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COVER STORY

Maximizing children's resilience

New psychological research points the way toward boosting resilience in children at risk, particularly the importance of supporting parents and early interventions for children and adolescents



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Print version: page 40

They call them "the formative years" for a reason. A wealth of research has shown that stress and hardship in childhood—such as that caused by abuse, neglect, exposure to violence and mental illness in caregivers—can alter the brain architecture of a developing child. Those physiological changes, in turn, raise the risk of cognitive and developmental delays, physical health problems such as diabetes and heart disease, and behavioral and mental health problems such as substance abuse and depression.

Yet some people flourish despite those long odds, and psychologists are homing in on the factors that boost resilience.

Early on, resilience researchers focused on traits of resilient individuals, says University of Minnesota psychologist Ann S. Masten, PhD, who has studied the subject for 40 years and directs the Project Competence program of research on risk and resilience. More recently, the field has shifted toward looking at resilience from a systems perspective, she says. "The resilience of an individual depends on drawing resources from many other systems."



To be sure, some resilience factors are drawn from within, involving abilities such as problem solving, self-control, emotion regulation, motivation to succeed and self-efficacy. But external factors are important, too. Some of those influences are related to the attachment system, including having supportive parents or primary caregivers, close relationships with other caring adults and close peer

relationships. Still others exist in systems beyond the family, such as effective schools and neighborhoods and the qualities of faith and hope embedded in spiritual and cultural beliefs.

"A child is embedded in interactions with friends, family, community. The way those other systems are functioning plays a huge role in the capacity of that child to overcome adversity," Masten says.

Those same resilience factors show up in research again and again, in many different populations. And that short list of protective systems also serves as a checklist of places to intervene to aim a child down a promising path.

Relationships foster resilience

Researchers agree that, of all the factors that boost resilience, good parenting is often the most significant. "The thing that makes the biggest difference, over and above one's genetic blueprint, is the relationship a child has with a primary caregiver," says Philip Fisher, PhD, a professor of psychology at the University of Oregon who studies early childhood interventions to improve the functioning of children from disadvantaged backgrounds. "The presence of a supportive, consistent and protective primary caregiver—especially when the underlying stress systems are activated—is the factor that makes the biggest difference in healthy development."

Many of the problems that stem from childhood adversity involve inadequate self-regulation, which has been linked to parents' behaviors and the home environment. As described in a detailed report from the U.S. Department of Health and Human Services Office of Planning, Research and Evaluation, children who have experienced maltreatment, harsh parenting and challenges such as poverty and food insecurity show poorer self-regulation in cognitive, emotional and behavioral domains. Yet parental warmth, responsiveness and sensitivity foster the development of self-regulation, and can buffer the effects of other stressors (Self-Regulation and Toxic Stress, OPRE Report #2015-30, 2015).



"Resilience rests, fundamentally, on relationships," says Suniya Luthar, PhD, a professor of psychology at Arizona State University who has studied vulnerability and resilience for more than three decades.

This year, she and her colleague Nancy Eisenberg, PhD, published a special section in the journal *Child Development* to highlight evidence-based interventions demonstrated to maximize resilience in families and children (*Child Development*, Vol. 88, No. 2, 2017). Among those articles addressing diverse vulnerable populations, many highlight programs that support parents. "If you want a child to be functioning well, tend to the person who's tending the child," Luthar says.

In one paper, Amanda Sheffield Morris, PhD, and colleagues reviewed several programs designed to strengthen social support for parents and increase positive parent-child interactions to improve well-being for children living in poverty.

In one brief home-visit program, for instance, parents were helped to develop skills for becoming more positive and effective in their parenting, and were referred for additional family-based interventions as needed. Parents who participated in the program showed more positive parenting behaviors and fewer depressive symptoms. Their children showed fewer internalizing and externalizing problems.

Another program for mothers promoted their responsivity to their children, maternal feelings of support from their communities and maternal self-efficacy. The mothers attended weekly group sessions led by trained supervisors at early childhood agencies or pediatric primary-care sites. Compared with the control group, children whose mothers participated had fewer behavioral and socioemotional problems.

Increasing access to such programs could have a significant effect on public health by improving health and well-being in childhood and beyond, Morris and her co-authors conclude. By partnering with community sites—such as pediatric clinics and Head Start centers—the programs could be scaled up to reach large numbers of at-risk families, they say (*Child Development*, Vol. 88, No. 2, 2017).

Better parenting

Other papers in the special section focus on specific subsets of parents. In one, Sherryl Goodman, PhD, and Judy Garber, PhD, explored evidence-based interventions for mothers with depression—a significant risk factor for maladjustment in young children. Depression can negatively affect parenting behaviors: Depressed mothers are more likely to be disengaged, harsh or critical with their kids.

But a variety of research has shown that treating maternal depression can trickle down to improve mental health in kids. Goodman and Garber reviewed programs that involved interpersonal therapy or cognitive-behavioral therapy (CBT) strategies to manage maternal depression and improve parenting, and found both in-home programs and those administered through sites such as child-care or community health centers improved parenting skills and reduced depression in mothers and their children (*Child Development*, Vol. 88, No. 2, 2017).

In another example, Zoe E. Taylor, PhD, and Rand Conger, PhD, reviewed the evidence for enhancing the strength of single mothers. Several factors boost well-being and positive parenting behaviors for these mothers, including perceived social support from friends and family, as well as internal traits such as high optimism, self-efficacy and self-esteem, the authors say.

After reviewing the research, Taylor and Conger concluded that interventions that combine peer support for mothers and CBT are likely to improve single mothers' coping skills, increasing their well-being and that of their children. Group-based interventions are likely to be particularly effective, because they are both cost-effective and they encourage participants to form meaningful and lasting connections with one another, strengthening their social support networks (*Child Development*, Vol. 88, No. 2, 2017).

When it comes to the role of fathers in a child's well-being, numerous studies have found associations between fathers' positive parenting and children's cognitive, social and emotional development and mental health, as Marsha Kline Pruett, PhD, and colleagues describe in another review in the special section. Unfortunately, interventions to increase fathers' involvement in low-income families have had mostly disappointing results, Pruett and her colleagues note. But their research suggests that focusing on couples, rather than fathers alone, can have positive effects. Through their Supporting Father Involvement project, Pruett and colleagues held weekly group sessions for low-income families that



covered such topics as strengthening the couple's relationship, paternal involvement and finding help to deal with external stresses. Families who participated in the program reported increases in father involvement and decreased parenting stress. And while families in the control group reported increasing problem behaviors in their children, those who participated in the intervention reported no such increase (*Child Development*, Vol. 88, No. 2, 2017).

Social-emotional schooling

Investing in children's development early pays off exponentially, Masten says. "The skills you need at one age are the platform for building future skills. If you establish a sound foundation early, you can build forward."

Yet research has shown that children raised in poverty are more likely to start school with fewer social-emotional skills. And such skills matter, says Roger Weissberg, PhD, a professor of psychology and education at the University of Illinois at Chicago, and board vice chair and chief knowledge officer at the Collaborative for Academic, Social, and Emotional Learning (CASEL), a national organization working to incorporate evidence-based social and emotional learning into education.

In a meta-analysis of more than 200 studies, Weissberg and colleagues found that children who participated in evidence-based social-emotional learning (SEL) programs had better social skills, behavior and attitudes, as well as academic achievement gains of 11 percentile points, compared with children who did not participate (*Child Development*, Vol. 82, No. 1, 2011).

The earlier children develop those skills, the better, researchers agree. "Early adolescence is a period of rapid change in the brain, and it might be a good window to recover some functioning and recover to a good trajectory," Masten says.

Luthar agrees that adolescence is a critical period. But it's more than just an opportunity to correct for early adversities, she says. It's also a period when new developmental issues arise—and there's a need for more programs targeting adolescents and their parents. "The onset of adolescence presents its own set of unique challenges that must be directly addressed among at-risk populations," she says. "The needs, dilemmas and parenting challenges are entirely different for parents of at-risk adolescents as compared to at-risk toddlers—and so much is at stake as kids start to explore things like sex, drugs and delinquency."

The good news is that support for school programs that emphasize social and emotional learning is growing as educators and administrators realize that such programs benefit all children, whether they're at risk of maladjustment or not. "Teachers and principals see these as critical strategies to enhance children's development," Weissberg says.

Social-emotional learning programs target many of the same skills that predict resilience: self-awareness, self-management, responsible decision-making, social awareness and relationship skills. Through CASEL, Weissberg and his colleagues review social-emotional learning interventions nationwide and help districts implement effective programs in their schools. So far, they've worked with 20 large urban districts, reaching about 2.5 million kids, he says.

"If you have kids who have experienced trauma and they're at risk, I think it's critical for them to have schooling that promotes their social, emotional and academic competencies. If you don't do that, you're

not going to be able to meet their needs," Weissberg says.

Still, for some children whose brain development was derailed by hardship, school-based programs might not go far enough. They may need more tailored interventions—but to customize those interventions, it helps to know what's missing. New advances in neuroscience are helping to uncover those mechanisms and point toward interventions, says Fisher (*New Directions for Child and Adolescent Development*, Vol. 2016, No. 153, 2016).

Children from high-adversity backgrounds often have trouble learning from their mistakes, for instance. Using neuroimaging, he and his colleagues showed that such children don't show normal patterns of brain activity after receiving corrective feedback when they make a mistake during a computer task. "It's not that the kids don't care. The information isn't getting through," he says.

But in a pilot study of foster children from high-adversity backgrounds, he and his colleagues demonstrated that those brain patterns could be changed through a family-based intervention that provided regular services from behavioral specialists, therapeutic playgroups and extensive support for foster parents.

With the right support, in other words, at-risk children can learn to make use of the information that can help them thrive. "Neuroscience measures allow us to understand more precisely the things that have been impacted [by adversity], and can help us tailor our interventions," he says.

Emerging findings from neuroscience can help researchers zero in on strategies that can help struggling children succeed. Yet, in the recent *Child Development* special section, the co-authors caution that for interventions intended for use on a large scale, it will be impractical to use biological measures to personalize interventions. Furthermore, when programs are known to be generally beneficial, it could be ethically questionable to plan to exclude some kids based on aspects of their biological or genetic profiles.

Following up on the Kauai Study

Some of the brain changes resulting from early-life hardships are likely to persist, Fisher says. Still, research shows it is possible to continue to develop skills related to resilience, even into adulthood. For proof, look to Hawaii.

In 1955, psychologists Emmy Werner, PhD, and Ruth Smith, PhD, launched the Kauai Longitudinal Study, which has followed all the children born on Kauai that year from birth into adulthood. Nearly a third of those children lived in impoverished or stressful conditions, such as in families with mental illness or alcoholism.

Many children developed mental health or behavioral problems in childhood, but about a third seemed to thrive despite those setbacks. They showed no signs of behavioral or learning problems and developed into competent, well-adjusted adults.

Werner and Smith identified common protective factors among those standouts. Resilient participants tended to have a well-developed sense of their own self-efficacy, and supportive relationships with at least one reliable family member and other caring adults such as teachers and community elders.

What was intriguing about the Kauai study, however, wasn't that a third of the kids thrived despite adversity. It was that among the two-thirds of at-risk children who did show signs of problem behavior in childhood and adolescence, the majority had turned things around by age 40, as Werner described in a report for Portland State University (*Focal Point: Research, Policy, and Practice in Children's Mental Health*, Vol. 19, No. 1, 2005).

When she surveyed participants at 40, Werner found that the turning point usually came from forces that presented the participants with new opportunities: continuing education in adult high school or community college, joining the armed forces, marrying a stable partner, participating in a religious community, recovering from serious illness or accident, and in some cases, psychotherapy.

"There isn't a formula that dooms or blesses a child with success," says Laurie "Lali" McCubbin, PhD, a psychology professor at the University of Louisville who has since taken over as principal investigator of the Kauai study. "There are many pathways of resilience."

McCubbin recently followed up with the participants, now in their 60s. Many of those who have created stable, happy lives have drawn support from their cultural heritage, she says. One man, who had been abandoned by his mother as a child, drew purpose from his Hawaiian culture and his island, becoming involved in local conservation efforts and spending time on the water when something was troubling him. Another, who as a child had a difficult relationship with his father, took pride in caring for his dad in old age.

That experience of drawing meaning from adversity is something that clinical and counseling psychologists can help facilitate, McCubbin adds.

"What I love most about resilience is the creativity involved. It's wonderful as a clinician to help clients negotiate that experience in therapy," she says. "Resilience is a process, and we can help clients change at any point in the lifespan."

Additional reading

Ordinary Magic: Resilience in Development

Masten, A.S., 2014

Special Section: Developmental Research and Translational Science: Evidence-Based Interventions for At-Risk Youth and Families

Luthar, S.S., & Eisenberg, N. (Eds.), *Child Development*, 2017

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