree of individual resilience through five components: equanimity, perseverance, self-reliance, meaningfulness, and existential aloneness. All items are scored on a 7-point scale from 1=disagree to 7=agree. A 14-item version (RS-14) is also available. The scale is simple to read and administer. It is derived from interviews with “resilient” individuals and measures personal attributes associated with resilience.

The RS has good psychometric properties and has been used successfully in many studies in several languages involving adults (including caregivers, first-time mothers, residents of public housing, immigrants, students, etc.) and adolescents. The scale has had strong reliability and validity support and has been used by thousands of researchers across the world over for more than 15 years. “Correlations with other instruments include those measuring morale (.54, .43, and .28), life satisfaction (.59 and .30), health (.50, .40 and .26), perceived stress (-.67 and -.32), symptoms of stress (-.24), depression (-.36) and self-esteem (.57) (O’Neal, 1999).”  

**Conceptual categories:** individual  
**Purpose:** screening


**Description:**
The CD-RISC is a self-report measure aimed at adults and older adolescents. As described the authors (2003), “Resilience may be viewed as a measure of stress coping ability and, as such, could be an important target of treatment in anxiety, depression and stress reactions. The CD-RISC is comprised of 25 items, each rated on a 5-point scale, with higher scores reflecting greater resilience. The scale has been administered in several studies to groups in the community, primary care outpatients, general psychiatric outpatients, a clinical trial of generalized anxiety disorder, and two clinical trials of PTSD. The scale demonstrated good psychometric properties and factor analysis yielded five factors. A repeated-measures ANOVA showed that an increase in CD-RISC score was associated with greater improvement in treatment for those with PTSD.” It demonstrates good test-retest reliability and internal consistency. “The scale exhibits validity relative to other measures of stress and hardness, and reflects different levels of resilience in populations that are thought to be differentiated among other ways, by their degree of resilience.” The authors suggest that “resilience is quantifiable and influenced by health status (individuals with mental illness have lower levels of resilience than the general population” and “resilience is modifiable and can improve with treatment and great
improvement in resilience corresponds to higher levels of global improvement.” According to the authors, this is “the first demonstration that increased resilience, as operationally defined, can be associated with a pharmacologic intervention.” Several studies, including those in other countries (e.g., Turkey, China), have confirmed the psychometrics if not the five-factor structure.

In a recent UK psychometric review of resilience measures using stringent quality assessment criteria (Windle, 2010), the CD-RISC was rated in the top four in respect to its psychometric properties. In terms of its conceptual adequacy, however, it only looks at one higher order category of resilience (i.e., individual dispositional attitudes) of the three that are generally accepted by researchers, thus excluding family support/cohesion, and external support systems.

In 2007 (Sills & Stein, 2007), a 10-item version was created to address the unstable factor structure in three samples of US college students (n=500). The unidimensional scale that emerged has demonstrated good internal consistency and construct validity. The CD-RISC2 is an abbreviated version consisting of two items taken from the CD-RISC and designed for clinical assessment purposes. Based on recent studies, it appears to have sound psychometric properties and may be useful to identify patients who may be vulnerable to the development of neuropsychiatric disease.

Conceptual categories: individual
Purpose: screening, profiling for intervention, and monitoring/measuring change

The psychometric properties of the following two resilience measures will not be discussed in this compendium.

15. **The Ego Resilience 89 Scale (ER 89)** (Block & Kremen, 1996)


Description: This simple 14-item unidimensional self-report scale is designed to measure ego resiliency (a stable personality characteristic) in older adolescents/young adults (study groups: 18 and 23 years).

Conceptual categories: individual
Purpose: screening

16. **Ego Resiliency** (Bromley, Johnson & Cohen, 2006)


Description: This 102-item self-report scale was designed to measure ego resilience in older adolescents and young adults (study groups: 18 and 23 years).

Conceptual categories: individual
Purpose: screening
Strength-based, hardiness and protective/risk factors measures:

Strengths-based

Preschoolers, only


Description:
The items in the ITSEA were developed from clinical observation and existing checklists and piloted in a pediatric clinic. It is completed by parents at home. It can be used with children from 1 to 3 years and could be used by educators in pre-school settings. There are 5 scales: competencies, empathy, pro-social and peer relations. The measure includes attention skills as well as compliance. There are strength-based items, but the measure focuses primarily on problem behavior. A drawback is the length of time to complete it.

Conceptual categories: individual
Purpose: screening (?)

18. **Penn Interactive Play Scale (PIPPS)** (Fantuzzo, Suttonsmith, Coolahan et al., 1995)


Description:
This is a 36-item measure to be completed by preschool teachers for use with 3- to 5-year-olds. The measure contains items on emotional behavior, desirable social actions and lack of social connectedness. Its major drawback is the length of time to administer it.

Conceptual categories: individual
Purpose: screening, profiling for intervention (?)

19. **Social Skills Rating Scale (SSRS-T)** (Lyon, Albertus, Birkinbine & Naibi, 1996)


Description:
This measure is an adapted version of the SSRS for older children (see “School Age” next section).

20. **The Adaptive Social Behavior Inventory** (ASBI) (Hogan, Scott & Baven, 1992)


Description:
This measure is a 30-item teacher rating scale to assess social competence in 3 to 5 year olds.
It has 3 scales: express, comply and disrupt. They measure cooperation and conformity, peer sociability, and antisocial behavior. It was developed on the basis of items used in other instruments and its purpose if to identify children with emotional and behavioral difficulties.

Conceptual categories: individual
Purpose: screening

21. The Early Development Instrument (EDI) (Offord, Janus & Walsh, 2001) available through the authors


Description:
The EDI is a teacher rating scale assessing readiness to learn in preschool children in five areas: physical health, social competence, emotional health, cognitive development and communication skills. It was developed with an early years action group and practitioners.

Conceptual categories: individual
Purpose: screening

School Age (including Adolescents)

22. Social Skills Rating Scale (SSRS) Student Form (Gresham & Elliot, 1990)


Description:
The Social Skills Rating System (SSRS) Student Form (Gresham & Elliot, 1990), another more widely used and respected assessment tool, assesses several personal strengths characteristic of resilience. This measure assesses social skills, problematic behaviors and academic competencies. The instrument includes 10-item scales measuring cooperation (alpha=0.68), assertion (alpha=0.59), empathy (alpha=0.75), and self-control (alpha=0.66). Stability reliabilities for these scales average 0.58 (Gresham & Elliot, 1990). Thus, both internal consistency and stability reliabilities for the SSRS student form are below conventional levels of adequacy. It was designed as a screening tool to identify children from 5-18 years with behavior problems. It is reasonably brief and easy for teachers and parents to complete. A version for 3- to 5-year-old children has also been developed (see Lyon et al., 1996).

Conceptual categories: individual
Purpose: screening

23. Interpersonal Competence Scale (ICS) (Cairns, Leung, Gest & Cairns, 1995)


Description:
The ICS is an 18-item measure for children and youth from 8-16 years, and can be completed by teachers in a few minutes. It measures: social competencies, emotional behaviors and academic competencies.

Conceptual categories: individual
Purpose: screening
24. **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997) see [www.sdqinfo.com/](http://www.sdqinfo.com/) for more information and to download forms


**Description:**
The SDQ is a brief screening tool for 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists in several languages. Each version includes between one and three of the following components: 1) 25 items on psychological attributes; 2) an impact statement that asks whether the informant thinks the young person has a problem; and 3) Follow-up questions—these versions contain the 25 items (modified to read “within the last month”) plus 2 additional follow-up questions about the effect of interventions.

All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales (5 items each):

1. emotional problems
2. conduct problems
3. hyperactivity/inattention
4. peer social relationships
5. prosocial behaviour

Scales 2, 3, & 4 are added together to generate a “total difficulties” score. 10 items deal with strengths.

The same 25 items are included in questionnaires for completion by parents and teachers of 4-16 year old (Goodman 1997). A slightly modified informant-rated version is available for parents or nursery school teachers of 3- and 4-year-olds. Twenty-two of the items are identical, the item on reflectiveness is softened and two items on anti-social behavior are replaced by items on oppositionality. Self-report versions are available for children and youth 11-16 depending on their level of understanding and literacy. The questions ask about the same 25 traits, though the wording is slightly different (Goodman et al, 1998).

The measure has been used many times in studies around the world with good psychometric properties. It measures favorably with the Achenbach and other longer child problem-related scales. Its advantage is its brevity and ease of use by non-psychometricians as well as coverage across the age spectrum. While primarily problem-focused, it does include strengths related to resilience.

**Conceptual categories:** individual, external supports

**Purpose:** screening

25. **Behavioral and Emotional Rating Scale (BERS)** (Epstein & Sharma, 1998)


**Description:**
For ages 6 to 19 years, this 52-item scale was developed to provide parents and professionals with a standardized, norm-referenced, reliable and valid instrument to measure strengths. Many studies have been completed showing the BERS possesses strong psychometric properties and does not discriminate on the basis of race or ethnicity. It measures strengths in five areas: interpersonal strengths, family involvement, intrapersonal strengths, school functioning and affective strengths.

**Conceptual categories:** individual, family & external supports

**Purpose:** screening, profiling for intervention
26. Search Institute Surveys—Profiles of Student Life—Attitudes and Behaviors Questionnaire (ABQ)
(Price, Dake, & Kucharewski, 2002 for Search Institute)


**Description:**
Search Institute’s surveys focus on “40 Developmental Assets” that their research shows are linked to positive outcomes. They are separated into external and internal assets and further sub-divided into four main areas including:
- **External:** support, empowerment, boundaries and expectations, constructive use of time
- **Internal:** Commitment to learning, positive values, social competence, positive identity

Surveys are available for youth (ABQ for Grades 6–12), middle childhood (Me and My World—MMW for Grades 4–6) to assess overall functioning of students in a school or educational organization. The Developmental Assets Profile is available to look at individuals (11–18 years) and small groups. Other surveys are designed to assess learning and working environments in schools and adult-youth engagement in the community. The adolescent survey has been administered to more than 1.5 million students.

“The Search Institute’s Attitude and Behavior Questionnaire (ABQ), the most commonly used asset assessment in the United States, is a 152-item questionnaire designed to assess 40 developmental assets among students in grades 6–12—including social competence, self-esteem, and social support in the school and home environments (Price, Dake, & Kucharewski, 2002). The instrument averages 2.3 items per subscale (asset), with 13 of the 40 Search Institute assets measured by just one item. Price et al.’s psychometric analyses of the ABQ indicated that the items assess eight developmental assets—with average internal consistency of 0.50 and stability reliabilities of 0.45 (Price et al., 2002). Thus, the ABQ has relatively poor psychometric properties. In addition, the ABQ is not built upon a strong theoretical approach and assesses only one environmental asset in the school domain (caring school climate).” [From Appendix D of Hanson, T. L., & Kim, J. O. (2007). *Measuring resilience and youth development: the psychometric properties of the Healthy Kids Survey*, p. 53-54 (Issues & Answers Report, REL 2007–No. 034). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West. Retrieved from [http://ies.ed.gov/ncee/edlabs](http://ies.ed.gov/ncee/edlabs)]

**Conceptual categories:** individual, family & external supports

**Purpose:** screening, profiling for intervention


**Description:**
The youth version of the EQ-I was derived from a literature review and the authors’ clinical experience and aims measurement of emotional and social intelligence. Both self-report and observer report forms are available for youth and children as young as six years. The EQ-i:YV for 7-18 year olds is available in 30- and 60-item versions. The measure can be used to assess individuals as well as whole classrooms or schools. It is also available in a 133-item adult version.

The 60-item measure has two validity scales (positive impression and inconsistency index) and 5 primary scales:
- Intrapersonal—ability to understand and express feelings and needs
- Interpersonal – ability to identify and respond to feelings of others
- Stress management – ability to manage and control emotions
- Adaptability – flexibility, reality-testing and problem-solving
- General mood – optimism and happiness

The 30-item version deletes the general mood scale and inconsistency index. The measure was developed and standardized on nearly 10,000 children in the US and Canada and age and gender norms are available from 7-18 years
as well as for other countries including the UK. Each scale can be used separately and strategies are available to improve emotional and social competence in areas where there are low scores.

**Conceptual categories:** individual  
**Purpose:** screening, profiling for intervention

### 28. The Emotional and Behavioral Development Scale (EBDS) (Riding, Rayner, Morris et al., 2002)


**Description:**  
This 21-item teacher rating scale can be completed in less than 5 minutes and is appropriate for children from 5-16 years. It was designed from the responses of educational psychologists working with emotionally and behaviorally disturbed children. The measure has three scales (7 items each): development, emotional behavior and academic performance.

**Conceptual categories:** individual  
**Purpose:** screening

### Adolescents, only


For more information contact lcnorth@lakeheadu.ca

**Description:**  
This strength-based assessment tool was designed to measure strengths in domains related to naturally occurring structures in the environment including:

- Contextual domains (child’s interaction with others): peers, family/home, school, employment, community
- Developmental domains (child’s individual functioning): personality, personal and physical care, spiritual/cultural, leisure and recreation

This 123-item measure is designed to assess strengths in children and youth from 10-18 years old. The self-report measure is at a Grade 4 reading level; a version for significant others has been developed as well. It can also be completed online and a profile is generated. The measure comes from the “Risk-Need Measure” taking 6 domains relating to internal strengths and excluding two areas (history of criminality and substance use). The measure is under psychometric evaluation, for more information contact the first author.

**Conceptual categories:** individual, family & external supports  
**Purpose:** screening, profiling for intervention (?)

### Hardiness measures

#### Adolescents and adults

There are several well-tested measures of hardiness that are appropriate for use with adolescents as well as adults. These will only be described briefly in this section.

#### 30. Personal Views Survey III and III-R (PVS III) (Hardiness Institute, 1985)

Description:
This measure is based on the original work of Kobasa who hypothesized that “highly stressed people who stay healthy possess to greater extent than highly stressed persons who get sick: a) the belief they can control or influence the events of their experience, b) an ability to feel deeply involved in or committed to the activities of their lives, and c) the anticipation of change as an exciting challenge to further development measuring commitment, control and challenge (Kobasa, 1979a, p. 415).” These three components comprise hardiness a “personal stance that facilitates coping effectively with stressful circumstances (Maddi, 1997).”

The PVS III selects the best 30 items from the PSV II (Maddi, 1997; an earlier version with 45 items). Responses range from 0 to 4 (complete disagreement to complete agreement). It can be administered independently or as part of the HardiSurvey, a 106-item survey (or shorter revised HardiSurvey-R) that not only looks at hardy attitudes but also the resources of work support, family support and hardy coping as well as vulnerability factors such as stress, strain and regressive coping. The measure provides scores for commitment, control and challenge as well as a total score. The PVS III-R is the revised version containing 18 items. The measure can be used for a range of ages, from adult to adolescents in the general population as well as in institutionalized groups.

A number of studies have shown the PVS measures to have adequate internal consistency (.70-.75 for commitment, .61-.84 for control and .60 to .71 for challenge. Factor analyses have confirmed the three components of hardiness. These measures and their predecessors have been shown to correlate with several standardized measures: low anxiety (.30 and .32 on the STAI), negative affectivity (-.46 on the Hopkins Symptom Checklist) and overall personality issues (.40 to .50 range with MMPI) among others.

Conceptual categories: individual
Purpose: screening, profiling for intervention


Description:
This scale purports to measure hardiness more directly, i.e., 1) commitment as opposed to alienation, 2) attitudes toward life changes as challenge as opposed to threats, and 3) beliefs in one’s sense of control over significant life outcomes. The scale consists of 30 items on a 1 to 5 scale (strongly disagree to strongly agree). A total score as well as three subscales are provided.

Conceptual categories: individual
Purpose: screening, profiling for intervention (?)

32. Psychological Hardiness Scale (PHS) (Younkin and Betz, 1996)


Description:
The PHS consists of 40 items answered on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). It was a response to shortcomings identified by the authors in earlier measures of hardiness that divided hardiness into three components. They propose a unidimensional instrument designed to measure hardiness directly rather than indirectly (through negative indicators).

Conceptual categories: individual
Purpose: screening
Protective & Risk Factors Measures

33. Baruth Protective Factors Inventory (BPFI) (Baruth and Carroll, 2002)


Description:
This measure was designed for adults but has been used with adolescents although there is a lack of research evidence to support use with this age group. “A formal psychological inventory to identify resiliency factors in individuals was developed by Baruth and Carroll (2002). The Baruth Protective Factors Inventory (BPFI) is a 16-item scale that delineates four protective factors: (a) Adaptable Personality, (b) Supportive Environment, (c) Fewer Stressors, and (d) Compensating Experiences. The authors noted that further reliability and validity testing of this instrument is indicated and specifically found that the items developed for the Fewer Stressors subscale did not correlate highly with the other three subscales. This latter finding appears to support Ratican’s (1992) observation that the level of stress exhibited by trauma survivors did not necessarily correspond with the amount or severity of trauma experiences and Rutter’s (1987) assertion that exposure to mild prior stressors might facilitate resiliency later on (from Bogar, C. B. 2006. Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. Journal of Counselling and Development).”

Conceptual categories: individual, family
Purpose: screening

34. Communities That Care Youth Survey (CTC) (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002)


Description:
“The CTC was designed to assess an array of risk and protective factors among adolescents aged 11 to 18, including family attachment, peer pro-social involvement, and opportunities for pro-social involvement and recognition of pro-social involvement in the school, family, and community domains (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). The instrument contains an average of 3.3 items per protective factor measured, with a mean alpha of 0.75 (Arthur et al., 1996). The protective factor scales have demonstrated respectable internal consistency on large national samples (Beyers, Toumbourou, Catalano, Arthur, & Hawkins, 2004). Although the content of the CTC survey overlaps with the resilience and youth development module, its coverage of environmental and internal assets is more limited. Just two are used to measure opportunities for pro-social involvement and just three for recognition of pro-social involvement in the school domain. These constructs exhibited internal consistency reliabilities of 0.55 and 0.60. No test-retest reliabilities have been reported.” (Taken from Hanson, T. L., & Kim, J. O. (2007). Measuring resilience and youth development: the psychometric properties of the Healthy Kids Survey. (Issues & Answers Report, REL 2007–No. 034). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West.)

Conceptual categories: family & external supports (risk and protective factors)
Purpose: screening


**Description:**
“Several environmental and internal asset scales have been developed for the Child Development Project (CDP) (Battistich, 2003; Battistich, Schaps, Watson, Solomon, & Lewis, 2000; Battistich, Schaps, & Wilson, 2004). The items, designed for students in grades 3–6, assess sense of school community (18 items, alpha=0.81), trust and respect for teachers (6 items, alpha=0.79), positive teacher-student relations (3 items, alpha=0.63), and peers’ positive involvement in school (5 items, alpha=0.78). The CDP instrument also assesses personal and social attitudes consistent with resilience theory, including concern for others (10 items, alpha=0.80), efficacy (9 items, alpha=0.81), and global self-esteem (3 items, alpha=0.79). The domains covered by CDP are consistent with Benard’s (2004) resiliency framework, and the protective factor scales demonstrate respectable internal consistency reliability, particularly given that the instrument targets elementary school students. However, with 147 items, the instrument is too lengthy for widespread administration in California school settings.” (Taken from Hanson, T. L., & Kim, J. O. (2007). *Measuring resilience and youth development: the psychometric properties of the Healthy Kids Survey. (Issues & Answers Report, REL 2007–No. 034).* Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, Regional Educational Laboratory West.)

**Conceptual categories:** individual, family & external supports (risk and protective factors)

**Purpose:** screening, profiling for intervention

**Three additional measures are listed below but will not be discussed in this compendium.**

**36. Rochester Evaluation of Asset Development for Youth (READY)** (Klein et al., 2006)


**37. Individual Protective Factors Index** (Springer & Philips, 1995)


**38. Youth Asset Survey (YAS)** (Oman et al., 2002)

### Resilience Measures

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