Resilience Research for Prevention Programs

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National Resilience Resource Center

Bridging the Resilience Gap: Research to Practice

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The notion of resilience brought infectious hope to prevention specialists whom ten years ago told us they were experiencing tremendous professional burnout and frustration. This enthusiasm to some degree may have dismayed classical resilience researchers who aim to scientifically understand the prevention of psychopathology.

As grassroots practitioners from multiple professions began to disseminate the hope of resilience, they created what they needed, drew on what they could find, and used published research as they understood it. Today many practitioners widely promote the paradigm shift from risk to resilience.

In some ways this burgeoning interest may seem to articulate a notion of resilience that disgraces the history of resilience research. In the classic resilience research designs there is no resilience in the absence of risk. These seminal studies examined how subjects responded to substantial risk and trauma. Researchers like Norman Garmezy, Emmy Werner, Michael Rutter, Ann Masten and others pioneered the prospective developmental longitudinal studies. These are exactly the studies that captured the keen interest of both community-based prevention practitioners and research scientists.

Resilience became a popular term, a buzzword, and almost a movement in youth development and prevention circles. Simply put, practioners said it made common sense, felt better and brought more positive outcomes to point youth to their health rather than to their weaknesses and problems. The research touched a chord. The draw of resilience has energized prevention practice.

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Similarly, resilience research and use of it is growing and expanding in multiple arenas well beyond the traditional focus on psychopathology prevention. Researchers from youth development, family social science, community development, social work, medicine and many other disciplines are making significant contributions. Terms like strengths-based, positive youth development, health promotion, health realization and more characterize the rapidly growing explorations. Clearly, there is a move beyond, for example, trait theories of resilience to understanding resilience as a dynamic developmental process.

Perhaps most importantly, Michael Rutter led us to consider the difference between *protective factors* and *protective mechanisms*. In doing so, he offered a critical bridge between resilience research and practice. Prevention involves both the environment and the individual in dynamic interaction *protective processes*.

Our knowledge of resilience is evolving. In fact, Emmy Werner's 40-year study indicates the journey to midlife for most of the cohorts was shaped by extraordinary resilience and their capacity to recover from and overcome problems. Does this suggest that over time the capacity for resilience in every person, regardless of circumstances or degree of risk, may emerge? How can prevention efforts speed the process of most youth?

The question is not, Nature or nurture? Rather we need to ask, Do I believe every child is innately at promise rather than at risk ? If we agree, then our prevention work is cut out for us. How can I help the young person learn to access his or her natural common sense and capacity for health and well being, for optimal outcomes, and positive behaviors? There is something fundamental behind manifested resilient behaviors.

At promise means children are just that filled with capacity, realized or unrealized, for healthy transformation and change.

This natural capacity for resilience is like a self-righting magnet that draws a person to health. What ignites the self-righting process?

Prevention becomes a multifaceted initiative in light of these questions. Prevention professionals have been historically advised by CSAP to work with six essential external or phenomenological domains information dissemination, education, alternative activities, identification and referral, community-based processes, and environmental strategies.

A phenomenological external approach to resilience alone is not enough. Resilience is an inside-out process an existential process of every child and youth being and becoming. This involves learning how the *protective mechanism* of healthy psychological functioning occurs. Thus resilience is both attributional and contextual, a dynamic inner and outer process that ignites self-righting. To the degree that practitioners can both foster the natural capacity for resilience common sense and wisdom found within every person, and create optimal societal conditions for youth to thrive in, prevention efforts will be successful.

Effective prevention must involve the *protective processes* of caring relationships, high expectations, and opportunities for meaningful participation and contribution. These are transactional processes of person-in-environment. When we are engaged in this kind of prevention, we may chose to no longer think of our work only as prevention, but also as promoting healthy individual human development within the context of community.

The paradigm shift may need to occur within each of us. Are we fixing human problems or developing human resources? Is the epicenter of such work in the environment or in the individual, or, perhaps, in both? What we know have come to intuitively understand about human capacity matters immensely. The sources of knowing are both our common sense and scientific research. Quality research and practice are interdependent.

The pressures for practitioners and researchers are distinct. In simple terms, researchers must secure massive ongoing funding, meet clear scientific standards, and publish or perish. Prevention practitioners must make do with meager short-term funding, meet daily overwhelming youth needs, and specifically prevent chemical use to earn their keep.

We have needed a functional bridge between the two worlds of research and prevention practice for so long. The current interest in resilience invites us to build the bridge. We need practical, useful, common-sense and evidenced-based information to guide community-based youth chemical-use prevention.

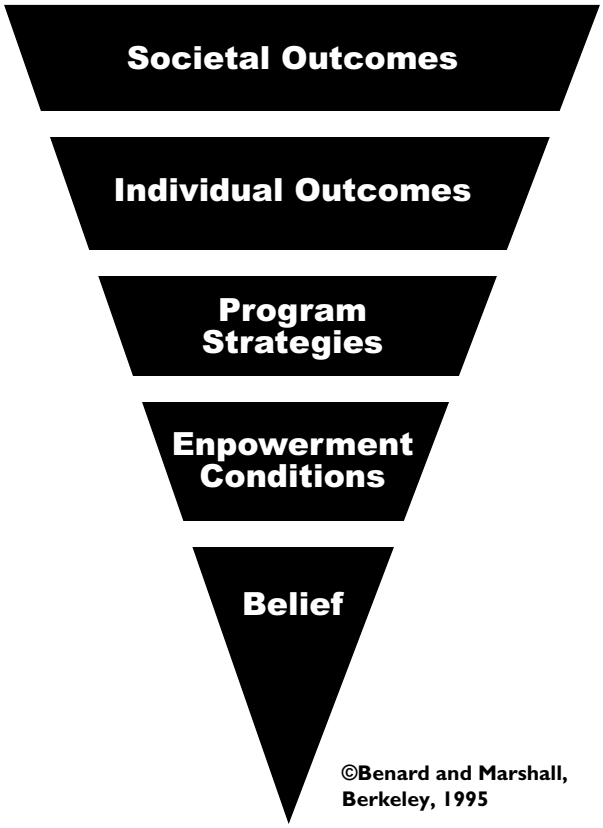
After nearly a decade working in more than 20 states, my colleague Bonnie Benard and I recognized the need to

create a toolbox for those building the bridge. The toolbox began with a simple conceptual framework to guide community-based youth prevention planning.

We knew the issue was deeper than the prevention strategies. It involved what we knew intuitively about the capacity of kids and adults for healthy functioning, and what we learned scientifically from the evolving, broadly multi-disciplinary resilience research. We needed a conceptual framework to link these two ways of knowing what works in prevention. Thus the operating philosophy emerged. (Benard & Marshall 1997; Marshall 1998)

As briefly presented here, the essential planning steps examine individual and systemic beliefs, conditions of empowerment, strategies, and evaluation of both individual and societal outcomes. There are key questions for each planning phase. First, Are all kids (and adults) at promise? Is there a natural health and common sense to be tapped? If so, What are the conditions of empowerment that research and best practice support? Then, What program models and approaches will create these conditions? Finally, What results can we realistically expect for youth, adults and community when we tap resilience? Unlike most planning frameworks which are based on problem-focused needs assessment and external strategies or solutions, the foundation for systems change tapping resilience also hinges on what prevention planners believe. In this context we have found our own Resilience/Health Realization approach to systems change to be promising and productive.

Framework for Tapping Resilience



The framework guides planners in discovering that resilience involves the natural, ordinary human capacity for healthy transformation and change. This capacity for resilience, when realized and tapped with effective evidence-based strategies, leads to healthy human development and societal progress across the board, including prevention of substance abuse and related high-risk behaviors.

We are delighted to collaborate with the U. S. Center for Substance Abuse Prevention s (CSAP) Central CAPT (Center for the Application of Prevention Technology) in providing a series of practitioner-friendly resilience research summaries. These papers are part of the National Resilience Resource Center s (NRRC) effort to bring resilience research into everyday practice. They may be accessed on the Central CAPT and NRRC web sites in the near future. Printed copies of this informational series will be available from CAPT.

We invite you to use these items and to contact CAPT and NRRC for additional resources, training and technical assistance as you close the gap between resilience research and prevention practice.

Kathy Marshall, Executive Director
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Reviewed Studies

Adventure Education (Meta-analysis)

Hattie, J., Marsh, H.W., Neill, J., Richards, G. (1997). Adventure education and Outward Bound: Out-of-class experiences that make a lasting difference*. Review of educational research, 67*:43-87.

Adolescent Health Study

Resnick, M. et al. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA*, *278*:823-832.

Big Brothers/Big Sisters

Morrow, K. & Styles, M. (1995). *Building Relationships with Youth in Program Settings: A Study of Big Brothers/Big Sisters.* Philadelphia: Public/Private Ventures.

Tierney, J., Grossman, J., Resch, N. (1995). *Making a Difference: An Impact Study of Big Brothers/Big Sisters*. Philadelphia: Public/Private Ventures.

Competence

Maston, A. & Coatsworth, J. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist, 5:*205-220.

High/Scope (Perry Preschool Studies)

Barnett, W.S. (1996). *Lives in the balance: Age 27 benefit cost analysis of the High/Scope Perry Preschool program*. Ypsilanti, MI: High/Scope Press.

Berruta-Clement, J., Schweinhart, L., Barnett, W., Epstein, A., & Weikart, D. (1984*). Changed Lives: The Effects of the Perry Preschool Program on Youth Through Age 19*. Ypsilanti, MI: High/Scope Press.

Schweinhart, L., Barnes, H., & Wiekart, D. (1993*). Significant Benefits: The High/Scope Perry Preschool Study through Age 27*. Ypsilanti, MI: High/Scope Press.

Schweinhart, L. & Weikart, D. (1997a). Child-initiated learning in preschool: Prevention that works! *High/Scope Resource, 16*(2), 1, 9-11.

Schweinhart, L. & Weikart, D. (1997b). The High/Scope Preschool Curriculum Comparison Study through age 23. *Early Childhood Research Quarterly 12*, 117-143.

Meta-analyses of School-based Drug Prevention Programs

Tobler, N. (1986). Meta-analysis of 143 adolescent drug prevention programs. *Journal of Drug Issues 16*, 537-567.

Tobler, N. (1993). Updated meta-analysis of adolescent drug prevention programs. In C. Montoya, C. Ringwalt, B. Ryan, & R. Zimmerman (Eds.*), Evaluating School-Linked Prevention Strategies: Alcohol, Tobacco, and Other Drugs.* San Diego, CA: UCSD Extension, University of California, 71-86.

Tobler, N. (1998). Principles of effectiveness of school-based drug prevention programs: The rationale for effective peer programs. *Peer Facilitator Quarterly, 15,* 109-115.

Tobler, N. & Strattoan, H. (1997). Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *Journal of Primary Prevention*, *18*, 71-128.

References

Benard, B. & Marshall, K. (1997). A framework for practice: Tapping innate resilience. *Research/Practice*, Minneapolis: University of Minnesota, Center for Applied Research and Educational Improvement, Spring, pp. 9-15.

Marshall, K. (1998). Reculturing systems with resilience/health realization. *Promoting Positive and Healthy Behaviors in Children: Fourteenth Annual Rosalynn Carter Symposium on Mental Health Policy.* Atlanta, GA: The Carter Center. pp. 48-58. (Call The Carter Center at 404-420-5165 for one free copy of this publication.)

NATIONAL RESILIENCE RESOURCE CENTER

The National Resilience Resource Center (NRRC) is located at the University of Minnesota. Executive Director Kathy Marshall and associate for program development Bonnie Benard guide long-term systems change initiatives in selected school and community sites. Resilience research-based systems change training and technical assistance services are available on a fee-for-service basis. For service related requests write National Resilience Resource Center, University of Minnesota, College of Continuing Education, 202A Wesbrook Hall, 77 Pleasant Street SE, Minneapolis, MN 55455 or contact **NRRC@cce.umn.edu**. The NRRC logo was created by John˚B. No Runner.

To enhance the application of prevention technologies, NRRC and the Central Center for the Application of Prevention Technologies have collaborated in disseminating this information.

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