



FOSTERING RESILIENCE WITHIN A TIERED FRAMEWORK

RESILIENCE DEFINED

WHAT IS RESILIENCE?

Adversity is any event or hardship that has the possibility to upset positive functioning. Adverse experiences may range from everyday setbacks to profound trauma. Even when children are exposed to similar obstacles, often, their reactions and outcomes vary greatly. When a child "bounces back" from these adverse situations, they are described as resilient. **Resilience** is a term that describes positive functioning in the midst of adversity that threatens a normal developmental trajectory. Because children bring a wide variety of adverse experiences into school, and resilience has many social influences, the school setting is an optimal place to foster resilience in children.



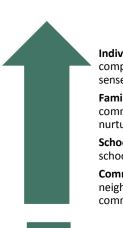
RESILIENCE VS. RESILIENCY

Resilience refers to the process of adapting positively through adversity whereas resiliency often refers to a personality trait within an individual. Though resiliency will affect overall resilience, resilience can be promoted by supporting other contextual factors that are outside of the child as well.

RISK AND PROTECTIVE FACTORS

Many factors that surround a child that may either increase or decrease the likelihood that the child will be resilient. These are classified as risk and protective factors.

A risk factor is any quality, characteristic or experience of an individual that increases the likelihood of maladaptation. To be considered resilient, a child must experience one or more risk factors that threaten developmental outcomes. Protective factors are any support that helps shield children facing adversity from negative social-emotional and mental health outcomes. Some examples of risk and protective factors are:



Protective Factors

Individual: secure attachment style, social competence, problem solving, autonomy, sense of purpose, optimism

Family: family cohesion, good communication, parental warmth, nurturance, support

School: extracurricular activities, cohesive school climate, high quality curriculum

Community: higher social capital, neighborhood cohesion, opportunities for community involvement



Risk Factors

Individual: resistant temperament, biological factors, substance abuse, chronic illness

Family: abuse, absentee parent, permissive parents, inconsistent parental monitoring, family conflict

School: school disengagement, conflictual teacher relationships, peer rejection, punitive environment

Community: violence, poverty, residential instability, discrimination

RESILIENCE IN SCHOOLS

Professionals can utilize a multi-tiered framework such as Positive Behavioral Interventions and Supports (PBIS) to foster student resilience in schools. PBIS aims to change school climate through the promotion of positive change in behaviors of staff and students (Bradshaw et al., 2008). Within this framework, there are three levels (primary, secondary and tertiary) at which students are served based on their level of need. The primary level is school wide and focuses on promotion of positive behavior by establishing, modeling, practicing, and reinforcing clear and consistent behavioral expectations. The secondary level focuses on targeted groups of students that are not responding successfully to primary prevention supports. The tertiary level focuses on individual levels of support for students who were not successful at levels one and two. Resilience can be promoted at each of these levels.

FOSTERING RESILIENCE WITHIN A TIERED FRAMEWORK

TIERED FRAMEWORK

Tertiary: Intensive Instruction

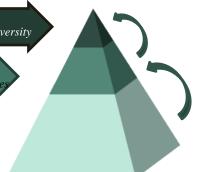
Individualized supports for those experiencing notable difficulties adapting to adversity

Secondary: Targeted Groups of Students

Support adversity-exposed youth by intervening early to prevent negative outcome

Primary: School-wide Prevention

Promote protective factors and minimize risks in all students



Examples of Activities and Strategies to Promote Resilience via a Tiered Model of Support (Noltemeyer, 2014)

PRIMARY:

- Screen for risk and protective factors
- Implement an effective social-emotional curriculum
- Model coping skills through everyday situations that arise in the classroom
- Foster healthy teacher-student relationships,
 characterized by warmth and encouraging feedback
- Provide frequent and relevant opportunities for friendships and other relationships to develop
- Establish a safe and nurturing school environment where student needs are met
- Promote home-school communication and collaboration
- Identify, teach, model, and reinforce positive behavioral expectations. Consider including a behavioral expectation that is related to resilience (e.g., determination, optimism).

SECONDARY:

- Provide small group counseling or psycho-educational programs to enhance coping or minimize risks
- Implement staff check-ins and/or mentoring program
- Be more intentional about home-school collaboration
- Provide explicit instruction about, and examples of, resilience
- Encourage students to become involved in extracurricular or community activities
- Be alert for signs of the development of traumatic stress or other mental health issues

TERTIARY:

- Utilize a collaborative school problem-solving team
- Involve families to the greatest degree possible—offer personalized resources, strategies and parent training
- Develop an individually-tailored behavior intervention plan, considering protective factors are resources
- Maintain a crisis intervention plan, and address traumatic stress
- Refer to additional community supports as needed

LEARN MORE ABOUT RESILIENCE

Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review*, *30*(5), 479 -495. Doll, B., Brehm, K., & Zucker, S. (2014). Resilient classrooms: Creating healthy environments for learning (2nd ed.). New York, NY: Guilford. Masten, A. (2014). *Ordinary magic: Resilience in development*. New York, NY: Guilford.

Noltemeyer, A. (2014). Best practices in fostering student resilience. In P. L. Harrison & A. Thomas (Eds.), *Best practices in school psychology: Student-level services* (pp. 225-237). Bethesda, MD: NASP.

Wille, D. P. N., Bettge, S., & Ravens-Sieberer, U. (2008). Risk and protective factors for children's and adolescents' mental health: results of the BELLA study. *European child & adolescent psychiatry*, 17(1), 133-147.

This brief was developed [in part] under grant number CFDA 93.243 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

We also would like to acknowledge the Ohio Department of Education for their support of this work.

Brief prepared by: Amity Noltemeyer & Jessica Robertson, Miami University