

Using Protective Factors in Practice

Lessons Learned about Resilience from a Study of Children Aged Five to Thirteen

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ABSTRACT: There are many advantages of using resilience as a framework to guide the screening, assessment, and promotion of social-emotional health in children. This article reviews which individual attributes are most important for the resilience of elementary school-age children, as primarily determined by the positive attribute's ability to discriminate between typically developing children and those with disciplinary, mental health, and/or special education referrals or services. This research lends itself to a practical framework to scientifically measure and utilize individual social-emotional strengths for the purposes of fostering resilience in all children.

KEYWORDS: resilience; protective factor; assessment; social-emotional; DESSA; strength; devereux; screen; prevention

The use of the constructs of resilience and within-child strengths to guide the practice of assessment and intervention in education and child psychology is a relatively new approach. As a consequence, the literature discussing strength-based approaches at the practice level is sparse and often anecdotal. The lack of empirical direction for the practical use of resilience in educational and treatment planning exists despite the President's New Freedom Commission on Mental Health² stating that the transformation of the mental health delivery system relies on our ability to focus on the consumer's ability to cope with life's challenges, facilitate recovery, and build resilience. The gap between mandate and practice was further emphasized when the strength-based perspective was incorporated into law when the Individuals with Disabilities Education Improvement Act (IDEIA)³ reauthorization regulations were adopted in July 2005. The revision requires that strengths be considered in the development of an Individualized Education Plan (IEP), that positive behavior supports be

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used in school settings, and that a greater emphasis be placed on prevention services, allowing school systems to use up to 15% of their federal money for early intervention instead of for traditional special education services or out of district placements. The spending of this early intervention money is required to be for scientifically based behavioral and academic interventions that make use of technologically sound assessments. Many advantages of strength-based practice have been articulated, and by mandate, strength-based practices have been "adopted." But is the field ready to use individual strengths in a scientifically and technologically sound manner?

To initially investigate this hypothesized disparity, 40 client files were randomly selected in March 2003 from three different mental health service programs, including a wrap-around program for children with developmental disabilities, a special education day treatment program for children with social skills deficits and affective disorders, and a residential treatment setting for boys with oppositional defiant and conduct disorders. Upon reviewing each child's current and previous treatment plans, assessments, educational reviews, and IEP, a combined 329 statements of strengths were found. Statements ranged from ones that seemed irrelevant to his or her mental health (e.g., "well nourished" "motivated to have cyst treated") to those that seemed like potential assets to recovery (e.g., "likes to be around others" "enjoys drawing") and to those that actually seemed like potential concerns (e.g., "likes to be clean—4 showers/day"). Other strength-statements seemed entirely inappropriate (e.g., "adjusts well to tranquil environment," "light-skinned"). These exploratory findings led to a thorough review of the literature and a series of focus groups with multidisciplinary professional teams to determine what strengths are theorized to promote well-being. After generating a list of 765 uniquely phrased potential within-child protective factors, we collapsed similar content and operationalized the items resulting in a set of 156 potential strength statements. We then devised an empirical study to determine the degree of clinical utility that exists for the hypothesized characteristics.

METHOD

To empirically investigate the relationship between the 156 theorized strengths and children's actual social and emotional well-being, a contrasted group study was designed. Parents and teachers provided ratings of the observed frequency of 156 positive behaviors in children who had either already been identified as having significant social and emotional problems ($n = 86$) or who had not been so identified ($n = 322$). The criteria used to determine an "identified" child/adolescent was the presence of one or more of the following: a referral to the office for aggressive or violent behavior during the academic year, a referral to a mental health professional for an evaluation regarding emotional/behavioral problems during this academic year, treatment by a mental

health professional for emotional/behavioral problems during the academic year, a program or plan developed to manage his/her behavior problems, a psychiatric diagnosis, or special education services for emotional/behavioral problems.

Data were collected on 408 children in kindergarten through seventh grade attending 35 schools and after-school programs in 26 states. The children comprised a diverse sample and included Black ($n = 67$, 16%), Latino ($n = 61$, 14%), and socioeconomically disadvantaged children ($n = 68$, 16%). Teachers provided 58% of all ratings and parents provided the rest. The data collection form asked them to indicate on a 5-point Likert scale ranging from “never” to “very frequently” how often they had observed the 156 strengths in the past 4 weeks. Informants were also given the opportunity to indicate that the item was unclear, or that they felt the item did not apply to the child being rated.

RESULTS

A multistage data analysis plan was used to reduce the initial pool of 156 potential strengths to a more manageable, useful, reliable, and valid pool of strengths. As a first step in the analysis, those items that were frequently marked as unclear, does not apply, or left blank, were eliminated. The items with the highest percentages of unclear ratings were, “look for deeper meaning in daily routines” (7%), and “delay gratification” (6%). A larger percentage of informants, especially teachers, indicated that certain items were not applicable. These items included, “participate in religious activities” (22%), “recycle or do something to help the environment” (12%), and “spend time on a hobby” (10%).

The next criterion applied to the potential strengths was the ability of the item to differentiate between the identified and nonidentified samples. In addition to t -tests, effect sizes (d -ratios) were also examined. Those items where the mean scores differed significantly and were separated by at least half a standard deviation ($d \geq 0.50$) were retained. Only 7 of the original 156 items did not differentiate significantly between the two groups. In addition, only 30 items had effect sizes of less than half a standard deviation. Examples of items that did not differentiate included, “participate in after school or community activities,” “show talent in athletics, the arts, or in a technical/mechanical area,” and “engage in cultural activities or traditions.”

The third step was to examine the corrected item-total correlations. Very few items were eliminated on this basis. Fourth, item raw scores were correlated with the student’s age, gender, and race. To avoid strengths that seemed biased across these dimensions, 10 additional items were eliminated. As a final step, redundant or very similar items were eliminated. These five steps winnowed the pool of potential strengths from 156 items to 81 items. Using a discriminate analysis function, these 81 strength-based items correctly classified children

based on their referral status in 87.6% of all cases, demonstrating that strength-based indicators can empirically predict well-being.

DISCUSSION AND CONCLUSIONS

This study advances our knowledge of within-child strengths in many ways. First, it provides a comprehensive review of our existing knowledge about within-child strengths. Second, it investigates which strengths have contextual validity to both parents and teachers. Third, it explores which of these strengths differentiate between students already identified with significant emotional and behavioral disorders and those who are not. Interestingly, some of the strengths that are widely recognized in the literature as protective were not validated through this study. This was most strikingly the case for items related to religion and spirituality. Further studies will scrutinize this 81 item-set through a larger and more diverse sample of student behavior, organize the content into scales, and will explore how the empirically validated strengths lend themselves to intervention planning and progress monitoring. Such findings will be utilized to design practical, strength-based tools for educators and mental health professionals to use data to support the social and emotional development of children with disabilities, identify students at risk for emotional and behavioral problems, and to promote the resilience of all children.

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