

Edyta Sielicka
ORCID: 0000-0002-8704-9290
University of Szczecin

The Core Curriculum as an Opportunity to Prevent Risky Behaviour in Primary School Pupils in Light of the Concept of Resilience

ABSTRACT

The effectiveness of addiction prevention for children and adolescents currently seems to stir up a lot of emotions and calls to verify the theory behind it. The shift from defensive prevention to positive prevention is becoming successful, yet remains insufficient in education. One interesting approach to the process of preventing addiction in children and adolescents is the concept of resilience, which posits that an individual's resilience helps them positively adapt to or persist in difficult situations which are considered risky for their proper functioning. At the same time, the lack of awareness about addiction among children and adolescents and the rising threats posed by young people's substance use and addictive activities suggest that schools should be one of the first sites of systemic solutions for support and prevention. Based on these assumptions, the author analysed the general education core curriculum for pupils in years 4–7 of primary school, in order to verify its goals and educational content in relation to the established indicators for building resilience in students. The results illustrate a lack of consistency or connections between the

KEYWORDS

resilience, prevention
in schools, addiction,
risky behaviour, core
curriculum

SPI Vol. 26, 2023/2
e-ISSN 2450-5366

DOI: 10.12775/SPI.2023.2.003en
Submitted: 28.02.2023
Accepted: 28.04.2023

various educational goals and content, which indicates an inability of schools to consciously design educational content that strengthens pupils' individual resources of resilience.

Introduction

Nationwide surveys on risky behaviour among Polish students should certainly raise pedagogical concerns. In 2019, an international research project called the “European School Survey Project on Alcohol and Drugs” was carried out. Its goal was to conduct a representative survey of year 3 students of (then) junior high schools (aged 15–16) and year 2 students of high schools (aged 17–18) in Poland (Sierosławski 2020). The survey showed that alcohol was the psychoactive substance most widely used by children and adolescents: 80.0% of students in the younger group (15–16 years of age) and 92.8% of students in the older group (17–18 years of age) had drunk alcohol at least once in their lives. The young age of alcohol and drug initiation in Poland is also worrying. Studies show that children as young as 11 or 12 years old are already experimenting with alcohol, as the average age of alcohol initiation is 12.5 years (Wojcieszek et al. 2021: 52). Thus, this happens during junior high school. Moreover, 49.9% of students from the younger age group and 65.5% from the older age group had smoked at least once in their life. Experimenting with tranquilisers or sleeping pills was reported by 15.1% of students in the younger group and by 18.3% in the older group. Likewise, 21.4% of the younger students and 37.0% of the older students had used cannabis or hashish at least once (Sierosławski 2020). The author of the report also claims that, based on the research, it can be estimated that around 2% of young people may be at risk of problematic gambling (Sierosławski 2020). This data is supplemented by a report published in 2019 by the Empowering Children Foundation (the Polish name is “Dajemy Dzieciom Siłę”), which describes data from a survey of 1,017 teenagers. Among the study group, 11.9% of respondents were problematic internet users, 11.4% had partial symptoms of problematic internet use and 0.5% had increased symptoms of internet use. These results differ by gender and age: the problematic internet users were more often girls than boys (13.9% vs. 9.3%; $p < 0.05$); they were also more likely to be older (15–17 years) than younger (12–14 years;

15.0% vs. 9.5%; $p < 0.05$) (Makaruk, Włodarczyk, Skoneczna 2019: 30). Other available studies conducted in Poland also report similar data, which raises concerns about the addiction risks of children and adolescents,¹ while also pointing to other areas of risk that are less recognised, such as addictions to sex, exercise or studying.

Reinforcement of resilience as a preventive task

Awareness of the relatively ineffective past prevention and the growing knowledge of health education, health psychology and neurodidactics confirm the need to search for more effective forms of counteracting risky behaviour. The postulate to design preventive actions using the concept of resilience seems to deserve particular attention. The very concept of resilience was initially introduced by Crawford Stanley Holling to help understand the ability of ecosystems to maintain themselves in their original state despite being subject to changing conditions, and therefore to understand the determinants of their stability (Holling 1973: 14). In psychology and psychiatry, the term has attracted interest in relation to the developmental determinants of children and adolescents with experiences of difficult, traumatic situations; it first appeared in studies by Norman Garmeze (1985), Emma E. Werner (1989) and Michael Rutter (1987). Subsequently studied by interdisciplinary teams (Walker et al. 2004; Folke et al. 2010), it evolved and was operationalized in number of scholarly papers (Cicchetti, Garmezy 1993; Luthar, Cicchetti 2000; Rutter 2006; Herrman et al. 2011, Southwick et al. 2014).

Currently, there is no consensus on the adoption and widespread recognition of a single operational definition of the concept of resilience, but most researchers agree that it is a type of resistance that involves positive adaptation or the ability to maintain or regain mental health despite experiencing adversity that poses an increased risk

1 A list of available reports on the problem of addiction of children and adolescents is provided by the National Agency for the Solution of Alcohol Problems (<https://www.parpa.pl/index.php/badania-i-informacje-statystyczne/raporty-z-badan>), the National Bureau for Drug Prevention (<https://www.kbpn.gov.pl/portal?id=1768880>) and the National Centre for Drug Prevention (<https://www.uzaleznieniabehawioralne.pl/do-pobrania>).

to an individual's functioning (Rutter 2006; Herrman et al. 2011; Wysocka 2012). The concept of *resilience* differs from that of mental health or social competence mainly in that it focuses on differences in individuals' responses to comparable experiences. This means that the attitude characterised as resilience should be considered a dynamic process (Rutter 2000: 651; Luthar, Cicchetti 2000: 858; Masten 2014: 9) in conjunction with the individual's trajectory of experiences (Rutter 2000, 2006). Thus, it is assumed to influence the ability of individuals to cope with challenging situations, to adapt to changing conditions and to adopt constructive ways of coping with emerging adversity. Therefore, understood as a process, resilience is not a statistical trait and requires a multidimensional research perspective (Cicchetti, Garmezy 1993: 499; Masten 2014: 10).

Scholars have identified a number of factors that influence resilience, such as biological traits, psychological traits and dispositions, but also social support or participation in social systems such as family, school and friends (Herrman et al. 2011). Thus, it seems that factors influencing the development of resilience can be considered analogous to those that promote mental health (Herrman et al. 2011), although their influence is still considered in the context of individual experience. However, now it is worth mentioning the emerging concept of *ego-resiliency*, which views resilience as an individual's (fixed) traits and personal resources (Block J. H., Block J. 1980). This concept was used to develop the Ego-Resiliency Scale measurement questionnaire, considered a reliable psychometric measurement tool (ER89) (Block, Kremen 1996) which is eagerly used by some resiliency/resilience researchers (Kołodziej-Zaleska, Przybyła-Basista 2018: 161).

Polish scientists are not unanimous as to the proper translation of the word *resilience* (Heszen, Sęk 2007: 395). Thus, in order to avoid methodological doubt and anxiety over misinterpretations of the most frequently used translation—*odporność*² (Luthar, Cicchetti 2000: 862)—adopting the perspective of Krzysztof Ostaszewski

2 The concept of “resilience,” according to Suniya S. Luthar and Dante Cicchetti, in post-scientific interpretations can be understood as endurance, which, if misunderstood, may lead to actions aimed at strengthening perseverance as a collective feature or to concentration on personal traits (Luthar, Cicchetti 2000: 862).

(Ostaszewski 2014), I decided to use the English version of the concept of *resilience*. In future, however, it seems appropriate to adopt the concept of “*rezylencja*” in the Polish research methodology (Junik 2011).

The concept, although mainly researched in relation to children and adolescents experiencing prolonged stress, trauma and difficult situations—e.g. poverty, violence, disasters or lack of parental care (Werner 1995; Rutter 2006; Masten 2014)—has important implications for intervention strategies, prevention and therapeutic activities (Rutter 2006: 3), including those for addiction prevention. When it comes to designing addiction prevention, using the concept of resilience is part of what is widely recognised as effective positive prevention (Borucka, Ostaszewski 2008; Szymańska 2015: 31). This is because it is based on reinforcing people’s potential, which is in line with strategies that support the processes of resilience (Rutter 2000; Junik 2011), especially with a strategy based on positive experiences that neutralize or compensate for risk (Rutter 2000; Junik 2011). At the same time, it is worth emphasizing that the strategy does not contradict the hitherto promoted concept of risk and protection, but adds a new, individual dimension to it (Rutter 2006). Resilience as a positive adaptation to risk influences the implementation of the strategy of coping with stress and difficulties, so it can also prevent the activation of addiction mechanisms. At the same time, it is worth remembering that children with high levels of resilience also need support and may be vulnerable to difficulties at different points in their lives (Cicchetti, Garmezy 1993: 500).

Spaces of general education according to the concept of resilience

School plays a significant role in the lives of children and young people and can be a place for their emotional, social and intellectual development and growth, but it can also be a source of difficult experiences and trauma. It is a systemically designed space of mutual influences between adults and children, so every activity undertaken at school is expected to be consciously aimed at enhancing the potential of all its participants. The framework for education in the school

system is set by the Act of 14 December 2016—Education Law (Journal of Laws 2017, item 59), which stipulates that the school’s educational activities are defined by the school’s curricula and the school’s educational and preventive programme. The Education Law is accompanied by the Regulation of the Minister of National Education of 28 March 2017 on general teaching plans for public schools (Journal of Laws 2017, item 703). It should be noted that preventive programmes are developed independently by individual schools on the basis of an annual diagnosis of needs (Act of 14 December 2016—Educational Law, Art. 26.2), and therefore their quality and method of implementation result from schools’ needs and potential, as well as from their possibilities and resources. It can be assumed that the document standardising educational activities across Poland is the set of curricula in the Regulation of the Minister of National Education of 14 February 2017 on the core curriculum for preschool education and the core curriculum for general education for primary schools, including for pupils with moderate or severe intellectual disabilities, general education in first-degree vocational secondary schools, general education for special needs vocational schools and general education for post-secondary schools (Journal of Laws 2017, item 356). The core curriculum contains “sets of educational objectives and learning content, including skills, described in the form of general and specific requirements for knowledge and skills that a student should possess at the end of a specific educational stage, as well as educational and preventive tasks of the school” (Act of 14 December 2016—Educational Law, Art. 4, para. 24), so it is a set of requirements, objectives and content that determine the obligatory scope of educational tasks for the teacher to undertake in the subject they are teaching.

Recognising the theory of resilience as valuable in the process of designing risk behaviour prevention, I decided to investigate the extent to which resilience processes and mechanisms are developed in students at the second stage of primary school through the objectives and curricular content of schools. Therefore, I searched the provisions regarding the objectives and educational content in the core curriculum for those that enable or oblige the teacher to strengthen the factors that develop resilience in students.

The analysis was focussed on the objectives and content of classes in years 4–8. This stage includes the education of students aged 9–14, i.e. just before the period of developing (or for some students, initiating) risky behaviours such as using addictive substances or taking risks, as the data above shows. At this stage, the classroom system changes from integrated teaching to lesson- and subject-based teaching. In year 4 pupils spend 24 hours per week at school learning particular subjects; they spend 25 hours at school in years 5–6, 32 hours in year 7 and 31 hours in year 8. These lessons are the structurally dominant form of a student's functioning at school (Regulation of the Minister of National Education of 28 March 2017 on general teaching plans for public schools, appendix 1). For many teachers they constitute the main educational task.

In the first stage of designing the analysis, based on the literature, protective factors were identified that were considered significant in enhancing resilience. Then, these factors were related to the area of school education, resulting in the removal of unrelated ones from the main groups of protective factors (family relationships, personal competences, social competences, social support and personality structures—see Friborg et al. 2003). The next step involved relating the identified factors to the indicators adopted in the commonly used Resilience Scale (RS) (Ahern et al. 2006). After the verification process, the following indicators were adopted in the research:

1. reinforcing skills and values that make it possible to use one's talents and abilities (Werner 1995: 83)
2. building a positive self-image and self-esteem (Emery, Forehand 1996: 40, 42)
3. encouraging students to cope with difficulties and building students' self-confidence (Werner 1995: 82–83)
4. enhancing development by instilling positive values, including those related to health and well-being (www.resiliencecenter.com)
5. developing a sense of one's own value and effectiveness (Werner 1995: 82; Rutter 1993: 629; Masten, Best, Garmezy 1990: 431)
6. reinforcing the network of peer support (Werner 1995: 83; Michel 2014: 106).

The analysis was also extended to identify, in the educational objectives and content, direct references to knowledge on the mechanisms

of addiction (A), the dangers of using addictive substances (B) and topics of behavioural, violent and sexual addictions (C) (Kania 2016: 113). The results of the analysis are presented in Table 1.

Table 1. Analysis of the objectives and content of education in years 4–7 in relation to indicators of protective factors (1–6) that support the development of resilience mechanisms in students.

Subject ³	Educational objectives/indicators of protective factors (1–6)	Direct content/indicators of protective factors (1–6)	Year	Indirect content/indicators of protective factors (1–6)	Year
Polish	IV. Self-education IV.5 (1)			IV.2 (1) IV.4 (1) IV.5 (1)	7–8
Modern foreign language				XI (6)	4–8
Music					4–7
Art	II. Improvement of artistic skills: artistic expression reflected in individual and group activities (1) (6)				4–7
History					5–7
Citizenship Education	II. Understanding oneself and recognizing and solving problems: II.1 (5), II.2 (1), II.3 (4), II.4 (4), II.6 (4), II.7 (4). II.8 (3) III. Communication and cooperation: III.1 (5), III.2 (5), III.3 (6), III.4 (6), III.5 (5)	V.1–2 (C) VIII.5 (C)		I.1–6 (2, 5, 6) II.1–2 (4) III.3 (3, 5) III.5 (1) IV.1–7 (4, 5) V.1–2 (3) VIII.5 (4,5) IX. 1–5 (3, 4, 5)	8
Science	III. Shaping attitudes: III.5 (5), III.6 (6)	V.8 (A, B)	4	IV.6 (4, 5) V.1 (4, 5) V.10 (4, 5)	4
Geography	III. Shaping attitudes: III.1 (1), III.4 (4), III.9 (5)				5–8

3 The list does not analyse subjects which, although included in the core curricula, are not compulsory, which means that they cannot be regarded as covering all students with their learning objectives and content. These are education for family life, ethics, national or ethnic minority language and regional language (Kashubian).

Subject ³	Educational objectives/indicators of protective factors (1–6)	Direct content/ indicators of protective factors (1–6)	Year	Indirect content/ indicators of protective factors (1–6)	Year
Biology	V. Knowledge of issues related to human health: V.1 (5) VI. Attitude towards nature and the environment: VI.2 (5)	III.7.5 (A, B) III.9.6 (A, B) IV.3 (B)	7 7	III.9.4 (3)	7
Chemistry		IX.2 (B)	7–8		5–8
Physics					7–8
Mathematics					4–8
IT	IV. Developing social competences such as communication and cooperation in a group, including in virtual environments, participating in team projects and project management (6) V. Compliance with the law and safety rules; ... assessing the risks associated with technology and taking them into account for the safety of oneself and others (C)	V.1 (C) V.3 (C)	4–6 4–6	IV.2 (6) IV.1 (6) IV.4 (1)	4–6 7–8 7–8
Technology	V. Developing technological creativity: V.1–3 (1, 5)			I.5 (6)	4–6
Physical Education	IV. Developing the ability to understand the relationship between physical activity and health, engaging in health-promoting behaviour (4, 5)	IV.3 (A, B) IV.4 (A, B, C)	7–8	IV.1.1 (5) IV.1.5 (5) IV.1 (4) IV.2 (2, 3, 4) Social competences (1, 2, 3, 4, 5, 6)	4–6 4–6 7–8 4–8
Education for Safety	IV. Shaping individual and social attitudes that support health (5)			IV.1–7 (3, 4, 5)	8

Source: Based on the Regulation of the Minister of National Education of 14 February 2017 on the core curriculum... (Journal of Laws 2017, item 356).

The focus on learning goals and content in this analysis results from an assumption that they are obligatory. Many authors point out that various factors can support individuals' resilience, including students' functioning at school, the awakening of their potential, the school

atmosphere (Garmezy 1993; Skuza, Pierścińska-Maruszewska 2014), the preparation of the teaching staff and their ability to establish relationships with students (Herrman et al. 2011: 260) or the students' sense of educational success. These factors point to the need to think of school in terms of systemic activities and mutually influencing conditions. In this system, the structurally dominant form of contact and fulfilment of educational tasks is lessons, so it seems legitimate to analyse their formal framework, which has a significant impact on multidimensional thinking about school education. Analysing the learning objectives and content of the core curriculum for years 4–8 in relation to selected indicators for building resilience, we can observe a lack of consistency and correlation between the learning objectives and the content. The objectives are only represented in the educational content in individual subjects, while the content is often not anchored in the objectives. This inconsistency also applies to the way in which the curricula of individual subjects are structured and the links between them, particularly when it comes to the development of attitudes, skills or social competences. This fragmentation results in a systemic imbalance in thinking about school education as part of students' lifelong development and something that matches their needs. The language of the curriculum also indicates this incoherence: when the records were designed, no conceptual grid was created for cross-curricular correlation, an example of this being the inconsistency in or lack of objectives related to attitudes.

Despite these methodological difficulties, it is possible to identify individual provisions in the learning objectives that have been adopted and the content that refers to the process of building resilience. These references can mainly be identified with the indicators of reinforcing skills and values that allow for the use of talents and abilities (1), developing self-esteem and self-efficacy (5) and strengthening peer support networks (6). It should be noted, however, that in this aspect there is also a noticeable lack of consistency between the learning objectives and the content for these subjects. Only in the curriculum for Citizenship Education and Physical Education can references be seen to provisions centred around building self-esteem (2), and to a limited extent provisions on encouraging overcoming difficulties (3) (Table 2).

Table 2. Analysis of learning objectives and content in years 4–7 in relation to indicators of protective factors that enhance the resilience-building process of students

Indicator	Objectives	Subjects	Year
(1) Reinforcing skills and values that make it possible to use talents and abilities	Polish	Polish	7–8
	Art		4–7
	Citizenship Education	Citizenship Education	8
	Geography		5–8
		IT	7–8
	Technology		4–6
(2) Building a positive image of oneself		Physical Education	4–8
		Citizenship Education	8
(3) Encouraging students to overcome difficulties		Physical Education	4–8
	Citizenship Education	Citizenship Education	8
		Biology	7
		Physical Education	4–8
(4) Supporting development through teaching positive values		Education for Safety	8
	Citizenship Education	Citizenship Education	8
	Science	Science	4
	Geography		5–8
	Physical Education	Physical Education	4–8
(5) Developing self-esteem and self-efficacy		Education for Safety	8
	Citizenship Education	Citizenship Education	8
	Science	Science	4
	Geography		5–8
	Biology		7
	Technology		4–6
	Physical Education	Physical Education	4–8
(6) Reinforcing the system of peer support	Education for Safety	Education for Safety	8
	Art		4–7
	Citizenship Education	Citizenship Education	8
	Science		4
	IT	IT	4–8
		Technology	4–7
	Physical Education	Physical Education	4–8
	Contemporary Foreign Language	4–8	

Source: Own study.

As can be seen from the analysis, only the curriculum for Physical Education includes a direct reference to the development of social competences. It is also one of only two subjects that fulfil all the selected indicators; the second subject is Citizenship Education. It is also worth mentioning that Physical Education also contains educational content directly related to knowledge of the mechanisms of addiction, the dangers of using addictive substances and the subject of behaviour bordering on behavioural, violent and sexual addictions. This content is also covered in lessons of Science, Chemistry and, with regard to behavioural risks, IT and Citizenship Education.

Of note is the commentary on the value of health education for prevention which is found in the introduction to the core curriculum. However, health education does not function as a separate subject, and its content is included in the subjects of Physical Education and Education for Safety. The initial records also emphasise the value and importance of using the project method in education as a way to strengthen group communication, social and creative skills and constructive problem-solving (Regulation of the Minister of National Education of 14 February 2017 on the core curriculum...).

In this context, it also appears important that specific goals and content be assigned to particular age groups of pupils: the aims and content identified as supporting the process of building resilience predominantly begin at the educational stage of years 7–8. This is a developmental period that involves experimenting with addictive substances and is therefore a time of increased risky behaviour. At this educational stage, one should rather expect additional selective prevention measures, which should be adjusted to the needs of specific schools. In turn, in both the aims and content of general education, provisions indicating the need for content that aids the development of all spheres of students' lives, including those that build resilience, should be obligatory at all stages of education. Their absence seems significant, especially as the importance of this postulate is underlined by the analysis of the general objectives of the core curriculum, which are part of the introduction to the curricula of particular subjects. They indicate that the creators of the curricula were aware of the need to perceive the students' development through all aspects of their functioning (Regulation of the Minister of National Education of 14 February 2017 on the core curriculum...). Unfortunately, the analysis

did not reveal a conscious, planned and consistent implementation of this postulate. At the same time, it drew our attention to deficiencies in linking educational goals and content, which prevent the adoption of a coherent concept of human development in the educational activities carried out in schools. The analysis identified content that indicates potential for schools to strengthen the resilience-building process, but it is considerably limited due to the fact that it refers to individual, isolated provisions of educational objectives and/or content, and is not based (as mentioned above) on a coherent, theoretical concept of supporting the development of young people.

Conclusion

The first and primary source of children's and adolescent's experiences is the family environment, while the first space of systemic, obligatory measures aimed at supporting children is school. Emmy E. Werner points to well-functioning school systems as an important focus of an external support system (Werner 1989: 80), while Małgorzata Michel (Michel 2014: 120) emphasizes the unique importance of applying the concept of resilience in practice, also at the level of social prevention and rehabilitation. The interest that is growing around the use of resilience in pedagogical practice, including in preventive efforts in schools, seems to confirm that its value is being appreciated more and more (Junik 2011; Borucka, Pisarska 2012; Michel 2014; Ostaszewski 2014). With the assumption that some factors which activate addiction mechanisms are high-risk situations, deficits in practical life skills and destructive life orientation (Mellibruda 1997: 81), building and enhancing resilience can be an important form of support and prevention of addictions. After all, reinforcing the process by which a person acquires the ability to use their internal and external resources in order to positively adapt to difficulties they encounter helps in re-education or neutralisation of the risk of jeopardising their integral functioning (Michel 2014: 106). However, its implementation in pedagogical activities requires a conscious study of its determinants and the factors that build resilience in students. Above all, however, it would require recognition of the need to create and implement all educational activities, such as the creation of core curricula based on a selected, coherent scientific

concept. This would make all education efforts, including the teaching of academic skills, consistent in supporting the development of adolescents.

Bibliography

- Act of 14 December 2016—Educational Law (Journal of Laws 2016, item 59).
- Ahern N.R., Kiehl E.M., Lou Sole M., Byers J. (2006). "A Review of Instruments Measuring Resilience," *Issues in Comprehensive Pediatric Nursing*, vol. 29, no. 2, pp. 103–125, doi: 10.1080/01460860600677643
- Block J.H., Block J. (1980). "The Role of Ego-Control and Ego-Resiliency in the Origination of Behavior," [in:] W.A. Collins (ed.), *Development of Cognition, Affect, and Social Relations* (The Minnesota Symposia on Child Psychology, vol. 13), London–New York: Psychology Press, Taylor & Francis Group, pp. 39–101, doi: 10.4324/9781315803029
- Block J.H., Kremen A.M. (1996). "IQ and Ego-Resiliency: Conceptual and Empirical Connections and Separateness," *Journal of Personality and Social Psychology*, vol. 70, no. 2, pp. 346–361, doi: 10.1037//0022-3514.70.2.349
- Borucka A., Ostaszewski K. (2008). "Konsepcja resilience. Kluczowe pojęcia i wybrane zagadnienia," *Medycyna Wieku Rozwojowego*, vol. 12, no. 2, part 1, pp. 587–597.
- Borucka A., Pisarska A. (2012). *Konsepcja resilience – czyli jak pomóc dzieciom i młodzieży z grup podwyższonego ryzyka*, Warszawa: Ośrodek Rozwoju Edukacji.
- Cicchetti D., Garmezy N. (1993). "Prospects and Promises in the Study of Resilience," *Development and Psychopathology*, vol. 5, no. 4, pp. 497–502, doi: 10.1017/S0954579400006118
- Emery R.E., Forehand R. (1996). "Parental Divorce and Children's Well-Being: A Focus on Resilience," [in:] R.J. Haggerty, L.R. Sherrod, N. Garmezy, Rutter M. (eds.), *Stress, Risk, and Resilience in Children and Adolescents: Processes, Mechanisms, and Interventions*, Cambridge: Cambridge University Press, pp. 64–99.
- Folke C., Carpenter S.R., Walker B., Scheffer M., Chapin T., Rockström J. (2010). "Resilience Thinking Integrating Resilience, Adaptability and Transformability," *Ecology and Society*, vol. 15, no. 4, art. 20, doi: 10.5751/ES-03610-150420
- Friborg O., Hjemdal O., Rosenvinge J.H., Martinussen M. (2003). "A New Rating Scale for Adult Resilience: What are the Central Protective Resources Behind Healthy Adjustment?" *International Journal of Methods in Psychiatric Research*, vol. 12, no. 2, pp. 65–76, doi: 10.1002/mpr.143
- Garmezy N. (1985). "Stress-Resistant Children: The Search for Protective Factors," [in:] J.E. Stevenson (ed.), *Recent Research in Developmental Psy-*

- chopathology* (Journal of Child Psychology and Psychiatry Book Supplement, vol. 4), Oxford: Pergamon Press, pp. 213–233.
- Garnezy N. (1993). “Children in Poverty: Resilience Despite Risk,” *Psychiatry*, vol. 56, no. 1, pp. 127–136. doi: 10.1080/00332747.1993.11024627
- Herrman H., Stewart D.E., Diaz-Granados N., Berger E.L., Jackson B., Yuen T. (2011). “What is Resilience?” *The Canadian Journal of Psychiatry*, vol. 56, no. 5, pp. 258–265, doi: 10.1177/0706743711105600504
- Heszen I., Sęk H. (2007). *Psychologia zdrowia*, Warszawa: Wydawnictwo Naukowe PWN.
- Holling C.S. (1973). “Resilience and Stability of Ecological Systems,” *Annual Review of Ecology and Systematics*, vol. 4, no. 1, pp. 1–23, doi: 10.1146/annurev.es.04.110173.000245
- Junik W. (ed). (2011). *Resilience. Teoria – badania – praktyka*, Warszawa: Parpamedia. Wydawnictwo Edukacyjne.
- Kania S. (2016). „Analiza transakcyjna w budowaniu klimatu szkoły – w poszukiwaniu pozytywnej profilaktyki zachowań ryzykownych,” *Edukacyjna Analiza Transakcyjna*, no. 5, pp. 111–121, doi: 10.16926/eat.2016.05.07
- Kołodziej-Zaleska A., Przybyła-Basista H. (2018). “Ego-resiliency jako zasób osobisty – narzędzie pomiaru i jego wykorzystanie w badaniach interdyscyplinarnych,” *Czasopismo Psychologiczne*, vol. 24, no. 1, pp. 159–170, doi: 10.14691/CPJ.24.1.159
- Luthar S.S., Cicchetti D. (2000). “The Construct of Resilience: Implications for Interventions and Social Policies,” *Development and Psychopathology*, vol. 12, no. 4, pp. 857–885, doi: 10.1111/1467-8624.00164
- Makaruk K., Włodarczyk J., Skoneczna P. (2019). *Problematyczne używanie internetu przez młodzież. Raport z badań*, Warszawa: Fundacja Dajemy Dzieciom Siłę.
- Masten A.S. (2014). “Global Perspectives on Resilience in Children and Youth,” *Child Development*, vol. 85, no. 1, pp. 6–20, doi: 10.1111/cdev.12205
- Masten A.S., Best K.M., Garnezy N. (1990). “Resilience and Development: Contributions from the Study of Children Who Overcome Adversity,” *Development and Psychopathology*, vol. 2, no. 4, pp. 425–444, doi: 10.1017/S0954579400005812
- Mellibruda J. (1997). “Psycho-bio-społeczna koncepcja uzależnienia od alkoholu,” *Alkoholizm i Narkomania*, vol. 3, no. 28, pp. 277–306.
- Michel M. (2014). “Wzmacnianie czynników chroniących w tworzeniu bezpiecznej przestrzeni szkoły w programach liderów rówieśniczych w kontekście koncepcji resilience,” *Resocjalizacja Polska*, no. 6, pp. 101–120.
- Ostaszewski K. (2014). *Zachowania ryzykowne młodzieży w perspektywie mechanizmów resilience*, Warszawa: Instytut Psychiatrii i Neurologii.
- Regulation of the Minister of National Education of 14 February 2017 on the core curriculum for pre-school education and the core curriculum for general education for primary school, including for pupils with moderate or severe intellectual disabilities, general education in 1-st degree

- vocational secondary school, general education for a special needs vocational school and general education for a post-secondary school (Journal of Laws 2017, item 356).
- Regulation of the Minister of National Education of 28 March 2017 on general teaching plans in public schools (Journal of Laws 2017, item 703).
- Rutter M. (1987). "Psychosocial Resilience and Protective Mechanisms," *American Journal of Orthopsychiatry*, vol. 57, no. 3, pp. 316–331, doi: 10.1111/j.1939-0025.1987.tb03541.x
- Rutter M. (1993). "Resilience: Some Conceptual Considerations," *Social Work*, vol. 14, no. 8, pp. 626–631, doi: 10.1016/1054-139x(93)90196-v
- Rutter M. (2000). "Resilience Reconsidered: Conceptual Considerations, Empirical Findings, and Policy Implications," [in:] J.P. Shonkoff, S.J. Meisels (eds.), *Handbook of Early Childhood Intervention*, Cambridge: Cambridge University Press, pp. 651–682, doi: 10.1017/CBO9780511529320.030
- Rutter M. (2006). "Implications of Resilience Concepts for Scientific Understanding," *Annals of the New York Academy of Sciences*, vol. 1094, no. 1, pp. 1–12, doi: 10.1196/annals.1376.002.
- Sierosławski J. (2020). *Używanie alkoholu i narkotyków przez młodzież szkolną. Raport z ogólnopolskich badań ankietowych zrealizowanych w 2019 r. Europejski program badań ankietowych w szkołach ESPAD*, Warszawa: Krajowe Biuro ds. Przeciwdziałania Narkomanii, Państwowa Agencja Rozwiązywania Problemów Alkoholowych, Instytut Psychiatrii i Neurologii.
- Skuza A., Pierścińska-Maruszewska A. (2014). "Klimat społeczny szkoły jako jeden z czynników chroniących–wzmacniających oddziaływania profilaktyczne (w kontekście koncepcji resilience)," *Resocjalizacja Polska*, no. 6, pp. 89–100.
- Southwick S.M., Bonanno G.A., Masten A.S., Panter-Brick C., Yehuda R. (2014). "Resilience Definitions, Theory, and Challenges: Interdisciplinary Perspectives," *European Journal of Psychotraumatology*, vol. 5, no. 1, art. 25338, doi: 10.3402/ejpt.v5.25338
- Szymańska J. (2015). *Programy profilaktyczne. Podstawy profesjonalnej psychoprofilaktyki*, Warszawa: Ośrodek Rozwoju Edukacji.
- Walker B., Holling C.S., Carpenter S.R., Kinzig A. (2004). "Resilience, Adaptability and Transformability in Social-Ecological Systems," *Ecology and Society*, vol. 9, no. 2, doi: 10.5751/ES-00650-090205
- Werner E.E. (1989). "High-Risk Children in Young Adulthood: A Longitudinal Study from Birth to 32 Years," *American Journal of Orthopsychiatry*, vol. 59, no. 1, pp. 72–81, doi: 10.1111/j.1939-0025.1989.tb01636.x
- Werner E.E. (1995). "Resilience in Development," *Current Directions in Psychological Science*, vol. 4, no. 3, pp. 81–84, doi: 10.1111/1467-8721.ep1077232
- Wojcieszek M.R., Piekarz I., Maciaszek S., Wojcieszek K.A. (2021). „Summative Evaluation of the “Debate” Programme for Alcohol Re-

lated Problems Prevention – Pilot Study,” *Alcoholism and Drug Addiction/Alkoholizm i Narkomania*, vol. 34, no. 1, pp. 51–68, doi: 10.5114/ain.2021.107710

Wysocka E. (2012). “Koncepcja ‘resilience’ jako podstawa teoretyczna identyfikacji zaburzeń w przystosowaniu i działań profilaktycznych,” [in:] B. Urban, M. Konopczyński (eds.), *Profilaktyka i probacja w środowisku*, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego, pp. 285–299.

Internet resources

<https://www.kbpn.gov.pl/portal?id=1768880> [access: 20.02.2023].

<https://www.parpa.pl/index.php/badania-i-informacje-statystyczne/raporty-z-badan> [access: 22.02.2023].

<https://www.uzaleznieniabehawioralne.pl/do-pobrania/> [access: 20.02.2023].
www.resiliencecenter.com [access: 22.02.2023].

ADDRESS FOR CORRESPONDENCE:

Edyta Sielicka
University of Szczecin
Institute of Pedagogy
e-mail: edyta.sielicka@usz.edu.pl