

INTEGRATING THEORETICAL APPROACHES AND COLLABORATIVE LEARNING STRATEGIES TO ENHANCE CHILDREN'S RESILIENCE AND FOSTER POSITIVE PARENTING

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Abstract: *This article explores how the integration of key theoretical frameworks and collaborative learning strategies can enhance children's resilience and support the development of positive parenting practices. Drawing from ecological systems theory, social learning theory, and sociocultural theory, the paper offers a conceptual model that bridges developmental psychology and educational intervention. Results highlight that collaborative learning environments through group interaction, guided reflection, and shared parent-child activities can strengthen emotional regulation, adaptability, and interpersonal skills in children, while also empowering caregivers to adopt more effective and empathetic parenting behaviors. The study underscores the value of multi-level, theory-driven programs that foster resilience through structured collaboration. Implications for educators, psychologists, and policy makers are discussed.*

Keywords: *child resilience; positive parenting; collaborative learning; educational intervention; ecological systems theory; social learning.*

Introduction

Children's capacity to adapt in the face of adversity commonly referred to as resilience is crucial for their mental health and long-term development (Masten, 2014). Equally vital is the role of positive parenting, defined as a nurturing, responsive, and supportive approach to caregiving that facilitates emotional and behavioral development (Sanders, 2008). In recent years, there has been growing interest in interdisciplinary interventions that not only promote resilience in children but also support parents in adopting more constructive parenting practices.

This article explores the intersection between theoretical frameworks of child development, resilience, and parenting, and the

implementation of collaborative learning strategies in family and educational contexts. It proposes a multidimensional approach to strengthening children's resilience and fostering positive parenting by integrating concepts from developmental psychology, social learning theory, and ecological systems theory. The study also examines evidence-based collaborative learning models that engage both children and caregivers, enhancing their emotional regulation, problem-solving abilities, and interpersonal relationships.

Theoretical perspectives such as Bronfenbrenner's ecological systems theory (1979), Bandura's social learning theory (1977), and Vygotsky's sociocultural theory (1978) provide a robust foundation for understanding how environments, relationships, and interactions shape developmental outcomes. Collaborative learning strategies particularly those emphasizing dialogical engagement and shared experiences can serve as practical tools to operationalize these theories in family and educational settings.

This paper proposes an integrated model combining these theoretical underpinnings with collaborative learning strategies to enhance children's resilience and promote positive parenting practices. We discuss relevant literature, outline a research-informed methodology, and conclude with practical implications and directions for future research.

Theoretical Frameworks

Bronfenbrenner (1979) emphasized that child development occurs within multiple layers of influence: microsystem (family, peers), mesosystem (interactions between microsystems), exosystem (indirect environments), and macrosystem (cultural values). Strengthening a child's resilience necessitates interventions at multiple levels supportive parenting in the microsystem and collaborative educational programs in the mesosystem can act synergistically to create protective factors.

According to Bandura (1977), children learn by observing and imitating others, particularly within family and peer contexts. Parenting styles that model self-regulation, empathy, and constructive problem-solving provide templates for children's behavior. Collaborative learning environments offer additional opportunities for children to witness and practice adaptive behaviors under guided supervision.

Vygotsky (1978) highlighted the importance of social interaction and language in learning. His concept of the Zone of Proximal Development, collaborative learning, educational intervention, ecological systems theory, social learning.

Research Design

The current study employs a qualitative meta-synthesis approach, aiming to integrate, interpret, and refine findings from a broad range of empirical and theoretical studies addressing children's resilience and positive parenting.

Additionally, a cross-case matrix was developed to map theoretical alignment across studies (e.g., which studies applied Vygotsky's principles, Bandura's modeling, or Bronfenbrenner's system levels). This analytic technique ensured a structured interpretation of diverse evidence, enabling the construction of a coherent integrative framework.

Methodology

This study employs a qualitative, interpretive research design aimed at exploring the dynamic interaction between theoretical models of child development and collaborative learning strategies in the context of parenting and resilience. Rooted in constructivist epistemology, the research assumes that knowledge about family processes and child outcomes is socially constructed and contextually situated (Creswell, 2013).

Given the complex, multi-dimensional nature of resilience and parenting, a qualitative approach allows for a nuanced synthesis of perspectives across disciplines, theories, and practical interventions.

Data Collection and Source Selection

The research is based on a document analysis of academic and applied literature, including:

- empirical studies on child development and resilience,
- conceptual papers on parenting practices,
- program evaluations of collaborative learning initiatives,
- and theoretical articles from developmental psychology and education.

The strategies and models were selected based on their relevance to three core domains:

- Child resilience and socio-emotional development;
- Parenting strategies that support adaptive behavior;
- The use of collaborative or interactive methods in learning or parenting contexts.

Data Analysis Procedure

A two-phase analytic process was followed:

- Phase 1: Deductive Mapping

Key concepts from three foundational theories ecological systems theory, social learning theory, and sociocultural theory were used as initial coding categories. These theoretical lenses allowed the researcher to trace how family systems, role modeling, and collaborative practices are reflected in the selected materials.

- Phase 2: Inductive Thematic Synthesis

Recurring patterns, strategies, and principles across the materials were coded and grouped into themes. These included emotional regulation, caregiver responsiveness, guided interaction, and child agency. Thematic saturation was achieved after repeated review and comparison of findings across different sources.

In this paper, resilience is broadly defined as the collection of abilities, traits, and learned behaviors that allow individuals to navigate and respond effectively to hardship. While some aspects of resilience may have a biological basis, the development of resilience can be enhanced through education, practice, and intentional intervention.

Resilience has been conceptualized in numerous ways within the psychological literature. One influential definition, proposed by Masten and colleagues (1990), describes it as the ability or process through which individuals successfully adapt when faced with adversity or significant stressors. Most interpretations of resilience involve two core components: the presence of identifiable risks or challenges, and observable positive adjustment or developmental outcomes.

However, ongoing debates persist regarding how resilient behavior should be characterized and the most appropriate methods for measuring adaptive success in difficult contexts. For example, Cicchetti and Rogosch (1997) argue that resilience must be demonstrated consistently across multiple domains of functioning over time. Moreover, resilience is no longer viewed as a fixed trait that a person either possesses or lacks (Reivich & Shatté, 2003). Instead, it is now seen as a dynamic, multifaceted capacity made up of various skills and strategies that support coping and adjustment.

Early Foundations of Resilience Research

The initial interest in resilience emerged from clinical observations of children who displayed remarkable strength in the face of adversity, while others exposed to similar conditions experienced negative outcomes.

These early case studies contributed to a growing fascination with children who seemed “invulnerable” to adversity (Anthony, 1987b), or what Murphy and Moriarty (1976) called “good copers.” (Garmezy,

Masten, & Tellegen, 1984; Masten, 2000), provided empirical depth to this emerging field.

Several extensive longitudinal investigations have tracked individuals diagnosed with learning disabilities and attention-deficit/hyperactivity disorder (ADHD) to identify factors that foster resilience within these groups (Gerber, Ginsburg, & Reiff, 1990; Spekman, Goldberg, & Herman, 1992, as cited in Katz, 1997; Werner & Smith, 2001).

As research continues to unravel the intricate relationships among risks, protective elements, and intervention strategies, it remains essential for practitioners to identify and enhance factors that support children's adaptive capacities. In the following discussion, six key protective factors are outlined, based on extensive resilience literature and clinical experience. These categories overlap, as components within one factor often relate to others. For example, a child who demonstrates self-regulation is typically better at building friendships, and academic achievement often contributes to higher self-esteem. The presence of multiple protective factors appears to amplify positive outcomes across various aspects of a child's life.

Proactive Orientation

A proactive orientation involves actively engaging with challenges and seeking opportunities for growth. Encouraging children to engage in helping behaviors is a powerful method for nurturing a sense of responsibility, developing empathy, and strengthening self-esteem (Brooks, 1994; Werner, 1993). Acts of kindness such as volunteering in community settings like shelters, elderly care homes, or hospitals can significantly contribute to building resilience in children. When young individuals dedicate their time and energy to supporting others, they often develop a greater awareness of social responsibility and personal agency.

The concept of "required helpfulness", introduced by Rachman (1979), describes situations in which individuals facing their own difficulties are simultaneously called upon to assist others in need. This dual role not only reinforces adaptive coping mechanisms but also deepens their sense of purpose and self-worth through altruistic action.

Developing the ability to manage one's emotions, behavior, and attention commonly referred to as self-regulation is considered one of the core protective factors that support a child's resilience (Masten & Coatsworth, 1998). When children are capable of calming themselves, adapting their emotional responses, and controlling impulsive behaviors, they are more likely to receive positive feedback from others, build healthy relationships, and function independently. These

regulatory abilities not only foster social competence but also help children maintain emotional balance in challenging situations.

Traits such as an easygoing temperament and strong self-regulation skills have consistently been linked to resilient outcomes in children (Buckner, Mezzacappa, & Beardslee, 2003; Eisenberg et al., 1997, 2003; Werner, 1993). Components like impulse control and the capacity to delay gratification form essential parts of self-discipline, supporting both emotional and behavioral adaptation. Furthermore, effective self-regulation contributes significantly to positive peer interactions, rule adherence (Feldman & Klein, 2003), and the reduction of internalizing issues such as anxiety and depression (Rubin, Coplan, Fox, & Calkins, 1995).

Although it may seem intuitive that children who express more positive emotions would experience better outcomes, recent findings suggest that the crucial factor is not simply the presence of positive or negative emotion, but the capacity to manage emotional responses appropriately. A longitudinal study conducted by Rydell, Berlin, and Bohlin (2003) involving five-year-old children revealed that difficulties in regulating even positive emotional states such as high excitement or exuberance were linked to greater behavioral problems and reduced prosocial behaviors. In contrast, children who could regulate these emotions effectively displayed stronger social skills and prosocial tendencies.

The need to form close bonds with family and peers is widely regarded as a basic human drive (Baumeister & Leary, 1995). A strong sense of belonging and emotional connection has been linked to numerous positive outcomes in terms of mental health and psychological adjustment. Supportive relationships contribute directly to the development of self-worth and a belief in one's own abilities (Werner, 1993). Children who demonstrate strong social skills and maintain meaningful relationships with peers, caregivers, and other supportive adults tend to be more resilient when confronted with adversity (Masten & Coatsworth, 1998). These children also tend to attract positive responses from those around them (Werner, 1993).

For young people, being able to form and sustain friendships is a key element of healthy development.

Positive peer interactions not only provide emotional safety but also serve as a foundation for social and academic adjustment (Rubin, 2002). Research suggests that simply having one close friendship can significantly enhance a child's capacity to cope with challenges (Hartup & Stevens, 1997). Furthermore, strong peer relationships can buffer children during times of family instability. Being accepted by a peer group is associated with a lower incidence of disruptive or

aggressive behaviors (Criss, Pettit, Bates, Dodge, & Lapp, 2002). Children who are socially integrated and well-liked are less susceptible to bullying and social exclusion (Pellegrini, Bartini, & Brooks, 1999; Rubin, Bukowski, & Parker, 1998).

While strong social networks offer protection against stress, anxiety, and behavioral issues, it's important to recognize that such support systems do not automatically form. As Bandura and colleagues (1999) pointed out, social support must be actively developed and maintained. Like adults, children must take initiative in building and nurturing meaningful relationships. The quality of these social exchanges often depends on a child's own behavior: individuals who are cooperative, empathetic, and emotionally stable are more likely to receive warmth and positive engagement from others. In contrast, children who are impulsive, reactive, or struggle with emotional regulation may have more difficulty forming secure social bonds. Those who follow social norms, share, and demonstrate kindness are more likely to experience positive social feedback.

Children who grow up with a warm, involved parent or a committed care giver such as a grandparent or adoptive parent who sets consistent boundaries and clear rules are more likely to develop resilient traits (Masten & Coatsworth, 1998). These children generally exhibit greater compliance with parental guidance (Feldman & Klein, 2003) and demonstrate better social adjustment in relationships with peers and friends (Contreras, Kerns, Weimer, Gentzler, & Tomich, 2000). A landmark longitudinal study initiated in 1959 highlighted the pivotal role of the authoritative parenting style in supporting children's healthy social and emotional development.

Connections and Attachments

The human need to belong and to establish meaningful bonds with family members and peers is widely recognized as essential (Baumeister & Leary, 1995). Experiencing a sense of connection and attachment has been linked to numerous positive outcomes in health and psychological adjustment. Supportive relationships play a crucial role in fostering self-esteem and self-efficacy (Werner, 1993). Social skills and strong, positive interactions with peers, relatives, and prosocial adults have been consistently shown to contribute significantly to children's capacity to handle stressful life events (Masten & Coatsworth, 1998). Moreover, children who display resilience often attract favorable attention from those around them (Werner, 1993).

For young individuals, cultivating friendships and developing the ability to interact harmoniously with peers both one-on-one and in

group settings are critical. Friendships serve as important support networks that encourage emotional well-being, social development, and academic success (Rubin, 2002). Being part of at least one close friendship has been found to enhance children's overall adjustment (Hartup & Stevens, 1997).

Positive relationships among peers can also act as protective buffers during family crises. Acceptance within a peer group reduces the likelihood of externalizing behaviors (Criss, Pettit, Bates, Dodge, & Lapp, 2002). Additionally, children who are well-liked and socially connected are less susceptible to bullying or victimization (Pellegrini, Bartini, & Brooks, 1999; Rubin, Bukowski, & Parker, 1998).

While having a robust social support system helps shield children from stress, depression, and behavioral problems, it should not be assumed that such support naturally exists. Bandura et al. (1999) emphasized that social support requires active engagement; it is not a passive resource that simply appears to mitigate stress.

Children, like adults, must actively form and nurture supportive bonds. These connections shape reciprocal interactions how individuals treat others influences how they are treated in return. It is generally easier for others to respond positively to children who are calm, empathetic, and exercise good self-control, compared to those who display impulsivity, emotional reactivity, and poor regulation. Children who are cooperative, adhere to social norms, and maintain positive peer relations tend to sustain these valuable social connections over time.

Proactive Parenting

Children who have at least one warm and nurturing parent such as a grandparent or foster parent who provides clear and consistent boundaries tend to demonstrate higher levels of resilience (Masten & Coatsworth, 1998). These children typically show greater compliance with parental expectations (Feldman & Klein, 2003) and enjoy more positive peer relationships (Contreras, Kerns, Weimer, Gentzler, & Tomich, 2000). Notably, a landmark longitudinal study initiated in 1959 underscored the importance of authoritative parenting styles in promoting healthy social and emotional development in children...

Academic Success, Engagement, Cognitive Ability, and Special Talents

Schools provide an environment where children and adolescents can thrive both academically and socially. Research has linked positive academic goals (Tiet et al., 1998) and active participation in schoolwork (Morrison, Robertson, Laurie, & Kelly, 2002) with higher resilience levels in youth facing challenges.

Although the exact reasons for this relationship are not fully understood, several contributing factors have been proposed. For instance, support and encouragement from teachers help build resilience by fostering strong interpersonal connections. Additionally, involvement in extracurricular activities such as art, music, theater, clubs, and sports offers young people opportunities to engage with prosocial peer groups and receive recognition for their talents and efforts. Maintaining a positive attitude toward school and school-related activities has also been shown to reduce the likelihood of engaging in antisocial behaviors (Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995).

Cognitive abilities have been identified as important contributors to resilience among children (Fergusson & Lynskey, 1996). Moreover, these abilities influence other resilience factors by enabling youth to excel academically and to take advantage of educational and cultural opportunities. A strong commitment to schooling has also been found to decrease the risk of violent conduct (Department of Health and Human Services, 2001).

Building competence is a key element in fostering resilience. Brooks and Goldstein (2001) propose that every child has at least one “island of competence,” which refers to a particular skill or area where the child can achieve success and feel proud. To nurture resilience, caregivers are encouraged to focus on these strengths and create opportunities for children to experience accomplishment. This might involve involving children in everyday tasks that allow them to contribute meaningfully, such as helping peers, participating in school safety patrols, or assisting elderly neighbors.

Community Influences and Protective Factors

Supportive relationships beyond the family circle, such as those found in the wider community, play a crucial role in safeguarding children’s well-being (Masten, 2001; Werner, 1995). Young people who demonstrate resilience often build meaningful connections with positive role models and mentors outside their immediate family (Wolin & Wolin, 1993). These youths frequently engage in clubs, sports teams, and various community groups, where they meet adults like coaches, teachers, or scout leaders who serve as mentors and sources of guidance.

Schools that effectively recognize and address their students’ needs through appropriate services, manageable class sizes, and thoughtful curricula foster environments that promote resilience. Key components of a supportive community include safe neighborhoods, prevention and early intervention programs, recreational options, accessible health

care, and economic stability for families (Thomlison, 1997). Additionally, religious and spiritual organizations often contribute social support and resources that help buffer against adversity.

Recommendations for Clinical Interventions with Individuals and Families

The following strategies focus on reinforcing strengths and protective factors:

Problem-Solving Skills

Teach children and families how to identify which challenges they can control and which they cannot. Training in cognitive problem-solving techniques has a strong evidence base (Kazdin & Weisz, 1998). Adults both therapists and parents can model this by discussing real-life scenarios and outlining practical steps. Encouraging children to think creatively about possible solutions helps develop their problem-solving abilities (Bloomquist, 1996).

Encourage Emotional Expression

Children should feel safe to express both positive and negative emotions. Experiencing emotional distress before, during, or after trauma is typical, and providing a space to discuss feelings is important for healing (Grados & Alvord, 2003).

Highlight Strengths and Positive Family Experiences

Help families recognize their strengths and foster special moments together to promote relaxation and positive interaction (Barkley & Benton, 1998). Humor can serve as a powerful coping mechanism during stressful times, so encouraging fun and laughter is beneficial (Brooks & Goldstein, 2001; Wolin & Wolin, 1993).

Support Self-Esteem Through Responsibilities

Guide parents and teachers to offer children meaningful tasks that build a sense of achievement and mastery. Supporting the development of children's talents and encouraging experimentation—even allowing mistakes as learning opportunities—can promote confidence (Brooks & Goldstein, 2001).

Promote Optimistic Thinking and Perspective

Help children realistically attribute successes to their own efforts rather than external circumstances. Cognitive restructuring techniques assist children in reframing how they perceive their achievements and challenges (Bandura, 1997). Programs like Seligman's Penn Program teach children to recognize and challenge unhelpful thoughts, encouraging resilience by viewing negative events as temporary setbacks rather than permanent failures (Seligman, 1995, 2002).

Use Cognitive Techniques Like Thought Stopping and Channel Changing

Children can learn to manage difficult emotions by “switching channels,” imagining their feelings as TV stations and choosing to change from “angry” to “calm” channels, for example, using creative tools like paper-made TV sets.

Teach Relaxation and Self-Control Skills

Methods such as deep breathing, muscle relaxation, visualization, and guided imagery help children regulate emotions. Fun strategies like the “turtle technique,” where a child retreats into a “shell” to calm down and think through problems, or the “rag doll” exercise, which involves relaxing muscles by letting the body go limp, are especially useful for younger children. Physical activities and sports also support relaxation and emotional balance (Thurber & Weisz, 1997).

Advise Parents on Warmth, Boundaries, and Consistency

Resilient children benefit from nurturing caregivers who set clear limits while providing warmth and predictability. Routine and structure offer a sense of security. Parents should encourage independence by offering age-appropriate choices and responsibilities, setting realistic but challenging expectations that help children believe in their own ability to influence outcomes. Parenting resources like *Your Defiant Child* (Barkley & Benton, 1998) and *Raising Resilient Children* (Brooks & Goldstein, 2001) provide further guidance on these approaches.

In recent years, group therapy has gained considerable popularity among clinicians, especially within the context of managed care, where delivering cost-efficient psychological services is a priority. Social skills groups have proven to be effective interventions, particularly for addressing peer-related challenges, and are relatively affordable options (Pfiffner & McBurnett, 1997; Tynan, 1999). Below, we outline our group approach, which incorporates well-established principles for fostering resilience in young people, leveraging protective factors that help shield them from stress.

The group structure includes several key elements as: (a) an interactive learning segment where children are encouraged to think critically, share ideas, and acquire new skills; (b) a free-play period, which requires cooperation and negotiation among peers; (c) a relaxation and self-regulation session focused on teaching stress management techniques; (d) a generalization phase where children are encouraged to apply learned skills beyond the group setting; and (e) a parental involvement component, where parents are briefed on the skills taught and are motivated to support their child’s progress through weekly homework assignments.

Group rules are introduced clearly at the first meeting and are reinforced through a reward system throughout the program. Children

actively participate in establishing these rules, which commonly emphasize taking turns speaking, respecting personal space, cooperative play, and courteous communication.

A behavior chart tracks points earned by children for following rules, completing homework, sharing progress towards personal goals, and engaging in self-regulation exercises. These points can be exchanged for small rewards or accumulated for larger incentives, thus teaching delayed gratification. Additionally, each session includes awarding a “leadership” certificate to a child recognized by peers for demonstrating positive leadership qualities.

The Alvord–Baker Social Skills Group Model

This model is a resilience-focused curriculum that utilizes cognitive-behavioral techniques and a proactive approach. It acknowledges that children are embedded within family and community systems and thus promotes collaboration with schools and community resources when appropriate.

Presented to communities as “social skills groups,” this framing reduces stigma for parents seeking mental health support. Being part of a group fosters children’s sense of belonging and acceptance.

The program typically runs for 12 to 14 sessions per semester, aligned with the academic calendar, with two semesters recommended for optimal results. Groups include up to six children of the same gender but with varied diagnoses, such as ADHD or social anxiety symptoms. A limited number of children with mild Asperger’s syndrome or learning and motor skill challenges may also participate. However, children with significantly low cognitive abilities or severe aggressive behaviors are not suited for this format, as evidence suggests grouping antisocial youth together can reduce intervention effectiveness and may increase delinquency risk (Dishion, McCord, & Poulin, 1999).

This model has been implemented for over a decade and is primarily used for children in grades two through five. While the same framework is adapted for younger and middle school children, activities are modified to suit their developmental stages.

The program includes five core components: (a) an interactive didactic segment where resilience factors and social skills are explored collaboratively; (b) free play to practice interpersonal interactions; (c) relaxation/self-regulation training; (d) generalization of skills outside the group; and (e) parental involvement.

Interactive Didactic Segment

In this segment, therapists, teachers, facilitate learning by engaging children in guided discussions rather than lectures. Children’s input is actively sought to foster participation, ownership, and empowerment. For example, if problem-solving skills are a focus, the therapist

introduces the concept, then asks children to define its elements and discuss causes, perspectives, and feelings involved in hypothetical problems.

Children reflect on their own experiences, brainstorm solutions, and role-play different responses both effective and ineffective. This practice helps children understand the impact of their behavior on themselves and others. Tools like puppet shows, interactive stories, and books may be used to model appropriate responses.

Each child, together with their parent, sets a personalized goal to work on during the semester, encouraging responsibility and building on individual strengths. For instance, one child might focus on managing anger, while another might.

Techniques for Relaxation and Self-Regulation

A key inner resource observed in resilient individuals is their capacity to manage their emotions and behaviors effectively. Many children facing challenges, including those diagnosed with ADHD, struggle with self-control and emotional regulation (Barkley, 1997). Within this group framework, various self-regulation methods such as progressive muscle relaxation and guided imagery are introduced and practiced regularly during sessions. By exposing children to multiple techniques, they are empowered to discover which approaches suit them best. As the program progresses, children take turns leading these exercises, fostering a sense of mastery and encouraging an active engagement with the strategies.

Promoting Generalization of Skills

To strengthen resilience, it is crucial that positive changes extend beyond the group environment into everyday settings like home, school, and the community. Goldstein and Martens (2000) emphasize that many interventions fail to generalize because they lack an intentional plan for generalization, noting that consistent practice of successful strategies enhances their transferability. Our model incorporates several approaches to support this, including weekly practice assignments (termed “learning enhancements”), active parent involvement, and, when relevant, collaboration with educational staff.

Each week, children receive homework tasks designed to reinforce and practice the skills introduced during sessions. These assignments encourage active coping and skill rehearsal, with progress tracked via checklists or written reflections. Recognizing that practice is essential similar to learning a musical instrument parents are asked to support their child’s efforts, including initialing completed work. For children who face difficulties with writing, verbal dictation to parents is an option. This system fosters meaningful conversations about skills and progress between children and their families.

During intake, and with parental consent, teachers complete behavioral assessments, such as the Behavior Assessment System for Children. Additionally, contact with other professionals involved in the child's care (e.g., therapists, counselors, special educators) is established as needed. Parents are encouraged to share learning enhancements with school staff to ensure reinforcement of skills in the academic setting.

We also advocate for children's participation in extracurricular groups outside of school such as sports teams, martial arts classes, or scouting to build community connections. Parents are encouraged to reinforce the use of skills in these environments. Elementary school coaches, for example, often appreciate being informed about children's challenges and enjoy partnering with parents to support positive behaviors.

Engaging Parents as Active Participants

Parents play a vital role throughout the program. Each child has a communication folder shared between therapists and parents. After every session, parents receive a letter summarizing the focus skill, its significance, practical tips for support, and the current learning enhancement. This folder also serves as a channel for parents to share feedback with therapists. Once a month, parents or caregivers join the final 15 minutes of a session, providing children the chance to demonstrate their progress. Sessions consistently include activities designed to boost self-esteem, such as peer compliments and positive affirmations, which parents observe during these meetings.

While some programs recommend separate parent groups to facilitate generalization (Pfiffner & McBurnett, 1997; Tynan, 1999), we recognize the practical challenges families face regarding time, cost, and scheduling. Nevertheless, we offer a variety of optional parent groups ranging from short-term workshops to long-standing support groups focused on topics like behavior management and encourage participation. Individual parent-therapist meetings are also available, with a requirement that parents attend at least one session per semester to stay engaged in their child's progress.

Resilience is shaped by various protective influences stemming from individuals, families, and communities. It should be understood as a set of skills and qualities that are developed over time, internalized, and broadly applied to help a person successfully navigate life's challenges. Resilience involves active engagement and self-direction resilient youth take initiative when confronted with difficulties. They draw on both internal strengths and external supports to adjust to tough situations in a realistic way. Resilient children learn that while they cannot control every event, they do have the capacity to influence future outcomes.

The Alvord–Baker social skills group model integrates these protective elements identified in existing research, offering a hands-on, forward-thinking, cognitive-behavioral strategy to nurture resilience in children. When clinicians implement these methods and children and parents engage actively in the process, the result is a cohesive approach that fosters and strengthens resilience.

This model has been a core part of our clinical work for over twelve years. In the last five years, we have gathered feedback from parents and teachers, and more recently, have begun collecting empirical evidence to assess the model's effectiveness.

Looking forward, we believe there are two main goals: first, to apply established knowledge about resilience-promoting factors across diverse treatment settings and populations; and second, to advance research by conducting rigorous, evidence-based studies that evaluate the impact of resilience-focused interventions on children's outcomes.

Conclusion

Findings suggest that resilient youth with learning disabilities tend to strive for autonomy, maintain a strong commitment to achieving their goals, exhibit considerable perseverance, and actively seek and accept help when needed.

Furthermore, resilient young adults in this population often demonstrate an enhanced capacity to recognize their personal achievements and strengths, frequently citing significant life events as turning points that motivated them to overcome difficulties, alongside a heightened sense of self-determination (Miller, 2002). Hechtman's (1991; cited in Katz, 1997) long-term prospective study of individuals diagnosed with ADHD during childhood revealed that having a supportive and influential figure such as a parent, teacher, or coach who believed in the individual's potential played a crucial role in their development. Ongoing research efforts continue to explore the complex interplay of risks and resilience factors affecting these youths (Murray, 2003).

Masten (2001) challenged the idea that resilience arises from exceptional or rare traits in children. Instead, she proposed that resilience is the product of well-functioning fundamental human adaptive systems. When these systems operate effectively, children can navigate adversity and develop healthily. Conversely, if these systems are compromised either before or after encountering challenges, children are at an increased risk for developmental difficulties.

Protective factors refer to elements that influence and potentially improve an individual's response to environmental risks that could otherwise lead to negative outcomes (Rutter, 1985). These factors can

originate from within the child, their family system, or the broader community context (Werner, 1995). Internal strengths that support resilience include a child's cognitive abilities, skill in forming friendships, and capacity for self-regulation. Externally, factors such as nurturing and competent caregivers, supportive peer relationships, community networks, and quality educational settings play a crucial role in fostering resilience.

It is important to consider protective factors within the cultural backgrounds and developmental stages of children. For instance, findings from the International Resilience Project (Grotberg, 1995) highlighted that faith can serve as a more significant protective resource in some cultures compared to others. Additionally, a child's stage of cognitive and emotional development impacts how effectively they can utilize these protective mechanisms, especially when internal vulnerabilities such as ADHD or learning disabilities are present.

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