

# Resilience In Vulnerable Children

Report From The  
Association For Child  
Psychology & Psychiatry  
In Scotland Conference, 4  
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Scottish Association  
of Children's Panels

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**REPORT FROM THE ASSOCIATION FOR CHILD PSYCHOLOGY &  
PSYCHIATRY IN SCOTLAND CONFERENCE, 4 JUNE 2004**

**“RESILIENCE IN VULNERABLE CHILDREN”**

This conference looked at issues around how and why children could develop resilience against adversity and extreme trauma. It was attended by people from a wide variety of disciplines, notably psychologists and psychiatrists, but also teachers, social workers, therapists, foster carers, G.P.s and Paediatricians and one Children’s Panel member!

There were three speakers – Brigid Daniel, a Professor of Child Care and Protection at Dundee University who has written books on resilience, child development and child neglect. Sally Wassell, an independent trainer and consultant who acts as an expert witness on child care and protection issues. She has a particular interest in attachment and separation and resilience in vulnerable children. The third speaker was Gillian Colville, a clinical psychologist who works in the field of paediatric research and is currently based at the Paediatric Intensive Care Unit of St George’s Hospital in London. As well as working with the patients and families, she also researches the psychological impact of admission to Paediatric ICU.

The first two speakers ran the first session jointly: “Promoting Resilience in Vulnerable Children: early years, school years and adolescence”.

The speakers felt it important to consider what resilience actually was and stated that it could be defined both as an outcome (emotional well-being against the odds) and/or as a process (adaptability in the face of adversity). Resilience was thought of as qualities which cushion a vulnerable child from the worst effects of adversity and which may help a child or young person to cope, survive and even thrive in the face of great hurt and disadvantage. It was felt that some did actually thrive because of the lessons learnt. Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. The speakers stressed that children should be either able to or helped to develop problem-solving skills and coping mechanisms. A lot of work needs to be done with regard to how we nurture resilience within children. Some of these factors include temperament and development of the internal being. Most importantly there are 3 building blocks:

- A secure base, whereby the child feels a sense of belonging and security.
- Good self-esteem, i.e. an internal sense of worth and competence and
- A sense of self-efficacy, i.e. a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

With regard to the second point, it is very important for children to appreciate their own worth, but also understand the worth of others. It is not all right for them to say that they are all right without thinking about others. The last point, self-efficacy, can sometimes be difficult to pin down – e.g. 2 children fail a maths test by a few marks. One comments that the test was difficult, but that they might have done better with more revision while the other says “what’s the point of doing revision, I’ll fail anyway”. There therefore requires to be much more focus on self-efficacy with children.

There are extrinsic factors which have a very important impact and consideration should be given to highlighting both the protective and the adverse factors. The three key factors were seen as:

- At least one secure attachment relationship
- Access to wider supports such as extended family and friends
- Positive nursery, school or community experiences

Children need someone to be available, but one who will engender feelings of security and dependability. We need to look at the quality of a person’s availability to the child and not simply whether someone is there for the child. In summary, it was acknowledged that resilient people can say:

“I have – people I trust and love”	]	
“I am – a loveable person”	]	These factors enable people to cope.
“I can – find ways to solve problems”	]	

There were potential pitfalls and criticisms:

- Could imply that adversity from social disadvantage can be overcome simply through the efforts of individuals – there would be a need to incorporate the concept of community development and strategies and policies for inclusion
- Term can be used too loosely as in ‘children bounce back’ – we must not make assumptions
- Children may appear to be coping well with adversity, but may actually be internalising their symptoms and showing ‘apparent resilience’. We should not make assumptions that someone is resilient. Sometimes these are the children who are missed.
- There is limited attention to how people deal with stressful events – one person’s trauma is another’s challenge – don’t make assumptions of what is a stressful event. People process events in different ways
- The cause can be rather unclear, e.g. direction of link between esteem and competence – there needs to be clarity about the links with risk, adversity and vulnerability.

It is important to look at the framework – what is naturally occurring in the child’s environment - individual attributes (something that can give some sense of self-worth; family or substitute family and attachment relationships and community and extra-familial supports. Evidence suggests that better outcomes are linked with a feeling of ability to really contribute, being of value and a sense of self worth.

Again, it is very important to consider

- (1) Parents’ expectations – how is the parent thinking about the child? – what the child triggers and stimulates in the parent;
- (2) The contribution of the parental history – what do the parents bring from their childhood and how do they process the meaning of this – how they felt and thought then and how this compares to their adult views.
- (3) Children come with a history – what is the impact of any previous adversities? What are the current adversities and what are the protective factors? Research has shown that there is a natural dip in self-esteem in adolescent girls.

We must consider relationships surrounding and affecting the child, this is the key. Who is important to this child? Has he lost contact with someone important to him? Who is available and important to give comfort, support and reassurance? In adolescents, consider who will be there to support and pick up – they need to ‘touch base’ much more frequently than other children. It is very important that someone is there long-term. For vulnerable young people a positive experience of education can make a massive difference to the life outcome. Resilience is associated with having generally positive peer relationships and good friendships. This can help buffer the effects of stress. Talents and interests can be one way into friendships for some children and builds self-esteem, one of the fundamental building blocks of resilience. Encouraging the child’s unique talents and interests can help to boost resilience. Children also need to be given positive values.

Another important issue was that of social competencies where the child developed skills of self-regulation including the control of attention, emotion and behaviour. We should focus on feelings and thoughts and how they fuel behaviour. Children might have no language for feelings so work needs to start there – how can they have feelings for others if they cannot recognise their own?

There needs to be intervention strategies such as a reduction of the impact of risk, of negative chain reactions, a promotion of self-esteem and self-efficacy, an opening up of positive opportunities and positive cognitive processing of negative experiences. By building a protective network around children, there is more likelihood of a better outcome. If this network is not there, we must consider what elements are missing and how we can build it. We need to organise deliberate strategies within the child, within the surrounding family and within their community.

The last speaker spoke of resilience against adversity/extreme trauma and was based on her experience with children and families in a paediatric intensive care unit. Dr Colville considered whether trauma in early life was more damaging or whether children are more resilient than adults;

Is resilience something you're born with and can professionals' foster resilience? Attachment was important but there is no real evidence to show that early life trauma was more damaging. A study done in 1976 (Clarke & Clarke/Rutter) demonstrated that there could be a dramatic improvement in severely neglected children. It showed that people are adaptive creatures, able to right themselves. However if you can get children younger, then there is more of a chance to put things right. It is important to talk to the children directly and not to rely on the parents report as they were not always the best judge of how things are; it is only their interpretation, especially if they have not communicated properly or at all with the child. Resilience is best understood as an interactive process involving biological, psychological and social levels. There is more credence now to the fact that resilience can wax and wane and is not a fixed part of one's make-up.

Dr Colville discussed her research with the longitudinal follow up of certain groups, such as children with alcoholic parents and those from homes featuring divorce. In the former, the majority did not suffer from major psychopathology in adulthood (e.g. anxiety, depression). In the latter, it is not simply the loss of a parent that leads to poor outcomes. Financial problems, family conflict before, during and after divorce, parental stress and multiple changes are contributory factors. The quality of contact is more important than the quantity. Dr Colville also looked at follow up results from major traumas or disasters such as the 1<sup>st</sup> Gulf War (1991), Aberfan (1966) and the Holocaust. She found that a majority of people (e.g. 61% in the case of Aberfan) still experienced some symptom (thought, flashback, dream) from time to time. Therefore it is not true to say that children 'just get over things'.

Professionals can help to foster resilience by looking at treatment – assessing/treating cognitive behaviour such processing and integrating, provision of clear information, mastering anxiety and addressing grief loss. An event may happen and over time a person can survive, recover or even thrive and Dr Colville quoted the psychologist Nietzsche who felt “that which does not kill me makes me stronger”. Others believed in post-traumatic growth, that in the process of struggling with adversity, changes may arise which enables the person to function at a higher level than before.

Children need “emotional vitamins” to flourish – a good relationship with at least one parent ('you are loved'); good supervision ('you are secure'); respect for individuality ('you are you'); encouragement and recognition of effort ('you matter') and increasing responsibility and social involvement ('you are growing up'). If we try to ensure all young people get these “vitamins” in whatever way we can we will go a long way to developing and assisting resilience in all children and not just those who are vulnerable.

This was a very interesting conference made more so by the sharing of experiences of delegates from the many disciplines present. What it did stress was the total need for interagency collaboration and shared knowledge and it was suggested that the Children's Panel was one way of encouraging and facilitating this. One Social Worker present illustrated how lack of knowledge can affect outcomes with the story where she heard a boy had been suspended from school for kicking a teacher some days previously. She was able to tell the school that, on that day, she had been in court with the boy's mother and sister who were witnesses and victims in a domestic abuse case and the boy's behaviour had been a reaction or frustration. She acknowledged that if the information had been shared previously the school may have been better prepared and handled the situation better. Overall, however, the conference illustrated how we should look closely at the child's environment, relationships and skills and stressed the importance of talking directly to the child.

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