Promoting Children’s Resilience in a Global Society

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Purpose of Presentation

Address several key questions:

- What are the threats to child well-being (childhood adversities)?
- What are outcomes of childhood adversity?
- What is resilience?
- What are limits of current knowledge?
- What are global & local solutions?
- What can school psychologists do—individually and collectively?
What Are the Threats to Child Well-Being?

Childhood Adversities
Global and Local Threats to Well-Being: Childhood Adversity (Risk Factors)

- War, ethnic conflicts, terrorism
- Natural and man-made disasters
- Poverty/homelessness
- Discrimination/oppression
- Immigration/displacement
- Domestic/community violence
- Parental loss/separation/imprisonment
- Parent physical/mental illness/substance abuse
- Child abuse—physical, emotional, sexual
- Bullying, interpersonal violence
What Are the Outcomes of Childhood Adversity?
Outcomes of Childhood Adversity

- Range of physical, psychological, social-economic consequences from early childhood through adulthood.
  - Psychological well-being (social, emotional, behavioral)
  - Academic success (learning, attention, school failure)
  - Physical and mental health problems
  - Unemployment, poverty, aggression, violence

Potential intergenerational cycle

Based on body of medical and psychological research (ACES; ACES-IQ) research in US & internationally; also, WHO; CDC; UNICEF (Sources available upon request)
Reprinted with permission CDC ACE Pyramid (downloaded 6/15/18):
https://www.cdc.gov/violenceprevention/acestudy/ace_graphics.html
20% worldwide suffer from mental health problems
5% severe enough to warrant clinical intervention
Access to mental health services varies across countries
- Ranges from 20-80%
- Not sufficient in any country

(WHO, 2005)
What is Resilience?
Defining Resilience

Chmitorz et al. (2018) found multitude of definitions in review of literature:

1. Resilience as a trait (static)
2. Resilience as dynamic process of adaptation
3. Resilience as outcome of adaptation or intervention

> Chmitorz: Consistent with #2 & 3, resilience can be trained/learned
Working Definition of Resilience

• Capacity for maintaining or regaining psychological/physiological well-being (mental/physical health)
• Despite adversity (trauma/stressors) that leads to significant psychological and/or physical suffering
• Ability to cope with and/or recover from adversity

Can be modified/learned through intervention/education
Protective Factors

Social resources
- ‘Safe’ environment
- Social support
- Connectedness

Personal resources
- Coping skills
- Interpersonal skills
- Culturally valued competencies
Socialization Practices
Discipline, Education, Modeling

Cultural Norms
Gender Roles
Peer Relationships
Adult-Child Relationships

Social-Cultural Resources
Peer Group
School Staff
Family/Relatives
Neighbors
Religious Community
Mental Health Facilities

Socialization Agents
Parents, Teachers, Peers, Media

Culturally Valued Competencies
Personal, Interpersonal, Behavioral, Academic, Artistic, Physical

Personal Vulnerability
Personal History
Family History
Disability

Personal Resources
Self-Efficacy
Coping Skills
Relationship Skills
Problem Solving Skills

Social-Cultural Stressors
Community Violence
Poverty
Family Conflict, Bullying/Harassment

Cultural Norms
Gender Roles
Peer Relationships
Adult-Child Relationships

Conceptual Model: Psychological Well-Being (Resilience)

Adapted from Nastasi, Varjas, Sarkar, & Jayasena, 1998
What Are the Limits of Current Knowledge?
Limits of Existing Research/Approaches

- Current accessible knowledge based primarily on research with populations in North America and Western Europe—thus, representing only 5% of world’s population & neglecting 95% (Arnett, 2008)

- Individual approaches neglect the role of ecology, especially social, cultural, political, economic factors

- Research → practice gap related to predominance of controlled experimental trials that neglect conditions in natural context

- Minimal child participation in research or solutions
What Are the Global and Local Solutions?
### Global & Local Solutions

- Examine individual & collective psychological consequences of risk & protective factors
- Develop programs that address local cultural context and population needs
- Engage in cultural construction of solutions
- Develop partnerships with local stakeholders
- Engage in research to expand global knowledge & inform local intervention
- Advocate for rights of each child to optimal development, health, well-being, and learning

**Source:**
- UNICEF’s *State of World’s Children* (2015)
- UN Convention on Rights of the Child (1989)
Future Directions

Global recommendations (e.g., WHO, UNICEF)

- Public health approach
- Social-ecological approach
- Tiered approach: promotion to recovery
- Adaptable to culture and context
**Participatory Culture-Specific Intervention Model (PCSIM)**

Adapted from Nastasi, Moore, & Varjas, 2004
Participatory Culture-Specific Intervention Model (PCSIM)

- Consistent with public health & ecological models
- Mixed-methods research to:
  - Assess contextual needs
  - Inform cultural construction of programs
  - Facilitate program monitoring & evaluation
  - Applicable to tiered approach (promotion to recovery; population to individual)

- Participatory approach engages children, adolescents, families, organizations, community members

- Sustainability through building local capacity

- Local voices inform program development and advance psychological science
Cultural Construction Defined

Process of *negotiating shared understanding* (with stakeholders) of language, beliefs, values, and behavioral norms (Nastasi, Schensul et al., 2015).

*Necessary process for developing culturally and contextually relevant (culture-specific) solutions* to social problems that affect child well-being and learning at local and global levels (Nastasi & Varjas, 2011).
Applications of PCSIM

Over past 20 years, three major efforts:

- Promotion of Psychological Well-Being in Sri Lankan Schools (local applications)
- Promoting Psychological Well-Being Globally (global application)
- Developing Mental Health Programming in New Orleans Schools (local applications)
Global Project

- **Purpose**: Understand cultural constructs related to psychological well-being (resilience) from stakeholder perspective
- **Researchers**: Data collection by school/educational psychologists (ISPA network)
- **Sites**: 14 sites in 12 countries
- **Methods**: Focus groups/interviews with students (K-12), parents, teachers, administrators, support staff; ecomaps with students; inductive data analysis

Student voices (n = 880): Focus Groups & Ecomaps

(Nastasi & Borja, 2015)
## Promoting Psychological Well-Being Globally

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<thead>
<tr>
<th>Brazil (Manaus)</th>
<th>Russia (Samara)</th>
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<tr>
<td>Estonia (Tallin)</td>
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<td>Sri Lanka (Negombo)</td>
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<td>New Orleans</td>
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(Nastasi & Borja, 2015)
STRESSORS (Adversity)

Focus Group Data

Number of Stressor Themes

(Borja, Nastasi, et al., 2015)
Stress Themes: Ecomaps*

- In child-generated social network:
  - Most relationships viewed as supportive
  - Sources of stress **typically outside of close relationships**; e.g., community members, school administration, public figure, natural environment, those who posed ‘threats’ to safety

- **External source of stress**, due to actions (e.g., aggression), evaluations by, or moods of others **most common**

- **Internal stressors** indicative of failure, negative emotions, physical ailment/injury **less common**

*Ecomaps are participant-generated depictions of social network* (Borja, 2015)
SUPPORTS (Coping)

Focus Group Data

Number of Support Themes

- Primary: 19
- Middle Grade Level Groups: 18
- Secondary: 22

- Relationships:
  - Primary: 3
  - Middle Grade Level Groups: 6
  - Secondary: 6

- Self:
  - Primary: 3
  - Middle Grade Level Groups: 2
  - Secondary: 5

- Activities:
  - Primary: 3
  - Middle Grade Level Groups: 2
  - Secondary: 5

(Borja, Nastasi et al., 2015)
Support Themes: Ecomaps

- Four ‘meta’ categories:
  - Interpersonal interactions & relationships (most common)
  - Degree of autonomy
  - Achievement of competencies
  - Recreation/leisure activities

- Findings suggest alternative typology for support based on sense of agency, rather than outcome

(Borja, Nastasi et al., 2016)
What Can School Psychologists Do?
Individually and Collectively
Support for Profession Worldwide

Support for Schools and Teachers

Support for Children, Parents, Families

Stakeholder & Organizational Collaboration

Practice

Research

Training

Policy

Adapted from TUCRT, 2013

SCHOOL PSYCHOLOGY ADVOCACY
Consider the SP Advocacy Model:

1. How can we (individually and collectively) advocate for child mental health (psych well-being)—in practice, research, training, and policy?
2. What are our responsibilities for promotion of child well-being?
3. How do we engage partners? Which partners?
4. How do we ensure child voices are represented?
Thank You!