

The Concept of Resilience

Developing Supports to Build Resilience

What is Resilience?

Resilience is a popular term and concept that is widely used in daily discourse. Based on considerable review of the literature in the context of childhood disability, in this document the term is used to refer to '*a network of resources, patterns of adaptation and supportive relationships*' (Runswick-Cole & Goodley, 2013). These elements constitute a variable array of factors that, if present, may increase the likelihood that a child (or parent) will be able to withstand stresses and pressures during a challenging or difficult time.

Traditionally, resilience has been thought of as a context-specific quality that an individual may or may not have. In the context of children, early theorists thought resilience meant that a child who was resilient was invincible and resistant to any stress or hardship. Continued research of this concept has led to an entirely new way of thinking. Over time, and with a widening of the lens by which we think about children, child health, and child development, resilience has moved from the idea of being a trait that can be fostered within the individual, into a dynamic concept or *state* that is promoted and enhanced through a host of environmental factors.

Helping children to cope and adapt is as much about changing and adapting the environmental factors (human, structural, political, etc.) around them as it is about changing individuals themselves. With this frame of thinking, developing environmental supports in a child's life is the best way to set them up for future success. By doing this, we mean that the child will be best able to manifest strengths and coping ('resilience') in the face of adversity. We subscribe to Huber's idea that health can be thought of as 'the ability to adapt and self-manage in the face of social, physical and emotional challenges' (Huber et al., 2011). Seeking ways to support that to happen is in effect promoting and supporting resilience.

Concepts of Resilience

One way to foster resilience is by helping people to develop a [sense of coherence](#). Sense of coherence is a feeling of confidence that one's environment is predictable and that things will work out in a way that is reasonably expected.

A sense of coherence is built from 3 main elements:

- 1) *Comprehensibility*: the ability to make sense of what is happening and understand the circumstances with which one is faced.
- 2) *Manageability*: the confidence that there are available resources to help one and that these resources will be able to provide adequate support.
- 3) *Meaningfulness*: the sense that facing this challenge and working to adapt from the adverse situation is something that is worthwhile, with a desirable outcome.

These 3 elements work together to foster a sense of coherence and increase the likelihood that one will be resilient through a challenging time. We can support children and their families through adversity by strengthening these elements through education and increased awareness of the resources available to them in their community.

As an important element in building a sense of coherence, meaningfulness plays a large role in fostering resilience. [Meaning making](#) is a basic building block for demonstrating resilience, and a central aspect of many theories about personal growth and adaptation to change. It is important to work towards finding positive meaning during a hard time in order to bridge the gap to an idea of a better future.

It is proposed that we create meaning in [three fundamental ways](#)

1. *'Belonging' to something bigger* (such as a community)
2. *Through activity and participation* ('being' by 'doing')
3. *Gaining a greater understanding of ourselves and our world* ('becoming')

Finding meaning in the face of adversity can be difficult and is dependent on one's understanding of the stressors or threats with which they are dealing. The process will look different for everyone; what may be meaningful to one, may not be to another. The idea of creating meaning is therefore personal – and connects into the *'personal factors'* element of the ICF, as described next.

Ways of Thinking About Resilience

One useful way to think about the concept of resilience is by integrating and organizing these ideas within the components of the [ICF](#). The traditional important medical approach to making a 'diagnosis' involves considerations from the history and tests to allow us to 'rule out' competing possibilities in order to arrive at a clear answer. In contrast, the ICF framework for health provides a set of concepts that collectively create an integrated biopsychosocial 'picture' that allows and encourages us to 'rule in' aspects of a person and their environment that may be important to both the genesis of the problem and 'points of entry' for management of it. This dynamic framework offers a foundation on which we can conceptualize the complex idea of 'resilience' for clinical application. By discussing resilience within a well-established framework such as the ICF, there is an opportunity for people to remember these concepts, and then apply and promote them.

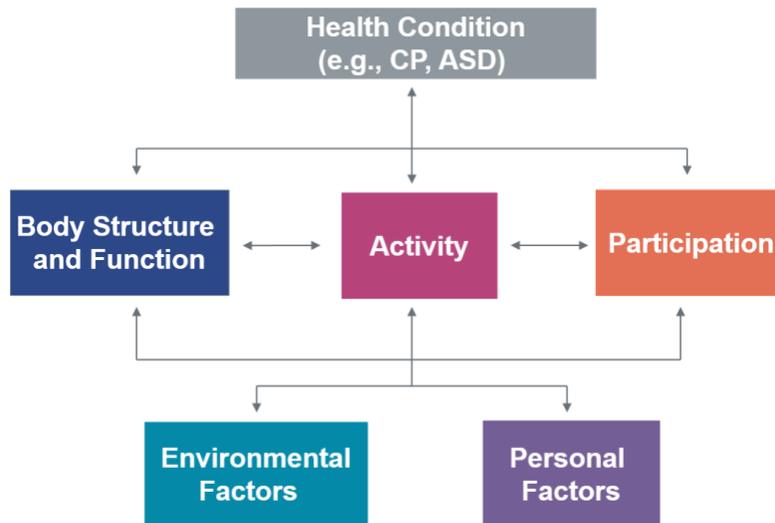


Figure 1. The ICF Framework

Within the ICF, functioning and disability are multifaceted concepts that relate to four main elements: *body structure and functioning*, *activities*, *participation* and contextual factors (including *environmental* and *personal* elements). This framework provides a conceptual basis with which health and disability can be discussed, described and measured. The ICF can be used to frame the concept of resilience as a force with many interconnected elements that may promote and increase adaptability within an individual and family system.

A second approach to thinking about resilience is the [4Ps Framework of Factors](#) associated with any situation: predisposing, precipitating, perpetuating & protective factors. The 4Ps framework provides a set of interconnected elements that, together, encourage us to consider and 'rule out' aspects of a situation that may lead to, or create, distress in people's lives, and factors that may help to protect them. Nesting these ideas within the ICF framework provides a way to bring ICF language and concepts into every discussion.

- *Predisposing* factors are those that put the individual at risk of developing the problem, or risk of an adversity presenting itself. In the context of children, these might include biomedical factors (*body structure and functioning*) such as the presence of an impairment of health or functioning (e.g., a neurodisability), or psychosocial factors (*environment*) such as poverty, lone-parent family status, previous exposure to adverse childhood experiences (ACEs), etc.
- *Precipitating* factors are issues such as specific events or triggers that lead to the onset of the problem. Examples in children with impairments might include the onset of an acute illness (*body structure and functioning*) that stresses an already compromised individual, or parental loss of employment (an *environmental factor*) leading to resource constraints.
- *Perpetuating* factors will act to maintain the problem once it has been established (examples include poverty, family discord, resource constraints, functional limitations or chronic ill health).
- *Protective* factors represent the strengths of an individual, such as temperament (*personal factors*), and of their *environment* (such as supportive family and friends). Protective factors may help to reduce the severity of the problem, by facilitating and enhancing healthy and adaptive behaviour to enable people to deal successfully with the challenge. In this way, protective factors will help to foster and certainly to sustain resilient behaviour when an individual is faced with adversity.

Considering these factors collectively, and their potential cumulative effect on development and personality, provides what might be considered a useful 'scorecard' to annotate and then analyse the threads of a person's life and identify opportunities for prevention and intervention.

Measuring Resilience

Connor-Davidson Resilience Scale (CD-RISC)

The [Connor-Davidson Resilience Scale](#) first appeared in the context of treating adults with PTSD and other forms of anxiety. Validation studies provide evidence that the tool can distinguish effectively between an individual's ability to demonstrate 'greater' or 'lesser' resilience. The tool has 25-items, rated on a 5-point scale, with higher scores indicating more resilient behaviour. The scale has subsequently been adapted into a 10-item and 2-item measure, and there are a number of reports from child and adolescent populations.

Questions are answered based on relevance of the items to the individual over the past month, therefore this assessment only considers recent behavioural patterns. The CD-RISC recognizes the environment as one of the biggest variables in outcome measures of resilience, which fits nicely within the ICF, focusing on '*environmental factors*' as a primary indicator of resilience.

Child Youth and Resilience Measurement (CYRM)

The [Child Youth and Resilience Measurement](#) was developed to assess how youth cope with adversity. This tool is a measure of the resources that are available to an individual that may help them adapt from an adverse situation and boost resilience.

The CYRM is composed of three categories:

1. Individual characteristics, beliefs and attitudes (*personal* factors, in ICF language)
2. Family skills and practices (an essential *environmental* factor)
3. Resources available to individuals and their families

The scale looks at previous reactions, feelings and behaviours of an individual when faced with a prior challenge or adversity. Therefore, it is primarily acting as a predictor of possible behaviours in the face of future adversities.

Qualitative Assessment Using the ICF

Using the ICF to frame and analyse resilience factors in a clinical setting is a novel qualitative approach. By considering an individual's circumstances with this integrative holistic framework for health, health professionals can identify strengths, gaps and entry points into an individual's life, and recognize ways they can provide support and promote factors that may enhance resilience. Placing the concept of resilience within the ICF can facilitate future research and provide a foundation on which to apply the concept clinically (ten Hove & Rosenbaum, 2018).

Applying these Concepts in Practice: A Case Report

John is an 8-year old boy with Developmental Coordination Disorder (DCD), attending a regular age-appropriate grade at his local primary school. His teacher has noted that recently John appears sullen and withdrawn and has been involved in some aggressive interactions with classmates. The teacher knows that John is sometimes teased by other children because of his 'clumsiness', and wants John to become more resilient and to cope more effectively with his issues.

The teacher calls a meeting with John's parents to discuss the situation, and his mother attends. She is surprised to hear about John's behaviour because at home with her he plays well with his two younger siblings and is helpful around the house, despite his need for extra time for some of his activities of daily living. She reports that John's father is somewhat frustrated with John, who is not good at physical activities like catching and throwing a ball, something that is important to the father – and a source of tension between the parents.

The teacher feels that John needs some counselling to learn how to 'pull himself together'. He is referred to you for assessment and intervention. How might an ICF- and 4Ps-based analysis of this situation might be helpful?

In addition, how might the elements of a Sense of Coherence enrich one's understanding of John's predicament, and perhaps contribute to strategies for management?

Approaches to Case Analysis

A: Example of an ICF-Based Approach

To use an ICF-based approach for John's assessment, it is important to assess how each element of the framework looks in John's life, and to think about which of these elements would benefit from enhanced support.

Body Structure & Functioning

As a result of John's Developmental Coordination Disorder (DCD) he often requires extra time with some activities of daily living. How might John be supported with this need for extra time?

Activity & Participation

John has difficulty participating in physical activities like catching and throwing a ball. If John feels as though he has the resources and support to be able to participate in physical activities in a modified way, this may increase his feeling of 'manageability' contributing to an increased Sense of Coherence. What interventions can you introduce that may help John participate in these activities in a modified way?

Contextual Factors: Environmental & Personal

At school, John's classmates sometimes tease him about his 'clumsiness'. John has been showing some aggressive behaviours. If John is able to form positive relationships at school with his classmates, this may increase his 'sense of belonging' and help him to feel a greater sense of meaning. How might you help to facilitate the formation of these positive relationships? What strategies could you suggest to the teacher or John's parents?

At home, John gets along well with his siblings, with whom he plays, and is able to help out around the house. However, John's parents have tensions about his physical abilities. What strategies might be recommended to his parents to explore these issues and consider whether and in what ways these are contributing to John's current predicament?

B: Example of a 4Ps-Based Approach

To use a 4Ps-based analysis for John, it is important to think about what the predisposing, precipitating, perpetuating and protective factors are. How can you use the 4Ps approach to identify elements of John's situation as a basis for considering interventions that will address the predisposing, precipitating and perpetuating factors, and build on and promote protective ones?

For example, to address Perpetuating Factors...

The perpetuating factors seem to be primarily in John's external environment. At school, he may feel isolated from his classmates teasing him. At home, he may feel confused or upset at his father's frustration when he tries to play catch. What interventions might you use to address these factors of John's environment?

By analogy with this example of considering perpetuating factors in John's situation, and building on the suggested approach with the case analysis using ICF concepts, how might John's challenges be framed and mapped out in a way that provides guidelines to enhance John's resilience?

Frequently Asked Questions

Can a child gain/lose the ability to demonstrate resilience?

Protective factors are *personal* and *environmental* factors that influence the child and promote an increased capacity to demonstrate resilience. Positive role models, and reliable structures and supports, are examples of such factors. These factors are all dynamic within a child's life and their presence will differentiate whether an individual is able to adapt successfully to adversity.

Rather than implying that a child has gained or lost their ability to demonstrate resilience, it is more accurate to say that a child may gain or lose the protective factors that promote their ability to demonstrate resilience. In other words, the many elements of the environment will contribute to the mitigation or enhancement of 'threats' to a child's wellbeing.

Is resilience a fixed trait?

Traditionally, resilience has been referred to as a quality that an individual either does or does not possess. Over time, the concept has transitioned from a trait found within the individual into a dynamic concept that can be promoted and enhanced through enhancing both *personal* and *environmental* factors – and that contexts matter!

Current thinking broadens the term resilience to include factors in the family, community, cultural and societal dimensions. Promoting resilience within an individual is as much about minimizing threats and promoting environmental factors that influence them as it is about the individual themselves.

What is the best way to measure resilience?

There is no 'best way' to measure resilience, and to some extent the approach will depend on the question being asked. The Connor-Davidson Resilience Scale and the Child and Youth Resilience Measurement are both validated measures that can be used to assess the *resilient behaviour* of an individual. The ICF can also be used as a way to more qualitatively describe and assess protective factors and threats that are present, in order to enhance resilience. This is a more informal method that may appeal to parents. The best way to assess resilience will depend entirely on the threats to an individual and the environments in which we are trying to assess them.

Additional Resources

Psychometric analysis and refinement of the Connor-Davidson Resilience Scale (CD-RISC):

Validation of a 10-item measure of resilience

Campbell-Sills & Stein, 2007

- Validation of the Connor-Davidson Resilience Scale
- Development of an abbreviated 10-item version of the resilience measure

Development of a new resilience scale: the Connor-Davidson Resilience Scale

Connor & Davidson, 2003

- A widely validated measure used to assess resilience, translated in many languages and studied in a variety of populations

The concept of resilience in childhood disability: Does the International Classification of Functioning, Disability and Health help us?

ten Hove & Rosenbaum, 2018

- Resilience should be considered as a state of an individual at a specific point in time, rather than a built-in trait
- Placing the components of resilience within the ICF demonstrates how the framework may be used to incorporate concepts of resilience for clinicians, parents, researchers, and policymakers
- Integrating resilience into the components of the ICF allows people to recognize how the framework helps to organize the ideas of resilience

Working with children and youth with complex needs: 20 skills to build resilience

Ungar, 2015

- It is just as important to work towards changing the environments that surround children as changing children themselves
- Discusses systematic practices clinicians can use in everyday work
- Practical strategies include engaging with children's extended family, addressing issues of community violence, racism and homophobia, and helping parents and teachers understand children's maladaptive coping strategies

The Child and Youth Resilience Measure (CYRM) Child Version

Ungar, 2016

- Self-report measure established through a process of interviews with youth and their caregivers in countries all around the world

Resilience as a dynamic concept

Rutter, 2012

- Examining resilience as an inference based on evidence that some individuals have a better outcome than others who have experienced a comparable level of adversity