



2010 Children's Behavioral Health Conference

Reclaiming Lives...Claiming Futures
Oklahoma Department of Mental Health
Substance Abuse Services
April 28-30, 2010

Resilience from Poverty

Belinda Biscoe, Ph.D.,

Assistant Vice President

Outreach, College of Continuing Education

The University of Oklahoma

Division of Public and Community Services

Director

Educational Training, Evaluation, Assessment and
Measurement Dept.

and

Mid Continent Comprehensive Center



Startling Statistics for Oklahoma*

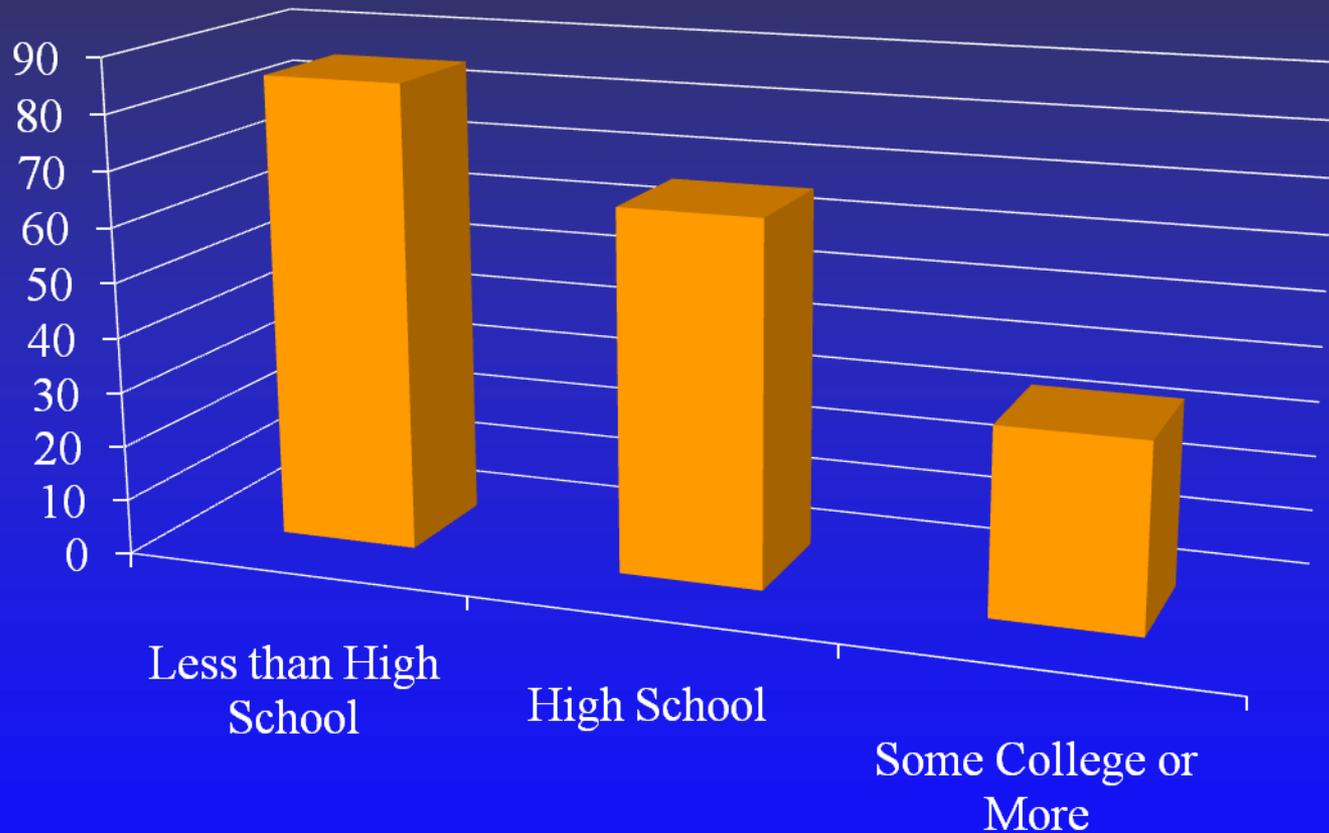
Federal Poverty Level is \$22,050 for a family of four

- Families are considered poor if their income falls 100% below the Federal poverty level
- In Oklahoma, there are 497,359 families, with 904,996 children.
- **Low-Income Children:** 47% (424,552) of children live in low-income families (National: 41%), defined as income below 200% of the federal poverty

*National Center on Child Poverty—2009

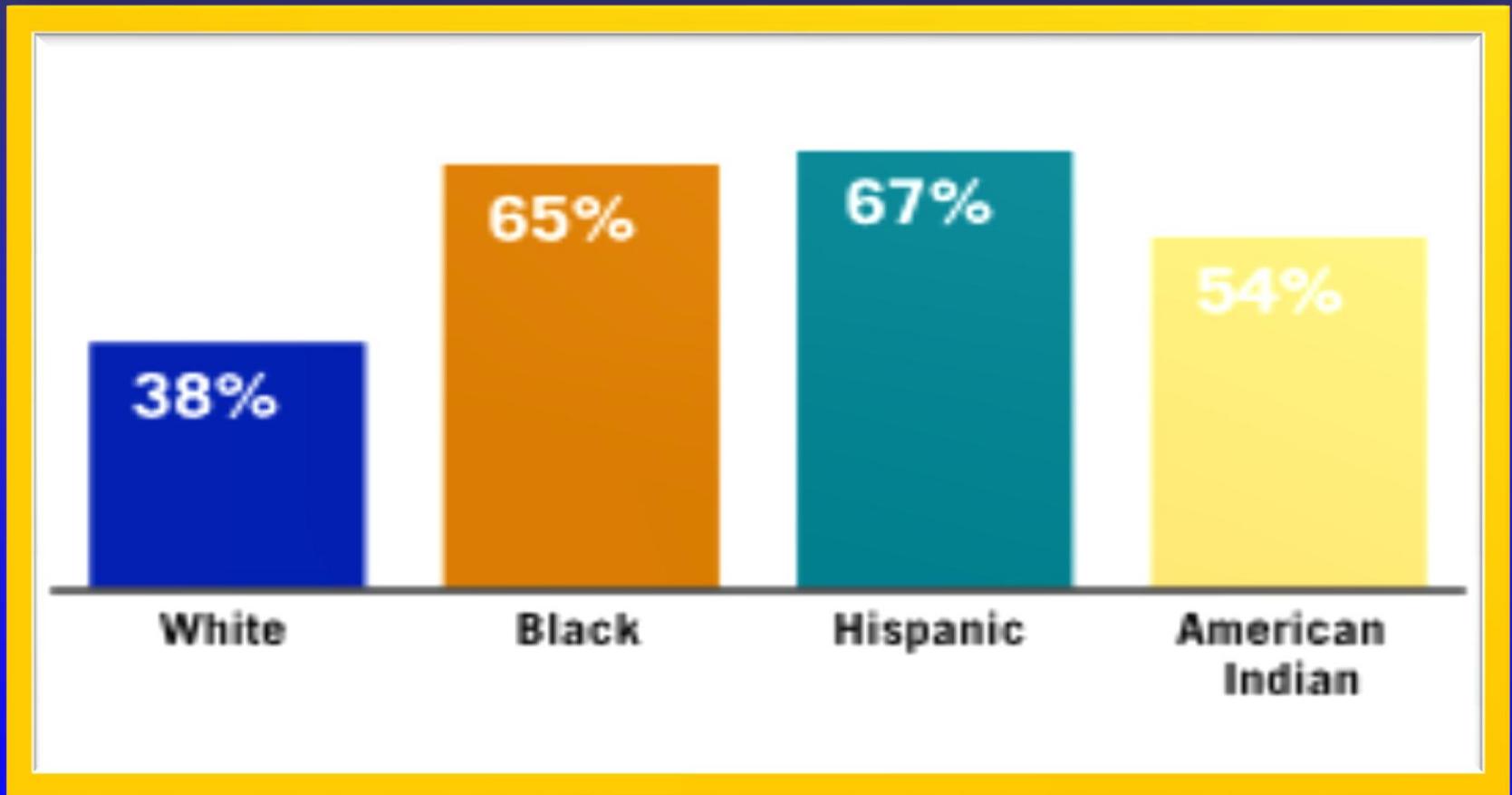
Parental Education of Children in Poverty in Oklahoma

(National Center on Child Poverty, 2008)



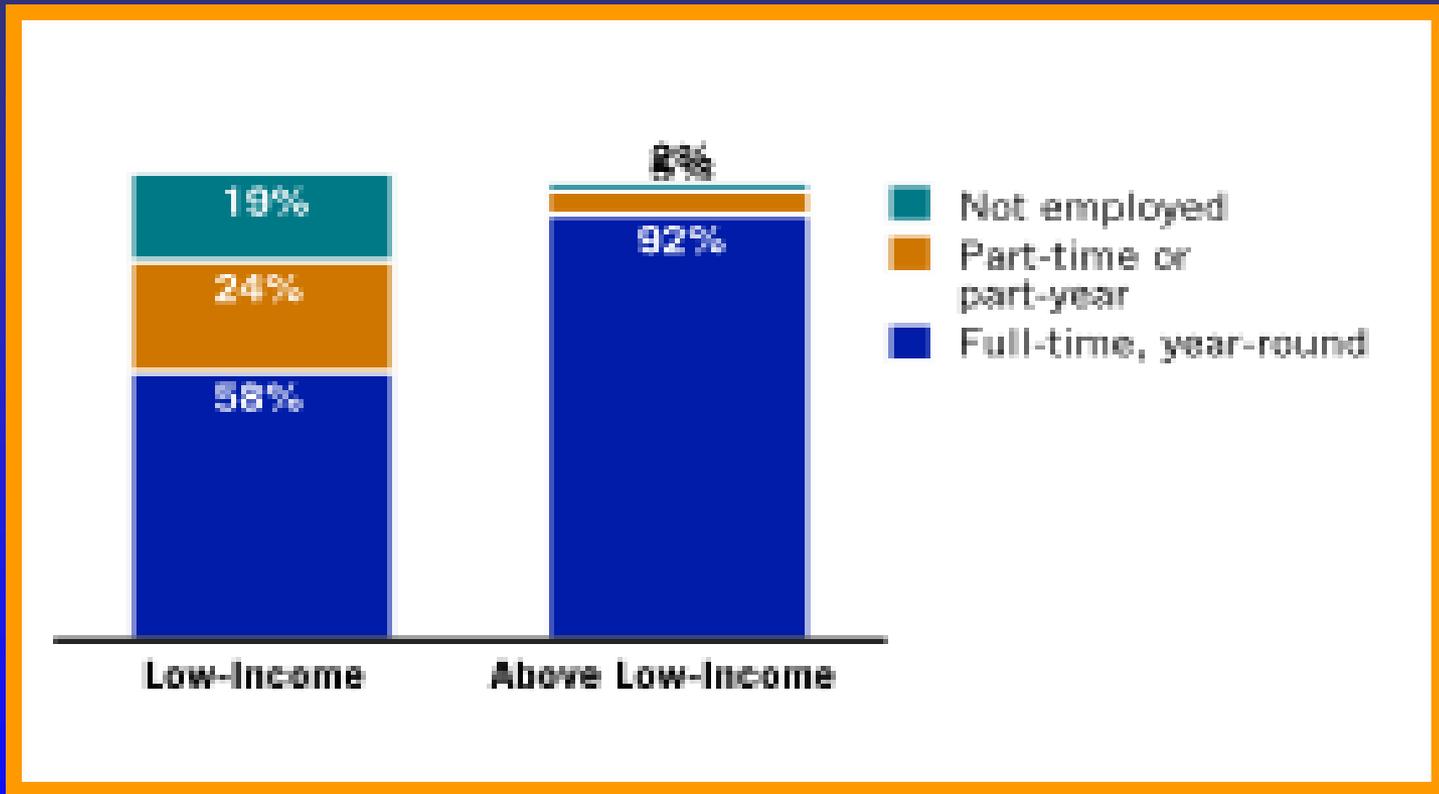
Child's Race/Ethnicity

(Oklahoma, 2008, National Center on Child Poverty)



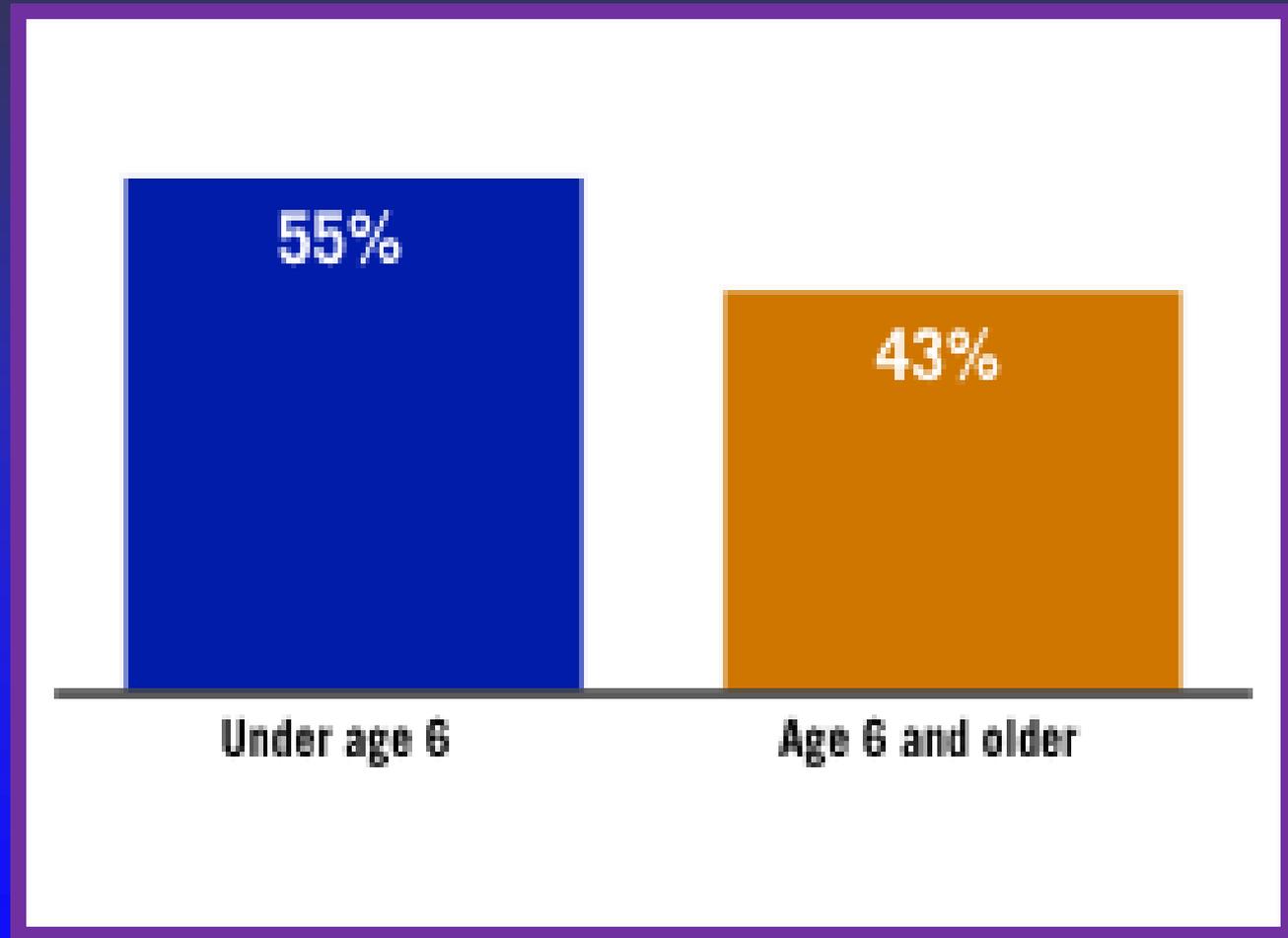
Parents' Employment Level

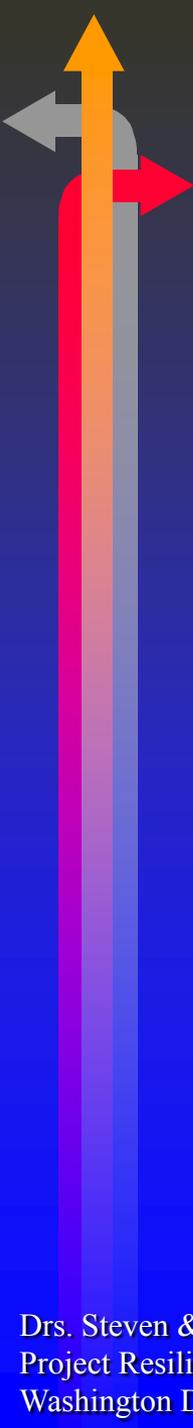
(National Center on Child Poverty, 2008)



Child's Age

(Oklahoma, 2008, National Center on Child Poverty)



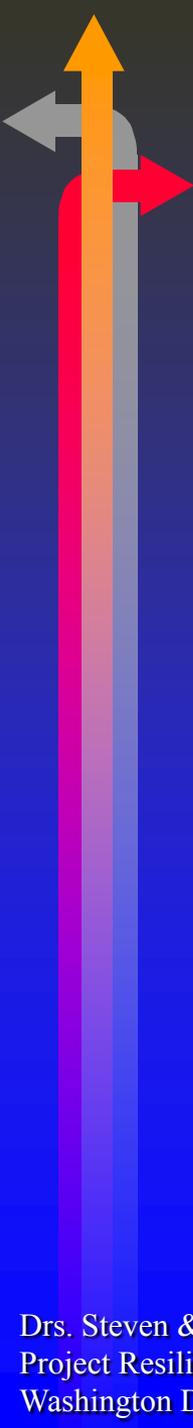


Early Indications of Resilience and Their Relation to Experiences in the Home Environments of Low Birthweight, Premature Children Living in Poverty*

Potential Risk Factors of Living in Poverty

- Medical Illnesses
- Family Stress
- Inadequate Social Support
- Parental Depression
- Malnutrition
- Diminished Capacity for consistent, supportive, involved parenting
- Fewer opportunities for shared parenting
- Chronic hardship sometimes results in more severe forms of discipline

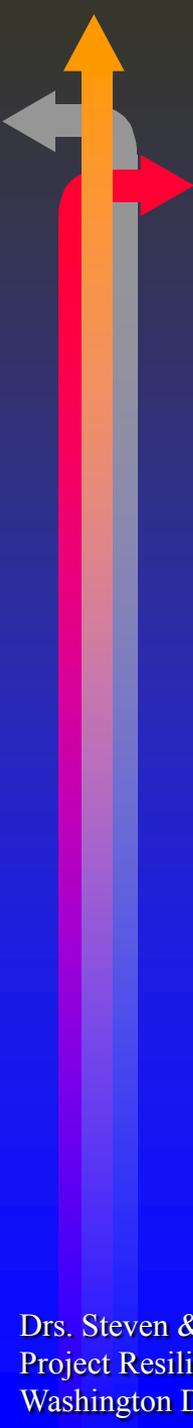
*Bradley, Robert, Whiteside Leanne, Mundfrom, Daniel, *Child Development*, 1994, 346-360.



Three Classes of Potential Mechanisms by which Poverty Exerts a Negative Influence

- ❑ Lack of adequate food and goods
- ❑ Lack of access to health services
- ❑ Non-stimulating, unsupportive, chaotic home environment

*Bradley, Robert, Whiteside Leanne, Mundfrom, Daniel, *Child Development*, 1994, 346-360.

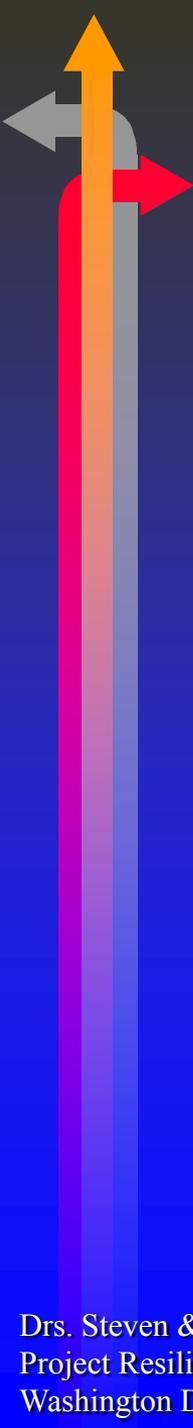


Early Indications of Resilience and Their Relation to Experiences in the Home Environments of Low Birthweight, Premature Children Living in Poverty*

Purposes of Study---

- ❑ “To determine the percentage of children living in poverty with a biologic risk condition such as prematurity who are free of major developmental problems in early childhood.”
- ❑ To examine aspects of care giving and care giving context of premature, low birth weight children living in poverty to determine the extent to which different aspects may afford some protection to children
- ❑ To determine whether an accumulation of protective care giving experiences increases the odds of children showing early resilience”

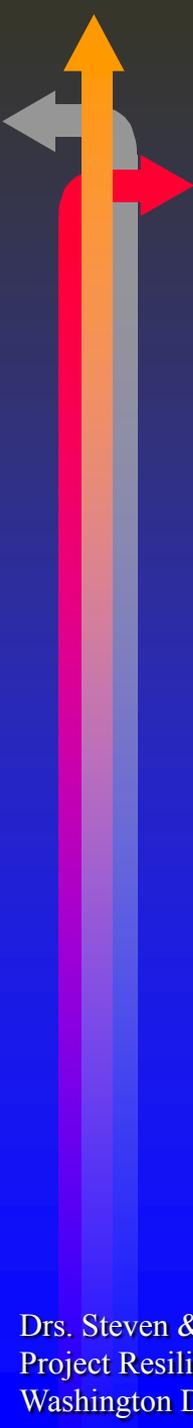
*Bradley, Robert, Whiteside Leanne, Mundfrom, Daniel, *Child Development*, 1994, 346-360.



Sample

A sample of 243 premature, low birth weight (LBW) children living in poverty was examined to determine whether the quality of care such children receive affords them some measure of protection from the generally deleterious consequences of poverty and prematurity

*Bradley, Robert, Whiteside Leanne, Mundfrom, Daniel, *Child Development*, 1994, 346-360.



Findings

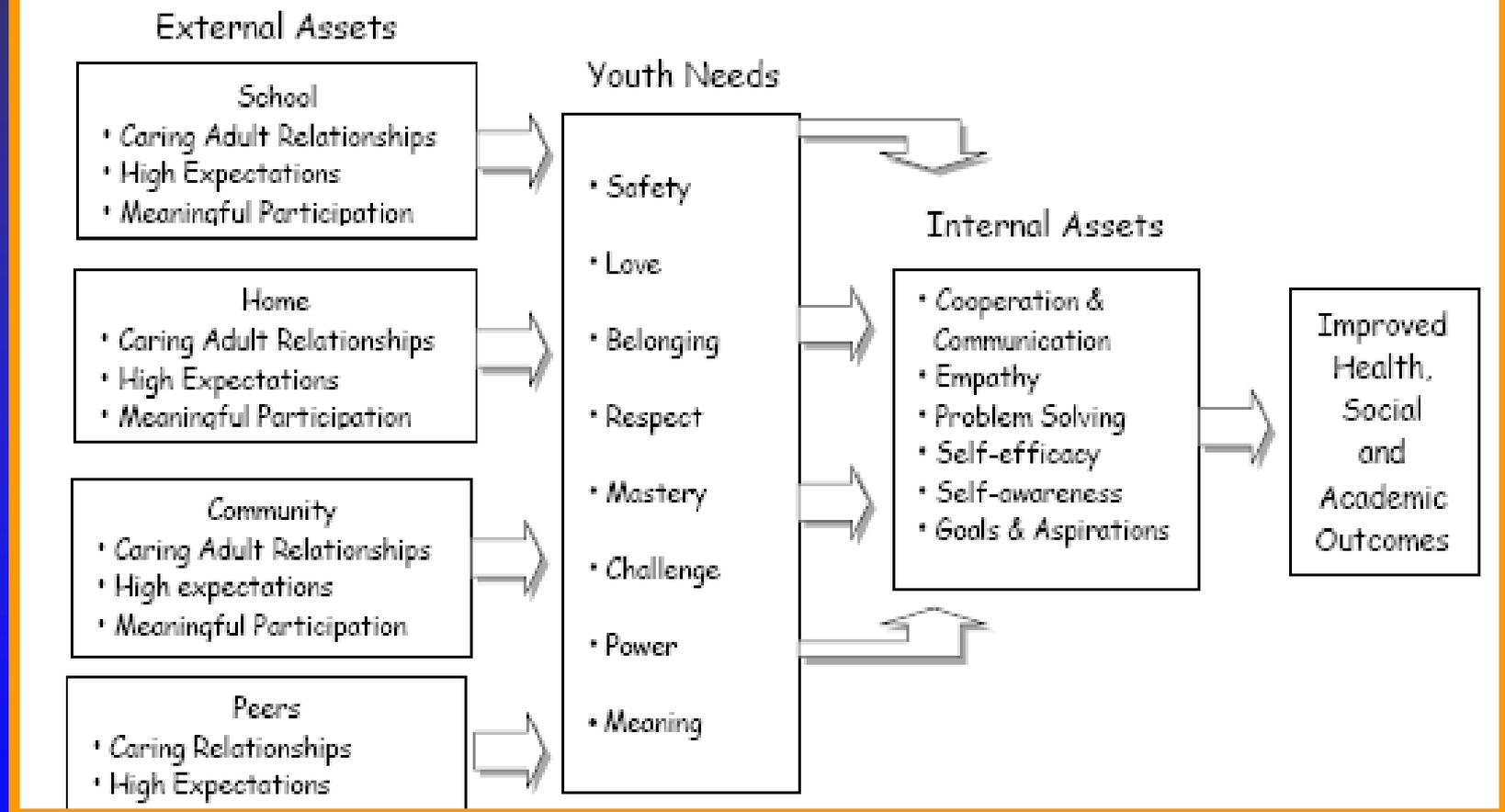
“Only 26 children were identified as functioning in the normal range for cognitive, social/adaptive, health, and growth parameters at age 3. These children, who showed early signs of resiliency, differed from nonresilient children in that they were receiving more responsive, accepting, stimulating, and organized care. They were also living in safer, less crowded homes. Six "protective" aspects of caregiving were identified and used as part of a cumulative protection index. Children with less than 3 protective aspects of caregiving present at age 1 had only a 2% probability of being resilient, and only a 6% probability if fewer than 3 were present at age 3. Overall, premature LBW children born into conditions of poverty have a very poor prognosis of functioning within normal ranges across all the dimensions of health and development assessed. However, those raised in a setting with or more protective factors were more likely to show early signs of resiliency (p. 346).”

“Poverty does not uniformly lead to poor outcomes for young children, poverty is not isomorphic with inadequate parenting. That is, the quality of the home environment is not uniform across families living in poverty (p. 347).”

Resilience in Action

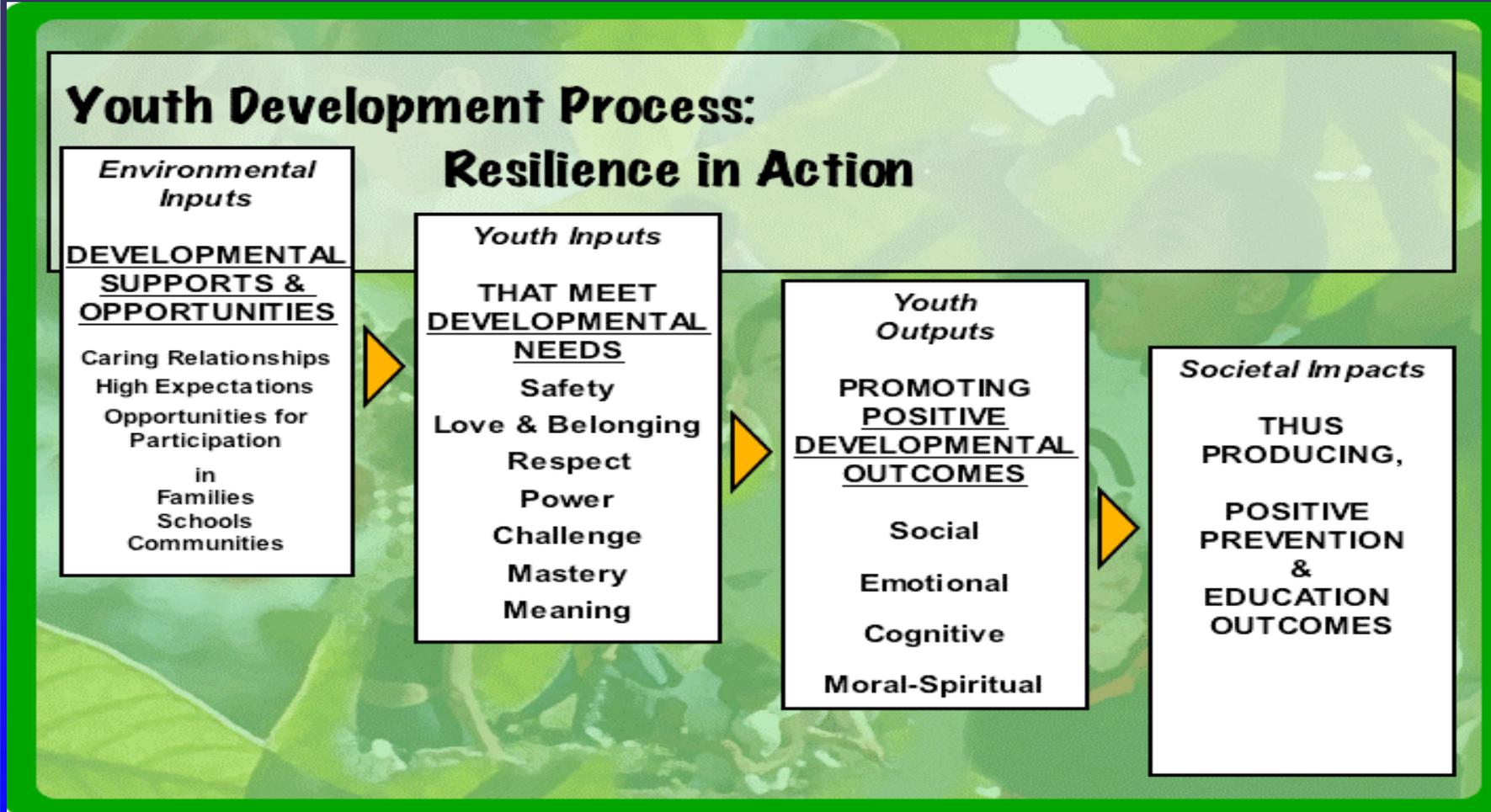
(http://www.wested.org/pub/docs/hks_resilience.html, 2004)

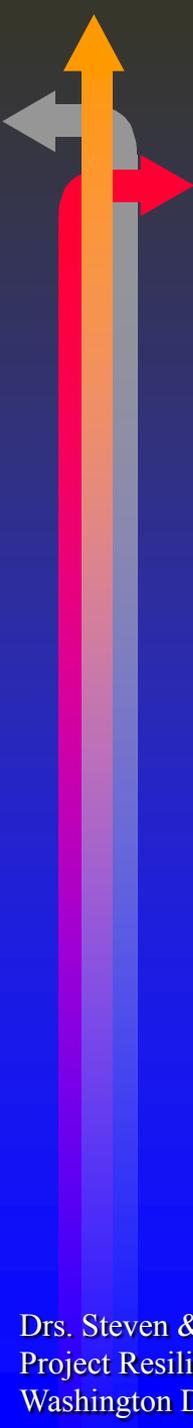
CHKS Resilience & Youth Development Theoretical Framework



Theoretical Model

(http://www.wested.org/pub/docs/hks_resilience.html, 2004)





Characteristics of Resilient Children

Work done at the North Central Regional Educational Laboratory by Winfield (1994) identified individual characteristics of resilient students in high poverty areas who succeeded despite their disadvantaged circumstances. Characteristics include ;

- a wide array of social skills

- positive peer interactions, a

- high degree of social responsiveness and sensitivity,

- intelligence (measured by IQ),

- empathy, a sense of

- humor, and critical problem-solving skills.

- positive peer and adult interactions

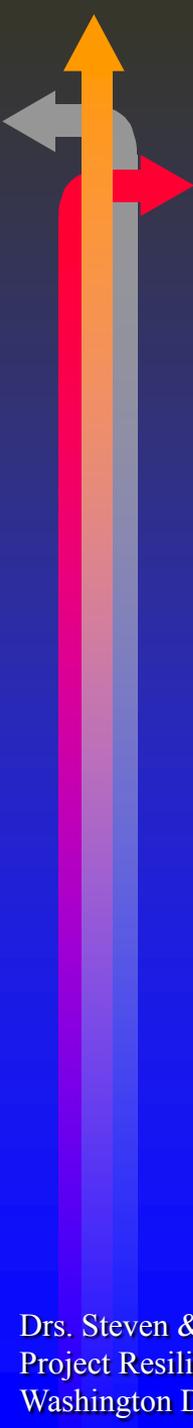
- low degrees of defensiveness and aggressiveness and high degrees of cooperation,

- participation, and emotional stability (teachers' ratings)

- positive sense of self

- sense of personal power rather than powerlessness

- internal locus of control (a belief that they are capable of exercising a degree of control over their environment)

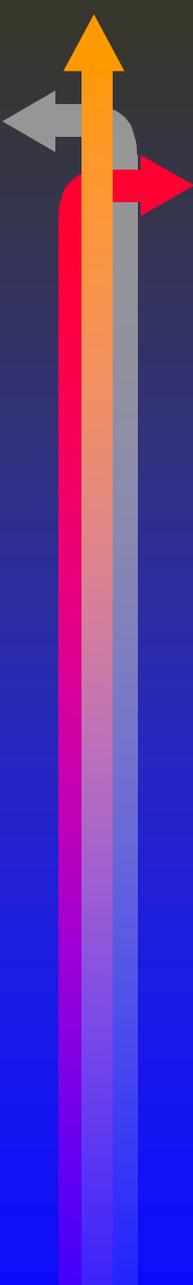


Promoting Resilience

Building healthy communities to build youth resilience

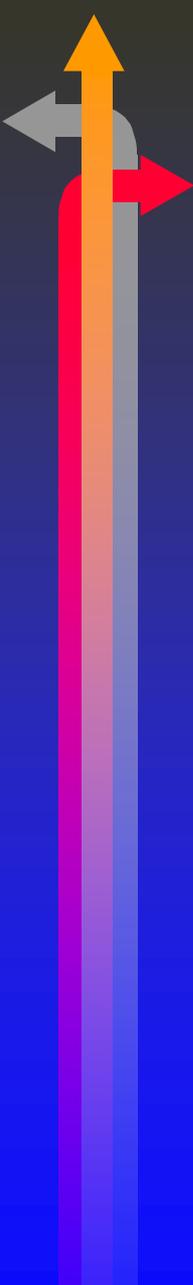
- ← “Help them to develop an I can succeed attitude.
- ← Provide positive messages of care and support.
- ← Help children and their families to identify struggles, challenges, and difficulties they have already overcome.
- ← Identify positive connections they have with peers and adults, programs, activities, clubs and organizations. Positive bonds foster resiliency.
- ← Be firm but caring.

(The following has been taken from Healthy Communities/Healthy Youth Berks County Initiative at the United Way of Berks County 1999: [http:// www.uwberks.org/pdf/community%20bdg/tip%20sheets/Resilience%20in%20 youth.pdf](http://www.uwberks.org/pdf/community%20bdg/tip%20sheets/Resilience%20in%20youth.pdf))



Promoting Resilience (continued)

- ← Help them to develop an .I can succeed attitude.
- ← Focus on their strengths.
- ← Provide positive messages of care and support.
- ← Identify positive connections they have with peers and adults, programs, activities, clubs and organizations.
- ← Be firm but caring.
- ← Set high expectations of behavior and performance. Children will generally become what we expect.



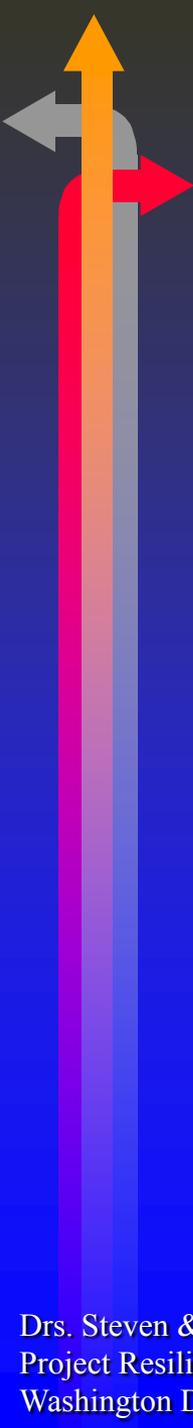
Promoting Resilience (continued)

- ← Help them find opportunities to hone in on their talents or passions.
- ← Help to find creative ways to engage them in continuous learning.
- ← Ask yourself, .How do I show support for the youth I interact with? Ask them, Who supports you emotionally?
- ← Model the positive behavior you want to receive.
- ← Teach using positive questions.
- ← Hold them accountable for unacceptable behavior.



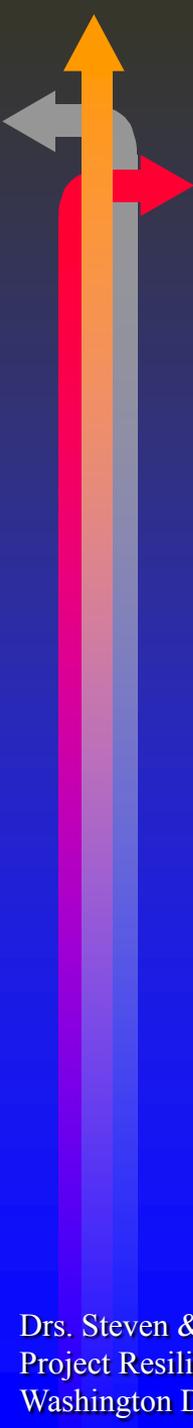
Promoting Resilience (continued)

- ← Don't make them feel small or correct them in front of others.
- ← Don't forget that children and teens cannot always explain themselves as well as we would like.
- ← Be consistent.
- ← Listen when they have questions.
- ← Don't forget to follow through



Promoting Resilience (continued)

- ← Teach them skills to resolve conflicts maturely.
- ← Help them set goals both short and long term..
- ← Provide positive feedback whenever a child or family is exhibiting a behavior or action that is worthwhile.
- ← Add a little humor to your relationship.
- ← Reach out to other community sectors to support youth and their families.

A vertical bar on the left side of the slide, transitioning from blue at the bottom to orange at the top. It features a white arrow pointing up at the top, a grey arrow pointing left at the top, and a red arrow pointing right at the top.

Promoting Resilience (continued)

- ← Remove the barriers.
- ← Communicate confidence and trust in the child and families abilities.
- ← Invite participation both from the child and family.
- ← Encourage balance.



Vulnerable



Resilient



Invulnerable



Pathologies



Resiliencies

Either/Or

← Resilient

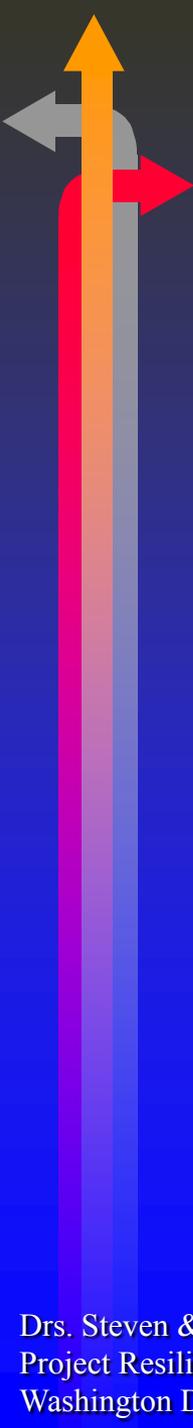


← Not Resilient



Resilience



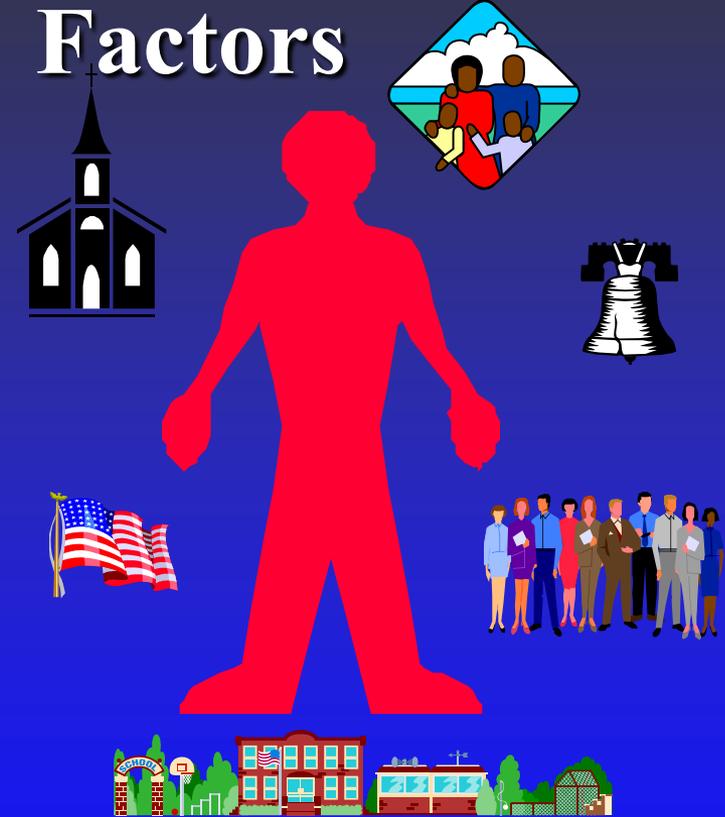


← Resilience



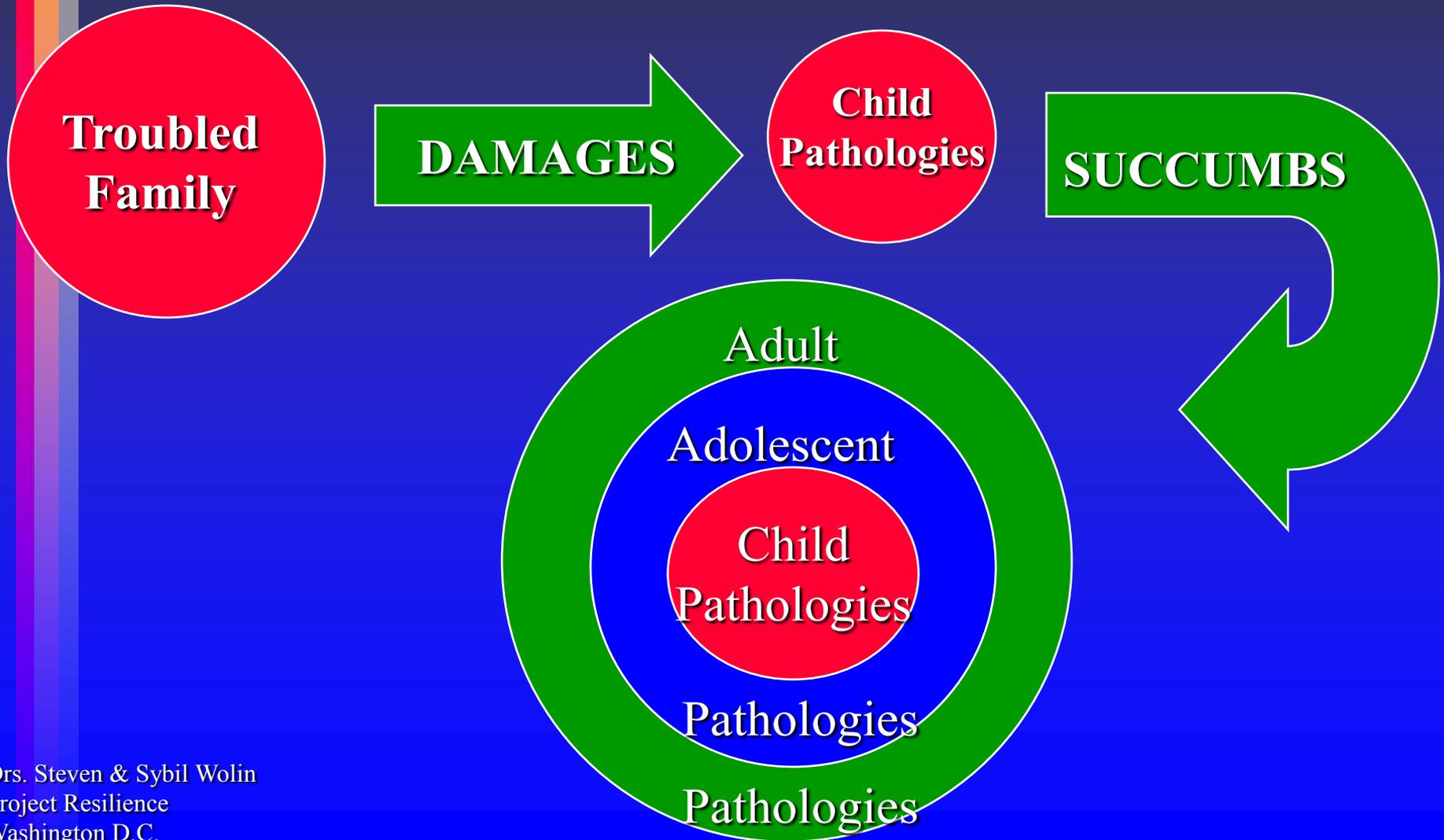
Internal to the child

← Protective Factors



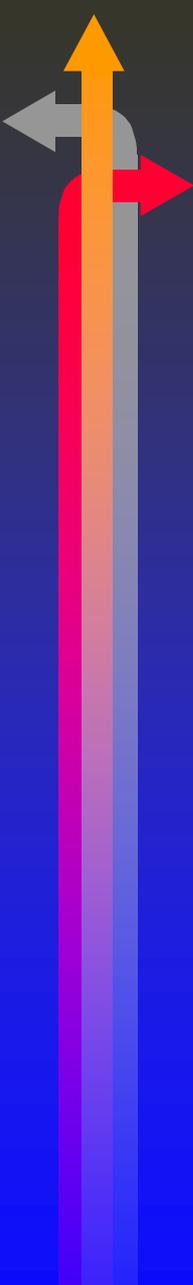
External to the child

The Damage Model





PATHOLOGY



The Damage Model

← **Conception of the
Child**

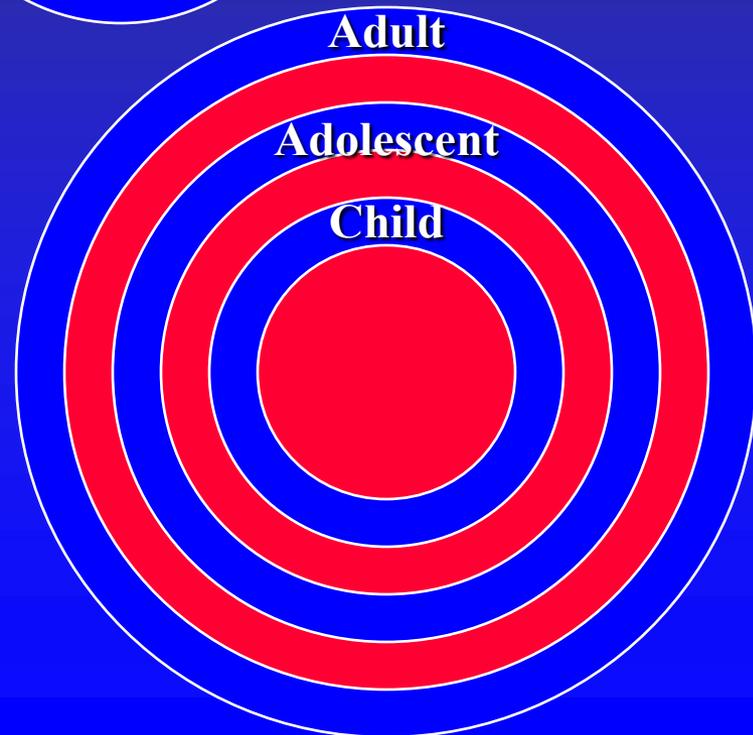
← **Helpless**

← **Fragile**

← **Passive**

← **Trapped**

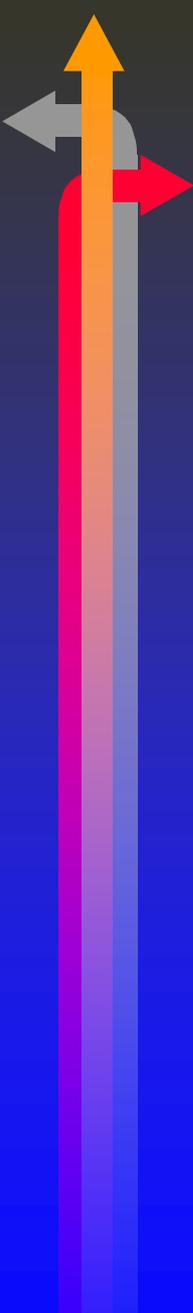
The Damage Model





PATHOLOGY

RESILIENCE



Challenge Model

← **Conception of the child**

← Active

← Capable of choosing

← Self-protective

← Resourceful

E. James Anthony

“The Invulnerable Child”

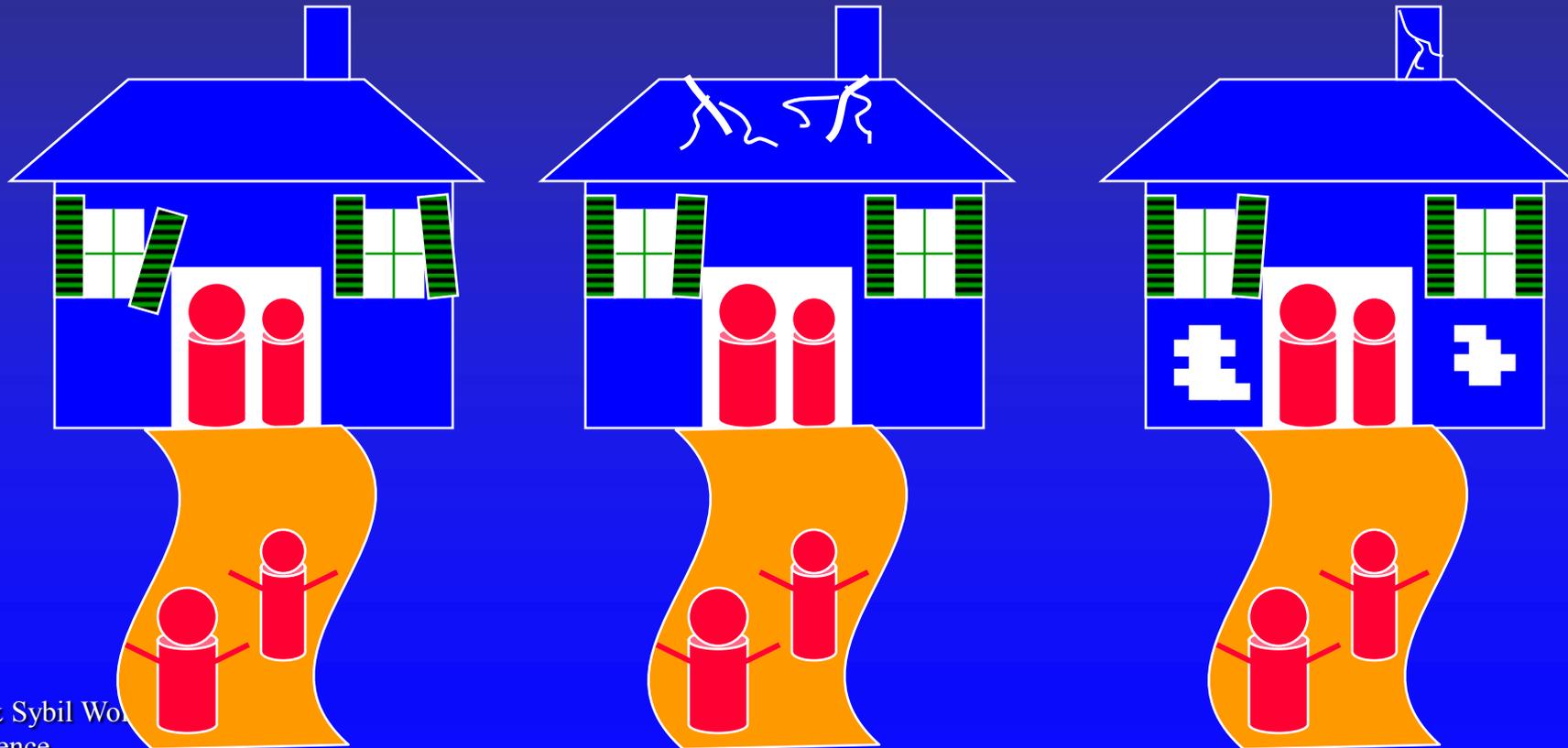
Children of Schizophrenics



Gina O'Connell Higgins

“Resilient Adults: Overcoming a Cruel Past”

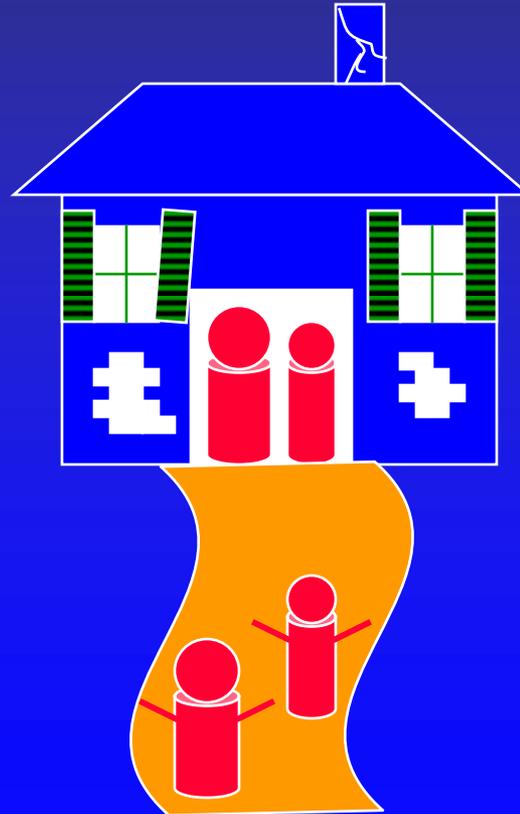
Children of Extremely Stressful Families



H. Beth Balshaw

“Living Intentionally”

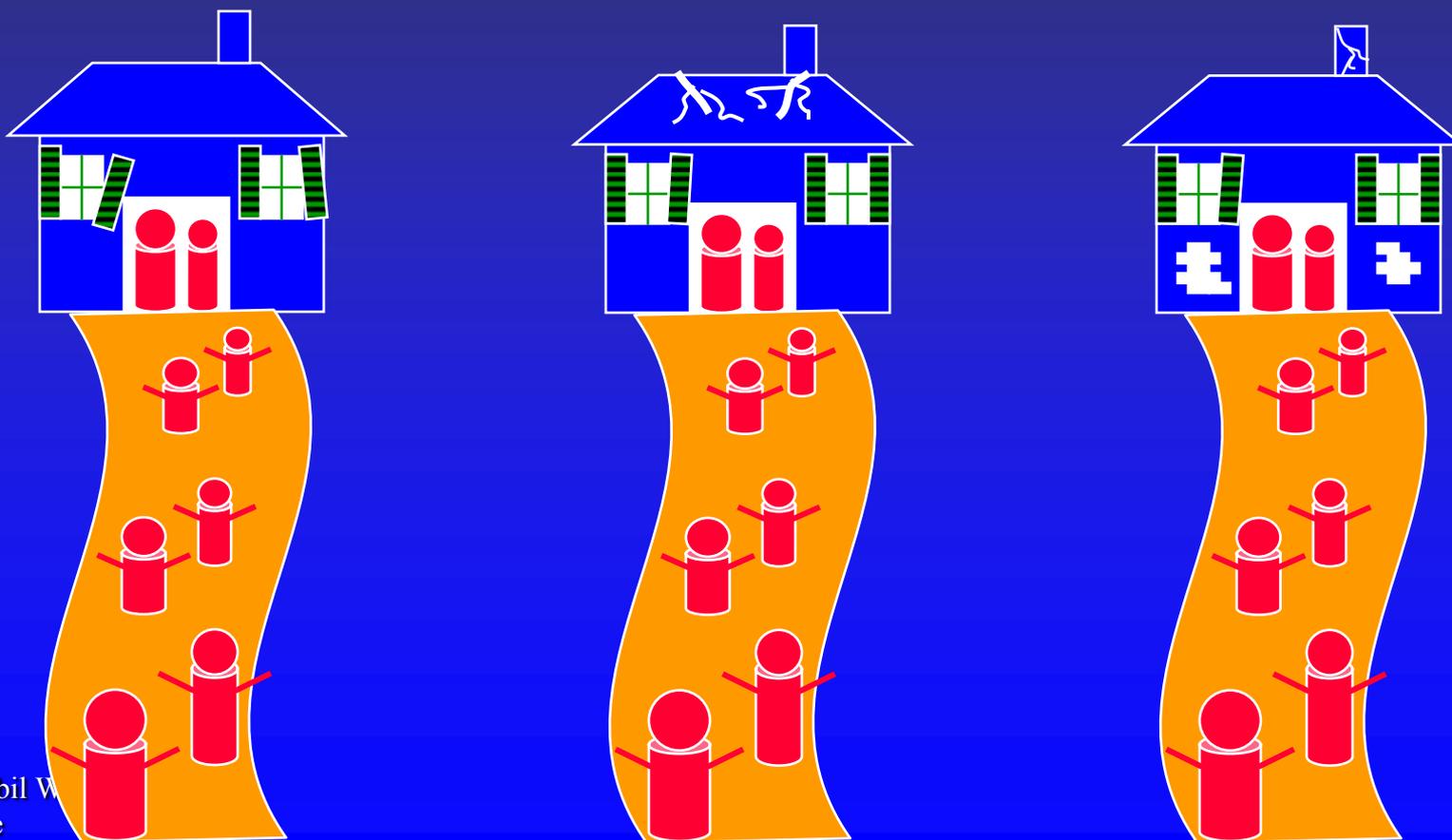
Children of Spouse Abusers



Emmy Werner

“Children of The Garden Isle”

Children of Troubled Families



The Resiliencies

← Insight

← Creativity

← Independence

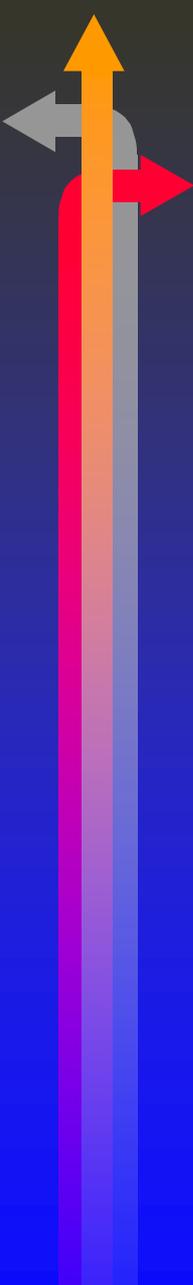
← Humor

e

← Morality

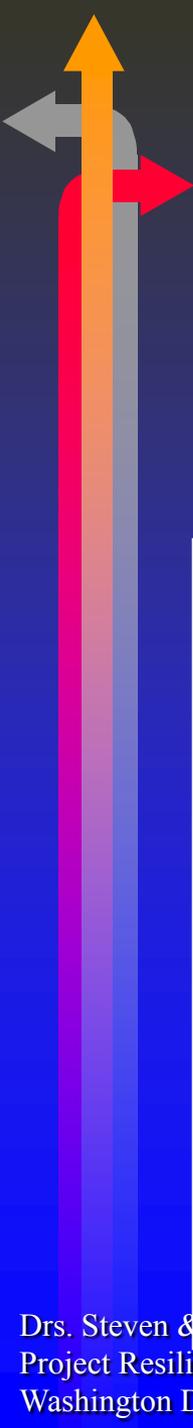
← Relationships

← Initiative



Mirroring

**Learning who you are by
seeing your reflection
in the face of another**



The Resiliencies

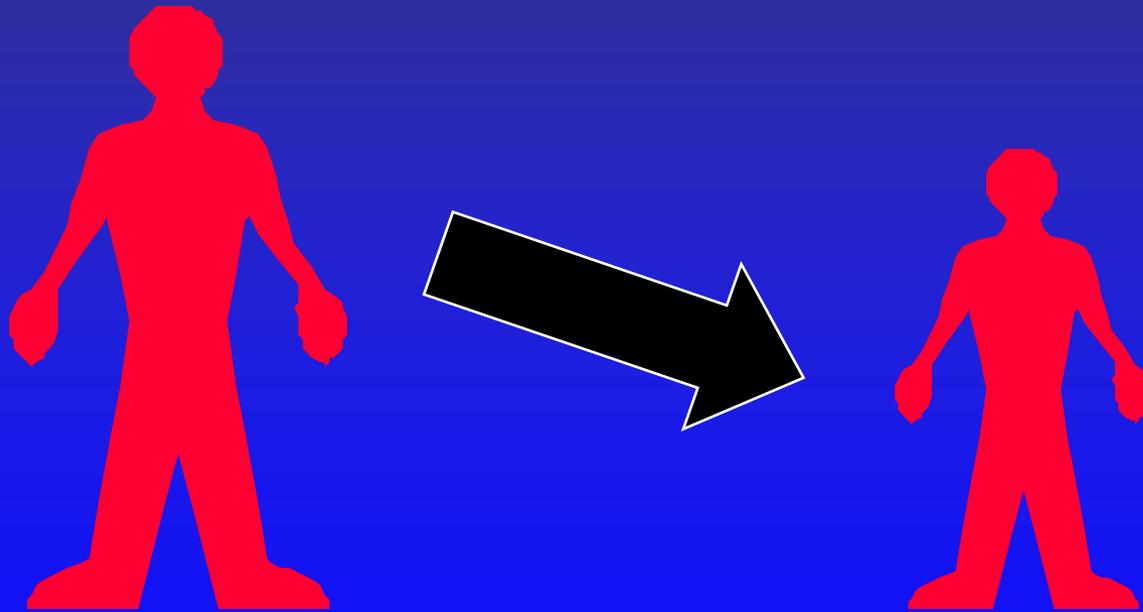
Developmental Phases

	Child	Adolescent	Adult
Insight	Sensing	Knowing	Understanding
Independence	Straying	Disengaging	Separating
Relationships	Connecting	Recruiting	Attaching
Initiative	Exploring	Working	Generating
Creativity	Playing	Shaping	Composing
Humor			Laughing
Morality	Judging	Valuing	Serving

Jerome Kagan

“The Nature of the Child”

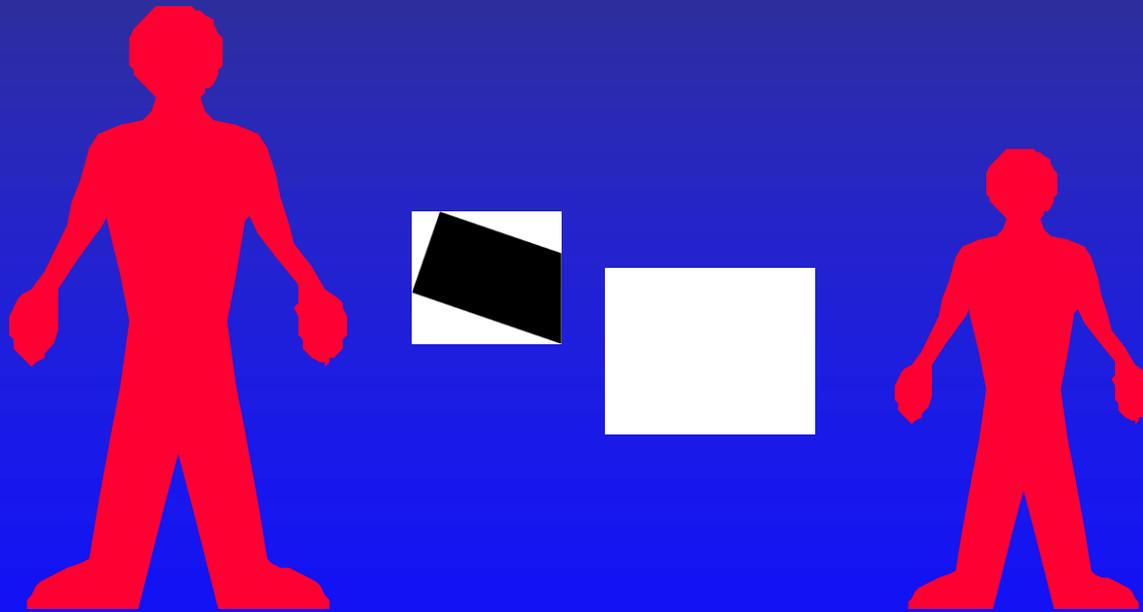
The Objective Frame

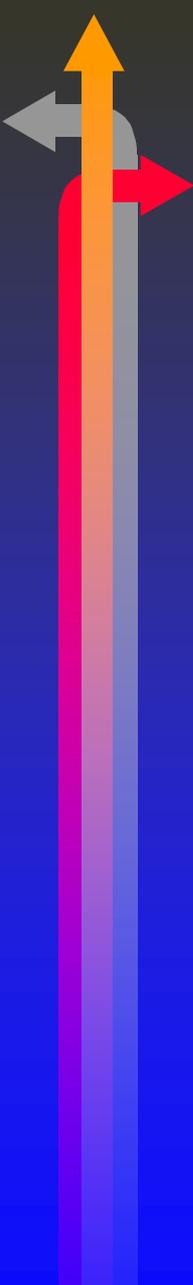


Jerome Kagan

“The Nature of the Child”

The Subjective Frame



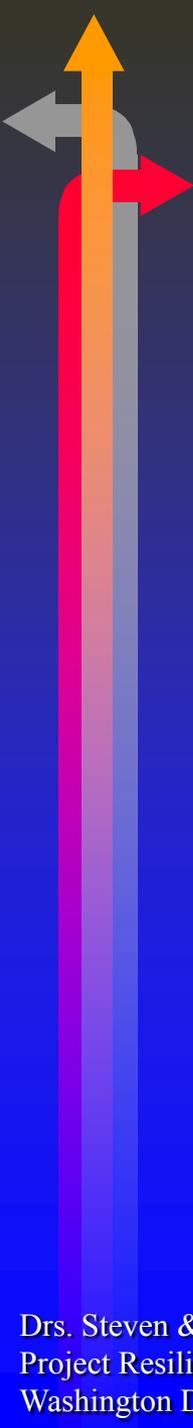


Survivor's Pride

A sense that you

have been tested and that

you have prevailed

A vertical bar on the left side of the slide, featuring a color gradient from blue at the bottom to orange at the top. It includes a grey arrow pointing up, a grey arrow pointing left, and a red arrow pointing right.

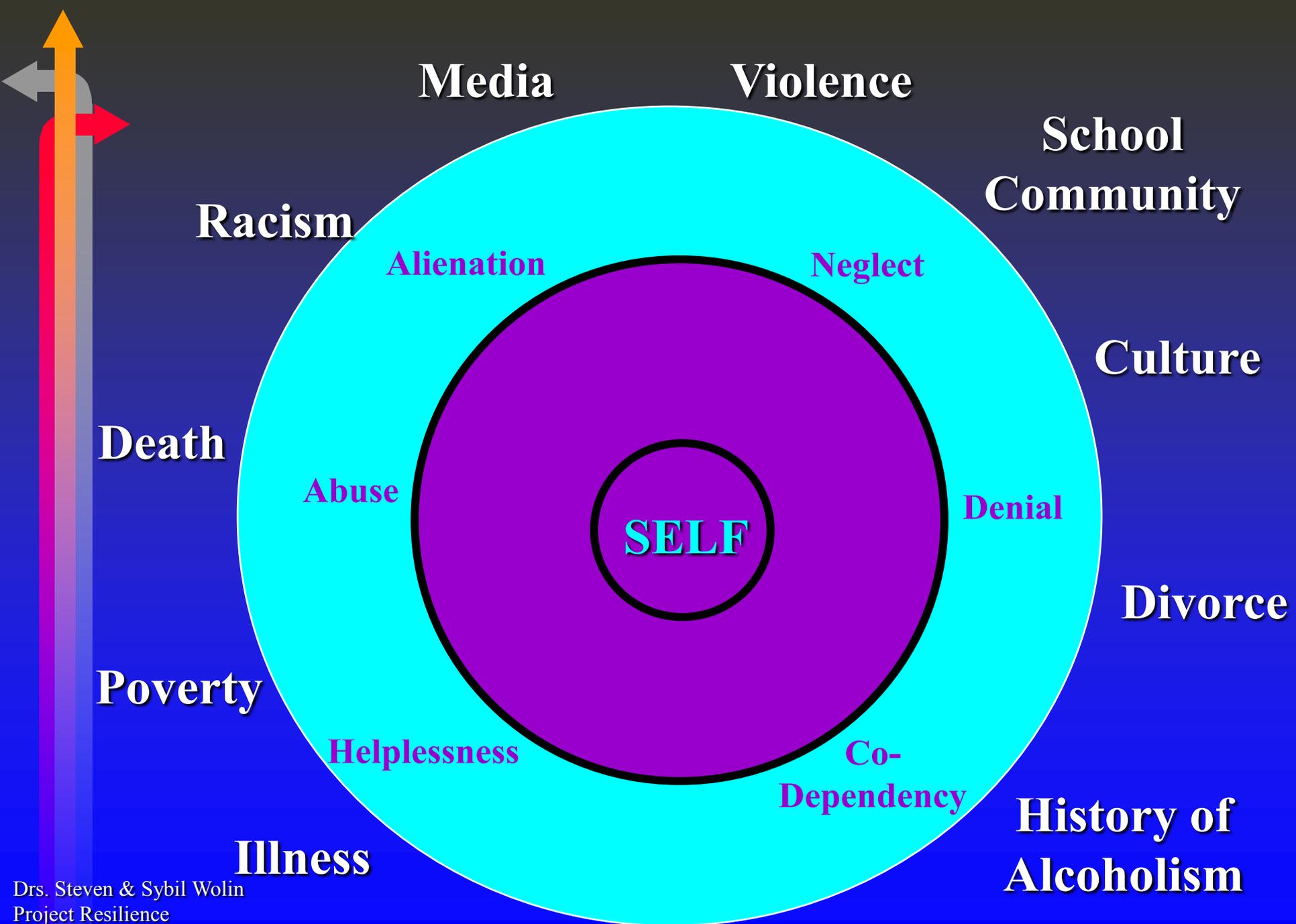
Survivor's Pride

Goal

**To change the image of
oneself from damaged
goods to one who prevails**

The Resiliency Mandala





Media

Violence

**School
Community**

Racism

Alienation

Neglect

Culture

Death

Abuse

Denial

Divorce

SELF

Poverty

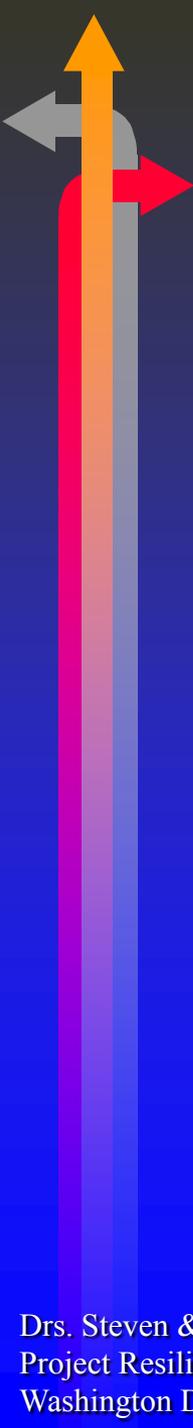
Helplessness

**Co-
Dependency**

**History of
Alcoholism**

Illness



A vertical bar on the left side of the slide, featuring a color gradient from purple at the bottom to yellow at the top. It has three arrows: a grey arrow pointing left at the top, a red arrow pointing right at the top, and a yellow arrow pointing up at the top.

Challenge Model

← **The Helping Professional**

← **Addresses the damage**

← **Identifies unrecognized
resilience**

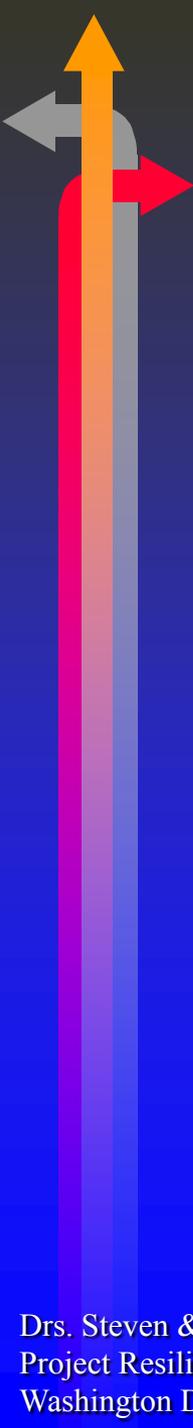
← **Taps survivor's pride**

A vertical bar on the left side of the slide, transitioning from blue at the bottom to orange at the top. It features a white arrow pointing up at the top, a grey arrow pointing left at the top, and a red arrow pointing right at the top.

OVERVIEW OF THE RESILIENCY ATTITUDES SCALE (R.A.S.)

- ← Development of the R.A.S.
- ← Administration of the R.A.S.
- ← Scoring the R.A.S.
- ← Interpretation of the R.A.S.
- ← Preliminary Data
- ← Applicability to Various Populations

VERSIONS OF THE INSTRUMENTS



← Children's Resiliency Attitudes Scale
(C.R.A.S.)

← Adolescent Resiliency Attitudes Scale
← (A.R.A.S.)

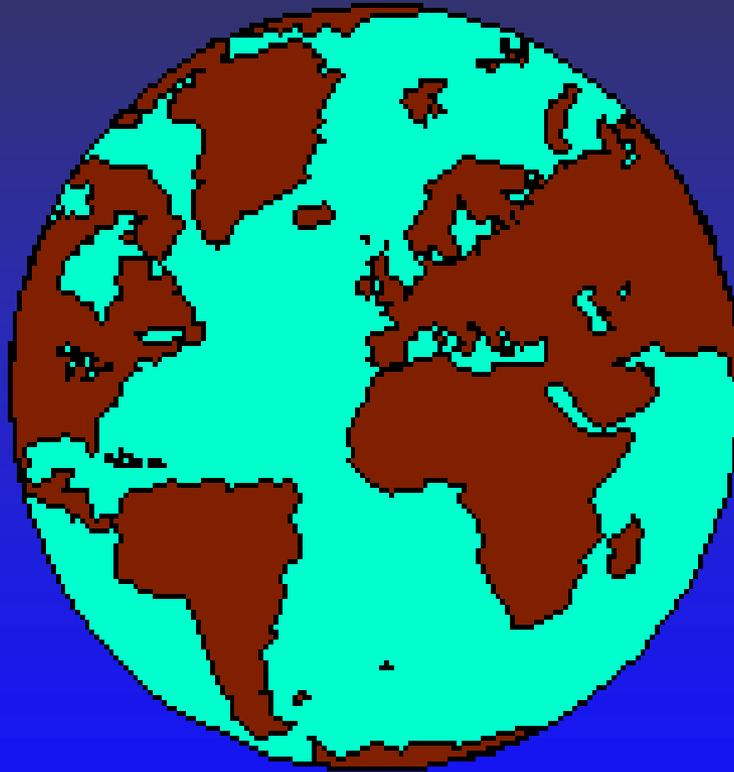
← Resiliency Attitudes Scale
(R.A.S.)



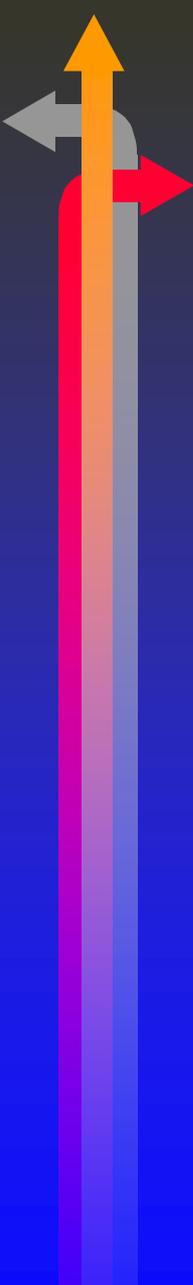
ADMINISTRATION OF THE RESILIENCY SCALES

These resiliency instruments are designed to be administered in self report format. They are written at a very elementary reading level. The scale should be administered in a quiet and private environment free of distractions. The person administering the assessment should read the R.A.S. instructions aloud to the client and verify understanding.

Applicability to Various Populations

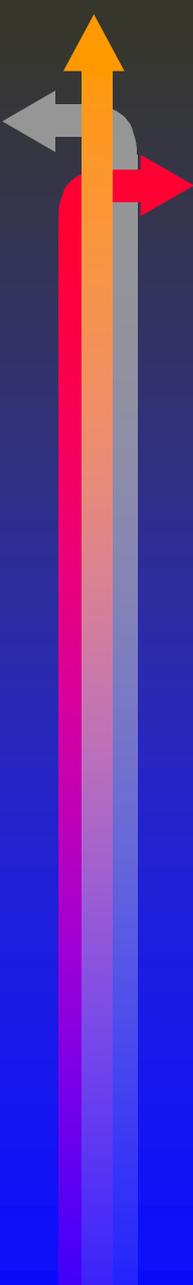


Dr. Wolin
Pr
W



NEXT STEPS

- **Revise existing items based on item analyses.**
- **Continue conducting confirmatory factor analyses to tease out the scales that seem to capture in the most cogent way this construct of resiliency attitudes.**
- **Continue collecting data to norm these instruments with various populations. (This includes addressing its feasibility cross-culturally).**



RESILIENCE WEB SITE

[http://www. dataguru@dataguru.org](http://www.dataguru@dataguru.org)

Email: bbiscoe123@ou.edu

Bpbiscoe@ou.edu

405-325-1711