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The Contemporary Concepts of At-Risk Children:
Theoretical Models and Preventive Approaches in the Early Years

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The Contemporary Conceptions of the At-Risk Child: Theoretical Models and Preventive Approaches in Early Childhood

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Abstract: This paper introduces some of the conceptual issues in the study of risk and protective factors in young children. A preliminary, albeit critical description of the contemporary conceptions of risk, and of the ecosystemic and biosocial models will also be presented. The analysis of these factors will be carried out in reference to the individual characteristics and to the various childhood developmental contexts, such as family and peer group experience. A summary review of the literature in this domain enables an identification of the limits, and a circumscription of the orientations for prevention research. Finally, from the standpoint of prevention, we begin a reflection on the summary's repercussions on early intervention and the child's subsequent school adaptation.

Introduction

Since the 1980's, a consensus was gradually established within the professionals in the domains of research, intervention and public policy around the importance of the earliest possible interventions in order to prevent health and social adaptation problems within society's most vulnerable youths. Thus, at the level of public policy, the report "Un Québec fou de ses enfants", the policy on health and welfare, the policy on perinatality, the youth plan "Maintenant et pour l'avenir... la jeunesse", and very recently, the national priorities on public health 1997-2002, all propose the necessity to act before the problems appear and suggest first-line early preventive interventions with young children, on parental support, and on the amelioration of living conditions of vulnerable families. The notion of vulnerability refers to the research and intervention perspectives oriented towards the individuals at-risk of developing adaptation problems. But, to this day, what is the researchers' assessment and appraisal of this question? The purpose of the present document is to critically assess the research in the domain of the early predictors of adaptation problems in young children, on both conceptual and theoretical views.

I. The notion of risk factors

The central notion in research on the predictors of adaptation problems is the concept of risk, with its different meanings. Risk can refer to a possible negative outcome, to a variable susceptible of predicting the display of a problem behaviour, or to a description of difficult living conditions (Rauth, 1989). Generally however, researchers define this concept with reference to predictive factors encompassing, among others, health problems during the perinatal or post-natal periods, developmental delays, the presence of marital conflicts or difficult socio-economic conditions. The predictive power of these factors may indicate that they are causally related to the development of adaptation problems.

Several definitions can be mentioned. Clayton's definition (1992) of risk factors suggests that they reflect an attribute, a personal characteristic, the adversity of a particular situation or environmental context susceptible of increasing the possibility that maladjusted behaviour will appear. Gerstein and Green (1993) offer a more empirical definition of the concept of risk factor, indicating that it is the individual's few or many observable characteristics (including the exposure time to specific environmental conditions) that are associated with the apparition of the problem behaviour. In this case, the risk factor must always act as the precursor of the target behaviour (or at least appear simultaneously), and represent a potential cause for the undesirable effects that are observed. In all these cases, the models that the researchers refer to are explicitly or implicitly associated to stress models. For Raines, Brennan and Farrington (1997), these risk factors may or may not be causally related to the individual's ulterior behaviour. Thus, there may exist a causal link between the parenting skills and the child's manifestations of violence, whereas the association between the observed childhood aggressions and violence in adulthood may reflect nothing else than continuity in the individual's behavioural repertoire.

For many researchers, the concept of vulnerability is closely linked to the concept of risk; in the sense that such risk factors are making the individual vulnerable to inappropriate behavioural functioning. Thus, the results obtained by Werner (1993) indicate that children who were exposed to four or more risk factors at age two (i.e. poverty, stress at birth, parents facing conjugal tribulations, parental mental health problems or alcoholism) are those who showed more behaviour problems at age 10, as well as more mental health problems and delinquency at age 18. In brief, the notion of vulnerability represents, for these authors, a set of characteristics or circumstances which predispose an individual to manifest problems in adaptation (Tarter, 1988). For other researchers, the notion of risk would refer mostly to an environmental influence whereas the notion of vulnerability would be strongly associated with the child's characteristics.

Kaplan (1999) distinguishes, for his part, two components of the risk factor concept. First, risk factors may define any given population with the "at risk" status. Such is the case, for example, of a child who has a parent that diagnosed with a mental illness, or who is an alcoholic. The second distinction concerns the factors that discriminate groups on the manifestation of problems. The results of a study by William, Anderson, McGee and Silva (1990) illustrate this aspect while identifying factors such as the child's gender, maternal depression, parental marital status, and reading disabilities, that subsequently distinguish (in pre-adolescence) children showing behaviour problems or emotional disorders from those who do not.

Many authors underline the interaction among various risk factors. One may introduce the idea that some variables can increase the probability of a desired effect, or diminish the probability of a negative outcome. These variables are considered as risk factors, whose effects interact between themselves and/or represent opposite poles of the same continuum. Alternatively, current conceptions propose that these variables could mediate the relationship between risk factors and observed outcomes (Kaplan, 1999).

An increasing number of research reports suggest that individual adaptation reflects effects of the interaction between the child's personal characteristics and stressful life events (Garmezy, 1985). Thus, Werner and Smith (1982) discovered that at-risk children that are active and tend to approach others easily show, in the long run, a better adaptation than those who have low scores on these two temperamental dimensions. Hetherington (1989) concluded that the child's adjustment to divorce is facilitated by an easy temperament. Thus, a difficult temperament acts as a vulnerability factor for internalized and externalized behaviour problems, whereas an easy temperament acts as a protection mechanism (Tschann, Kaiser, Chesney, Alkon and Boyce, 1996).

Baldwin, Baldwin and Cole (1990) also recognize that risk factors will influence the child in a very variable way. Thus, a low socio-economic status is a risk factor whose effects can be modulated by the absence of a working mother, and at the same time, by her ability to supervise her child adequately. In order to explain the variability of the effects, one must also distinguish distal factors that act through the intermediary of mediating and proximal factors, the latter acting more directly on the child (Baldwin, Baldwin and Cole, 1990). For example, poverty could act as a distal variable, whereas maternal anxiety would be a proximal variable; although its effect could be mediated, in this instance, by the mother's irritable behaviour. The profile outlined by this example suggests a causal sequence beginning by a distal variable acting upon a mediating variable, which in turn affects in a more proximal way the child's behaviour.

A number of studies tackle the question of maladjustment from the point of view of a single risk factor, such as low birth-weight, poverty, or divorce. However, it appears that one factor does not act alone in at-risk conditions (Masten and Wright, 1997). A related problem is that of measurement. Some researchers solve the problem of multiple variables by relying on a simple sum of the scores on the different indicators of risk factors or presence of stress. Even if the aggregate of these variables reveals on occasion, from a statistical point of view, a far more important weight of prediction, it is difficult to comprehend precisely what is measured by this rating.

In general, this review suggests that risk factors can operate as direct or indirect influences, can interact with each other to affect an individual's behaviour, or even reflect the sum of the effects of these variables.

II. The notion of protective factors

Generally, the protective factor concept is defined as a factor associated with a low-risk for the manifestation of maladjusted behaviour (Raines, Brennan and Farrington, 1997). In the scientific literature, the concept of protective factor can have at least two meanings; one reflecting a personal or environmental characteristic that exposes the absence of risk factors, and the second, more widely held, refers to a variable that diminishes the effects of risk factors. In their definition, Garmezy, Masten and Tellegen (1984) suggest that protective factors may help an individual to cope with risk factors or stressful events.

Rutter (1990) reports that factors related to individual vulnerability are often considered as the negative pole of a continuum where the protective factors represent the positive pole of the same continuum. He also proposes that even if protective factors refer to the absence of vulnerability, the use of both terms remains necessary. A sudden positive change in the child's developmental trajectory may reflect the child's successful avoidance of risk rather than the successful adaptation to risk. In addition, new experiences can exacerbate the negative effects of risk factors whereas the absence of such an experience could not improve the effects, or have no impact at all.

Some authors have attempted to develop a categorisation of protective factors. In the same vein, Garmezy (1985) proposes, based on a literature review focusing on childhood, three sets of factors: 1- the individual's constitutional attributes like an "easy" temperament, a healthy central nervous system (CNS), a good self-esteem, and positive social disposition towards others, 2- family support including a meaningful and harmonious relationship with at least one other person, 3- extra familiar support from a source such as a day care centre, a school or the community (Smith and Prior, 1985).

Like for risk factors, many researchers point out the interaction between the variables associated with protective factors. In this sense, the results of Werner's study (1993) show the level of interrelation among intrinsic individual factors and social support sources in times of stress. The author reports continuity of adaptation for some at-risk people who are able to counter childhood's adversity. It is suspected that their individual predispositions lead them to select or shape an environment susceptible of reinforcing or supporting the growth of their competencies.

The distinction between proximal and distal variables is also discussed where protective factors are concerned. Rutter (1990) points out that the more proximal a variable is, the more it plays a role as a protective factor recognized as a mechanism as described below. Thus, the protective effects related to positive school experiences could be mediated by the child's self-confidence and self-esteem levels.

Four mechanisms participate in the protection process and can possibly restrain the negative effects of risk factors (Rutter, 1990): 1- the impact could be toned down by controlling the level of exposure to stress in such a way that the child could gradually adjust himself to small doses of negative experiences, 2- knock-on effects following an exposure to risk, like the loss of a parent, could be resorbed, 3- the promotion of self-confidence and self-esteem by establishing harmonious and affiliative relationships, and 4- the opportunity of undergoing positive experiences susceptible of contributing to the reduction of risk factors.

In brief, the presence of protective factors alleviates the effects of adversity or risk factors. Protective factors may be classified according to personal characteristics, family or extra-familiar support systems. One must also consider the possibility that an interaction between these variables could have an influence on adaptation.

III. The resiliency construct

Researchers' initial interest for factors known to increase the risk of manifesting adaptation problems, factors such as poverty, family disagreements, and stressful events (Johnson, 1986), spurred many of them to put considerable effort into the identification of the characteristics of children who succeed in their adjustment to adversity, and in the factors that ease this adaptation (Smith and Prior, 1995). The interest for the mechanisms that contribute to shield children from the effects of stress was born in this context (Luthar, 1991). Whereas protective factors refer to changes in the individual's response to risk, resiliency refers more to the variability of the individual's response repertoire. This phenomenon of resiliency is defined as the child's skills to adjust adequately, despite risk and adversity (Masten, 1994; Turner, Norman and Zunz, 1995).

Antonovsky (1984) suggests that resiliency could represent the antidote for paradigms far too oriented towards the causes of illness and pathology. With a focus on resiliency, one would better understand the ways in which individuals can attain a state of well being and health. Werner and Smith (1992) place much emphasis on the necessity to investigate children's developmental pathways as they move away from or closer to deviance and psychopathology, and this throughout the different developmental phases. The study of resiliency in psychology and psychiatry emerged from the researcher's preoccupation to understand the aetiology and development of psychopathology, particularly in children highly at-risk of maladjustment related to parental mental health problems, discord or divorce, child abuse or negligence, poverty, war, or a combination of these factors (Haggerty, Sherrod, Garmezy and Rutter, 1994; Masten, 1989). The construct of resiliency allows to shed a different light on adaptation, because it moves away from traditional conceptions of risk and deviance.

Definitions of resiliency vary widely since they are closely related to the notions of stress and risk. The basic assumption is that, in the course of their lives, the individual who has attained an adequate level of development as well as the maladjusted individual have both been exposed to some risk factors. However, since the nature of this risk is very variable from one individual to another, the differences in adjustment may be explained by the differences in risk. Resiliency would be defined as a function of the nature, frequency and intensity of the risk factors encountered by the individual. The more precocious and serious the experience of adversity, the more necessary the protective factors stemming from individual characteristics or the educational environment, in order to insure harmonious development (Werner, 1989). Overall, the construct of resiliency requires the implicit or explicit reference to two major sources of influence: first, a better understanding of the role of risk factors and their process of impact, and second, an appreciation of protective factors and the underlying mechanisms leading to reducing the effects of adversity.

According to Masten and Coatsworth (1995; 1998), resiliency is an inferential (or contextual) construct, meaning that it rests on the assumption that a child has a high-risk status, or has been exposed to potentially negative experiences, and presents a normal developmental trajectory despite adversity. Furthermore, for these authors, the

definition optimal adaptation should vary accordingly with historical, cultural and developmental contexts. In terms of individual characteristics enhancing resiliency, Kumpfer and Hopkins (1993) have identified in the literature seven major factors: optimism, empathy, insight, intellectual competence, self-esteem, direction, determination and perseverance. These characteristics are associated to particular adjustment skills (i.e. coping) displayed by resilient children in their interactions with their environment.

In short, the studies on resiliency point to two major questions: Is resiliency simply the product of the negative effects from risk factors and the compensatory effects from protective factors, or is it a dynamic process that leads the individual to adjust in an adequate way, despite the circumstances of adversity?

IV. Critical perspectives on the study of risk factors, protective factors and resiliency

Globally, the appraisal that one can make regarding the studies related to the domains of risk and protective factors and of resiliency can be appreciated from different angles.

Our first point concerns problems surrounding the definition and assessment of these concepts. By definition, resiliency is almost always intrinsically linked to risk factors. Since there are no criteria determining if a variable can be considered as a risk factor, it is obvious that, in this context, it will become difficult to identify criteria enabling a behaviour to be identified as a resilient one (Kumpfer, 1999). All in all, there are no conclusive indicators that a specific variable could assess a risk factor, a protective factor, or even reveal that this variable is relevant for the appraisal of its effects on behaviour. At this point, researchers must make a justified, albeit arbitrary choice by postulating that all variables negatively affecting a child's functioning or differentiating adjusted and maladjusted groups should be considered as risk factors. For instance, Cicchetti and Garmezy (1993) illustrate the difficulty in distinguishing factors that identify the at-risk individual by referring to a child living with a depressed mother. Such a child will not necessarily receive poor caring and the mother's depression could very well be only situational. A related issue is that of the definition of adaptation on the basis of which risk, protection and resiliency will be determined. Kumpfer (1999) has identified at least three dimension along which the assessment of adaptation may be considered: the implicit or explicit reference to cultural norms, the appreciation of the internal versus external functioning of the individual, and the choice and reliability of the respondent assessing the child's functioning.

Our second point refers mostly to the concept of protective factors. Richters and Weintraub (1990) raised the problem of the non-applicability of this concept for children presenting a low risk of maladjustment. Can one deduce that this notion is hardly applicable for high-risk children as well? One can presume that personal and environmental characteristics in children whose parents suffer from a mental illness play a protective role when these children are well adjusted. The relevance of referring to the construct of protective factors is called into question, knowing that low-risk children

could have lived stressful conditions that weren't identified. On the other hand, do so-called protective factors really produce the expected effects in reducing the impact of risk factors? Instead of representing an indicator of protection, these factors may reflect only the absence of adversity for the child. In the same manner, the status of a high-risk child, when there is no evidence that he lived stressful conditions, could perhaps be the result of an erroneous classification. The basis for this classification could rest upon the researcher's conception of the causal link that he or she establishes between the parent's psychopathology and the child's maladjustment.

Our third point refers to the resiliency model. To begin with, we have to admit that research on resiliency enabled researchers to orient their interests towards much more positive aspects of the development of young children who survived through adversity. As Garmezy (1981) pointed out, life is not a question of having all the right cards in hand, but of knowing how to use them in the best possible way. The author refers to the distinction between the risk factor's effects and the underlying processes leading to the adaptation of the resilient child. The resiliency measurement also rests upon the researcher's judgement, which is not always explicit, relatively to the cause-effect links established between risk factors and the level of maladjustment. Ultimately, what the researcher seeks is an understanding of the multi-causal relations between risk and outcome variables and the dynamic processes operating within different developmental contexts (temporal, spatial and social) (Rigsby, 1994). To this end, it is important to document more precisely the social contexts in which the individual develops. According to Rigsby (1994), the interest for the concept of resiliency is a direct result of the absence of a comprehensive developmental theory capable of explaining individual adaptation. Weak theorization inevitably leads to the construction of explicative models of resiliency based mainly on correlational results which do not permit any clear identification of causal links, and which distract our efforts away from the understanding of the underlying mechanisms.

Our final point follows the argument of Rutter (1987) indicating that resiliency would better be understood if it were studied as a process rather than approaching risk and protective factors as static variables. In short, the framework of resiliency should include process analysis as much as the treatment of the impact of factors on adaptation. Furthermore, Rutter (1987) favours the study of protection mechanisms and resiliency processes over the simple search for protective factors. It is important to know, not only that a high level of self-esteem is a protective factor, as proposed in the literature; but also, in which way an individual can maintain a good self-esteem despite adversity, whereas others quickly give up hope. Luthar (1993) suggests a more specific formulation of research questions. For instance, by testing specific hypotheses about the ways in which a particular characteristic or competence can moderate the effects of risk factors. The rationale behind this conception rests on the postulate that the constant demands imposed by the environment on the individual and the resources he or she possesses are very variable. This dynamic process renders the study of resiliency incompatible with views that consider only additive models of effects.

V. Towards a more dynamic conception of risk factors, protective factors and resiliency

Mainly, our critic examination of the review of the literature on the predictors of maladjustment during early childhood underscores the necessity to further investigate the processes leading some children towards adaptation problems, and others to adjusted outcomes despite adversity. Glantz (1999) clearly identifies different components that must be taken into consideration to clarify this adaptation process. The major predictors for resiliency are: 1- the sources of stress, 2- the environmental context, 3- the interaction process between the person and his or her environment, 4- the person's intrinsic characteristics, 5- the resiliency process, and 6- the person's level of adaptation. Particular attention has to be given to the notion of personal adaptation or adjustment (i.e. coping) to a particular problem or stress instead of referring to a global conception of resiliency. Werner and Johnson (1999) remark that few studies considered, all at once, the interaction of multiple risk and protective factors, sources of resiliency from the organism itself, the individual's familial context and social environment. This observation brought them to propose a string of questions that must guide further research in the domain of resiliency. First, the mediating process that underlies resiliency and the various pathways that may lead to adaptation despite adversity must be clearly identified. Then, they propose that a greater place be given to a developmental perspective for the research on interactions between risk and protective factors through different transition periods, such as a child's insertion in elementary, junior and high school.

The issue of gender-related differences, from the standpoint of both vulnerability and resiliency has also been brought to bear when studying adaptation to adversity. In this respect, the results of Turner, Norman and Zunz (1992) show that boys were much more vulnerable to stress and its effects in the course of their first ten years of life. In contrast, vulnerability for girls is more evident during the second decade of their lives (see Santé Québec, 1994). The strategies displayed for adaptation to stress or environmental constraints also discriminate genders. These preliminary results suggest that studies on adaptation processes should consider gender, since boys' and girls' sensitivity to the effects of risk and protective factors appears heightened at different periods of development.

a) A transactional and developmental perspective to studies on risk and protective factors

As a concept, resiliency is not a static one, but a dynamic process describing the modalities of adaptation of young children; therefore, susceptible of modifications or transformations in time or in development's course. Unfortunately, too many researchers view the problem of adaptation from an outcome-oriented perspective, instead of proceeding to a detailed examination of the role of the factors and mechanisms involved in resiliency. The social ecology model of development has widely documented the idea that social systems, such as family, school and community, are dynamic contexts for development. Individual adaptation processes are imbedded

within the development of these dynamic contexts. Thus, Rutter (1990) underlines that structure and social roles, mutual support, values, and various circumstances can contribute to resiliency functions that do not depend exclusively on the characteristics of the situation or the individual. The works of Patterson, Reid and Dishion (1992) also demonstrate that the child's behaviour is susceptible of influencing parents' and teacher's conduct, and vice-versa. For example, the child's behaviour problems can exacerbate the parent's anger or contribute to the establishment of relationships with a group of delinquent peers; such situations can, in turn, have an effect on the child's behaviour and on the level of exposure to stressful events. Based on such observations, the effects of the parent-child relationship should be considered as bi-directional. Masten, Best and Garnezy (1990) also mention the necessity to estimate the cumulative effects of many risk factors and the influence of distal and proximal factors.

On the whole, the results suggest that the question on adaptation be discussed with a more systemic or transactional approach. The transactional approach is defined as a theory of human development (Sameroff and Chandler, 1975). In this perspective, development is seen as determined by the interactions between genetic, biological, psychological and sociological factors in the context of environmental support (Egeland, Carlson and Sroufe, 1993). The constitutional and environmental components are then considered as vulnerability, protection or risk factors that influence in a direct or indirect way the individual's behaviour. The developmental process is defined as an integration of behavioural systems, where initial structures are progressively assimilated into new structures in more complex forms. At an epistemological level, one must recognize that this organizational model was greatly inspired, among others, by the ethological theory of mother-child attachment. This transactional perspective postulates that the individual is an active agent for his or her development, meaning that he or she brings new experiences, attitudes, expectations and feelings that stem from a history of interactions. The child's first experiences are essential, considering that they will shape the further integration and organization of new experiences.

For Egeland, Carlson and Sroufe (1993), resiliency must be recognized as a transactional process. In this context, resiliency and competence are perceived as the individual's skill to appropriately use internal and external resources susceptible of meeting specific adaptation challenges, and this, at each developmental stage. Thus, the child's competence to solve an adaptation problem at a given developmental stage will not directly predict the level of competence that will later be manifested. This refers to the concept of developmental discontinuity of individual competence. This notion of developmental discontinuity gives way for some difficulties in the analysis of the causality linking risk factors to adaptation problems, since a developmental pathway does not necessarily follow a linear model. Furthermore, Sameroff and Chandler (1975), and later Masten and Coatsworth (1995), conclude that it is hazardous to explain psychopathology without any reference to a normal developmental context. The authors propose, contrary to the medical model of deviance, that there is continuity between typical and atypical developments. Researchers in the domain of psychopathology and those interested in resiliency both emphasize that it wouldn't be possible to effectively

help the person in need while referring only to a normal developmental model or to a developmental model of pathology (Masten and Coatsworth, 1995, 1998; Sroufe, 1990).

The study of the resiliency process from the developmental perspective suggests that the child's negative experiences have an important function, since they can help the child adjust to new challenges and develop new adaptation strategies (e.g. coping) (Werner and Smith, 1982). The reference to a developmental model also prompts the researcher to collect information on the child's age, level of development, and on the interactions between developmental factors, and risk and protective factors (Murphy, 1987).

In brief, more and more researchers consider agree that the study of individual adaptation processes or resiliency processes should be approached from a developmental perspective. It is suggested to assess the dynamic and bi-directional interactions between the organism and its environment (i.e. proximal and distant contexts) throughout the individual's various periods of development.

b) Towards a biosocial perspective on the study of risk and protective factors

Conceptually, the study of adaptive processes, which does not consider biological constraints inherent to individual development, makes no sense. In fact, the overview from our analysis of studies on risk and protective factors and on resiliency often refers to the potential influence of biological constraints on individual development. For example, Murphy (1987) underlies that an individual's use of his or her internal resources necessitates the action of biochemical factors (i.e. hormones and endorphin), the interaction of the autonomous nervous system, cortical and sub-cortical zones of the brain, glandular activity, and psychophysiological activity. The effects of an experience of resiliency following emotionally and physically stressful situations should contribute to the emergence of sensations and feelings of well-being in the child, which should reinforce, among others, his or her self-confidence. However, epistemologically, the explicit or implicit conception to which researchers are referring favours a determinism where the prevailing interest is on the causal influence of biological constraints on social factors, rather than the interaction, or dynamic transaction, between these two constructs.

Recently, Raines, Brennan and Farrington (1997) proposed an analytic framework with a biosocial orientation that can help us define the effects of risk and protective factors on the expression of violence. In this model, the authors clearly identify the components that should be considered in the analysis of violence: 1- risk factors of a biological and social nature, as well as resiliency; 2- genes and environment as determining elements for risk and protective factors; 3- reciprocal relations between risk factors of a biological and a social nature; 4- the determining action of risk factors on the expression of violence; 5- the interaction among risk factors in the production of a violent behaviour; 6- the action of protective factors; and 7- the experience of violence, acting in turn on risk and protective factors. The proposed model will be useful and pertinent for researchers eager to define the joint contribution of biology and social contexts in the study of resiliency. Our team's work over the last few years tends to demonstrate that a transactional approach that considers both biological and social constraints would be

pertinent in the study of young children's adaptive processes. Thus, we identified that hormonal regulation of cortisol (i.e. biological index related to stress) is adjusted to the social regulation of young children in a new social situation while in peer group (see Legendre and Trudel, 1996). Furthermore, the temperamental characteristics of children and their attachment to the mother appear to play a mediating role on social and hormonal adaptations. Finally, the role of the child's behaviour itself appears to be an important variable to consider in the biosocial study of adaptation and resiliency.

Beyond the contribution of Raines, Brennan and Farrington's (1997) model to our comprehension of the effects of risk and protective factors, little attention has been given to a biosocial approach of the development of resiliency. The scientific study of the effects of risk and protective factors on individual adaptation should consider the child's dynamic development within the context of biological and social constraints.

VI. Implications for early intervention

A variety of implications can be translated from the results of research in the domain of resiliency into psychosocial interventions with young children with adaptation problem. First, the acquisition of knowledge in this field requires an interdisciplinary approach (Bernard, 1999) capable of accounting for the influence of biology, environmental contexts, and the child's development. As suggested by Werner & Johnson (1999), the efficiency of intervention programs should be evaluated at different age levels, in order to account for developmental influences. Secondly, our assessment of the literature suggests the establishment of a much more effective and meaningful partnership between researchers and practitioners working in the domain of psychosocial interventions. Such concerted efforts would offer the opportunity for better documentation on the child's daily activities and the quality of the relationships established between family, school, and educational intervention workers. Of course, the results of such collaborative efforts would enable us to better document the problems of early prevention programs and their effects.

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