Dr Venkat Pulla, is a an accredited Practitioner of Social Work well recognised in Australia and overseas as a highly committed trainer of human values and strengths based social work practice frameworks for empowerment of clients and staff within the teams. Venkat utilises a process called 'intentional perspectives approach' (IPA) that focuses on ensuring survival -first; growth and development of pervasive consciousness -second. Venkat sees a great majority of people innocently, ignorantly or purposively leading veiled lives. Venkat’s tactical conversations cause gentle nudges for such slumbering humanity without sounding provocative. Venkat spent some 15 years preparing social work graduates and a couple of years in capacity development of public sector management through British Aid (DFID) Projects in Metros India. Venkat is a Tata Institute of Social Sciences, Social Worker, a Tata Dorabji Scholar and has a doctorate in the field of Community Development obtained in India. His work life includes positions as Head of the Social Work Department at the Northern Territory University, Darwin for three years and several years in India in Teaching and Training at the College of Social Work, Hyderabad, and He has recognition in areas of training for performance measures, quality, change management, strength based child protection, family directed practice, trauma torture counselling and refugee resettlement. His policy consulting included health policy, urbanisation, poverty alleviation, social infrastructures, disability and aged care, wage reform, employee strategies, and industrialisation.

Since 1996 Venkat worked extensively with refugees and migrants being the Acting Coordinator of Brisbane Migrant Resource Centre. Within the Disability Services he held Acting Manager Professional and Specialist Services positions and currently holds a Senior Social Work position.
Venkat has extensive clinical as well as organisational experience across a wide range of service settings. Until recently he has been the Vice President of the Australian Association of Social Workers, Queensland and is a member of the accreditation panel for schools of social work in Australia and Convenor, International Social Work Interest Group, AASW (QLD).
ABSTRACT

UNDERSTANDING COPING AND RESILIENCE OF CHILDREN AND ADOLESCENTS

Dr. Venkat Pulla
President
Brisbane Institute of Strengths Based Practices

Plenty of research exists on coping and resilience amongst children and adolescents and on their ability to overcome adversities. In the author's practice children and adolescents with high levels of resilience have been able to adapt to life in the face of letdowns at greater levels, than those with lower levels of coping skills. Thus while coping demands focusing on moving ahead in the face of adverse circumstances, having moved; it is that state of energy, or a state of bounce back that results in positivist- we call it 'resilience'. We live in a fragile post modern world where the nature of all human interaction is bereft with stress producing stimuli, some made by man and some that is natural; of one kind or the other making children and adolescents much more vulnerable.

The objectives of this paper are to identify and define key concepts and models related to stress, coping, and resilience amongst children and adolescents and also to make us mindful to area wise gaps in our evidence based practice in this context. Amidst the growing evidence that depression and other mental health issues are surfacing amongst children and adolescents in several societies, the author focuses on the transactional nature of coping and resilience and how children and adolescents process a variety of stresses that they see in their day to day lives.

Given that children and adolescents attempt to cope well in stressful situations being a fact, the author considers constructing and reviewing these stressful experiences in a person-environment transaction context to be a useful strategy. The paper presents this strategy. We believe that maturation results in developmental stages marked by capacity for self-control, thus children and adolescents use a number of process using internal and external resources to manage demands of environment. Is it important to encourage children tell their stories of what they go through when they are coping? Personal coping skills include a focus on personal values, thinking skills, emotional literacy, adaptivity, and interpersonal skill sets that allow children to deal with conflict, seeking help and making connections and in mitigating the impacts of the stresses. In this context the paper also attempts to delineate some key culturally-based aspects of coping and resilience across cultures and finally mentions the areas of further research as a result of gaps in knowledge and application.
Understanding coping and resilience in Children and adolescents

revisiting basics:

Understanding coping and resilience in Children and adolescents

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revisiting basics:
Understanding coping and resilience in Children and adolescents

The effect of things in life to which children must respond. We call 'stress'.

Understanding Coping and Resilience in Children and adolescents

What are some of the ways you see children and adolescents attempt to cope with extremely stressful situations?

Understanding coping and resilience of Children and adolescents

Physiological
Emotional
Cognitive
Behavioural
Reactions: Children 1-5
- Children show helplessness and start becoming passive
- Express sort of generalised fear
- Overwhelmed
- Confused cognition
- Can't relate events with clarity
- Can't sleep well
- Fear separation

Reactions: Children 1-5
- Some regressive symptoms start appearing
- Grief
- Somatic symptoms*
- Startle response to loud or unusual noises
- Irritability
Reactions: 6-11 Years

- Feelings of responsibility/guilt
- Traumatic play and retelling
- Disturbed sleep
- Outwardly angry and aggressive
- Perceptible changes in behavior, mood, personality
- Somatic symptoms (gastrointestinal, pain weakness, pseudo neurological)
- Fear and anxiety around separation

Reactions: 6-11 Years

- Regression and Withdrawal
- Loss of interest in play and Magical thinking**
- Inability to concentrate
- Disliking School and peers - Lower performances

Reactions: 12-18 Years

- Becoming too conscious of self
- Life-threatening reenactment
- Abrupt shift in relationships
- Depression
- Social withdrawal
Reactions: 12-18 Years

- Disturbed sleep
- Angry and aggressive
- Perceptible changes in behavior, mood, personality
- Somatic symptoms (gastrointestinal/pain/weakness/pseudo neurological)*
- Wish for revenge and action-oriented responses
- Accident proneness

Constructing Coping

- Constantly changing cognitive
- Behavioral efforts to manage specific external stimuli and internal demands
- Often beyond the resources of a person
  (Frohman & Liebman, 1984, p. 121)

- Anything children do to adjust to the challenges and demands of stress...
- Any adjustments made to reduce negative impacts of stress
  (Chapman, 1983, p. 84)

Conceptualising Coping

- Biological/physiological – fight or flight
- Cognitive – how we think about the situation
- Behavioral – behavior related to mental process
- Learned – strategies learned from modeling/observation
- Intentioned – voluntary/unvoluntary
**Lazarus' Model of Stress and Coping**

- **Antecedents**
  - Personal resources
  - Beliefs about self and world
  - Goal hierarchies
- **Environment**
  - Threats/challenges
  - Benefits
- **Outcomes**
  - Emotions
  - Functioning, Morale, Health
- **Processes**
  - Appraisal
  - Coping
- **Relational meaning**
  - Revised relational meaning

**Transactional Model of Coping**

Basic assumptions:
- Experiences are viewed as person-environment transactions.
- Transactions depend on the impact of the external stressor.
- Impacts mediated individual/environmental antecedents, by the person's repeated appraisal of the stressor, and coping responses.
- The system changes moment to moment.

Lazarus, 1996

**Transactional Model Concepts**

- Primary appraisal
- Secondary appraisal
- Coping efforts
- Problem management
- Emotional Regulation Meaning-based coping
- Outcomes of coping
- Dispositional coping styles
- Optimism
- Information seeking

Glanz, Rimer, & Lewis, 2002
Emotion Focused Coping

Coping efforts that are directed toward regulating emotional states:
- Denial/avoidance
- Distraction or minimization
- Wishful thinking
- Self-control of feelings
- Seeking meaning
- Self-blame
- Expressing/sharing feelings

how do children respond?

Voluntary Practices

1. Primary Coping - Attempts to modify stressful problem or emotion (they do their own problem solving)
2. Secondary Coping - Attempts to adapt via cognition (cognitive restructuring) start blocking
3. Tertiary Coping - Attempts to redirect attention away from the stressor or emotional reaction (denial, wishful thinking, disengagement)

Responses to Stress Model

Involuntary practices

4. Engagement - Directed toward the stressor or their emotional reactions (arousal, rumination, impulsive action)
5. Disengagement - Directed away from the stressor or their emotional reactions (emotional numbing, escape)
structure of these responses

- Emphasizes changes in nature of stress, internal/external constraints
- Responses reflect individual differences in temperament, over-learned and automatic responses
- Assumes an increase in secondary control coping and emotion-focused coping and decreases in disengagement as they grow!

Motivational Model of Coping

Imagery Psychological Needs

- Relatedness
- Competence
- Autonomy

Universal Stressors

- Neglect
- Choice
- Coercion

Motivational Model: Self-System Processes

- Children's self-efficacy may be challenged by chaotic social contexts.
- Self-efficacy beliefs lead to interpretations re competence
- Autonomy vs. coercion = need to experience self as free to choose vs. pressure to behavior a certain way
- Neglect = social interactions that undermine the need for relatedness
- Self-system processes become either source of distress or resource in event of trauma.
Exploring Culture

- Connection between culture and coping
- Individualism vs. collectivism (further explorations with participants if we have time)

What is Resilience?

A pattern of positive adaptation in the context of past or present adversity
Wright & Masten, 2005

1. There has been a significant threat or risk to the development or adaptation of the individual; and
2. The individual’s functioning is satisfactory according to selected criteria
Key Concepts in Resilience Research

- Adversity: Environmental conditions that interfere with/threaten the accomplishment of age-appropriate developmental tasks
- Risk: An elevated probability of an undesirable outcome
- Risk factors: A measurable characteristic in a group of individuals or their situation that predicts negative outcome on a specific criteria

Key Concepts in Resilience Research

- Proximal Risk: Risk factors experienced directly by the child
- Distal Risk: Risk related to a child's ecological context, but mediated via proximal processes
- Asset/Resource/Compensatory Factor: A measurable characteristic in a group of individuals or their situation that predicts general/specific positive outcomes
- Protective factor: Quality of a person/context or their interaction that predicts better outcomes

Key Concepts in Resilience Research

- Cumulative Protection: Presence of multiple protective factors
- Psychosocial Competence: The adaptive use of personal and contextual resources to accomplish developmental tasks

Expectations of a society for child's accomplishments according to stages of development.
Assumptions Related to Resilience Concepts

- Children may show resilience at one point in life and not at another;

- Children may demonstrate resilience in only some aspects of life;

- There are linkages among the multiple domains of adaptation, positive and negative
  
  Wiig & Murray, 2005

Risks Pile Up

- Risk factors often pile up

- Transitions (divorce, school entry, leaving home, war) pile risks on children within a short timeframe

- Emotional, behavioral, educational, and health problems increase as total risk level increases

- Developmental cascades can occur (one problem leads to another)

Correlates of Resilience: Child Characteristics

- (workshop some of these with participants!

  Workshop slide!
  Not for talk

  Wiig & Murray, 2005
**Correlates of Resilience: Child Characteristics**

- Social/adaptable temperament
- Strong cognitive abilities
- Effective emotional and behavioral regulation strategies
- Positive view of self
- Positive outlook
- Faith/sense of meaning in life
- Characteristics valued by society and self (talents, humor, appearance)

**Three Keys to Family Resilience**

- Family belief systems
- Organizational patterns
- Communication processes

**Family Belief Systems**

- Making meaning of adversity – sense of coherence
- Positive outlook
- Transcendence and spirituality
**Organizational Patterns**

- Flexibility – Capacity for change
- Connectedness/Cohesion – emotional/structural bonding
- Social and economic resources – Extended networks

**Model of Collectivistic Coping**

- Family support
- Respect for authority figures
- Intracultural coping
- Relational universality
- Forbearance
- Social activity
- Fatalism

**Child Coping within a Cultural Context**

- Coping strategies vary across groups
- Ethnicity x Context = Coping
- Avoidant coping = adaptive and maladaptive
What is Resilience?

A pattern of positive adaptation in the context of past or present adversity.

Key Concepts in Resilience Research

- Adversity:
- Risk:
- Risk Factor:
- Asset/Resource/Compensatory Factor:
- Protective Factor:
- Cumulative Protection:
- Psychosocial Competence:
- Developmental Tasks:

Workshop visit!
Not for talk.
Workshop on risk

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Masten, 2001

RESEARCH ISSUES

- Resilience has been vastly understudied compared to disease and vulnerability
- Task-oriented coping is related to resilience
- Does this mediate the relationship between connectiveness/business and resilience?
- Effective emotional and behavioral regulation strategies
- Positive view of self
- Cultural and coping
- Humor and coping
- Emotional neglect

Resilience (or resiliency) is the ability to manage and bounce back from difficulties and to bounce back after adversity. Personal strengths, skills, and abilities which help to buffer them against stress. Resilience skills can be learned from a young age, and are important ways to develop protective factors which promote resilience. Why is resilience not bouncing back and what coping skills can be employed in order to deal effectively with adversity? Consider the importance of flexible, integrated, and functional approaches to understanding resilience and promoting resilience in children and young people.
Training workshops

- Exploring Resilience: What helps to make a child resilience?
- Ways to build resilience: Optimism, How to think positively andisha avoid harmful stress; Activities for dealing with stress; The spirit of resilience
- Resilience in Children and Young People: Building blocks of resilience; Childhood and adolescence resilience; Early mental health problems; Resilience in children; Resilience in young people; Cultural aspects of resilience in children and young people; The role of a parent in building resilience; The importance of building resilience; The importance of building resilience; Helping kids build resilience; Help for building resilience; Supporting resilient children

Some images

www.englisheducation.com.au

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