

**Early Childhood Development: Practice and Reflections Number 8**

**A guide to promoting resilience in children:  
strengthening the human spirit**

Edith Grotberg, Ph.D.

The International Resilience Project

Bernard van Leer Foundation

**Early Childhood Development: Practice and Reflections Number 8**

**A guide to promoting resilience in children:**

**strengthening the human spirit**

Edith Grotberg, Ph.D.  
The International Resilience Project

Bernard van Leer Foundation, 1995

**About the series**

The series *Early Childhood Development: Practice and Reflections* addresses issues of importance to practitioners, policy makers and academics concerned with meeting the educational and developmental needs of disadvantaged children in developing and industrial societies.

The series is a continuation of the Occasional Papers series (numbers 1 to 6) and the numbering starts at No. 7.

Copyright is held jointly by the authors and the Foundation. Unless otherwise stated, however, papers may be quoted and photocopied for non-commercial purposes without prior permission. Citations should be given in full, giving the Foundation as source.

**About the author**

Dr Edith Grotberg is Senior Scientist at the Civitan International Research Center, University of Alabama at Birmingham, Alabama, USA. A developmental psychologist, she has been a professor at the American University, Washington DC, and at the Ahfad University for Women in Omdurman, Sudan. She was Director of Research for a US Government agency concerned with children, youth and families at risk. Dr Grotberg has written and published extensively on her research, on application of research findings to services, and on policy formation. Her present focus on resilience is a culmination and integration of previous work and experiences.

**About the Foundation**

The Bernard van Leer Foundation is a private institution based in The Netherlands that concentrates its resources on support for early childhood development. The Foundation takes its name from Bernard van Leer, a Dutch industrialist who died in 1958 and gave the entire share capital of his worldwide packaging industry for humanitarian purposes. The Foundation's income is derived from this industry.

The Foundation's central objective is to improve opportunities for young children who live in disadvantaged circumstances. It does this by supporting the development of innovative field-based approaches in early childhood development, and by sharing experiences with as wide an audience as possible in order to influence policy and practice.

ISBN 90-6195-038-4

ISSN 1382-4813

# Contents

## **Acknowledgements**

## **Foreword**

## **Introduction: the International Resilience Project**

### Chapter 1

#### **Why bother with resilience?**

Three sources of resilience

What is resilience?

The language of resilience: I HAVE, I AM, I CAN

Strengthening the human spirit

### Chapter 2

#### **The child from birth to three**

Tasks of the age

What parents and care givers can do

Examples of resilience and non-resilience promoting actions

Examples from the International Resilience Project

The results

### Chapter 3

#### **The child from four to seven**

Tasks of the age

What parents and care givers can do

Examples of resilience and non-resilience promoting actions

Examples from the International Resilience Project

The results

### Chapter 4

#### **The child from eight to eleven**

Tasks of the age

What parents and care givers can do

Examples of resilience and non-resilience promoting actions

Examples from the International Resilience Project

The results

### Appendix 1

#### **Promoting resilience in children: Teaching and discussion strategies**

### Appendix 2

#### **Further reading**

### Appendix 3

#### **Checklist for children**

# Acknowledgements

I would like to thank the following members of the Advisory Committee for their support and advice: Susan van der Vynckt and Ida Subaru of UNESCO; Nestor Suarez Ojeda of PAHO; Stefan Vanistendael, ICCB; Sylvia Mansour, ICC; Amna and Gasim Badri, Sudan; Rhonda Birell-Weisen, WHO; Horacio Walker and Jim Smale, Bernard van Leer Foundation; and especially to Sharon and Craig Ramey of the Civitan International Research Center without whose support the Project would never have happened.

I would also like to thank the researchers who made this work possible: Robbyn Kistler, Russia; Ausra Kuriene, Roma Pivoriene, and Aleksandras Kueinskas, Lithuania; Milusa Havlinova, Czech Republic; Marta Kortinus and Judit Rozsa, Hungary; Gasim Badri, Sudan; Barnabas Otaala, Namibia; Chok Hiew and Nadine Cormier, Canada; Matilde Maddaleno, Chile; Fernando LeFevre, Brazil; Dina Krauskopt, Costa Rica; Emily Miao, Taiwan, Poolsook Sriyaporn and Vajira Kasikosol, Thailand; Reiko Ueda, Japan; and Le Thi Nham Tuyet, Vietnam.

And special thanks to the support staff at Civitan and to Ruth Cohen of the Bernard van Leer Foundation. And finally, to Lee Burchinal for his special role in the International Resilience Project.

Edith Grotberg  
August 1995

# Foreword

The objective of the Bernard van Leer Foundation is to improve opportunities for young children living in disadvantaged circumstances. There are common threads running through all the work that we support in countries around the world: empowering parents and communities; building up self-esteem in children and families; enabling families and communities to make their own decisions. Our approach means that we do not perceive disadvantage as a problem to be solved or compensated for; instead, we try to look for the strengths that exist within individuals and their environments in order to build upon them. Rather than examining ‘failures’, we want to understand why some people and communities survive and thrive against all odds so that we can learn lessons that can be shared with others.

The work of the International Resilience Project fits well into this approach. Edith Grotberg defines resilience as a ‘universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity’. By investigating this construct at an international level, the project enables us to gain some understanding of the combination of factors that result in resilience in children. By writing this Guide, Edith Grotberg has managed to turn a set of concepts into practical tools that can be incorporated into the everyday work of development projects. Thus, it also serves as an example of how theory and research can be turned into practice.

In the Guide, the main factors that make up resilience are grouped under three headings: I HAVE, I AM, I CAN. Such headings may appear overly assertive in some societies where, for example, the prevailing belief is that ‘children should be seen but not heard’. However, it is up to each reader to take what he or she can from this Guide and adapt it to the people, the setting and the culture. Whatever the society, there can be no argument that children should feel loved and lovable, should be respectful and responsible, and should know who they can approach in times of need. This may seem to be self-evident but the research has found that most parents and care givers do not know about resilience or how to promote it in children. Thus, too many adults inhibit and even thwart the development of resilience, leaving countless children feeling helpless, sad and unloved.

As a Foundation, we have gained new understandings through our membership on the Advisory Committee of the International Resilience Project, and we are pleased to be able to publish this Guide. We hope that it will inspire development workers to examine their own work with new eyes and to incorporate those aspects they find relevant into their work with children and families.

Rien van Gendt  
Executive Director

# Introduction: the International Resilience Project

The main body of this book is a practical Guide that will help adults to promote resilience in children. In this introduction, we discuss some background behind the concept of resilience and give a brief description of the International Resilience Project. The Guide itself is based on research findings from this project.

The concept of resilience is not a new one, although defining it precisely remains a problem. A number of researchers<sup>1</sup> have identified specific factors such as trusting relationships, emotional support outside the family, self-esteem, encouragement of autonomy, hope, responsible risk taking, a sense of being lovable, school achievement, belief in God and morality, unconditional love for someone. But there is insufficient understanding on the dynamic interaction of these factors, their roles in different contexts, their expression and their sources. A child's own genetic make-up and temperament are fundamental to whether he or she will be resilient. That is, a child's vulnerability to anxiety, challenges, stress or unfamiliarity determines his or her self-perception, how he or she interacts with others, and how he or she addresses adversities.

Over the last five or so years, a number of international meetings have addressed the construct of resilience. It is the conclusions of these meetings, together with the literature, that have led to the definition of resilience that is used in the International Resilience Project:

resilience is a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity.

The project set out to examine what parents, care givers or children **do** that seems to promote resilience. It is thus concerned with promoting resilience in children as they develop over time, without the need for some kind of pathology in the family or child. Furthermore, the basic unit for the study is the child in context.

To launch the study, an Advisory Committee made up of international organizations was formed comprising the Civitan International Research Center, UNESCO, Pan American Health Organization (PAHO), World Health Organization (WHO), International Children's Center (ICC), International Catholic Child Bureau (ICCB) and the Bernard van Leer Foundation. The Advisory Committee's role is to provide suggestions and criticisms to the International Resilience Project.

Participants from 30 countries joined the project and the findings reported here are based on the data submitted between September 1993 and August 1994 by the first 14 countries to reply (Lithuania, Russia, Costa Rica, Czech Republic, Brazil, Thailand, Vietnam, Hungary, Taiwan, Namibia, Sudan, Canada, South Africa, and Japan). The international perspective helps us to learn what different cultures are doing to promote resilience: Do they draw on the same pool of resilience factors? Do they vary in which factors are combined to address adversity?

The instruments used by the researchers in the different countries were: 15 situations of adversity to which adults and children were asked to respond (some of these appear in the following chapters); a checklist of 15 statements that indicate resilience in a child;<sup>2</sup> three standardized tests; and actual experiences of adversity reported by respondents together with their own reactions to these situations.

A total of 589 children participated as well as their families and care givers; 48 per cent were girls and 52 per cent boys. Just over half the children were aged from 9 to 11 years, the remainder were aged six years or under.

The findings suggest that every country in the study is drawing on a common set of resilience factors to promote resilience in their children. Adults and older children use more resilience promoting supports, inner strengths and interpersonal skills than younger children in promoting resilience in the children.

Overall, less than half the respondents are using resilience promoting behavior and even those respondents vary individually in use of the factors, largely depending on the situation. Socio-economic level contributed very little to variations in responses.

It is not possible to determine cultural variations by country because the numbers of respondents per country are too small. However, it is clear that there are relationships between culture and resilience factors. Some cultures rely more on faith than on problem solving in facing adversity. Some cultures are more concerned with punishment and guilt while others discipline and reconcile. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. The parents in some countries maintain a close relationship with their children while others 'cut off' their children at about age five. The resilient children manage this kind of rejection; non-resilient children withdraw, submit and are depressed.

There are several implications that can be drawn from the research to inform practice. In the following chapter we look at the vocabulary of resilience and explore the definitions of the various factors that contribute to resilience. The three chapters that follow are arranged according to three age groups, and include examples and experiences that can be adapted to fit the specific culture and circumstances of a given child or group of children.

In the International Resilience Project the children were not studied independently from their settings. In promoting resilience, any work with children must similarly be in the contexts of their families, their schools, their communities, and the larger society. Even though much could be said about promoting resilience in parents, in teachers, in communities and in societies, this Guide focuses on promoting resilience in children. These parents, teachers, communities and societies are essential to promoting resilience in children, so attention is centered on the child, but in his or her setting.

This Guide is not intended to be used as a manual, nor does it claim to know all there is to know about resilience. The construct of resilience and the factors that contribute to it continue to be discussed at local, national and international fora, while development projects in different countries are using the concepts to inform and elaborate their own work. The Guide should therefore be viewed as a 'work in progress', a step on the continuum of knowledge and practice of how resilience can be promoted in children.

#### NOTES TO THE INTRODUCTION

- 1 A list of references to earlier research is given in Appendix 2.
- 2 The checklist is reproduced in Appendix 3.



## Chapter One

# Why bother with resilience?

'My father gets drunk. He said he was going to kill my mother and me. My mother put me with friends and ran away. I don't know where she is.' (6 year old boy)

'I have to go to the hospital a lot because I have so many illnesses. I don't know if I will ever get well.' (10 year old girl)

'I saw my father get stabbed by a neighbor who was mad at him.' (6 year old girl)

'I am very short and people tease me at school all the time.' (11 year old boy)

Day in and day out, children all over the world face situations like the ones described above. Some face stresses such as divorce or illness while others confront catastrophe – war, poverty, disease, famine, floods. Whether such experiences crush or strengthen an individual child depends, in part, on his or her resilience.

Resilience is important because it is the human capacity to face, overcome and be strengthened by or even transformed by the adversities of life. Everyone faces adversities; no one is exempt.

With resilience, children can triumph over trauma; without it, trauma (adversity) triumphs. The crises children face both within their families and in their communities can overwhelm them.

While outside help is essential in times of trouble, it is insufficient. Along with food and shelter, children need love and trust, hope and autonomy. Along with safe havens, they need safe relationships that can foster friendships and commitment. They need the loving support and self-confidence, the faith in themselves and their world, all of which builds resilience.

How parents and other caregivers respond to situations, and how they help a child to respond, separates those adults who promote resilience in their children from those who destroy resilience or send confusing messages that both promote and inhibit resilience.

## Three sources of resilience

To overcome adversities, children draw from three sources of resilience features labelled: I HAVE, I AM, I CAN. What they draw from each of the three sources may be described as follows:

### I HAVE

- \* People around me I trust and who love me, no matter what
- \* People who set limits for me so I know when to stop before there is danger or trouble
- \* People who show me how to do things right by the way they do things
- \* People who want me to learn to do things on my own
- \* People who help me when I am sick, in danger or need to learn

### I AM

- \* A person people can like and love
- \* Glad to do nice things for others and show my concern
- \* Respectful of myself and others
- \* Willing to be responsible for what I do
- \* Sure things will be all right

## I CAN

- \* Talk to others about things that frighten me or bother me
- \* Find ways to solve problems that I face
- \* Control myself when I feel like doing something not right or dangerous
- \* Figure out when it is a good time to talk to someone or to take action
- \* Find someone to help me when I need it

A resilient child does not need all of these features to be resilient, but one is not enough. A child may be loved (I HAVE), but if he or she has no inner strength (I AM) or social, interpersonal skills (I CAN), there can be no resilience. A child may have a great deal of self-esteem (I AM), but if he or she does not know how to communicate with others or solve problems (I CAN), and has no one to help him or her (I HAVE), the child is not resilient. A child may be very verbal and speak well (I CAN), but if he or she has no empathy (I AM) or does not learn from role models (I HAVE), there is no resilience. Resilience results from a combination of these features.

These features of resilience may seem obvious and easy to acquire; but they are not. In fact, many children are not resilient and many parents and other care givers do not help children become resilient. Only about 38 per cent of the thousands of responses in the International Resilience Project indicate that resilience is being promoted. That is a very small percentage for such a powerful contribution to the development of children. On the contrary, too many adults crush or impede resilience in children or give mixed messages, and too many children feel helpless, sad and not fully loved. This is not the situation necessarily out of intent; it is more the fact that people do not know about resilience or how to promote it in children.

Children need to become resilient to overcome the many adversities they face and will face in life: they cannot do it alone. They need adults who know how to promote resilience and are, indeed, becoming more resilient themselves.

## What is resilience?

There are many accounts of children and adults facing and overcoming adversities in their lives in spite of the fact that their circumstances suggested they would be overcome by the adversities. Here are some real experiences people have had. Using the I HAVE, I AM, I CAN model, here is what they did that would promote resilience in the process of overcoming the adversity.

A five year old boy comes home and tells his mother:  
'This big boy keeps bullying me. He hits me and sometimes he kicks me. I tell him to stop and he does for a while and then he starts again. I'm really scared of him.'

The mother can draw on I HAVE features of 'People around me I trust and who love me, no matter what', and 'People who help me when I am in danger'; the I AM features of the child can be strengthened by seeing him or herself as a 'Person to be liked and loved', and 'Sure things will be all right'; the I CAN features of the child include 'Talking to others about things that frighten or bother me', and 'Finding someone to help me when I need it'.

The interaction between the mother and boy was like this: the mother listened to him and told him how sorry she was and comforted him. Then she said he was right to tell the teacher and he may want to do that every time the other boy bothers him until it stops. She offered to talk to the teacher or to the boy's parents, but wanted her son to develop an increasing sense of being independent and so did not want to insist. The boy felt free to share his feelings and to listen to solutions to the problem. He saw that he is part of the solution and wanted to learn further what he can do.

An eleven year old girl tells about this experience:  
'My cousin and I were hiking in the mountains in the winter. I fell into deep snow and could not get out. I was very frightened.'

The girl can draw on the I HAVE resilience feature of 'People who help me when I am in danger'; the I AM features of 'Willing to be responsible for what I do', and 'Sure things will be all right'; the I CAN features of 'Find ways to solve problems that I face', and 'Find someone to help me when I need it'.

The interaction between the girl and the cousin was like this: the girl tried on her own to get out of the deep snow and could not. She then called to her cousin who was way ahead and asked her for help. When her cousin came they talked about the fears they were both feeling, but decided they had better get busy and dig the girl out. They succeeded and felt they had had enough excitement for one day, so went home.

Resilience is a basic human capacity, nascent in all children. Parents and other care givers promote resilience in children through their words, actions, and the environment they provide. Adults who promote resilience make family and institutional supports available to children. They encourage children to become increasingly autonomous, independent, responsible, empathic, and altruistic and to approach people and situations with hope, faith, and trust. They teach them how to communicate with others, solve problems, and successfully handle negative thoughts, feelings, and behaviors. Children themselves increasingly become active in promoting their own resilience.

Children need these abilities and resources to face many common – and some not so common – crises. When the International Resilience Project asked children and their parents around the world what adversities they had experienced, the answers were numerous. Among those difficulties experienced within the family, in order of frequency, were:

- death of parents or grandparents
- divorce
- separation
- illness of parent or siblings
- poverty
- moving, family or friends
- accident causing personal injuries
- abuse, including sexual abuse
- abandonment
- suicide
- remarriage
- homelessness
- poor health and hospitalizations
- fires causing personal injury
- forced repatriation of family
- disabled family member
- parent's loss of a job or income
- murder of a family member

In addition, children and their parents reported facing the following adversities outside the home:

- robberies
- war
- fire
- earthquake

flood  
car accident  
adverse economic conditions  
illegal, refugee status  
migrant status  
property damage from storms, floods, cold  
political detention  
famine  
abuse by a non-relative  
murders in neighborhood  
unstable government  
drought

## **The language of resilience**

Children facing such situations often feel lonely, fearful, and vulnerable. These feelings are less overwhelming for children who have the skills, attitudes, beliefs, and resources of resilience. But, before we can begin to promote resilience, we need a shared language with which to describe, illustrate, and explain it. The concept of resilience is relatively new for describing the behavior of people. Some languages do not have a word for it. Castellano (Spanish), for example, has no comparable use of the word 'resilience', but instead, uses the term, *la defensa ante la adversidad* (defence against adversity). The same idea can be described by using another word or term. Most people around the world understand the idea of overcoming adversity with courage, skills and faith.

The vocabulary of resilience is more than a set of words that will allow us to talk about this emerging concept. It is a set of tools to use in promoting resilience. Armed with the language necessary to recognize resilience when they see it, adults can help children identify resilient behavior more easily in themselves and others. They can use the vocabulary to reinforce those feelings and beliefs that support resilience and to guide their own and their children's behavior. The more concepts they understand, the greater their options for acting in ways that help children meet the crises in their lives with strength and hope. Children who learn the vocabulary are better able to recognize resilience in themselves and others. They become increasingly aware of how to promote it.

The I HAVE, I AM and I CAN categories are drawn from the findings of the International Resilience Project which identified 36 qualitative factors that contribute to resilience. These can be divided into three major categories, each consisting of five parts.

### **I HAVE**

The I HAVE factors are the external supports and resources that promote resilience. Before the child is aware of who she is ('I AM') or what she can do ('I CAN'), she needs external supports and resources to develop the feelings of safety and security that lay the foundation, that are the core, for developing resilience. These supports continue to be important throughout childhood. The resilient child says ...

#### **I HAVE**

##### **\* Trusting relationships**

Parents, other family members, teachers, and friends who love and accept the child. Children of all ages need unconditional love from their parents and primary care givers, but they need love and emotional support from other adults as well. Love and support from others can sometimes compensate for a lack of unconditional love from parents and care givers.

\* Structure and rules at home

Parents who provide clear rules and routines, expect the child to follow them, and can rely on the child to do so. Rules and routines include tasks the child is expected to perform. The limits and consequences of behavior are clearly stated and understood. When rules are broken, the child is helped to understand what he or she did wrong, is encouraged to tell his or her side of what happened, is punished when needed, and is then forgiven and reconciled with the adult. When the child follows the rules and routines, he or she is praised and thanked. The parents do not harm the child in punishment, and no one else is allowed to harm the child.

\* Role models

Parents, other adults, older siblings, and peers who act in ways which show the child desired and acceptable behavior, both within the family and toward outsiders. These people demonstrate how to do things, such as dress or ask for information, and encourage the child to imitate them. They are also models of morality and may introduce the child to the customs of their religion.

\* Encouragement to be autonomous

Adults, especially parents, who encourage the child to do things on her own and to seek help as needed, help the child to be autonomous. They praise the child when he or she shows initiative and autonomy, and help the child, perhaps through practice or conversation, to do things independently. Adults are aware of the child's temperament, as well as their own, so they can adjust the speed and degree to which they encourage autonomy in their child.

\* Access to health, education, welfare, and security services

The child, independently or through the family, can rely on consistent services to meet the needs the family cannot fulfil – hospitals and doctors, schools and teachers, social services, and police and fire protection, or the equivalent of these services.

## **I AM**

The I AM factors are the child's internal, personal strengths. These are feelings, attitudes, and beliefs within the child. The resilient child says ...

### **I AM**

\* Lovable and my temperament is appealing

The child is aware that people like and love him or her. The child does endearing things for others that help make him or her lovable. The child is sensitive to the moods of others and knows what to expect from them. The child strikes an appropriate balance between exuberance and quietness when responding to others.

\* Loving, empathic, and altruistic

The child loves other people and expresses that love in many ways. He or she cares about what happens to others and expresses that caring through actions and words. The child feels the discomfort and suffering of others and wants to do something to stop or share the suffering or to give comfort.

\* Proud of myself

The child knows he or she is an important person and feels proud of who he or she is and what he or she can do and achieve. The child does not let others belittle or degrade him or her. When the child has problems in life, confidence and self-esteem help sustain him or her.

\* Autonomous and responsible

The child can do things on his or her own and accept the consequences of the behavior. There is the feeling that what he or she does makes a difference in how things develop and the child accepts that responsibility. The child understands the limits of his or her control over events and recognizes when others are responsible.

\* Filled with hope, faith, and trust

The child believes that there is hope for him or her and that there are people and institutions that can be trusted. The child feels a sense of right and wrong, believes right will win, and wants to contribute to this. The child has confidence and faith in morality and goodness, and may express this as a belief in God or higher spiritual being.

## **I CAN**

The I CAN factors are the child's social and interpersonal skills. Children learn these skills by interacting with others and from those who teach them. The resilient child says ...

### **I CAN**

\* Communicate

The child is able to express thoughts and feelings to others. He or she can listen to what others are saying and be aware of what they are feeling. The child can reconcile differences and is able to understand and act on the results of the communication.

\* Problem solve

The child can assess the nature and scope of a problem, what he or she needs to do to resolve it, and what help is needed from others. The child can negotiate solutions with others and may find creative or humorous solutions. He or she has the persistence to stay with a problem until it is indeed solved.

\* Manage my feelings and impulses

The child can recognize his or her feelings, give the emotions names, and express them in words and behavior that do not violate the feelings and rights of others or of himself or herself. The child can also manage the impulse to hit, run away, damage property, or behave otherwise in a harmful manner.

\* Gauge the temperament of myself and others

The child has insight into his or her own temperament (how active, impulsive, and risk-taking or quiet, reflective, and cautious he or she is, for example) and, also, into the temperament of others. This helps the child know how fast to move into action, how much time is needed to communicate, and how much he or she can accomplish in various situations.

\* Seek trusting relationships

The child can find someone – a parent, teacher, other adult, or same-age friend – to ask for help, to share feelings and concerns, to explore ways to solve personal and interpersonal problems, or to discuss conflicts in the family.

Each of the I HAVE, I AM, and I CAN factors suggests numerous actions children and their care givers can take to promote resilience. No one child or parent will use the entire pool of resilience factors, nor

need they. Some use many; others use few. However, the larger the pool of possibilities before them, the more options children, parents, and care givers have and the more flexible they can be in selecting appropriate responses to a given situation.

## **Strengthening the human spirit**

At different ages, children rely more or less heavily on their I HAVE, I AM, and I CAN resources. As children grow, they increasingly shift their reliance from outside supports (I HAVE) to their own skills (I CAN), while continually building and strengthening their personal attitudes and feelings (I AM).

Just as the resilience skills used by children vary at different ages, so must parents and other care givers vary their resilience – promoting language and behavior to match the child’s developmental stage. What follows is a stage-by-stage guide to promoting resilience in children. It is divided into three age-specific sections each of which includes the following information.

**Tasks of the age** describes where the child is in development, what tasks she or he is mastering, and how these tasks relate to resilience.

**What parents and care givers can do** discusses the actions parents and other care givers can take to boost their child’s resilience at different ages.

**Examples from the International Resilience Project** provides examples of positive responses to adverse situations drawn from the Resilience Project research. For each example you will learn the care giver’s goals, the child’s needs, and the resilience factors fostered. Examples of negative responses to adverse situations are provided to sharpen the contrast.

**The results** shows what happens when resilience has been promoted. How does the child use the vocabulary of resilience? What skills has he acquired? How does he feel about himself?

Children develop over time at different rates and so some information may be appropriate for younger or older children not necessarily within their chronological age group. One common factor for all age groups, however, is that the child is the test for whether or not you are promoting resilience faster than he or she can handle, whether the child is comfortable with what you are doing, understands what you are doing, or is learning what you are teaching and encouraging. The response of the child is the touchstone for the effectiveness of what the parent or other care giver is doing to promote resilience in the child.

## **The child from birth to three**

### **Tasks of the age**

During the first three years of life, the child learns about trust and autonomy. He or she learns to trust the care givers and herself. The child learns to trust the care givers to give love and help and to take care of him or her when hungry, wet, in need of love and comfort, when afraid or angry. The child learns to trust his or her own ability to work out a rhythm of eating, sleeping, washing, etc., and to calm himself or herself and better control his or her body. The child learns to roll over, stand, walk, play, and to use his or her hands to manipulate and create.

Making mistakes can be either a learning experience or a shameful one for the infant or toddler. If the child cannot learn to do things and the care givers do not provide help, the child will learn to mistrust himself or herself, the care givers, and the world. If the child cannot become autonomous, is not allowed to make mistakes, or is criticized for trying to do things alone, the child will feel shame and begin to doubt his or her abilities.

### **What parents and care givers can do**

When they promote resilience in the child during the first three years of life, parents and care givers:

- \* provide unconditional love and express love both physically and verbally by holding, rocking, and stroking and by using soothing words to calm, comfort, and encourage the child to calm himself or herself;
- \* enforce rules for children aged two and three, and use removal of privileges and other forms of discipline that do not belittle, harm, or reject the child;
- \* model behavior that communicates confidence, optimism, and good results for children two and three years old;
- \* praise the two and three year old child for accomplishments such as toilet training, calming self, talking, or making something;
- \* encourage the two or three year old child to try things and do things on his or her own with minimal adult help;
- \* when language is developing, acknowledge and label the child's feelings and so encourage the child to recognize and express his or her own feelings and to recognize some feelings in others (for example: sad, glad, sorry, happy, mad);
- \* also use developing language to reinforce aspects of resilience to help the child face adversity: for example, 'I know you can do it' encourages autonomy and reinforces a child's faith in his or her own problem solving skills; 'I'm here' comforts and reminds the child of the trusting relationships that can be relied on;
- \* at around three years of age, prepare the child for unpleasant or adverse situations (gradually, if possible) by talking about them, reading books, play acting, etc.;



- \* are aware of their own and the child's temperaments so that they can gauge how quickly or slowly to introduce changes, how much pushing, encouragement, etc. to give.

They also:

- \* balance the freedom to explore with safe supports;
- \* offer explanations and reconciliation along with rules and discipline (when language is developing);
- \* give the child comfort and encouragement in stressful situations;
- \* provide a stable environment for the very young child, but some novelty for the two and three year old – new experiences, people, and places;
- \* change and modify the mix of freedom and safety, explanations and discipline, etc. for the two and three year old child as the child's reactions suggest.

## Examples of resilience and non-resilience promoting actions

### THE SITUATION

The baby is in the crib and is lying on his back screaming and kicking. You do not know what is wrong. He just keeps screaming and kicking.

You promote resilience if you pick him up and begin to soothe him while finding out if he is wet, too cold or too hot, needs patting on his back to remove air, or mainly needs comforting (I HAVE). You help him calm down if he feels loved and cared for (I AM), and if he can begin to calm himself down (I CAN).

You do not promote resilience if you look at him, decide to change his diaper, and then tell him to stop crying. If he does not stop crying, you walk away and let him 'cry it out'. This interaction does not promote resilience as the baby needs more than a change of diapers. He needs to be held and comforted so that he knows he is loved and cared for. Then he can begin to calm down.

### THE SITUATION

The two year old toddler is at the store with you. She sees some candy, grabs it and starts to eat it. When you try to take it away from her, she shouts, 'No! Mine, mine!'

You promote resilience if you remove her from the situation so you do not disturb others, explain calmly to her that she cannot take things without your permission, and give her something else or show her something else to distract her. You help her understand limits of behavior (I HAVE), help her feel responsible for her own behavior (I AM), and communicate with her as she listens (I CAN).

You do not promote resilience if you just let her eat the candy or if you hit her and scold her or if you force her hand open to take it. This kind of interaction makes her afraid of the one who provides love and trust, makes her rigid in her behavior and makes her feel unloved and not understood.

## Examples from the International Resilience Project

The International Resilience Project presented parents, care givers, and children all over the world with hypothetical situations and asked them what the adult in the situation should do, how the child would react, and what would happen. What follows are two of the hypothetical situations involving children. For each, we have described the situation, listed the goals of a care giver responding to the situation, identified the needs of the child and, from the data, provided two resilient responses that foster resilience and two that do not. Resilience factors that can be promoted by such fostering responses are listed. We hope these examples will stimulate parents and other care givers to think about stressful situations they and their children have faced, the goals and needs those situations presented, and responses that would promote resilience, or, indeed, to become familiar with responses that inhibit resilience.

#### THE SITUATION

Joella, 10 months old, is crawling on the floor and finds a dirty rag. She picks it up and begins to bite it and suck it. The care giver sees this and knows the rag is very dirty and may cause an infection in the child.

#### Care giver's goals

- remove the dirty rag
- help the child explore with something else
- divert attention
- encourage autonomy in exploration

#### Child's needs

- test cause and effect
- explore and act on curiosity
- do things independently from parents
- hear words of comfort and reassurance

#### Responses that foster resilience

'The parent would replace the rag with a piece of clean cloth and tell the baby that the rag was dirty. The baby would allow her mother to replace the rag with a clean cloth and would be satisfied that she had something to replace the rag.'

'The care giver took the rag away and was upset. The baby cried and will be sad because she wants the rag. The mother will give the baby a clean rag and then hug her.'

#### Responses that do not foster resilience

'The parent ran to the child and told her that the rag was dirty and took the rag out of her mouth. The parent felt frightened. The child allowed her mother to take the rag and showed no feeling. She does not put the rag in her mouth anymore.'

'I don't know. She would pick up the baby and will feel nothing. The baby will go to sleep.'

#### Resilience factors promoted

I HAVE ...

- Trusting relationships
- Structure and rules at home
- Role models

I AM ...

Lovable and my temperament is appealing  
Becoming autonomous (I like to explore) and responsible

I CAN...

Manage my feelings and impulses  
Seek trusting relationships

#### THE SITUATION

Jason is two-and-one-half years old. He is supposed to be eating what very little food there is for him. It is important for him to eat if he is going to survive and grow. He will not eat and when urged to he throws himself on the floor and screams and kicks in a real temper tantrum.

#### Care giver's goals

find out why the child does not want to eat  
remain calm (for example, take deep breaths, count to 10) and calm the child (for example, hold him, distract him, play a game)  
model calming behavior  
help the child put his feelings into words  
teach the child that there are rules and limits and that some things must be done  
model options and alternative choices of time and place of eating

#### Child's needs

exercise his will against others  
learn that his behavior has consequences  
learn that there are rules and limits to behavior  
learn about his own feelings and how to calm himself  
learn that there are alternative ways to do things

#### Responses that foster resilience

'The mother took the child in her arms and calmed him. Then she explained why and what the child had to eat. She had the same food for herself and for the child so they could eat together. The child thought that if his mother had the same meal then he should not refuse to eat. He was happy she did not force him or place too much emphasis on eating. He didn't have to be upset or worry about eating. They enjoyed their meal together.'

'The mother took the child to the doctor for a checkup and was happy that nothing was wrong with the child. The child ate the food because he does not want to be taken to the doctor. He will eat and grow.'

#### Responses that do not foster resilience

'The parent is mad and quarrels with the child. She prepares a dish to look nice but the child refuses to eat. She teases the child and then the child really does not eat. She feels her mother is annoying. The parent punishes the child but she still doesn't eat and the mother will get tired and give up.'

'The parent argued with him, gave him a good spanking, and told him to eat his food. The parent felt helpless and hurt because the child had to be punished for the tantrum. The child became frightened and started to cry. He felt hurt and not loved. The child will have respect and become obedient and not throw a tantrum.'

## **Resilience factors promoted**

### **I HAVE ...**

- Trusting relationships
- Structure and rules at home
- Role models
- Encouragement to be autonomous
- Access to health, education, welfare, and security services

### **I AM ...**

- Lovable and my temperament is appealing
- Proud of myself
- Becoming autonomous and responsible

### **I CAN ...**

- Communicate
- Problem solve
- Manage my feelings and impulses

## **The results**

The resilient three year old feels secure in his or her parents' love and believes that his or her needs will be met. The child feels free to explore and try new things, but knows that there are rules and limits and what will happen if they are broken. The child feels comfortable with his or her daily routine and delights in learning how to do things for him/herself. The child feels lovable and proud of his or her accomplishments and often expresses his or her caring for others. The child is learning to use words to tell how he or she feels, and is also learning to control his or her behavior, to solve problems, and to understand his or her temperament. These things are hard, but the resilient three year old can turn to adults he or she trusts for help.

Not all resilient three year olds will have developed all their I HAVE, I AM, and I CAN resources to the same degree, but the foundation is laid. Here's how we can use the vocabulary to show the resilient three year old's views of his or her environment, himself or herself, and his or her skills.

### **I HAVE ...**

#### **\* Trusting relationships**

My parents and other care givers show me love by holding me, kissing me, rocking me, and telling me how much they love me. They are happy when I am happy and comfort me when I am sad. I can trust them because they are there when I need them and they do not do mean or painful things to me or let anyone else harm me.

#### **\* Structure and rules at home**

My parents or other care givers have set times when I eat, am bathed, go to bed, take a nap. The routine is changed only when necessary or for variety. I know what I must not touch, that I cannot hit or bite anyone, and that I must obey the rules and follow the routines. I know the consequences of disobedience but in the course of discipline I am not harmed or belittled. Instead, I am usually deprived of something I like or want to do. Sitting down for a short time, on a chair or in my room, seems to work, so I can calm down and maybe think about what I have done. My parents help me understand what I did wrong and forgive me and we are happy again.

\* Role models

My parents and other care givers show me how to do things around the home. I might help make meals or set the table. They also show me how to behave with guests, including what I cannot do in front of others that I can do with my family or when I'm alone. They show me how to recognize feelings and how to express some of them. They show me that they are fair and honest with others and believe in doing the right thing. They may take me to a place of worship.

\* Encouragement to be autonomous

My parents teach me how to eat, wash my hands, put on clothes. They praise me when I do these things on my own. They expect me to ask for things I need and to take care of what I have. They encourage me to explore places at home or around me and urge me on when I am a bit afraid or hesitant. My parents help me learn how to calm myself down when I get too excited or frustrated.

\* Access to health, education, welfare, and security services

My parents take me to the doctor or clinic or someone who knows about health when I am sick or need a shot. They let me go to a pre-school or day care program if they want and if one is available. They can get help from social services or from a knowledgeable person if I have a problem. And they know that I am safe because police or others are around to protect our family.

I AM ...

\* Lovable and my temperament is appealing

My parents and others tell me they love me and they smile when I come into the room. I am happy most of the time and can jump around, dance, and laugh. I like to play and have fun. I sometimes like to snuggle, be held, and hug people. I do not stay mad or sad for long.

\* Loving, empathic, and altruistic

I give a toy to my mother or a friend when they are sad. I cry when my sister cries and try to comfort her by sharing something with her. I tell my parents I love them and I bring things to them when they ask. I like to help people so they know I care about them.

\* Proud of myself

I am sure I can feed and dress myself. I know I can build a house or a road with playthings. I can make friends with other children and I like myself.

\* Autonomous and responsible

I do as many things as I can by myself and know what is expected of me. I try to do things in the way I have been taught. I feel good when I do things on my own and in the right way and sad when I do things wrong or am naughty. I know that what I do affects how things come out and that I am responsible for what I do.

\* Filled with hope, faith, and trust

I believe that things will work out and will be all right. I look forward to tomorrow. I am learning what is good and bad and what I should and should not do. I trust those around me.

I CAN ...

\* Communicate

I can show somebody what I want or use words to ask for it. I can often tell someone how I feel. I am learning to listen to what someone else is saying, to be aware of how he or she is feeling, and to respond so we understand each other and do not hurt each others feelings.

\* Problem solve

I can sometimes figure out what a problem is in dressing, making something, or other things I do. I can often work on a problem until it is solved, and may even know when I need help and ask for it. I am learning to ask for help when I am having trouble with a friend who will not take turns or share.

\* Manage my feelings and impulses

I am beginning to put words to some of my feelings and know when I have certain feelings. I am beginning to be able to calm myself. I try not to hurt anyone.

\* Gauge the temperament of myself and others

I am learning about which parent acts very quickly or thinks things over for quite some time. I am beginning to know who will go into action, take chances, and try new things, and who will be cautious, careful, and consider all angles. I am learning about myself and my temperament. I need help with this.

\* Seek trusting relationships

I know that my care givers can be trusted and I am learning that I can trust others, too. These are people I can turn to when I need help, am unhappy, or need to talk.

## **The child from four to seven**

### **Tasks of the age**

During ages four through seven, the child learns about initiative and is busy, busy, busy – feeding a doll, climbing trees, building wood-block skyscrapers or make-believe schools. The child is involved in all kinds of play and pretend activities and often has difficulty separating fantasy from reality, lies from truth. He or she starts many projects but does not necessarily complete them. The tasks of family members and friends often seem as interesting as his or her own, and the child wants to help and may seem to invade the activities of others.

This very active child is beginning to understand the world of symbols and asks endless questions. If the child's questions are dismissed, if he or she is unable to take the initiative to accomplish things or is rejected by those he or she seeks to help, the child may feel guilty, unworthy, or naughty.

### **What parents and care givers can do**

When they promote resilience in the child aged four to seven, parents and care givers:

- \* provide unconditional love;
- \* express love verbally;
- \* use holding, rocking, and a soothing voice to calm a child; encourage the child to use such techniques as taking a deep breath or counting to 10 themselves to become calm before talking about problems or unacceptable behaviors;
- \* model resilience behaviors when facing such challenges as interpersonal problems or conflict and adversity; demonstrate appropriate behavior in different situations; and model courage, confidence, optimism, and self-esteem;
- \* enforce rules and use removal of privileges and other forms of discipline that set limits to behavior and some consequences, without crushing the child's spirit;
- \* praise the child for accomplishments such as finishing a puzzle or reading a book and for desired behaviors such as putting toys away or expressing his or her anger without throwing a tantrum;
- \* encourage the child to take independent action with minimum adult help;
- \* continue to help the child learn to recognize and label his or her own feelings as well as those of others;
- \* continue to help the child become increasingly aware of his or her own temperament (for example, how shy or outgoing, cautious or thrill-seeking he or she is) as well as the temperaments of the adults in the child's life;
- \* gradually expose the child to adversities or prepare the child for them by talking, reading books, and identifying and discussing resilience factors that may be helpful;

- \* encourage the child to demonstrate empathy and caring, to be pleasant and do nice things for others;
- \* encourage the child to use communication and problem solving skills to resolve interpersonal problems or to seek help with them;
- \* communicate with the child, discussing, sharing, and reporting on the days' events, ideas, observations, and feelings;
- \* help the child begin to accept responsibility for his or her own behavior and to understand that his or her actions have consequences .

They also:

- \* balance providing help with encouraging independence;
- \* offer explanations and reconciliation along with rules and discipline;
- \* accept errors and failures while providing guidance toward improvement;
- \* give the child comfort and encouragement in stressful situations;
- \* encourage and model flexibility in selecting different resilience factors as a response to an adverse situation, for example, seek help instead of continuing alone in a very difficult situation; show empathy instead of continuing with anger or fear; share feelings with a friend instead of continuing to suffer alone.

## **Examples of resilience and non-resilience promoting actions**

### **THE SITUATION**

The mother had to go to another city to find a job and could not take her four year old daughter because there was no one to care for her while the mother worked. And she could not afford daycare costs.

You promote resilience if you explain to your daughter that you are going to go to find a job so you can have money to rent a nice place for both of you. You tell her how much you love her and that she will stay with your sister until you find a place to live (I HAVE). You let her protest and assure her you love her (I AM) and will send her post cards with pretty pictures. You assure her everything will be fine and you will be together again, soon. You let her ask questions and express feelings (I CAN), but help her understand that this is a necessary move.

You do not promote resilience if you tell her you are leaving and scold her for being upset. Or if you do not explain why you have to go, how long it will be before she can join you and what arrangements you have made for her, including how you will keep in touch with her. Without explanations and the opportunity to express her feelings about your leaving, she will feel you are abandoning her and do not love her. She will feel unlovable and that she has done something wrong. She will feel helpless and sad.

### **THE SITUATION**

A seven year old boy was in the yard with his dad. The dad and a neighbor got into an argument that escalated into a fight. The



neighbor pulled out a knife and stabbed his dad. The boy saw it happen.

Resilience will be promoted in the boy if he thinks of something he can do to help his father (I CAN), if he tries to help his father and shows him he loves him by saying comforting words to him (I AM). He will also promote his own resilience if he knows there are people at home or at a neighbor's he can get to help him so his father can get medical attention (I HAVE). People who do help him can add to the promotion of resilience in the boy by praising him for what he has done to help his dad, to comfort him, and to make sure the father receives the medical attention he needs.

Resilience is not promoted if the boy simply collapses into tears or runs away taking no action, if he is too afraid to seek help for fear he will be stabbed, too, or if someone scolds him for not getting help or even for not doing something to prevent the stabbing. He might even be asked if he was the cause of the argument in the first place.

## **Examples from the International Resilience Project**

The following are another two hypothetical situations involving children from the International Resilience Project. We have again described the situation, listed the goals of a care giver responding, identified the needs of the child and, from the data, have provided two examples of resilient responses, as well as the resilience factors that responses such as these foster. Again, we have also provided examples of responses that do not foster resilience so, by contrast, care givers and children can see what, in fact, inhibits the promotion of resilience. It is usually as important to know what not to do as it is to know what to do.

### **THE SITUATION**

Sarah is four years old. She is playing with her older brother and they are pretending they have a shop. They want to sell food and juice and so have arranged some boxes to put the food on and are looking for bottles or vessels to put the juice in. They take food from the family food area to put on the boxes and are filling bottles with juice. Their father sees them and realizes they are taking precious food and juice that the family needs.

### **Care giver's goals**

- model empathy for Sarah and her brother
- provide time and attention to help the children find options
- respect Sarah and her brother's need to engage in pretend activities
- reassure the children that they are loved and minimize feelings of guilt

### **Child's needs**

- imitate others
- demonstrate a willingness to share
- understand what, when, and where it is safe to initiate and explore
- take alternative initiatives

### **Responses that foster resilience**

'The parent tried to explain to the children that the food was needed for the family. He offered non-food items to go on playing the game. The father felt vexed and sad, but felt satisfied when the children understood and followed his request. The children acted up a bit but did what the parent asked, even though their wish to take what is forbidden remained.'

'The father asked the children to use imaginary things instead of real food. He felt irritated. The children started to use their imaginations, using water instead of juice and toys instead of food. The children were a little bit uncomfortable, but they will be able to turn water into wine next time!'

### **Responses that do not foster resilience**

'The parent took the food away and gave the children some candy. The parent did this because he did not want a commotion. They asked the parent to let them play with the food and that they would put it away later. They did not feel anything except some coolness in the relationship with the parent.'

'The parent put the food away and was not pleased with the children. They began to cry and felt resentful. They will ask permission beforehand in the future.'

### **Resilience factors promoted**

I HAVE ...

- Trusting relationships
- Structure and rules at home
- Role models
- Encouragement for autonomy and independence

I AM ...

- Lovable and my temperament is appealing
- Becoming autonomous and independent
- Proud of myself

I CAN ...

- Communicate
- Problem solve and use creativity
- Manage my feelings and impulses so I do not act out with anger
- Seek trusting relationships

#### **THE SITUATION**

Raul is six years old. He had an accident when he was three and his legs will not hold his weight any longer. His arms and hands are fine and he uses them all the time. He is building a fence around a piece of wood that he is pretending is a house and is using small sticks to build with. He has increasing trouble reaching around for the small sticks, and his useless legs keep knocking down parts of the fence. He becomes so frustrated that he begins to throw the small sticks around the room and starts to cry.

### **Care giver's goals**

- empathize with the child and let him know that his feelings are understood
- help the child put his feelings into words
- talk about alternative ways to accomplish the task
- encourage independence and autonomy
- demonstrate loving support

### **Child's needs**

- learn to calm himself
- learn to recognize feelings and put them into words

learn to find alternative ways to solve his problem; explore  
be willing to take more initiative  
trust himself

### **Responses that foster resilience**

‘The parent calmed the child and helped him find a place that was comfortable to build his road with the things he needed and liked. The parent felt sympathy and a desire to help the child. The child calmed down and worked with his parent. He felt sad and some self-pity, but will calm down and manage with less outside help.’

‘The parent would soothe the child and help him build. The parent would feel sad for the child. The child will work with the parent and fix what he is building, but he would feel sad. Then he would see how nice it is to work with the parent.’

### **Response that does not foster resilience**

‘The parent let the child cry and be mad. The parent felt sad but thinks it is good for the child to face his problems and learn to solve them by himself. The child might feel helpless or angry but must learn how to live by himself. He felt angry, sad, and hopeless. The parent would grasp the child’s true feelings and communicate with him.’

### **Resilience factors promoted**

I HAVE ...

- Trusting relationships
- Role models
- Encouragement for autonomy and independence

I AM ...

- Lovable and my temperament is appealing
- Becoming autonomous and independent
- Proud of myself
- Seeing my mother being loving, empathic, and altruistic

I CAN ...

- Problem solve
- Manage my feelings and impulses
- Seek trusting relationships

### **The results**

The resilient seven year old is proud of his or her accomplishments and is increasingly able to initiate activities and solve problems independently. The child feels pleasure and confidence in overcoming an adverse situation. He or she is beginning to understand the connection between actions and consequences and is getting better at taking responsibility for his or her own behavior. However, the child still may justify his or her own actions while recognizing ‘bad behavior’ in others.

The child’s ever-improving language skills, combined with good modelling on the part of the care givers, enable him or her to communicate with increasing effectiveness. The child feels secure in the love of others, good about himself or herself, and proud to be able to use the growing ability to please oneself and others.

Not all resilient seven year olds will have developed all their I HAVE, I AM, and I CAN resources to the same degree, but they will all be on their way. Here's how we can use the vocabulary to show the resilient seven year old's views of his or her environment, himself or herself, and his or her skills.

#### I HAVE ...

\* Trusting relationships

My parents and other care givers show me love and accept me without reservations. They pat me, hug me, and tell me how much they love me. It is nice to be loved and I need that. I can trust my parents to love me even when I am naughty or sulking, and they try to comfort me and calm me down when I am hurt or unhappy. They do not do mean or painful things to me or allow anyone else to harm me. My parents are there when I need them and that is important to know.

\* Structure and rules at home

The rules and routines are clear and I know what is expected of me. When rules are changed, I am told so I am not surprised or confused. It is comforting to know what to expect. I know what I am supposed to do when I start some activity or game: I must clean up after myself, not bother others, and not do any damage. When I break the rules, I know what the consequences are. My parents talk to me and tell me exactly what I did wrong. But they also listen to what I have to say, and we can usually work something out. Even when I am punished, my parents explain the punishment, carry it out, and then we reconcile. I need my parents to love me, accept me and forgive me.

\* Role models

I watch what my parents do when they are making something, repairing something, or talking with people. I especially watch how they treat people and deal with conflicts or problems with others. It is important to me to see my parents show by their actions what is right and good. They are showing me how to be a good human being and I am learning. My parents help me and tell me where and when certain behaviors are acceptable and where and when they are not.

\* Encouragement to be autonomous

My parents want me to accept more responsibility for what I do, and they encourage me. But I am so eager to do things on my own that I sometimes have to be cautioned and slowed down. I am learning to think before I act so that I do not make so many mistakes. And I am also learning when to ask for help. I need my parents or someone to encourage me to go ahead when I feel unsure of myself. My parents use some words of resilience so I can learn more about what makes me able to overcome problems.

\* Access to health, education, welfare, and security services or their equivalents

My parents take me to the doctor or clinic or someone who knows about health when I am sick or need any shots. They let me go to school or day care, if there is one, or have some group experience with other children. They can get help from social services or people who know what to do, when we need it. I feel safe because my parents show me the people who protect us.

#### I AM ...

\* Lovable and my temperament is appealing

I smile at people, play with them, maybe sing a song or dance for them. I like to do things to please people because then they are happy and so am I. I show my love by hugging the people I love and telling them I love them. I do not behave too actively or impulsively. Nor am I so quiet no one knows I am there. My behavior is reasonably balanced and I can calm myself down or stir myself up when I need to.

\* Loving, empathic, and altruistic

I am becoming more and more aware of how other people feel and I can even give names to what they seem to be feeling. I care about what has happened to them and want to help them. I show my love and caring by what I say and do, and I am able to feel some of the pain they are feeling when they are sad or troubled.

\* Proud of myself

I like myself most of the time and want to be proud of what I do and achieve. I can do many things and am learning to do more things. I feel sure I can be accepted by other people and children because I am a good person who cares about others as well as myself. I do not let anyone make fun of me, hurt me, or tease me. I respect myself and expect others to respect me.

\* Autonomous and responsible

I am doing more and more things on my own but know when I must tell someone or ask permission. I am aware that what I do affects how things turn out and know that I must take the consequences of what I do. I may not always be able to admit I was wrong, but I am learning not to blame someone else when my actions have caused a problem.

\* Filled with hope, faith, and trust

I believe that I will be able to be safe, loved and accepted, and that the future is promising. I have confidence that I can be a good person and that there are many others I can trust. I hope that whatever is wrong now will become better.

## I CAN ...

\* Communicate

I can talk with my parents and others and share my thoughts and feelings with them. We can try to resolve any conflicts and can be clear on what we need from each other and what we can expect from one another.

\* Problem solve

I am able to assess a problem and understand the parts of it. Then, I can think of a strategy to solve the problem. I may need help with this and know how to ask for it. I can solve problems I am having with friends. We can talk things through and agree on a solution so that we both are satisfied.

\* Manage my feelings and impulses

I know more about what upsets me or makes me angry, afraid, or unhappy. I am learning more about how to manage my reactions to these feelings by trying to calm down. If I do not react too strongly or withdraw too much I can think more clearly and be in charge of what I do in response to my feelings. Talking to the person who has upset me helps me get over the problem between us.

\* Gauge the temperament of myself and others

I know when I tend to take action before thinking and am learning how to reverse that order. I am learning about how cautious or quick to go into action others are. This is useful information to help me understand those around me.

\* Seek trusting relationships

I have found a teacher or a neighbor or a relative or another child I can trust with my feelings and thoughts and problems. I can turn to them when I need comfort or help and I know they will respond. My parents still are my first choice.

## **The child from eight to eleven**

### **Tasks of the age**

During ages eight through eleven, the child learns about industry. He or she is actively engaged in mastering life skills, particularly in schoolwork. The child wants to be successful and to have a positive self-image as an achiever. He or she also wants close friends, as well as peer acceptance and approval. He or she can complete tasks and do things with others. If the child is unable to be successful in all this industry, he or she feels inferior and becomes extremely sensitive to his or her limitations. If the care givers, teachers, or friends make fun of the child or otherwise communicate that he or she is not very able, the child will feel insecure and may begin to doubt his or her self-worth and ability to succeed in the world.

### **What parents and care givers can do**

When they promote resilience in the child from eight to eleven, parents and care givers:

- \* provide unconditional love;
- \* express love verbally and physically in age-appropriate ways;
- \* use limits, calming behaviors, and oral reminders to help the child manage and modulate feelings, especially negative feelings and impulsive responses;
- \* model consistent behaviors that communicate values and rules, including helpful resilience factors;
- \* clarify the basis for rules and expectations;
- \* praise accomplishments and desired behaviors, such as sticking with and finishing a hard homework assignment;
- \* provide opportunities for the child to practice dealing with problems and adversities through exposure to manageable adversities and fantasy; provide guidance in the process, drawing on appropriate resilience factors;
- \* encourage communication so that issues, expectations, feelings, and problems can be discussed and shared.

They also:

- \* balance autonomy with available, but not imposed, help;
- \* modulate consequences for mistakes with love and empathy so that the child can fail without feeling too much stress or fear of loss of approval and love;
- \* communicate about and negotiate growing independence, new expectations, and new challenges;
- \* encourage the child to accept responsibility for the consequences of his or her behavior while communicating confidence and optimism about the desired outcomes;

- \* encourage and model flexibility in selecting different resilience factors as a response to an adverse situation, for example, seek help instead of continuing alone in a very difficult situation; show empathy instead of continuing with anger or fear; share feelings with a friend instead of continuing to suffer alone.

## **Examples of resilience and non-resilience promoting actions**

### **THE SITUATION**

An eleven year old girl was taking care of her three year old brother when the house caught fire. She tried to put it out, but couldn't. Then she tried to reach her brother, but couldn't. Finally, she ran out of the house and her brother was burned to death.

You promote resilience if you share the grief of the entire family over the loss of the three year old, and assure the girl you love her (I HAVE); if you let the girl know you understand how much she tried to save her brother (I CAN); and if you help her sort out her feelings of responsibility from her actions and desire to save her brother (I AM). You will help the girl use resilience to overcome this tragic adversity. The experience may guide her into a life of helping others in trouble and thereby become transformed by the tragedy.

If you blame the girl for not putting out the fire and for not saving her brother, you will reduce her to guilt and shame and sadness that may prevent her from ever developing resilience to overcome future adversities in life.

### **THE SITUATION**

A nine year old boy went out of the house even after his father told him not to go out. The father did not know about this until he realized it was late and the boy was not home.

You will promote resilience if you talk to him when he returns and ask why he broke the rules (I HAVE); if you make clear that his behavior is not acceptable even with his excuses, and that he is responsible for what he did (I AM); and if you talk with him about what needs to be done to prevent this kind of behavior in the future (I CAN). He will learn from this experience to use resilience to face this adversity, to learn from it, and to behave in a more responsible way in the future.

You do not promote resilience if you yell at him or spank him when he comes home, and accuse him of being a bad boy. Then you make him feel guilty, but resentful, and you have given him a label of 'bad boy', which will influence his idea of himself in the future. He will have difficulty dealing with a future adverse situation, even one that he creates, because he lacks resilience and none is being promoted.

## **Examples from the International Resilience Project**

We turn again to the Resilience Project for two further hypothetical situations involving children. The same outline is presented: the situation is described, the care giver's goals in responding are listed, and the needs of the child are identified. Two examples of resilient responses from the data are then provided, as well as the resilience factors fostered. Finally, examples of responses that inhibit the promotion of resilience are again provided to indicate what not to do in response to adversity.

### THE SITUATION

Nine year old Rita walks to school every day and passes a place where a group of older children stand around. When she passes them they call to her, make fun of her and, sometimes, push her. She has become so frightened she refuses to go to school any more and tells her mother she is sick. Her mother knows she is healthy.

### Care giver's goals

- help the child talk about what is really bothering her
- empathize with the child's fears
- discuss alternative ways to solve the problem
- assure the child that she is not to blame for the older children's behavior
- consult with the school to get help

### Child's needs

- learn to recognize differences among people and their behaviors
- develop more confidence in her ability to solve problems
- build more skills in reaching out for help

### Responses that foster resilience

'The mother would take the child to the doctor to see if anything was wrong. When nothing was found wrong, the mother would accompany the child to school. The child would confide in her mother the real reason she did not want to go to school. The mother would try to help the child overcome the fear and give her a number of suggestions: ignore the children or walk with some friends. The child would follow the mother's advice, but would feel ashamed if the mother continued to accompany her to school.'

'The parents would ask the girl the real reason why she does not want to go to school. They care about the child and are concerned. The child was very happy that her parents asked and she trusted them to help her. She will discuss the problem with them and they will solve it so she can go to school again.'

### Responses that do not foster resilience

'The mother would send her to school and tell her not to be afraid. The child would still be afraid but would go.'

'The mother would accompany the child to school every day and would feel heartbroken because of the problem. The child went to school unwillingly and felt unhappy. The child would learn to tell the truth.'

### Resilience factors promoted

I HAVE ...

- Trusting relationships
- Role models
- Encouragement for autonomy and independence

I AM ...

- Lovable and my temperament is appealing
- Becoming autonomous and independent
- Proud of myself
- Filled with hope, faith, and trust



I CAN ...

- Communicate
- Problem solve
- Manage my feelings and impulses
- Seek trusting relationships

#### THE SITUATION

Tina is eleven and Clark is six years old. They are in the house alone. Tina is washing some dishes and Clark is putting his toys away in a box. It is almost time for lunch and they are waiting for their mother to come home. Suddenly, Tina hears Clark scream, 'My foot is caught! Oh, it hurts!' Tina rushes to Clark.

#### Care giver's goals

- encourage children to talk about what happened and how they feel
- discuss ways to handle unpleasant or threatening situations
- model strength in protecting family members
- assure children that they are not to blame for what happened

#### Child's needs

- become more aware of behaviors and values of others
- build more skills in dealing with others
- recognize differences among people
- acquire confidence in protecting self

#### Responses that foster resilience

'The mother would help the girl with her brother when she came home. The girl would be grateful because she was worried about her brother. They would help the brother and then eat lunch.'

'The sister would tell her mother what happened and what she did. The sister felt her mother would be angry with her and feel sorry for her brother. The sister would not be punished and the parents would be angry with themselves for not taking good care of the child. The mother would take the boy to the doctor.'

#### Responses that do not foster resilience

'The sister pulled the brother's foot out and called the mother's place of work so she could take the child to a doctor. The sister felt she was to blame for not having watched her brother. The boy felt he was getting into mischief while his sister was washing the dishes. No one knows how it will end.'

'The parent hit the sister and was very angry. She told her parent she would never stay alone with her younger brother again. She felt confused.'

#### Resilience factors promoted

I HAVE ...

- Trusting relationships
- Structure and rules at home
- Role models
- Encouragement for autonomy and independence
- Access to health, education, welfare, and security services

I AM ...

Lovable and my temperament is appealing  
Loving, empathic, and altruistic  
Becoming autonomous and independent  
Proud of myself  
Filled with hope, faith, and trust

I CAN ...

Communicate  
Problem solve  
Seek trusting relationships

## **The results**

The resilient eleven year old is becoming flexible enough to move back and forth between autonomy and appropriate dependence, seeking help from authority figures and peers. The child is confident in himself or herself as a 'doer', able to take on and complete many activities, solving problems as they arise. The child's social confidence is also high. He or she can seek, develop, and maintain friendships and is increasingly able to talk through problems that arise in these relationships and to find reconciliation. The child is increasingly able to assess his or her own behavior and to accept responsibility for his or her actions and their consequences.

At eleven, the child can share feelings with trusted others and recognize and respect what others are feeling. The child is broadening the base of values and moral understanding and can decide for himself or herself whether what someone else wants to do is right or wrong and whether or not to go along with it. The child demonstrates empathy, altruism, confidence, self-esteem, optimism, and faith. He or she recovers from adversities, often feeling stronger, more confident, and 'grown-up'. The child is well equipped to face the challenges of his or her world.

Not all resilient eleven year olds will have developed all their I HAVE, I AM, and I CAN resources to the same degree, but they will all be on their way. Here's how we can use the vocabulary to show the resilient eleven year old's views of his or her environment, himself or herself, and his or her skills.

I HAVE ...

\* Trusting relationships

My parents still give me unconditional love, and I can rely on it being there. They often tell me how much they love me and how proud they are to have me as their son or daughter. I trust my parents to love me even when I do something wrong or am in a bad mood. They try to comfort me and help me feel better. We are able to talk about what may be bothering me. I also have trusting relationships with other people – a teacher, another adult, or a classmate. It is nice to have so many people I can trust and love.

\* Structure and rules at home

I do not need as much routine at home as I used to, and my parents allow me to come in a little bit later than before. They give me a time by which I must be home, though. I can count on the family to keep some routines and I respect them. I am expected to contribute to keeping the home clean and making sure I do not leave dirty things around. I may have to take care of a sister or a brother, do chores, and help when asked. I know the consequences when I break the rules and am sometimes punished. But I am not harmed physically. We are able to talk about what I did wrong and I can give my side of why I acted in that way. Sometimes we negotiate a punishment. My

parents or other family members and I make up and are reconciled again. I need to have everything all right again.

\* Role models

I still see my parents as showing me how to behave in different situations by what they do. But I am more critical and sometimes think they are not being fair. I can ask them why they did something and talk about it, but I am careful not to be critical; that is still their right, but not mine! I have teachers and heroes as role models, and I watch what they do and say. Sometimes I think they are not doing the right thing and I decide I will not do the same thing.

\* Encouragement to be autonomous

My parents expect me to make more decisions on my own and to seek help or advice as I need it. They give me opportunities to deal with problems alone but are there to help me when I need it. They encourage me and say things that help me learn how I am becoming a better person.

\* Access to health, education, welfare, and security services

Our family can go to a doctor or a clinic or to someone who knows about health and receive care. I am in school or someplace where I am learning many things and feel I am doing well. I like the people who teach me things and I have lots of friends. Our family can get help from social or welfare services or from someone who knows what to do when we have special problems. Our community has police officers or those who are there to protect us to make sure we are safe.

## I AM ...

\* Lovable and my temperament is appealing

I know people like me. I make friends easily or just focus on a few friends who like me. I try to do nice things to make people like me – share some food, give a gift, let people know how glad I am to see them, help them with something. I also try to manage my actions so I do not act too fast or too slow and annoy people. I can calm myself down, too. I know when I am successful because people like me more.

\* Proud of myself

I respect myself and expect others to respect me. I am proud of who I am and what I achieve, and will not do things that make me ashamed of myself. But if I do something wrong, I try to correct it so I feel good about myself again. I know I am liked by others because I care about them as well as myself.

\* Autonomous and responsible

I know that I can do more and more things on my own but that my responsibilities increase, too. What I do affects what others do and the outcome of events. I cannot blame others when it is my fault that things went wrong. I am also learning how to separate what I did to affect outcomes and what others did. This helps me know where the responsibility lies. I try to correct what I did wrong or apologize.

\* Filled with hope, faith, and trust

I have confidence that things will turn out all right and that the future looks good. I accept my responsibility in making the future good. Even when I make mistakes, I have faith that things can be corrected and things will be all right. I know more and more about what is right and what is

wrong, but I am also aware that people do not always agree about what is right and what is wrong.

## I CAN ...

### \* Communicate

My parents and I can talk about my growing independence, my future, what is expected of me, my needs, and what they want from me. We can discuss our different points of view and negotiate solutions to problems. I can communicate with my friends and share my thoughts and feelings with them, too.

### \* Problem solve

I am often able to see all sides of a problem and understand what it is about. This is true for solving schoolwork problems and for resolving interpersonal problems. I can ask a teacher for help when I do not understand a schoolwork problem, and I talk with my friends or whomever is involved when I have a problem with someone else. I can test out solutions with thoughts and words before I act.

### \* Manage my feelings and impulses

I am able to recognize my feelings and name them. I can usually recognize and name feelings in others, too. Then, I try to find out what has made me feel like this or has made the other person feel the way she does. This helps me when I want to express my thoughts and feelings and listen to the other person tell about her thoughts and feelings. I can show the person I care about her side of the conflict, and we can begin to resolve it. I try to manage any tendency to react too soon or too strongly, and to calm myself down and think before acting impulsively.

### \* Gauge the temperament of myself and others

I know myself pretty well, especially how I react to things and events around me. I happen to be someone who gets easily excited and eager for action. Some of my friends are that way, too. When we're together, I have to be careful not to get carried away and do something unwise. One of my parents is a lot like me, but the other one is very careful and cautious and sometimes seems afraid to do anything. My friends may be more like me or more like my cautious parent. It helps to know what to expect.

### \* Seek trusting relationships

I can find someone I trust to help me in some things and another person to help me in others. I am learning more and more to seek out those people when I am troubled, do not understand what is happening, or need to share my hopes and dreams. I can go to my parents, but I also have others whom I can trust to help me.

## **Promoting resilience in children: teaching and discussion strategies**

Talk about resilience as the capacity to face, overcome and even be transformed by adversity.

List on a board or paper some of the adversities people face.

If the group is small enough and comfortable enough to participate, ask the participants to indicate some of the adversities they know about or have experienced. (This can also be done when working with individuals.)

Discuss some of the ways to deal with adverse situations.

Introduce the vocabulary of resilience. This could be done with combined ages, with several age groups or with a specific age group.

Discuss I HAVE resilience factors. Make clear that these are supports, resources and help outside the child.

Have the group discuss the supports children they know have, and the resources available in the family and community.

Encourage participants to describe how they use the family and community supports and resources.

Discuss I AM resilience factors. Make clear that these are feelings, attitudes, beliefs and strengths within the child. These are what stay with the child all of his or her life. They can be strengthened by supports, but not created. There is no magic in resilience!

Have the group discuss inner strengths they have seen in children and what can be done to help promote these inner strengths.

Encourage them to describe personal experiences in fostering I AM resilience factors.

Discuss I CAN resilience factors. Make clear that these are social and interpersonal skills children learn and acquire. These are tools for interacting with other people. They must be taught and learned.

Have the group discuss social and interpersonal skills they have taught children and/or have seen in children. Encourage them to describe some of the ways they have helped children learn these skills.

Put the I HAVE, I AM, I CAN resilience factors in a dynamic relationship with each other. Discuss how these factors work in a dynamic way together. Some guiding questions to help the discussion might be:

If the parent or other adult protects the child from all adversities, can the child strengthen his/her sense of autonomy, control and responsibility?

If the adult speaks for the child in a conflict with another child, can the child learn a social skill like negotiation?

If the child does things independently without help or advice from adults, is he or she at greater risk of harm or failure?

How do these dynamics change with age? How are these dynamics influenced by individual differences?

Examine the vocabulary of resilience for the age groups: 3 and under; 4 through 7 years; 8 through 11 years. The ways to foster resilience are different in terms of behavior: for example, we do not pick up an 11 year old but we show love by words and hugs. The factors are the same, the ways to use them involve different behaviors.

Present a situation of adversity (use the ones in the Guide or use others, matching the age of the children in the situation to those the trainer/trainees work with). Ask participants how they would respond:

What would they do?  
How would they feel?  
What would the child probably do in response to the adult's action?  
How would the child feel?  
How would it end?  
What resilience factors would they be using?  
What are the dynamics of the resilience factors used?  
How were the factors combined to promote resilience in the child?

Ask them also:

What are the goals of the adult?  
What are the needs of the child?  
What resilience factors were used?  
What was the combination of resilience factors used?  
What were the dynamics?  
What ways were used to prevent resilience from developing?  
What would the group suggest to help the adult promote resilience?

NB: Children can learn to promote resilience in themselves and in their friends using the same information from the Guide.

If the group or individual meet with the leader on a regular basis:

Have them bring back experiences of adverse situations occurring between meetings. What did they do to overcome them and help the child overcome them?

Have them report on what they did since the previous meeting to promote resilience in their children or those they work with.

Encourage participants to use the vocabulary of resilience with children and in their own thinking and behaving. Giving a word to a resilience factor helps everyone become comfortable and familiar with the idea of resilience and better able to recognize when the promotion of resilience is occurring.

If the trainer or trainee works directly with children, the children may be asked similar questions about their experiences and behaviors concerning the promotion of resilience. They will also benefit from using the vocabulary in their thinking and talking.

## Using your own experiences

You have probably been thinking about your own experiences in promoting resilience in the children you have or work with. It may be helpful to you to begin thinking about those experiences in a structured way. You may want to use the following form of thinking.

Can you remember a situation you experienced with a child that had the potential for promoting resilience in the child? (Put your responses in the left hand column of a sheet of paper.)

- What was the situation?
- What did you do?
- How did you feel?
- What did the child do when you took that action?
- How did the child feel?
- What was the outcome or how did it end?

After you have done this, look at the ways parents and care givers can promote resilience in infants and toddlers and see if you would change your behavior in any way. Did you provide the I HAVE features and help the child with the I AM and I CAN features of resilience? What dynamics did you use? What would you change if the situation occurred again? (Put your responses in the right hand column.)

Try to repeat this exercise for different ages of infants, toddlers and older children, and with different situations from your experience.

You may also want to keep some kind of record of experiences you have that you perceive as adversities, and indicate what you did in response or in preparation that promoted resilience in the child.

## Further reading

The following are references to some of the research that has informed the work of the International Resilience Project.

Arindell, W.A., Hanewald, G.J., & Kolk, A.M. (1989). 'Cross-national constancy of dimensions of parental rearing styles: The Dutch version of the Parental Bonding Instrument (PBI).' In: *Personality and Individual Differences*, 10(9), 949-956.

Block, J.H., & Block, J. (1980). 'The role of ego-control and ego-resiliency in the organization of behavior.' In: W.A. Collins (Ed.), *Minnesota Symposia on Child Psychology: Development of cognition, affect, and social relationships*, 13, 39-101. Hillsdale, NJ: Erlbaum Associates.

Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Brooks, R. (1992). 'Self-Esteem During the School Years.' In: *Pediatric Clinics of North America*, 39(3).

Garbarino, J., Kostelny, K., & Dubrow, N. (1993). *No Place to be a Child*. Lexington, MA: D.C. Heath and Co.

Garmezy, N. (1985). 'Stress-Resistant Children: The Search for Protective Factors.' In: J.E. Stevenson (Ed.), *Recent Research in Developmental Psychopathology, Journal of Child Psychology and Psychiatry Book Supplement*, 4, 213-233. Oxford: Pergamon Press.

Garmezy, N. (1987). 'Stress, Competence, and Development: Continuities in the Study of Schizophrenic Adults, Children Vulnerable to Psychopathology, and the Search for Stress-Resistant Children.' In: *American Journal of Orthopsychiatry*, 57(2), 159-174.

Gordon, E., & Song, L.D. (1994). 'Variations in the experience of resilience.' In: M. Wang & E. Gordon (Eds.), *Educational resilience in inner-city America*, 27-43, Hillsdale, NJ: Erlbaum Associates

Grotberg, E. (1994) 'Coping with adversity.' in *Civitan Magazine*, (February-March), 10-11

Grotberg, E. (1993). 'Promocion de la "defensa ante la adversidad" en los ninos: Nueva aproximacion.' In: *Medicina y Sociedad*, 10(1-2), 24-30.

Grotberg, E., (1993). *Promoting resilience in children: A new approach*. University of Alabama at Birmingham: Civitan International Research Center.

Grotberg, E., & Badri, G. (1992). 'Sudanese children in the family and culture.' In: U.P. Gielen, L.L. Adler & N.A. Milgram (Eds.), *Psychology in International Perspective*, 213-232. Amsterdam: Swets & Zeitlinger.

Hiew, C.C., & Cormier, N. (1994). *Children's Social Skills and Parental Relationship in Promoting Resilience*. Presented at the Annual Conference of the International Council of Psychologists, Lisbon, Portugal, July, 1994.

Kagan, J. (1991). *Temperament and Resilience*. Presented at the Fostering Resilience Conference,



Washington, DC: Institute for Mental Health Initiatives.

Kaufman, J., Cook, A., Army, L., Jones B., & Pittinsky, T. (1994). 'Problems defining resilience: Illustrations from the study of maltreated children.' In: *Development and Psychopathology*, 6, 115-147.

Kotliarenco, M.A., & Duenas, V. (1993). *Vulnerabilidad versus "resilience": Una propuesta de accion educativa*. Trabajo presentado en el Seminario: Pobreza y desarrollo humano: Legitimidad y validez del diagnostico y evaluacion convencional. Santiago, Chile, Noviembre, 1992.

Loesel, F. (1992). *Resilience in childhood and adolescence. A summary for the International Catholic Child Bureau*. Geneva, Switzerland, November 26, 1992.

Loesel, F., & Biesener, T. (1990). 'Resilience in adolescence: A study on the generalizability of protective factors.' In: K. Hurrelmann & F. Loesel (Eds.), *Health hazards in adolescence*, 299-320. New York: Walter de Gruyter.

McCallin, M. (1993). *Living in detention: A review of the psychosocial well-being of Vietnamese children in the Hong Kong detention centres*. Geneva: International Catholic Child Bureau.

Mrazek, D.A., & Mrazek, P.J. (1987). 'Resilience in child maltreatment victims: A conceptual exploration.' In: *Child Abuse and Neglect*, 11, 357-366.

Osborn, A.F. (1990). 'Resilient children: A longitudinal study of high achieving socially disadvantaged children.' In: *Early Childhood Development and Care*, 62, 23-47.

Parker, G., Tupling, J., & Brown, L.B. (1979). 'A Parental Bonding Instrument.' In: *British Journal of Medical Psychology*, 52, 1-10.

Rutter, M. (1987). 'Psychosocial resilience and protective mechanisms.' In: *American Journal of Orthopsychiatry*, 57, 316-331.

Rutter, M. (1991). *Some conceptual considerations*. Presented at the Fostering Resilience Conference, Washington, DC: Institute for Mental Health Initiatives.

Segal, J., & Yahraes, H. (1988). *A Child's Journey*. New York: McGraw Hill.

Shure, M.B. (1991). *Resilience as a problem-solving skill*. Presented at the Fostering Resilience Conference, Washington, DC: Institute for Mental Health Initiatives.

Sparling, J. (1992). *A program of screening and intervention in a Romanian orphanage*. Sixth International Conference on Children at Risk, sponsored by University of Colorado and Pan American Health Organization, Santa Fe, NM.

Staudinger, U., Marsiske, M., & Baltes, P. (1993). 'Resilience and levels of reserve capacity in later adulthood: Perspectives from life-span theory.' In: *Development and Psychopathology*, 5, 541-566.

Truant, G.S., Donaldson, L.A., Herscovitch, J., & Lohrenz, J.G. (1987). 'Parental Representations in Two Canadian Groups.' In: *Psychological Reports*, 61, 1003-1008.

Wade, C. (1993). 'The impact of gender and culture on our conception of psychology.' In: *The General Psychologist*, 29(3).

Wang, M., Haertel, D., & Walberg, H. (1994). 'Educational resilience in inner cities.' In: M. Wang & E. Gordon (Eds.), *Educational resilience in inner-city America*, 45-72. Hillsdale, NJ: Erlbaum Associates.

Werner, E. (1994). 'Risk, resilience, and recovery: Perspectives from the Kauai longitudinal study.' In: *Development and Psychopathology*, 5, 503-515.

Werner, E., & Smith, R.S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: McGraw Hill.

Wolin, S.J., & Wolin, S. (1993). *The Resilient Self*. New York: Villard Books.

## **Checklist for children**

The following items were used in the International Resilience Project as a checklist for perceptions of resilience in children.

The child has someone who loves him/her totally (unconditionally).

The child has an older person outside the home she/he can tell about problems and feelings.

The child is praised for doing things on his/her own.

The child can count on her/his family being there when needed.

The child knows someone he/she wants to be like.

The child believes things will turn out all right.

The child does endearing things that make people like her/him.

The child believes in a power greater than seen.

The child is willing to try new things.

The child likes to achieve in what he/she does.

The child feels that what she/he does makes a difference in how things come out.

The child likes himself/herself.

The child can focus on a task and stay with it.

The child has a sense of humor.

The child makes plans to do things.

Early Childhood Development: Practice and Reflections Number 8. A guide to promoting resilience in children: strengthening the human spirit. Edith Grotberg, Ph.D. The International Resilience Project. Bernard van Leer Foundation, 1995. About the series The series Early Childhood Development: Practice and Reflections addresses issues of importance to practitioners, policy makers and academics concerned with meeting the educational and developmental needs of disadvantaged children in developing and industrial societies. The series is a continuation of the Occasional Papers series (numbers 1 to 6 We want to know if psychological resilience can be developed in children. Psychological resilience[edit]. So what is Psychological Resilience and how can it be defined? To strengthen the biological response to stress research has shown that exercise and relaxation techniques can be used as well as, community action to reduce the stressors in the environment so they are viewed to be less intense and to foster a more supportive atmosphere. Although research has found that the strongest influence on the response to stress can be described as psychological factors, most evidently, the way a person thinks (Winder, et al., 2006). Early Childhood Development: Practice and Reflections, v. 8. The Hague-NO: Bernard Van Leer Foundation. has been cited by the following article: TITLE: Perception of Institutional Wellbeing. AUTHORS: Karina Pacheco Dohms, Claus Dieter Stobäus. They also point out aspects related to education, improvement and continuous education as necessary to promote and maintain the wellbeing in their educational institution. Related Articles: Open Access. Grotberg, (1995) A guide to promoting resilience in children: Strengthening the human spirit. Netherlands: Bernard Van Leer Foundation, <http://resilient.uiuc.edu/library/grot95b.html>. Hammen, C., & Goodman-Brown, T. (1990). Editorial: Don't shoot the piano player: Why we need to do more to promote the mental health and emotional and social competence of teachers. Health Education, 102(6), 269. Webster-Stratton, C., & Taylor, T. (2001) Nipping early risk factors in the bud: Preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0-8 years). Promoting Resilience. Children and families representing all types of demographics and socioeconomic backgrounds will experience stress. It is, unfortunately, a fact of life. We are beginning to understand now that there are different types of stress, based on objective reactions to it: positive, tolerable, and toxic. Resilience is critical to a child's ability to navigate through stressful events even those that are traumatic successfully. Resilience provides a buffer between the child and the traumatic event, mitigating the negative effects that could result, such as physical, emotional, and behavioral health issues that can last even into adulthood. How to increase resilience in children.

Families of children living with chronic illness are more vulnerable to mental health problems, however this can be ameliorated by a family's resilience. The Child Illness and Resilience Program (CHiRP) will develop and evaluate a parent-focussed family intervention designed to increase the resilience and wellbeing of families living with childhood chronic illness. The study will be conducted in an Australian regional paediatric hospital and will use a stepped care intervention that increases in intensity according to parental distress. All parents of children discharged from the hospital

A guide to promoting resilience in children: Strengthening the human spirit. In EH Grotberg (ed.), *The international resilience project*. Retrieved from [http://www.bernardvanleer.org/A\\_guide\\_to\\_promoting\\_resilience\\_in\\_children\\_Strengthening\\_the\\_human\\_spirit](http://www.bernardvanleer.org/A_guide_to_promoting_resilience_in_children_Strengthening_the_human_spirit). Bolig, R. (2005). Play in children's health-care settings. *Children's experience regarding the quality of their hospital stay: The development of an assessment questionnaire for children*. *Journal of Nursing Care Quality*, 26(1), 78-87. Google Scholar. Chen, E., Zeltzer, L., Craske, M., & Katz, E. (1999). Alteration of memory in the reduction of children's distress during repeated aversive medical procedures. *A guide to promoting resilience in children : strengthening the human spirit*. Edith Henderson Grotberg. Political Science. 1995. *What Children Need to Be Happy, Confident and Successful: Step by Step Positive Psychology to Help Children Flourish*. Jeni Hooper. 2012. Related Papers. Abstract. 2 References. Related Papers. Grotberg, E. (1997) *A guide to promoting resilience in children: strengthening the human spirit*, Bernard Van Leer Foundation, Masten, A. S. (1994). *Resilience in individual development: Successful adaptation despite risk and adversity*. In Wang, M. C. and Gordon, G. W. (Eds.) *Educational resilience in inner-city America*. Hillsdale, New Jersey: Lawrence Erlbaum Associates, Inc. Journals ???