

Contributions to the study and promotion of resilience in socially vulnerable children

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Abstract

Young children are particularly susceptible to the adverse effects of social vulnerability. Resilient children are those who resist adversity, manage to cope with uncertainty and are able to recover successfully from trauma. Becoming familiar with the characteristics of natural resilient children allow preventive intervention policies to be designed. Given that resilience interventions are an integrative process, it is necessary to work in different environments: family, school, and neighborhood. Interventions addressing the resources of social vulnerable children appear to have quite an important role when children are faced with threats. But for the intervention effects on resources are maintained or improved, the intervention needs to be intensive and continued over time. The child's age when the intervention begins is also an important factor. It is determined that the earlier the intervention begins, the better the obtained results will be.

Key words: resilience, social vulnerability, intervention, resources, coping

Contributions to the study and promotion of resilience in socially vulnerable children

Vulnerability is defined as the susceptibility to develop negative behaviors under high-risk conditions (Zimmerman & Arunkumar, 1994). It is a feature that renders a person more susceptible to threats (Newman, 2004). As it is part of vulnerability, social vulnerability is a combination of events, processes or traits that constitute potential adversities in exercising different types of citizenship rights or achieving the goals of community, family and individual projects, the inability to respond adequately when faced with the manifestation of these risks and the inability to adapt to the consequences that the manifestation of these risks entails (CELADE, 2002).

Resilience, on the other hand, refers to those factors and processes that prevent risks from becoming problem behaviors or psychopathology, and consequently result in functional outcomes even in the presence of adversity (Rutter, 1985). “Resilience is the human ability to adapt in the face of tragedy, trauma, adversity, hardship and ongoing significant life stressors” (Newman, 2005, p.227).

Social vulnerability in childhood

Situations of social vulnerability in childhood constitute a high risk level which a child is exposed to because of lack of care for their basic needs (emotional and economic security, protection, education and time dedicated to them), as well as unsatisfied basic necessities (housing, food, drinking water, education, and health) which lead them to face situations of physical and psychological vulnerability (Domínguez Lostaló & Di Nella, 1996). Risk is, then, any factor or

combination of factors that increases the chance of an undesirable outcome affecting an individual (Newman, 2004).

Young children are particularly susceptible to the adverse effects of social vulnerability and as such, are more exposed to the combination of risk factors. Both chronic stresses as a poor material and psychological environments, generally characteristic of vulnerable environments, are combined synergistically in such a way that they are quite threatening for development (Bradley et al., 1994; Kotliarenko, Cáceres, & Fontecilla, 1997).

Though there is abundant evidence on the negative effects of social vulnerability, we might ask what makes some people able to function competently in daily life despite their life experiences, whether temporarily or throughout their whole development (Garmezy, 1991). In this sense, children are as much vulnerable as resilient. Indeed Masten argues that resilience is ordinary, rather than extraordinary (Bonanno, 2004; Masten, 2001). Resilient children are those who resist adversity, manage to cope with uncertainty and are able to recover successfully from trauma (Newman, 2004).

Intervention programs

Becoming familiar with the characteristics of natural resilient persons allow preventive intervention policies to be designed, reducing exposure to life situations that provoke stress, or reinforcing protective factors as sources of support or affection, communication or the ability to solve problems (Epps & Jackson, 2000; Gest, Neemann, Hubbard, Masten, & Tellegan, 1993).

It is fundamental to remember that, given an adequate and facilitative environment, people have the ability for positive change and to develop at least some characteristics of resilience throughout their life (Blum, McNeely, & Nonnemaker, 2002).

Protective processes promote the development of coping strategies, or resources to face adverse situations, that are sustained by cognitive, linguistic, social and emotional competencies. These competencies act in an interrelated way (Werner & Smith, 2001).

What protective factors then may be promoted to build resilience in children? There are many behaviors and actions, associated with resilience. Internal strengths that promote resilience include proper cognitive functioning, success in social relationships, and the ability to self-regulate. Among external influences it is competent caregivers, friendships, support networks, and effective schooling (Alvord & Grados, 2005). Resilience can be strengthened as well as learnt.

Social vulnerability in the Latin American context

In 2007, 32 million children in Latin America were living in conditions of extreme childhood poverty, while total childhood poverty was affecting at least 81 million of individuals under the age of 18. These children were seriously affected by one or more severe deprivations: precarious housing, generalized and/or chronic severe malnutrition, lack of access to drinking water or household sanitation, to education systems or means of communications and information (including the lack of an electrical connection to the home). To this day, poverty remains a great challenge for Latin American countries (CEPAL, 2010).

However, children's situations differ significantly from one country to the next. In the countries with the highest total rates of childhood poverty (Bolivia, El Salvador, Guatemala, Honduras, Nicaragua and Peru), in the year 2007, close to 41% percent of all children were faced with extreme poverty, in countries with intermediate levels of childhood poverty (Brazil, Colombia, Ecuador, Mexico, Panama, Paraguay, the Dominican Republic and Venezuela), extreme poverty was affecting less than 14% of children, while in the countries with the lowest childhood poverty rates (Argentina, Chile, Costa Rica and Uruguay), only 8% of children were affected by such conditions.

While poverty and social vulnerability are not the same phenomenon, given that poverty refers to the lack of satisfaction of basic material, emotional and educational needs, while social vulnerability is focused on exposure to stress as well as the risks and lack of means to overcome these risks, it is true that impoverished children have a high risk of being socially vulnerable.

In this context, the concept of resilience as well as the studies done on it have gained special relevance (Richaud, 2012a).

Ways of intervention with socially vulnerable children

There is evidence that external, sporadic and discontinuous programs produce results that are lost with time (Brooks-Gunn, Berlin, & Fuligni, 2000). As such, these programs should be intensive, ensuring that the intervention takes place every day over the longest possible length and time period, and should begin as early as possible in the child's developmental process.

While perhaps the most recommended approach in terms of impact would be to work with parents and children in the family context from the first days of time, it would be very difficult, if not impossible, to enter the family environment to intervene intensively. At the same time it would

be almost impossible to meet the costs that such work would entail. However, we believe that interventions should be incorporated into the child's natural environment by the family and then also by the school.

To this end, and given that in Argentina there are relatively high rates of primary and secondary school attendance, it appeared most appropriate and less intrusive for this type of intervention to take place in the school environment, where, furthermore, effective teacher training would allow for a great number of children to participate in interventions for several years' time (Richaud, Sacchi, & Moreno, 2004).

Without disregarding the fact that processes of exclusion are complex and have numerous determinants, we deem that the school environment has an important influence on children's lives. Schools can respond to goals of equity and contribute to processes of social inclusion based on specific functions, that is, from within the teaching and learning processes themselves (Richaud, Oros, Ghiglione, 2006).

Schools have the transcendent role of a "second home" in which many children coming from broken homes, with histories of alcoholism, promiscuity and illness, are able to find certain security. These children spend a considerable amount of time acquiring knowledge, beyond that in the basic curriculum. They learn ways to approach life and to behave accordingly; they learn guidelines for social interaction and how to face new challenges and failures. They learn from their teachers, they imitate them, and they come to admire them (Richaud, Oros, & Ghiglione, 2006).

Garmezy (1987) affirms that *"the school's ethos and that of its teachers should nourish an important protective factor in childhood and adolescent development by*

facilitating the acquisition of cognitive and social capacities that constitute the basis for survival in a threatening world" (p. 166). Benard (1991) establishes that the process of protection through schools is based on: care, setting high expectations and opportunities to interact positively with others.

Schools may be an environment that provides opportunities to make friends and develop learning competencies, such as emotional maturity, that foster resilience (Newman & Blackburn, 2002). Teachers and other adults in schools can listen to children, refrain from judging them and develop strong, caring relationships with them (Stein, 2005).

Starting with the assumptions that: a) children that grow up and develop in at-risk environments generally demonstrate particularities in their cognitive maturation and important social and emotional needs, and b) the teachers who work with children at risk of developing social vulnerability due to poverty need knowledge, and appropriate pedagogical, psychological and methodological strategies to efficaciously promote resilience, they need a special training. Programs with the following objectives are thus necessary: 1. Providing training for teachers, personnel, and school management on the theoretical framework and methodology of the proposed intervention; 2. continuous training of teachers in schools that participate in the intervention, developing with them concrete strategies to accomplish specific objectives of strengthening of resources within the school activities, both those planned ahead of time and those that emerge incidentally. c) modeling strategies and making observation of the implementation of these activities on the part of the teacher (Oros, Ghiglione, & Menghi, 2010)

Given that resilience interventions are an integrative process, it is necessary to work in different environments: family, school, and neighborhood, for which working with parents is essential to strengthening the pillars of resilience in the home. Without this approach, the results achieved in schools would taper off or be lost all together when children return home. A critical factor in fostering resilience within young people is for parents/caregivers to be warm, redeeming, offer stability, and have the ability to set limits and be consistent in their care (Masten & Coatsworth, 1998). Young people benefit from routine and a sense of order in their lives. From this secure base they will be provided with opportunities and active encouragement to explore and become confident in the adult world (Stein, 2005).

For this purpose, participative group workshops should be undertaken, in order to attempt to strengthen and develop competencies to face problems linked to the parental role, by handing over new information, feedback from peers (other parents), assigning tasks and modelling appropriate behaviors (Gentile, et al., Vargas Rubilar & Lemos, 2011; Vargas Rubilar & Oros, 2011).

Beyond work in schools, the intervention should give utmost importance to work done in conjunction with health centres and children's protection agencies, in order to simultaneously attend to children's mental and physical health needs. It should also take the problem of malnutrition into serious account, requesting and obtaining necessary nutritional interventions based on malnutrition measurement levels. This means that interventions with socially vulnerable children should be comprehensive, encompassing physical, psychological, and social aspects (Richaud, Sacchi, & Moreno, 2006).

Diagnosis prior to intervention

It is important to start with a specific diagnosis of the situation, given that each group of children has peculiarities depending on their place of origin, family characteristics, the type of school that they attend, whether they receive social assistance from the government or private entities, as well as numerous other ethnic and cultural factors. With the goal of adjusting intervention in an appropriate way to the characteristics of each group, not only cognitive capacities, but also emotional and social maturity will be assessed. For this purpose, tests will be developed and adapted to evaluate emotional capacities (attachment, quality of relationships with parents or caregivers, positive and negative emotions), executive functioning (impulse control, attention, planning), social abilities, personality, coping, and linguistic capacities (Ghiglione & Richaud, 2009; Lemos & Richaud, 2010; Richaud, 2002, 2006, 2007a).

In general, socially vulnerable children show differences with those who are not vulnerable, in terms of attachment, inhibition control, development of planning and self-regulation, positive emotionality, social abilities, and coping. They display lower levels of attachment to parents or caregivers, greater cognitive impulsivity, high aggressiveness, low capacity for self-soothing, low assertiveness and dysfunctional coping styles, with low logical analysis and cognitive restructuring, as well as high avoidance and lack of emotional control (Lemos, 2009a; Richaud, 2004a, 2004b; 2007b).

Intervention program

Based on the diagnosis, it will be determined which of the following psychological processes need to be strengthened, among others: social skills, attachment, executive

functioning (impulse control, establishing norms, planning action, understanding instructions, attention), attribution style, positive emotions, incorporating them into the school curriculum in order for resources to be continually strengthened while children doing reading, writing, mathematics comprehension exercises, etc. These activities should be undertaken involving emotional processes, tending to achieve secure attachment and confidence in others, an attribution style that assures feelings of control, and social competency, as well as a capacity to relate adequately with peers and adults (Ghiglione, Arán, Manucci, & Apaz, 2011; Musso, 2010; Richaud, 2010).

Analyzing family context as a proximal variable, it is generally characterized by low verbal stimulation, dysfunctional styles of parental interaction, and an environment where high levels of confusion prevail: many people living in the same room, where it is sometimes necessary even to share a bed, people speak loudly, on many occasions there are situations of physical and verbal aggression, resulting in a highly unruly home context (Richaud, 2007b; Vargas Rubilar, 2011).

In these conditions the intervention program should include a program for the development of spoken and written language, and learning through language (Diuk, Borzone, & Rosemberg, 2000; Manrique & Borzone, 2010).

Due to high levels of impulsivity, and low levels of inhibitory control, planning, and reflectivity, among the activities undertaken to strengthen cognitive resources, it is necessary to develop strategies to increase reflectivity and planning abilities, proposing simple and explicit rules, modeling, and teaching reflective strategies (Arán Filippetti & Richaud, 2009, 2010, 2011a, 2011b).

According to Diaz, Winsler, Atencio, and Harbers (1992), difficulties faced by impulsive children (those with high cognitive impulsivity, low serenity, low logical analysis problem solving, lack of emotional control) are not due to a lack of internal language but rather lower levels of maturity and an inadequate use of interior language to self-regulation behavior. In general, when one begins working with at-risk children, it is necessary to reduce impulsiveness, without which further progress would not be possible. In order to achieve this, it is necessary to strengthen existing interior language or that which the children use most effectively, in order to be able to guide their behavior.

According to Tugade and Fredrikson (2006) positive emotions should be useful in building important personal resources, such as resilience to negative circumstances. Resilient people are especially proficient at using positive emotions to cope. Therefore strategies tending to increase positive emotions, such as positive reinforcement, mental and muscular relaxation, conductive tests, cost-benefit analyses, narration, seeking out alternative solutions, auto-referential techniques, music, drawing and planned games, should be included in the intervention with social vulnerable children (Oros, 2008; Oros & Richaud, 2012; Oros, Richaud, & Manucci, 2011). Friendships provide support systems that can foster emotional, social and educational adjustment (Rubin, 2002). Furthermore, positive peer relationships provide positive role models (Fergusson & Lynskey, 1996) and have been shown to protect young people during times of family crisis (Alvord & Grados, 2005). To develop social skills, work should be done with children following the expected progression according to age, starting with social norms, followed by strengthening assertive actions, to finally be dedicated to the resolution of interpersonal conflicts through

social negotiation (Iglesia & López, 2009; Iglesia, López, & Richaud, 2013; López, Iglesia, & Richaud, 2013). Empathy and pro-sociality were also stimulated (Lemos, 2009b).

Intervention achievements and difficulties

In the first place, important effects of intervention program undertaken with children over five years (children between 4 and 8 years of age) have been established on different resources addressed: positive emotions, inhibitory control, planning, social abilities and pro-sociality. The fact that performance for certain aspects of executive functioning such as planning and cognitive reflexivity, as well as capacity to achieve emotional serenity and to logically analyze the problems, improve significantly through the use of systematic intervention strategies, bring us back to reflecting on the critical role of experience in child development (Arán & Richaud, 2011b, 2012). In the specific case of executive functioning, it was established that although numerous studies exist on the effects of maturation on the development of executive functioning, research is quite scarce about the effects of experience on the development of said processes (Dowsett & Livesey, 2000; Richaud, 2012a).

Strengthening of attachment, impulse control, social abilities, positive emotions, planning, and reflexivity help to gain more functional coping when individuals are faced with threats. It changes from being a way of coping based on lack of control and avoidance to another which is characterized by analyzing the situation before acting, trying to change the internal meaning of the problem when it can't be changed exteriorly, seeking the support of others to solving the problem and undertaking concrete actions to make such possible. In all of these aspects, children in situations of social vulnerability make significant gains after intervention (Richaud, 2007c, 2010).

In terms of the emotional aspect, where maturational changes would be expected, given that the children shed their emotions-based coping strategies to give way to new cognitive ones (Aldwin, 1994; Del Barrio, 1997), there is an increase in emotional control and a decrease of lack of emotional control (Richaud, 2007b, 2007c, 2010).

Increasing attachment and therefore self- regulation, fundamentally emotional regulation, and the stimulation of planning and reflexivity which reduces cognitive impulsivity, allow the children to better analyze the problems with which they are presented, restructure them cognitively in a positive way, and better control their emotions. At the same time, increased attachment, positive emotions (Oros, 2008, 2009, Oros & Richaud, 2012), social abilities (Musso, López, & Iglesia, 2007; Iglesia & López, 2009), and prosocial behavior (Lemos, 2009b; 2010; 2011; Lemos & Richaud de Minzi, in press) should allow the children to trust more in others and ask for help (seek support), which in turn should strengthen them emotionally (reduction in cognitive avoidance, increased control and less circumstances of lack of emotional control). Furthermore, using these strategies should allow them to act effectively to solve the problem (Richaud, 2007c, 2010, 2011, 2012b; Richaud & Lemos, 2008).

One important finding from the results of our intervention activities is that interrupting the interventions generally produces setbacks in the achievements. This has been observed particularly in the cases of social abilities and coping. In this latter, we observed that, when interruptions are caused in the intervention, backwards steps were most likely to be in the emotional area, which we pointed out earlier, to be the realm where major maturational changes are expected. We thus find that children whose intervention was interrupted significantly rise again in terms of cognitive

avoidance and lack of emotional control, as at the same time emotional control declines, which does not occur in children who have received continuous interventions. This greater lack of emotional control in the children with intervention interruption is reflected in less support seeking and less effective problem solving action (Richaud, 2007c, 2012a).

While intensive and prolonged interventions are recommended because their interruption or abrupt modification in intensity tends to produce retrogression against the results obtained when they have not set in permanently (Brooks-Gunn, et al., 2000, 2003; Gomby, Culross, & Behrman, 1999; Shonkoff & Meisels, 2000), we have observed that after a brief intervention interruption, the gains obtained, especially in the cognitive variables, were maintained, which may indicate that they were actually incorporated or may be because in school more emphasis is put on cognitive gains rather than emotional abilities.

Studies suggest that intensive interventions with socially vulnerable children having lasting effects on their cognitive, emotional and social development (Campbell, Pungello, Miller-Johnson, Burchinal, & Ramey, 2001; Shonkoff, & Phillips, 2000). At the same time, these interventions need to be continued over time because, as it has been observed in the case of social abilities or coping, where interruptions occurred in the intervention, the values tended to diminish (Richaud, 2012a).

Finally we have observed the importance of the age at which the intervention is started by showing that the earlier the intervention begins, the better its results. The results obtained after one year of the intervention, when the first intervention was undertaken at 11 years of age, although progress was achieved in terms of coping strategies, these changes were quite less than for those who started at 6 years of age (Richaud, 2012b). In the first place, the starting values (before the

intervention), especially for emotional variables, are quite similar with respect to those of at-risk 6-year-old children, which is quite remarkable in that 11 years children should have a much higher maturity. At the same time, the gains achieved are much less than at 6 years, given that neither changes in cognitive avoidance, seeking advice and support, nor taking problem solving action were present. In terms of logical analysis, cognitive redefinition, emotional control, lack of control, and emotional paralysis, although significant changes were obtained, values were kept similar to those reached by socially vulnerable children 6 years after intervention (Richaud, 2012b). These results line up with those in the studies which suggest that in reducing the impact of poverty on children, the most important interventions are those that occur in early childhood (Brooks-Gunn, Duncan, & Aber, 1997).

Summing up, interventions addressing the resources of social vulnerable children appear to have quite an important role when children are faced with threats. But for the intervention effects on resources are maintained or improved, the intervention needs to be intensive and continued over time. The child's age when the intervention begins is also an important factor. It is determined that the earlier the intervention begins, the better the obtained results will be.

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