THE RISK AND RESILIENCE FRAMEWORK AND ITS IMPLICATIONS FOR TEACHERS AND SCHOOLS

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ABSTRACT *Risk and resilience theory and research are presented according to Stanley's (2003a) framework and the implications for teachers and schools are identified. Findings in the field make clear that those who are closest to children can reduce risk, enhance competence and prevent problem development, and by these means promote the attainments and wellbeing of the young people for whom they have a duty of care. Some critique of the risk and resilience framework is also offered.*

KEY WORDS

Resilience, risk, teachers, schools, students

INTRODUCTION

The terms 'at risk' and 'resilient' can crop up fairly often in teacher talk, and especially in the course of professional discussions in low decile schools. Like other labels, these terms are used because they communicate common understandings: 'at risk' suggests that a student is endangered or heading for trouble, while 'resilient' means that she or he is going to cope. It may not be generally recognised but these terms are, in fact, representative of a new body of knowledge (called resilience theory, or risk and resilience) that is likely to have increasing significance for teachers and schools. In the last thirty years there has been a transformation in the ways that problem behaviours experienced by children and youth are conceptualised (Windle, 1999; Masten & Powell, 2003). If we utilise an analogy from stage drama, young people might now be seen as dynamic *actors*, whose subsequent roles and scripts are expanded and restricted by audience reactions to current and earlier performances. Some practical consequences of the new thinking are with us already, such as the government's recent endorsement of widespread preventative behavioural programmes (Ministry of Social Development, 2007), and ultimately there will probably also be dramatic revisions in the professional roles and tasks of everybody who works closely with children and adolescents.
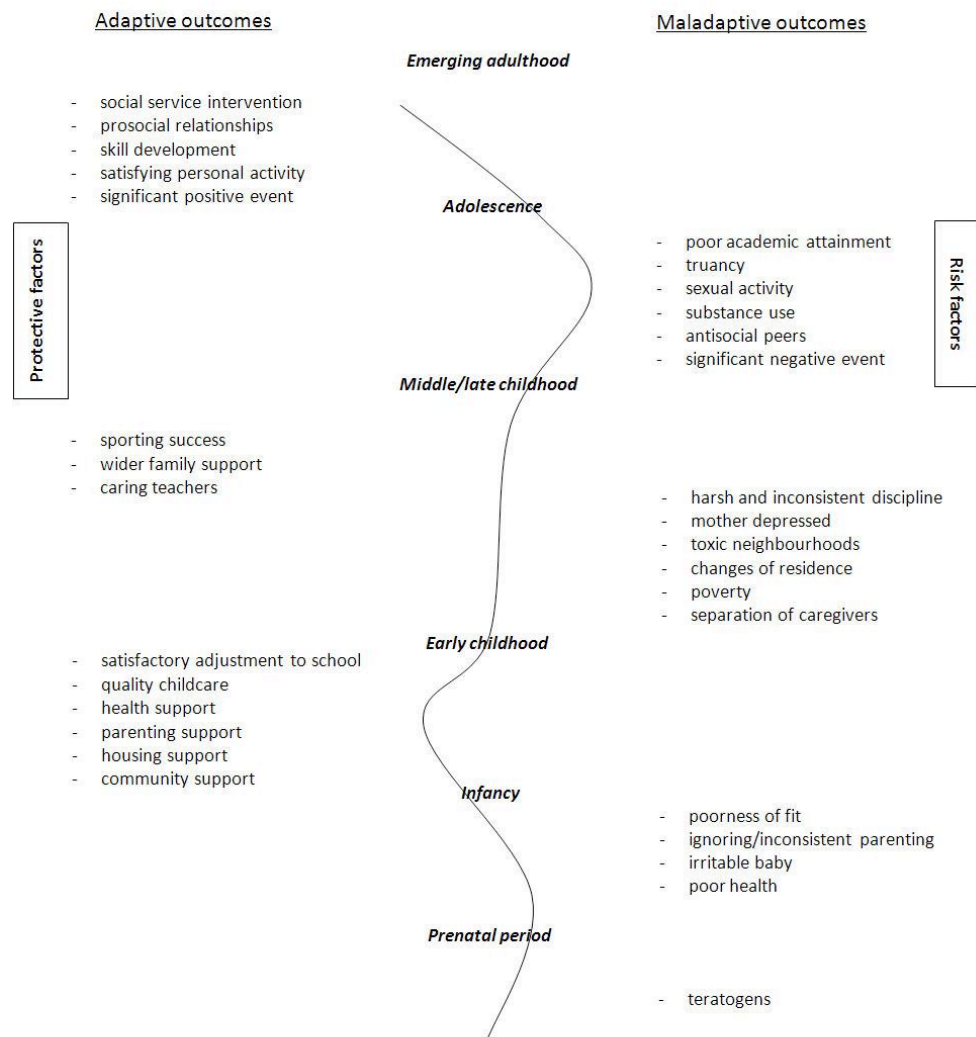
THE RISK AND RESILIENCE FRAMEWORK

In an earlier article (Stanley 2003a), I said that there are essentially four related components in contemporary resilience theory. Firstly, there is an understanding that children participate in multiple settings which, in Bronfenbrenner's (1979a) terms, are the micro, meso, exo, macro, and chronosystems. This seemingly

obvious observation can obscure some deeper understandings, as it redefines the heredity and environment debate (heredity and *environments*), and since setting can include such contexts as the environment of conception. Actually, it can extend back to before fertilisation when parental health is also considered (Vander Zanden, 2000). The second point in the original article is that each of the ecologies that a child participates in can contain influences that negatively impact on him or her (risk factors), and forces that might engage with the negative influences, and these are called protective factors. Again, this statement is not as straight-forward as it may appear because some risk experiences are actively sought by risk takers (such as boy/girl racing, but also abseiling and scuba diving), and risk factors extend to teratogens, or toxins, like alcohol and tobacco when used by pregnant women (Santrock, 2008).

The other two components of the risk and resilience framework are environmental interactions and transactions, and developmental pathways and trajectories. Environmental interactions/transactions represent a particular viewpoint about how people deal with the world around them. And the assumptions that we have about how others relate to their social settings are very important because they can determine how we respond to them. For instance, if we see children as being very largely responsible for their own behaviour we are likely to have quite different expectations as teachers than if we see student behaviour as mostly the product of social circumstance. The risk and resilience framework follows in the footsteps of Piaget, Vygotsky, and others, in seeing students as having dynamic, or interactive, relationships with their environments and, moreover, as having the agency and capability to select and modify social settings. Further, the resilience framework incorporates a developmental perspective and again this is rich in its implications for how we respond to young people. It is suggested that as professionals we are, understandably, often preoccupied with immediate concerns when dealing with a class of students and that we may lose sight of the fact that each student can represent five, ten, or fifteen years of composite experience. A developmental perspective also promotes awareness that each young person is treading a distinctive path, or life course, and for some students the direction of his or her journey is going to be more or less personally satisfying, and problematic to a greater or lesser degree, than for others.

I would now like to elaborate on two conceptions that relate to the risk and resilience framework, and which are important because of their explanatory power. The first of these is the developmental trajectory. A trajectory, according to the *Concise Oxford Dictionary of Current Usage,* is a "path described by projectile moving under given forces" (Fowler & Fowler, 1964, p. 1377). If we substitute person for "projectile" we have an extraordinarily pithy, if somewhat deterministic, description of a human life. The diagram below represents the developmental trajectory of an imaginary person, whom we might call Sam.

Figure 1.   A sample developmental trajectory.

Adaptive outcomes

Maladaptive outcomes

Emerging adulthood

- social service intervention
- prosocial relationships
- skill development
- satisfying personal activity
- significant positive event

Adolescence

- poor academic attainment
- truancy
- sexual activity
- substance use
- antisocial peers
- significant negative event

Protective factors

Risk factors

Middle/late childhood

- sporting success
- wider family support
- caring teachers

- harsh and inconsistent discipline
- mother depressed
- toxic neighbourhoods
- changes of residence
- poverty
- separation of caregivers

Early childhood

- satisfactory adjustment to school
- quality childcare
- health support
- parenting support
- housing support
- community support

Infancy

- poorness of fit
- ignoring/inconsistent parenting
- irritable baby
- poor health

Prenatal period

- teratogens

Our hypothetical young person may have begun life adversely affected by teratogens that he consumed via the placenta before birth. Next, Sam's very early years were probably compromised by an uneven and uncomfortable relationship with his primary caretaker (mother), which likely reflected a clash of personal needs and temperaments. In early childhood, Sam got lucky because the parents received a comprehensive package of community support. However, the good times were short-lived because between six and eleven years, Sam suffered the sequelae of a marriage breakdown, which for mothers can mean a series of events

associated with financial difficulties and diminished feelings of wellbeing (Hetherington & Elmore, 2003). Nonetheless, note that there were also compensatory factors operating at this time, and the beneficial role of supportive family networks, bonds to prosocial adults outside the family, and individual talents have been demonstrated in resilience research (Masten & Coatsworth, 1998).

For Sam, risk factors cascaded down and coalesced around his teen years. The peer group was the arbiter of many of the negative influences, as well as the source of most of the good times, but it could be that some unfortunate psychosocial event precipitated the period of alienation, and included here might be a troubled transition to secondary school, episodes of being bullied, or issues arising out of puberty (e.g., perceptions of body changes). In adolescence, this young person could have gone 'either way', in the sense of becoming one of Moffitt's (1993, 2006) life-course-persistent problem people, or of having a period of adolescence-limited deviance. Fortunately for Sam, his trajectory skewed towards adaptive outcomes with a turning point experience; and the following turning points have been identified in longitudinal resilience studies: higher education, work opportunities, military service, religious involvements, and marriage and romantic relationships (Masten, Obradovic, & Burt, 2006).

Figure 2.   Organisational model of development.

Biological Cognitive Socioemotional Systems
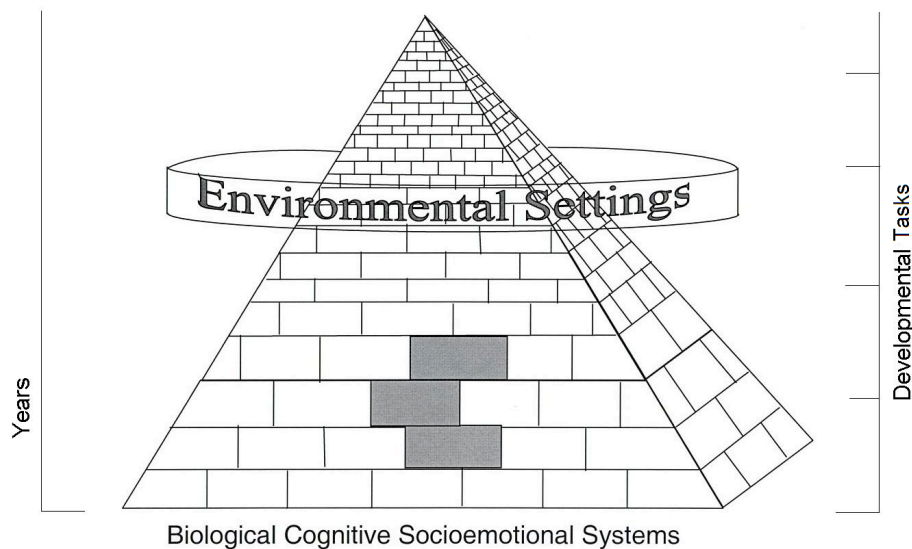
According to the organisational model of human development, Sam began life like everyone else, with personal systems and processes (biological, cognitive, and socioemotional) that were relatively diffuse and unorganised. From day one, however, exchanges occur with the environment, and Sam had jobs to do in terms of attachment, autonomy and self-regulation. We know that, for this young person, the early challenges or developmental tasks were not adequately resolved, and most probably this was because consistent, sensitive and contingent care giving was not available (Yates, Egeland, & Sroufe, 2003).

Life is a series of developmental challenges which promote the progressive differentiation and integration, and successive qualitative reorganisations, of personal systems and processes (Cicchetti & Cohen, 1995). There has been an attempt to show this in the figure, with the bricks becoming more discreet at the apex of the pyramid. Sam achieves the hierarchical restructuring that results from reciprocal environmental transactions, but the early vulnerabilities remain forever (as shown by the presence of the darkened bricks) and they could well resurface during periods of stress, such as adolescence. Equally, resilience is also carried forward in the developmental structure and the good things that happen for Sam, and specifically in early childhood and emerging adulthood, contribute to life-long adaptive capacities.

Developmental trajectories and the organisational model embrace all three of the big questions in human development: stability and change, continuity and discontinuity, and nature and nurture (Santrock, 2008). Throughout life, people niche-pick or select settings that accommodate and socialise them. We tend to transact essentially similar relational situations so, in a sense, we take our environments with us wherever we go. As well, transition points tend to strengthen individual tendencies and coping styles. By these means, the coherence and continuity of the life course is maintained; and continuity prevails in human development. In simple terms then, new challenges are likely to enhance the competence of someone with a good adjustment history whereas a person who has stumbled before is likely to stumble again and to experience compounding disadvantage. The exceptions to the rule are resilient children, who do well despite adverse events and circumstances (Masten & Coatsworth, 1998). However, what a careful analysis invariably shows is that resilience is not a magical quality (Masten, 2001), and the resilient young person has been exposed to the standard determinants of good development, and most salient here are cognitive capacity, parenting quality and socioeconomic advantages (Masten & Coatsworth, 1998).

Probability and chance are inherent within the conceptualisation of the trajectory and the organisational model. The social settings that the resilient young person selects, and participates in, have a predominance of protective factors, and the consequences for him or her are enhanced adaptive capacities, a positive developmental pathway, and good outcomes. Relationships, however, are at the core of adaptation and Luthar (2006) says that this is the foremost "take home message" (p. 780) of 50 years of resilience research. This investigator quotes Shonkoff and Phillips (2000), who state that "from the moment of conception to the finality of death, intimate and caring relationships are the fundamental mediators of successful human development. Those that are created in the earliest years ... constitute a basic structure within which all meaningful development unfolds" (p. 756). Of course, this has been known for years, both in an intuitive sense and in the writings of human development theorists such as Freud, Erikson, and Bowlby, who drew our attention to the importance of early experience. What is different now is that there are scientific studies which show that supportive and responsive care giving has the capacity to maintain good personal adjustment in the face of a host of major adversities, including parental mental illness and chronic poverty (Luthar, 2006).

IMPLICATIONS FOR TEACHERS FOR PROVIDING ASSISTANCE TO CHILDREN AT RISK

Relationships

The need for truly facilitative and enriching relationships between teachers and students is the central contribution of the risk and resilience perspective. Personal isolation is a major consequence of exposure to risk experiences (Stanley, 2003b), as is increased vulnerability to other risk factors. By contrast, protective influences facilitate inclusion and mainstream engagements. All children can benefit from attachments to responsible and responsive adults beyond the family. However, they are especially important for young people at risk, and it could be that a shortage of meaningful relationships interacts with class, culture and gender. Truancy represents a failure for schools because it implies that the teacher-student relationship is not a priority or valued. Similarly, suspensions from school can be seen as a formalised process of disconnecting students, and they may be the endpoint of a succession of inept reactive strategies that mostly aggravate and alienate children and families.

Serious truants, and students who are suspended from school, are often members of a deviant, or antisocial, peer group. From a sociological perspective, this type of peer group participation indicates a major breakdown of conventional socialisation, while a psychological interpretation might be that the deviant peer group fulfils needs for attachment and association that are not met by regular and normative social engagements. Joining a deviant peer group, which will be characterised by negative attitudes towards school and authority (Patterson, Reid, & Dishion, 1992), is a significant step towards becoming a career criminal. The peer group fosters an antisocial personal identity, it provides skills training in offending, and it furnishes rationales for criminal activity (Stanley, 2003b).

It is arguable that schools and society are ignorant of, indifferent to, or ambivalent about, antisocial organisations in our presence, and this is despite the fact that associations with delinquent peers are considered to be the strongest predictor of escalating problem behaviours in the teenage years (Dishion & Patterson, 2006). There is no doubt that antisocial adolescents are difficult to deal with constructively. Normal peers find their aggression and hostility unacceptable, and studies have also shown that providing group programmes for them is counter productive as these contexts invariably become deviancy training grounds (Patterson, Reid, & Eddy, 2002). A possible exception to the latter caution is where the programme is highly structured and disciplined, as impressionistic evidence from the New Zealand Cadet Forces suggests that these organisations have an enviable capacity to engage with otherwise alienated youth. McCord (1994) makes a provocative observation when she says:

> We may eventually discover that schools of a certain type, perhaps of a type not seemingly worthy of praise, promote characteristics in children that help them develop into productive adults. We need to look for outcomes in order to evaluate processes. Without such

examination, we are likely to promote processes which lead to undesired outcomes. (p. 115)

Werner and Smith (1989), in the classic Kauai resilience study, found that teachers could play a pivotal role for students who did well and who came from difficult backgrounds. The teachers rewarded competence and fostered trust, and the students developed a sense of coherence, or a belief that things would work out for them. Similarly, Rutter (1984) found that well-functioning women who had institutional backgrounds often had positive experiences when they were at school. As girls, they had been good at sport or music, or held positions of responsibility, or had a special relationship with a teacher. It is likely that people generally understand and value mentoring relationships. This appreciation probably stems from the fact that they mirror parent-child relationships, and it could also reflect widespread knowledge of the empowering and enabling qualities of positive human connections. Philosophically, mentoring aligns with educational adherence to the 'whole child' and it fits with pedagogies that stress the social context of learning. Practically, however, mentoring is not always an easy enterprise and this is because it requires the long-term commitment of a child and an adult, and initially the child can be withdrawn, sullen, or hostile and the adult may feel unsure, under-skilled and unsupported.

Early intervention

Schools are ideal sites for the delivery of helping services to young people who are at risk of negative life outcomes (Dryfoos, 1994). However, these services need to be delivered strategically and they should reflect best practices, which now means that the interventions and programmes need to have a replicable research base (Stanley, 2008).

The intention must be to intervene early, in terms of early in the life course as well as in the sense of early in problem development. Otherwise, we find that we have to commit increasing, and substantially more resources to achieve progressively less beneficial effects (Church, 2003). When prevention options are being considered it can be easy to ignore students from affluent backgrounds who have problems and also to overlook children and youth who are experiencing internalising issues, such as anxiety and depression. Rutter (1984) reminds us that middle class homes can be good, bad and indifferent, and we should be cautious of our value judgements in relation to social address. Young people with internalising issues are currently a major concern in this country. For instance, 35 percent of young women attending secondary school report being depressed for two weeks in a row in the last 12 months and 19 percent of females have thought seriously about killing themselves (Adolescent Health Research Group, 2008). Luthar and Zelazo (2003) observe that current prevention efforts are overwhelmingly directed towards externalising problems (e.g., aggression) and the authors contend that:

> This approach can be quite short-sighted, as high emotional distress, when left unattended, can lead to diverse negative outcomes ranging from academic failure, conduct problems, and substance abuse during childhood and adolescence to recurring psychiatric problems,

problematic relationships, physical illness, and unemployment later in adulthood. (p. 540)

It is helpful to view children as being positioned on a risk continuum, and to respond to them according to the extent and degree of their needs (Stanley, 2003b; Walker, Horner, Sugai, Bullis, Sprague, Bricker, & Kaufman, 1996; Walker & Sprague, 1999). The majority of primary and secondary school students can likely be catered for with teacher-delivered preventative programmes and school-wide management processes. Young people with an elevated risk status for developing problem behaviours probably need interventions in two settings (home and school). For students who have been identified as at risk for antisocial careers it is essential that they are provided with intensive, individualised, and sustained involvements that impact on every relevant setting (Stanley, 2003b). Clearly, the determination of risk is dependent on assessment, and to be meaningful and useful this assessment needs to be ecological in its form and purpose (Stanley, Rodeka, & Laurence, 2000).

Transition points

The developmental trajectory and organisational model of development make it clear that there are key points in a child's upbringing when much can be achieved. Coie (1996) sees entry to primary school as a critical juncture, because all children are accessible for the first time and risk determinations can be dependably made. Importantly, parents are usually willing to be involved in interventions at this time but the first contact by the school should be about relationship building and not be concerned with complaints. It is now recognised that interventions for families at risk must make sense to them, build on their knowledge and skills, and they "must be framed to empower, not to blame or demean" (Reid & Eddy, 2002, p. 195). Making services accessible and amenable is the responsibility of professionals, who may need to appreciate that the parents of children with conduct issues probably distrust the systems that they represent (Jordan, 2001), and that there is evidence to show that caregivers attach more importance to the relational aspects of helping engagements than professionals (Shemmings & Shemmings, 2001).

Secondary school entry is another transition point with substantial potential for personal change. At thirteen years of age, or thereabouts, the physical, cognitive and socioemotional transformations of adolescence create a developmental fluidity which might be utilised to divert young people to more prosocial and productive paths. More typically, however, the teen years see the emergence of new problem behaviours and the intensification of existing issues, and partly this may be because both teachers and parents tend to step back at this time (Stanley, 2003b). Arguably, there should actually be greater engagement with youth. For instance, the literature on the parental monitoring of teen behaviour (cited by Luthar, 2006) shows that it is effective in limiting substance use, risky sexual activity, delinquent behaviour and involvement in gangs.

Good programmes

What is really exciting is that we now have programmes that achieve predictable and positive effects for children, and included here is *The Incredible Years* series of teacher, parent, and child programmes, which are described on The Incredible Years Web site (http://www.incredibleyears.com/). *The Incredible Years* parenting programmes, for instance, consistently achieve good results with children from diverse cultural and socioeconomic backgrounds (e.g., Baydar, Reid, & Webster-Stratton, 2003; Reid, Webster-Stratton, & Beauchaine, 2001; Fergusson, Stanley, & Horwood, 2009) and parents like them (Reid, 1993; Stanley & Stanley, 2005). These critical aspects account for their adoption by agencies and schools in a number of countries. What characterises the new interventions, like these, is that they directly link with the determinants of behaviour and they are proven in control studies. As well, they are of sufficient comprehensiveness, specificity, intensity and duration to achieve results, and given the complexities of human development and behaviour we should be suspicious of quick fixes and simple answers (Walker et al., 1996). Further, the new empirically-supported therapies contain group programmes, which get social service agencies past the increasing impracticality and hopelessness of treating people one at a time (Albee, 1999).

Currently, most school-based interventions are not supported by empirical findings (Stoiber & Good, 1998), and there are ethical reasons that they should be. Children and families deserve to receive the best programmes that are available rather than a response that is solely dependent on "someone's assertion, personal belief, cultural bias, or authoritative statement" (Kauffman, 1999, p. 269). For instance, we now know that individual therapy for children's psychological problems is probably unproductive (Reid, 1993). The reader is referred to Church (2003) for a catalogue of interventions that have no proof of efficacy with antisocial adolescents, and included here are activity centres, alternative education programmes, and outdoor pursuits. Good intentions and vague philosophical notions are no longer good enough and teachers and social service agents who wish to exercise caring roles in informed ways can now aspire to the accountability requirements of the other professions whose practice is based on replicable evidence.

WHY TEACHERS? WHY SCHOOLS?

There is a view that it is a teacher's job solely to deliver the curriculum, and other demands to respond to social and personal problems compromise this focus. As well, according to Collett (2007), expectations of this sort are eroding the goodwill of teachers. Clearly, teachers today, in keeping with all other front line human service professionals, are experiencing role strain; and ambivalence about work tasks has been precipitated by the colossal social and demographic changes of the second half of the last century. It is not just the proliferation of solo parenting, dual income families, and step-parenting that has impacted on schools; but, as well, students now experience new problems. Dryfoos (1994), for instance, talks of the 'new morbidities' of unprotected sex, drugs, violence, and depression which have replaced the 'old morbidities' of chronic diseases and nutritional deficiencies.

In times past, there were connections and coherence amongst social institutions, such as schools, families, churches and neighbourhoods, which benefited them all. In the words of Rich (1999), "a variety of players was involved in the education team" (p. 76). As the links have broken, schools have become increasingly isolated and insular (Bronfenbrenner, 1979b), and parents have found it incrementally more difficult to raise their children. In parallel with the social dislocation, schools have become referenced to the values of the market economy rather than to more purely educational or social values. Perhaps as a consequence of the social changes, a careless indifference has emerged towards young people, and a laissez-faire approach to their socialisation, as Nichols and Good (2004) suggest.

According to Walker et al. (1996), schools have not responded proactively to the new societal realities, despite the consequences of what has occurred being readily evident in student behaviour. If there is genuine interest in raising children safely and effectively, and in breaking what are now cross-generational dysfunction, disadvantage, and benefit dependence, then it will have to involve teachers in schools acting in precise and pervasive ways. Rich (1999) puts it fairly bluntly when she says: "The clock won't turn back; all moms won't go home to the kitchen; broken marriages won't get restored. We have to find some new ways to connect kids with adults, and adults with adults" (p. 80).

Simply, if a child's parents do not act for him or her, and if a school does not give support, then a child who is at risk will very probably continue to pursue a negative life course. This is the most pressing argument for teachers to take a larger and more inclusive view of their responsibilities towards students. If young people at risk are not helped, all of us in society reap the consequences as violence, insecurity and disorder become more prevalent, and as costs for treatment centres and prisons increase. A second argument for expanded pastoral roles is that teachers, after parents, are uniquely positioned to observe young people and provide services to them. Teachers are often with children for five hours a day, for a year or more, and it is little wonder that high profile rapists and murderers can attract comments from past teachers to the effect that the offender's antisocial disposition had been evident to them in the classroom many years before. A further point in favour of teachers as carers is distinctly pedagogical: progress in school work is dependent on a student's personal wellbeing.

It is a fact that the school is the second most important setting for most children and, as suggested above, it is uniquely situated for operationalising protective factors. What is being recommended here is not a completely new role for teachers and schools so much as more empathic, empowering and enskilled functions that acknowledge present-day realities. If we want learning to be meaningful for all, if we want to reduce New Zealand's prominence amongst countries in problem behaviours (Stanley, 2005), and if we want as many students as possible to become productive and responsible citizens, then we have to utilise effective and efficient means to address the complex needs of a heterogeneous population of children and their families. Traditional attitudes and responses could be barriers. For instance, we should not blame students and parents for behaviour problems in the classroom, and neither ought we to continue with allowing

emotional and behavioural problems to "fester until they become disorders of serious if not dangerous proportions" (Kauffman, 2001, p. 86). The stakes for our society are too high, and what are needed now are the leaders, the structures, and the systems to connect with families and work with social service agencies in ways that teachers and schools can express their duty of care purposefully and consistently.

EVALUATION OF THE RISK AND RESILIENCE FRAMEWORK

A contribution of the risk and resilience framework (Stanley, 2003a) may be that it provides a conceptualisation that relates the roles of teachers and parents, while it indicates how good outcomes for children can be pursued. In addition, the framework attempts to position a host of relevant human development theory and research. What we now know about relationships and attachment suggests that the teacher-student association is rich in protective potential. It also makes clear that as a society we should do everything we can to strengthen and safeguard families. Children are most often the victims of risk factors that they cannot control, and when they do make choices they select from the opportunities that adults have made available to them. Resilience in children and students comes "from the everyday magic of ordinary, normative human resources" (Masten, 2001, p. 235), and from the commitment of caring and competent adults to provide for them.

The significant deficiency of the risk and resilience framework is that it principally provides a descriptive, after the event, account. Nevertheless, promising options exist to increase its explanatory and predictive power. Reid and Eddy (2002) say that if we really want to understand children's behaviour, and to modify it, we need to do so at the level of the moment-to-moment interactions that they have with others. Certainly, the identification of coercive processes, as being at the core of the interpersonal exchanges which lead to juvenile delinquency and adult criminality, has been salient in the development of efficacious parenting programmes, and many teachers might benefit from knowing about this mechanism as well. Briefly stated, coercive processes are in operation when a child responds to inconsistent and ineffectual discipline with increasing displays of aggression and non-compliance and these responses are negatively reinforced by adult acquiescence and withdrawal. What happens over time is that the young person is effectively trained in hostile behaviour, but there are other personal consequences, like rejection, diminished self-esteem and depression, that encourage them, inevitably, to seek out, and to choose to join, an antisocial peer group (Patterson, DeBaryshe, & Ramsey, 1989; Patterson, Reid, & Dishion, 1992).

Another lead that we have to enhance the capability of the risk and resilience framework is to explore the role of cognitive mechanisms and processes in children's behaviour. Currently, we do not have a substantial research base on how young people appraise adversity, and yet it is apparent from their actions and reactions that they cognitively engage with these experiences and, presumably, they construct schema concerning them (Rutter, 2000). Gordon and Song (1994) advise us to acknowledge the importance of personal perceptions of threats, challenges, opportunities and other forces in determining the life course, and Harvey and

Delfabbro (2004) believe "that greater focus needs to be placed upon the reports and experiences of people who appear to have overcome adversity" (p. 11).

REFERENCES

Adolescent Health Research Group. (2008). *Youth'07: The health and wellbeing of secondary school students in New Zealand. Initial findings.* Auckland, New Zealand: University of Auckland.

Albee, G. W. (1999). Prevention, not treatment, is the only hope. *Counselling Psychology Quarterly, 12,* 133-146.

Baydar, N., Reid, M. J., & Webster-Stratton, C. (2003). The role of mental health factors and program engagement in the effectiveness of a preventive parenting program for Head Start mothers. *Child Development, 74,* 1433-1453.

Bronfenbrenner, U. (1979a). *The ecology of human development.* Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1979b). Contexts of child rearing: Problems and prospects. *American Psychologist, 34,* 844-850.

Church, J. (2003). *The definition, diagnosis and treatment of children and youth with severe behaviour difficulties; A review of research.* Wellington, New Zealand: Ministry of Education.

Cicchetti, D., & Cohen, D. J. (1995). Perspectives on developmental psychopathology. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology. Volume 1: Theory and methods* (pp. 3-20). New York: Wiley.

Coie, J. D. (1996). Prevention of violence and antisocial behavior. In R. D. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance abuse, and delinquency* (pp. 1-18). Thousand Oaks, CA: Sage.

Collett, T. (2007, August 1). Can teachers do it all? *Mount & Papamoa News,* p. 17.

Dishion, T. J., & Patterson, G. R. (2006). The development and ecology of antisocial behavior in children and adolescents. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Volume three: Risk, disorder, and adaptation* (2nd ed., pp. 503-541). New York: Wiley.

Dryfoos, J. G. (1994). *Full-service schools.* San Francisco, CA: Josey Bass.

Fergusson, D., Stanley, L., & Horwood, L. J. (2009). Preliminary data on the efficacy of the Incredible Years Basic Parent Programme in New Zealand. *Australian and New Zealand Journal of Psychiatry, 43,* 76-79.

Fowler, H. W., & Fowler, F. G. (1964). *The concise Oxford dictionary of current usage.* London, UK: Oxford University Press.

Gordon, E. W., & Song, L. D. (1994). Variations in the experience of resilience. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America:Challenges and prospects* (pp. 27-43). Hillsdale, NJ: Lawrence Erlbaum.

Harvey, J. & Delfabbro, P. H. (2004). Psychological resilience in disadvantaged youth: A critical overview. *Australian Psychologist, 39*(1), 3-13.

Hetherington, E. M., & Elmore, A. M. (2003). Risk and resilience in children coping with their parents' divorce and remarriage. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 182-212). Cambridge, England: Cambridge University Press.

Jordan, D. (2001). [Personal reflections]. In J. M. Kauffman *Characteristics of emotional and behavioral disorders of children and youth* (7th ed., p. 245). Upper Saddle River, NJ: Merrill.

Kauffman, J. M. (1999). The role of science in behavioral disorders. *Behavioral Disorders, 24,* 265-272.

Kauffman, J. M. (2001). Characteristics of emotional and behavioral disorders of children and youth (7th ed.). Upper Saddle River, NJ: Merrill.

Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Volume three: Risk, disorder, and adaptation* (2nd ed., pp. 739-795). New York: Wiley.

Luthar, S. S., & Zelazo, L. B. (2003). Research on resilience: An integrative review. In S. S. Luthar (Ed.) *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 510-549). Cambridge, England: Cambridge University Press.

McCord, J. (1994). Resilience as a dispositional quality: Some methodological points. In M. C. Wang & E. W. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 109-118). Hillsdale, NJ: Lawrence Erlbaum.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56,* 227-238.

Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 53,* 205-220.

Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy, and practice. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 1-25). Cambridge, England: Cambridge University Press.

Masten, A. S., Obradovic, J., & Burt, K. B. (2006). Resilience in emerging adulthood: Perspectives on continuity and transformation. In J. J. Arnett & J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 173-190). Washington, DC: American Psychological Association Press.

Ministry of Social Development (2007). *Inter-agency plan for conduct disorder/antisocial behaviour 2007-2012.* Wellington, New Zealand: Author.

Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100,* 674-701.

Moffitt, T. E. (2006). Life-course-persistent versus adolescence-limited antisocial behavior. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Volume three: Risk, disorder, and adaptation* (2nd ed., pp. 570-598). New York: Wiley.

Nichols, S. L., & Good, T. L. (2004). *America's teenagers: Myths and realities.* Mahwah, NJ: Lawrence Erlbaum.

Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist, 44,* 329-335.

Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys.* Eugene, OR: Castalia.

Patterson, G. R., Reid, J. B., & Eddy, J. M. (2002). A brief history of the Oregon model. In J. B. Reid, G. R. Patterson, & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental model for intervention* (pp. 3-21). Washington, DC: American Psychological Association Press.

Reid, J. B. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology, 5*, 243-262.

Reid, J. B., & Eddy, J. M. (2002). Interventions for antisocial behavior: Overview. In J. B. Reid, G. R. Patterson & J. Snyder (Eds.), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention* (pp. 195-201). Washington, DC: American Psychological Association.

Reid, M. J., Webster-Stratton, C., & Beauchaine, T. (2001). Parent training in Head Start: A comparison of program response among African American, Asian American, Caucasian, and Hispanic mothers. *Prevention Science, 2,* 209-227.

Rich, D. (1999). Building relationships for learning. In A. J. Reynolds, H. J. Walberg, & R. P. Weissberg (Eds.), *Promoting positive outcomes: Issues in children's and families' lives* (pp. 73-94). Washington, DC: CWLA Press.

Rutter, M. (1984, March). Resilient children: Why some disadvantaged children overcome their environments, and how we can help. *Psychology Today,* 57-65.

Rutter, M. (2000). Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 651-682). Cambridge, England: Cambridge University Press.

Santrock, J. (2008). *Life-span development* (11th ed.). New York: McGraw-Hill.

Shemmings, Y., & Shemmings, D. (2001). Empowering children and family members to participate in the assessment process. In J. Horwath (Ed.), *The child's world: Assessing children in need* (pp. 114-128). London, England: Jessica Kingsley.

Stanley, P. (2003a). Risk and resilience: Part 1, theory. *Kairaranga, The Journal of New Zealand Resource Teachers of Learning and Behaviour, 4*(1), 4-7.

Stanley, P. (2003b). Risk and resilience: Part 2, applications. *Kairaranga, The Journal of New Zealand Resource Teachers of Learning and Behaviour, 4*(2), 25-32.

Stanley, P. (2005). The best of times and the worst of times for young people: A tale of two surveys. *Teachers and Curriculum, 8,* 25-30.

Stanley, P., Rodeka, P., & Laurence, K. (2000). *Guidelines for teachers for the identification of year 7 students at risk for substance abuse and other*

problem behaviours. Wellington, New Zealand: Specialist Education Services.

Stanley, P. (2008). The new multi-ministry response to conduct problems: A SWOT analysis. *Kairaranga 9*(1), 13-19.

Stanley, P., & Stanley, L. (2005). Prevention through parent training: Making more of a difference. *Kairaranga, 6*(1), 47-54.

Stoiber, K. C., & Good, B. (1998). Risk and resilience factors linked to problem behavior among urban, culturally diverse adolescents. *School Psychology Review, 27,* 380-397.

Vander Zanden, J. W. (2000). *Human development* (7th ed.). New York: McGraw-Hill.

Walker, H. M., Horner, R. H., Sugai, G., Bullis, M., Sprague, J. R., Bricker, D., & Kaufman, M. J. (1996). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders, 4,* 194-209.

Walker, H. M. & Sprague, J. R. (1999). The path to school failure, delinquency, and violence: Causal factors and some potential solutions. *Intervention in School and Clinic, 35*(2), 67-73.

Werner, E. E., & Smith, R. S. (1989). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams, Banister, Cox.

Windle, M. (1999). Critical conceptual and measurement issues in the study of resilience. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 161-176). New York: Kluwer Academic/Plenum.

Yates, T. M., Egeland, B., & Sroufe, L. A. (2003). Rethinking resilience: A developmental process perspective. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 243-266). Cambridge, England: Cambridge University Press.