

Prevention from the *INSIDE* out

Tapping Resilience in Youth



T.I.G.H.T. (Tobacco Industry Gets Hammered by Teens) youth. See story, inside.

by Bonnie Benard

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prevention *Tactics* 2:3 (1998)

Tactics (tak'tiks) *n.* 1. a plan for promoting a desired end. 2. the art of the possible.

DO MOST young people considered at high risk for problem behaviors such as substance abuse and violence actually become abusers and perpetrators?

Are there any *personal strengths* that assist a young person in navigating the environmental risks all around them—troubled families, overcrowded and underfunded schools, besieged communities, exploitive media and public policies that would rather incarcerate than educate or rehabilitate? Are there any *environmental resources* that “protect” a young person exposed to these pervasive risks?

These are the types of research questions that have resulted in the new and growing field of resilience, the study of how individuals throughout the human lifespan have successfully transformed risk and adversity to become, in the words of the premier resilience researcher Emmy Werner, “competent, confidant, and caring” adults. (And, yes, close to 70 percent do!)

Resilience research is a true gift to the prevention field. It gives all who work with children, youth and families a *research-based* answer to the question: “*What works* to prevent problems like alcohol, tobacco and other drug (ATOD) abuse and violence?”

In fact, resilience research promises to turn the field of prevention inside out—from risk reduction to *health promotion* and *youth development*.

RESILIENCE: A Research Base for Youth Development

THE TRADITIONAL approach to prevention planning starts by studying the problem and identifying all the risk factors for getting in trouble with alcohol, drugs, and violence. Then “guesses” are made as to what works to alleviate the risks. For example, parental family management practices that are too harsh or too lenient are often named as risk factors. The often proposed solution is to create parent education programs. Do these work? Sometimes, sometimes not—depends on how they’re done.

Resilience research challenges preventionists to use a planning process focused on promoting *healthy* development. This process starts with creating supports and opportunities designed to meet the basic developmental needs of youth. These needs are identified as:

- safety
- belonging
- respect/self-worth
- autonomy/identity
- mastery/power
- meaning

By creating an environment that meets these basic needs, prevention planning results in healthy developmental outcomes for youth—such as competence, confidence, and caring—which in turn prevent the negative outcomes of ATOD abuse and violence. Does all this sound familiar? Of course! It is precisely the youth development ap-

proach to prevention discussed in *Prevention Tactics* 2:2.

What Works

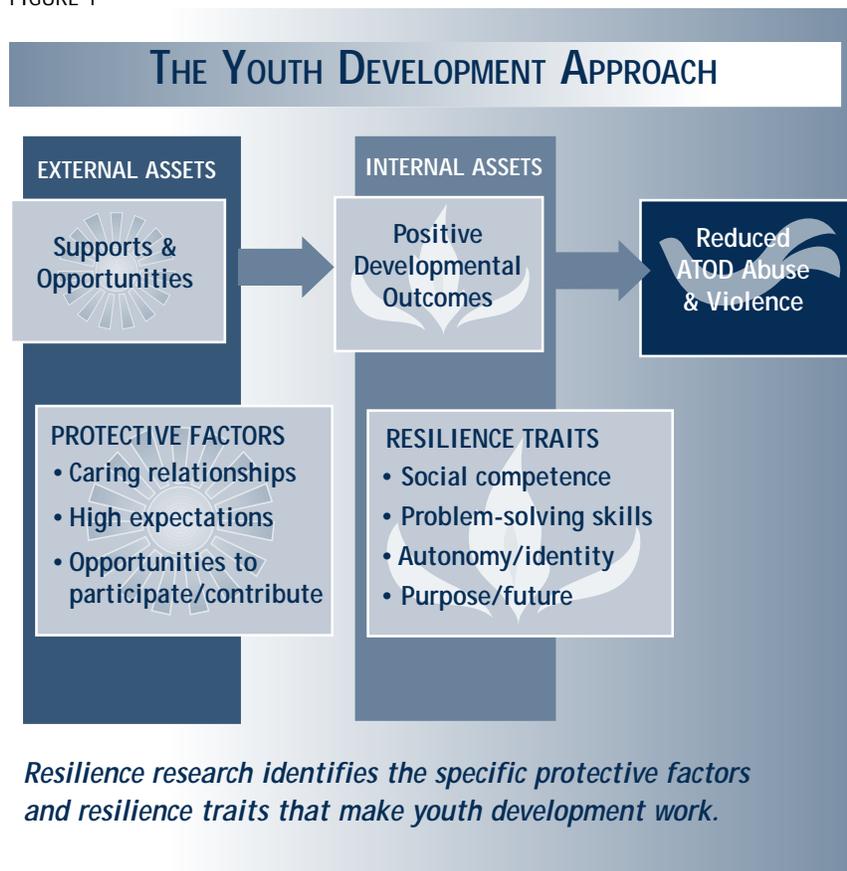
So what does resilience research add to this paradigm? It identifies the exact external and internal assets that make youth development work (see Figure 1).

First, resilience research names the specific developmental supports and opportunities—also referred to as protective factors, or external assets—that generate positive developmental outcomes: i.e., caring relationships, high expectations, and opportunities to participate/contribute (see Figure 2). This knowl-

edge shifts the focus of prevention planning away from “fixing the kid” to creating an environment that provides proven supports and opportunities.

Second, resilience research tells us the precise developmental outcomes—also referred to as resilience traits, or internal assets—linked with successful and healthy development: social competence, problem-solving skills, autonomy/identity, and sense of purpose/future (see Figure 3). This information gives preventionists the assets-based language needed to mirror youth’s strengths as well as the language necessary for program evaluation.

FIGURE 1



EXTERNAL ASSETS

FIGURE 2

Supports & Opportunities

What do RESILIENCE-TAPPING ENVIRONMENTS look like?

PROTECTIVE FACTORS

Caring relationships

- unconditional love
- spends time with
- pay attention to
- interested in
- nonjudgmental listening
- basic trust
- patience
- gets to know interests, strengths, dreams
- compassion (looking beneath problem behavior/appearance)

High expectations

- belief in innate resilience
- respect
- positive attribution
- guidance without coercion
- freedom with structure
- rituals/rites-of-passage
- focuses on strengths
- teaches innate resilience
- challenges with support messages
- reframing (problems to resources; damage to challenge)

Opportunities to participate/contribute

- inclusive (welcomes gifts of all)
- reflection-dialogue-action
- planning
- decision making
- problem solving
- youth owned and driven
- mastery experiences
- skill building
- active learning
- service
- group process

INTERNAL ASSETS

FIGURE 3

Positive Developmental Outcomes

What does RESILIENCE look like?

RESILIENCE TRAITS

Social competence

- empathy and caring for others
- communication skills (assertiveness, listening, writing, creative expression)
- cross-cultural competence

Autonomy/identity

- self-efficacy, self-agency
- internal locus of control
- mastery
- self-awareness
- distancing (detaching from negative influences)

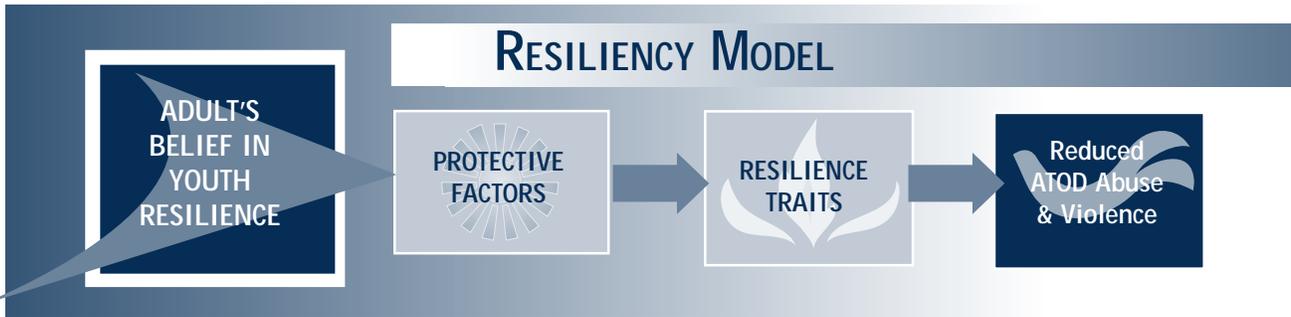
Problem-solving skills

- planning and goal-setting
- decision-making
- conflict resolution/negotiation
- resourcefulness
- metacognition (recognizing the role of thinking in one's behavior)
- critical consciousness (deconstructing messages of exploitation)

Sense of purpose and future

- special interest
- imagination
- goal-direction
- achievement motivation
- educational aspiration
- persistence
- optimism
- faith/spiritual connection
- coherence/sense of meaning

INSIDE-OUT PREVENTION: The Power of Belief



BESIDES PROVIDING the youth development approach with a research base and delineating the nature of both internal and external assets, resilience research adds one more component to the youth development approach. It articulates quite clearly just where and how change starts: with the *adult's belief* in innate resilience of youth— in their capacity for successful learning and healthy development. The most common refrains in resilience research are:

"She *believed* in me when I didn't believe in myself."

"He *saw* something in me I didn't know I had."



SELF-ASSESSMENT TOOL

Recognizing our own resilience

As adults we must recognize the source of our own resilience. We must personally grapple with questions such as:

- What tapped my own resilience?
- What occurred in my life that brought out my strength and capacity?
- How am I connecting this knowledge to what I do in my work with young people?

Only when this belief is in place are we truly able to create the caring relationships, high expectation messages, and opportunities to participate and contribute that will engage the innate resilience in our young people.



Just as the field of medicine has established the power of one's belief in physical healing, studies of resilient overcoming document the power of even one person believing in you. The key to young people seeing themselves in new ways — seeing their own worth and their power to act — is *us having the eyes to see* resilience despite risk, strength despite problems, courage in the face of challenge.

As one researcher writes:

"Facilitating resilience is more a matter of orientation than explicit intervention...It insists that you hold a broad developmental view of growth and change, realizing that there are always untapped degrees of freedom for the motivated to mobilize" (Higgins, 1994).

ATOD STRATEGIES

THE YOUTH development/resilience approach is about promoting the mental, physical, social, emotional and spiritual health of young people and thereby preventing unhealthy behaviors.

Are there any *specific* ATOD abuse prevention strategies that are especially grounded in this approach?

In this writer's opinion, three strategies stand out:

- *Media literacy & advocacy* that helps young people develop a critical consciousness about being targeted by both media and corporate industries as well as strategies for fighting back.
- *Cross-age mentoring* that gives youth adult role models while they, in turn, mentor younger youth.
- *Youth-driven community service learning* in which young people are given leadership opportunities to serve their schools and communities.

T.I.G.H.T.
(Tobacco Industry Gets Hammered by Teens) members display high expectations of the Contra Costa County Board of Supervisors



A “triple whammy” is a prevention program that incorporates all three—as the success of T.I.G.H.T., a youth-run anti-tobacco program, demonstrates. See story, right.

T.I.G.H.T. — A Case In Point

AS THE ADULT DIRECTOR OF A YOUTH-DRIVEN PROJECT, Colleen Floyd-Carroll operates from “[t]he strong belief in the power —the meaningful agency—of young people to better themselves and their communities. All they need is the opportunity—and a chance to learn some new skills,” stresses Floyd-Carroll. “We dramatically underestimate the capabilities of young people.”

T.I.G.H.T consists of four regional youth organizing projects that train teams of youth in Contra Costa County to become activists against tobacco industry targeting of young people. These youth-staffed, youth-driven projects develop diverse local youth leadership in communities especially targeted by the tobacco industry. Floyd-Carroll serves as adult mentor and trainer to regional *youth coordinators* who, along with a staff of *youth outreach workers* (two in each region), train *youth advocates* in community outreach and organizing, and working with policy makers, community leaders, merchants and other adult decision-makers.

What skills do the youth involved learn? According to Floyd-Carroll, they develop leadership skills in the areas of public speaking, problem-solving, program planning and management, volunteer recruitment, group facilitation, conflict resolution, and media advocacy. Sound familiar? You bet—critical internal assets named in the resilience literature, created by a program environment rich in caring relationships, high expectation messages, and opportunities for participation and contribution. Furthermore, these young people are learning the most important lessons adults can give youth—that they are

worthwhile, that they have gifts to give their schools and communities, that they have the power to make a difference in this world.

On June 18 the Contra Costa County Board of Supervisors adopted most of the points of the Tobacco Free Youth Ordinance, which helps reduce the sale of tobacco to underage smokers and curbs advertising aimed at youth.

This ordinance was conceived and drafted by T.I.G.H.T. youth.

Youth development preventionists like Floyd-Carroll are turning prevention inside out. They work not only from a belief in young people's innate resilience but from a belief their capacity to *role model for adults* what being a caring and compassionate citizen really means.

CONCEPTS IN ACTION

CONNECTEDNESS: The Critical Difference in Adolescent Health

OVER 12,000 ADOLESCENTS (drawn from an initial pool of over 90,000) across the nation were followed from 7th through 12th grades in the National Longitudinal Study on Adolescent Health.

This study was the first to examine *protective* factors as well as risk factors in the individual, family, and school. Four domains of adolescent health were assessed: emotional health, violence, substance use (cigarettes, alcohol, and marijuana), and sexuality.

According to University of Minnesota and University of North Carolina researchers:

“It is clear that when demographic characteristics are controlled, social contexts count. Specifically, we find consistent evidence that perceived caring and connectedness to others is important in understanding the health of young people today.”

Major findings regarding risk factors included: guns in the home was the major risk factor for violence; presence of ATOD in the home was the major risk factor for use; perceived student prejudice was the one school-related risk factor associated with emotional distress. The real exciting findings, however, lay in what the researchers found to protect adolescents against health-risk behaviors.

In terms of the individual, their major finding was that “[p]arent-family connectedness and perceived

WHY AND HOW RESILIENCE WORKS...

Lifespan studies of resilience as well as research into healthy families, successful schools, competent communities, learning organizations, and program evaluation research reveal that positive individual outcomes consistently result from experiencing family, school, community, and program environments that provide caring relationships, high expectation messages, and ongoing opportunities for meaningful participation and contribution. Just why are these so powerful? How is it that their effects are found across cultures, across genders, across time and place?

The very simple answer is that human beings are *hard-wired for resilience*—we all have the capacity to transform how we see ourselves and our lives. This is a capacity we tap when we are in environments where we experience safety, belonging, respect for our autonomy and identity, mastery and power, and a sense of meaning.

As an astute, ex-gangbanger observed, “Kids can walk around trouble if there is *somewhere* to walk to and *someone* to walk with” (in McLaughlin et al., 1994). This is the power of youth development—this is *resiliency in action!*

school connectedness were protective against every health risk behavior measure except history of pregnancy.”

In terms of the family, the researchers commented that while much attention has been placed on the physical presence of a parent in the home as reducing the risk for substance use: “[i]t is consistently less significant than parental connectedness (e.g., feelings of warmth, love and caring from parents).”

A second major family protective factor was parental expectations regarding school achievement. This

factor was associated with lower levels of all risk behaviors except suicidality, in which only parent-family connectedness was protective.

In terms of school, the researchers stated, “While much emphasis is placed on school policies governing adolescent behaviors, such policies appear . . . to have limited associations with the student behaviors under study.” Rather, *school connectedness*, “influenced in good measure by perceived caring from teachers and high expectations for student performance” was found to make the critical difference.

MENTORING: The Power of *Developmental Relationships*

IN 1995 Public/Private Ventures published its final volume of its three-year, \$2 million evaluation of Big Brothers/Big Sisters of America—an impact study of the oldest and most carefully structured mentoring effort in the U.S.

According to *Making A Difference*: “Our research presents clear and encouraging evidence that caring relationships between adults and youth can be created and supported by programs, and can yield a wide range of tangible benefits. The most notable results are the deterrent effect on initiation of drug and alcohol use, and the overall positive effects on academic performance that the mentoring experience produced.” This study provides powerful research support for inside-out prevention, i.e., a youth development approach.

Using a classical experimental research methodology with random

assignment, P/PV conducted a comparative study of almost 1,000 10- to 16-year-olds who applied to BB/BS programs in eight geographically diverse cities in 1992 and 1993. Half of these youth were randomly assigned to a treatment group for which BB/BS matches were made or attempted; the other half were assigned to waiting lists. After 18 months the two groups were compared. BB/BS participants were:

- 46 percent less likely to use illegal drugs (70 percent for minority youth!)
- 27 percent less likely to drink
- One-third less likely to hit
- Half as likely to skip school

These youth felt more competent about doing schoolwork and showed “modest gains” in their grade point averages. Moreover, they improved their relationships with both their parents and their peers relative to their control counterparts.

In a companion study, *Building Relationships with Youth in Program Settings*, P/PV examined the nature of the relationships that produced these positive outcomes. The sustained relationships were those in which the mentor saw him/herself as a friend, not as a teacher or preacher out to “fix the kid.” These relationships were grounded in the *mentor's belief* that s/he was there to meet the developmental needs of youth—to provide supports and opportunities the youth did not currently have. These volunteers placed top priority on having the relationship enjoyable and fun to both partners. They were “there” for the young person, listened nonjudgmentally, looked for the youth's interests and strengths, and incorporated the youth into the decision-making process. Of these relationships, 93 percent met consistently and 91 percent were ongoing at the end of the 18 months.

Contrasted to the developmental relationships were the “prescriptive” mentors who saw their role as one of “fixing” kids—especially to improve school performance and classroom behavior. According to the researchers, “What seemed to stand out for these prescriptive volunteers was less the deficiencies present in the youth's environment, and more those present in the youth themselves.” Of these prescriptive relationships, only 29 percent met consistently and only 32 percent were ongoing at the study's termination.

A major lesson for preventionists!



SELF-ASSESSMENT TOOL

Are you turning lives around?

Critical to prevention planning from a resilience perspective is ongoing assessment of just *how* our programs are operationalizing environmental assets. Do we have the *people* and *places*—the caring relationships with high expectation messages and the opportunities to participate and contribute—that turn lives around?

Turn the list of characteristics of resilience-tapping environments on page 2 into a checklist and evaluate yourself. Better yet, ask your youth to do the assessment. Ultimately, it is *their* perceptions of caring, of being believed in, and of having opportunities to be heard and to contribute that count.

YOUTH RESILIENCE

National Resilience Resource Center

Provides training and technical assistance for strategic systemic initiatives based on tapping the innate resilience of youth, families, and communities. Contact Kathy Marshall, School of Public Health, University of Minnesota, Box 97, Room D371 Mayo, 420 Delaware Street S.E., Minneapolis, MN 55455; (612) 624-8919; email:marsh008@tc.umn.edu

Resiliency In Action

Resiliency In Action is an international journal of resiliency application and practical research. Call 1-800-440-5171; webpage: www.resiliency.com

Resilient Youth Curriculum

Training and manuals available for elementary, middle, and high school levels. Contact Glenn Richardson, Ph.D., University of Utah, Health Education, Annex 2054, Salt Lake City, UT 84112; (801)-581-8039; e-mail: glenn.richardson@health.utah.edu

Project Resilience

Steven and Sybil Wolin, authors of *The Resilient Self*, conduct training nationally and internationally on the topic of resilience. Write Project Resilience at 5410 Connecticut Ave., N.M., Washington, D.C., 20015. Website: www.projectresilience.com

Resilience Net

This is a new web site currently under development by the ERIC Clearinghouse on Elementary and Early Childhood Education at the University of Illinois, Champaign. <http://resilience.uiuc.edu/>

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LET'S HEAR FROM YOU!

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prevention *Tactics*

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