Child Welfare Workers' Knowledge and Use of a Resilience Approach in Out-of-Home Care

Madhavappallil Thomas
Barbara Reifel

Abstract: This paper examines child welfare workers' use of resilience-based knowledge and intervention in a public child welfare system in a county in California. The data for the study were collected from child welfare workers who worked with out-of-home care children (n= 102). Descriptive analysis including chi-square tests was carried out. Findings show that a significant majority of child welfare workers are able to correctly identify risk and protective factors that are central to the concept of resilience. Although a significant majority recognizes the importance of using a resilience-based approach, most workers without a degree in social work are not familiar with it and are not currently using it in their practice. In terms of familiarity with and in the use of resilience-based assessment and interventions, significant differences were found to exist between workers with degrees in social work and workers without degrees in social work. Implications for social work education, agency training, and practice in child welfare are discussed.

Key Words: Child welfare, resilience-informed intervention, risk factors, protective factors, out-of-home care services.

INTRODUCTION

Out-of-home care services have become the most widely used intervention with abused, neglected and abandoned children. It is, therefore, extremely important that the benefits of out-of-home care be optimized. Knowledge of resilience-based assessment and intervention can aid child welfare workers in effectively working with the families of children who enter and reenter foster care. An in-depth understanding of a resilience-based approach will help reduce the risk factors and enhance the protective factors in the life of the child in out-of-home care. Such an approach has the potential to enhance prevention and provide growth-promoting opportunities, lead to the development of resilience-based assessment, intervention, and case management, and promote more positive outcomes.

Researchers have identified several factors, such as having multiple placements, being an older child, having an insecure attachment to parents, living in poverty, having behavior problems or special needs, and having a brief stay in an out-of-home placement, as "hazards" or risks, which make children more likely to re-enter out-of-home care after they have been reunified with their families (Courtney, 1995; Davis, Sandsverk, Newton, & Ganger, 1996; Festinger, 1996; Fraser, Walton, Lewis, Pecora, & Walton, 1996; George & Wulczyn, 1990; Jones, 1998; Palmer, 1996; Wells & Guo, 1999). Likewise, a number of resilience or protective factors, such as having a sense of being loved, a positive ethnic identity, family flexibility, and attendance at good schools, are known to

help shield vulnerable children from high-risk situations (Conger & Conger, 2002; Douglass, 1996; Fergusson & Lynskey, 1996; Henry, 1999; Miller & MacIntosh, 1999; Laframbose, Coleman, & Gerton, 1993; Palmer, 1996; Patterson, 2002; Smokowski, 1998; Werner & Smith, 1982). Child welfare workers who are aware of these risk and protective factors should be better able to develop interventions to enhance resilience and minimize risk than child welfare workers who have limited knowledge and skills in using this perspective. It is therefore important to examine child welfare workers' level of such skills and knowledge in order to address any deficiencies.

Against this backdrop, the study examines the extent to which child welfare workers understand and use resilience-based knowledge and skills in working with children in foster care and whether child welfare workers with a degree in social work differ significantly from workers without social work training in their understanding and use of resilience based assessment and intervention.

Resilience as a Construct

Resilience as a concept emerged in the 1970s and represented a paradigm shift from psychopathology to the identification of protective and risk factors, which differentiate resilient individuals from non-resilient individuals (Anthony, 1987). Recent literature indicates that researchers have operationalized the construct of resilience as both a process and an attribute or trait. Generally defined, resilience refers to "manifested competence in the context of significant challenges to adaptation" (Masten & Coatsworth, 1998, p. 206). It has been viewed as interactional in nature and defined as a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 543). In contrast, others consider resilience to be an attribute or trait of the individual. Viewed from this perspective, it is the ability to maintain adaptive functioning in the presence of risk factors without experiencing serious long-term harmful effects largely due to characteristics of the resilient individual (Nash & Bowen, 1999).

Luthar et al. (2000) argue that the terms resilience, resiliency, and the concepts they represent must be differentiated. They describe resilience as most closely related to a "dynamic process" through interaction between the person and their environment at various levels. Resiliency, on the other hand, represents the construct as a trait or characteristic, which is not as amenable to intervention or change. In making the choice to use only the term resilience and the meaning ascribed to this term by Luthar et al. (2000), the authors believe the appropriate emphasis is given to the aspects of this construct which are most amenable to change and avoid any sense of "blaming the victim" for having what might be considered by some as "low resiliency." For the authors, the study of "resilience" as opposed to "resiliency" leads to prioritization of the search for effective ways to decrease risk factors and increase protective factors in order to enhance the resilience. Gilligan (2004) has also affirmed this distinction by indicating acceptance of the definition of resilience as a dynamic process and promoting this definition as the most useful for related conceptualizations and studies on the topic.

Although strengths and resilience have often been used interchangeably in the literature, Goldstein (1997) sees resilience as the attribute that epitomizes and operationalizes the conceptual framework of the strengths perspective. The strengths perspective emphasizes the resources, assets, potentials, and capabilities of individuals, groups, families, and communities (Saleebey, 1997). This approach also marks a paradigmatic shift from the typical human service perspective from a focus on pathology and deficits to a strengths perspective which asks what is right. The strengths perspective emphasizes such concepts as empowerment, dialogue, and collaboration.

Based on a review of the literature, it is logical to surmise that the two concepts—resilience and the strengths-based perspective—are closely linked and quite complementary. However, there is an important distinction between the two concepts. Resilience is a dynamic process which exists in the interaction between clients and their environments, whereas the strengths perspective describes the helping professional's positive framework which enhances the ability to identify and apply resilience-informed assessments and interventions in practice. Unless the client is viewed from a strengths-based perspective, the worker is likely to miss the resilience factors associated with a particular client and his or her environment and thus be less able to build on them.

Literature Review

No research appears to have been published on the subject of child welfare workers' attitudes toward resilience or knowledge concerning resilience. This is also true regarding child welfare workers' application of resilience-informed assessment, interventions, and/or case management in practice settings. Several major databases were queried for this review (i.e., Academic Search Elite, ERIC, PsychArticles, PsychINFO, Sociological Abstracts, Social Sciences Citation Index, Social Service Abstracts, and Social Work Abstracts). Results indicate that there have been many studies involving resilience in the social work literature but none of the authors could locate any investigations of child welfare workers' attitudes toward resilience, knowledge of resilience, or actual use of resilience in social work practice contexts.

Social work researchers have made a convincing case for the utility and effectiveness of resilience as an organizing framework for research in social work (Fraser & Richman, 1999; Gilgun, 1996). As a result, an increasing number of social work researchers have used resilience as the overarching construct that guides studies in a wide variety of practice arenas (Coombes & Anderson, 2000; Dillon, Liem, & Gore, 2003; Early & Vonk, 2001; Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004; Fraser & Richman, 1999; Gilgun, Keskinen, Marti, & Rice, 1999; Greene, 2002; Johnson et al., 1998; Kaplan, Turner, Norman, & Stillson, 1996; Little, Axford, & Morpeth, 2004; Nash & Bowen, 1999; Freedman, 2004; Van Breda, 1999). For instance, Early and Vonk (2001) use resilience and related concepts (protective and risk factors) to frame a review of several effectiveness studies concerning the practice of school social workers. In addition, compilations of research on resilience applied to many topics of great interest to social workers are available (Fraser & Richman, 1999), most notably, two recent books which include the works of several authors (Fraser, 2004; Greene, 2002).

Many articles reflect the state of the research as skewed more toward the identification of risk factors than protective factors (Little, et. al., 2004). Fraser and Richman (1999) supply a reason for this imbalance, when they point out that research on resilience seems to indicate risk may be "more potent than protection" when high levels of risk are encountered. Though this may be the case, notable recent efforts are being made to present a more balanced approach with empirical findings concerning applicable protective factors listed simultaneously with risk factors (Corcoran & Nichols-Casebolt, 2004; Fraser & Galinsky, 2004; Thomas, Chenot, & Reifel, 2005: Thomlinson, 2004). Corcoran and Nichols-Casebolt (2004) have outlined the utility of resilience for assessment, goal formulation, and intervention planning based on empirical evidence. Their work is very important in light of the present study. Finally, there have also been studies concerning the resilience of social workers in various practice arenas (Egan, 1993; Horwitz, 1998).

However, many child welfare workers do not appear to have much familiarity with the concept of resilience or how it might be applicable in various practice situations. One of the social work specializations which appears most interested in resilience is school social work (Bein, 1999; Early & Vonk, 2001; Reimer, 2002). This may be due to the long-standing interest in resilience in the field of education and the fact that much of the resilience literature has focused on childhood. However, even in the literature devoted to school social work, there do not seem to be any studies on social workers' familiarity with resilience, knowledge of resilience or applications of resilience-based treatment.

In spite of child welfare workers' lack of familiarity with resilience and its implications for practice, there is an increasing body of knowledge addressing the effectiveness of many resilience-informed interventions (Fraser & Galinsky, 2004). Thomlinson (2004) describes a number of interventions that have been empirically researched and found to be effective in addressing issues leading to or resulting from child maltreatment on an individual, family, and environmental level. For example, there are programs that have been found to be effective for increasing parenting skills or for enhancing family social support, both of which are related to resilience. As pointed out by Fraser and Galinsky (2004), effective social work practice utilizes strategies that enhance protective factors and minimize risk factors in a child's individual life, family life, and community.

Child welfare workers who are operating from a resilience-informed perspective must be aware not only of the risk and protective factors that make up resilience, but also of interventions that have been found to be effective in increasing resilience. Corcoran and Nichols-Casebolt (2004) have developed a framework for assessing risk and protective factors and developing related goals for intervention on three levels: the micro (individual and family), mezzo (neighborhood, school, church), and macro (broader society). For example, intervention goals for a child who is born with low intelligence might be to increase parenting skills (micro), to develop school programs for special needs children (mezzo), or to advocate for educational funding for special needs children (macro).

As brought out by the literature review, researchers have made a convincing argument for the usefulness and effectiveness of the resilience perspective and its relevance to practice. However, there is hardly any research about child welfare workers' attitudes toward or knowledge about the use of resilience in practice. Distinguishing it from other studies, this study examines child welfare workers' application of resilience-informed assessment and intervention. It further answers the question whether child welfare workers with a degree in social work are more likely to use resilience based approach in their practice than those with non-social work training.

METHODOLOGY

The purpose of the study was to examine child welfare workers' self-reported knowledge and skills in using resilience-based assessment, intervention, and case management in working with children in the public child welfare system in a central California county. Accordingly, the data for the current study were collected from a Public Child Welfare Services (CWS) agency in a central California county. All of the child welfare workers contacted had worked or were currently working with children in out-of-home care. A self-administered questionnaire consisting of closed and open-ended questions was used to collect information from the respondents. In order to examine respondents' knowledge of resilience approach, a selected number of variables from the literature review were identified and listed as risk and protective factors associated with the concept of resilience. Respondents were then asked to put a check in one of the appropriate boxes marked as "protective factors" and 'risk factors." Questionnaires were then distributed to 240 child welfare workers, and 102 completed questionnaires were returned which resulted in a response rate of 42.5%.

The data collected from the 102 completed questionnaires were analyzed using SPSS. Descriptive analysis including chi-square was performed in order to achieve the study objectives and answer the research questions. Qualitative data were also analyzed by identifying the major themes. The following section summarizes the main findings of the study.

FINDINGS

Demographic Profile

Respondents' ages ranged from 24 to 65 years with the mean age of 39.37 years (SD = 10.21). With respect to gender, 69% of the respondents were females and 31% were males. In terms of educational qualification, 24% had MSW degrees while nearly two-thirds (65%) had undergraduate degrees. The majority (53%) had social and behavioral science as the major. While 24% reported social work as their major, the rest had counseling, psychology and business administration as their major.

The respondents worked in a variety of programs such as Adoptions (8.8%), Family services such as Family Reunification, Family Maintenance, Court Review (25.5%), Independent Living and Family Decision Making, etc. (11.8%), Emergency Response (9.8%), Court Intake (15.7%), Long Term Foster Care/Permanent Placement (27.5%),

and Licensing (1%). Their length of experience in these programs ranged from three months to 30 years with a mean of 6.09 years (SD = 5.57). Most of the respondents were child welfare workers along with a few supervisors, one program specialist, and one program director.

Child Welfare Workers' Knowledge of the Concept of Resilience

Review of literature indicates that resilience includes concepts such as: Risk factors, Protective factors, Vulnerability, Adversity/Trauma, Adaptation and Buffer. To examine the extent of child welfare workers' understanding of resilience, respondents were asked to identify whether or not the above listed concepts are associated with resilience. As shown in Table 1, a significant majority of child welfare workers correctly identified all the listed concepts as associated with resilience. Clearly, from a conceptual standpoint, most of the workers were able to identify some of the resilience constructs.

Table 1.   Understanding of Constructs Associated with Resilience

	Yes	No	Total
Risk Factors	72.5% (66)	27.5% (25)	100% (91)
Protective Factors	79.1% (72)	20.9% (19)	100% (91)
Vulnerability	82.0% (73)	18.0% (16)	100% (89)
Adversity/Trauma	83.7% (77)	16.3% (15)	100% (92)
Adaptation	91.4% (85)	08.6% (8)	100% (93)
Buffer	73.0% (65)	27.0% (24)	100% (89)

Similarly, from the literature review, a selected number of variables identified by the researchers as risk and protective factors were listed. As child welfare workers, respondents were asked to mark whether a given variable is a risk or protective factor associated with resilience in the provision of child welfare services. It was thought that the correct identification of these factors by the majority of the respondents would be further evidence of their understanding of resilience and its application to various situations related to clients. Table 2 presents data on the child welfare workers' views on risk and protective factors.

Based on the literature review, protective factors used in the questionnaire and presented in Table 2 include sense of being loved, positive ethnic identity, family flexibility, and attendance at good schools. Risk factors include multiple placements, being an older child, having a brief stay in out of home placements, having an insecure parent-child attachment, coming from a single parent family, living in poverty, and being a child with special needs. As shown in Table 2, an overwhelming majority of the respondents correctly marked sense of being loved (98%), positive ethnic identity (91.8%), attendance in good schools (88.8%) and family flexibility (85.7%) as protective factors. Similarly, most of them correctly identified multiple placements (91.8%), single parent family (91.5%), living in poverty (93.8%), and child behavioral problems (98%) as risk factors. Interestingly enough, "being an older child" stands out as a variable which 59.2% identified as a protective factor while the existing literature identifies it as a risk factor.

Table 2.   Views of Risk and Protective Factors Related to Resilience

Factors	Protective factors	Risk factors	Total
Sense of being loved	98.0% (96)	2.0% (2)	100% (98)
Positive ethnic identity	91.8% (90)	8.2% (8)	100% (98)
Multiple Placements	8.2% (8)	91.8% (90)	100% (98)
Family Flexibility	85.7% (84)	14.3% (14)	100% (98)
Being an older child	59.2% (58)	40.8% (40)	100% (98)
Attendance at good schools	88.8% (87)	11.2% (11)	100% (98)
Brief stay in out of home placement	37.8% (37)	62.2% (61)	100% (98)
Insecure parent/child attachment	4.0% (4)	96.0% (95)	100% (99)
Single parent family	8.5% (8)	91.5% (86)	100% (94)
Living in poverty	6.3% (6)	93.8% (90)	100% (96)
Child behavior problems	2.0% (2)	98.0% (97)	100% (99)
Child with special needs	4.1% (4)	95.9% (94)	100% (98)

The study participants were asked to write about their knowledge and understanding of a resilience-based approach in the context of child welfare practice. The majority of respondents had limited knowledge about the approach or were unfamiliar with the

approach. It is important to exercise caution since the majority of the respondents in this sample had social and behavioral sciences as their major and did not have a degree in social work. However, some participants felt Child Welfare staff used this approach. The themes derived from the qualitative data included: 1) Resilience may be genetic; 2) Resilience approach identifies strengths of the child and identifies the risk factors as a way to foster resilience in a child; 3) Resilience approach is the ability of a child to recover from a traumatic situation and 4) Resilience approach encourages intervention that strengthens families through developing supports in the family's environment. These themes show that participants' understanding of the resilience-based approach primarily includes identifying strengths within the individual's and/or family's environment in an effort to foster support systems that will assist individuals and families in becoming autonomous or in recovering from traumatic experiences. Some comments about a resilience-based approach that highlight these themes include:

> *This focuses on a child's strengths and how to foster those strengths*

> *By reinforcing the child's sense of self worth, and strengthen family ties*

> *… use strengths of the child in order to increase the child's self image and therefore impact the child's life*

Familiarity with and Use of Resilience

Table 3 presents data on the familiarity with and use of resilience-based interventions by child welfare workers sorted by those with a degree in social work and by those without a degree in social work. Findings show that 96% of workers with a degree in social work are familiar with the concept of resilience compared to 45% of workers without a degree in social work. These differences are found to be statistically significant (df = 1, p< .0001). Similarly, 54% of respondents with a degree in social work reported familiarity with the use of resilience-based interventions in Child Welfare Services (CWS) practice. In sharp contrast, only 12% of workers without a degree in social work are reported to be familiar with the use of resilience-based interventions.

These differences are found to be statistically significant (df = 1, p< .0001). Similar differences are found to exist between workers with a degree in social work and workers without a degree in social work in terms of their current and past use of resilience-based interventions and or case management in working with out of home care children (df = 1, p< .04).

Table 3.   **Child Welfare Workers' Degree and Familiarity with and Use of a Resilience-Based Approach**

Question		Social Work Degree	No Social Work Degree
Are you familiar with the concept of resilience?	Yes	23 (95.8%)	32 (45.1%)
	No	1 (04.2%)	39 (54.9%)
		df = 1, p < .0001	
Are you familiar with the use of resilience-based interventions in Child Welfare services?	Yes	13 (54/2%)	9 (12.3%)
	No	11 (45.8%)	64 (87.7%)
		df = 1, p < .0001	
Do you currently use any resilience-based assessment or case management in working with foster care/child welfare?	Yes	10 (43.5%)	14 (21.5%)
	No	13 (56.5%)	51 (78.5%)
		df = 1, p < .04	
Have you used any resilience-based assessment or intervention in working with foster care/child welfare in the past?	Yes	11 (45.8%)	15 (23.4%)
	No	13 (54.2%)	49 (76.6%)
		df = 1, p < .04	

Study participants were asked to describe their understanding of the concept of resilience. Qualitative analysis of the data shows that the majority of the respondents had some familiarity with the concept. Some of the ideas related to the resilience concept include: 1) Ability of the children to "bounce back" from adverse situations; 2) Ability to adapt to various situations; 3) Elements of the social environment that contribute to healthy adoption of children and families; 4) Child's strength in family and foster family areas; and 5) Use of coping mechanisms under stress. These themes show that the respondents viewed resilience as including both the ability to bounce back from adverse situations or traumas and the existence of certain elements in the family or environment that contribute to the healthy development of individuals despite the adversities of their life. The following quotes on resilience concepts support the above discussion:

Being able to bounce back to normalcy from a traumatic experience, illness or misfortune

Ability to overcome odds that others seem to succumb to

Those elements of the social environment that contributes to healthy adoption of children and families to the environment

This study also examined whether or not child welfare workers used any resilience-based interventions in their work with the children. Respondents were asked to describe their understanding of resilience-based interventions. Qualitative analysis of the data shows that some of them consider the use of the strengths perspective as synonymous with resilience-based interventions. The major themes derived from this question are: 1) Using services that minimize trauma and builds on strength; 2) Using a strengths-based approach; 3) Cultivating strength in children and families to increase functioning; and 4)Fostering protective factors. These themes are generally related to strengths perspective, and child welfare workers in this study seem to relate resilience mostly with strength. The following are some of their responses on resilience-based interventions:

Any meetings or assessment to assist the family with getting back to normalcy

Providing preventive services to clients to strengthen their support structure

Utilizing/cultivating strengths in families/children to increase functioning

The participants were asked to describe whether or not they used any resilience-based assessments, interventions, or case management techniques in working with foster care/child welfare in the past. The majority of the respondents were able to identify some techniques used in their current practice that they believed were related to resilience. The themes derived from the qualitative data analysis included: 1) Using a strengths-based approach with families as a technique; 2) Using resilience-based assessments including a "multi-integrated service" approach (active collaboration with various community agencies); 3) Using the community resources to support a child's current living environment; 4) Maintaining a child's connection to a significant adult, to the child's family, and to other support systems; and 5) Feeling that the child welfare worker's practice itself is based on a resilience-based approach and assessment. Excerpts about child welfare workers' use of resilience-based assessments, interventions, and case management that highlight these themes include:

Build on child's strengths—provide child with positive experiences and positive understanding of self

… SSW's can intuitively identify those strengths on which to build

… use of community resources, concurrent planning, permanency planning, least restrictive placements

… Use strengths of the child in order to increase the child's self image and therefore impact the child's life

The respondents' perceived importance of resilience-based assessment, intervention, and case management has been analyzed. On a scale of 1 to 5, with 1 being "not important" and 5 being "important," child welfare workers were asked to rate "How important do you think it is to use resilience-based assessment, interventions and case

management in out of home care services?" Their responses show that a majority think it is important or very important to use resilience-based assessment (65%), resilience-based intervention (68%), and resilience-based case management (66%). Clearly, child welfare workers do recognize the importance of using a resilience-based approach to working with children in out-of-home care.

The study further explored whether or not respondents' education and training contained any course work on resilience in general or resilience-based assessment, intervention and case management. For this, the education variable was recoded into child welfare workers with a degree in social work and child welfare workers without a degree in social work. This variable has been further analyzed using whether respondents' education included content on resilience. The findings reveal that while 79% of workers with a degree in social work reported that resilience was discussed in their course work, only 17% of workers without a degree in social work stated that resilience was discussed in their course work. Furthermore, 36% of workers with a degree in social work also reported that their course work included specific resilience-based assessment, interventions and case management. In contrast, 88% of workers without a degree in social work stated that their course work did not include specific resilience-based assessment, interventions and case management. Clearly, this has implications for practice and for the hiring decisions made by public child welfare programs.

DISCUSSION

A significant majority of child welfare workers correctly identified all the listed constructs associated with the concept of resilience. Similarly, most of them correctly identified risk and protective factors which are central to the understanding of resilience concepts. They were able to group most of the constructs that were listed in the questionnaire into risk and protective factors. However, findings from qualitative analysis show that majority of the respondents were not very aware of the difference between resilience and the strengths perspective. For example, major themes which emerged from qualitative analysis concerning child welfare workers' knowledge about resilience seem to center on identifying strengths within the individual, family, and the environment. Many respondents described resilience as use of services that minimize trauma and build on strength or use of interventions related to strengths-based approaches to enhance functioning. A similar interchange of concepts is evident in the literature: some writers describe strengths and resilience as synonymous.

In terms of familiarity with and use of resilience concept in their practice, findings reveal a significant difference between workers with a degree in social work and workers without a degree in social work. Clearly workers with a degree in social work are more familiar with the concept of resilience and in the use of resilience based approaches in their practice. Similar differences are also observed between workers with and without a social work degree in their current use of resilience based assessments and interventions. Clearly, resilience based assessment and interventions are currently used more by workers with a social work degree. This has implications in the public child welfare

system for hiring social workers who are trained to use a resilience-based approach in working with children.

The majority of workers without a degree in social work reported that a resilience framework was not discussed in their course work nor did the course work include specific resilience based assessments, interventions, and case management. These findings have implications for hiring social workers over non-social workers and for providing additional training for non-social workers in the use of resilience-based approach. If public child welfare system hires workers with a degree in social work, they are more likely to incorporate resilience informed practice in working with at-risk children. Such resilience-based assessment and intervention strategies focusing on identifying and building protective factors for at-risk children can enhance quality of service. It is equally important to provide extra training for non-social workers in the use of resilience-based approach in working with out of home care children. Such education and training is likely to improve the success rate of out-of-home care services.

Despite the differences between child welfare workers with social work degree and without social work degree, a significant majority of child welfare workers think that it is important or very important to use resilience-based assessment, intervention, and case management in their work. Clearly, child welfare workers in general do recognize the importance of using a resilience-based approach to working with children in out-of-home care. Given the nature of risk and vulnerability found in these children, child welfare workers possibly realize the importance of building on the protective factors which in turn can buffer the risk factors.

In terms of practice, child welfare workers' knowledge of resilience-informed interventions not only helps them to refocus on the assets and resources of the child, but also stimulates children and families to build on resources. Knowledge of a resilience informed framework helps the workers to focus on protective factors and sow the seeds of prevention at an early stage in the intervention process (Thomas, Chenot & Reifel, 2005). This is possible only if all child welfare workers, including those without a degree in social work, possess the knowledge and skills to use resilience-based interventions.

Although the findings of this study add to the existing literature, there are several limitations that need to be considered. The study employed a convenience sample of child welfare workers currently working in the public child welfare system of a central California county. Such a sampling method does not assure adequate representativeness of the population. Thus, the results cannot be generalizable beyond the study population. It should be noted that this is primarily a baseline study, and, by intent, exploratory. Hence, it only provides an empirical base for future theoretical formulations, by identifying a matrix of important variables associated with knowledge and skill levels of some child welfare workers. These factors serve as external threats to the generalizability of the study's findings to child welfare workers in other settings. The weak response rate is yet another threat to the external validity of this study.

CONCLUSION

The majority of child welfare workers in this study are familiar with the concept of resilience, recognize its importance, and believe that a resilience-informed practice is important. However, the majority also state that they do not use resilience-based assessments, interventions, or case management. Furthermore, the majority of child welfare workers without a degree in social work state that the concept of resilience and its implications for practice were not discussed during their education and training. Child welfare workers with a social work degree are more likely to use resilience-informed practice than those without a social work degree. This paper underscores the benefit of hiring social workers over non-social workers in the public child welfare system and for providing extra training for non-social workers in using resilience based approach in working with out of home care children.

References

Anthony, J. (1987). Risk, vulnerability, and resilience: An overview. In E. J. Anthony & B. Cohler (Eds.), *The invulnerable child* (pp. 3-48). New York: Guilford Press.

Bein, A. M. (1999). School social worker involvement in mentoring programs. *Social Work in Education, 21*(2), 120-129.

Corcoran, J., & Nichol-Casebolt, A. (2004). Risk and resilience ecological framework for assessment and goal formulation. *Child and Adolescent Social Work Journal, 21*(3), 211-235.

Courtney, M. E. (1995). Reentry to foster care of children returned to their families. *Social Service Review, 69*, 226-241.

Conger, R. D., & Conger, K. J. (2002). Resilience in Midwestern families: Selected findings from the first decade of a prospective longitudinal study. *Journal of Marriage & Family, 64*(2), 361-373.

Coombs, K., & Anderson, R. (2000). The impact of family of origin on social workers from alcoholic families. *Clinical Social Work Journal, 28*(3), 281-302.

Davis, I. P., Sandsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review, 18*(4/5), 363-382.

Dillon, C. O., Liem, J. H., & Gore, S. (2003). Navigating disrupted transitions: Getting back on track after dropping out of high school. *American Journal of Orthopsychiatry, 73*(4), 429-440.

Douglass, A. (1996). Rethinking the effects of homelessness on children: Resiliency and competency. *Child Welfare, 75*(6), 741-752.

Egan, M. (1993). Resilience at the front lines: Hospital social work with AIDS patients and burnout. *Social Work in Health Care, 18*(2), 109-125.

Early, T. J., & Vonk, E. M. (2001). Effectiveness of school social work from a risk and resilience perspective. *Children & Schools, 23*(1), 9-31.

Fergusson, D. M., & Lynskey, M. T. (1996). Adolescent resiliency to family adversity. *Journal of Child Psychology Psychiatry, 37*(3), 281-292.

Festinger, T. (1996). Going home and returning to foster care. *Children and Youth Services Review*, *18*(4/5), 383-402.

Flynn, R. J., Ghazal, H., Legault, L., Vandermeulen, G., & Petrick, S. (2004). Use of population measures and norms to identify resilient outcomes in young people in care: An exploratory study. *Child and Family Social Work, 9*(1), 65-79.

Fraser, M. W. (Ed.). (2004). *Risk and resilience in childhood: An ecological perspective*. (2nd ed.). Washington DC: NASW Press.

Fraser, M. W., & Galinsky, M. J. (2004). Risk and resilience in childhood: Toward an evidence-based model of practice. In M. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 385-402)*. Washington, DC: NASW Press.

Fraser, M. W., & Richman, J. M. (1999). Risk, protection, and resilience: Toward a conceptual framework for social work practice. *Social Work Research, 23*(3), 131-144.

Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review, 18*(4/5), 335-361.

Freedman, T. G. (2004). Voices of 9/11 first responders: Patterns of collective resilience. *Clinical Social Work Journal, 32*(4), 377-393.

George, R. M., & Wulczyn, F. H. (1990). *Placement duration and foster care reentry in New York and Illinois*. Chicago: National Opinion Research Center.

Gilgun, J. (1996). Human development and diversity in ecological perspective, part 1: A conceptual framework. *Families in Society, 77*(7), 395-402.

Gilgun, J., Keskinen, S., Marti, D. J., & Rice, K. (1999). Clinical applications of the CASPARS instruments: Boys who act out sexually. *Families in Society, 80*(6), 629-641.

Gilligan, R. (2004). Promoting resilience in child and family social work: Issues for social work practice, education and policy. *Social Work Education*, *23*(1), 93-104.

Goldstein, H. (1997). Victors or victims? In D. Saleebey (Ed.). *The strengths perspective in social work* (pp. 21-35)*. New York: Longman.

Greene, R. R. (Ed.). (2002). *Resiliency: An integrated approach to practice, policy and research.* Washington, DC: NASW Press.

Henry, D. L. (1999). Resilience in maltreated children: Implications for special needs adoption. *Child Welfare*, *78*(5), 519-541.

Horwitz, M. (1998). Social worker trauma: Building resilience in child protection social workers. *Smith College Studies in Social Work, 68*(3), 363-377.

Johnson, K., Bryant, D. D., Collins, D., Noe, T. D., Strader, T. N., & Berbaum, M. (1998). Preventing and reducing alcohol and other drug use among high-risk youths by increasing family resilience. *Social Work, 43*(4). 297-308.

Jones, L. (1998). The social and family correlates of successful reunification of children in foster care. *Children and Youth Services Review, 20*(4), 305-323.

Kaplan, C. P., Turner, S., Norman, E., & Stillson, K. (1996). Promoting resilience strategies: A modified consultation model. *Social Work in Education, 18*(3), 158-168.

Laframboise, T., Coleman, H. L. K., & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin, 114*(3), 395-412.

Little, M., Axford, N., & Morpeth, L. (2004). Research review: Risk and protection in the context of services for children in need. *Child and Family Social Work, 9*, 105-117.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562.

Masten, A. S., & Coatsworth, J. D. (1998). The development in competence in favorable and unfavorable environments. *American Psychologist, 53*, 205-220.

Miller, D. B., & MacIntosh, R. (1999). Promoting resilience in urban African American adolescents: Racial socialization and identity. *Social Work Research*, *23*(3), 159-170.

Nash, J. K., & Bowen, G. L. (1999). Perceived crime and informal social control in the neighborhood as a context for adolescent behavior: A risk and resilience perspective. *Social Work Research*, *23*(3), 171-187.

Palmer, S. E. (1996). Placement stability and inclusive practice in foster care: An empirical study. *Children and Youth Services Review, 18*(7), 589-601.

Patterson, J. M. (2002). Understanding family resilience. *Journal of Clinical Psychology, 58*(3), 233-246.

Reimer, M. S. (2002). Gender, risk, and resilience in the middle school context. *Children and Schools, 24*(1), 35-47.

Rutter, M., Maugham, B., Mortimore, P., & Ouston, J. (1979). *Fifteen thousand hours.* Cambridge, MA: Harvard University Press.

Saleebey, D. (1997). The strength perspective: Possibilities and problems. In D. Saleebey (Ed.). *The strengths perspective in social work* (pp. 385-402). New York: Longman.

Smokowski, P. R. (1998). Prevention and intervention strategies for promoting resilience in disadvantaged children. *Social Service Review*, *72*(3), 337-364.

Thomas, M., Chenot, D., & Reifel, B. (2005). A resilience-based model of reunification and reentry: Implications for out-of-home care services. *Families in Society, 86*(2), 235-243.

Thomlinson, B. (2004). Child maltreatment: A risk and protective factor perspective. In M. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 89-131)*.* Washington, DC: N.A.S.W. Press.

Van Breda, A. D. (1999). Developing resilience to routine separations: An occupational social work intervention. *Families in Society, 80*(6), 597-605.

Wells, K., & Guo, S. (1999). Reunification and reentry of foster children. *Children and Youth Services Review, 21*(4), 273-294.

Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A study of resilient children.* New York: McGraw-Hill.

Author's note:

Address correspondence to: Madhavappallil Thomas, Ph.D., Department of Social Work, California State University, Bakersfield, 9001 Stockdale Highway, Bakersfield, CA 93311-1099. Email: mthomas5@csub.edu