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## Research article

## The differential impact of social services on young people's resilience

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## ABSTRACT

Differential Impact Theory (DIT) can help explain which services and supports work best for which young people at which levels of risk exposure. As a complement to a growing understanding of how a child's genetic and phenotypic traits influence treatment outcomes, DIT focuses attention on the relative impact of a child's environment on psychosocial development. In this article, three principles of DIT will be discussed: (1) demands of higher level systems compel individuals to adapt; (2) the factors that influence individual change the most depend on the individual's degree of risk exposure; and (3) the more complex the challenges an individual faces, the more complex the systems required to improve functioning. Two detailed case studies based on interviews and multiple file reviews will be used to illustrate these principles of DIT. Both case studies were drawn from a study of young people (average age 16.1 years) who were clients of multiple social services. While support for DIT requires further study, findings presented in this paper demonstrate the potential of the theory to explain the differential impact of services and supports on young people's developmental trajectories where there has been exposure to high levels of risk. The application of DIT to service design is also discussed.

## 1. Introduction

From an ecological systems perspective, the resilience of an abused or neglected child is related to the availability and accessibility of contextually and culturally relevant services that facilitate positive development in a context of significant adversity (Masten, 2001, 2014; Ungar, 2011, 2015b). While it is intuitively obvious that an individual child's resilience depends on the quality of both the services and supports the child receives, much of the literature on resilience has focused on changing individuals rather than changing the quality of their service ecologies (Bottrell, 2009; Hart, Blincow, & Thomas, 2007). Even when children are provided with attachment based therapies, intensive family supports, cognitive behavioral therapies (whether based on improving motivation to change or increasing self-regulation), or other psychosocial treatment there has been little attention paid to whether interventions have a differential impact on children who present with different profiles of risk exposure or different levels of access to the resources they require to cope under stress.

Resilience, understood ecologically, is the capacity of individuals to navigate their way to the resources they need to succeed and their ability to successfully negotiate for resources to be provided in ways that are meaningful to them (Ungar, 2011). This capacity, however, is not latent within the person but reflects the availability and accessibility of a complex weave of individual and systemic services and supports ranging from the United Nations Charter on the Rights of the Child (that guarantees a child's right to participate

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in case planning) to school-based third-wave cognitive therapies like mindfulness training in schools (e.g., Stop Now and Plan (Augimeri, Farrington, Koegl, & Day, 2007)). The more capable the child's environment is, the more opportunities a child will have to navigate and negotiate effectively when her psychosocial wellbeing is threatened.

While the connection between services and resilience is easily discerned, "Which programs work best with which children" remains a question still largely unanswered. In this paper, I will discuss differential impact theory (DIT) (Ungar, 2017) and its application to child protection services. As services move increasingly towards evidence based practice, there is, arguably, a need to refine our understanding of the interaction between the factors that promote risk and the quality of services most likely to promote positive development among children growing up in contexts of adversity (Ungar, 2013; Vanroelen, Levecque, & Louckx, 2010). This paper uses two case studies to explore DIT and its application to services that address child abuse and neglect. Both case studies are drawn from research with Canadian young people that included detailed file reviews from as many as four services that they had used.

## 2. Differential susceptibility vs. differential impact

The idea that different services result in a heterogeneous set of outcomes ranging from helpful, to neutral and even potentially harmful, has been gaining support from studies of differential susceptibility. Differential susceptibility theory (DST) is becoming increasingly popular among epigeneticists, neuropsychologists and child developmentalists (Belsky & van IJzendoorn, 2015; Ellis & Boyce, 2011; Luthar, Cicchetti, & Becker, 2000) because it explains differences in how people react to their environment (including child welfare services and psychological therapies) as the result of differences in genes, neurophysiology, temperament, and other biologically determined factors. Individuals are more or less susceptible to conditions in their environment because of what's inside them (Belsky, Bakermans-Kranenburg, & van IJzendoorn, 2007). Some individual qualities allow us to perform better under stress such as the capacity to shut down emotionally while these same traits may put us at risk when our environment is resource-rich and supportive (Cicchetti, 2013; Van IJzendoorn & Bakermans-Kranenburg, 2015). For example, specific genotypes and phenotypes (e.g., temperament) are more or less affected by interventions like Cognitive Behavioral Therapy (Belsky & van IJzendoorn, 2015). DIT is, therefore, the mirror twin to DST, focusing on the conditions that predict the impact of services and supports rather than genotypical and phenotypical characteristics associated with outcomes.

When it comes to understanding interventions with vulnerable populations, DST may not, however, be all that useful as it remains unclear if individuals with a specific genetic profile fail in treatment because of personal shortcomings or because the treatment fails to address the social ecological factors that put clients at risk for psychosocial problems. For example, 126 mothers with Major Depressive Disorder living at or below the poverty line in the United States and parenting a 12-month old were randomly assigned to two different intervention groups: enhanced community care that included referrals to services already existing in the women's communities, and interpersonal psychotherapy with a highly qualified therapist (Cicchetti, Toth, & Handley, 2015). As predicted, different genetic profiles predicted different outcomes for each intervention group. Women with a genetic predisposition towards stress reactivity (the corticotropin releasing hormone receptor 1 gene, or CRHR1), which is typically found to be active among people who were abused as children, benefited more from the interpersonal therapy than women given enhanced community services. For women with the long allele version of the serotonin transporter gene 5-HTTLPR, known to protect against depression because it helps to regulate mood and emotion, the findings were much more complicated. Among the population as a whole, regardless of whether the women had a short or long allele version of 5-HTTLPR, both psychotherapy and community care were equally helpful decreasing depressive symptoms. For the 54% of the sample that was African American, however, women with the long-allele version of 5-HTTLPR had dramatically better results when given interpersonal therapy instead of enhanced community care. In keeping with the theory of differential susceptibility, these same African American women also reported worse outcomes (more depressive symptoms) if they were in the enhanced community care group. In other words, their genetic profile appears to have made them differentially susceptible to the two types of treatments. While individual therapy was very helpful for women with the long allele version of 5-HTTLPR, community treatment was actually harmful. The reverse was true for women with the short allele (non-protective) version of the gene.

These could be extremely important findings as they appear to show that genetic predisposition influences whether different types of treatment will be effective for people who are disadvantaged. There are, however, two problems with studies that are exclusively concerned with differential susceptibility. First, tailoring treatment would require genetic testing and racial profiling, neither of which is practical or ethical. Second, there is a lack of contextual sensitivity in these studies. Almost all the attention in the above study is placed on diagnosing the minutiae of gene expression while the quality of the women's environments are described in only the broadest epidemiological terms. Could it be that the reason the community intervention failed for African American mothers with the long allele genotype is that the same sensitivity that makes them perfect clients for psychotherapy makes them sensitive to practices by professionals in their community that socially exclude them? One could speculate that perhaps community services were biased against African American women. Were those services offered in ways that were culturally inappropriate? Women with short allele genotypes may have been less sensitive to these conditions, the same lack of sensitivity that makes psychotherapy less useful as an intervention. Rather than focusing on the individual's deficit, one could ask whether the pattern of differential susceptibility is largely the result of the treatment environment: psychotherapy offers a more nurturing, culturally appropriate intervention while community services (which had in most cases not been accessed prior to the study) were likely of poorer quality. Without exploring the treatment environment with as much rigor as an individual's biology it is difficult to say whether the change that resulted from interpersonal psychotherapy was because it fit well for one specific genotype or because the intervention showed promise for a population who are clustered together by their environment.

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