



A Resilience Based Conceptual Framework for Working with School Related Problems

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[Originally published in the International Journal for School Based Family Counseling, Vol VI, 2015]

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Abstract

A resilience-focused paradigm based in the research evidence on positive social and academic adjustment is delineated as an alternative to the psychobiological paradigm currently guiding DSM and Special Education practices. This alternative conceptual framework is intended to assist counselors in working collaboratively with parents and school professionals so as to promote positive psychosocial, behavioral, and learning outcomes. The model is applicable in both family counseling and school based counseling/consultation settings.

The dominant paradigm's emphasis on diagnostic labeling and subsequent symptom reduction or control is replaced by the resilience paradigm's focus on success and wellbeing promotion. The resilience-focused counseling/consultation process offers an optimistic, developmental, and wellness promoting approach for assessment and intervention with school related problems. The model seeks to empower parents, teachers, and children alike so as to promote resilience and wellbeing rather than label children as possessing psychoeducational disorders. The underlying assumption of the resilience paradigm is that positive growth and development can only occur in healthy, nurturing social environments. Utilizing the resilience focused approach, counselors seek to identify counter-productive patterns in the family and classroom and then offer strategies that promote wellbeing and positive growth and adjustment by improving social-emotional competencies, family and school supportiveness, and growth mindsets.

Working with School Related Problems: A Resilience Based Conceptual Framework

Introduction:

Rethinking our paradigm

Over the past several decades, both the education and mental health fields have moved increasingly toward a psychobiological paradigm for explaining child and adolescent learning and behavioral adjustment difficulties. This paradigm assumes that the etiology of presenting behavioral or learning difficulties lies in some nebulous, neurological deficit, disorder, or dysfunction within the child. This has become the dominant explanatory paradigm guiding education and mental health practice. Yet, there does not exist sufficient and widespread empirical research supporting the validity of such diagnoses and any biological/neurological pathogen. The rush to diagnose, or over-diagnose, disorders and disabilities in youth has potentially disastrous consequences. As noted recently by Dr. Allen Frances (2014), chair of the DSM-IV-TR task force, in his article, “No Child Left Undiagnosed”, it is estimated that, using the current DSM-V criteria, 81% of youth qualify for a diagnosis for a mental or learning disorder by the age of twenty-one.

By implying that the cause of the problem(s), or disorders, lies within the child, the psychobiological paradigm essentially ignores the multitude of social environmental factors, social interaction patterns, and developmental processes that can contribute to the development and maintenance of children’s learning and behavioral difficulties. Consequently, all children and adolescents presenting with similar symptomatic concerns are given the same diagnostic label and treatment intervention. Accordingly, intervention or treatment plans only focus upon symptom reduction or symptom control strategies. All too often this includes the prescribing of psychopharmacological medications, and/or the application of behavioral psychology based methods.

Perhaps of even greater concern is that the psychobiological paradigm leaves the child, parents, and teachers all believing there is some permanent, neurological dysfunction, deficit, or disorder causing the difficulties. Thus, a pessimistic, self-fulfilling “fixed mindset” perspective is formed in regard to the child’s potential for success. The resilience-focused paradigm offers instead an optimistic approach that seeks to promote improvement in the development of positive psychosocial adjustment, learning motivation, and overall wellbeing of not only the child but in the family system and classroom as well.

The emerging resilience paradigm

In recent years, the dominant, psychobiological paradigm has been increasingly called into question. Many authors have raised concerns due to the lack of solid empirical support for the tacit assumptions underlying the paradigm and the diagnostic reliability and validity of many child/adolescent disorders. Additionally, the efficacy of current treatment behavioral and pharmacological treatment protocols are being questioned (Breggin, 2001; Deci, Koestner & Ryan, 2001; Moncrief, 2009; Waber, 2011; Whitaker, 2010). Indeed, a countermovement is clearly building in response to the dominant, pathology based, psychobiological paradigm for learning difficulties and emotional and behavioral disorders, i.e., the resilience paradigm

Based in a rapidly growing body of research on resilience and positive child development, the resilience-focused paradigm offers a positive, optimistic, and developmental alternative for the assessment of, and intervention with, learning and behavioral adjustment difficulties. Examples of this alternative perspective can be seen in the work on emotional intelligence (Salovey & Mayer, 1993,1990; Elias & Arnold, 2006), positive psychology (Carr, 2011;Seligman & Csikszentmihalyi, 2000), social-emotional learning (Elias, et. al., 1997; Zins, et.al., 2004) as well as other resilience or strengths-based models in counseling and education.

The resilience paradigm offers a more affirming and optimistic perspective by viewing children's learning and social-behavioral difficulties as arising out of a cascade of difficulties or obstacles in their psychosocial development (Benard, 2004). Presenting learning, social-emotional, or behavioral concerns are thus understood as symptoms (i.e., developmental adjustment or coping strategies) which arise out of perceived adverse social environmental contexts and/or problem maintaining interactional processes (Anda & Felletti, 2006; Waber, 2011). As in medicine, symptoms are understood to be the individual's response to an underlying problem; symptoms are not the problem per se but rather attempted solutions to cope with or rectify the problem. The strong association between adverse childhood experiences and subsequent child, adolescent and adult disorders offers further support for this alternate paradigm.

This resilience-focused paradigm represents, in many ways, a Copernican Shift in counseling and education. Rather than asking the question, *"What is wrong with this child/adolescent?"*, or *"What psychobiological disorder does he/she suffer from?"*, the more appropriate and useful question posed is that of, *"What factors that contribute to the healthy social and academic development of youth and lead them to become responsible, cooperative, productive, useful, well-adjusted and contributing members of society are missing in this child's primary social environments?"* Intervention is then focused on infusing such wellness associated factors into the child's life experience. The resilience paradigm moves us toward the promotion of health and wellbeing in youth by facilitating the development of positive social-emotional and academic competencies within positive, supportive and empowering family and school environments.

By examining the characteristic of resilient, well-functioning youth along with the characteristics of consistently high functioning families, classrooms, and schools, we've begun to understand the conditions necessary for both optimal learning and optimal social-emotional development to occur. The resilience paradigm advocates for identifying where these positive factors are missing or lacking in the lives of those youth experiencing conflict, failure, and social-behavioral adjustment concerns. A more affirming, positive, and optimistic approach to intervention is thus offered. Instead of seeking to control or decrease problem behaviors, one seeks instead to find ways of infusing positive, growth oriented processes into the lives of at-risk youth. The health and well-being of all living organisms requires the presence of healthy, supportive environments!

Resilience research review

Over the past three decades, there has been a rapid growth of empirical research on, and interest in, the resilience paradigm. Resilience is defined here as the ability to set a positive, productive, fulfilling and goal-oriented direction in life while also being equipped to handle adversity, stress, difficulties, trauma, failures and setbacks in stride. It enables one to have the ability to 'bounce

back' from such setbacks and adversity to continue moving forward in that positive direction. Research evidence suggests that the development of resilient, successful youth appears to involve three primary and inter-related factors: 1) the development of essential social-emotional competencies (Benard, 2004; Elias, et. al., 1997; Elias & Arnold, 2006; Merrell & Gueldner, 2010), 2) the presence of positive, protective social environments in the home, school and community (Benard, 2004; Tough, 2012) and, 3) adult/child communication patterns which promote the development of a 'growth mindset' (Dweck, 2006; Larson, 2000) . Promoting resilience has been found to not only lead to improved child/adolescent adjustment but to also be an effective method for preventing later life problems (Durlak, 2000; Masten & Coatsworth, 1998, Resnick, et. al., 1997; Wyman, et al, 1999). In other words, the concept of resilience offers what might be termed as both a "*social vaccine*" immunizing youth from social adjustment problems and a "*social-emotional antidote*" to those learning and behavioral symptoms already manifested in the lives of at-risk youth. Three factors appear to be most associated with the development of resilience and wellbeing in youth: social-emotional competence, supportive social environments, and a Growth Mindset perspective.

social-emotional competencies.

Social-emotional competencies such as compassion, responsiveness to others, empathy, communication, caring, and altruism have been consistently found to be important indicators of overall positive adjustment and psychosocial wellness (Englander-Golden, et.al, 2002; Luthar & Burak, 2000; Masten & Coatworth, 1998; Rein, McCraty & Atkinson, 1995; Werner & Smith, 1992). In a longitudinal study, Vaillant (2002) found altruism to be the highest form of social competence. Measures of adolescent problem solving skills, self-understanding and responsibility have been linked to resilience and better psychological and social adjustment in adulthood (Beardslee, 1997; Heppner & Lee, 2002; Luthar & Zigler, 1992; Schweinhart & Weikart, 1997; Watt, et.al, 1995).

Further studies have found individual responsibility, autonomy, humor, self-understanding and problem solving skills to be social-emotional competencies associated with positive personality development, resilience, and mental health (Heppner & Lee, 2002, McBroom, 2002; Higgins, 1994; Kumpfer, 1999, Vaillant, 2000). Studies also indicate that a sense of compassion for others and attitudes of hope and optimism are associated with mental, physical, social, emotional and spiritual well-being and, in addition, positively impact one's immune system (Rein, et.al, 1995; Benson, 1996; Carver & Scheier, 2002; Peterson & Streen, 2002; Seligman, 2002; Snyder, et.al, 2002; Werner & Smith, 2001).

Social-Emotional Competence develops within the family, school and community environments. These competencies are taught via modeling by adults as well as via specific, conscious instruction by parents and teachers. Research further indicates that the long-term social and emotional adaptation, academic success and cognitive development of youth can be enhanced by opportunities for developing and strengthening their social-emotional competence (Diekstra, 2008; Payton, et. al., 2008). Nicoll (2011) has suggested five primary social-emotional competencies necessary for resilience and positive social and academic adjustment: Understanding & Respecting Self and Others, Empathy, Positive/Constructive Communication, Cooperation, and Social Responsibility. Enhancing children's social-emotional competence has been demonstrated to significantly increase academic achievement and pro-social behavior.

Supportive family and classroom environments.

When plants or wildlife fail to thrive we immediately wonder what toxin is present or nurturance is missing from their environment. Unfortunately, with children, we often ignore the environmental perspective and immediately go to a psychobiological explanation which effectively blames the victim via some presumed, pseudo-scientific neurologically based disorder, dysfunction or disability.

The development of resilience in youth appears also to be associated with certain characteristics of the social environments in which their lives are embedded. The most significant social environments for youth are those of family, school/classroom, and community (Benard, 2004). The National Research Council and the Institute of Medicine (Eccles & Gootman, 2002) concluded that supportive social relationships appear to serve as “critical mediums” of development providing the opportunity for the healthy physical, intellectual, psychological and social growth of youth. In addition, the parenting styles research has linked the authoritative/democratic parenting style with its focus on warmth/connection, guidance/regulation, and psychological autonomy/responsibility as leading to the best academic and social-emotional development of youth (Nicoll, 2002).

The significance of family environment factors on children’s academic achievement was highlighted in Good and Brophy’s (1986) review of the literature on school effects. They summarized the research on factors associated with student achievement, by concluding that family factors account for more of the variance in student achievement than do all the curricular, instructional variables combined. Parenting styles have been consistently identified as significantly impacting student success both academically and socially. The authoritative parenting style has consistently been associated with higher achievement, better grades, higher aspirations, and better relationships with peers and authority figures as well as decreased rates of behavioral adjustment problems such as substance abuse, mental disorders, and behavior difficulties (Dornbusch, et. al, 1987; Cohen & Rice, 1997; Herman, M. Dornbusch, S., Herron, M. & Hertig, J. 1997; Shek, 1997).

The other three common parenting styles of permissive-indulgent, permissive-disengaged, and autocratic, have similarly been linked to poorer outcomes such as lower academic achievement and increased behavioral problems including bullying, delinquency and truancy/drop-outs. Finally, research evidence indicates that when schools actively promote parent-school collaboration the outcomes include: higher grades, higher student achievement, improved teacher morale, better student attitudes toward school, fewer special education placements, higher graduation rates and higher post-secondary enrollments (Henderson & Berla, 1995).

More recently, new research on the relationship between adverse childhood experiences (ACE’s) and subsequent learning, behavioral, and mental disorders has called into question many of the neurological based hypothesis for behavioral adjustment and learning problems. Anda, et. al. (2006) found that the greater the number/type of adverse childhood experiences (ACE’s) in one’s early family life, the more likely the development of both learning & behavioral disorders in children/adolescents. A study by Burke, et al (2011) indicated that of those children with no adverse childhood experiences (as measured by the ACE Questionnaire) only 3% displayed any indications of learning or behavior problems. However, 21% of those with ACE scores of 1 – 3 had been so diagnosed and of those with 4 or more adverse childhood experiences, 51% had

learning or behavior problems in school. Similarly, studies have found that the greater the number/type of adverse childhood experiences (ACE's) in one's life the higher the probability of experiencing one or more mental and emotional disorders in adulthood (Lucenko, Sharkova, Mancuso & Felver, 2002; Danese, et. al. 2009). Identifying the presence of stress factors, maltreatment and trauma in the etiology of child and adolescent is thus essential in developing effective interventions.

Consistent with the family/parenting research findings, the school variable found to most impact student success, is that of the teacher's classroom management or relationship style (Heck, 2007; Rivkin, Hanushek, & Kain, 2005; Sanders & Horn, 1998). A large, multidisciplinary body of research has clearly established that positive, supportive student-teacher relationships are strongly associated with academic and social development outcomes (Wallace & Chhoun (2014). The teacher's interpersonal relationship style determines the classroom climate which, in turn, has a profound impact upon student learning motivation, academic success, and social adjustment.

Teachers viewed by students as empathic, warm, friendly and having a genuine concern for the students as individuals have been associated with such student outcomes as better academic performance, higher learning motivation, more positive attitudes toward school and decreased behavior problems (Paulson, Marchant & Rothlisberg, 1997). Effective classroom teachers are found to employ a classroom leadership style consistent with the authoritative parenting approach. Such teachers create a classroom climate that focuses upon high caring with high expectations (i.e. belief in the student's ability to succeed), warmth/connection, guidance/regulation, and autonomy/responsibility (Benard, 2004). A teacher's interpersonal relationship style of caring, encouragement, and supportiveness is found to be predictive of student engagement in school, learning motivation, and academic achievement as well as positive social development (Goodenow, 1993; Jennings & Greenberg, 2009; McHugh, Horner, Colditz & Wallace, 2013; Murray-Harvey, 2010; Piant & Stuhlman, 2004). Adopting a broader, developmental and resilience promoting paradigm in the assessment of, and intervention with, school related problems invites a greater awareness of, and attention to family and classroom/school dynamics and the need to consider the role of parent and teacher relationship styles in assessing the development and maintenance of school related difficulties and formulating accurate case conceptualizations in intervention plans.

We can view the family, classroom, and school social environments as task performance groups. The goal, or task, being to develop youth equipped with both the academic/occupational and the social-emotional competencies required to successfully assume their full complement of adult roles. The resilience paradigm presented here utilizes an adaptation of Aldous' (1978) family developmental task criteria for assessing effective task performance groups.

Family and classroom functioning is assessed along five dimensions necessary for optimal social environment functioning. These are designated as the Five Maintenance Tasks consisting of: physical & safety maintenance, life skills maintenance, cohesion maintenance, behavioral maintenance, and boundary maintenance. Just as an automobile, household, or lawn/garden require consistent maintenance, so do families, classrooms, and school social environments need attending to on a daily basis. Well- functioning families, classrooms and schools will be found

to address all five tasks in an effective and balanced manner. Those experiencing chronic conflict, stress, poor performance, and relational difficulties, on the other hand, will tend to be found to underperform, or improperly perform, on one or more of these five maintenance tasks.

safety & physical maintenance. The safety & physical maintenance task refers to the need to provide for the basic physical needs of children such as food, clothing, and shelter. In addition, the safety of members must also be considered; all children must feel they are physically, emotionally, psychologically, verbally and sexually safe in the home, in the classroom, and in the school. Protecting the safety of all children from abuse or maltreatment of any kind (e.g., physical, sexual, bullying, verbal abuse, threat, marginalization, or humiliation) is absolutely essential and must be of the utmost priority for the counselor in terms of both assessment and intervention.

Life skills maintenance. The life skills maintenance task refers not only to teaching academic skills but to the importance of training children in the social-emotional competencies necessary for successful functioning in all aspects of their lives (Nicoll, 2011). In high functioning families and classrooms these skills are not only directly taught but modeled as well by the behaviors of parents and teachers. While the imparting of essential academic skills such as reading, mathematics, physical and social sciences, arts, and so forth are important, research now also indicates that social-emotional competencies are equally, if not even more, important for optimal development and life success. RFBC&C focuses upon five essential social-emotional competencies: understanding & respecting self & others, empathy, positive/constructive communication, cooperation and responsibility contribution skills (Nicoll, 2011). When parents and teachers fail to adequately train children in these social-emotional competencies or, as in some cases, actually model the opposite behaviors, academic and social adjustment difficulties and conflicts are likely to develop.

cohesion maintenance. The third family & classroom maintenance task, cohesion maintenance, is of particular importance in the early stages of RFBC&C. The research on high functioning families, classrooms and schools has consistently found the variable of cohesion (i.e. belonging, engagement and connectedness) to be the most powerful predictor of positive outcomes. Positive, supportive, and encouraging communication between and among all members is a dominant feature in supportive social environments. It is only to the extent that parents and teachers adequately address this task that their ability to successfully function on the fourth task, behavioral maintenance (i.e., Discipline), is possible. Most typically, however, parents and teachers will seek counseling assistance when they are already over-focused on behavior control strategies and have all but abandoned functioning on the cohesion maintenance task. Evidence suggests a minimal ratio of 5:1 between positive and negative parent/child or teacher/student interactions is required for minimal stability and functionality of the family or classroom. The lower the ration the greater the problems (Fredrickson, 2009; Gottman, 1994, 2002)

behavioral maintenance. Behavioral maintenance refers to the fact that in any family or classroom instances of inappropriate behaviors (misbehavior) will occur. Therefore, parents and teachers need to possess appropriate behavior management competencies or skills (aka: discipline) for correcting and re-directing problematic behavior. Unfortunately, neither parents

nor teachers are typically trained in positive, effective behavior maintenance skills. In well-functioning families and classrooms, behavioral expectations are clearly established and behavior expectations maintained in a firm, fair, respectful and appropriate manner. Discipline is understood as involving an educational, not punitive, process with the use of logical consequences and choices to teach responsible, cooperative behavior. While parents and teachers will typically enter counseling seeking assistance in this area, the counselor must keep in mind that strengthening family/classroom functioning in the cohesion maintenance task is a pre-requisite for initiating improved performance in the behavioral maintenance task. Only with improvement in the cohesion maintenance task can improved behavior management social-emotional competencies be taught to both parent and teachers as needed.

boundary maintenance. The fifth family maintenance task is that of boundary maintenance. Overly rigid or overly diffuse individual and subsystem boundaries frequently lead to problematic interaction patterns. It is essential that the individual privacy, autonomy and interests of all, adults and children/students, are respected. Subsystem boundaries must be recognized and properly maintained as well with parents, teachers and students each understanding their appropriate roles and responsibilities. Inappropriate subsystem boundaries (e.g. enmeshed/diffuse or rigid/controlling) often need to be addressed and re-aligned. Examples would include such dynamics as that of a parent aligning with a child against the other parent, parents blaming teachers, parents over-controlling or indulging (doing-for) the child, or teachers assigning instructional/behavior control responsibility to the parents.

Mindsets: growth vs. fixed

As noted by Benard (2004), Walsh (1998) and others, changing the life trajectories of youth to resilience and success begins with changing the beliefs and behaviors of the significant entourage of adults surrounding their lives. This involves first of all, changing the mindsets of parents and teachers. Carol Dweck's (2006), research regarding the effect of teacher and student mindsets on learning outcomes lends further support to this perspective. Dweck differentiates between two primary types of mindsets, the Fixed Mindset and the Growth Mindset. The latter is associated with personal resilience and optimal academic success and social-emotional development.

A Fixed Mindset involves the assumption that certain qualities, characteristics, talents, or abilities are innate and biologically determined. Thus, it is assumed that each student possesses a certain innate amount of intelligence, attending ability, motivation, academic potential and personality type or character (e.g., extrovert). A fixed mindset perspective adheres to the notion that qualities such as intelligence, talent, and motivation are contained within the individual's biological makeup and can therefore be measured and predict potential for academic success. Students who perform well in class, i.e., for whom learning tasks are readily met with quick success, are assumed to be "smart" or "gifted". While those who struggle are assumed to possess "less intelligence", "lesser natural ability" or to be suffering from some form of neurologically based deficiency, disorder, or disability (e.g., attention deficit disorder, learning disorder/disability, conduct disorder, low intelligence), or some moral/character deficit in regard to motivation or attitude.

The Fixed Mindset perspective is at the very foundation of the psychobiological paradigm currently guiding Special Education (Exceptional Student Education) and Mental Health practice. It is a cultural bound bias commonly shared among educators, parents and mental health professionals in much of western society. Despite the existence of a large body of research evidence questioning the validity and effectiveness of these fixed mindset assumptions, most educators continue to adhere to the tacit assumptions and practices of the traditional, fixed mindset based special education paradigm. However, as Waber (2010) has noted in her book, *Rethinking Learning Disabilities*, the fact is that after over five decades of researching and employing the LD paradigm, experts have yet to reach consensus on what a learning disability is, how to determine if a child has one, and what to do about it. Further, Deci, Koestner, & Ryan's (2001; 1999) meta-analysis of the research on behavioral based reward systems for improving learning motivation and achievement indicates the approach actually adversely impacts learning leading to decreased learning motivation. Similar adverse effects have been found for many commonly employed educational practices such as retention in grade, and ability grouping. The common denominator amongst these methods is their grounding in the Fixed Mindset paradigm.

In contrast, the Growth Mindset individual starts with the assumption that basic qualities such as intelligence, talent, motivation and creativity can be cultivated and developed through effort. Though we may all differ in our initial talents, aptitudes, interests or personal temperaments, we can all change, grow and develop further through effort, training and experience within supportive, optimistic social environments. Individual potential is recognized as dependent upon numerous interacting factors many of which can be cultivated, improved and may even compensate for difficulties in other areas of development. The growth mindset perspective is fundamental to fostering resilience in youth. Counselors employing a resilience-focused approach strive to move parents, teachers, and students to the adoption of the optimistic, developmental growth mindset perspective. This, in turn, fosters a positive, encouraging communication pattern within the child/student/parent triad fostering resilience and optimal growth and development both socially and academically.

A Conceptual Framework for RFBFC&C

The conceptual framework upon which Resilience-Focused Brief Family Counseling & Consultation (RFBC&C) is based involves assessing several, research supported factors associated with positive youth development and child/adolescent school achievement and social adjustment. This conceptual framework can be used to rapidly assess where a counselor might best begin to facilitate positive growth and change rather than seek merely to determine the 'cause' and then attempt to control or decrease the presenting symptomatic behaviors.

Fostering resilience in counseling or consultation with a school related presenting concern requires assessing the influence of several key areas: family environment, classroom climate, school culture, social-emotional competence, peer/community support as well as potential instructional and biological factors. RFBC&C begins by assessing these key factors and then seeking to intervene so as to increase the positive performance in these crucial areas.

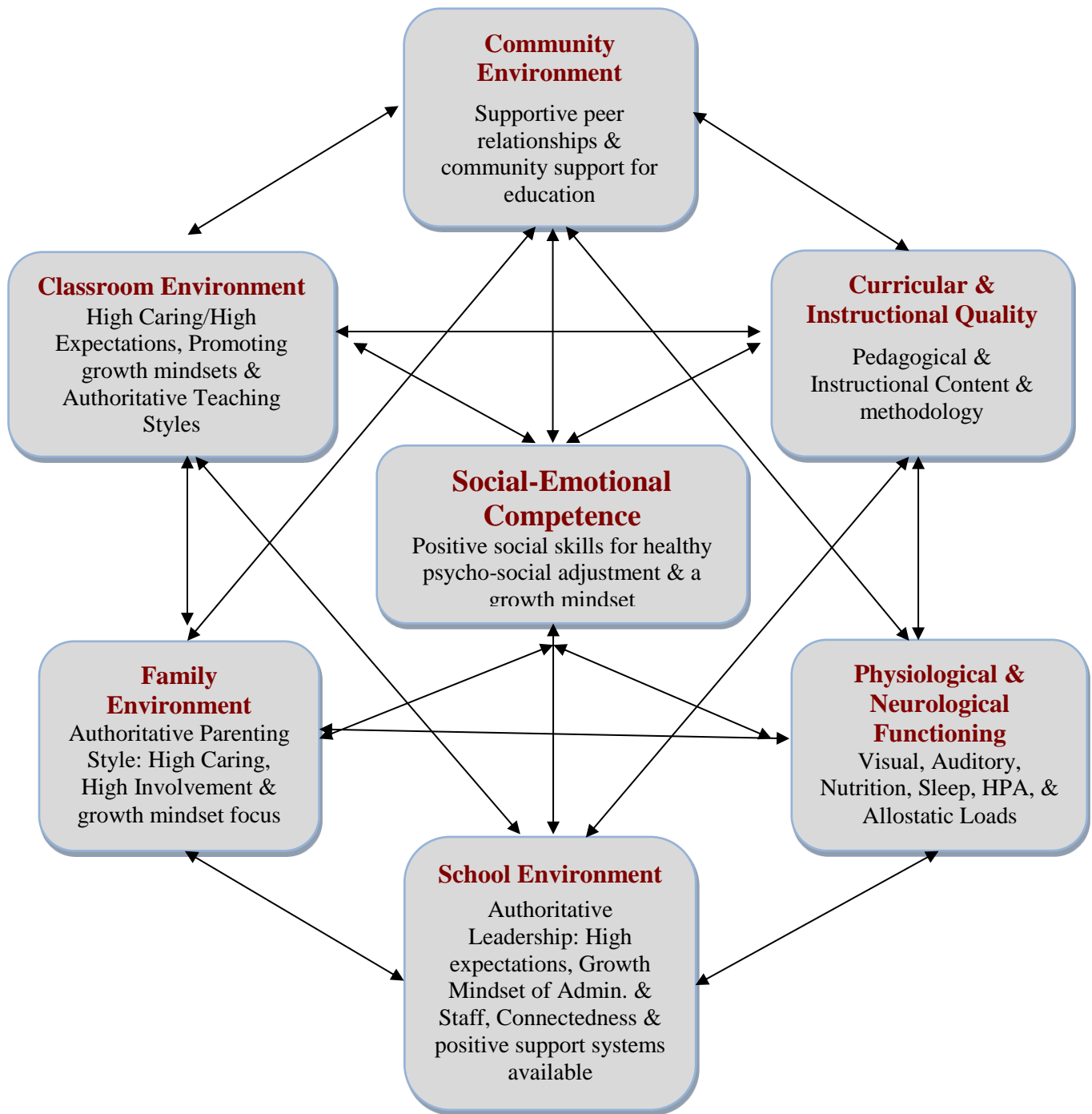
The Resilience-Focused/Systemic Paradigm in Education: A Copernican Shift

How then do we translate these concepts and the research supporting them into a practical schema for initiating truly transformative change in schools? The answer is in moving to a more systems based approach and focusing upon those factors the resilience research has found to lead to optimal academic

and social outcomes in youth. Such a resilience-focused, systemic paradigm offers a more comprehensive, developmentally based, and holistic perspective that addresses the interaction effects among all the factors involved in student academic and social-emotional outcomes. This resilience-focused, systemic paradigm requires the recognition that any one of these factors can serve to negate, enhance (in a synergic fashion both positively and negatively), or compensate for any other factor. Consistent with what Waber (2011) has termed, a “developmental cascade”, multiple factors are recognized as combining to contribute to, and maintain, a student’s success, or difficulties, in learning and psychosocial-behavioral adjustment.

The resilience-focused, systemic paradigm for academic achievement and healthy psychosocial adjustment is represented in Figure 2. The research literature related to education, child development, and psychology suggests at least seven major categories of variables that have a significant impact on the academic and social competence of youth: the curriculum, bio-neurological functioning, the school environment, the family system, the classroom environment, peer and community relationships, and the child’s social-emotional competence. The resilience-based paradigm therefore, requires educators to address a broader range of variables in order to effectively address the task of developing effective schools that produce youth full prepared to fulfill all their adult roles in a productive, responsible and contributive manner.

A Resilience Focused, Systemic Paradigm to Guide Educational Practice



Curricular & Instructional Quality Variables: Clearly the instructional materials, content rigor, resources, and instructional methodologies employed by educators' impact children's academic success. There is ample research to support this beyond mere common sense. However, research also suggests curricular variables to be a necessary, by not sufficient, factor for determining student success; an indeed other variables have much more profound effects on student achievement. For example, in researching highly effective schools researchers have found the curriculum to be so similar across all schools as to

have little significance in differentiating low from high quality schools (Goodlad, 1984; Rutter, et.al., 1979; Rutter & Maughen, 2002).

Physiological-Neurological Variables: Without doubt, biological/neurological factors can impact learning and behavioral outcomes. Problems in visual acuity, auditory acuity, nutrition, sleep, brain damage and mental retardation have all been clearly identified as adversely impacting the child's ability to learn. However, there are also numerous pseudoscientific explanations for educational failure that lack sound, empirical research support (Waber, 2010) but which are consistent with the prevailing fixed mindset perspective of educational systems. These include such hypothesized disorders as low general intelligence (IQ), learning disabilities, dyslexia, brain hemisphere dominance, Attention Deficit Disorder, and so forth. The validity of the diagnostic criteria and the validity of the research supporting the assumptions underlying these various neurological theories for student failure are highly questionable at best given the paucity of scientific research to support them and mounting research questioning their validity.

Consistent previously noted research on mindsets as well as that questioning the validity of many of our current pseudoscientific explanations for academic failure and behavior problems, Adler warned of the problems inherent in assigning explanations of student failure, or success, to heredity or neurological factors. We should always be suspicious of any points of view that have the effect of releasing us from (our responsibilities) he stated, adding that, "*Heredity is too easy a scapegoat for parents, teachers and children. Whenever difficulties requiring effort arise, they can call upon heredity [or assumed neurological dysfunction or disorders] to relieve them of any responsibility for doing things.*" (Adler, 2006, p. 176). Adler added that, "*of all mistakes made in education, the belief in hereditary limits to development is the worst*" (Adler, 2006; p. 167).

As noted by Tough (2012) in his book, *How Children Succeed*, there is also a growing body of research on the adverse effects of living in high stress environments (home, school and community) in regard to the development of mental and emotional disorders, learning difficulties and behavioral problems. Adverse Childhood Experiences (ACE's) have been found to be associated with significantly higher rates of learning difficulties, mental disorders, and personal/behavioral adjustment problems for both children and adults (Anda & Felitti, 2013). Living in high stress family and community environments appears to result over time in the dysregulation of the HPA (hypothalamic-Pituitary-Adrenal) system and high Allostatic Load scores (McEwen, 2000; Sapolsky, 2004)). These neurological effects, in turn, negatively impact the executive functioning processes of the brain (learning, memory, problem solving, etc.), and lead to hyper-vigilance and a decreased ability to attend, focus or concentrate. Fortunately, the research also indicates that with the provision of safe, supportive environments and training in emotional self-regulation, (e.g. social-emotional competencies) this process can be effectively reversed.

School Environment: The effective schools research of the past twenty-five years has consistently identified the school environment, or school culture, as the key to differentiating highly effective schools from lower performing schools. Depending upon the quality of the school environment (i.e., caring relationships, high expectations and opportunity for participation) the outcomes for school success for minority culture and linguistic groups ranges from high engagement and college attendance to 75% drop out rates (Benard, 2004). John Goodlad (1984) summarized his findings on effective and ineffective secondary schools by concluding that instructional and curricular matters play a neutral role as effective schools differ primarily in terms of their ambiance or school culture. The effective schools research of Rutter, et.al. (1979) reached similar conclusions noting that it's the creation of a school ethos, i.e., a set of values, attitudes and behaviors, which differentiates the effective school from others.

In the United States, the National Longitudinal Study on Adolescent Health (1998) concluded that of all the protective factors which contribute to preventing problems of academic failure and social

maladjustment among our youth, school connectedness was identified as one of the two most powerful factors, the other being family connectedness. These findings are consistent with the resilience research on the importance of positive, supportive social environments in schools for optimal outcomes in youth development. Interestingly, Adler advocated for creating more introducing school organization methods that promoted connectedness and a positive classroom climate suggesting that, “from a psychological point of view, teachers should not change every year but advance with the class, keeping a teacher with the same children for two, three or four years, would be a great advantage to all around. Thus the teacher would have an opportunity to know all the children intimately. He would be able to learn the mistakes in each child’s style of life and correct them” (Adler, 2006, p. 178). This practice is widely used in many nations while only recently being “discovered” in N. America as a classroom strategy referred to as “looping”.

School policies and practices in regard to student discipline policies and classroom behavior management must also be addressed under the school environment category. It seems paradoxical that classroom discipline, and school conduct policies, are rarely included in educational reform and improvement discussions yet this issue is consistently cited as one of the greatest concerns of teachers and the reason for many leaving the profession (MetLife, 2006). Feeling inadequately prepared by their teacher preparation programs to deal with disruptive classroom behavior or to effectively engage with parents in resolving learning and behavior problems, teachers feel overwhelmed, discouraged and thus choose to leave the profession (MetLife, 2006). Interestingly, the same research indicates that while a large percentage of teachers see this as a major concern, only about 10% of school administrators identify this as a concern for their schools.). As Adler noted, the teacher’s relationship style with his/her students can have adverse effects on a student’s academic and social development, *“Criticism and reproaches for school failure will not help, indeed will only exacerbate the problem by reinforcing lifestyle convictions of ‘I’m not capable’, ‘they are against me, I’m not wanted nor valued here or I don’t belong here’. Thus develops a pessimistic attitude in the child toward self and learning”* (Adler, 2006, p. 179)

Behavioral Psychology based interventions are also commonly employed school strategies methods for improving student behavior and motivation despite decades of research that consistently finds the use of extrinsic rewards to have an adverse impact on student motivation and achievement (Deci, Koestner, & Ryan, 1999). Research further identifies counterproductive school discipline policies and procedures such as reward/punishment systems, exclusionary practices (suspension or expulsion) to have a negative overall impact on student academic and social outcomes. Improving school and classroom effectiveness requires the development of a positive school culture with more positive, and effective discipline and conduct policies and procedures.

Family Environment: Adler believed it was essential to understand children’s school preparedness and success within the larger context of the family environment stating that, preparation for school is in the home. The child starting school needs to have developed social competencies, cooperation with the teacher and classmates, an interest in learning, and empathy (Adler, 2006)”. Research evidence supports Adler’s position as it consistently identifies the family as the single, most powerful factor impacting children’s academic and social adjustment. The significance of family environment factors on children’s academic achievement was documented in Good and Brophy’s (1986) review of the literature on school effects. They summarized the research on factors associated with student achievement, by concluding that family factors account for more of the variance in student achievement than do curricular, instructional variables.

Parenting styles in particular have been consistently identified as significantly impacting both student success academically and socially (Nicoll, 2002). The authoritative parenting style (which is consistent with the parenting principles advocated by Dreikurs and Adler) has been demonstrated empirically to lead to higher achievement, better grades, higher aspirations, and better relationships with peers and authority

figures along with decreased rates of substance abuse, mental health problems, and behavior difficulties (Dornbusch, et. al, 1987; Cohen & Rice, 1997; Shek, 1997). The other common parenting styles such as permissive-indulgent, permissive-disengaged, and autocratic have similarly been linked to outcomes such as lower academic achievement and behavioral problems including bullying, delinquency and truancy/drop-outs. Research evidence further indicates that when schools actively promote parent-school collaboration the results are: higher grades, higher student achievement, improved teacher morale, better student attitudes toward school, fewer special education placements, higher graduation rates and higher post-secondary enrollments (Henderson & Berla, 1995).

More recently, research on the relationship between adverse childhood experiences and subsequent learning, behavioral, and mental disorders in both children and adults has called into question many of the neurological based hypothesis for adjustment and learning problems. Anda and Felitti (2006) found that the greater the number/type of adverse childhood experiences (ACE's) in one's early family life, the more likely the development of both learning & behavioral disorders in children/adolescents. A study by Burke, et al (2011) indicated that of those children with no adverse childhood experiences (as measured by the ACE Questionnaire) only 3% displayed any indications of learning or behavior problems. However, 21% of those with ACE scores of 1 – 3 had been so diagnosed and of those with 4 or more adverse childhood experiences, 51% had learning or behavior problems in school. Similarly, studies have found that the greater the number/type of adverse childhood experiences (ACE's) in one's life the higher the probability of experiencing one or more mental and emotional disorders in adulthood (Lucenko, Sharkova, Mancuso & Felver, 202; Danese, et. al. 2009).

Given that family dynamics have now been identified as unequivocally the single most powerful determinant of the academic success and positive social development of youth, it seems imperative that schools address programs and practices to promote positive parenting skills and improved home-school collaboration (Swap, 1993) . This includes school administrators coming to view the availability of family counseling and coaching services as well as parent education programs as critical to overall school effectiveness. Counselors in schools must be available and feel confident in their training to work with parents on both a primary and tertiary prevention basis (Benard, 2004; Nicoll, 2002). Teachers also need to be better prepared for recognizing and addressing family related factors in student adjustment as well as to effectively engage parents in supportive home practices to foster the development of social-emotional competence and growth mindsets in children. Schools that work well with families are found to realize, improved teacher morale, higher student grades and test scores, more positive attitudes and behavior and greater enrollment in postsecondary education (Henderson & Berla, 1995).

Classroom Environment: Of all the school related variables impacting student success, none appears to be more powerful than the effect of the classroom teacher his or herself (Heck, 2007; Rivkin, S., Hanushek, E., & Kain, J., 2005; Sanders & Horn, 1996). Adler suggested that, *“The ideal school class should be a cohesive unit, in which each of the children feels a part of the whole”* and added that, *“Concentration on school subjects depends primarily on the child's interest in his teacher.”* (Adler, 2006, p. 175) A large, multidisciplinary body of research has clearly established that student-teacher relationships are strongly associated with important academic and social development outcomes (Chhoun & Wallace (2014).

It seems somewhat ironic then that while considerable time is devoted to developing the teaching methodology and instructional technology skills of teachers, little attention is devoted to developing their interpersonal skills and social-emotional competence. This holds true in both teacher pre-service and professional development training programs. Adler suggested that empathy training should be included in the training of teachers (Adler, 2006). As Benard concluded from her review of the resilience research, *“One of the most important and consistent findings in resilience research is the power of schools, especially of teachers, to turn a child's life from risk to resilience”* (Benard, 2004, p65).

The teacher's interpersonal relationship style determines the classroom climate which, in turn, has a profound impact on student learning motivation, academic success, and social adjustment. Teachers viewed by students as empathic, warm, friendly and having a genuine concern for the students as individuals have been associated with such student outcomes as better academic performance, higher learning motivation, more positive attitudes toward school and decreased behavior problems (Paulson, Marchant & Rothlisberg, 1997)

Benard's (2004) review of school factors involved in fostering youth resilience noted that the interpersonal qualities of teachers such as, high caring, supportiveness, high expectations (i.e. growth mindsets), concern for student emotional safety needs, enthusiasm, fairness, and mutual respect are highly correlated with student academic and developmental outcomes. Teacher's interpersonal relationship styles, supportiveness and mindsets in regard to students' abilities to succeed are found to be predictive of student engagement in school, learning motivation, and academic achievement as well as positive social development (Goodenow, 1993; Jennings & Greenberg, 2009; McHugh, Horner, Colditz & Wallace, 2013; Murray-Harvey, 2010; Piant & Stuhlman, 2004). Adopting a broader, developmental and resilience promoting paradigm to education moves us toward greater awareness of, and attention to, the development of teachers' social-emotional competencies and growth mindsets so as to foster more positive classroom climates conducive to learning and optimal social-emotional development of youth.

Community/Peer Environment: Schools do not exist in a vacuum. They must be understood within, and be responsive to, the social contexts of the surrounding adult and peer communities. Community and peer environments which support school success and provide positive social supports – i.e. belonging and connectedness – dramatically impact achievement (Benard, 2004). As Samson (1997) noted, Collective Efficacy, i.e., community residents interacting in a positive and cooperative manner with a shared concern for young people is associated with dramatically lower crime rates and more positive social adjustment of youth across all socio-economic, ethnic, and racial groups. Opportunities for participation in group or cooperative activities in the home, school and community help youth fulfill their psychological needs for belonging and can connect even “at-risk” youth with positive supportive peers and adults that serve as a surrogate family.

Peer relationships and support also play a significant role in student motivation and achievement. (Chhoun & Wallace, 2014; Goodenow, 1993). When students feel safe in schools (physical, sexual, verbal, and social/emotional) their stress levels diminish enabling optimal executive functioning including attending, learning, and problem solving. The research on school bullying has shed further light on the importance of the peer community by noting that effective bullying prevention programs focus primarily on creating supportive, protective peer networks (i.e., bystander) rather than on identifying and punishing the perpetrators (Twemlow & Sacco, 2008; Nicoll, 2014).

Social-Emotional Competencies: The development of essential social-emotional competencies (social skills and attitudes) has been demonstrated within the research literature to be correlated with psychosocial health and academic success (Zins, et. al., 2004). Factors such as a strong, positive ethnic identity, positive self-esteem, and a sense of purpose in life, confidence, cooperativeness, communication, empathy, caring, compassion and problem solving skills have all been identified as crucial skills leading to successful social adjustment. Research further indicates that the long-term social and emotional adaptation, academic success and cognitive development of youth can be enhanced by opportunities for developing and strengthening their social-emotional competence (Diekstra, 2008; Payton, et. al., 2008). These social competencies are found to lead to higher academic achievement, more positive relationships with peers and adults and be a better determinant of future life success (college, career, family and social) than IQ or academic grades (Goleman, 1995).

Nicoll (2011) identifies five broad categories of social-emotional competencies that research evidence has linked to optimal youth development: Understanding and Respecting Self & Others, Empathy, Communication, Cooperation, and Responsible Contribution. As noted by Adler years ago, a teacher's job is simultaneously amplified and simplified when time is taken to also work on the students' social adjustment (Adler, 1929).. The resiliency research of the past two decades has clearly demonstrated that certain characteristics of families, schools and communities are associated with the development (or improper development) of these personal strengths, or social-emotional competencies, and, in turn, the healthy social development and successful learning and academic achievement of youth. Effective education practice must include the development of student social-emotional competence as a priority goal their education of youth and infuse the teaching of social-emotional competencies into the overall academic curriculum.

Constructing the transformative school: A conceptual framework

Developing transformative classrooms and transformative schools requires, as noted previously, that we clean out our "archaic furniture"; those long standing, unquestioned, tacit assumptions about education, the school's role and function, how students learn, and how schools are organized. In the age of high stakes testing, many schools have come to measure success merely by the achievement scores on standardized tests. If this is our sole, or primary, criteria for declaring a school "excellent", then we would also have to accept the idea that a school that produced alumni such as Pol Pot, Joseph Stalin, Bernie Madoff, Slobodan Milosevic, Ken Lay (Enron), Bernard Ebbers (WorldCom) and Augusto Pinochet, all high achieving students, should be considered a school of excellence. Such a narrow perspective for measuring a school's effectiveness is rather troubling in an era when we profess to prepare students to live effectively in a global, inter-dependent world. Our criteria for measuring school effectiveness and gauging what constitutes a quality education clearly requires a transformative change.

Utilizing the findings of the resilience, social-emotional intelligence, and mindset research, we can begin to formulate a conceptual framework for designing a truly transformative school. The figure depicted on page 17 provides a visual representation of the resilience-based Transformative School. To construct an effective, transformative school, we must first lay down a solid foundation; this would consist of the school adopting a Growth Mindset philosophy based in the conviction that, "All children are welcomed and all are capable of succeeding!" The current Fixed Mindset which dominates the education field assumes children have varying, measurable levels of neurological capabilities which, in turn, determine their potential for success in academics and life. The biased apperception of the Fixed Mindset educator's position leads logically to the labeling, and mislabeling, of children as possessing various disorders, disabilities and innate capacities for learning and social adjustment. This is rejected and replaced by the Growth Mindset position. This more optimistic mindset, and educational philosophy, regarding education and child development would thus form the foundation upon which the school's culture and practices would rest.

Once the foundation was in place, the construction of the transformative school would require the erection of supporting walls for the structure to be sound and viable. The first support wall would consist of creating supportive social environments in the school and home. Teachers, school leaders and parents alike would be trained in the authoritative/democratic style of leadership be it in the home as a parent, in the classroom as a teacher or in the school as a principal or headmaster. Effective teachers are characterized in the research as possessing the characteristics of both high caring/support & high expectations (Anderman, 2003; Marchant, Paulsen & Rothlisberg, 2001, 1997; Walker, 2008). The Authoritative/Democratic parenting style has been consistently associated with higher student achievement, aspirations, learning motivation and social adjustment. Traditional reward/punishment and control/compliance based classroom management and parenting strategies would be replaced with authoritative/democratic strategies; that is, an education based approach rather than a punitive, control based approach.

The second support wall would consist of infusing social-emotional learning into the overall school curriculum. The school would embrace its responsibility for developing not only students' academic knowledge and skills, but also their social-emotional competences. Condensing the findings of various studies on social-emotional competencies, we might consider grouping them into five basic categories of social-emotional competence: Understanding & Respecting oneself and others, Empathy, Positive/Constructive communication, Cooperation and Responsibility (Nicoll, 2011). From the Growth Mindset position, we recognize that these five social-emotional competency areas are skills which can be taught and developed in all students. Indeed, schools that actively teach social-emotional competencies have found that academic achievement increases while bullying and social aggression decreases (CASEL, 2010; Twemlow & Sacco, 2008).

The roof of the Transformative school consists of programs designed to assist students in exploring their personal goals in life. This includes not only career and academic goals but thinking also about their future home and family life, social and community responsibilities, health and recreation interests, and the spiritual/ethical principles that will guide their lives as world citizens. As noted by Steven Covey (1997, 2004) in his book on the Seven Habits of Highly Effective People, "one must begin with the end in mind". Teachers in the transformative school would challenge students to envision their goals in life and encourage them to adopt a Growth Mindset position of believing that with hard work, effort and determination they can, and will, reach those goals.

Finally, once the foundation, supporting walls and roof are in place for our transformative school, it would be time to move to the issue of furnishing the classrooms. These "furnishings" consist of the academic curriculum, teaching methods, and instructional strategies of effective instruction. Effective instruction occurs within supportive, encouraging school environments and with students possessing the social-emotional competencies necessary for learning and living productive lives.

Summary

Our current educational improvement, or reform, efforts focus almost entirely on re-arranging the furniture in our schools; i.e., what might be termed, “innovative interior design”. Comprehensive change and transformation is not possible if we continue to ignore the foundation and structural strength of our school cultures and classroom environments as well as the social-emotional dimension of youth development. The resilience-based, transformative school model described here is intended to offer a conceptual framework for both fostering resilience and character in youth as well as improving academic achievement, motivation and aspirations. Improving schools will require transformation in those tacit assumptions and long standing practices in schooling.

An Educational ‘Copernican Shift’ is needed to transform our understanding of the purpose of schools, the learning process, and what student outcomes actually constitute an ‘good’ education. Just as Adler suggested when developing schools in Vienna some 90 years ago, the focus must move toward greater focus on student’s social development as well as improving parent and teacher competencies for creating positive, supportive school and family environments. The emerging research over the past thirty years offers considerable support to Adler’s views. The Transformative School conceptual framework offered here offers a more comprehensive and more inclusive perspective regarding those factors necessary for both improving student academic progress and for developing competent youth prepared to responsibly and successfully fulfill their total complement of adulthood roles in a global society: occupational, social and familial. The Transformative School would, ironically, return us to many of the goals and objectives of education of past centuries. That is, to develop not only academic knowledge and skills in youth but their character and social-emotional competence as well.

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Resilience-Focused Brief Counseling & Consultation with School Problems: Step by step

The process of RFBC&C can be delineated in eight essential steps (see fig. 2). The school or family counselor leads the parents and teacher(s) through a step-by-step process with the goal of establishing a resilience-focused intervention plan. This begins with assessing the mindsets, social environments and social-emotional competencies, or skills, of all involved. The intervention plan will follow logically by introducing a developmentally based, growth mindset focused, understanding of the presenting concern and then seeking to improve the social-emotional competencies of parents, teachers and children/students as well as the level of family/classroom maintenance task functioning.

step one. The session begins by establishing a tone based in mutual respect, equality and respect amongst all present. The counselor speaks to each person directly and by name to ensure that all feel valued and respected in the counseling/consultation session. The participants are reminded that the purpose of the session is to strive to gain a better understanding of the child/adolescents school related difficulties and begin to work together toward improving the current situation. Parents are viewed as “consultants” to the school personnel given their longer and more in-depth knowledge of the child. The goal is for the parents to assist the school in identifying how the school personnel can be more effective in addressing the student’s school related behavioral or learning difficulties. In other words, the counselor begins by establishing appropriate roles and responsibilities for all present, i.e., boundary maintenance.

step two. The second step in the process is to establish a primary focus regarding the exact school/classroom behavioral pattern which the teacher(s) would like to see improved or changed. The counselor invites the teacher (or one teacher who represents the “team” if a middle or high school student) to identify the primary area of concern at this time. It is important that the counselor obtain a very specific behavioral interaction description of the issue. Labeling of the student is avoided (i.e. do not accept use of the verbs ‘to be’ and ‘to have’ but rather use action verbs ending in “ing”) while examples of specific behavioral interactions between the student and teacher are solicited. By asking for interactional descriptions (“what happened first; then how did you respond and feel, then what did the child do?”), the counselor begins to facilitate movement toward viewing the presenting concern from a relational/interactional perspective. A common question might be, “When you say Tom is stubborn and uncooperative, or unable to attend and concentrate, can you give me an example of the last time he was acting this way? What did he do? Who responded and how? This moves to all present describing an interactional/relational concern and helps members begin to see how they each cooperate, albeit unknowingly, to maintaining the learning or behavioral difficulty in a circular causality pattern.

It is also critical at this point to establish a positive/constructive goal to the counseling or consultation process. Rather than seeking to decrease or control problematic behaviors, the counselor asks the teacher(s) to describe what we will be occurring differently when things have improved; what would we look for in a classroom observation that would indicate positive change? This provides a positive, growth oriented direction to everyone’s efforts and the criteria for monitoring progress.

step three. Step three in the RFBC&C process moves to requesting from the parents further information and insight that might assist the school personnel in better understanding the student's situation and thus lead to a more effective school intervention plan. The counselor first seeks to become acquainted with socio-cultural contexts (including ethnic, racial, SES, religious, familial, geographical, family history, etc.) that might place the presenting issue in context. Sibling constellation dynamics are also investigated that may be impacting the current concerns. Simply asking for brief descriptions of the ages and characteristics of each of the student's siblings assists the counselor in ascertaining how each child has sought to find, or define, his/her place in the system as well as identify key aspects of the family value system. The parents are asked about significant events in the student's developmental, social and school histories that might also be pertinent to gaining a more accurate understanding of his/her educational needs. Finally, during the process, the counselor strives to identify the relative level of functioning of the family system on each of the five maintenance tasks.

step four. Step four moves to addressing any presenting issues or concerns of the parents which they are experiencing at home. The same step-by-step behavior focused, interactional description of the issues is requested as was done with the teacher(s). Parents too are asked to contribute to the goal setting process by asking them, *"What would you like to work on changing or improving in your family or with your child at this time?"* The goal of the counselor is to help the parents and teachers view themselves as both struggling with the similar concerns. This can assist in aligning with one another, i.e., recognizing they are "on the same team", and recognizing the need to work cooperatively toward improvement. It should be noted that in RFBC&C process, the word "problem" is avoided. Use of the term "problem" can create a counterproductive assumption that is discouraging and undermines progress. Having, or not having, a problem creates a mindset based upon a false dichotomy implying that only 100% total cure or transformation is the true indicator of success. Even when significant improvement occurs, it still leaves room for the comment, "but he/she still has a problem with..." . From a resilience perspective, the goal is to continually improve, not completely cure or transform. The counselor models the growth mindset perspective that seeks, through constant effort, to grow and improve; if we are seeing progress, then we are progressing in the right direction on the learning and behavioral growth continuum.

step five. Step five in RFBC&C begins the intervention process for change and improvement. For true change to occur (i.e., transformative change), parents and teachers must be assisted in viewing the presenting concern from a growth mindset based, developmental and social-interactional perspective rather than the fixed mindset of either, a) the moral perspective (e.g., lazy, irresponsible, unmotivated, bully, etc.) or b) the medical perspective (e.g., has a learning disability, attention deficit disorder, conduct disorder, etc.). This empowers the entourage of significant adults in the child's life to recognize their capacity for effecting change and improvement by altering their own behavioral responses in the existing circular, problem maintaining interaction patterns. Thus, the change process begins by reframing the presenting concern from a fixed mindset, moral or medical frame of reference, to a growth mindset, social-interactional frame of reference. This perspective moves all to recognize how the presenting concern(s) are based in the child/student's mindset, or tacit assumptions about self and others, and which lead logically to counter-productive or negative/destructive social-emotional coping

strategies. Such actions are then, in turn, unwittingly reinforced or maintained by the fixed mindset assumptions of the adults and their resulting, problem maintaining interaction patterns in the family, classroom and school settings. Such patterns inevitably erode the degree of positive, supportiveness (cohesion and safety maintenance) within the classroom and family social environments.

The counselor must handle this step carefully so as to maintain a collaborative relationship with the parents and teachers. This is usually best accomplished by the counselor's avoiding of labeling terminology and stating the issue in developmental, interactional terms only. Further, suggesting of a resilience-focused understanding of the concern is best accomplished from assuming a one-down, "not knowing but can't help wondering" position. For example, the counselor might reframe the parent or teacher's presenting concerns regarding a child's failure to complete homework and to organize herself and attend to details as, *"While we've been discussing Mary's difficulties in organizing herself and remembering homework, I can't but also help noticing how well she's actually remembered to forget her agenda and books every single day for the past 45 days. This leaves all the adults in her life feeling frustrated and defeated. Could it be that she fears ever being able to live up to these demands and expectations and has learned to resist and protect herself by passively defeating you all?"*. Such "active wondering" strategies avoid defensive responses while inviting everyone to also consider or entertain the possibility of this alternative, resilience based conceptualization.

It should be cautioned that the most typical therapeutic error in brief counseling/consultation is moving to step six and seven too quickly without first carefully progressing through each of the preceding steps. Aligning with the parents and teachers and working collaboratively to create a new, interactional perspective for understanding the presenting issue is critical for success. Failing to do so can invite resistance or unsustainable "faux-change" processes whereby a new behavior is attempted half-heartedly or covertly sabotaged. Only by facilitating what is essentially a Copernican Shift in the mindsets of the parents and teachers regarding their understanding of child/students difficulties can the counselor move on to prescribing new intervention strategies successfully.

step six. Prescribing new behavioral interactional patterns constitutes both the sixth and seventh steps in the RFBC&C process. By first identifying the positive intent in the existing parent and teacher attempts to improve the situation which are obviously not working (hence the request for counseling/consultation assistance), the counselor can then suggest ideas for creating more positive, encouraging teacher/student/parent interaction patterns. The objective is to improve both the student's social-emotional competencies as well as those of the teacher(s) and parents (i.e., improved parenting and classroom management skills). Through this process, the counselor seeks to assist the parents and teacher(s) in initiating resilience building, supportive interactions and thus facilitate positive growth and change in the child rather than to control or decrease symptomatic behaviors. Changing shared perceptions or mindsets (step five) and improving behavioral interaction patterns (steps six and seven) so as to create more supportive home/school environments are the primary focus in RFBC&C!

Once parents and teachers begin to entertain the possibility of understanding the presenting concerns from a developmental, interactional perspective, the counselor can now offer

a possible resilience-focused intervention strategy. It is important to begin by first suggesting a new, classroom intervention plan as this is in keeping with the overall RFBFC&C tone of seeking to improve the school's effectiveness with parents serving as consultants and collaborators. An immediate focus on the parent-child interaction can easily be interpreted as "blaming the parents" and undermine the collaborative nature of the RFBFC&C process.

Focusing initially on only a single, key issue of concern to the classroom teacher(s) the counselor offers a specific technique or strategy for creating a more positive, supportive classroom environment and/or improving the quality of the student-teacher interaction pattern. The intervention plan must be stated in specific, behavioral terms such that teachers know precisely what to do beginning the next moment they are in the classroom. For example, in the situation of Mary noted above, the counselor might suggest a resilience-focused plan for aligning with Mary rather than against her to decrease the increasing power struggle and create a more positive, encouraging relationship with her teachers. The counselor could say, *"I wonder if it might be helpful in decreasing Mary's self-protective behavior and increasing her willingness to take the risk of trying by focusing more on what she does do, when she does attend, and what she does complete in class? Would you be willing to give this a try starting tomorrow by stopping the reminders to attend and complete her homework and instead stepping in when you see her engaged in an activity or comment in positive, growth-mindset terminology, on what she has done rather than has not done? Perhaps you could even send home a daily note to her parents identifying specific examples of such progress, effort and improvement so they could reinforce your efforts in the classroom."* This would serve to improve the teacher's social-emotional competencies in positive classroom behavior management and motivating students while also creating a more positive and supportive classroom environment for the child. Moreover, the note home component of the intervention puts the parents and teachers in a mutually supportive, collaborative relationship seeking to build competencies in Mary rather than control her behavior.

step seven. Following the prescription of a new behavioral interaction pattern in the school, the counselor can turn to suggesting a similar change in the parent-child interaction patterns or in one of the family maintenance tasks. By providing the parents with practical strategies for improving their parenting skills (i.e., social-emotional competencies) and improving their level of functioning on the five family maintenance tasks, problematic behaviors will typically diminish as healthier interaction patterns increase.

Again, the counselor must focus change on only one issue or concern at a time and give the parents no more than one or two new behavioral rituals to initiate in the coming week(s). It is important not to overwhelm parents (or teachers for that matter) with numerous intervention strategies. Rather, it is best to keep the session focused on improving in one area at a time. As a rule, initial interventions are best if directed primarily at improving family interaction patterns or performance in the cohesion maintenance task. Research evidence has fairly consistently indicated that approximately a 4:1 or 5:1 ratio of positive interactions to negative is required for effective, healthy relationships (Gottman, 2002,1994; Heaphy & Losada., 2004; Walker, Ramsy & Gresham, 2004; Fredrickson, 2009).

Most families arrive in counseling with a ratio significantly below this minimal standard. Additionally, it must be noted that a parent's ability to be successful in the behavior maintenance task is correlated directly to the degree to which they function on the cohesion maintenance task. When the sense of belonging, engagement, connectedness, mutual respect and caring between a parent and child is diminished, the motivation behind behavior patterns becomes more to overpower or hurt one another rather than to cooperate and maintain the relationship. As positive parent-child interactions increase, negative/destructive interactions decrease. A shared motivation to preserve a positive, cohesive family relationship pattern increases children's receptivity to corrective influences.

stage eight. The final stage in the RFBC&C process is that of terminating the session and scheduling a follow-up. The counselor should gain a very specific commitment from all to implement the new behavioral patterns including specifying exactly who will do what and when; nothing is left vague or unclear. The next session is identified as a time to see how well the parents and teacher(s) have done in implementing the plan and recognize or evaluate any observed improvement in the child/student's functioning. This is also a good indicator for the counselor as to the degree to which the respective adults actually want change or are willing to work toward improving the child's learning and behavioral adjustment. A counselor must keep a close watch for who might covertly sabotage the plan. This may indicate a deeper, as yet undisclosed, goal for that person requiring more intensive counseling intervention.

Periodic RFBC&C sessions can be scheduled to build upon any progress made or to re-think and adjust strategies if progress is minimal or non-existent. Opportunities for parents, teachers and the child/student for further improving their social-emotional competencies (personal, parenting or classroom behavior management) can be explored as well as additional strategies for improving performance in one or more of the five family & classroom maintenance tasks.

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[Figure 1]

Family & Classroom Maintenance Tasks

1. SAFETY MAINTENANCE

- Basic food, clothing and shelter needs are met
- Personal safety needs are met (all feel physically, emotionally, psychologically, verbally and sexually safe)

2. LIFE SKILLS MAINTENANCE

- Developing the academic skills and knowledge base members will need in a positive, encouraging manner.
- Developing the social-emotional skills members will need for success in life: [Skills of: Understanding & Respecting Self & Others, Empathy, Communication, Cooperation and Responsibility]
- All members are viewed as being capable of success (high caring w/ high expectations)

3. COHESION MAINTENANCE

- Actively seek to develop a deep sense of belonging, caring and mutual support, inclusion and cohesion among all members.
- Positive, supportive and encouraging communication among all members.
- Rituals and traditions that reaffirm a social climate/culture of belonging, mutual support and caring among all members are established and honored.
- Unique group identity and sense of belonging maintained with shared history and values.

4. BEHAVIORAL CONTROL MAINTENANCE

- Behavioral expectations are established and maintained in a firm, fair, and appropriate manner.
- Power/Control is based on expert, relational & positional dynamics rather than the reward and coercive power dynamics.
- Discipline is understood as an educational, not punitive, process with consequences that are related, reasonable, respectful and reliable (4 R's).
- Opportunities for meeting Positive Goals of Behavior are provided regularly

5. BOUNDARY MAINTENANCE

- Individual privacy and interests of all are respected
- Subsystem boundaries (parents/children; staff/students, etc.) are respected and nurtured
- Roles for contribution are assigned appropriate to age, generation, and/or subsystems
- Appropriate rituals and processes for the welcoming, inclusion, and departure of members

mindsets & belief systems. Many problems arise out of adult misinterpretation, or misunderstanding, of the child's behavior. Such misunderstandings give rise, in turn, to responses which, while intended to correct or improve the behavior, actually serve to unwittingly reaffirm the child's existing mindset or belief system and maintains or escalates the problematic behaviors. In RFBFC&C, problematic behaviors are viewed as arising out of circular, problem maintaining, interaction patterns between adults (teachers and parents) and the child/adolescent. The counselor seeks first therefore to identify the existing mindsets of the student, parents, and teachers as well as the resulting circular, problem maintaining interaction patterns.

Typically, all parties (and particularly parent and teacher) will describe the problem from a fixed mindset perspective grounded in a moral or medical frame of reference as to etiology. The counselor must offer the possibility of an alternative, interactional/relational perspective for understanding the presenting concern. This reframe leads to both the adults and child developing a more empowering, optimistic and growth mindset understanding of the presenting issue. Only when the counselor has successfully assisted the parents and teachers to at least consider the possibility of this interactional/relational explanation will they be open to implementing a positive/constructive, resilience-focused interventional plan.

family & classroom maintenance tasks. Healthy organisms can only grow in healthy environments. When plants or wildlife fail to thrive we immediately wonder what toxin is present or nurturance is missing from their environment. However, with children we often ignore the environmental perspective and immediately go to a psycho-neurological explanation which effectively blames the victim via some presumed, pseudo-scientific based disorder, dysfunction or disability. However, we can also conceptualize families and classrooms as social environments or task performance groups. The goal, or task, of both teachers and parents is to in develop youth equipped with both the academic/occupational and social-emotional competencies required to successfully meet their full complement of adult roles: social, occupational, and familial. To successfully accomplish this goal, positive/supportive social environments in the home, school and classroom must be provided. Toward this end, RFBC&C assesses family and classroom organizational patterns utilizing an adaptation of Aldous' (1978) family developmental task criteria for effective task performance groups.

Family and classroom functioning can in this manner be assessed along five dimensions deemed necessary for optimal social environment functioning. These are designated as the Family/Classroom Maintenance Tasks. The term maintenance task is used to indicate that they must be not only adequately addressed and fulfilled but done so on a consistent, on-going maintenance basis. The family & classroom maintenance tasks include: physical & safety maintenance, life skills maintenance, cohesion maintenance, behavioral maintenance, and boundary maintenance. Just as an automobile, household, or lawn/garden require consistent maintenance, so do families, classrooms and schools have maintenance tasks that must be constantly attended to on a daily basis. Well- functioning families, classrooms and schools will be found to address all five tasks in an effective and balanced manner. Those experiencing chronic conflict, stress, poor performance, and relational difficulties, on the other hand, will tend to be found to underperform, or improperly perform, on one or more of these five maintenance tasks (see figure 1)

safety & physical maintenance. The safety & physical maintenance task refers to the need to provide for the basic physical needs of children such as food, clothing, and shelter. In addition, the safety of members must also be considered; all children must feel they are physically, emotionally, psychologically, verbally and sexually safe in the home, in the classroom, and in the school. Protecting the safety of all children from abuse or maltreatment of any kind (e.g., physical, sexual, bullying, verbal abuse, threat, marginalization, or humiliation) is absolutely essential and must be of the utmost priority for the counselor in terms of both assessment and intervention.

life skills maintenance. The life skills maintenance task refers not only to teaching academic skills but to the importance of training children in the social-emotional competencies necessary for successful functioning in all aspects of their lives (Nicoll, 2011). In high functioning families and classrooms these skills are not only directly taught but modeled as well by the behaviors of parents and teachers. While the imparting of essential academic skills such as reading, mathematics, physical and social sciences, arts, and so forth are important, research now also indicates that social-emotional competencies are equally, if not even more, important for optimal development and life success. RFBC&C focuses upon five essential social-emotional competencies: understanding & respecting self & others, empathy, positive/constructive communication, cooperation and responsibility contribution skills (Nicoll, 2011). When parents and teachers fail to adequately train children in these social-emotional competencies or, as in some cases, actually model the opposite behaviors, academic and social adjustment difficulties and conflicts are likely to develop.

cohesion maintenance. The third family & classroom maintenance task, cohesion maintenance, is of particular importance in the early stages of RFBC&C. The research on high functioning families, classrooms and schools has consistently found the variable of cohesion (i.e. belonging, engagement and connectedness) to be the most powerful predictor of positive outcomes. Positive, supportive, and encouraging communication between and among all members is a dominant feature in supportive social environments. It is only to the extent that parents and teachers adequately address this task that their ability to successfully function on the fourth task, behavioral maintenance (i.e., Discipline), is possible. Most typically, however, parents and teachers will seek counseling assistance when they are already over-focused on behavior control strategies and have all but abandoned functioning on the cohesion maintenance task. Evidence suggests a minimal ratio of 5:1 between positive and negative parent/child or teacher/student interactions is required for minimal stability and functionality of the family or classroom. The lower the ratio the greater the problems (Fredrickson, 2009; Gottman, 1994, 2002)

behavioral maintenance task. Behavioral maintenance refers to the fact that in any family or classroom instances of inappropriate behaviors (misbehavior) will occur. Therefore, parents and teachers need to possess appropriate behavior management competencies or skills (aka: discipline) for correcting and re-directing problematic behavior. Unfortunately, neither parents nor teachers are typically trained in positive, effective behavior maintenance skills. In well-functioning families and classrooms, behavioral expectations are clearly established and behavior expectations maintained in a firm, fair, respectful and appropriate manner. Discipline is understood as involving an educational, not punitive, process with the use of logical

consequences and choices to teach responsible, cooperative behavior. While parents and teachers will typically enter counseling seeking assistance in this area, the counselor must keep in mind that strengthening family/classroom functioning in the cohesion maintenance task is a pre-requisite for initiating improved performance in the behavioral maintenance task. Only with improvement in the cohesion maintenance task can improved behavior management social-emotional competencies be taught to both parent and teachers as needed.

boundary maintenance task. The fifth family maintenance task is that of boundary maintenance. Overly rigid or overly diffuse individual and subsystem boundaries frequently lead to problematic interaction patterns. It is essential that the individual privacy, autonomy and interests of all, adults and children/students, are respected. Subsystem boundaries must be recognized and properly maintained as well with parents, teachers and students each understanding their appropriate roles and responsibilities. Inappropriate subsystem boundaries (e.g. enmeshed/diffuse or rigid/controlling) often need to be addressed and re-aligned. Examples would include such dynamics as that of a parent aligning with a child against the other parent, parents blaming teachers, parents over-controlling or indulging (doing-for) the child, or teachers assigning instructional/behavior control responsibility to the parents.

Foundational Constructs for Resilience-based, Transformative Change

It is only through the adoption of a fundamentally new perspective, an alternative paradigm, that educators can be empowered to implement truly transformative changes and bring about improved student outcomes, academic and psychosocial. The relatively recent research on resilience offers the possibility for developing such an alternative paradigm for guiding educational practice. Two concepts, in particular, seem relevant to offer the primary components for a resilience-based paradigm in education: mindsets, and Resilience.

Mindsets:

The term, Mindset, refers to a set of cognitive assumptions held by an individual or group of people. Such assumptions are so firmly established and embedded, that they create a predisposing bias to adopt or accept only that which is consistent with prior behaviors, methods, beliefs and techniques when seeking to achieve goals or solve problems. An educator's mindset refers to the unquestioned assumptions he or she holds in regard to the teaching process, the role of a teacher, student learning, and what criteria constitute quality education and effective school practice. As noted by Benard (2004), Walsh (1998) and others, changing the life trajectories of youth to resilience and success begins with changing the beliefs and behaviors of the significant entourage of adults surrounding the lives of children and adolescents; i.e., changing the mindsets of parents and teachers. Carol Dweck's (2006), research regarding the mindsets of teachers and students and their impact on learning outcomes lends further support to this perspective. She differentiates between two primary types of mindsets, the Fixed mindset and the Growth mindset.

Fixed Mindset

An educator with a Fixed Mindset believes that certain qualities or abilities are biologically determined. Such educators assume students possess a certain innate amount of intelligence, attending ability, motivation, academic potential and/or a given personality type or character. A fixed mindset adheres to the notion that qualities such as intelligence, talents, motivation, and so forth are determined by and contained within the individual child. Students who perform well in class, i.e., for whom learning tasks are readily met with quick success, are assumed to be "smart" or "gifted".

Dweck's research however, identifies the problems inherent in this common perspective. Students of such teachers (and parents) are found to become consumed with the goal of proving themselves to be smart, a winner, as their means to be accepted and valued. However, if instant success appears doubtful, such students will tend to protect their self-concept by avoiding being exposed as "dumb, a failure or, a loser" and thereby devalued. Feigning a lack of interest, procrastination and giving minimal effort are common strategies employed for the purpose of avoiding such perceived failure. From the Fixed Mindset perspective, students who struggle are assumed to possess "less intelligence", "lesser natural ability" or to be suffering from some form of neurologically based deficiency or disability such as an attention deficit disorder, a learning disorder/disability, lower innate intelligence, a behavioral disorder or some moral/character deficit in regard to motivation or attitude.

This Fixed Mindset lies at the very foundation of our current Special Education (Exceptional Student Education) paradigm. Despite the existence of a very large body of research evidence questioning the validity and effectiveness of our diagnostic assumptions, tests, and classroom instructional methods in working with children experiencing learning and social adjustment difficulties, educators continue to hold onto the tacit assumptions and practices of the traditional special education paradigm (Waber 2010). It is from the Fixed Mindset perspective that past educators labeled as inept, unmotivated, or unintelligent students such as: Isaac Newton, G.K. Chesterton, Thomas Edison, Charles Darwin, Alfred Adler, Albert Einstein, Henry Ford, and James Watt, as well as to label other students as being "untalented" including, Mario Caruso, Giacomo Puccini and Pablo Picasso.

Many of the commonly employed special education intervention strategies, teaching strategies and classroom management techniques have been demonstrated to be not only ineffective, but often counter-productive adversely impacting student achievement, behavior, and learning motivation. Yet, most schools continue to function from the traditional Fixed Mindset perspective and accept only innovative changes in classroom methods and techniques; i.e. new ways of doing the same thing. For example, Waber (2010) has noted in her book, *Rethinking Learning Disabilities*, after five decades of the LD paradigm, experts have yet to reach consensus on what a learning disability is, how to determine if a child has one, and what to do about it. Also, Deci, Koestner, & Ryan's (2001; 1999) meta-analysis of the research on extrinsic reward systems for improving learning motivation and achievement indicates the approach actually decreases learning motivation. Similar adverse effects have been found for many commonly employed educational practices such as retention in grade, competition and ability grouping. The common denominator amongst these methods is their grounding in the Fixed Mindset paradigm.

Growth Mindset

The Growth Mindset educator, on the other hand, starts with the assumption that basic qualities such as intelligence, talent, motivation and creativity are things that can be cultivated and developed through effort. Though we may all differ in our initial talents, aptitudes, interests or personal temperaments, we can all change, grow and develop further through effort, training and experience within supportive, optimistic environments. Our limitations are not known, thus we must constantly strive toward further growth and improvement. As one figure skating coach often told his students, *ordinary people make the Olympics*. Such is the mindset of the transformative teacher and the transformative school leader. They refuse to accept the "common wisdom" of educational psychologists and special education theories regarding student's limitations, abilities or disabilities and instead, seek to be encouraging and believe in the ability of all children to succeed through effort and perseverance.

Growth Mindset leaders are found to establish growth oriented goals, philosophies and strategies in their schools that gradually "infect" the staff (Dweck, 2006). Such leaders never accept the status quo and constantly seek to move their school from good to great; criticism and feedback are accepted as challenges to improve their school or classrooms. Indeed, the one common theme among the list of "unintelligent, untalented" students noted above was that each encountered a transformative teacher, family member or friend who possessed a Growth Mindset and inspired them to believe in their abilities and encouraging them to succeed.

Mindset Outcomes

Research has identified several negative consequences for both students and teachers that arise out of adopting the Fixed Mindset position. For example, students whose school performance is viewed from a "fixed mindset" typically receive feedback such as, "*you are very smart, bright, talented, the best at, gifted*". The unspoken, meta-communication to the students, is that, "*If you do well, perform better and more quickly than others then you are smart, if not, then you are dumb, inept or untalented*". Such Fixed Mindset based teacher/student communication patterns subtly values a striving for status 'over others' and thus encourages student competition to be the 'best and brightest' or, if not possible to at least to avoid being "lesser than" in relationship to one's peers. Such a school culture, research now indicates, is associated with increased incidents of bullying and social aggression (Twemlow & Sacco, 2008). Further, the Fixed Mindset school culture adversely impacts student achievement and motivation. Students with a Fixed Mindset become reluctant to engage in any learning activities that truly challenge them to grow and stretch their abilities. They are only willing to try when success is guaranteed (Dweck, 2006). Such avoidance of failure strategies such as feigning a lack of interest, boredom, low motivation, or procrastination typically increase among students.

Some teachers and school leaders can also be observed to function from the Fixed Mindset position as well. Fixed mindset oriented educators are found to be primarily concerned with protecting their professional self-esteem –i.e., as an innately “good teacher” or “good administrator”- working in a “good classroom: or “good school”. Consequently, such educators will tend to neither acknowledge, nor correct, deficiencies or failures when problems arise. Rather, the fixed mindset educator will become defensive when criticism or problems in school performance or student progress are raised. They will seek to protect the status quo by the methods of dysfunctional organizations identified by Collins (2001) of, “circling the wagons”, “shooting the messenger”, or “fudging the data” when confronted with criticism or problems in school performance. In so doing, Fixed Mindset educators are striving primarily to protect their professional self-concept as a “good school, good teacher, good headmaster” by blaming the problematic student(s).

Resilience

Over the course of the past half-century, both the education and mental health fields have moved increasingly toward a biomedical-neurological paradigm (i.e., a pathology-focused paradigm) for explaining student academic failure and behavioral adjustment difficulties. However, over the last two decades we’ve seen an increasing interest in, and research on, a more optimistic, developmental and wellness promoting perspective, the Resilience paradigm. This paradigm embraces the Growth Mindset position and assumes a more comprehensive, developmental perspective on children’s academic and social adjustment. Students’ academic and behavioral difficulties are understood as being rooted in the social environmental contexts in which they live and function. Consistent with Waber’s (2010) assertion, based in her review of the research, that the etiology of learning problems lies in the dynamic, developmental interaction between the child and his/her primary social environments of family, school, culture, and community.

The resilience research has focused our attention not on disorders and dysfunctions but rather upon what occurs in the lives of those students who succeed academically and socially even when faced with adverse life situations. The developmental, systemic perspective of the resilience paradigm further requires us to look more closely at what occurs in consistently high functioning schools and the classrooms of highly effective teachers that is missing in low performing classrooms and schools, so as to discover how we can infuse such processes into all schools and classrooms? As Benard (2004) points out, the resiliency research appears to suggest two primary, inter-related factors which lead to children’s positive social adjustment and highest academic success: 1) The development of essential social-emotional competencies and, 2) The presence of positive, supportive social environments in the home, school and community (Benard, 2004).

Positive, supportive social environments

The National Research Council and the Institute of Medicine (Eccles & Gootman, 2002) concluded that supportive relationships appear to serve as “critical mediums” of development providing the opportunity for the healthy physical, intellectual, psychological and social growth of youth. Additional research on parenting and teacher “styles” provides clear evidence that the authoritative/democratic style with its focus on warmth/connection, guidance/regulation and psychological autonomy/responsibility is highly correlated with positive outcomes including higher academic achievement, greater psychological adjustment, social competence, self-reliance, creativity and responsibility (Barber & Olsen, 1997; Cohen & Rice, 1997; Dornbusch, et. al, 1987; Herman, et.al, 1997; Lahey, et.al, 1999; Paulsen, et.al, 1997). In the United States, a national longitudinal study on adolescent health found a sense of belonging or connectedness with one’s family and one’s school to be the two most powerful predictors of positive youth adjustment (Resnick, et. al., 1997). Several other studies have found supportive and caring relationships within schools to promote higher academic achievement, higher academic motivation and more positive social adjustment (Blum, McNeely & Rhinehart, 2000; Ryan & Patrick, 2001; McNeely &

Falci, 2004; Libbey, 2004). In simple terms, healthy organisms grow best in nurturing, supportive environments!

Social-Emotional Competencies

Defining the relative quality of a school's performance requires a broader measure than merely academic test scores. If the purpose of the school is to prepare youth for successful transition to adulthood, college and/or the workplace, more comprehensive perspective and evaluation methods are needed. Adler was a proponent of this view stating that, "*many people now debate whether we should teach a child to learn subjects and facts, or educate the child's personality. We in IP believe that the two can be combined*" (Adler, 2006, p. 174).

Social-emotional competencies have been identified in the resilience research as being at least as important as academic skills for determining future life success, and perhaps even more important (Benard, 2004; Goleman, 1995, 2006). A comprehensive Child Trends report reviewing the research on youth readiness for college and the workplace identified significant gaps in what our schools teach and those competencies needed by youth to make a health transition to adulthood and the workplace (Lippman, et. al, 2008). Specifically identified were the domains of psychological, social, cognitive and spiritual/ethical development.. This would appear to argue strongly for the implementation of classroom programs designed to foster the development of essential social-emotional competencies as well as academic competence. Social-emotional competence and academic competence are not competing curricular issues as some have argued. Rather, it appears that both are necessary if youth are to be adequately prepared to successfully assume the full complement of adult roles as responsible, productive world citizens.

It is interesting to note that the dual focus on academic competencies and social-emotional competencies is far from a new idea in education. Rather, it is more of a forgotten or abandoned idea in education that was once the very foundation of our educational systems. For example, in founding Philips Exeter Academy in 1781, one of the first schools established in the United States (and still one of the most prestigious preparatory schools), Dr. John Phillips stated as the school's mission statement that, "*Above all it is expected that the attention of the instructors to the disposition of the minds and morals of the youth... will exceed every other care; ... though goodness without knowledge is weak and feeble, yet knowledge without goodness is dangerous, ... both united form the noblest character and lay the sweet foundation of usefulness to mankind*" (www.exeter.edu).

Developmental psychologists now recognize the social-emotional competencies associated with resilience as significant indicators of children's overall positive adaptation or wellness (Luthar & Burak, 2000). Social-emotional competencies such as responsiveness to others, empathy, caring, communication skills, humor, positive relationship skills, flexibility and adaptability in solving social problems are key attributes observed in successful youth. When these social competencies are present, youth are more likely to develop into healthy, competent young adults (Benard, 1991; Dweck, 2000). Conversely, adjustment problems manifested by children and adolescents have been directly linked to the inadequate development of these same social-emotional competencies (Achenbach & Howell, 1989; Barnes & Welte, 1986; Hanson, Myers & Ginsberg, 1987; Oetting & Beauvais, 1987; Taylor, 1993).

Perhaps most importantly, recent studies have indicated that a child's long-term social-emotional adaptation, academic and cognitive development, and citizenship skills can be enhanced through exposure to opportunities for developing and strengthening these social competencies during childhood (Diekstra, 2008; Hartup & Moore, 1990; Payton, et. al., 2008; Zins, et. al., 2004). Daniel Goleman, author of the books *Emotional Intelligence* (1995) and *Social Intelligence* (2006) has suggested that the educational system should take a more active role in developing students' social-emotional competencies and by so doing better prepare students for both academic success and the assumption of a useful, contributive place

in the larger global society. In so doing, he echoes the words of the Viennese psychiatrist, Alfred Adler, who suggested some 90 years ago much the same idea by observing that, “*The teacher who takes time to work on students social development will find her job simultaneously amplified and simplified for it is far easier and more efficient to teach the well-adjusted, cooperative and responsible child than it is to prod and nag along the mal-adjusted, uncooperative and irresponsible student.*” (Adler, 1929). Research evidence provides clear support for the infusion of social-emotional learning in classrooms with up to an 11% increase in student academic achievement reported when such programs are introduced into our classrooms (CASEL, 2010).

