Is Resilience Evidence Based
Practical Ideas From an Emerging Science

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Relevant Disclosure

• My expenses for this talk are supported by Multi Health Systems.
• I have developed tests marketed by Multi- Health Systems, Pro-Ed and Western Psychological Services.
• I have authored books marketed by Springer, Wiley, Guilford, Double Day, McGraw Hill, Brookes, Kluwer and Specialty Press.
• I am Editor in Chief of the Journal of Attention Disorders (Sage) and Co-Editor of the Encyclopedia of Child Development (Springer)

Goals for This Presentation

• Develop an understanding of trends in risky behavior in youth (12-25 years of age).
• Develop an understanding of resilience/protective factors in the lives of youth.
• Develop an appreciation of the trends in mental health assessment from risk focused to strength/risk focused.
• Begin a discussion about improving the lives of all youth including those with the riskiest behavior and history.

The Future

A man goes fishing.
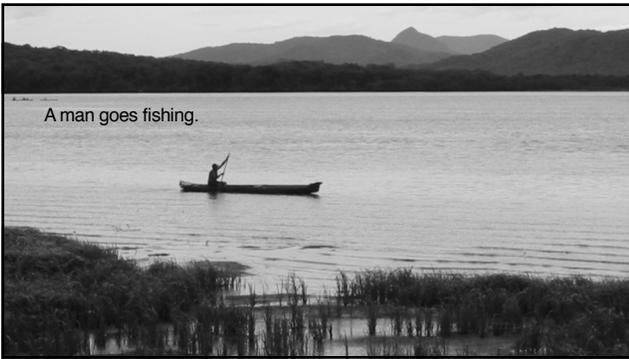
The purpose of life is to prepare the next generation for their future.

Survival of the Species

- Salmon and snakes are born with sufficient instincts to survive.
- Bear cubs require at least one or two years with their mother to insure survival.
- Higher primates require three or four years.
- Humans require at least ten years.

We have perpetuated the nineteenth century perception that raising children is a process by which information is dumped into a **BLACK BOX** lying mysteriously within the human brain.

We have also assumed a Stepford Wives model that all black boxes are identical.

Through the
Eyes of
Innocence

How Children Become Failure Avoiders

Todd's Story

We have done an a very good job of marketing the concept of school to young children.

.

We have been successful in doing so because they possess Instinctual Optimism and Intrinsic Motivation.

We fail to appreciate that children are endowed with certain genetic traits to enhance their development.

What are these traits?

- The drive to help.
- The drive to mastery.
- Intrinsic motivation.
- Instinctual optimism.
- Altruism.
- Fairness.
- Problem solving.
- Social connection.
- Fairness.
- The drive to acquire knowledge.

Preschool Graduation Part I

Preschool Graduation Part II

Preschool Graduation

How Will They Feel in Five Years?

"The secret of education lies in respecting the student"

Ralph Waldo Emerson

The experience of growing up absent success steals away opportunities to develop a resilient mindset.

A lesson from Michael.

We fail to appreciate that children are genetically endowed with certain patterns of behavior and thought.

4

What are these traits?

- The drive to help
- The drive to mastery
- Intrinsic motivation
- Instinctual optimism
- Altruism
- Problem-solving
- Social connection
- The drive to acquire knowledge
- Fairness

Do Children Care What We Think? Part I

to: Mrs. Cowdell

Dear Mrs. Cowdell,

I am writing you this letter. I'm just asking if you can forgive me for talking back to you. I know what I did was very, very wrong and I wanted to apologize. It's just that... well, it's just that I'm just a kid and kids make mistakes, but I'm sure you knew that Mrs. Cowdell what I'm trying to say is that I'm very, very, very sorry.

Sincerly
Drew

Do Children Care What We Think? Part II

to: Mrs. Cowdell

Why I Will Never do this aga

Dear Mrs. Cowdell,

Mrs. Cowdell, here are some respsons why I will never do this again #1 I want to get a good education and if I keep this up I will not be able to achieve this goal #2 Because I love to learn and I don't want to lose that opertenety. #3.

I ♥ School!

Caregivers are the architects of the way in which experience influences genetically preprogrammed but experience dependent brain development.

Daniel Siegel
The Developing Mind

A Common Outcome

Teen and Young Adult Risk Taking Behavior

US Department of Health and Human Services Meta Analysis

Teen and Young Adult Risk taking Behavior

- The most serious threats to the health and safety of adolescents and young adults are preventable. They result from such risk-taking behaviors as fighting, substance abuse, suicide, and sexual activity rather than from illnesses. These behaviors have harmful, even deadly, consequences.
- Changes in teen participation in specific risk behaviors have been well documented. What is less well known, and of growing concern, is how overall teen risk-taking has changed. In addition, information is lacking about the nuances in the behavior of adolescents who engage in more than one of these risks at a time. Teens who participate in multiple risks increase the chance of damaging their health.

Teen and Young Adult Risk Taking Behavior

- Three different surveys measure relevant health risk behaviors in teens. Together, the Youth Risk Behavior Surveys, the National Survey of Adolescent Males, and the National Longitudinal Study of Adolescent Health.
- The complex picture that emerges alleviates some traditional concerns, while raising new ones. Teens' overall involvement in risk-taking has declined during the past two decades (except among Hispanics), with fewer teens engaging in multiple risk behaviors. But multiple-risk teens remain an important group, responsible for most adolescent risk-taking. However, almost all risk-takers also engage in positive behaviors; they participate in desirable family, school, and community activities. These positive connections offer untapped opportunities to help teens lead healthier lives.

Teen and Young Adult Risk Taking Behavior

- **The Youth Risk Behavior Surveys (YRBS).** Conducted by the Centers for Disease Control and Prevention, YRBS assesses the behaviors deemed most responsible for influencing health among the nation's high school students. In 1991, 1993, 1995, and 1997, surveys were given to a nationally representative sample of students in grades 9 through 12. Students completed self-administered questionnaires in the classroom during a regular class period. We will look at the 2017 data as well.
- Overall response rates in 1991, 1993, 1995, and 1997 were 68 percent, 70 percent, 60 percent, and 69 percent, respectively; the sample sizes were 12,272 students, 16,296 students, 10,904 students, and 16,262 students, respectively. More information about YRBS and access to data is available at www.cdc.gov/nccdphp/dash.

Teen and Young Adult Risk Taking Behavior

- **The National Longitudinal Study of Adolescent Health (Add Health).** Add Health is a school-based study of the health-related behaviors of adolescents in the United States. Interviews were conducted in two stages. In the first stage, students in grades 7 through 12 attending 145 schools answered brief questionnaires in their classrooms. In the second stage, in-home interviews were conducted with a subset of students between April and December of 1995.
- Data for this study came from the 12,105 students participating in both stages of the survey who are representative of adolescents in grades 7 through 12 during the 1994--95 school year. More information about Add Health and access to data is available at www.cpc.unc.edu/addhealth.

Teen and Young Adult Risk Taking Behavior

- **The 1995 National Survey of Adolescent Males (NSAM).** NSAM is a household survey of a nationally representative sample of 1,729 boys ages 15 through 19. It was designed primarily to examine behavorial aspects of young men's sexual and reproductive behaviors and includes extensive measures of nonsexual risk-taking.
- The sample is nationally representative of both students and nonstudents. Face-to-face interviews were conducted by trained interviewers in the respondents' homes. The response rate was 75 percent. More information about NSAM and access to data is available at www.socio.com.

Teen and Young Adult Risk Taking Behavior

- **Overall risk-taking among high school students declined during the 1990s.** Between 1991 and 1997, there was a sizable increase in the share of students who did not participate in any of the 10 risk behaviors and a sizable decrease in the proportion of students who engaged in multiple risk behaviors. Despite this, the share of highest-risk students those participating in five or more risk behaviors-remained stable. Of note, Hispanic students did not report the same shift toward less risk-taking.

- Most risks are taken by multiple-risk students. The overall prevalence of a specific risk behavior among teenagers is due primarily to the behavior of multiple-risk students, since the majority of students involved in any given behavior also were engaging in other risk behaviors. For example, among the 12 percent of students reporting regular tobacco use, 85 percent were multiple risk-takers.

Teen and Young Adult Risk Taking Behavior

- **Nearly all teens, even those engaging in multiple risk behaviors, participate in positive behaviors.** Ninety-two percent of students engage in at least one positive behavior, such as earning good grades, participating in extracurricular activities, spending time with parents, or being involved in a religious institution. Most out-of-school boys also were involved in appropriate positive behaviors, although less so than their in-school peers. While multiple-risk teens engage in positive behaviors, participation in positive behaviors declines with increased risk-taking.

- Multiple-risk adolescents have many points of contact beyond home and the classroom. The assumption that risk-taking teens are socially disconnected is challenged by new findings that map their participation in a wide range of settings, such as faith-based institutions, the workplace, health care, and the criminal justice system. Their involvement in settings beyond the home and the classroom, especially for out-of-school adolescents, offers opportunities for health intervention to reduce risk-taking
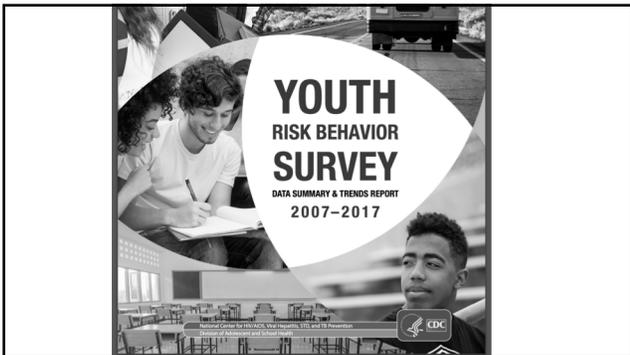
YOUTH
RISK BEHAVIOR
SURVEY
DATA SUMMARY & TRENDS REPORT
2007–2017

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health

CDC

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Were threatened or injured with a weapon at school	7.8	7.7	7.4	6.9	6.0	6.0	
Did not go to school because of safety concerns	5.5	5.0	5.9	7.1	5.6	6.7	
Were electronically bullied	NA	NA	16.2	14.8	15.5	14.9	
Were bullied at school	NA	19.9	20.1	19.6	20.2	19.0	
Were forced to have sex	7.8	7.4	8.0	7.3	6.7	7.4	
Experienced physical dating violence[†]	NA	NA	NA	10.3	9.6	8.0	
Experienced sexual dating violence[†]	NA	NA	NA	10.4	10.6	6.9	

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28.5	26.1	28.5	29.9	29.9	31.5	
Seriously considered attempting suicide	14.5	13.8	15.8	17.0	17.7	17.2	
Made a suicide plan	11.3	10.9	12.8	13.6	14.6	13.6	
Attempted suicide	6.9	6.3	7.8	8.0	8.6	7.4	
Were injured in a suicide attempt	2.0	1.9	2.4	2.7	2.8	2.4	

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever had sex	47.8	46.0	47.4	46.8	41.2	39.5	
Had four or more lifetime sexual partners	14.9	13.8	15.3	15.0	11.5	9.7	
Were currently sexually active	35.0	34.2	33.7	34.0	30.1	28.7	
Used a condom during last sexual intercourse[†]	61.5	61.1	60.2	59.1	56.9	53.8	
Used effective hormonal birth control[†]	NA	NA	NA	25.3	26.8	29.4	
Used a condom and effective hormonal birth control[†]	NA	NA	NA	8.8	8.8	8.8	

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever used select illicit drugs	22.6	20.0	22.5	17.3	15.4	14.0	
Ever injected illegal drugs	2.0	2.1	2.3	1.7	1.8	1.5	
Ever misused prescription opioids[+]	NA	NA	NA	NA	NA	14.0	NA

The Complexity of Risks: e.g. Delinquency

- No single risk factor leads a young person to delinquency.
- Risk factors "do not operate in isolation and typically are cumulative: the more risk factors that [youth] are exposed to, the greater likelihood that they will experience negative outcomes, including delinquency."
- When the risk factors a youth is exposed to cross multiple domains, the likelihood of delinquency increases at an even greater rate.
- Different risk factors may also be more likely to influence youth at different points in their development. For example, peer risk factors typically occur later in a youth's development than individual and family factors.

While youth may face a number of risk factors it is important to remember that everyone has strengths and is capable of resilient behavior:

"All children and families have individual strengths that can be identified, built on, and employed" to prevent future delinquency and justice system involvement. In recent years, studies of juvenile delinquency and justice system involvement have increasingly examined the impact of these strengths (protective factors) on youth's ability to overcome challenges and thrive (Kendziora & Osher, 2004)

Biology is not destiny but it does effect probability. In every risk group there are those who manage to transition successfully into adult life despite their adversities.

Todd Finds a Way
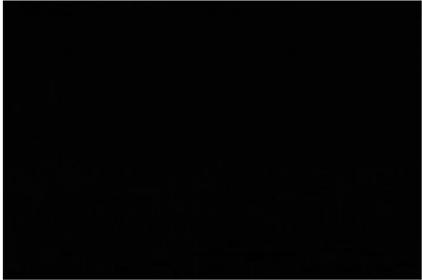
Resilience is Predicted Factors Within:

The Family

The Child

The Culture

Four Waves of Resilience Research

- Identifying person and variable-focused factors that make a difference.
- Identifying and understanding the operation of these factors within systems with a process focus.
- Intervening with an individual to foster resilience.
- Making System wide changes.

U.S. Large-scale Longitudinal Studies

- The Kauai Study (698 children born in 1955)
- Minnesota Parent-Child Project (190 children born in 1975)
- Project Competence (205 children in 3rd–6th grades, started in 1977)
- Virginia Study of Divorce and Remarriage (122 children in 1971)
- Rochester Study (180 children in 1970)
- Chicago Study (1,200+ children in 1983)

51

Worldwide Large-scale Longitudinal Studies

- British National Child Development Study (17,000 children born in 1958)
- British Cohort Study (14,000+ children born in 1970)
- Dunedin Multidisciplinary Health and Development Study (1,000+ children born 1972–1973)
- Queensland Study (8,500+ children born in 1981)
- Lundby Study (590 children born in 1997)
- Copenhagen High-Risk Study (207 children from age 15 on, begun 30 years ago)
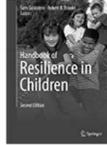
52

Risk and Protective Factors: In the Individual

Risks

- Female gender
- Early puberty
- Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration
- Low self-esteem, perceived incompetence, negative explanatory and inferential style
- Anxiety
- Low-level depressive symptoms and dysthymia
- Insecure attachment
- Poor social skills: communication and problem-solving skills
- Extreme need for approval and social support

Protective

- High IQ
- Positive social skills
- Willingness to please adults
- Religious and club affiliations
- Positive physical development
- Academic achievement

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:

http://dhss.alaska.gov/dbh/Documents/Prevention/progra ms/spfsig/pdfs/IOM_Matrix_8%20Sx11_FINAL.pdf

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Risk and Protective Factors: In the Individual

Risks

- Low self-esteem
- Shyness
- Emotional problems in childhood
- Conduct disorder
- Favorable attitudes toward drugs
- Rebelliousness
- Early substance use
- Antisocial behavior
- Head injury
- Marijuana use
- Childhood exposure to lead or mercury (neurotoxins)

Protective

- High self-esteem
- Emotional self-regulation
- Good coping skills and problem-solving skills
- Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:

http://dhss.alaska.gov/dbh/Documents/Prevention/programs /spfsig/pdfs/IOM_Matrix_8%20Sx11_FINAL.pdf

Risk and Protective Factors: In the Family

Risks	Protective
• Inadequate or inappropriate child rearing practices,	• Participation in shared activities between youth and family (including siblings and parents)
• Home discord	• Providing the forum to discuss problems and issues with parents
• Maltreatment and abuse	• Availability of economic and other resources to expose youth to multiple experiences
• Large family size	• The presence of a positive adult (ally) in the family to mentor and be supportive
• Parental antisocial history	
• Poverty	• Family provides structure, limits, rules, monitoring, and predictability
• Exposure to repeated family violence	
• Divorce	• Supportive relationships with family members
• Parental psychopathology	• Clear expectations for behavior and values
• Teenage parenthood	
• A high level of parent-child conflict	
• A low level of positive parental involvement	
• Family dysfunction	Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:
• Poor parental supervision	
• Sexual abuse	http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%20Sx11_FINAL.pdf

Risk and Protective Factors: In Peers

Risks	Protective
• Spending time with peers who engage in delinquent or risky behavior	• Positive and healthy friends to associate with
• Gang involvement	• Engagement in healthy and safe activities with peers during leisure time (e.g., clubs, sports, other recreation
• Less exposure to positive social opportunities because of bullying and rejection	

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:

http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%20Sx11_FINAL.pdf

Risk and Protective Factors: School and Community

Risks	Protective
• Poor academic performance	• Enrollment in schools that address not only the academic needs of youth but also their social and emotional needs and learning
• Enrollment in schools that are unsafe and fail to address the academic and social and emotional needs of children and youth	
• Low commitment to school	• Schools that provide a safe environment
• Low educational aspirations	• A community and neighborhood that promote and foster healthy activities for youth
• Poor motivation	
• Living in an impoverished neighborhood	
• Social disorganization in the community in which the youth lives	Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:
• High crime neighborhoods	http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%20Sx11_FINAL.pdf

Can Outcome Be Modeled and Predicted?

Predicting young adults' health risk behavior.
By Gibbons, Frederick X.,Gerrard, Meg
Journal of Personality and Social Psychology, Vol 69(3), Sep 1995, 505-517

Abstract
A prototype model of risk behavior is described and was tested in a longitudinal study of 679 college students, beginning at the start of their freshman year. Perceptions of the prototype associated with 4 health risk behaviors (smoking, drinking, reckless driving, and ineffective contraception) were assessed along with self-reports of the same behaviors. Results indicated that prototype perception was related to risk behavior in both a reactive and a prospective manner. That is, perceptions changed as a function of change in behavior, and perceptions predicted those behavior changes as well. This prospective relation was moderated by social comparison, as the link between perception and behavior change was stronger among persons who reported frequently engaging in social comparison. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Can Outcome Be Modeled and Predicted?

Binge Drinking Above and Below Twice the Adolescent Thresholds and Health-Risk Behaviors
Ralph Waldo Hingson Wenxing Zha
First published: 10 April 2018 https://doi.org/10.1111/acer.13627

In 2015, the Youth Risk Behavior Survey asked a national probability sample of 15,624 high school students grades 9 to 12 (response rate 60%) about their past-month drinking and past-month or past-year health-risk behaviors. Logistic regressions with pairwise comparisons examined the association between different drinking levels and selected risk behaviors, adjusting for age, sex, race/ethnicity, and drinking frequency.

Seven percent binged ≥twice and 9% <twice the age-/gender-specific thresholds, and 14% drank less than the binge thresholds. Significantly higher percentages of binge drinkers at ≥twice versus <twice the thresholds versus other drinkers reported illegal drug and tobacco use, risky sexual and traffic behaviors, physical fights, suicide, less school-night sleep, and poorer school grades.

Teen and Young Adult Risk Taking Behaviors Measured by RISE

- Suicide
- Sexual Behavior
- Eating/Sleeping
- Substance Abuse
- Bullying/Aggression
- Delinquency

Teen and Young Adult Strength Behaviors Measured by RISE

- Emotional Balance (e.g. care about others, control anger)
- Interpersonal Skill (e.g. solve a problem with a friend, care about others)
- Self Confidence (e.g. admit mistakes, make good choices)


Defining key concepts

Mid-17th-century origin from the Latin **resilient – "leaping back,"** from the verb **resilire**.

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Resilience

- A process leading to good outcome despite high risk
- The ability to function competently under stress
- The ability to recover from trauma and adversity

"I'm not afraid about my girlfriends and myself, we'll squeeze through somehow, though I'm not too certain about my math."

Anne Frank
June 21, l942

"I have lots of courage, I feel so strong and as if I can bear a great deal,I feel so free and so young! I was glad when I first realized it, because I don't think I shall easily bow down before the blows that inevitably come to everyone."

Anne Frank
July 15, 1944

Defining key concepts (cont.)

Webster's defines *resilient* (adjective) as:

- (of a substance or object) able to recoil or spring back into shape after bending, stretching or being compressed
- (of a person or animal) able to withstand or recover quickly from difficult conditions

Defining key concepts (cont.)

Resilience is a pattern of positive adaptation in the context of past or present adversity.

Coping = Resilience

Defining key concepts (cont.)

Is resilience inversely related to impairment?

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Is there a need for a conceptual process like resilience?

What do we know?

- In 2006, there were 73.7 million children (0–18 years) in the U.S.
- By 2030, that number will increase to 85.7 million.
- In 2012, 15% lived in poverty.
- In 2013, 27% were living in single-parent homes.
- In 2003, 36% lived in homes with at least one significant problem.
- In 2007, over half a million children were in foster care.

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Children's Defense Fund

- An American child was reported abused or neglected every 35 seconds in 2011 (3 million).
- 30% of all victims are below age 3; 50% below age 7.
- 60% are neglected.
- Nearly 600,000 American children are in foster care, with 130,000 waiting.
- 7½ million children are home alone after school.

Committee for Children

- One of every seven children reports being bullied in school regularly.
- Seventy-eight percent of children reported being bullied at least once in the past month.
- Thirty-one percent of girls and eight percent of boys in grades 8–11 reported frequent harassment.

In 2014, 4,599 youth between the ages of 10 and 24 committed suicide.
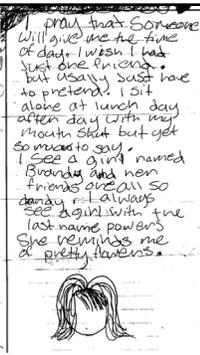
Is there a need for a conceptual process like resilience?

Yes!

The idea of resilience has different meanings for different people, many of which are vague and contradictory.

Howard Kaplan

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Alternatively it might be argued that the concept of resilience is useful, precisely because it instigates so many conceptual or theoretical issues.

Howard Kaplan

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Does resilience refer to characteristics and outcomes of individuals, or does it refer to characteristics and outcomes of more inclusive variables, such as gender, intellect, etc.?

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Is resilience isomorphic to, partially overlapping, or orthogonal to a variety of other terms that appear to be functionally equivalent to that term?

Is resilience the opposite of non-resilience or vulnerability?

Is resilience defined in terms of the nature of the outcomes in response to stress or in terms of the factors that interact with stress to produce the outcomes?

What is the relationship between resilience and the experience of distressful life events?

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Is resilience reflected in the ability to bounce back from or function with adversity, or is it caused by adversity?

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Should resiliency be defined in terms of some overall criterion or in terms of particular context-specific outcomes?

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Which general or specific factors
are equated with resilience?

How does resilience determine
the nature of the factors that
place an individual or system at
risk?

Four Waves of Resilience Research

1. Identifying person and variable-focused factors that make
   a difference.

2. Identifying and understanding the operation of these
factors within systems with a process focus.

3. Intervening individually to foster resilience.

4. Creating community-wide programs.

Though good studies are available, much of the evidence is based on retrospective, cross-sectional or short-term longitudinal studies with relatively small samples absent controls.

88

It is also critical to remember that resilience is never directly measured in these studies.

Resilience is inferred based on the measurement of risk and coping.

The pathways that lead to positive adaptation despite high risk and adversity are complex and greatly influenced by context; therefore, it is not likely that we will discover a magic (generic) bullet.

Resilient children are not simply born that way nor are they made from scratch by their experiences. Genetic and environmental experiences loom large as protectors against a variety of risks to healthy development ranging from resistance to bacteria and viruses to resilience to maltreatment and rejection.

Kirby Deater-Deckard

92

Questions in Need of Answers

- Is there a need for a conceptual process like resilience? YES
- Is resilience an evidence-based concept? YES
- Is there sufficient research to suggest resilience is a powerful antidote for the myriad of adversities children face today? MAYBE
- Is there sufficient research to suggest that resilience theory guide the practices of education, mental health and parenting? MAYBE
- Can resilience be measured? YES
- Can resilience be taught? MAYBE
- Should resilience be the featured theme at school psychology conferences? YES

The secret of education lies
in respecting the student.

Ralph Waldo Emerson

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Research Literature Supports:

Need for a standardized measure of risk-taking and
protective behaviors apparent in research on problems and
disorders in youth:
- School dropout (Lansford, Dodge, Pettit & Bates, 2016)
- Elopement from home (Tucker, Edelen, Ellickson &
  Klein, 2011)
- Delinquency (Remschmidt & Walter, 2010)
- All show a predictive relationship between risky
  behavior and later life problems.
- Role of protective factors is also important (Masten,
  2001).
- Understanding the interaction between risk and
  protective forces is essential to developing successful
  intervention programs.

A Resilient Outcome
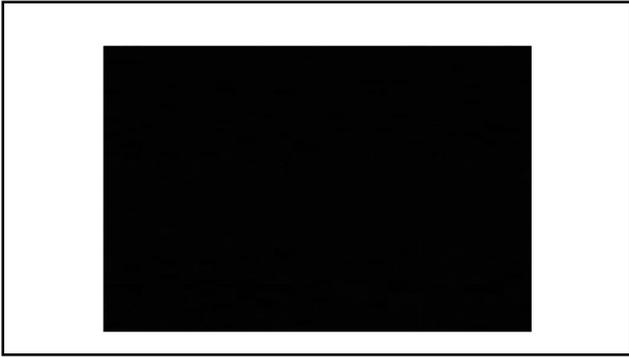
RISE™

Risk Inventory and Strengths Evaluation

Sam Goldstein, PhD   David S. Herzberg, PhD

RISE Overview

- RISE assesses risky behavior and psychological strengths
- The first tool to look at these concepts within the context of each other
- Ages 9 through 25 years
- Parent, Teacher and Self Forms
- 15-20 minutes administration time
- Norm-referenced *T*-scores examine broad constructs of risk and strength
- Specific content scores and critical items focus on dangerous behaviors (e.g., aggressive conduct, early sexual activity, substance abuse and suicidality)
- Response validity scores also available
- For educational psychologists, counselors, clinical psychologists and other mental-health professionals working with children, adolescents and young adults (Level C)

RISE Administration

- Can be administered using print materials or via the WPS Online Evaluation System platform.wpspublish.com
- Parent & Self Forms
    - 66 items, each takes 10-15 mins to complete
- Teacher Form
    - 36 items, takes 7-10 mins to complete
- Items are rated on six-point scale of the frequency of the target behavior during the previous four weeks
- All forms also available in Spanish

Standardization: RISE Normative and Clinical samples

- Nationally representative (U.S.) normative sample: Matched to U.S. Census on gender, race/ethnicity, SES and U.S. geographic region
    - Parent: 1,005 forms
    - Self: 1,380 forms
    - Teacher: 1,000 forms
- Clinical validity sample:
    - 185 Parent Forms
    - 270 Self Forms
    - 152 Teacher Forms
- Includes multiple sub-samples based on risk factors, diagnosis, etc.
    - At Risk
    - Gang Membership
    - Suicidality/Depression
    - ADHD
    - ASD
    - Eating Disorders
    - Substance Abuse

Five Strategies to Reduce Teen and Young Adult Risk Taking Behavior

Support positive behaviors of non-risk-taking individuals. Declines in risk-taking mean that the share of students taking no risks has increased. These youth need support and expanded opportunities to continue making responsible and healthy decisions as they mature.
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Five Strategies to Reduce Teen and Young Adult Risk Taking Behavior

Target efforts to reduce specific risk behaviors toward multiple-risk students. Recent public health and policy efforts to reduce the prevalence of key risk behaviors, such as smoking or violence, cannot address these behaviors in isolation from other risk-taking.

Five Strategies to Reduce Teen and Young Adult Risk Taking Behavior

Encourage positive behaviors of risk-taking youth, such as time spent on extracurricular or faith-based activities. These behaviors connect students to adults and social institutions and offer opportunities to prevent risk-taking among some students or reduce risk-taking among others.

Five Strategies to Reduce Teen and Young Adult Risk Taking Behavior

Expand efforts to reach multiple-risk youth in nontraditional settings. Teen participation in settings such as the workplace, the criminal justice system, and faith-based institutions offers innovative opportunities for health services and education programs and the development of personal relationships with positive adult role models that can reduce risk-taking.

Five Strategies to Reduce Teen and Young Adult Risk Taking Behavior

Take new steps to reduce risk-taking among Hispanic students. Further research is needed to better understand both risk-taking and development of this growing group of youth. Programs that are responsive and sensitive to the current ethnic and social diversity of Hispanic youth need to be developed and implemented.

Five Strategies To Foster a Resilient Mindset

• Teach empathy by practicing empathy.
• Teach responsibility by encouraging contributions.
• Teach decision making and problem solving skills that foster self-discipline.
• Offer encouragement and positive feedback.
• Help children deal with mistakes.

Teach Empathy By Practicing Empathy

• Are we saying or acting in a way that our children will be responsive to hearing us?
• Would we want anyone to speak to us the way we speak to our children?
• How would our children describe us at various times?
• How would we want our children to describe us?

Teach Empathy By Practicing Empathy

- Listen
- Validate
- Avoid preaching and lecturing
- Avoid judgments and accusations
- Put yourself in their shoes
- Change your negative scripts

Teach Responsibility By Encouraging Contributions

- Provide ample opportunity
- Focus on existing success
- Build islands of competence
- Allow the opportunity to witness concrete examples of success

Eric's Experiment Part II

Teach Decision Making and Problem Solving Skills That Reinforce Self-Discipline

- What's my problem?
- What solutions are available?
- Which solution is the best?
- How can I implement each step of the solution?
- How did I do?

Offer Encouragement and Positive Feedback

- Become a charismatic adult
- Provide realistic appreciation
- Focus on building rather than tearing down
- Be available

Help Children Deal With Mistakes

- The fear of mistakes is a strong roadblock to developing a resilient mindset
- Mistakes are opportunities to learn
- Model the benefits of mistakes

Eric's Experiment Part I

The Mindset of a Resilient Child

• Optimistic and hopeful.
• Feel special and appreciated in the eyes of others.
• Set realistic goals and expectations.
• View mistakes, hardships and obstacles as challenges.
• Solve problems and make decisions.
• Internal locus of control.
• Believe you can and set out to solve problems.
• Possess empathy.

General Conclusions About Resilience

• The occurrence of risky behaviors and strengths (protective factors) can be reliably measured.
• Risky behaviors and strengths can be appreciated simultaneously in a valid, reliable manner.
• Risky behaviors and strengths can be seamlessly measured from adolescence to young adulthood.
• Measuring strengths and risky behaviors provides critical assessment data.
• These data can be used to help all youth as well as those presenting with the greatest risk.

General Conclusions About Resilience

- An early history of developing competence, along with supportive, consistent care, serves as a powerful and enduring buffer throughout childhood and increases probability of resilience.
- The pathways that lead to resilience are complex.
- There is a great need to map the interaction of personal and environmental factors.

General Conclusions About Resilience

- Longitudinal research needs to be conducted on a large scale and gene–environment focused.

- We require a broader cross-cultural perspective.

- We need to know more about individual dispositions and temperament as well as sources of family support.

In Their Own Words

Only then will we begin to know what
makes the young of our species survive
and thrive despite life's adversities.

Emmy Werner

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2
2

Goldstein's Axiom

Through intelligent and ethical educational and therapeutic
practices, we can foster self-discipline, mental health,
resilience and build educational proficiency in all children
without stealing away their dignity and hope.
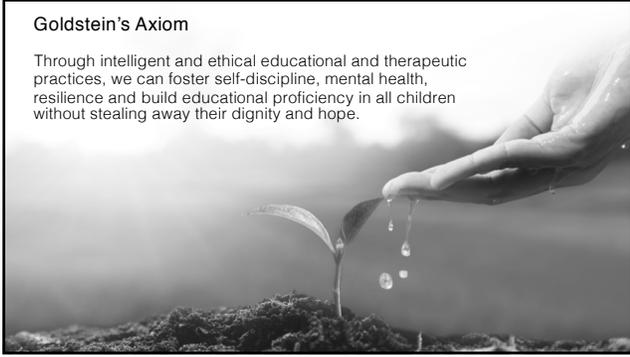
Adopt a Learning-to-Swim Mindset!

It must never come to this!

Or this!

DEAR GOD,
I wish I could be
better in School.
Can you help me.

Creating a Masterpiece!

Questions?

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