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A Framework for Practice: Tapping Innate Resilience

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Resilience research offers all who work with youth in education, youth development and human services a new paradigm for practice. This new operational philosophy emanates from a fundamental belief in every person's capacity for successful transformation and change, no matter what their life's circumstance. The process of resilience is the process of healthy human development, of meeting the basic human needs for caring and connectedness, for respect, challenge, and structure, and for meaningful involvement, belonging and power. We also know that a nurturing environment that meets these basic needs enables us to directly access our innate resilience. By accessing our own innate well-being, we have the power to become, in Norman Garmezy's words, "a protective shield" for youth (1991) by providing caring relationships, high expectations and invitations to participate that will in turn engage their own sense of motivation and well-being. Resilience is an inside-out process that begins with one person's belief and emanates outward to transform whole families, classrooms, schools and communities. (Fullan, 1993).

Framework for Tapping Resilience

Tapping the innate resilience of students or family, school and community systems requires a shift in how we do planning. Most critically, it means we shift from a focus on fixing individuals to creating healthy systems (Gibbs, 1995). We use our research-based Planning Framework for Tapping Resilience to train school and community teams implementing the resilience paradigm.

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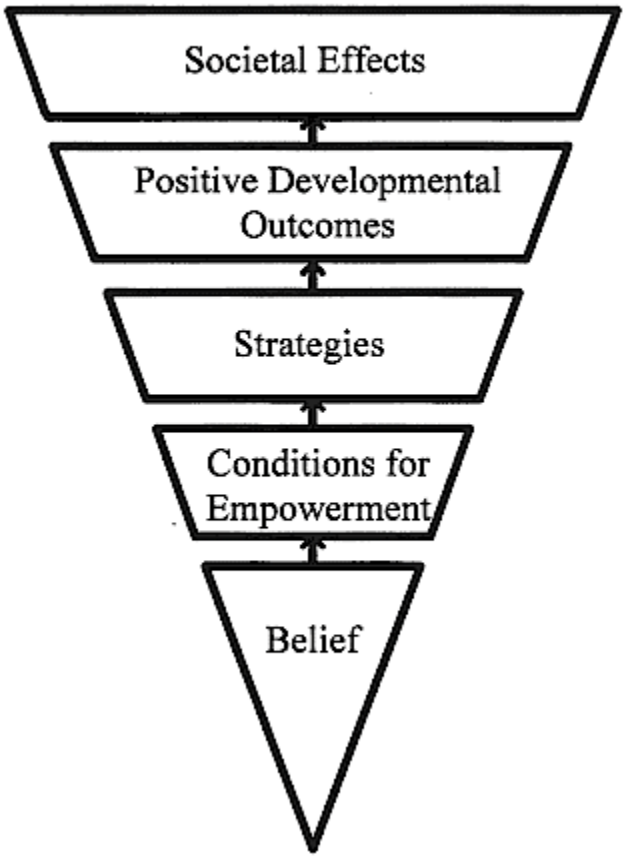
School and community change agents must be able to see the "big picture" easily and clearly. Furthermore, in a resilience-based framework, it is important to discover what staff believe. How do their beliefs about human potential and development help or hinder achieving identified goals? What advice can they gather from research and best practice? How will they know they have tapped the resilience of a student or system? In short, is there an understandable, planful way for change agents to unlock innate strength and measure results?

Framework for Tapping Resiliency



As presented in the figure to the right, the essential planning realms examine individual and systemic beliefs, the conditions of empowerment, operational strategies, and individual and societal outcomes. Unlike most planning frameworks, which are based on problem-focused needs assessment, the foundation for change to tap resilience begins and rests with planners' belief in resilience.

Belief

In order for staff to create the nurturing environment that taps innate resilience they must truly believe in youths' innate capacity for transformation and change (Mills, 1995; Lifton, 1993). They must believe that, "Human potential, though not always apparent, is always there-waiting to be discovered and invited forth" (Purkey and Stanley, 1995). They must believe, as James Agee so eloquently wrote, "In every child who is born, under no matter what circumstances, and no matter what parents, the potentiality of the human race is born again" (1960).

Usually in this early stage of planning it becomes apparent that not everyone on the team believes all people have the innate capacity for well-being. Our experience has convinced us that we must concentrate on the "health of the helper." Using the Health Realization approach developed by community psychologist Dr. Roger Mills, we train people to see how conditioned thoughts prevent us from recognizing students' natural strengths. By learning to access our own resilience, our own original, healthy thinking, adults can model and articulate the behavior they want to see in youth. According to both social learning theorists and cognitive scientists, it is through modeling-not direct teaching-that most human learning occurs (Bandura, 1977; Pearce, 1991; Strayhorn, 1988).

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Teams planning to foster resilience may need to spend as much time discovering individual members' beliefs about resilience and coming to consensus as they have spent in the past on linear needs assessment and problem-focused solutions. They must reflect on key questions. What tapped their own resilience? What occurred in their lives that brought out their strengths and capacities? Adults have experienced their own innate mental health and know these truths which can be identified by discussing this body of personal, informal longitudinal "research" or experience. Have we connected what we know with what we do? America's children need these same protective factors to realize well-being.

Looking at school district or county budgets may also reveal a systems' operating beliefs. Do we define children as problems at risk or resources at promise (Swadener and Lubeck, 1995)? Does the system to be changed currently operate from a belief that all children have the capacity for common sense, mental health, compassion, well-being, learning, strength and wisdom? Do human beings, indeed, have a natural self-righting tendency? Are school mottos true? Can all learners succeed? Is every child at promise? The answers to these questions are enlightening. For example, some school principals may talk about the kids who belong in alternative programs: "Just get him out of my building." Others design programs for "those kids"-the ones in gangs, on skateboards, or just hanging-out. These words indicate the system players believe there are throw-away children, youth who don't belong in the mainstream of school life. Unchecked, this belief will sabotage any plan to implement the resilience paradigm.

Creating the Conditions of Empowerment

The next stage of planning examines the Conditions of Empowerment. These are findings from research and best practice which document how we tap the innate resilience or capacity for healthy transformation and change in an individual, family, school, or community system.

Findings from the traditional studies of resilience have been reinforced by the ever-growing bodies of research on issues such as effective schools, healthy families, successful learning and learning organizations.* What has become clear in all the research on human systems of any form-individual, family, group, school, organization, or community-is that successful learning and development is stimulated by the following conditions:

- **caring relationships** that provide love and consistent support, compassion, and trust;
- **high expectations** that convey respect, provide guidance, and build on the strengths of each person;
- **opportunities for participation and contribution** that provide meaningful responsibilities, real decision-making power, a sense of ownership and belonging, and, ultimately, a sense of, spiritual connectedness and meaning (Benard, 1996).

These systemic Conditions of Empowerment, or protective factors, cross "ethnic, social class, geographical, and historical boundaries" (Werner and Smith, 1992), because they address our common, shared humanity, our basic human needs (Maslow, 1954). Caring relationships convey high expectations and respect for who one is. They invite participation and welcome one's gifts,

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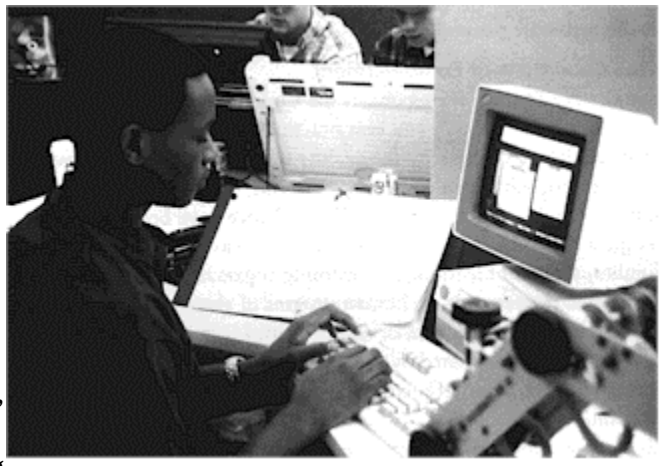
meeting basic human needs of students and staff alike. We have inborn drives for caring and connectedness; for respect, challenge, and structure; and for meaningful involvement, belonging, and power. When these needs are acknowledged, strength and capacity for transformation and change emerges more easily.

Developing Strategies

In our training sessions, participants often ask for a recipe: "Just show me how to foster resilience in the classroom." We refer them back, first, to the Planning Framework's foundation in belief: Are humans born with the capacity for well-being? "Discover your own resilience. We cannot teach what we do not know. When you have experienced your own ever-present resilience, then you are ready to implement strategies designed to tap resilience within students."

The Conditions of Empowerment name the three broad areas in which to plan strategies: caring, high expectations, and opportunities for participation. In traditional planning models, a needs assessment identified problems and then team members brainstormed strategies to meet the need. At times we simply began by creating a program we thought would address a need.

The Framework for Tapping Resilience asks planners to go much deeper. Does the strategy demonstrate a solid belief in the innate health of the student for whom it was designed? Is it apparent that a student's risky behavior does not deter a teacher from seeing the young person's promise? Risky behavior alone does not predict future capacity for well-being. Do planners know and use the resilience research base?



What we do to tap the young person's resilience makes all the difference. For example, it is not enough to simply institute best-practice strategies such as mentoring, peer helping, cooperative learning, service learning, authentic assessment, multiple intelligences, community service, full service schools, or parent involvement, etc. While these are all strategies that research has associated with positive learning and developmental outcomes in students (Hilliard, 1991; Noddings, 1992), their success depends on the quality of the relationships surrounding them and ongoing opportunities for participation. Do the adults and children respect and care for each other? Are they equal partners? Do youth have opportunities to contribute their talents and work from their strengths and interests? Does the adult understand her own resilience? Can she aid the youngster in understanding his own thinking and thereby tapping natural inner strength? These are only a few items from our checklist which helps adults in the system examine how they are actually unlocking student resilience (Benard, 1996). Fostering resilience requires adults to create the Conditions for Empowerment child by child, system by system.

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Individual and Social Outcomes

If we believe all children have innate capacity for resilience and we adhere to research as we develop our strategies, we will know success at two levels: in developmental outcomes and societal effects. The evaluation design in our planning framework addresses these measures of change.

Developmental Outcomes:

First, we will see positive developmental outcomes that indicate transformation among children and adults. The natural expression of our innate capacity-and drive-for resilience is in meeting basic needs through positive beliefs, relationships and opportunities. We know that the individual traits consistently found in studies of resilience are social competence (including caring, empathy, communication, and humor); identity (autonomy, and self-awareness); problem-solving and planning; and belief in a bright future (Benard, 1991).

Too often, however, resilience traits are erroneously used as names for prevention or youth development strategies. These traits are outcomes-not causes-of resilience. These traits are best used simply as evaluation markers or indicators. They are signs that we are bringing out the best in people. To label a child, family, community or culture resilient-or not resilient-misses the mark. Labeling one child resilient implies another is not and contradicts the resilience paradigm in which resilience is part of the human condition and the birthright of all human beings.

Fostering resilience requires adults to create the Conditions of Empowerment child by child, system by system.

Societal Effects:

Successful change is apparent as well, in societal effects. When adults in the system believe in the innate resilience of their students, families and colleagues, they can create a nurturing environment. At the school or community level we begin to see impacts in larger social issues: reduced problem behaviors like substance abuse, teen pregnancy, delinquency, and violence; interest and engagement in lifelong learning; and-most importantly-the development of compassionate citizens (Werner and Smith, 1992; Meier, 1995; Higgins, 1994). Thus, our planning framework is circular and demonstrates a process of inside-out change (Fullan, 1993). By beginning with our own understanding of resilience, we can systematically plan to implement strength-based prevention and education strategies for all students.

The Health Realization/Community Empowerment projects led by Dr. Roger Mills indicate success at both levels. (See related article in this issue.)

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Conclusion

Successfully shifting to the resilience operating philosophy requires careful attention to systems change processes, evaluation, and appropriate research and best practices. Most importantly, this work should be undertaken over an extended period of time. In our experience, three to five years are usually reasonable for significant initial changes to begin becoming broadly apparent. District strategic plans, mission statements, building student assistance teams and site councils are good vehicles for beginning.

Key stakeholders from the school and community must be trained in the new paradigm and sustained with ongoing follow-up and support services until the desired change has been institutionalized. We recommend regular professional learning group meetings. Resilience and health realization hold tremendous promise for all schools and communities. This change is relatively inexpensive because it involves a shift in thinking systemwide and does not require entirely new systems or programs to be created. If a school or community has the will, and commitment to invest the time, this intervention can be permanent.

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