

YOU CAN GET THERE FROM HERE, BUT NOT IN A STRAIGHT LINE: A RESILIENCE TALE IN TWO VOICES, ONE SPIRIT

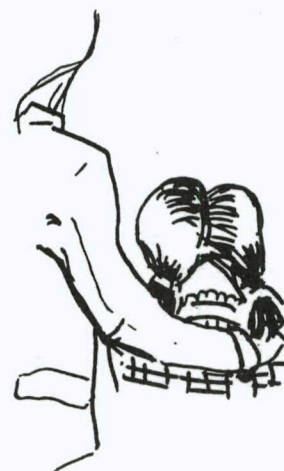
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This narrative tells the intersecting stories of a professor of school psychology teaching a class on resilience and capacity building in children, a student-colleague in the class who is a practicing school social worker, and the social worker's clients—a fifth-grade boy facing a set of difficult problems and his concerned and frustrated parents. The story is one of shared learning, a commitment to collaboration, and the application of research and theory learned in class to a school-based intervention.

Resilience in Theory: Mark's Tale

I was just coming off of back surgery and settling into the routines of university life again. Some good days, some bad; but even the bad ones didn't seem so intolerable in light of my recent experience. Due to the extended recovery period from the surgery, I was still scrambling to prepare for my Winter quarter course, "Developmental Psychopathology," my personal favorite. Because I have a long-standing interest in and commitment to prevention of mental health problems, and specifically to the notions of resilience and capacity building, I use a substantial portion of the course to discuss and explore these concepts as they relate to children's and adolescent's development. We talk a lot about what Robins and Rutter (1990) have called "the straight and devious pathways from childhood to adulthood"; the central point being that pathways to healthy or dysfunctional patterns of behavior are seldom simple or isolated from the contexts in which they occur. Instead, they develop in the oftentimes tangled, always changing, context of adult-child and peer relationships. They also occur within a variety of important social systems including families, schools, and communities. The transactions between the developing child and important others in his or her environment help bend

the pathways of development in predictable directions, either fostering positive growth or tending toward dysfunction. Where the mechanisms underlying these transactions can be identified, prevention (and intervention) efforts are greatly enabled.



For example, one of the most enduring findings in the resilience literature, which has accumulated over the past 25 years, is that a warm, consistent relationship with at least one adult caregiver affords immense protection to children's development, even in the most adverse of circumstances (see Doll & Lyon, 1998; Garmezy, 1991; Masten, 1994; Masten & Coatsworth, 1998; Pianta & Walsh, 1998; Rutter, 1985, 1990; Werner & Smith, 1982). Most researchers access the "attachment system"

as a plausible causal mechanism for this outcome, as children with secure attachments generally have a positive developmental trajectory, while children with insecure attachments are at risk for a variety of later educational, mental health, and interpersonal problems (Masten & Coatsworth, 1998). A popular example of this notion may be recognized in Frank McCourt's autobiography, *Angela's Ashes*, in which he recounts the story of his life from birth to early adulthood. In spite of growing up in conditions of abject poverty, and with an alcoholic, often absent father, his story is clearly one of overcoming adversity, or resilience. The positive outcomes he describes emerge not only from his own resourcefulness, but also from the relationships he develops with his mother and other key adults and peers in his life, which act as protective mechanisms against the harshness of his circumstances. (See Doll & Lyon [1998] for a review of the major findings regarding both individual and contextual factors related to the development of resilience in children and adolescents.)

Somewhere about the third or fourth week of the course, Cathy, a student in my class at the time, came to me and said, "This stuff is really interesting. It resonates with a lot of the things I've thought about trying to incorporate into my practice. In fact, I have a case right now where I'd like to try some of the principles we've discussed in class. Do you have time for me to tell you about my case?"

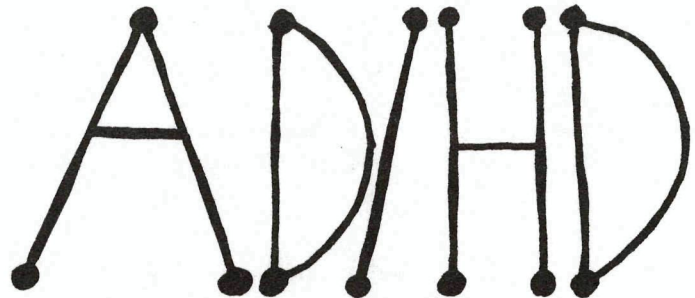
"Sounds intriguing," I replied. "Tell me what you've got and what you're thinking about doing."

Here's what Cathy described:

James' Story

James was referred for intervention due to difficulty in his home, the community, and the school settings. He had been

previously diagnosed with Attention Deficit/Hyperactivity Disorder (AD/HD) in 1997. As a result of his diagnosis and subsequent staffing as a student in need of special services, he was referred to Cathy as school social worker for counseling.



James is an only child living with his mother, Michelle, and her partner, Dan, both of whom are health care professionals. Michelle and Dan have been living together for eight years. Both are quite involved in James' education and they share the responsibilities of parenting. James' biological father resides in another state and he sees him each year during summer vacation.

Michelle and Dan are extremely concerned about James. Despite trying many strategies to set limits for him, he often does not complete homework assignments or follow rules at home. He leaves home for many hours, wanders around the community, and often returns long after dark. When questioned about this behavior James says, "Well, I know I'm already in trouble anyway, so why not stay out as long as I want?" At times, James sneaks out of his bedroom window to play and does not return until 10:00 or 11:00pm. Some of this might be accounted for by problems with "time sense," as many AD/HD children are reported to have, yet a larger portion of the problem is behavioral. James' parents see him as difficult and oppositional; however, they report things are actually better this year than last. Still, when they try to set limits and withdraw privileges when he

doesn't comply, James seems not to care. On one occasion, they went skiing and left him in the car to work on his schoolwork. They considered this to be an appropriate punishment for his not completing class assignments, and were nonplussed when James did not comply, stating he didn't really know what the punishment was for.

Personally, James seems to lack the capacity to regulate and soothe himself. He is often overwhelmed by his own feelings and his inability to exert control over himself and his environment. He is easily frustrated and when he gets out of control, he is often inconsolable. His running away and occasional truancy seem not motivated by unhappiness so much as by an inability to control his impulses and wanting to do whatever he wants, whenever he wants. He seems to have the same problem in his relationships with peers. Even though he's only in fifth grade, he is already getting into some problematic situations with girls. His attempts at relationships with several girls have caused him problems because he has a very poor sense of boundaries and doesn't seem to understand that he can't just do whatever he wants.

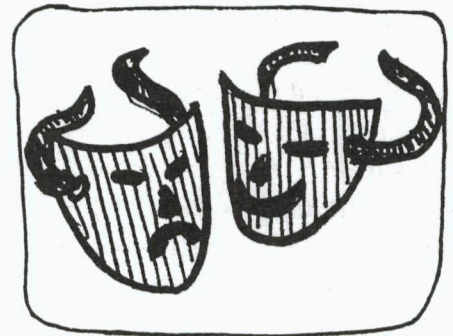
James' home situation is characterized by a lot of conflict. His parents frequently fight, argue, threaten each other with separation, yell, berate each other and James, and don't seem to be able to follow through with him. They have good intentions about setting limits and helping him control himself, but lack the skills to be able to follow through. In short, although they're concerned about James, their relationship would hardly be characterized as very positive or warm. His relationships with peers are also problematic, and his classroom performance is poor as well.

A Collaborative Dialogue Begins

"An interesting case," I said. "Like a lot of things you see in schools. Problems that

run across several systems, not easily solved with any one approach. Also like what we just read by Pianta and Walsh (1998) for class today, not helpful to locate the problem exclusively at the individual levels of the child, the family, or the school—the invidious triangle. So what are you thinking about doing?"

"Well," Cathy replied, "I'm definitely going to see him for individual counseling as planned. I want to work on some self-monitoring and self-regulation strategies with him. I've done a lot of that in the past and I think it will be helpful for him, especially with his AD/HD. I'll also see him in a group I run for social skills, friendship problems, and improvement of peer relationships. He's starting to get into a lot of trouble with peers and I want to see if I can help him avoid some of that. I'm afraid he's eventually going to drift into a negative peer subculture. But what I'm really interested in is working with his parents. I'm thinking that if I can somehow help restore their relationship with him, other things might be easier to accomplish. I think I can also get a few other key adults in his life to establish a more positive relationship with him. And I



want to get him engaged in more pro-social activities at school and in the community. He's got several strengths I can build on, too, like good potential in drama and music. So, what do you think?"

"I think those all sound like potentially good strategies to try," I said. "But it's

pretty ambitious. Can you actually do all those things in your position as school social worker?"

Cathy replied, "I think I can. Besides, what's the alternative? I know I'll be attempting to effect change in a couple of systems that likely will be resistant, but it still seems like it's worth a try. In fact, I can't see what good I can do working with him completely on an individual basis. He needs lots of support, and some of those supports need to come from his family and the school. I'm just wanting to see if I'll get more positive and maybe lasting effects if I work this way, rather than the usual see 'em in your office routine."

"I definitely agree with your sentiment," I said. "It's just that helping a child overcome adversity is a long-term, continuous process. It requires lasting relationship commitments over the long haul and seems to work best when it occurs in a natural developmental context. As I understand the literature, a lot of what's being tried in the name of resilience, those pre-packaged programs we talked about in class, have little chance of succeeding. You can't just trot out a list of characteristics that resilient individuals are known to have and presume to 'teach' them to kids. I don't think it works like that. Resilience is as much dependent on the quality of relationships people have, and their transactions with the environment, as on their individual characteristics. In fact, there's still a lot of dispute about where resilience actually lives—within the individual, within systems that contain the individual, or in the transactions among the individual and important others in a variety of systems. It's not entirely clear."

"Yeah, I think that's really true," Cathy replied. "I've seen some of those packaged programs first hand in a couple of the schools I've been in. It doesn't seem like it works very well. It's like the concept of wellness; you have to understand the

specific things that contribute to physical well-being before you can adopt a healthy lifestyle."

"Exactly," I said. "We know quite a bit about the broad factors that tend to be associated with resilience, but very little at this point about the specific mechanisms that tend to foster it. Once we understand the mechanisms, we should be able to make a lot of progress with prevention and intervention efforts. Trouble is, that's likely to take a long time. Knowledge in this area is probably going to accumulate slowly; but I understand you can't wait. You have a young boy and his family who need help now. You're between the proverbial rock and hard place, needing to proceed immediately but without a very precise map of where to go."

"So, are you trying to talk me out of this?" Cathy replied.

"No, no," I said. "I just think it's important to go in there with your eyes wide open. Cut yourself some slack, approach it experimentally, and be ready to make lots of adjustments as you go. I really have no idea what will happen if you approach it the way you've described, but like you said, 'What's the alternative?' Same old, same old, I guess. Why don't you give it a try and see what happens? Let's keep touching base every couple of weeks and you can let me know how it's going. Is that OK?"

"Yeah, that would be great," Cathy replied. "See you in a couple of weeks. Well, actually I'll see you in class next week, but I'll plan to talk with you about James the week after."

The following is Cathy's account of what transpired over the next several months as we continued our bi-weekly collaborations.



Resilience Applied: Cathy's Tale

My first impression of James was that, unlike many children who "learn from their mistakes," he was not able to profit from such lessons due to his impulsivity and lack of strategies for coping with difficult social situations. Because attention shifts were so common and frequent, James' experiences were not internalized in a nice, coherent fashion, and he had difficulty making sense of them. He also lacked consistent adult models who could coach him through many of these difficulties and help him begin to understand the cause/effect nature of his problematic behaviors.

Much previous research regarding AD/HD has shown significant long-term sequelae, including comorbid diagnoses of Conduct Disorder, Oppositional Defiant Disorder, Learning Disabilities, substance use or abuse, increased contact with the law, troubled interpersonal relationships, academic underachievement, increased risk of dropping out of school, peer rejection, and development of antisocial behavior patterns (Barkley, Fischer, Edelbrock, & Smallish, 1990; Gittleman, Mannuzza, Shenker, & Bonagura, 1985). James' long history of failure related to the disorder also made him vulnerable to depression. His social relationships were inconsistent and at times volatile. He had trouble forming long-term attachments with peers, finding it difficult to modulate his behavior with friends.

James' most immediate challenges were in two basic areas: impulsivity and attention problems. James' attention difficulties were twofold. He had sudden shifts of focus and would articulate both relevant and irrelevant information on any given topic. At other times, James would "zone out" so completely that he would appear to be in trance. He often didn't know why his mind would wander or what caused him not to be able to concentrate. Stimulant medications were

tried with limited success. He experienced side effects of prominent weight loss and insomnia that led his parents to stop the medication. In addition, the administration of the medication was sporadic and inconsistent, making it difficult to evaluate its effectiveness.

In addition to working on self-monitoring and self-control strategies with James in our individual counseling sessions, I had him participate in a boys' group with four other fifth-grade boys. He never missed our weekly sessions and would often come to the group with pressing problems, mostly relating to girls. Though seen as troublesome by many of his peers, James was also friendly, outgoing, and sensitive. At times, however, he would appear cautious, resigned, sad, and flooded with emotion. I asked him what he knew about coming to see me. He told me that he was one of the "dumb kids", but later retracted that and said that he came to have me help him with his problems. As James became more comfortable with me, he would often seek me out as a mediator between him and his parents. James wanted me to help make his parents understand that he wanted to be more responsible and in charge of his own life. This included being responsible for his homework. James was quite articulate and capable of relating feelings and facts. He said that his parents just didn't understand him and that there was too much yelling in his house. He also had a growing sense of a connection to his surroundings saying, "What you put into the world, you get out of it."

James seemed immediately to sense my empathy for and understanding of the difficulties he was experiencing. During our group time, I utilized a structured approach to social skills training; however, at times the boys preferred using the time to "just talk." Often I would begin our sessions with, "I've been thinking about what it must

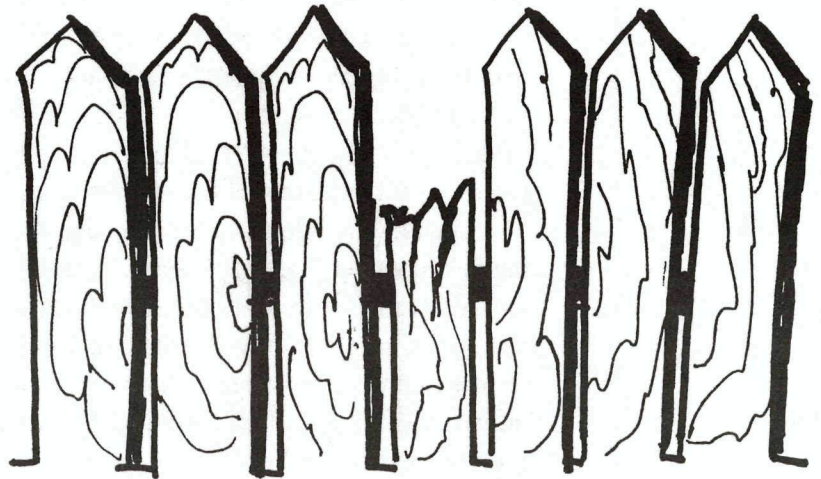
be like to be in fifth grade and like some girls but not know how to talk to them. . . .” and from there the boys would take over. James was one of two boys in the fifth grade getting into somewhat promiscuous interactions with girls. It seemed to me to be related to his problems with self-organization, having difficulty with boundaries, and controlling his impulses. In many areas, he struggled to maintain a sense of independence while holding an expectation that others would be critical and intrusive. He often expected that he would disappoint others.

During our group, we often used role playing of social situations to facilitate skill building and reading social cues. With some coaching, James demonstrated considerable skill in this area, often being the first to volunteer to participate. After a short time, the other boys in the group began to request that James be their partner “because he was the best.” It wasn’t long before the boys would say, “I wish I could act like you, James.” By midyear, with my encouragement and that of his resource teacher, James began participating in plays in school. During the school lip sync concert, James, along with another boy, performed a rendition of the song “Don’t Worry, Be Happy.” He created ingenious costumes along with a smiling and frowning face, which he would move along with the lyrics of the song while dancing. All eyes were on James due to his compelling stage presence. Not surprisingly, he relished opportunities to perform and the positive attention it brought—and he continued to get better at it in subsequent plays and concerts during the school year. This allowed James to find a niche in school, particularly among his peers. He also started to participate more fully in class (at least when working with the resource teacher) and was more eager to learn. In short, the confidence that James gained

from this achievement spread to other academic, emotional, and social realms in a highly beneficial way.

Working with James’ Parents

The focus in treatment with James’ parents was to help them acquire parenting skills and to provide relationship strategies and activities that were age appropriate and developmentally attuned to James’ needs. While working with his parents to help them become better at developing a more positive relationship with James, following through on consequences for unacceptable behavior, and encouraging of more pro-social behavior, I also continued to work with James on self-control and better compliance with rules and demands at home. It should be mentioned that both Michelle and Dan had experienced difficulties in their relationships with their own



parents and had not acquired the capacity for protective parenting (e.g., their failure to intervene in James’ running away). Running away appeared to be a desperate attempt to make an impact on his parents. These bright and very verbal parents seemed to lack the instinct for action that would interrupt potentially unsafe behavior on James’ part. Both Dan and Michelle were invested in James but needed help in

understanding how best to help him and improve their relationship with him.

During our year together, I was struck by the nature of their struggles with James. Often Michelle would fight with him as if he were a peer or a sibling, turning to Dan for validation. In this area, Dan and Michelle would become openly argumentative. At one point during the school year there was talk of separation, with James stating it was his fault, and Michelle claiming that it was her and Dan's inability to find common ground about parenting. There were three meetings outside of the regular conference schedule and weekly conversations consisting of examples of how difficult it was to set limits for James. Often they would sit quietly, listening to suggestions, and then politely respond, "We've tried that." The initial tendency was for Dan to abdicate his role as parent/disciplinarian and allow Michelle to act in this role alone; yet Dan would become highly frustrated with Michelle's lack of ability to set limits. Communication often deteriorated to loud arguments, with threats of leaving or separation.

Dan, Michelle and I worked hard on developing skills to avoid verbal threats and engaging in power struggles. I taught them strategies to recognize impending power struggles and how they might intervene before a situation escalated. Michelle needed help in becoming attuned to what was motivating James' behavior. She also needed to allow him to make more autonomous choices. Dan and Michelle had always attempted to be direct and set firm limits for James but had difficulty following through with them once set. Michelle would state her belief that James was a good person with a good heart but in the next breath ascribe negative attributions to many of his behaviors. As a result, James formed the opinion that his parents were more critical and controlling than supportive and

caring, and that he was a failure and source of disappointment rather than pleasure.

My work with Dan and Michelle included helping them to understand what wasn't going to work—no amount of cajoling, punishing, berating, arguing, or yelling was going to make James listen or learn—as well as what might. At times, there was no way of knowing what was sinking in. They used the principles we discussed to positive effect one week, then would lapse into "the old ways" the next. This disjointed dance between James, Dan, and Michelle created a great deal of friction between Dan and Michelle because of their frustration with James' seeming lack of compliance. I talked with them about recognizing when James was capable of focusing and talking with him at those times. Michelle was immediately able to identify when it wouldn't be effective to talk but struggled initially to recognize the times it might.

Because Dan and Michelle became so easily frustrated with James, we talked at length about how to communicate most effectively with him. We worked on deliberate strategies to increase positive interchanges and decrease negative ones. We also spent a great deal of time focusing on how best to use natural and logical consequences with him to help him understand the outcomes of his actions. It took a great deal of time and energy on my part to help Michelle and Dan see the importance of following through on sanctions for James' inappropriate behaviors while still maintaining a sense of encouragement for better behavior next time around. I felt it very important to impress upon them the undesirability of perpetuating his perception that he was a "bad boy" who constantly disappointed. Yet, he also needed the firm consistency of discipline and a system of external rules to help him manage his behavior. It took us the better part of the

year to arrive at the point where I felt Michelle and Dan had actually begun to change their behavior and means of relating to James, but it was a change I think well worth waiting for and working toward.

Mark and Cathy's Reflections on the Case

As noted in Cathy's narrative, several things changed for the better during the course of this intervention, and specific outcomes can be identified which support this contention. First, the relationship between James and his parents became visibly more positive. Incidents of shouting, verbal attacks, and threats were measurably reduced as Michelle and Dan learned more effective methods of dealing with James' behavior and communicating with him about their concerns. Similarly, instances of James' noncompliance with house rules and routines diminished. In fact, instances of running away or staying out beyond his curfew had dropped to zero by the final two months of the year. The causal pattern of these outcomes is not clear; however, we tend to see them as mutually regulated. That is, improvements in James' behavior likely influenced the more positive relationships his parents were able to form with him as much as their more positive ways of relating to him encouraged his higher rate of compliance. We are of the opinion that this is how lasting change most often occurs, making it vital in intervention to address both individual and contextual aspects of problem situations within the developmental systems in which they occur.

James' relationship with Cathy was also a highly positive and productive one, an influence we also believe was related to desirable outcomes. Having a warm and caring adult in the school system with whom he could confide and rely on to help him mediate problem situations was no doubt beneficial in a number of ways. Through

Cathy, James learned better strategies for self-control, increased the number of friends he had, gained a measure of confidence in his ability to succeed, became interested and engaged in a number of pro-social activities, and increased his feelings of self-efficacy and self-esteem. To a lesser extent, his relationship with the resource teacher and principal of the school also became more positive. He demonstrated a better attitude in the classroom, had a higher rate of homework completion, and received many less discipline referrals as the year progressed. Again, these outcomes were mutually regulated—changes in James' behavior seemed to covary in relation to important others' development of more positive relationships with him. You can't have one without the other.

There were as well many things that didn't change. This intervention was implemented over only the final six months of the school year. It would be naïve to think that problems such as those described above could be completely overcome in so short a time. It is also patently inconsistent with the basic notion of resilience, which does not assume that once a hardship is overcome, it will always remain so. Since resilience resides largely in the transactions between individuals and important others in their environment, much depends on the nature and quality of those transactions. A person can be resilient to adversity at some periods of life, but not at others. Failures to cope are not conceptualized as deficiencies within the individual, but rather depend upon a confluence of factors. It is vitally important, therefore, for key adults in children's lives to act in ways that continuously support their development.

In the case of James, problems within the family continued to persist. There is still conflict between Michelle and Dan, and James' behavior remains challenging in many ways. He is not, by temperament, an

“easy” child, and he continues to challenge his parents’ authority. As a matter of degree, however, problems seldom escalate to the levels seen when Cathy first began to work with the family, and James appears to be developing a belief that he is cared for by his parents (and other adults as well)—that he’s not just a troublemaker or nuisance for them.

James also continues to struggle with peer relationships. He still has difficulty modulating his behavior with peers, especially on the playground and in other less structured situations. He continues to have deficits in both his knowledge of social relations and in his social skills. He is by no means a well-accepted child at this point, but he has developed several reciprocal friendships that provide him a measure of satisfaction. Prior to the intervention, James was very much “a loner,” lacking not only peer acceptance, but also the experience of having at least one close friend. This situation changed during the final months of the intervention, and James continues to affiliate with several boys in his grade who provide good models of pro-social behavior.

James’ relationships with some of his teachers also never improved, nor did his performance in their classrooms. Cathy tends to see this largely as a function of their expectations, which revolve around rigor of academic standards. Some of his teachers had difficulty adjusting their expectations of James in the classroom, in spite of his diagnosis of AD/HD. Instead, they continued to insist on excellence of academic performance, with little or no regard for the characteristics of individual students like James. James’ responses to such treatment are still characterized somewhat by defiance and belligerence, though he is beginning to show more tolerance for demands of the classroom in general.

Clearly, some aspects of James’

problems were ameliorated during the six months of intervention, while others were not. Whether the changes we saw would have occurred if Cathy had worked with him exclusively on an individual basis in her office, apart from access to his parents and other key adults, is difficult to say. It is our feeling, however, that a more viable structure for change, and continuation of change, may have been constructed by working in this way. In fact, we both believe that this may be the central advantage to working within a resilience framework. It allows you to tap into the naturally occurring developmental processes within systems, such as families or schools, and to address problems in the immediate contexts where they have salience. It also allows you to more directly influence the multitude of factors that seem to contribute to the development of healthy or dysfunctional patterns of behavior, and to do this in a more integrated fashion. Cathy said it best perhaps: “I’m not sure exactly how much lasting change was produced, but I feel like I set up a better framework for change. The potential for change was activated, and it seems like a better process for sustaining it was developed. I feel like I can hook back up with James’ parents and some of his teachers at any point and try to keep the momentum going.”

Though satisfying in many ways, intervening in this way was not without its frustrations. Cathy reported: “It was time consuming and labor intensive. It definitely requires a major commitment for the long haul. You have to stay on top of a lot more things when you’re trying an integrated approach like this, rather than an individual one. I also felt at times that Michelle and Dan were trying to keep me involved in their struggles more than they needed to by pretending to be less competent than they were. They were ready to apply their new knowledge but kept trying to convince me

otherwise. I had to be very careful not to let them be too dependent on me. I also got frustrated with the teachers who 'wouldn't get with the program.' Some of them just weren't interested in trying to redefine their relationship with James, though they could see the benefits from the resource teacher doing so. I'm still not sure what to do about that, but engaging others in a process like this seems to be critical if you want to create the conditions for long-term change. I know there's a developing literature on parental engagement, how best to engage parents who have difficult children in the process of change, and I wonder if some of the same work doesn't need to be done with school personnel. It would really help if everyone was on the same page, committed to the same goals."

In view of these frustrations, at our last meeting of the year, Mark asked Cathy: "So, was all that extra time and effort spent worth it in the end?"

Cathy said, "I think the only voice I want to consult on that is James'. On the last day of school, he made a deliberate effort to find me in my office. He came swooping in, with a big smile on his face, and said, 'I don't know how you got me through fifth grade, but you did it!' That's reward enough for me, at least for now."

For Mark, the rewards were also many. In addition to taking vicarious pleasure in James' improvements, the collaborative relationship itself was richly rewarding. It was both exciting and challenging to attempt to apply the general knowledge taught in my class to a specific case. It was also a delight to work with an energetic and committed student/colleague like Cathy, who constantly stretched the limits of our understanding of resilience. I was forced to rethink a number of my cherished views on the matter, in the face of her observations and experiences with James. We had many productive dialogues about "how this stuff

really works," and I came away with both a more finely honed set of concepts I was trying to teach and a renewed sense of commitment to teaching them. And somewhere amid this process, too, it occurred to me I'd completely forgotten about my back.

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