

# **National Center Brief**

# **Risk and Resilience 101**

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Thirty years ago, most prevention efforts relied on fear. They tried to convince young people that smoking or using drugs would damage their health and ruin their futures. The field of prevention has become much more sophisticated. We now know prevention works best when it involves all of the social and environmental factors that influence the choices that young people make. The choice to begin smoking, for example, is influenced by a child's parents, peers, advertising, and the availability of cigarettes. Effective prevention programs help parents overcome tobacco addiction, teach children how to resist peer pressure, regulate cigarette advertising so it does not target children, and enforce laws prohibiting the sale of cigarettes to minors.

The resiliency model of prevention focuses on risk and protective factors. Risk factors are characteristics statistically associated with an increase in health risks – for example, violence or substance abuse. Protective factors are characteristics statistically associated with a decrease in the vulnerability to a health risk. Resilience is the ability of individuals to remain healthy even in the presence of risk factors. Prevention – for groups and individuals alike – is largely a matter of decreasing risks and increasing protective factors (that is, creating resilience) in the lives, families, and environments of those at risk.

Risk factors do not necessarily cause unhealthy behaviors or ill health. Nor is it necessary to prevent all the risk factors associated with particular health conditions to prevent those conditions. Prevention research helps us understand which risk factors can, and should, be reduced to prevent disease, injury, academic failure, and other health and social ills. It also helps to explain the conditions that can protect children from these risk factors.

Individuals live in a social ecology composed of a number of social spheres that influence their beliefs, attitudes, and behavior (See Figure 1.). Effective prevention programs are comprehensive. They reduce risk factors and increase protective factors in as many of these spheres as possible. Thus, effective prevention programs are often collaborations with partners – parents, schools, law enforcement agencies, and health care practitioners – who can help implement mutually reinforcing strategies within their respective spheres of influence.

# Risk Factors for Violence and the Abuse of Tobacco, Alcohol, and Other Drugs

The relationship between risk factors and risk behaviors is complicated, but research has discovered much about the risk factors associated with violence, and the abuse of tobacco, alcohol and other drugs. Many of these overarching risk factors are outlined below – grouped by the social sphere in

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which they operate. (This list was adapted from Dahlberg, 1998; Gottfredson, 1997; Hawkins, Catalano, and Associates, 1992; and Hawkins, Catalano, and Miller, 1992.)

#### Individual risk factors include:

- Alienation, isolation, and lack of social bonding
- Favorable attitudes toward tobacco, alcohol or other drugs, and delinquency
- Early initiation of tobacco, alcohol, or other drug abuse or early onset of violent behavior
- Early and persistent antisocial behavior, such as aggressive behavior
- Academic failure
- Lack of commitment to school

#### Peer risk factors include:

- Friends who abuse tobacco, alcohol, or other drugs
- Friends who engage in violence

#### Family risk factors include:

- Family history of smoking, the abuse of alcohol or other drugs, or violence
- Favorable parental attitudes toward the abuse of tobacco, alcohol or other drugs, or violence
- Family management problems, such as a lack of clear expectations for behavior, failure of parents to monitor their children, and excessively severe or inconsistent punishment
- Family conflict

#### School risk factors include:

- Harsh or arbitrary student management practices, such as a lack of shared norms for behavior, and inconsistent or poorly articulated expectations for learning and behavior
- Availability of tobacco, alcohol or other drugs, or weapons on school premises
- Delinquent peer culture, such as friends or peers who are involved in criminal activity
- Ineffective administrative leadership
- Little emotional and social support of students
- Violence in schools

#### Community risk factors include:

- Availability of tobacco, alcohol and other drugs
- Availability of firearms
- Community norms that favor substance abuse, firearms, and crime
- Community disorganization
- Poverty

## **Protective Factors**

Children exposed to these risk factors are not necessarily destined for a life of substance abuse and violence. Many of these young people emerge relatively healthy. Protective factors balance and buffer risk factors and reduce each child's vulnerability. This ability to withstand risk factors is called resilience. (For more information on resilience and protective factors, see Cowne and Work, 1988; Coie, Watt, West, et. al., 1993; Wolin and Wolin, 1993; Hawkins, Catalano, and Associates, 1992; Hawkins, Catalano, and Miller, 1992; Garmezy, 1985; and Rutter, 1980).

Research has indicated that some personal characteristics protect young people from substance abuse and violence – that is, increase their resilience. These factors (Hawkins, Catalano, and Miller, 1992) include:

- Resilient temperament, such as the ability to adjust or recover from misfortune or change
- Positive social orientation, such as the ability to enjoy social interactions, and elicit positive attention from others
- Positive relationships that promote close bonds, such as the ability to have warm relationships with family members and relationships with teachers and other adults who encourage and recognize a young person's competence
- Healthy beliefs and clear standards, such as clear no-drug and no-alcohol family rules and an expectation that children do well in school

Many prevention strategies focus on strengthening these protective factors through social problem-solving, skill-building, or therapeutic interventions (Greenberg, Kusche, Cook, and Quamma, 1995; Lochman, 1992; Bry, 1982; and Shure and Spivak, 1979).

Others try to strengthen protective factors in the environment. Some of these protective factors and the social systems in which they operate are outlined below (Lang, Rosati, Jones, and Garcia, 1996).

#### Family protective factors include:

- Positive bonding among family members
- Parenting that includes high levels of warmth, avoids severe criticism, and provides a sense of basic trust, and clear and consistent expectations, including children's participation in family decisions and responsibilities
- An emotionally supportive parental/family milieu, including parental attention to children's interests, orderly and structured parent-child relationships, and parental involvement in homework and school-related activities

#### School protective factors include:

- High expectations for youth
- Clear standards and rules for appropriate behavior
- Opportunities for youth participation in after-school activities

Community protective factors include:

- High expectations for youth
- Opportunities for youth participation in community activities
- Community norms and laws unfavorable to substance abuse, such as nonsmoking policies in restaurants, strict impaired-driving laws, and liability laws for hosts
- Decreased accessibility of alcohol, tobacco, other drugs, and firearms, such as enforcement of purchasing ages for alcohol and tobacco and increased pricing of alcohol through taxation

Prevention is more effective when programs using complementary strategies across social spheres share a common vision and goal. Schools and communities are better able to reach common goals when they engage key people in a planning process that focuses on assessment, design, implementation, and evaluation. Such a planning process helps schools and communities apply important and mutually supportive strategies to their respective spheres of influence, thereby increasing the likelihood that their prevention programs will be effective.

More specific information on strategies that can be used in schools and communities to reduce risk factors and strengthen protective factors can be found in three other publications from the National Center for Mental Health Promotion and Youth Violence Prevention:

- <u>Key Strategies for Violence and Substance Abuse Prevention I: Working with Children and Families</u>
- <u>Key Strategies for Violence and Substance Abuse Prevention II: Working with the Classroom and the School Environment</u>
- Key Strategies for Violence and Substance Abuse Prevention III: Working with the Community

## **References:**

Bry, B. (1982). Reducing the incidence of adolescent problems through preventive interventions: One-and five-year follow-up. *American Journal of Community Psychology*. 10, 265-276

Coie, J., Watt, N., West S., et al. (1993). The science of prevention: A conceptual framework and some directions for a national research program. *American Psychologist* 48, 1013-1022

Cowne, E. and Work, W. (1988). Resilient children, psychological wellness, and primary prevention. American Journal of Community Psychology 16: 591-608

Dahlberg, L. (1998) Youth violence in the United States: Major trends, risk factors, and prevention approaches. *American Journal of Preventive Medicine*. 14: 259-272

Garmezy, N. (1985), Stress-resistant children: The search for protective factors. Recent research in developmental psychopathology, *Journal of Psychology and Psychiatry*, Book Supplement Number 4: 213-233

Gottfredson, D. (1997). School-based crime prevention. In: L. Sherman, D. Gottfredson, D. MacKenzie, J. Eck, P. Reuter, and S. Bushway (Eds.), *Preventing crime: What works, what doesn't, what's promising: A report to the United States Congress.* Washington DC: U.S. Department of Justice, National Institute of Justice

Greenberg, M., Kusche, C., Cook, E., and Quamma, J. (1995). Promoting emotional competence in school-aged children: The effects of the PATHS curriculum. *Development and Psychopathology*. 7:117-136

Hawkins, J., Catalano, R., and Associates. (1992). *Communities that care: Action for drug abuse prevention*. San Francisco: Jossey-Bass

Hawkins, J., Catalano, R., and Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112, 64-105

Lang, C., Rosati, M., Jones, A., and Garcia, T. (1996). *Tackling the tough ones: Tools for community change*. Newton, MA: Education Development Center, Inc.

Lochman, J. (1992). Cognitive-behavioral intervention with aggressive boys: Three-year follow-up and preventive efforts. *Journal of Counseling and Clinical Psychology*. 60: 426-432

Rutter, M. (1980). Changing youth in a changing society. Cambridge, MA: Harvard University Press

Shure, M. and Spivak, G. (1979). Interpersonal cognitive problem-solving and primary prevention: Programming for preschool and kindergarten children. *Journal of Clinical Psychology*. 8:89-94

Wolin, S.J. and Wolin, S. (1998). The resilient self. New York: Villard Books

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