Turning the Corner:
From Risk to Resilience

Bonnie Benard

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Note: This classic publication, *Turning the Corner From Risk to Resiliency*, by Bonnie Benard has been reissued here in 2012 in its original form. This work offers a unique collection of Benard's interviews and summaries of work by early resilience, prevention and youth development leaders. This series of articles first appeared in the *Western Center News* between 1990 and 1996.

The articles were thought provoking and often challenged then current prevention thinking. Benard was able to identify, examine and report emerging contributions that otherwise might have never been connected and explored as a whole.

All too often valuable research and cutting edge community practice occur in isolation. Benard has always been especially focused on bringing the prevention puzzle pieces together. She points us to a bigger picture and encourages us to look beyond our own individual *known boxes*. Benard was bold to suggest that resilience was turning a corner in in the early 90's.

Today we see the accuracy of her judgment call. Focusing on mental health promotion and positive development is now strongly supported by the scientific evidence reviewed and reported in 2009 by the National Research Council and the Institute of Medicine.

In *Turning the Corner from Risk to Resilience* Benard was looking well beyond the 1994 IOM definition of prevention. By 2009 IOM reconsidered, examined emerging research and did an about face. IOM redefined prevention in 2009. This new definition of prevention is very much in step with Benard's early thinking, which in part was grounded in the evidence she was disseminating in these early articles. For further information see this ground-breaking book:

Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors; Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions; Institute of Medicine; National Research Council

ISBN: 0-309-12675-4, 592 pages, 6 x 9, (2009)

This PDF is available free from the National Academies Press at:
http://www.nap.edu/catalog/12480.html   The book may also be purchased at this address.

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Introduction

Welcome to the University of Minnesota, National Resilience Resource Center web site. I am so grateful for technological advances in the last decade that allow us to easily and economically make significant historical resources broadly available. Here you will find five pivotal works by Bonnie Benard. These youth development publications have staying power and include:

- ***The Case for Peers*** *(December 1990)*
- ***Moving Toward a Just and Vital Culture: Multiculturalism in Our Schools*** *(April 1991)*
- ***Fostering Resiliency in Kids: Protective Factors in the Family, School and Community***, *(August 1991)*
- ***Mentoring Programs for Urban Youth: Handle with Care*** *(June 1992)*
- ***Turning the Corner: From Risk to Resilience*** *(updated 2004)*

When Bonnie Benard and I first met we were professional colleagues associated with the U. S. Department of Education's Safe and Drug Free Schools regional training centers. Bonnie was affiliated with the Western Center in Portland, Oregon and San Francisco, California, and I was at the University of Minnesota representing the Midwest Regional based in Oakbrook, Illinois. One of my first memories was calling the Western Center and asking them to break their rules to send me copies of new publications by Bonnie Benard. They kept telling me they were not funded to send things out of their ten-state service area. I persisted and finally received the important documents. In time Bonnie and her colleagues came to Minnesota and conducted prevention trainings for my center. Eventually the National Resilience Resource Center was born.

Over the years Bonnie's early publications have stuck in my mind. They were seminal; they were laboriously created to synthesize important research for lay prevention practitioners who were trying to find successful ways of reducing and eliminating youth substance abuse. Most of these professionals were tired and overwhelmed. They perked up when they began to hear Bonnie's positive, hopeful message about resilience.

It was clearly a controversial and new message. We heard her talking about "youth at promise" rather than kids "at risk," about hope rather than resignation, about possibility rather than problems. She was part librarian and part social worker--a champion from the Midwest who lodged herself squarely in Berkeley and followed the research of the best and the brightest from a multitude of disciplines. Bonnie was a collector and conceptualizer who knew no boundaries. She searched, and read and wrote; then she spoke out. Bonnie was an advocate for youth. I remember her repeatedly saying how important it was to "speak truth to power."

Today I know speaking out like this meant covering a lot of ground and trying to see clearly what might really make a difference in kids' lives. Bonnie knew first hand what it meant to have siblings and partners impacted by addiction. She saw the impact of racism, poverty and limiting special education and other labels. She instinctively felt what it meant to use published research to discover new avenues, to point in unconventional directions.

Sometimes it meant being the target of more established and degreed scientific experts' criticisms and agitation. More than anything I saw my friend and colleague squarely planting her feet on the sacred ground of ethical scholarship and social advocacy. Bonnie has never wavered from her position that we adults can and must do more for children, that there is a national agenda yet to be fully created and funded. Bonnie bridged the gap between the researchers and the prevention practitioners. In doing so she has lighted the dark corners and brought us a hopeful path.

These posted publications are stepping stones in that path. There are newer publications that round out this discussion and strengthen the case of the national agenda of youth development grounded in resilience research.

Today Bonnie and I know about grey hair and more than occasionally spend time thinking about retirement. We deeply value the work we have shared for more than a decade and will continue into the next. We know important documents need to be passed like a torch to new runners. We sense deep in our bones that systems change—the really big systems change from risk to resilience, from problems to possibilities—takes several generations and changes hearts as well as minds.

From Bonnie's early works we know caring and support, opportunities for meaningful participation and encouraging high expectations change kids' lives. We also know that for adults to become caring and inviting and encouraging requires that they tap their own natural resilience and live in a secure state of mind. The research agenda of the next decades must explore such new avenues. The initial work that was been done by Bonnie Benard will serve us well in defining the foundation on which the new agenda can wisely be built. Please feel free to print these documents and disseminate to systems change agents. For additional printed copies on a cost recovery basis contact nrrc@cce.umn.edu.

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January 2004

www.cce.umn.edu/nrrc

Preface 2004
By Bonnie Benard

My *Corners on Research*, was written for the Western Center for Safe and Drug-Free Schools and Communities from 1990-1996 (included in this document, *Turning the Corner: From Risk to Resilience*), and prior to that for the Illinois Prevention Resource Center from 1984-1990 (compiled in *Research from the Prevention Forum* published by the Wisconsin Clearinghouse in 1990). I aimed to help busy prevention practitioners, who didn't hide out in strange places like libraries, to find an answer to the question, "What does research tell us about what works to help young people avoid health-risk behaviors such as alcohol and other drug abuse?"

What soon became obvious to me from my ongoing review of research in education, mental and public health, and other behavioral sciences, was that ***effective practitioners were far ahead of research***, acting from their intuition and gut. They seemed to know that reaching young people was best done by supporting caregivers in their families, schools, and communities. They also seemed to know that changing youth attitudes and behaviors meant creating positive supports and opportunities that met young people's needs for love and belonging, for respect, for competence, for power, and especially for meaning. ***So I began to see that perhaps the most useful role I could play would be to bring to practitioners the research that supported what they knew intuitively in their hearts and from their experience and wisdom worked to prevent health-risk behaviors and promote life success. That is what this and all my writing has been about***.

As I reviewed the articles included in this reissued document, I was struck by the aphorism that the more things change, the more they stay the same or perhaps worsen. The urgency I believed we were faced with in turning around young lives in the early to mid 90s has only grown stronger over this last decade.

Systemic policy changes to promote a human and protective agenda for children and families that provide universal access to supportive and effective programs like Head Start, health care, after-school programs, family support efforts, comprehensive school health programs, full-service schools, job training, substance abuse treatment and so on remain even more elusive in 2001 than they were in 1991. Moreover, in the fields of education and prevention we have witnessed a narrowing of the definition of research to mean a menu of science-based "programs" that practitioners must chose from to be funded. This approach is in direct contradiction to resilience and other developmental research cited in this document.

Resilience-based approaches are grounded in providing the three critical protective factors of caring relationships, high expectation messages and beliefs, and opportunities for participation and contribution that I conceptualized in 1991. Over the last decade, a growing body of research from brain science and program evaluations to research on healthy individuals, families, schools, and communities has only validated the power of this threesome to promote healthy and successful outcomes in individuals of all ages [see my new book, *Resiliency: What We've Learned* (www.wested.org/publications) for a review of much of this growing evidence].

The good news is that thousands of practitioners and many policymakers have been doing and supporting the many resilience-based practices discussed herein—and more: peer resource programs and

practices, culturally respectful schools, restructuring schools around the protective factors, mentoring, collaboration, caring communities, listening to youth, participatory research practices, to name a few. In fact, a whole new field, youth development, growing out of the community-based youth service sector over this last decade, aligns in total coherence with resilience-based practice and policy advocated in the 21 articles in this document.

My thanks to my dear colleague and friend, Kathy Marshall, Director of the National Resilience Resource Center at the University of Minnesota for reissuing and expanding *Turning the Corner: From Risk to Resiliency* to now include all my *Corners on Research* published in the *Western Center News* from 1990-1996. Under her leadership, this Center has certainly carried on the vision laid out in the last of my columns, recognizing that, "The starting point and key to effective prevention is the deep-seated belief on the part of adults who work with youth that every youth has innate resilience." Of all my learnings in my over two decades in the prevention field, this is the one I see as the most profound. Fortunately, it is also within the power of every one of us to address.

Bonnie Benard
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Advisor to the National Resilience Resource Center
January 2004

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Peer Programs Hold Promise
for Prevention

BY BONNIE BENARD

A year ago I wrote an article for the Illinois Prevention Resource Centers *Prevention Forum* newsletter which addressed the critical need for the prevention and education fields to change the framework from which they often view youth – to see children and youth not as problems which need to be fixed but as resources who can contribute to their families, schools, and communities. In that article I discussed a powerful strategy for providing youth the opportunity to be useful contributing members of their communities – youth service.

I still believe youth service programs at the middle, junior, and high school level can play a major role in reducing the alienation many youth feel from their families, schools, and communities, a disconnectedness that often manifests in the social problems of alcohol/drug abuse, teen pregnancy, and dropping out of school. However, what has become increasingly clear to me this last year is the need for children to experience themselves as resources from early childhood on. This means youth service must be a concept we infuse throughout our schools from the preschool level forward; youth service should not be another program or course tacked on to an already over-full curriculum. The chances that a semester of youth service will instill in an already alienated adolescent a sense of personal worth and value – after experiencing years of treatment as a problem – are slim.

What I am advocating in stating that the concept of youth service must be infused throughout our schools is none other than the adoption of a peer resource model of education in which schools and classrooms are restructured so that youth – from early childhood through late adolescence – are provided ongoing, continuous opportunities to be resources to each other.

I use the term "peer resource" to refer to any program that uses children and youth to work with and/or help other children and youth. Included in this definition are programs such as youth service, cooperative learning, peer tutoring, cross-age tutoring, peer helping (replaces the term "peer counseling"), peer mediation, peer leadership, and youth involvement.

The rationale for a peer resource model of education is multifaceted and grounded in research from many disciplines, and the research evidence for the effectiveness of peer resource programs on a youth's academic and social development is very compelling. Researchers have found that peer relationships contribute to a child's cognitive development and socialization in a variety of ways. In the arena of peer interactions, children learn attitudes, values, and skills through peer modeling and reinforcement. Peers are critical in the development and internalization of moral standards. Through reciprocal peer interactions children learn to share, to help, to comfort, and to empathize with others. They learn social skills, such as impulse control, communication, creative and critical thinking, and relationship or friendship skills. In fact, the failure to develop social and relationship skills is a powerful, well-proven early indicator of later substance abuse, delinquency, and mental health problems.

Developing peer programming throughout the life cycle – self-help groups, mutual aid groups, for neighbor natural helpers, intergenerational programs, etc. – should be a major focus of prevention policy and programming. We all know the negative power of cultural norms promoting alcohol use; imagine the positive power of a school-community, let alone society, that promoted and systematically infused the value of caring for others!

EDITORS NOTE: *For a complete research-based discussion of peer relations and peer resource programs, Bonnie Benard's paper*, The Case for Peers*, is available at www.cce.umn.edu/nrrc under "Resilience Research".*

From *Western Center News*, December 1990, Vol. 4, No. 1

Collaboration Fosters Creative Problem Solving

By BONNIE BENARD

It has become increasingly clear to the prevention field that collaborative, communitywide efforts are essential if we are to actually create the positive, supportive, and nurturing environments that will, in turn, discourage alcohol and drug abuse and other social problems like teen pregnancy, child abuse, delinquency, school failure, and dropping out. These problems are not only interrelated but share common roots that lie in the community. The responsibility, therefore, in addressing these problems falls to the community as a whole and not only to a few institutions of the community, such as the family and the school.

This growing awareness of social problems as community problems is not only witnessed in the developing consensus on the part of policymakers, advocates, and public- and private-sector organizations and foundations that only community-wide solutions can solve community-wide problems, but actualized in the thousands of communities across our nation who have mobilized to work together to solve problems like alcohol and drug abuse.

Collaboration, defined as a group of individuals who work together on common goals (creating healthy environments in order to reduce alcohol and drug use, for example), is a process that exemplifies the principles of prevention philosophy: empowerment, mutual problem solving and decision making, and mutual respect. In fact, the very process of collaboration, of coming together out of mutual concern and agreeing to work together, is doing prevention, for we're actually creating a more supportive environment by this action.

Through the process of involving representatives from all sectors of the community, problems will more likely be addressed at their source and not just dealt with symptomatically. As Ann Lieberman states, "None of us, no matter what our position, has the answers to the complex problems we face. The more people work together, the more we have the possibility of better understanding these complex problems and acting on them in an atmosphere of trust and mutual respect."

The benefits commonly identified in the literature from using a collaborative model are as follows: (1) While we have a scarcity of research documenting program effectiveness, the literature on collaboration consistently identifies program effectiveness as a major benefit of collaboration. This is not only the result of the creating of a solution that addresses systemwide and not symptomatic change but also because ownership is spread among systems, thereby increasing the number of "stakeholders," those that have invested themselves and are committed to working on the problem. (2) The pooling of resources (time and money) reduces the loss from duplicated and fragmented interventions and provides a cost-effective way to address problems. (3) The process of collaborating (communicating, planning, problem solving, decision making, resolving conflicts, and laughing together) breaks down the isolation people often experience working alone and creates a stimulating, empowering, creative experience that builds nurturing and supportive relationships among the participants.

The following attributes have been consistently identified as essential to effective collaborative efforts, be they community task forces of concerned citizens, interagency, or inter-professional collaboratives, or statewide or national networks:

1. As Shirley Hord explains, "The extent to which organizations share interests and needs before joining is a major determinant of their propensity to work together. There must be a sense of gain for each."
2. Time is necessary to do joint planning and consensual decision making, the essence of collaboration. Furthermore, as Lieberman states, "Groups of people who work together need enough time together to strip away the stereotypes help by people in different positions doing different kinds of work."
3. Roy Park claims energetic people are the heart of a collaborative team, and Shirley Hord concludes that "Reaching-out, action-taking

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individuals are needed to initiate and sustain the collaborative effort."

4. Sharing of resources – funds, staff, etc. – is the modus operandi for collaborating organizations. The rewards, or expected outcomes, must be worth the investment to each participant.

5. Group meetings are ongoing and frequent in successful collaboratives. As Hord concludes, "The collaborating model is a sharing one, and sharing is grounded in communication."

6. The importance of institutional support to a collaborative effort is reiterated throughout the literature. According to Adrienne Baily, "At a minimum, effective collaboration must have the enthusiastic backing of top leadership if not their actual participation."

7. Broad-based representation – including youth – is critical to make sure not only elites are represented.

8. According to several authors the failure to establish mutual goals and objectives is a major reason collaborations fail.

9. While attention to group task, that is, goal accomplishment, is essential, we must remember that collaboration is an interpersonal process. This requires close attention to group process as well as group process skills.

10. Probably no quality better captures the essence of collaboration than the spirit of mutual respect; collaboration rests upon the principle that each person is capable and has something to offer.

11. In collaboration, power, control, and responsibilities must be shared; in fact several "experts" recommend sharing leadership and thus giving each person the opportunity to develop leadership and group facilitation skills. Linda Clements states: "In a genuine collaboration, all partners learn and all partners teach."

12. Shared planning, decision making, evaluation, and leadership among partners creates a sense of ownership on the part of each participant. The principle of shared ownership has been a cornerstone for community development theory and practice for decades and is a

critical component of any successful change effort.

13. Commitment is also the direct outgrowth of equal participation by collaborating partners. According to Roberta Culbertson, "Wherever they are and whatever their goals, prevention programs are successful to the degree that they address one thing: people's commitment and responsibility for a positive and supportive community."

14. What is often overlooked and yet is unanimously identified in the literature as essential to successful collaboration are incentives and rewards, be they funding, recognition, or just plain fun!

15. Traits like patients, persistence, initiative, flexibility, risk taking, empathy, self-assurance and self-realization have all been identified by various researchers and practitioners as critical to working in a collaborative relationship with others.

Essentially, these all reflect an openness to life and new experience and a willingness to share with others. The resounding conclusion of panelists, presenters, and researchers at the 1989 Society for Applied Anthropology's Conference on Collaboration was that collaboration is a "people process" and requires, first and foremost, attention to "people issues." Comments like the following echoed throughout the conference: "Collaboration is a social process;" "Human dynamics is the basis for any collaborative effort;" "Collaboration is person-to-person." Furthermore, those who have studied successful schools and organizations have found them to be people-centered.

All this reiterates a central tenet of prevention philosophy: the need to create positive and caring environments which encourage our working and playing together in our families, schools, workplaces, and communities.

How we relate to each other in these arenas determines how successful we will actually be in achieving our goals or reducing alcohol and drug use by youth. Gandhi's dictum that our means will determine our ends, i.e., that there is no way to peace but peace is the way, is advice well heeded.

From *Western Center News*, March 1991, Vol. 4, No. 2

Schools Should Celebrate
Multicultural "Salad"

By BONNIE BENARD

Research clearly demonstrates that if we are to truly address the issue of substance abuse in ethnic minority populations, we must face head-on the underlying dynamic of racism in our society. What is equally clear is that to create a society that values and nourishes its cultural diversity, we must create environments for children from infancy on that are characterized by respect for difference and by high expectations of success for *all* children.

While public policies targeting discrimination and segregation are essential at all government levels – local, state, and national – if we are committed to fighting racism, we cannot wait for policies from "above" to propel us. Rather, as in any successful change effort, we must "think globally" but "act locally," starting "where we are with what we got." This means taking action right into our own schools and communities.

While the school is often unfairly scapegoated and certainly forced to bear the burdens of social problems created by our political and economic systems, as well as the responsibility for their amelioration, the schools, as the major institution for socialization in our society, is a critical arena in which inequality is perpetuated. "Schools are the instruments by which people control access to more specialized microcultures and to the power and privilege they confer," wrote Ward Goodenough in a 1976 article in *Anthropology and Education Quarterly*. Historically, schools have played a significant role in denying minorities access to the skills and knowledge they need to be successful in American society.

Essential to living and working in increasingly culturally diverse schools, workplaces, and communities is a perspective that cultural diversity is not a problem or crisis but rather an incredibly exciting opportunity enabling every American to experience other peoples and cultures.

In fact, when discussing the issue of multiculturalism or multicultural education, we must remember we're not only concerned with creating opportunities for ethnic minority youth. Rather, even though inextricably intertwined with this concern, we're concerned with empowering all youth through cross-cultural interaction, with changing the hearts and minds of the dominant culture, beginning with preschool children, to not only respect difference and appreciate other cultures but to learn cross-cultural literacy and competency as well.

The current popular metaphor to describe this perspective of multiculturalism is that of the "salad bowl" or "fruit salad" in which each vegetable or fruit retains its integrity and yet contributes to creating the whole. This perspective will allow us to develop a truly culturally transformed society that celebrates its diversity.

An *attitude that celebrates diversity* is the foundation upon which a school can be culturally transformed and the principle around which all school change efforts are organized.

So, just how do we proceed in this endeavor? From a review of the extensive literature on "multicultural education," five components appear to be essential to creating a culturally transformed school community:

- Active involvement of the school community
- School policy
- Redistribution of power and authority within school and classrooms
- High expectations by teachers
- Curriculum issues: infusion, language study, individual learning style, and personnel

If we are truly concerned with prevention of problems such as substance abuse, delinquency, and teen pregnancy, we as a nation must commit ourselves to ensuring that all people have access to health care, child care, housing, adequate nutrition, education, and employment opportunities. We must make our commitment and exert our collective will to ensure that two ends are achieved: all youth are given the opportunities to celebrate their respective cultures as well as the opportunities to experience academic success. If we make these two goals inseparable, wrote Yolanda Moses in a 1990 article in *Education and Urban Society*, "Education will move from being

in crisis to being what it can and should be: the seed ground for a more just and vital culture."

EDITOR'S NOTE: *For a complete discussion of multiculturalism in schools, see Benard's paper*, Moving Toward a "Just and Vital Culture":

Multiculturalism in Our Schools, *available at* www.cce.umn.edu/nrrc *under "Resilience Research"*

From *Western Center News*, June 1991, Vol. 4, No. 3

Prevention Should Emphasize Protective Factors

By BONNIE BENARD

The field of prevention, both research and practice, came a long way in the 1980s: from short-term, even one-shot, individual-focused interventions in the classroom to a growing awareness and beginning implementation of long-term, comprehensive, environmental-focused interventions expanding beyond the school to include the community. Furthermore, in the mid-1980s we finally started to hear preventionists talking about prevention strategies and programs based on research identifying the underlying risk factors for problems like alcohol and other drug abuse, teen pregnancy, delinquency, gangs, and dropping out.

While certainly a giant step in the right direction, the identification of risks does not necessarily provide us with a clear sense of just what strategies we need to implement to reduce the risks. More recently, we are hearing preventionists talk about concepts like "protective factors," about building "resiliency" in youth, about basing our strategies on what research has told us about the environmental factors that facilitate the development of youth who do not get involved in the life-compromising problems of school failure, drugs, and so on.

What clearly becomes the challenge for the 1990s is the implementation of prevention strategies that strengthen protective factors in our families, schools, and communities. If we can determine the personal and environmental sources of social competence and wellness, we can better plan preventive interventions focused on creating and enhancing the personal and environmental attributes that serve as the key to healthy development. In their 1983 book *Stress, Coping and Development in Children*, Norman Garmezy and Michael Rutter write: "Ultimately, the potential for prevention surely lies in increasing our knowledge and understanding of reasons why some children are not damaged by deprivation."

A phrase occurring often in the literature sums up the resilient child as one who "works well, plays well, loves well, and expects well." Since this is a little too abstract for most researchers, the following more specific attributes have been consistently identified as describing the resilient child:

- *Social Competence*. This commonly identified attribute of resilient children usually includes the qualities of responsiveness, flexibility, empathy and caring, communication skills, a sense of humor, and any other pro-social behavior.

- *Problem-Solving Skills*. These skills include the ability to think abstractly, reflectively, and flexibly and to attempt alternate solutions for both cognitive and social problems.

- *Autonomy*. Different researchers have used different terms to refer to autonomy, including a "strong sense of independence," an "internal locus of control," a "sense of power," "Self-esteem," "self-efficacy," "self-discipline," and "impulse control." Essentially, what researchers are talking about is a sense of one's own identity and an ability to act independently and exert some control over one's environment. Several researchers have also identified the ability to separate oneself from a dysfunctional family environment – "to stand away psychologically from the sick parent" – as the major characteristic of resilient children growing up in families with alcoholism and mental illness.

- *Sense of Purpose/Future*. Within this category fall several related attributes invariably identified in the protective-factor literature: healthy expectancies, goal-directedness, success orientation, achievement motivation, educational aspirations, persistence, hopefulness, hardiness, beliefs in a bright future, a sense of anticipation, a sense of a compelling future, and a sense of coherence.

While research also ascribes a few other characteristics, such as good health and being female, to resilient children, the attributes of social competence, problem-solving skills, autonomy, and a sense of purpose appear to be the common threads running through the personalities of resilient children – those who "work well, play well, love well, and expect well" – no matter their health or sex status.

Now, looking beyond the children themselves to their environments – their families, schools, and communities – the protective characteristics that appear to facilitate the development of resiliency in youth fall into three categories: (1) caring and support, (2) high expectations, and (3) opportunities for children to participate.

Research has shown that shifting the balance or tipping the scales from vulnerability to resilience may happen as a result of one person or one opportunity. Individuals who have succeeded in spite of adverse environmental conditions in their families, school, and/or communities often have done so because of the presence of environmental support in the form of one family member, one teacher, one school, or one community person who encouraged their success and welcomed their participation.

While tipping the scales toward resiliency through individual, serendipitous relationships or events is certainly important, the increasing number of children and families that are experiencing risks in their lives due to environmental deprivation necessitates that we preventionists take a systems perspective and intervene with planned environmental strategies to build protection into the lives of all children and families. From this prespective, a major underlying cause of the development of social problems can be traced to the gradual destruction of naturally occurring social networks in the community. The social, economic, and technological changes since the late 1940s have created a fragmentation of community life, resulting in breaks in the networks and linkages between individuals, families, schools, and other social systems within a community that traditionally have provided the protection – the "social capital" - necessary for healthy human development.

What has become clear, not only from the failure of alcohol and drug abuse programs and other prevention programs that do not address this root cause but from the positive findings of protective factor research into why some kids succeed, is the need for prevention efforts to build these networks and intersystem linkages. We must work within our families, schools, and community environments to build social bonds by providing all individuals with caring and support, relating to them with high expectations, and giving them opportunities to be active participants in their family, school, and community life. While volumes can be written (and have!) on just how to go about this, the strategies are fairly simple and reflect not a need for behavioral interventions as much as for an attitude change – a willingness to share power within a system, to create a system based on reciprocity and sharing rather than on control.

We also must work to build linkages between families and schools and between schools and communities. It is only at this intersystem level – and only through intersystem collaboration within our communities – that we can build a broad enough, intense enough network of protection for all children and all families.

EDITOR'S NOTE: *For a complete discussion of resiliency and protective factors, Benard's paper*, Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community, *is available at* www.cce.umn.edu/nrrc *under "Resiliency Research".*

From *Western Center News*, September 1991, Vol. 4, No. 4

School Restructuring Can Promote Prevention

By BONNIE BENARD

While the relationship between substance abuse and school disengagement and failure is highly complex, research clearly finds that a lack of commitment to school (or lack of achievement motivation) often precedes and is a risk factor for later problems with alcohol and drugs (Austin, 1991; Newcomb and Bentler, 1986; Hawkins, et al, in press). Furthermore, research into both effective schools and resilient youth also identifies the positive academic and social outcomes in youth who attend schools characterized by climates of caring, participation, and high expectations for all students (Rutter, 1979; Wehlage et al, 1989; Benard, 1991). Our current sad state of affairs, however, is described succinctly by Thomas Toch in his recent book on educational reform, *In the Name of Excellence: The Struggle to Reform the Nation's Schools*: "The vast majority of public schools simply fail to create a climate in which teachers want to teach and students want to learn" (1991).

Because research so clearly implicates positive school climate as a mediator of substance abuse, it is imperative that we preventionists become active voices in the current discussions around educational reform – at the local, state, and national levels. The current "hot topic" of school restructuring is especially salient to the substance abuse prevention fields because schools will not and cannot become caring and participatory places unless the social relationships among administrative staff, teachers, and students are systematically changed to encourage the creation of supportive and collaborative human networks. The research of social scientists such as Seymour Sarason, Thomas Toch, Frank Riessman, and Nel Noddings – to name only a few – has pointedly demonstrated that school is first and foremost a social situation, and that "educational change must address the mechanisms which nourish and sustain the life-giving qualities of these relationships" (Weinstein, 1990).

While the concept of restructuring appears to mean different things to different people, it seldom is used to refer to this actual systemic change in social relationships. As a recent report on school restructuring concludes, "Restructuring has come to stand for efforts carried on at a variety of levels, justified by a diverse array of educational and organizational theories, and with a number of different goals in mind" (Kahne et al, 1991). In fact, in their book, *Restructuring Schools: The Next Generation of Educational Reform*, Elmore et al state: "School restructuring has many of the characteristics of what political and organizational theorists call a 'garbage can,' [accommodating] a variety of conceptions of what is problematic about American education, as well as a variety of solutions" (1990).

Unfortunately, much of what passes for restructuring – strategies such as parental choice, special pedagogies, even site-based management – can result in just more educational "tinkering," rather than in systematic change in social relationships that can significantly affect students' academic and social outcomes. According to several investigators of social change, real restructuring means the actual altering of the old or the creating of new linkages and patterns of social relationships, a process ultimately dependant on and resulting in the redistribution of power within the system (Sarason, 1990; Seidman, 1988; Riessman, 1991). Restructuring means empowering teachers to support each other and the children, as well as to participate in collaborative decision making. Furthermore, restructuring also means empowering students to support each other, as well as to participate in the decisions affecting what goes on in their school and classroom. True restructuring means the redistribution of policymaking power, not only from the central office administration to the local school (school-based management) and not only from the principal to the teachers, parents, and community (family-school-community collaboration); rather, true restructuring must also involve a shift in power to the school's primary constituency, the students themselves.

In his recent and very wise book, *The Predictable Failure of Educational Reform*, Seymour Sarason unequivocally states that unless students are given

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"the right and responsibility [i.e., power] to participate in forums where the constitution of the classroom is forged," any attempt at improving student outcomes through educational reform are doomed to fail: "The sense of powerlessness frequently breeds reduced interest and motivation, at best a kind of passionless conformity and at worst a rejection of learning. When one has no stake in the way things are, when one's needs or opinions are provided no forum, when one sees oneself as the object of unilateral actions, it takes no particular wisdom to suggest that one would rather be elsewhere" (1991). Furthermore, because the redistribution of power is systemic change, he adds, "Whatever factors, variables, and ambiance are conducive for the growth, development, and self-regard of a school's *staff* are precisely those that are crucial to obtaining the same consequences for students in a classroom" – and vice versa! These factors, as discussed earlier, are clearly identified in research as the school climate variables of caring, participation, and high expectations.

So, just what form should school restructuring take? What strategies are implied from the above discussion? While no one strategy is the be-all and end-all for restructuring the power relationships within schools to create more social support and participation opportunities, an overwhelming amount of research supports school-wide cooperative learning and other peer resource approaches as the single most effective way to achieve these mutually reinforcing goals. Creating a cooperative/collaborative school culture is a process involving the total school constituency and is based on the establishment of the common goals of creating classrooms and school communities that care and support *all* kids and teachers, that have high expectations for *all* kids and teachers, and that provide *all* kids and *all* teachers with the opportunities to participate and to be successful.

Certainly, many other strategies exist for creating within our schools a caring climate and opportunities to participate and experience success – for example, reduced class size, K-8 schools, intergenerational programs, cross-age tutoring, mentoring, and many other specific peer resources programs such as buddy systems, peer tutoring, peer education, peer helping, and peer support groups. However, unless a cooperative learning structure is *infused* school-wide, these programs can become mere add-ons, more

ineffectual "tinkering" and not the structural, systemic change in power relationships that will truly transform the school culture and from which these other various strategies will naturally flow.

Moreover, the restructuring of power to create a cooperative/collaborative school is also perhaps the most critical variable in creating a truly multicultural classroom and school (Benard, April 1991). Because the school is a microcosm of the larger society in which ethnic minorities and youth have systematically been denied access to power, moving toward multiculturalism necessitates empowering ethnic minority youth. The conclusions of research into why so many multicultural programs fail parallels that of research into why educational reform efforts never seem to make a difference: the issue of power is not dealt with. "It is, of course, far easier to tamper with curriculum or adopt a new slogan than to redesign the ways in which teachers, students, and administrators relate to one another. But such changes seem to be a prerequisite for successful introduction of pluralism into contemporary education" (Rosen, 1977). Furthermore, "To act as is power does not exist is to ensure that the power status quo remains the same" (Delpit, 1988). And to ignore the issue of power is to ensure that no real change, no educational reform, occurs.

While research is certainly clear that the redistribution of power to involve youth is critical to successful educational change, the concept of redistributing power in our society – especially to youth and those who work with youth – requires a paradigm shift of the highest order! To view youth as resources instead of as problems remains difficult for many policymakers and practitioners philosophically, let alone operationally. Asa Hilliard recently described the situation well: "I have long wondered why it took us so long to 'discover' cooperative learning, an approach that is well-known among many people in the world, and why, once 'discovered,' it has become so difficult to execute. At lease one reason must have to do with the fact that *we do not have a cooperative philosophy in the general culture*. The pervasive commitment to vouchers and school choice certainly does not suggest a cooperative but, rather, a competitive philosophy. We no longer accept, it seems, the idea that we are our brothers' and sisters' keepers" (1991).

The challenge for us as preventionists concerned with creating the conditions that promote healthy

human development in order to prevent problems like substance abuse is clear: We must become involved in the educational reform dialogue; we must advocate for bringing the *human* element into the discussion; we must persevere together with vision, courage, and mutual support to create within each of our schools a climate of caring, of participation, and of high expectations for all – a climate that, indeed, encourages us to be our brothers' and sisters' keepers.

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From *Western Center News*, December 1991, Vol. 5, No. 1

Creating Change Requires Vision, Interaction

By BONNIE BENARD

Given the policies of the time, it's hard not to get discouraged and not to feel that one's efforts are merely "plugging the hole in the dike," as the cliché goes. Do our efforts really make a difference in the wake of a government that fails to invest in the health, education, and welfare of its people, especially in its children, and chooses instead to allow an enormous and growing concentration of wealth to accrue to a small percentage of its population? For example, the average income for the bottom 25 percent of the population has increased about 4 percent since 1969, while the top 5 percent experienced a 30 percent increase in real income! Another angle: In America, the compensation of major CEO's is between 85 and 100-plus times that of the average worker (for comparison, the ratio in Japan is 17:1; in France and Germany, 25:1). Certainly, the growing disparity between the rich and poor, with increasing numbers of middle-class Americans falling into the latter, has been documented by economists and demographers as a foreboding trend for the future of this nation.

Given also our knowledge that poverty is perhaps the greatest risk factor for the development of problems like alcohol and other drug abuse, good systems-thinking (i.e. common sense!) clearly identifies the most efficient, cost-effective prevention to be focused at the policy level on the allocation of resources. While this reality behooves us and preventionists concerned with social and economic justice to be involved at the political level, we are still forced to continue "plugging" along in a far-from-ideal or systemic way in our work to create better environments for children and families. And while we must "think globally," unless we aspire to some sort of madness, we must "act locally," and furthermore be able to acknowledge all the successful "plugging" we do.

From talking with practitioners and from reviewing the research on planned change and resilient youth, I have drawn some conclusions about successful change – for social change is what prevention is about. I see seven principles as the essence of successful change, and thus as the essence of programs that create opportunities for all youth and families to live fulfilling lives.

1. Believe in your ability to make a difference

The expertise and the power to change and to make change resides in each of you as practitioners. Terrence Deal and Allan Kennedy tell the following story in their book, *Corporate Cultures: The Rites and Rituals of Corporate Life*: "To inspire [her employees] with her own confidence, [Mary Kay Ash, founder of Mary Kay cosmetics] always awards diamond bumblebee pins and explains that, according to aerodynamic engineers, the wings of the bumblebee are too weak and the body is too heavy for the insect to fly. But bumblebees don't know this, and so they fly anyway. The message is clear: Anyone can be [successful] if they have the confidence and persistence to try." Your belief in your ability to make a difference in the sine qua non for any change effort, as well as a key trait of individual resiliency – it is what keeps a person going in the face of adversity.

2. Have a vision of a better world

Behind every successful change is a sense of vision, often beginning with a single person who, in turn, inspires others to share his or her dream. Research on effective cultural change, from that of Deal and Kennedy to that of Saul Alinsky and many, many successful prevention programs such as the Perry Preschool Project and New Parents As Teachers have consistently identified this sense of vision – and shared vision, as you infuse others with your vision – as not only the critical component in being a leader, but also as the essence, the glue, that binds the whole change effort. As Saul Alinsky writes in *Rules for Radicals*, "A bit of a blurred vision of a better world" is what keeps a change agent going in spite of setbacks.

3. Understand that change is a people process

While you must have a vision, a sense of mission if you will, successful change necessitates that we understand – and act on this understanding – that it is at the interpersonal level that change will actually occur. As one practitioner phrases it, "You can't shake hands with and organization!" As practitioners, we must follow the "garbage-can" method of social change: We must start where we're at with what we've got! This usually means working with some people who aren't easy to work with. As Roger Fisher and Scott Brown emphasize in their book, *Getting Together: Building Relationships as We Negotiate,* we will not get what we want unless we are willing to build relationships with those we deal with. Furthermore, successful collaborations and successful organizations – including schools – have clearly been shown to pay attention, first and foremost, to people issues.

Besides the utility of paying attention to the people process, it is also the people relationships that will keep you going as a change agent. The following quote from a letter written to a young activist by the theologian Thomas Merton illustrated this point:

"Do not depend on the hope of results. When you are doing the sort of work you have taken on…you may have to face the fact that your work will be apparently worthless and even achieve no result at all, if not perhaps results opposite to what you expect. As you get used to this idea, you start more and more to concentrate not on the results, but on the value, the truth of the work itself. And there, too, a great deal has to be gone through as gradually you struggle less and less for an idea and more and more for specific people. The range tends to narrow down, but it gets much more real in the end; it is the reality of personal relationships that saves everything."

And as several successful change agents like Michael Carrera in New York City or Marian Wright Edelman of the Children's Defense Fund point out, saving one child, one person, is success. Michael Carrera states, "We can only go so far in saying, 'The government is the enemy'; then we must roll up our sleeves, get in the trenches, and save one kid!"

4. Create caring relationships

Not only do successful change agents acknowledge that change is a people process, they understand that a caring relationship with their clientele is the key to change. The research on protective factors is loaded with examples of the power one caring teacher or adult has to change the life trajectory, the outcome for a child. Concomitantly, other investigators of why kids drop out of school clearly identify the lack of caring as a major reason. Furthermore, Lisbeth Schorr's research into successful prevention programs, especially those focused on family support, identified caring staff as a critical ingredient.

5. Believe that everyone has the innate capacity for mental health and well-being

This attitude accounts for 85 percent of successful planned change, according to one longtime community developer of longtime experience. What we're talking about here is an attitude of mutual respect that is positive, encouraging, and non-judgmental. As community psychologist Roger Mills states, "Everyone is doing the best they can," and Michael Carrera operates on the principle that "All kids are basically good." Furthermore, this attitude includes having and communicating high expectations for our clientele. Not only is this principle validated in educational research through successful programs like Henry Levin's Accelerated Schools program and Robert Slavin's Success for All model, but research into the protective factors in the family, school, and community environments clearly identifies the strength of this attitude to empower individuals to believe that, yes, they can achieve; that, yes, they can have a bright future.

6. Elicit the active participation of those involved

Perhaps no principle is cited more often in the community development literature on promoting success. Local ownership is critical. Furthermore, we can see evidence that it works in the success of self-help support groups, cooperative learning environments, peer helping groups, collaborative teaching environments, indigenous parent educators, and so on. We also know that active participation is

a major protective factor – people feel bonded to what they feel part of, to what they are involved in. Active involvement is the remedy for alienation!

7. Be committed and patient

Michael Carerra says anyone who's into helping kids had better be prepared for the "long haul" with "patient endurance" to outlast the kids. Similarly, Roger Mills, in beginning his work in the Modello Housing Project in Miami, says he "just would not go away! What we're talking about here is a good, old-fashioned community organizing process that takes time and nurturing.

What we see, then, is really a spiral in which we involve more and more people: By believing in our own abilities to effect change, by understanding that change is basically an interpersonal process that requires creating a caring relationship with those we work with, by having a vision and sharing that vision with others, by believing in the power of others to change, by actively involving others in the change effort, and finally, by being patient and committed to your effort, you will be successful. You will become part of a spiraling process of broader community change. Marian Wright Edelman, president of the Children's Defense Fund, says: "Enough committed fleas biting strategically can make even the biggest dog uncomfortable and transform even the biggest nation."

Do we really have a choice?

From *Western Center News*, March 1992, Vol. 5, No. 2.

How Schools Convey High Expectations for Kids

By BONNIE BENARD

One of the clearest findings from protective factor research as well as school effectiveness research is the importance of positive and high expectations for school success (see Benard, 1991, for a discussion of this point). In fact, Judith Brook and her colleagues found that a school's high expectations, along with an emphasis on student participation and autonomy, even mitigated against the most powerful risk factor for adolescent alcohol and drug use: peers who use (1989).

While the value of high expectations is not even a disputed concept these days, it is obviously one of the most difficult to operationalize. The undermining of youth's sense of self-efficacy through low expectations communicated at school – the beginning of the insidious process of decreasing motivation and increasing alienation that eventually results in dropping out and the interrelated problems of substance abuse, teen pregnancy, and so on – continues to happen on an all-too-frequent basis. In fact, the concept of school as a risk factor for dropping out and substance abuse is cropping up increasingly in the literature.

Flip Side

The flip side of this tragic phenomenon is that because schools do have tremendous power to influence the life trajectories of youth, they can also be a positive influence, serving as protection and a buffer against other adversity and stress. This column will briefly discuss the work of two researchers, Jeff Howard of the Efficacy Institute and Rhona Weinstein of the University of California at Berkely. These researchers not only address the issue of how schools communicate expectations to youth but also give us suggestions for how schools can turn the risk factor of low expectations into the protective factor of high expectations for all students.

Weinstein writes: "While the call to 'raise expectations' has become a large part of recent school improvement efforts, relatively little is known about how to implement both higher and more equitable expectations in practice. There are surprisingly few intervention efforts targeted toward preventing the negative effects of expectancy processes in schooling" (p. 336). And this is in spite of the fact that years of research into "expectancy communications" – the "expressions of belief, both verbal and nonverbal, from one person to another about the kind of performance to be expected" – have clearly demonstrated the powerful impact of expectancies on performance (Howard and Hammond, 1985, p. 19). Furthermore, studies consistently have found that expectations of teachers for their students have a large effect on academic achievement.

In order to plan preventative interventions, we must understand *the process* by which teacher expectations are thought to affect student performance. According to Jeff Howard, expectancies affect behavior in two basic ways. First, they directly affect performance behavior by increasing or decreasing our confidence levels as we approach a task and thus affecting the intensity of effort we're willing to expend. Second, expectations also influence the way we think about or explain our performance outcomes. "Research in social psychology has demonstrated that the causes to which people attribute their successes and failures have an important impact on subsequent performance" (Howard and Hammond, 1985, p.20).

As Howard explains: "When people who are confident of doing well at a task are confronted with unexpected failure, they tend to attribute the failure to *inadequate effort*. The likely response to another encounter with the same or a similar task is to work harder. People who come into a task expecting to fail, on the other hand, attribute their failure to *lack of ability*. Once you admit to yourself, in effect, that 'I don't have what it takes,' you are not likely to approach that task again with great vigor" (Howard and Hammond, 1985, p. 20).

Double Whammy

A negative expectancy definitely has a double whammy: It generates failure by its effect on behavior via lack of confidence, and then it entices the person to blame the failure on lack of ability rather than on lack of effort, which is an entirely remediable problem. What we see here is the beginning of a vicious cycle of self-fulfilling prophecy, which for many youth is their daily experience of school. Eventually, it will lead to an early exit from school.

African-American youth, in particular, are victims of this experience. As Howard explains, the expectation of genetic intellectual inferiority – unique to this group accompanies a black person into each new intellectual situation. "Each engagement in intellectual competition carries the weight of a test of one's own genetic endowment and that of black people as a whole. Facing such a terrible prospect, many black people recoil from any situation where the rumor of inferiority might be proved true" (Howard, 1985, p.20).

In contrast, a positive expectancy can generate self-confidence and result in success. "An important part of the solution to black performance problems is converting the negative expectancies that work against black development into positive expectancies that nurture it" (Howard, 1985, p. 21). Howard's "Expectancy Performance Model" proposes several strategies to do this turning around. However, educators must first adopt the philosophical stance that *all children can learn*. From this belief the following strategies naturally flow.

Think You Can

First, we must directly teach children that intellectual development is something they can achieve through effort. "Think you can, work hard, get smart" are messages children must be taught. Second, we must build up children's confidence through belief and emotional support. Quoting John Saphier, Howard suggests we communicate the following positive, nurturing expectancy: "This schoolwork I am asking you to do is important; I know you can do it; and I won't give up on you" (1990, p. 13). And finally, we must teach children the efficacy of effective effort, step-by-step. This involves gearing instruction to the individual child's

learning level, "instilling confidence, teaching him or her to think of failures or difficulties as feedback calling for an alternative approach to the task, and then supporting him or her through the step-by-step process of effective application of effort at increasingly challenging goals" (Howard, 1990, p. 15). Howard has operationalized these components of his expectancy performance model in "The Efficacy Program," an intensive teacher training and curriculum approach that is being used in cities across the country.

Having looked at the prevention strategies Howard suggests as a viable and effective approach to creating positive expectancies on the part of educators and hence successful performance by students, let's now look at other ways in which expectations are communicated to youth. As Weinstein states, teacher-child interactions are "only a piece of the web of low and unequal expectations that is currently institutionalized in schooling practices" (p. 336). Her model, an "expectancy communications model," looks "beyond patterns of differential teacher-child interaction to include the structure and organization of classroom and school life, which sets the stage for certain kinds of educational and social opportunities." She identifies eight features of the instructional *environment* as critical in communicating expectations to students. She says, "To create a positive expectancy climate, substantial changes need to be made in the following":

- *Curriculum* – all students should receive higher-order, more meaningful, more participative tasks
- *Grouping practices* – should be heterogeneous, interest-based, flexible
- Evaluation system – should reflect the view of multiple intelligences, multiple approaches, multiple learning styles
- *Motivation* – should use cooperative rather than competitive teaching strategies and focus on intrinsic motivation based on interest
- *Responsibility for learning* – should elicit active student participation and decision making in their learning
- *Teacher-student relations* - should develop individual caring relationships with each student and value diversity

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- *Parent-class relations* – should reach out to all parents with positive messages
- *School class relations* – should provide lots of varying activities for all students' participation, including community service opportunities. (Adapted from Weinstein, 1991, pp. 337, 345.)

In all of the above ways, expectations are communicated to students in their daily lives in school. And once again, to change the school environment to convey positive expectations necessitates first and foremost that educators adopt the attitude that *all* children can learn and all children have strengths and talents to be nurtured. With this underlying attitude, the above changes will naturally flow. Of course, once again, we're talking about making a major shift in educational paradigms, moving from a problem-focused deficit model in which only a few kids are considered intelligent enough to become well-educated to an empowerment model in which all children are validated for their unique strengths and abilities.

From an empowerment perspective, we have to acknowledge that educational reform that supports the healthy emotional and intellectual development of kids will not emanate from national assessments, school choice, model elite schools, and various other red herrings but from a focus on creating caring schools that have high expectations for all kids and give them lots of opportunities for participation. As Jeff Howard concludes, "It is within our power to *decide* to believe in children; once we accept the idea that they can learn, we will discover within ourselves the will and the know-how to restructure our schools and our pedagogy, and enough faith in the future to invest our resources and our best people in education" (1990, p. 17).

AUTHOR'S NOTE: *Dr. Rhona Weinstein can be reached at the psychology department, University of California, Berkeley, CA 94720. Dr. Jeff Howard can be reached at the Efficacy Institute, 99 Hayden Avenue, Lexington, MA 02173.*

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From *Western Center News*, June 1992, Vol. 5, No. 3

Quality of Relationship
Is Key to Mentoring

By BONNIE BENARD

During the last decade a social movement has quietly but rapidly been gaining momentum: the "mentoring" of youth by adult volunteers. Commonly considered a one-on-one relationship between an adult and youth that continues over time and is focused on the youth's development, mentoring's popularity and increasing presence in programs concerned with addressing the needs of youth at risk for educational failure, teen pregnancy, delinquency, and substance abuse requires preventionists to take a closer look at the literature and research on this intervention. Specifically, we need to explore whether planned mentoring is a viable prevention strategy. In other words, does mentoring promote the healthy development of children and youth? The answer to this question is not a simple yes or no.

A powerful rationale for mentoring emanates from the longitudinal research of Emmy Werner and others who have found that child-adult relationships – that is, natural mentoring, provided not only by parents and grandparents but by neighbors, teachers, and other concerned adults – are a protective factor for youth growing up in stressful family and community environments. Werner and Ruth Smith stated in their seminal study of 700 youth growing up in high-risk environments that the key to effective prevention efforts is to reinforce, within every arena, the natural social bonds – between young and old, between siblings, between friends – "that give meaning to one's life and a reason for commitment and caring."

Augmenting these rigorous, long-term examinations of life trajectories and outcomes are volumes of case studies, biographies and autobiographies of successful and famous individuals, and anecdotal observations of youths' lives that clearly identify the often pivotal role supportive adults played in the life success of the youth they mentored. For example, Bernard Leftowitz's book, *Tough Change: Growing Up on Your Own in America*, is based on interviews with 500 disadvantaged youth, a majority of whom

credited their success to the support of a caring adult in their lives. In fact, Public/Private Ventures recently initiated a number of research projects focused on mentoring based on the unintended findings from evaluations over the years of youth job training and apprenticeship programs that the bonds formed between the youths and the adults in the program were often the critical factor in whether the program had an impact on the youths' lives.

These social relationships are not an end in themselves, however, but provide youth with the motivation to access the resources, both internal and external, they need to succeed. Unfortunately, these strong natural ties have been splintered in the last 25 years as more women have entered the workforce, two-earner families have become common and necessary, single-parent families have increased, extended family networks have diminished, and economic bases have shifted. It is clear that the family and the community that traditionally provided social capital for youth are no longer able to do this for a growing percentage of our young people. And the impacts of these societal changes are most severe in the lives of disadvantaged youth.

For young people growing up in poverty, the financial capital is unavailable to purchase quality child care, quality schooling, and quality after school programs that provide social capital in terms of additional caring adult support. Furthermore, given the exodus of middle-class African American families from inner cities, the children left behind lack the relationships with successful role models that were available to earlier generations.

The key question preventionists must address, then, is, "Can planned mentoring programs create the same positive outcomes as these mentoring relationships that evolved naturally?"

To truly answer this question requires longitudinal impact evaluations of planned mentoring interventions. Erwin Flaxman and Carol Asher of the Institute for Urban and Minority Education state, "Successful mentoring can really only be measured over time: by how efficiently the mentees move toward their own educational goals as well as toward

career and personal goals that they may not reach for a dozen years or more after they have been mentored." Such evidence does not yet exist. "Unfortunately," Flaxman and Ascher note, "we know very little about what mentoring will accomplish, because there is very little research on its effects."

However, the program evaluation research that does exist clearly identifies the quality of the mentoring *relationship* as the major component in the successful outcomes for youth. Planned mentoring programs can be effective if a relationship between the adult and youth develops that is based on five components: personalized attention and caring, access to resources, positive and high expectations, reciprocity and youth participation, and commitment. As Ron Ferguson explains in his study of community-based programs for African American youth, "Caring relationships that provide affiliation (i.e., belonging) and security are the foundation of what programs provide…Without the affiliation and security of caring relationships, youth hesitate to incur the costs or to take the risks that conventional success requires."

Besides personalized attention and care, the mentoring relationship is intended to provide youth from disadvantaged environments with another form of support: an access to resources – especially cultural and vocational – that they have systematically been denied. In this role of "ombudsperson," broker, or advocate, adults not only can expose and link youth to services and opportunities and social networks, but can model as well as directly instruct the youth in the skills needed to successfully negotiate the bureaucratic intricacies of institutions like schools, colleges, employment agencies, and workplaces.

In addition to providing support to a youth, one of the major functions of a mentor is to convey to a youth the message that he or she can be successful. Herein probably lies the most essential requirement for an effective mentoring relationship: an adult attitude that views youth as resources to be nurtured and not problems to be fixed. Without this positive attitude, one cannot communicate high expectations.

While discussed far less often in the adult-to-youth mentoring literature than that on organizational mentoring, reciprocity is also an essential component in any healthy relationship. That a mentoring relationship is a mutually transforming one was confirmed in a survey of 800 Career Beginnings participants from 16 cities. Not only did at least half the students say mentoring helped them learn to succeed, improve their grades, avoid drugs, increase their regard for people of other races, and improve their relationships with teachers and family, but the adults also reported positive benefits, such as helping them fulfill their own responsibilities, strengthen their family relationships, increase their regard for people of other races, and recognize that they make a difference.

Probably the best way to communicate to a youth the message of positive expectations and to encourage reciprocity is to engage the youth in joint problem solving and decision making on an ongoing basis, thereby creating a truly collaborative relationship. This conveys the message that his or her opinion is listened to, respected, and acted upon. Furthermore, providing the opportunity for a mentored student to become mentor to a younger student (cross-age peer helping) is a powerful strategy for getting a student actively engaged as well as for spreading a caring ethic and reciprocity. For disadvantaged youth, many of whom have systematically been denied the opportunities to participate in a meaningful way in their schools and classrooms, a positive mentoring relationship can fulfill this very basic human need for power and control over one's life through active participation as both a mentee and as a mentor.

While caring, high expectations, reciprocity, and youth participation are critical to establishing a viable mentoring relationship, they are all moot unless an adult is willing to make a "sustained personal commitment," in the case of planned mentoring programs, for whatever period of time in designated. By making a time commitment, both the adult and student are also thereby committing themselves to being predictable, available, accessible, and responsive – all antecedents to the development of trust and mutual respect in a relationship.

A real danger exists in "over-selling" mentoring as a prevention strategy. If mentoring diverts attention from the need to address deep-seated social problems noted earlier, then advocating this approach is clearly a means of "copping out" from seeking solutions in the political arena. We must work actively to convince others that money, time, commitment, social policy restructuring, and equitable taxation are necessary to build a society in

which all youth are given the opportunity to learn and succeed. As a bumper sticker I recently saw stated, "If you think education is expensive, try ignorance."

EDITOR'S NOTE: *For a complete discussion of mentoring programs, Benard's paper*, Mentoring Programs for Urban Youth: Handle With Care, *is available at www.cce.umn.edu/nrrc under "Resiliency Research".*

From *Western Center News*, September 1992, Vol. 5, No. 4

Collaboration Can Help Foster
Kids' Resiliency

By ROBERT LINQUANTI

EDITOR'S NOTE: *The following article is excerpted from* Using Community-Wide Collaboration to Foster Resiliency in Kids: A Conceptual Framework*, in which Robert Linquanti makes a case for relating Bonnie Benard's resiliency model to the process of collaboration at the community level.*

For those involved in delivering and improving effective services for children, collaboration is an idea whose time has come. With the growing awareness that our fragmented delivery of services to families and children has been underachieving at best, collaboration across agencies and with communities has quickly become a key strategy to try to improve program effectiveness and outcomes.

There has been a veritable campaign during the past three years to better understand collaboration, reflecting the many efforts to use it to improve, if not transform, our current system of fragmented services. The current system's shortcomings are well-documented:

- Reactive crisis management precludes prevention and early intervention
- Rigid, category-driven programs focus on treating symptoms rather than their underlying causes
- Lack of communication, coordination, and proximity among agencies serving children and families creates a bureaucratic obstacle course of protocols and prerequisites that virtually assures service gaps, duplication, and ineffective outcomes.

Fighting Fragmentation

Thus, collaborative efforts have been driven largely by a conceptual framework of integrating services to fight fragmentation, with the goal of better orchestrating accessible, comprehensive services to meet the interrelated needs of children and families. In the many interagency efforts to link existing programs and integrate services, collaborators across agencies are overcoming structural and technical challenges through better inter-organizational communication and employee cross-training, joint planning and resource pooling, co-location of services, and simplified eligibility and confidentiality requirements.

But what we are learning, and in a sense knew all along, is that interagency collaboration, though worthy and necessary, is insufficient to realize our ultimate vision. As Lisbeth Schorr recently warned, we must not become "so absorbed by the difficulty and complexity of what we are trying to change at the system level, that we lost sight of the goal of improving the lives of children and families."

Many are re-focusing attention to this basic, human level and posing some real challenges to human service professionals.

Several experts on collaboration recently have reminded us that the people we most need to actively involve as key players in the collaboration process are the very children, families, and communities we hope to help. As national child policy expert Sid Gardner emphasizes, "Trusting a community to help itself, and equipping it to do so, can release a storehouse of energy that will be one of the most important local policy resources of the 1990's."

Along with this clear emphasis to involve and empower families and communities to help themselves comes the need to build on their capacities, skills, and assets, rather than to focus primarily on their deficits, weaknesses, and problems.

Community development experts John McKnight and John Kretzmann state, "Communities have never been built upon their deficiencies," but upon "mobilizing the capacities and assets of a people and a place."

Furthermore, even as we are challenged to promote collaborations that communities own and drive, and that focus on individual and family strengths, those in youth development tell us that the risk-reduction focus of so many of our collaborative efforts could prove inadequate. Youth development expert Karen Pittman advocates "a widespread conceptual shift from thinking that youth problems are the principal barrier to youth development to

thinking that youth development is the most effective strategy for the prevention of youth problems."

Youth advocate and collaboration expert William Lofquist also reminds us that "only when adults view and respect young people as resources from the time of their birth are we likely to create organizational and youth opportunity system cultures that in fact promote the well-being of young people."

These youth experts point out that our role is not to fix kids' problems or to treat them as recipients or objects of youth programs; it is to provide them with ample opportunities *today* to develop their competencies so they can meet their own needs to contribute and be connected to a coherent, caring community.

A New Paradigm

These perspectives form the contours of a new paradigm that challenges collaborating service professionals in these ways:

- Getting community ownership, not just representation
- Developing and utilizing people's strengths, capacities, and assets, not targeting and treating their deficiencies, weaknesses, and problems
- Moving beyond risks to actively engage children and develop their competencies

This new paradigm is forcing us to revisit the ultimate vision guiding our collaborative efforts. For if we are serious about prevention, then our ultimate vision lies beyond integrated service delivery, improved outcomes, and risk reduction.

Our ultimate vision will be of children, families, and communities that are healthy, empowered, self-sustaining, and self-helping – not dependent, but independent and interdependent. Collaborators who seek to involve and empower children, families, and communities in achieving this vision are more likely to succeed if they infuse their collaborative efforts with resiliency principles.

Resiliency refers to that quality in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health, and juvenile delinquency problems they are at greater risk of experiencing. Over many years, researchers have identified protective factors present in these kids'

family, school, and community environments. These factors foster the development of resilient attributes, which in turn help kids successfully avoid, minimize, or overcome risks.

In her synthesis of the resiliency literature, Benard describes the key protective factors found in these kids' families, schools, and communities:

- Having a caring and supportive relationship with at least one person
- Communicating consistently clear, high expectations to the child
- Providing ample opportunities for the child to participate in and contribute meaningfully to his or her social environment.

The presence of these protective factors helps foster the growth of a resilient child – which, according to Benard, is one who is socially competent, with problem-solving skills and a sense of his or her own autonomy, purpose, and future. These resilient attributes are more likely to develop in kids whose environments have adults and youth who provide these protective factors.

And while we know only too well that adding risk factors multiplies the likelihood of health compromising choices, we need also to remember that adding protective factors – via families, schools, and religious and youth-serving organizations throughout the community – counteracts that likelihood with equal power.

Resiliency Framework

To help us meet the challenges placed on our collaborative efforts and realize our vision of involved families within empowered communities that together bring up resilient children, the resiliency framework, with its protective factors and resilient attributes, offers collaborators significant advantages:

1. It necessarily makes our collaborations *inclusive* by recognizing that all adults within a child's environment have an active, critical role to play. Moreover, their understanding and owning this role genuinely empowers them. Collaborations that foster resiliency are more than client-friendly systems for multiple service consumption; they're user-driven processes that promote protection and nurture

resilient attributes. Service professionals can facilitate that process and encourage that ownership by modeling the very same protective factors with their newfound partners.

2. It offers a compelling metaphor to guide our collaborations – that of working together to build environments rich in protection for children. The emphasis is on *the environment*, not on fixing kids' behaviors, or on doing anything to them. Indeed, kids are not responsible for becoming resilient; adults are responsible for working together to provide kids with caring and support, high expectations, and opportunities to participate in meaningful activities. To the extent that adults do this, they encourage the natural development of resilient attributes in kids. Thus, resiliency is an outcome of collaboration.

3. It does not orient our collaborations around deficiencies and risks, but instead recognizes and builds on participants' *strengths and capacities*. This positive focus can move participants away from the pessimism and burn-out which often plague collaborators who see themselves in an endless struggle against deficits and risks. This positive outlook also helps service workers to avoid relating to kids and families with the low expectations that can unintentionally engender a learned helplessness.

Not only can a community in collaboration foster resiliency in kids, but the very same protective factors can be used to enhance the collaborative process itself. For successful collaborators, like people building healthy communities, will care for and support one another, have high expectations of each other, and give each other significant opportunities to participate and contribute meaningfully to the collaboration's objectives. In this way, collaborators build an environment of protection for each other.

Collaborations that promote protective factors to foster resiliency in kids are more than theoretical constructs. Preventionists can draw from several tools and programs which are currently being used in communities across the country to actively engage families, schools, community organizations, and

youth themselves in building environments rich in protection. For examples, cities across the country are using approaches based on resiliency, such as John McKnight's Neighborhood innovations Network at Northwestern University, the 4H and National Collaboration for Youth's Making the Grade project, and Roget Mills' Health Realization/Community Empowerment model.

Community-wide collaboration based on protective factors is not just the best way to promote resiliency; it may be the only way to create an environment sufficiently rich in protection for kids facing the enormous stresses and risks of growing up in present-day American society. Resiliency-based collaborations are still systematically oriented, yet keep us from losing sight of the human dimension essential to any effective collaborative endeavor.

The guiding principles of resiliency are powerful precisely because they are as basic to healthy human development as they are intuitively appealing. As service professionals dedicated to prevention, each of us can promote protection through caring and supporting each other, relating with high expectations, and providing ample opportunities to contribute.

These very principles embody the spirit of collaboration, and are surely necessary to promote resiliency through protection and achieve our ultimate vision.

For a more complete discussion of resiliency see Benard's resiliency model described in her paper, *Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community*, available at www.cce.umn.edu/nrrc.

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Resiliency Requires Changing Hearts and Minds

By BONNIE BENARD

Judging from the positive response I've had to my document on resiliency published a year and a half ago, as well as from the growing number of recent books and articles incorporating this concept, I feel the need to address what I see as the fundamental issue of the "resiliency approach" – the shifting of our personal perspective, our paradigms, from a focus on risks and deficits to a focus on protection and strengths. My concern is that the movement toward resiliency – toward creating family, school, and community environments rich in the protective factors of caring, high expectations, and opportunities for meaningful participation – not dissolve into more add-on, quick-fix programs and strategies.

Systemic change

The building of resilient kids is a long-term developmental process that involves *systemic* change – the fundamental altering of our human systems, including the family, the school, the neighborhood, community-based organizations, and the workplace to make each of these arenas supportive, caring, participatory climates for all involved persons. Fostering resiliency isn't something we do *to* kids; it isn't about teaching them "resiliency skills," per se. Rather, protective-factor research has clearly shown us that the development of resiliency is the process of healthy human development that is based on and grows out of nurturing, participatory relationships grounded in trust and respect. If we as adults and preventionists are truly concerned with preventing problems like alcohol and other drug abuse, then it is imperative that we make our central vision and mission the creation of supportive relationships with youth and their families. Only then will we be helping to create what Garmezy calls a "protective shield" that helps children "withstand the multiple vicissitudes that they can expect of a stressful world" (1991).

Years of educational and community research have documented that long-lasting, systemic change

– change that is infused throughout the daily life of the school and community and not just a tacked-on program – begins with our beliefs, feelings, and attitudes. If we have the attitudes, we can easily learn skills and strategies; if we try to learn skills and strategies that don't match our attitudes and values, we'll drop them by the wayside. Consider this example from education: It is futile for a teacher to learn the logistics of creating cooperative learning groups in her classroom when she believes that kids need a competitive environment to be motivated or that only she has the expertise and right answers. On the other hand, the belief that each child has talents and skills to share with others will encourage her to use a pedagogy like cooperative learning.

It is only when we change our paradigms – that is, our world view or the lens through which we see our world – that we will change our feelings, beliefs, and attitudes, and ultimately our behaviors and practices. To make the systematic changes in our schools, community-based organizations, and prevention programs that will foster resiliency in kids and families depends ultimately, then, on changing the hearts and minds of all those who work with them.

Paradigm Shifting

"Paradigm shifting" is a concept appearing in the dialogue of several fields, especially organizational development. Probably 100 different terms describe paradigm-shifting. We can best summarize the resiliency perspective this way: seeing people as resources, as experts in their own lives, as possessing innate mental health and well-being, instead of identifying and labeling them as problems. As Bill Lofquist so eloquently puts it: "If we were to use as a beginning point a new commitment to viewing and respecting young people as resources in all that we do – which incidentally would mean that we would also begin viewing and respecting all people as resources – we would create a new basis for shaping a shared *vision* and clear *mission* for youth opportunity systems" (1992).

If we are to shift our prevention paradigm to a resiliency focus, we have to let go of our

preoccupation with risk and risk factors as the research base guiding our planning and evaluation efforts. Solutions do not come from looking at what is missing; solutions will come by building on strengths. While several approaches to prevention programming try to combine a risk- and protective-factor approach, I believe that these are two incompatible paradigms for change. Individuals cannot simultaneously hold on to two competing paradigms; we cannot simultaneously see the proverbial glass as both half-empty and half full. Thomas Kuhn, who coined the paradigm shift concept 30 years ago in his book *The Structure of Scientific Revolutions*, discusses it as requiring a "transformation of vision" that "cannot be made a step at a time, forced by logic and neutral experience. Like a gestalt switch, it must occur all at once or not at all" (1962, p. 149). The shift is born out of "flashes of intuition" or like "scales falling from one's eyes."

As change agents, we have to focus on what works, on what we've learned from longitudinal research about what protects kids living in high-risk environments, on what we've learned from programs that have successfully reduced problems such as alcohol and other drug abuse, teen pregnancy, and school failure. As Werner and Smith state in their recent book *Overcoming the Odds: High Risk Children from Birth to Adulthood*: "Our findings and those by other American and European investigators with a life-span perspective suggest that these buffers make a *more profound* impact on the life course of children who grow up under adverse conditions that do specific risk factors or stressful life vents. They appear to transcend ethnic, social class, geographical, and historical boundaries. Most of all, they offer us a more optimistic outlook than the perspective that can be gleaned from the literature on the negative consequences of perinatal trauma, caregiving deficits, and chronic poverty. They provide us with a *corrective lens* – an awareness of the self-righting tendencies that move children toward normal adult development under all but the most persistent adverse circumstances" (1992, p 202).

This quote provides two critical rationales for the resiliency paradigm. First, we know that the protective factors of caring relationships, high expectations, and opportunities for meaningful participation are more powerful than risk factors and serve to protect kids across ethnic, social class, geographical, and historical boundaries. Second, a resiliency paradigm offers us as change agents hope and optimism, which not only can influence positive intervention outcomes but can also prevent burnout. We know, all too well, the power of negative expectancies to become negative outcomes. We also know how negative expectancies result in high levels of burn-out among teachers and other human service workers. In a discussion of paradigm-shifting in *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*, Stephen Covey sees positive expectancies toward others as a "self-renewing" process: "What do we reflect to others about themselves? And how much does that reflection influence their lives? We have so much we can invest in the emotional bank accounts of other people. The more we can see people in terms of their unseen potential, the more we can use our imagination rather than our memory, with our spouse, our children, our co-workers or employees. We can refuse to label them – we can 'see' them in new fresh ways each time we're with them. We can help them become independent, fulfilled people capable of deeply satisfying, enriching, and productive relationships with others" (1989, p. 301).

Moreover, as researcher Martin Seligman explains in his recent book focused on his paradigm shift from studying learned helplessness to learned optimism (*Learned Optimism: How to Change your Mind and Your Life*), optimistic people "do better in school, win more elections, and succeed more at work than pessimists do. They even seem to lead longer and healthier lives!" (1990, p. 96-97).

A third related rationale I will propose is that a risk-factor approach itself can become a risk factor. While labeling is noticeably absent from most lists of risk factors, an enormous body of research has documented the deleterious effects of programs that label and track kids. (See the related article on children of alcoholics and resiliency, Page 6.) Yes, we try to talk about high-risk environments, but we still end up with programs for high-risk kids, families, schools, and communities. We end up with programs that perhaps further "blame the victim" and further stigmatize disenfranchised populations.

Furthermore, the labeling process is clearly a de-motivator to change. For change to happen, people have to have a sense of self-efficacy. They have to believe and have hope that they have the strengths and the abilities to make positive changes. A risk factor approach that sees the "half-emptiness" of

kids, families, schools, and communities can only further entrench feelings of "internalized oppression" that disenfranchised groups in our country already feel. As community development specialist John McKnight explains: "Our greatest assets are our people. But people in low-income neighborhoods are seldom regarded as 'assets.' Instead, they are usually seen as needy and deficient, suited best for life as clients and recipients of services. Therefore, they are often subjected to systematic and repeated inventories of their deficiencies with a device calls a 'needs survey.' The starting point for any serious development effort is the opposite of an accounting of deficiencies. Instead there must be an opportunity for individuals to use their own abilities to produce. Identifying the variety and richness of skills, talents, knowledge, and experience of people in low-income neighborhoods provides a base upon which to build new approaches and enterprises" (1992, p.10).

Beyond Therapy

Educator and writer Herb Kohl also provides us with a clear challenge to move from a risk to a resiliency paradigm: "Although I've taught in East Harlem, in Berkely, and in rural California, I have never taught an *at-risk* student in my life. The term is racist. It defines a child as pathological, based on what he or she might do rather than on anything he or she has actually done. It is a projection of the fears of educators who have failed to educate poor children. Rather then define children as 'at risk' it would be educationally and socially more effective to join with community members and fight to eliminate poverty. Standing with the community is one strong way of showing children that their teachers care and are willing to take risks for them, instead of dubbing them 'at risk' " (Nathan, 19991, p.679).

Similarly, in her latest book Anne Wilson Schaef argues for moving from a mechanistic scientific paradigm to an empowering participatory paradigm. *Beyond Therapy, Beyond Science: A New Model for Healing the Whole Person* challenges all helping professionals to examine their underlying paradigm: "Are psychologists and others in the helping professions open to ask, Is the unspoken world view that underlies the assumptions in the way I practice my profession perhaps, unwittingly, contributing to the very problems that I am committed to help solve? If we are not open to struggling with this question

and articulating our assumptions, we are indeed, part of the problem" (1992, p. 227).

The challenges to us as preventionists, then, is to look within ourselves, examine our personal lenses, reflect on our practices, discuss our beliefs, values, and feelings with others, and listen to the kids and families we work with. Finally, we have to let go or prior negative beliefs and assumptions.

"Change – real change – comes from the inside out. It doesn't come from hacking at the leaves of attitude and behavior with quick-fix personality ethic techniques. It comes from striking at the root – the fabric of our thought, the fundamental, essential paradigms, which give definition to our character and create the lens through which we see the world" (Covey, 1989, p. 317). Moving to a resiliency approach requires a personal transformation of vision. Creating positive changes in ourselves requires a context characterized by caring relationships, mutual respect, and active participation.

Inside-out change means that we take care of ourselves, that we love and accept ourselves. This message resounds through the anthology *Healers on Healing*: "The best thing therapists, whether medical or psychological practitioners, can do to help their clients the most is to love themselves. When therapists really love who they are, it's easy for them to teach that love to their clients…When we're willing to love and accept ourselves, we can make changes" (Hay, 1989, p. 23).

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New Research Adds to Knowledge on Resiliency

By BONNIE BENARD

While I hope to soon update my document *Fostering Resiliency in Kids: Protective Factors in the Family, School and Community,* I'm going to take this opportunity to briefly mention a number of recent books that I highly recommend to those of you interested in this topic. While several of the books focus directly on resiliency and protective factors, many of the authors probably have not heard of these concepts. Yet what they are writing about is just this – the importance of environments that encourage the healthy development of all people through caring and support, high and positive expectations, and opportunities for active participation and contribution.

So, following my resiliency framework, we'll look first at the books focused on the personality attributes of resiliency and then at those that discuss the family and school environments that foster these attributes through the creation of caring environments with high expectations and opportunities for active participation. A discussion of recent books on the community and resiliency will be the focus of the next "Corner on Research."

The foundation of resiliency research is the seminal work of Emmy Werner and her colleague Ruth Smith. Last year, they published their most recent book summarizing their ongoing longitudinal study of all individuals born on the Hawaiian island of Kauai in 1955. While their earlier book, *Vulnerable But Invincible* (1982), had documented that one out of every three high-risk children developed into "a competent, confident, and caring young adult by age 18," their new book, *Overcoming the Odds: High Risk Children from Birth to Adulthood* (Ithaca, NY: Cornell University Press, 1992), further finds that of the remaining two out of three high-risk children who did become high-risk adolescents, two-thirds became successful adults by age 32!

Several of the conclusions drawn by Werner and Smith have profound implications for our work with youth, families, schools, and communities. First, they

clearly establish the "self-righting tendencies that move children toward normal adult development under all but the most persistent adverse circumstances." Second, "The life stories of the resilient youngsters now grown into adulthood teach us that competence, confidence, and caring can flourish, even under adverse circumstances, if children encounter persons who provide them with the secure basis for the development of trust, autonomy, and initiative." Third, their research, along with other prospective longitudinal research, finds that these positive, buffering relationships "make a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or stressful life events." Fourth, it is never too late to change a life trajectory from despair to one of hope and success. And last, a focus on these protective factors gives all of us who work with youth – and adults – a motivating sense of optimism that through our positive relationships, youth and adults can recover their inner strengths.

If you read no other book on resiliency, I encourage you to read this passionate account of the most solid research done in the field.

Self-Righting Tendencies

A just-published book by Steve and Sybil Wolin, *The Resilient Self: How Survivors of Troubled Families Rise Above Adversity* (New York: Villard Books, 1993) is a compelling and beautiful book that documents the "self-righting tendencies" and attributes of individuals who have learned to love well, work well, play well, and expect well in spite of growing up in very troubled families. Drawing on their combined therapeutic experiences in working with these "survivors," as well as on prior research, the Wolins make the point "that by learning about resilience, you can become resilient – that you can "master your painful memories rather than tripping the 'Victims Trap.' " Instead of compulsively rehashing the damage you have suffered, the Wolins write, you can accept the fact that your troubled family has left its mark and give up the futile wish that your scars can ever disappear completely. You

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can get revenge by living well instead of squandering your energy by blaming and fault-finding. And finally, they say, you can break the cycle of your family's troubles and put the past in its place.

The Wolins identify seven traits of resilience that develop when children actively learn to watch out for themselves, identify allies outside the family, and engage in rewarding activities: insight, independence, relationships, initiative, creativity, humor, and morality. Targeting primarily adult survivors and therapists who work with them, the book challenges helping professionals to move beyond the old paradigm, the "damage model," to the "challenge model" in which the incredible strengths of these survivors are acknowledged. Although the authors don't discuss implications for prevention in other settings, it is clear that any adult working with youth or other adults can, by accepting the challenge paradigm, convey the above messages to kids in troubled families and help them see their internal strengths and innate common sense.

Another "gem" that focuses on healing from a painful family past and identifies the strengths that facilitate survival and healing is Wayne Muller's *Legacy of the Heart: The Spiritual Advantages of a Painful Childhood* (New York: Simon and Schuster, 1992). As a therapist and minister, Muller "noted that adults who were hurt as children inevitable exhibit a peculiar strength, a profound inner wisdom, and a remarkable creativity and insight." Muller also promotes the challenge model (i.e., resiliency paradigm) and asks all who were hurt as children or those who work with adult survivors to see that "You are not broken; childhood suffering is not a mortal wound, and it did not irrevocably shape your destiny. You need not remove, destroy, or tear anything out of yourself in order to build something new. Your challenge is not to keep trying to repair what was damaged; your practice instead is to reawaken what is already wise, strong, and whole within you, to cultivate those qualities of heart and spirit that are available to you in this very moment."

In this book, Muller presents 12 childhood "wounds" and then, through a discussion based on his professional experiences and spiritual teachings from around the world, he illustrates how these pains also provide opportunities for growth. For example, from pain we learn forgiveness; from fear, faith; from disappointment, nonattachment; from isolation,

intimacy; from obligation, loving kindness. While Muller, like the Wolins, is addressing therapists and adult survivors, his empowering message is one that children living in stressful families also need to hear. While it is never too late to change a life trajectory, it's also never too early!

In the arena of family, Andrew Billingsley asks us to move beyond the damage model in how we perceive African American families. In his recent book, *Climbing Jacob's Ladder: The Enduring Legacy of African American Families*, he not only provided data and information that counters stereotypes and misconceptions about African American family life, he illustrates with compelling stories about real individuals the incredible resilience that has sustained this institution "against all odds."

Just as the above two books discussed the importance of adult survivors of troubled families seeing their internal strengths, Billingsley argues that while "it would be naïve in the extreme to ignore the many pressures bearing down and compromising the ability of many (African American families) to meet the basic needs of their members, there is another side to the story. And we argue in this book that this other side – enduring, positive, and powerful – is more important because is it more generative. It can continually renew and sustain this vital sector of American society in the years ahead."

Billingsley is making the case, as did Werner and Smith, that a focus on strengths provides people with a realistic sense of optimism that empowers them not only as individuals but, as Billingsley so eloquently reiterates throughout this book, also enables them to work together as a collective community for social justice.

Providing a segue from the family as a protective buffer to the school is James Garbarino and colleagues' book, *Children in Danger: Coping with the Consequences of Community Violence* (SanFrancisco: Jossey-Bass, 1992). Serving as a companion piece to their 1991 book, *No Place to Be a Child: Growing Up in a War Zone*, which explored the experience of children in war zones around the world – in Mozambique, Nicaragua, Cambodia, the Middle East, and inner-city Chicago – this book addresses what professionals and policymakers can do to provide refuge and safety to nurture the resiliency of the increasing number of children who

are growing up in inner-city war zones in the United States.

After documenting, through interviews with children and caregivers and through others' research, the realities of life in these war zones and the developmental tolls they take on children, the authors discuss how we can best support these children. Coming as no surprise is their conclusion that their research and that of others has found that "most children are able to cope with dangerous environments and maintain reservoirs of resilience as long as parents are not pushed beyond their stress absorption capacity. Once that point is exceeded, however, the development of young children deteriorates rapidly and markedly. Reservoirs of resilience become depleted, day-to-day care break down, and rates of exploitation and victimization increase."

Unfortunately, as we've seen in the Wolin and Muller books, parents do succumb to the stresses of poverty and unemployment and are not always there to provide this powerful buffer. In the absence of a sense of predictable caregiving and structure in the home, the school becomes a vital refuge and a pivotal point in turning a life of despair into one of hope. "We observe that, despite the overwhelming pressures in the environment, 75 percent to 80 percent of the children can use school activities as a support for healthy adjustment and achievement when schools are sensitive to them and their burdens," the authors write.

Beginning with early childhood programs, school based interventions must "stress the importance of close, mutually reinforcing, and growth enhancing relationships between adults and children." Furthermore, quoting an earlier researcher, "The most important single factor in establishing sound mental health is the relationship that is built up between the teacher and his or her pupils. This is as true in the kindergarten as it is in the high school."

Centers of Care

And just how might we best facilitate the development of these positive relationships in the school? Nel Noddings gives us a clear road map in her recent book, *The Challenge of Care in Schools: An Alternative Approach to Education* (New York: Teachers College Press, 1992). Noddings creates a

vision of a school system built on the central mission of caring – which from her perspective incorporates the other protective factors of high expectations and opportunities for participation – and organized around "centers of care: care for self, for intimate others, for associates and acquaintances, for distant others, for nonhuman animals, for plants and the physical environment, for the human-made world of objects and instruments, and for ideas." Her approach also is "an argument, first, against an ideology of control that forces all students to study a particular, narrowly prescribed curriculum devoid of content they might really care about. Second, it is an argument in favor of greater respect for a wonderful range of human capacities now largely ignored in schools. Third, it is an argument against the persistent undervaluing of skills, attitudes, and capacities traditionally associated with women" (i.e., caring!).

As she so articulately acknowledges, her integrated way of looking at curriculum and instruction is neither new (being well described by John Dewey long ago) nor "mushy". She writes: "When we care, we accept the responsibility to work continuously on our own competence so that the recipient of our care – person, animal, object, or idea – is enhanced. There is nothing mushy about caring. It is the strong, resilient backbone of human life."

If I were queen of the world, *The Challenge to Care* would be required reading for anyone involved with children but especially parents, educators, and policymakers.

Validating Noddings' agenda is a recent study of schooling which is rather unique, ironically, in that the researchers, operating on the assumption that what matters most about education happens inside the classroom, chose as their primary experts about the classroom those who actually work there – students, teachers, administrators and staff, and parents. *Voices from the Inside: A Report on Schooling from Inside the Classroom* (Institute for Education in Transformation at the Claremont Graduate School, November 1992) found, as did Noddings, that the policy remedies offered by most education reformers seldom relate to the problems identified by students, teachers, and parents. Their data suggested that "the heretofore identified problems of schooling (lowered achievement, high dropout rates and problems in the teaching profession) are rather consequences of much deeper and more fundamental problems."

The participants identified seven major issues from inside the classroom, including such issues as unsatisfactory relationships between and among students and staff members, differences of race and class, and deep concerns about school safety, all of which are reflected in a "pervasive sense of despair" and summed up in the statement, "This place hurts my spirit."

As you read the report (which I hope you will!), over and over again the issue of caring is raised as the Number One concern of students, teachers, and parents – caring between the teacher and student, between teachers, and among staff members. A fascinating finding was that the researchers realized over the course of the year that "that participatory research processed we are developing are critical to school and classroom transformation." Operating in the participatory, empowering resiliency paradigm by using a group process that promoted caring relationships, acknowledged everyone's expertise, and elicited everyone's participation, they were actually beginning the process of school and classroom change!

The critical role that the principle of the school plays in creating this participatory, resiliency-promoting structure in a school is the focus of Thomas Sergiovanni's book, *Moral Leadership: Getting to the Heart of School Improvement* (San Francisco: Jossey-Bass, 1992). This book neatly complements the Noddings book, for Sergiovanni is attempting to reframe the role of leadership in a school from an old paradigm focus on management and control and the view that a school is a formal organization to a new paradigm of empowerment through caring, acknowledging the expertise of teachers and students, and facilitating their active participation in the school. A school, he says, is a community with a shared sense of values and purpose. He describes a "virtuous school" as one founded on the beliefs that a school must be a community, that this community includes parents and community as well as teachers and students, that every student can learn, that caring for the whole child is the key to academic success, and that mutual respect and positive expectations are the operating dynamics. This "virtuous school," in fact, is very similar to Noddings' "caring school" (and the "resilient school!").

Sergiovanni expresses his optimism that schools can be transformed in this way in a recent interview. "I think the door is open now to a kind of revolution," he said. "We're beginning to recognize that schools are special places where people care about teaching and learning. They're not like most organizations; you can't apply organizational principles to places characterized by sandboxes, books, and children. Schools are more like families and small communities where, if you can develop the right substitutes, you can throw traditional leadership away. There's no need for it ever again."

A Vicious Circle

I'm going to close this very selective review – there are so many exciting new books, not to mention journal selections, that I have not mentioned which relate to the resiliency paradigm – with a wonderful little resource focused on that key player in creating a school climate of caring, high expectations, and participation: the teacher. Pat Munson's *Winning Teachers/Teaching Winners* (Santa Cruz: ETR Associates, 1991) addresses a seldom-acknowledged key to effective change in the schools: how teachers feel about themselves. "When teachers feel inadequate, unappreciated and isolated, they become more punitive in their actions, display less patience in their instruction, demonstrate less compassion for students, and engage in less effective problem solving," she writes. "The results are reflected in students who see school as an uncaring institution, who lack motivation, who see little point in continuing in school and who engage in deviant behavior to compensate for their own feelings of inadequacy."

Clearly, what we have here is "a vicious cycle" that needs to be addressed by systemic changes that give teachers opportunities to form supportive, caring relationships with their colleagues with whom they collaborate in making decisions and planning their activities. However, teachers – or any adults working with youth – do have the personal responsibility to examine their beliefs and values and know who they are, no matter what the structure of their work environment. As Munson states, "The front of a classroom is a powerful place to be. The responsibility is awesome. You cannot teach and empower children to be successful if you do not hold

yourself to be so. Everything you are and all that you believe is transmitted to your students at some level. We owe it to our students and ourselves to be sure that who we are and what we believe is really our truth."

Whether we like it or not, the relationships we have with youth possess the potential to become what Emmy Werner refers to as a "turning point" in another person's life. In some ways, this last book leads us back to the theme of the books we began our review with – the need to acknowledge our own strengths and sources of resilience in coping with what are often uncaring, troubled institutions that are not supportive of people and relationships; to move beyond a view of ourselves as "victims" of these institutions; and to claim the right to feel what the Wolins call "Survivor's Pride!"

From *Western Center News*, June 1993, Vol. 6, No. 3

Resiliency Paradigm Validates Craft Knowledge

By BONNIE BENARD

EDITOR'S NOTE: *In this column, Bonnie Benard addresses a number of the concerns raised by the Social Development Research Group (SDRG) as expressed by J. David Hawkins in his letter to the editor (See Page 7). The Western Center News welcomes any additional perspectives from readers. If you wish to join the dialog, please send your comments to Editor, Western Regional Center for Drug-Free Schools and Communities.*

I want to thank the Social Development Research Group for responding to my column of last March and for bringing up several issues that need to be addressed if we are to pursue the most effective strategies and approaches for preventing the development of not only alcohol and other drug abuse but of the interrelated problem behaviors of teen pregnancy, delinquency and gang violence, and school failure. I'll respond to each of the issues raised by the SDRG and then add some of my own.

First, can protective factors exist without risk factors?
"Risk and resiliency/protection are two sides of a coin and cannot exist individually," the SDRG states. As I discussed in my document, *Fostering Resiliency in Kids: Protective Factors in the Family, School and Community*, protective-factor research grew out of research focused on youth with multiple risks in their lives. However, according to Michael Rutter, the premier researcher of this question, while protective processes often mediate and buffer, they also can operate independently of risk (1987). In fact, Rutter poses this very question, "Were these not opposite sides of the same coin?" and answers that, "If the concept of protective mechanisms is to have any separate meaning it must be more than that." In concluding his discussion of this issue, Rutter states: "Protective processes is the term used here when the focus is on factors that counter risk, when the process involves a change of life trajectory from risk to adaptation, and when the mechanism of protection seem to differ from those of vulnerability."

In many ways, this issue is not of real relevance to prevention practitioners. While, as Rutter states, "Protective mechanisms are more necessary in high-risk groups," we have all experienced risks and stressful life events, and we all require protective mechanisms – at some times and in some situations more than others – throughout our life span. When we have successfully negotiated a risk or stressful life event, we have built our resilience. Given the dynamic nature of resiliency, we have all moved in and out of resiliency. This is the nature of human development. Yet, it is just this developmental perspective that the SDRG's risk-focused approach appears to ignore.

If, as Emmy Werner and Michael Rutter both state, the development of resiliency is a long-term developmental process and the human organism – this means each and every infant, child, youth, and adult – is a "self-righting mechanism," protective processes are clearly those that promote successful, healthy development throughout the life span (Werner and Smith, 1992; Rutter, 1984). To say, as the SDRG does, that, "In the absence of risk for alcohol or other drug abuse, there is no need for protective factors or processes to prevent abuse," is to ignore decades of research in developmental psychology and developmental psychopathology. This is tantamount to saying that all kids do not require the fulfilling of their basic human developmental needs for caring and support, positive expectations and regard, and active participation in their community – which, not coincidentally, are also the major categories of protective processes!

Are risk and protective factors mutually incompatible paradigms for change?
I have never "asserted that the concepts of risk and protective factors are somehow incompatible" – they are part and parcel of human experience. I did state, "While several approaches to prevention programming try to combine a risk -and protective-factor approach, I believe that these are two incompatible paradigms for change." The issue here is change strategy. I will briefly reiterate my rationale for using a protective-factor as opposed to a risk-

factor approach to initiating family-, school-, or community-based change efforts.

First of all, a knowledge base founded on risk does not inform us as to what does work. As Norman Garmezy has stated, a focus on risks and problems has "provided us with a false sense of security in erecting prevention models that are founded more on values than facts" (In Werner, 1989, p. xix). We are not "in denial," as the SDRG suggests, about the risks in youths' lives; the knowledge of risk factors gives us, as another researcher has stated, "a context for understanding kids' lives." However, it does not tell us what to do to improve their lives. It begs the big question, "So what?" My colleagues and I have found that when we ask the participants at our workshops to identify what they see as problems in kids' lives that often lead to behaviors such as dropping out, substance abuse, and gang involvement, even though a majority often have never heard of the concept "risk factor," they can generate a list that has all 16+! Practitioners are keenly aware of what's going on with their kids. They don't want to hear about problems and risks; they want solutions and protections.

A second rationale speaks to the issue of labeling youth, families, and communities according to their risks. For whatever reasons, risk factors usually get translated by practitioners and policymakers into programs for "at-risk" and "high risk" youth and families. According to the SDRG, this labeling and targeting is necessary to get services where they are needed the most. They state, "Knowledge of the degree of risk exposure of a population, group, or individual facilitates the allocation of prevention resources where they have the most potential to make a difference." I wholeheartedly agree that we should allocate resources to populations experiencing the multiple risks associated with poverty. As I stated previously, "According to most researchers, the greatest protection we could give children is ensuring them and their families access to the basic necessities…for healthy human development: health care, child care, housing, education, job training, employment, and recreation" (1991). We do not need to "identify risks" in order to make these basic necessities of life available to all children and families in this country. And it certainly does not take any more research to identify populations and communities that lack these resources. What research

does not support are prevention strategies the label and target individuals, families, and communities for remediation based on their identified risks. As I stated in my March column, "Labeling is noticeably absent from most lists of risk factors," including that of the SDRG. This appears an amazing oversight given the enormous body of research documenting the negative effects of programs that label, track, and thus, stigmatize youth and families and further compound the risks in their lives. Why should we waste valuable prevention resources exploring the problem and perhaps through our activities of identifying, labeling, and targeting individuals, further exacerbating the problem, when we have a solid and growing research base founded on solution, on success, on health, on positive youth development, on individuals who have "overcome the odds" and surmounted the risks in their lives?

A third rationale, which alone validates using a knowledge base of protective factors and not of risk for creating change, is that protective factors are more predictive and more powerful than risk factors. According to Emmy Werner, "Even among children exposed to potent risk factors, it is unusual for more than half to develop serious disabilities or persistent disorders" (1990). She states that, "Our findings and those by other American and European investigators with a life-span perspective suggest that these buffers make a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or stressful life events. They appear to transcend ethnic, social class, geographical, and historical boundaries" (Werner and Smith, 1992).

A fourth rationale is that grounding our prevention efforts on protective factors gives practitioners a sense of hope and optimism. Emmy Werner states: "[Protective factors] offer us a more optimistic outlook than the perspective that can be gleaned from the literature on the negative consequences of perinatal trauma, caregiving deficits, and chronic poverty. They provide us with a corrective lens – an awareness of the self-righting tendencies that move children toward normal adult development under all but the most persistent adverse circumstances" (1992).

Interventions based on risks are ignoring the research on change that has identified the attitude of the change agent as the pivotal variable in change efforts. Bill Carmack, a longtime community

developer and professor of communications at the University of Oklahoma, states that 85 percent of all successful change is due to the attitude of the change agent, an attitude that expresses caring, exhibits positive expectations, and encourages active participation in decision making (1990). How are we to encourage the development of a sense of a bright future, a major trait of resilient children, when we look at a youth and see "alienation and rebelliousness," "family conflict," and other risk factors?

Not surprisingly, Werner and Smith begin their latest book with a line from an Emily Dickinson poem: "I dwell in possibility." It is just this attitude of possibility – read "positive expectations" – that not only promotes positive intervention outcomes but also prevents burnout. It is an attitude that speaks to the strengths and engages the "self-righting mechanism," the natural resiliency, inherent in every person. I maintain that a risk-focused approach discourages the development of this attitude of possibility in practitioners by bogging them down in problems and deficits instead of focusing their energy on solutions and strengths.

Furthermore, much research in motivational psychology supports the view that intrinsic motivation to learn and to change is facilitated by a relationship between learner and facilitator of learning that fosters these same three basic human needs for caring, respect, and participation. "People are engaged and motivated in domains where their basic psychological needs can be and periodically are fulfilled" (Ryan and Powelson, 1991). Protective factor research repeatedly has identified the power of a caring relationship with a teacher, youth worker, etc., that is based on mutual respect and participation to change a life trajectory from risk to resilience (Benard 1991).

The SDRG states that my "suggestion that we ignore risk factors and focus only on protective factors is like encouraging smokers to exercise without attending to their smoking." I confess I am suggesting this very strategy because it addresses human motivation. It is through finding a positive alternative – one that becomes more rewarding than the negative behavior – that we create the "cognitive dissonance" necessary to change our behavior (Jessor, 1984). Likewise, when our human needs are met through caring, mutually respectful, participatory

relationships in our families, schools and communities, we become bonded to these institutions, as the SDRG group has so well articulated in their theory of social development, and we are less likely to engage in health-compromising and socially irresponsible behaviors.

I see two other issues the SDRG's letter raises that are critical to the prevention field. First, the filed of prevention, to live up to its name, has to be about systemic change that promotes positive development for all kids. Therefore, prevention must address root causes for the development of problem behaviors, not just the symptoms, as several of the SDRG's identified risk factors are. Several researchers, including William Julius Wilson, James Colemam, and James Comer, see the social, economic, and technological changes since the late 1940's as having fragmented community life, resulting in breaks in the naturally occurring networks and linkages among individuals, families, schools, and other social systems that traditionally have provided the protection necessary for healthy human development (1987; 1987; 1992). We must be about building community in all our prevention and intervention efforts. As Marian Wright Edelman, president of the Children's Defense Fund, states: "It really takes a community to raise children, no matter how much money one has. Nobody can do it well alone. And it's the bedrock security of community that we and our children need" (1991). It is this very sense of community that welcomes and includes all youth – no matter what their risks, their special needs and challenges, their cultures, their gender. Perhaps we should have as a goal in all our prevention efforts the vision of John Dewey expressed for schools: "School is a home, a complete community, an embryonic democracy."

The second issue of importance for the prevention field is the tension that often exists between the world of prevention research and that of prevention practice. The SDRG's response to my call for redirecting the prevention field to a new paradigm for research and practice founded on protective-factor research and positive youth development reflects the contrast between the mission and values of the research community and those of the practitioner community – both policymakers and direct service providers. Researchers are usually more concerned with seeking understanding than with taking action

and making change. In contrast, practitioners, by definition, have to take action and make change – often without any clear, rational understanding, often following their intuition and common sense. As I have stated in other articles, the SDRG's research has greatly contributed to the prevention field's understanding and awareness of the multiple risk factors associated with the development of adolescent substance abuse and delinquency. However, now that we also have a large body of research that provides us with understanding and awareness of what has helped youth overcome these multiple risks, it is time for research to move beyond a focus on understanding to an examination and evaluation of the efforts of practitioners who are seeking to create environments rich in protection for kids and families.

If research is to successfully inform practice, it must be useful and useable to practitioners and validate their innate wisdom and common sense. "Research findings are more likely to be used when they are not counter-intuitive [i.e., when they do not conflict with 'craft wisdom'] and when their action implications are clear" (Nelson, 1987). In the words of Alfred North Whitehead: "Science is rooted in…common sense thought. That is the datum from which it starts, and to which it must recur…You [as researcher] may polish up common sense, you may contradict it in detail, and you may surprise it. But ultimately your task is to satisfy it" (quoted by Martin Seligman, 1991).

Herein lies the fundamental power of a resiliency focused paradigm for prevention practice: It validates practitioners' craft knowledge and common sense – and their hearts. It answers for them the big question, "So what?" My colleagues and I have heard from hundreds of teachers and youth workers who have expressed their appreciation for our work in promoting protective-factor research and a resiliency approach because it validates what they do and energize them to do it. I'll conclude with a statement from one note we received: "I tried to imagine how it would be if I did not know about resiliency when I am working with the kids at school. I would feel totally defeated in some cases because there is no way I can remove the risk situations they have to deal with. Resiliency is my only hope…"

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Weaving the Fabric of Resiliency in Communities

By BONNIE BENARD

In last June's "Corner on Research" I reviewed a few of the recent books relating to fostering resiliency in individuals, families, and schools. At that time I promised a review of some books concerned with promoting resiliency from the community level, with creating caring communities that have positive expectations for youth and consequently give children and youth lots of opportunities for active involvement and meaningful decisionmaking. The following is, indeed, a very selective review; books on community-building, both theoretical and philosophical as well as extremely pragmatic how-to guides and manuals, abound. The following books are featured because they all focus on the community contexts/settings of adolescents' lives as well as on the need for systemic changes, for rethinking the patterns of relationships between the basic institutions in kids' lives – the family, the school, and community organizations and service systems.

Adolescent Society

I want to begin with a not-so-recent book that somehow escaped my notice when I complied my *Fostering Resiliency* document – *The Search for Structure: A Report on American Youth Today*, by Francis Ianni (1989). This book provides rich, in-depth research support for the roles community norms and expectations play when they are nurtured by community support, resources, and opportunities in promoting positive youth development.

Ianni's book summarizes his research of over a decade, spanning the 1970's and 1980's, in which he and his colleagues observed and interviewed thousands of adolescents in the many contexts of their lives – families, schools, peer groups/gangs, youth programs, street corners, and even jails – in 10 geographically, radically, ethnically, and socioeconimically representative communities throughout the United States. Their guiding research questions were: "What are the codes or rules that structure and organize the transition from child to adult status in the social contexts of actual communities, and how do the adolescents in these communities internalize and learn to use or abuse these rules?' (p.7). Ianni's findings clearly challenge the prevailing world view that "adolescent society" or the "youth culture" is "a separate social system, with a psychosocial unity of its own, that is capable of resisting and even countering the adult society's authority and demands for integration into the general community" (Ianni, b. p. 647). Rather, "The teenagers in the 10 communities we studied were actually as different from each other as adults are. The variation went beyond individual differences in biological predisposition or temperament or some critical life experience, such as the loss of a parent. Teenagers live in poverty or affluence or someplace in between, come from broken or intact families, attend good or bad schools, and encounter very different role models in the communities in which they live. Adolescent development takes place within a specific community as the individual teenager's internal resources are nurtured or stifled by the opportunities available" (Ianni, a, p. 23)

What did make a difference, Ianni found, was experiencing shared expectations: "In every community, urban inner-city as well as suburban or rural, we found that not only agemates but a variety of continuing relationships with family members, relatives and neighbors, institutional settings, and the significant adults who are part of them serve as exemplars and guides for individual or groups of adolescents. Congeniality among their values and clarity and consistency in their guidance are essential to the adolescent, who is engaged in a search for structure, a set of believable and attainable expectations and standards from the community to guide the movement from child to adult status. If the values expressed by different community sectors are at odds, if their directions are unclear or inconsistent, the teenager cannot be expected to accept their good will or trust their judgment" (Ianni, a, p. 262).

Communities that worked for adolescents, that facilitated instead of hindered the transition from

childhood to adulthood, were those in which adolescents were linked into positive social support systems with adult role models and with positive peers. While these happen naturally for many youth, the trend has been a decrease in these natural support systems for a growing number of youth. The increasing fragmentation of family, school, neighborhood, and community life make the creation of these linkages especially critical.

Ianni's research supports the programmatic implications of other protective factor research in calling for programs that link adults and youth, such as mentoring, tutoring, and apprenticeship; programs that link youth with other youth such as peer helping and peer mediation; and programs that link youth with community life through community service endeavors.

However, Ianni echoes resiliency researcher Emmy Werner's concern that creating environments that promote the healthy development of youth, especially during the childhood to adult transition, is not just creating a potpourri of programs. He also calls for – as will the other books we review – institutional change in which the family, the school, the workplace, and the criminal justice system create new linkages with youth and each other. Examples of systemic changes that restructure social relationships and truly reweave the fabric of resiliency include intervention thrusts like school-to-work transition efforts; the integration of academic and vocational tracks in schools; second-chance programs for kids who have dropped out; programs that reconnect youthful offenders with their families and communities, parents, and teachers; student involvement in school governance; and workplace family support efforts.

Developing successful programs and systemic changes is most effectively done, according to Ianni, by the creation of a community youth charter: "Programs for adolescence should grow out of a community youth charter which promulgates the expectations and standards that can meet the developmental needs of the adolescents in the specific community. A well-integrated and consciously developed pattern of relationships can provide a stabilizing transformational structure that produces equally integrated identities as workers and citizens and parents; no single institution has the

resources to develop all of these roles alone" (Ianni, a, p. 279).

While a community's norms and expectations are often unwritten, a community that gives voice to them by developing an explicit youth charter through "comprehensive community planning" involving youths is, in essence, weaving a fabric of resiliency that links youth into their community through caring relationships based on positive expectations and through opportunities for meaningful participation.

Community Supports

Another valuable document focuses on the critical role community supports – especially youth-serving organizations and programs – play in the healthy development of adolescents. *A Matter of Time: Risk and Opportunity in the Nonschool Hours* is the December 1992 report of the Task Force on Youth Development and Community Programs of the Carnegie Corporation of New York. Anyone working in middle-grade school reform is well-acquainted with the task force's earlier, wonderful document, *Turning Points: Preparing American Youth for the 21st Century.* In this report, the task force extends its effort to improve the lives of young adolescents "by advocating a new national effort to make use of nonschool hours for the vast and important job of promoting development among American youth…" (p. 119).

A Matter of Time is a must reading for the comprehensive community planning efforts recommended by Ianni's research. Not only does it provide research support for the role community-based youth-serving organizations play in adolescent development, but it also surveys the wide spectrum of programs that are "out there" and provide us with the first large-scale national study of the services and program structures of these organizations.

A Matter of Time asserts that for a growing number of youth, the family, school, and community supports essential to healthy development have been decreasing and that the nonschool hours, which for a majority of adolescents is wasted time, offer a rich, seldom-acknowledged opportunity to provide adolescents with the kinds of participatory experiences that promote healthy development through the creation of "networks of community

supports." Specifically, this study found that successful community programs do the following:

- Tailor their program content and processes to the needs and interests of young adolescents

- Recognize, value, and respond to the diverse backgrounds and experience of young adolescents

- Extend their reach to underserved adolescents

- Actively compete for the time and attention of young adolescents

- Strengthen the quality and diversity of their adult leadership

- Reach out to families, schools, and a wide range of community partners in youth development

- Enhance the role of young adolescents as resources in their community

- Serve as vigorous advocates for and with youth

- Specify and evaluate their programs' outcomes

- Establish strong organizational structures, including energetic and committed board leadership

This document also recommends specific policy agendas for the institutions – national youth organizations, other community organizations, schools, parents and families, health organizations, high education institutions, research and evaluation organizations, funders, media, government leadership, and, of course, adolescents themselves – that must work together to create the fabric of resiliency that promotes healthy youth development. "Every level of government, every adult, and nearly every for-profit and nonprofit organization in this country has a role to play in the development of community-level support services for young adolescents" (p. 111). In the end, the report says: "We will all benefit from such an effort. For a nation as a whole, the rising new generation will consist of healthy, confident young adolescents who are ready to become fully contributing members of society. For all of America's youth,

uncertainty about their futures will be transformed into preparation by a caring community for a promising and fulfilling life. Risk will be transformed into opportunity for young adolescents by turning their nonschool hours into the time of their lives" (p. 15).

Losing Generations

The new book by the National Research Council's Panel on High-Risk Youth, *Losing Generations: Adolescents in High-Risk Settings* (1993) is based on the same premise as *A Matter of Time*. The panel notes, "Many of the major institutions, or settings, in which adolescents are growing up are unable to provide the guidance and support young people need for positive development" (p. 1993). The purpose of this book, however, is to move research and policy away from its concentration on the individual characteristics of youth and families in explaining high-risk behavior to a focus on the settings, the environments, that make healthy development difficult. "High-risk settings do not just happen: they are the result of policies and choices that cumulatively determine whether families will have adequate incomes, whether neighborhoods will be safe or dangerous, whether schools will be capable of teaching, whether health care will be available – in short, whether young people will be helped or hindered while growing up" (p. viii). In an effort to redress the over-emphasis on individual risk factors, the panel studied the major institutional settings youth experience: families, neighborhoods, schools, health systems, employment, and training opportunities, and (as these institutions become more severely stressed) the juvenile justice and the child welfare systems.

The panel concludes that "four conditions create and sustain high-risk settings": (1) the large and increasing number of families who are living in or near poverty; (2) the concentration or poor families in some urban and rural neighborhoods and the increase in the numbers of severely deprived neighborhoods; (3) the nation's major service institutions and systems – health, academic and vocational education, and employment and training – are not meeting the needs of many young people; and (4) the strong influence of racial and ethnic discrimination on employment, housing and the criminal justice system.

Any attempt to ameliorate these conditions "must be powerful and comprehensive" (p. 237). Just as our earlier two books concluded, *Losing Generations* warns that "attention to policies supporting families and neighborhoods and restructuring service institutions is necessary to impart the functional academic, vocational, social, and psychological competencies needed by young people" (p. 237).

The panel challenges federal and state governments to "face responsibility" and provide "financial support, leadership, and incentives toward change." That change, however, must happen at the community level. Echoing the theme of several recent books such as David Osborne's *Re-inventing Government*, the panel suggests that our current economic crisis gives us the opportunity to rethink federal, state, and local roles and funding "as a way of bringing the resources needed to deal with problems closer to the people who are most likely to do it sensibly" – local communities (p. 245).

Good Practice

Reinforcing both Ianni's research and that of the Carnegie task force, the panel's chapter on "Good Practice: Community-Based Interventions and Services" is a rich summary of effective community efforts focused on strengthening families and communities, improving institutional services, and implementing comprehensive services for positive youth development. Reflecting their resiliency paradigm, the panel concludes: "In good practice initiatives, community residents – both adults, and increasingly, adolescents – are viewed as integral resources who can contribute substantially to the change process. That is, good practice programs focus on the conditions for change – engagement and empowerment – rather than the problems per se of families, neighborhoods, and young people" (p. 195).

Providing further validation for the resiliency approach, the panel concludes that in good practice efforts, "Consistent demonstrations of caring and high expectations are a prerequisite," as is "providing young people with choice and voice" in program operations (p. 219).

Several themes recur in the above three books: (1) the community is a critical arena for youth development; (2) the relationships, expectations, and opportunities for participation youth find in their communities is critical to healthy development; (3)

there is a need to create programs that reconnect kids to adults and other kids in mutually caring, respectful, and shared power relationships; (4) there is a need to restructure the linkages among the critical institutions in youth's lives – their families, schools, neighborhoods, and community organizations and services. These books also document many, many examples of programs and efforts to reconnect youth as well as to build linkages between families and schools and communities.

What all these successful efforts require is the active participation and involvement of all of us, not just as professionals but as students, parents, and citizens. However, what is not discussed in these wonderful resources is the idea that civic participation has, indeed, become problematic in our culture.

As Robert Bellah in *The Good Society* states, "…responsible social participation, with an enlightened citizenry that can deal with moral and intellectual complexity, does not come about just from exhortation. It is certainly not enough simply to implore our fellow citizens to 'get involved.' We must create the institutions that will enable such participation to occur, encourage it, and make it fulfilling as well as demanding" (p. 19).

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Back to the Future:
Prisons or Prevention?

By BONNIE BENARD

"What happens to a dream deferred?"
Does it dry up
Like a raisin in the sun?
Or fester like a sore—
And then run?
Does it stink like rotten meat?
Or crust and sugar over
Like a syrupy sweet?
Maybe it just sags
Like a heavy load.
Or does it explode?

- Langston Hughes

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LARRY KING: "My question is to Mr Bennett. Why build prisons? Get tough like Arabia. Behead the damned drug dealers. We're just too darned soft."

DRUG CZAR WILLIAM BENNETT: "There's an interesting point. One of the things that I think is a problem is that we are not doing enough that is morally proportional to the nature of the offense. I mean, what the caller suggests is morally plausible. Legally, it's difficult. But say.."

LARRY KING: "Behead?"

BENNETT: "Yeah, Morally, I don't have any problem with that." (*Cited by Clarence Lusane*)

- *Larry King Live*, June 15, 1989

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Langston Hughes' famous poem closes a recent prepublication copy of a report from the Milton S. Eisenhower Foundation, *Investing in Children and Youth, Reconstructing Our Cities: Doing What Works to Reverse the Betrayal of American Democracy* (1993). This report, like the poem, is about our failure as a nation to provide that very critical protective factor, a sense of a bright future, to a growing number of our youth. A feeling that one has a place in the world, that one's life has a sense of meaning, purpose, and coherence results from growing up in environments that are caring, providing not only physical nurturance but loving relationships; that reflect high expectations, conveying the message that one has the ability to achieve one's dreams; and, finally, that actually provide the opportunities to participate on one's dream.

Reading this report was a troubling experience. Written to commemorate the 25th anniversary of the *Kerner Report* of the National Advisory Commission on Civil Disorders established by President Lyndon Johnson in 1967 in the wake of the racial rebellions in American cities, the Eisenhower document clearly details our failure to carry out the solid recommendations and to heed the commission's warnings, which now convey an eerie sense of prophecy.

"Overall, in spite of some gains since the 1960's but especially because of the federal disinvestments of the 1980's, we conclude that the famous prophesy of the Kerner Commission, of two societies, one black, one white – separate and unequal – is more relevant today than in 1968, and more complex, with the emergence of multiracial disparities and growing income segregation" (Curtis, p. vi). Instead of following the recommendations of the Kerner Commission, instead of reconstructing our cities by investing in people – especially children and youth – instead of creating comprehensive prevention efforts that address the basic needs of people living in poverty for health care, child care, quality education, job training, and jobs, instead of continuing the "war on poverty," our major social policy for the last 20 years has been a "war on drugs," a war that most experts conclude has become a racist war on our cities and on the people of color who inhabit them (witness the above exchange between Larry King and former drug czar William Bennett).

While the war on drugs may now be abating given a new administration, a fear seems to be growing (and is one that I share, given the repressive anticrime measure the U.S. Senate recently passed) that instead of a war on drugs which resulted in a doubling of our prison population (most of it consisting or African Americans and Latino men), we'll now have a war on violent crime, a war that, once again, will target communities – and especially youth – of color. Unless we change our punitive policy direction at both national and state levels, our war on violence will continue the deleterious direction of the war on drugs and brings to fulfillment the Kerner Commission's prophecy of "two societies, one black, one white," creating in the United States a Third World nation of haves and have-nots.

As preventionists, we have an uphill battle in this "war" to make the case that the prevention of drug abuse and violent crime will not come about through "beheading" youth, but rather through the creation of nurturing, caring communities that encourage bright futures and give youth the opportunities to contribute to their world and live their dreams. Besides the Eisenhower Foundation report (which is scheduled to be published this spring), two powerful and mutually reinforcing books can give us great "ammunition" in our ongoing fight for prevention: Elliot Currie's *Reckoning: Drugs, The Cities, and The American Future* (1993) and Clarence Lusane's *Pipe Dream Blues: Racism and the War on Drugs* (1991). Both books want, in Lusane's words to "set the record straight" on just who the real enemies are in the war on drugs, as well as to "empower the reader with the data and analysis in order to intellectually and politically strengthen the work of those struggling to end harm of the drug crisis in our nation and our world" (Lusane, p. 5). Currie reviews 40 years of research on drug abuse, while Lusane discusses the historic and political contexts for drug abuse. Both books are focused on the drug crisis – especially illegal drugs – in communities of color, among the have-nots living in poverty-stricken inner cities. Both books acknowledge that drug problems cross social, racial, and economic classes, but while use levels are down in more affluent areas, probably due to the effectiveness of public health and other prevention messages and efforts, drug abuse has grown "malignantly" among the inner-city poor and shows no sign of abating. According to Currie, "The American drug problem remains out of control. It vastly outstrips that of any other industrial nation. And it does so despite an orgy of punishment in the name of drug control that also has no counterpart in the rest of the developed world, or in our own history" (p. 10). Both books are organized around answering the critical question, the question that Currie says we must answer before "we can come up with a credible strategy against the drug crisis that continues to savage our cities… Why – in the face of increasing risks of imprisonment, social marginality, impoverishment, life-threatening disease, and early death – do millions of Americans persist in abusing illegal and dangerous drugs?"

The answer, for both authors, is that drug abuse is "first and foremost a social issue, and only secondarily an individual psychological, physical, or pharmacological problem. The drug problem is at its root, a crisis of economic inequality, social disintegration, misplaced priorities, and pervasive hopelessness at every level – local, national, and international" (Lusane, p. 199). More specifically, as Currie documents in studies beginning more than 40 years ago, the entrenched drug abuse in our inner cities grows from a constellation of conditions (i.e., risk factors) consisting of (1) poverty amidst a society of affluence; (2) confinement in menial and futureless jobs; and (3) the disintegration of family, cultural, and community controls and ties in the face of poverty. All of these conditions interact within a broader context of widening inequality and racism. Government retrenchment, and "a spreading culture of predatory consumerism" to create a "surplus of vulnerability" which has been repeatedly borne out across a wide range of different drugs, different racial and ethnic groups, and different countries (p. 76). It is no accident that not only does the United States have the highest rate of drug abuse, but it also has the highest incarceration rate in the industrialized world along with the lowest commitment to employment and training, as well the distinction of being the only industrialized nation that lacks universal health care and child care, pair parental leave, and adequate income supports.

The effect of these conditions is that human needs do not get met – not only basic survival needs like shelter, food, and safety but the need for belonging and participation in society, for respect, esteem, power, challenge, identity, and ultimately, for

meaning in life. As Currie explains, "In the absence of more constructive ways of challenging those conditions, drugs and the drug culture offer an alternative set of values, different ways of testing one's worth, new means of achieving a sense of identity and social prestige." In a refusal to be marginalized, to protect their self-esteem and identity, youth resist by creating an oppositional culture in which "toughness, risk-taking, outsmarting authorities, and having no visible licit source of income become cardinal virtues." Furthermore, "These patterns reappear with astonishing similarity – in this country and in others, and across the whole spectrum of illicit drugs" (p. 105).

It is only when we acknowledge at a policy level that the real enemies in the war on drugs and crime are the underlying conditions of poverty in a context of racism that closes off opportunities for legitimate success that we can really fight and win a war on drugs and crime. According to another expert on crime, former Minneapolis police chief Anthony Bouza: "If our social and economic systems make criminal behavioral inevitable, we must look to those conditions, and their correction, as the only viable hope for long-term results…Poverty and racism are the big agenda items. Ignoring their primary role in the crime equation, as we currently do, absolutely ensures a continuation of the rise in the appalling levels of urban violence we are experiencing" (p. 22)

Neither a dearth of solutions nor much disagreement exist for dealing with poverty and inequality either in Currie's or Lusane's books or in any progressive book, journal, or magazine. Currie's *Reckoning,* however, offers the most comprehensive, in-depth approach based on creating a humane criminal justice system; providing more, better, and different types of treatment; and developing a long-term comprehensive prevention approach for reconstructing communities.

Our approach to drug abuse has historically been a law enforcement or a medical response, resulting in either a criminal justice or a treatment response, neither of which, as we've discussed, address the social roots of poverty and inequality, and both of which have failed. As research and crime rates have revealed, the more punitive our criminal justice response, the higher the drug rate. "We will never…punish our way out of the drugs crisis…nor will we treat our way out" (Currie, pp. 148, 213). In

fact, both approaches have become "revolving doors" through which people pass and do not change – because the root causes and human needs were not addressed.

According to Currie, three basic principles must underlie a human criminal justice response:

- The reintegration of drug abusers into a productive life

- The reduction of harm

- The promotion of community safety

Currie's solidly crafted argument *against* legalization is grounded in research that projects – in the absence of legitimate channels for success and of social supports for families – it would not lead to a reduction in crime and would lead to increased use as a result of increased availability. Moreover, legalization would allow large corporations to further economically exploit, as they now do alcohol and tobacco, vulnerable populations. Rather, Curry favors a decriminalized approach based on the following principles: the adoption of more reasonable sentences for drug offenses and the establishment of alternatives to imprisonment for all but the most serious offenses; a focus on traffickers – not users – and a differentiation between hard and soft drugs; the creation of a continuum of care for drug abusers within the justice system, especially through supervision and guidance in a community setting; and a shift in law enforcement priorities toward community safety and empowerment through strategies like community policing and civilian patrols. As Currie documents, these are not just "pie in the sky" proposals; *all* of these approaches are being used successfully in other countries and some even in locales within the United States.

In tandem with criminal justice reform would be the creation of treatment programs that are culturally sensitive, that allow individuals to create a new identity in a new social network, and that create employment opportunities. "What is most important in trying to move away from drugs and the drug world, with or without treatment, is the ability to create alternatives – in work, friendships, family relations" (p. 241). Strategies for improving treatment begin with "shifting the emphasis from

curing disease to building capacities and increasing opportunities" and include the following: increasing the quality of treatment by providing more consistent funding, better staff training, and greater accountability (especially in evaluation); making treatment user-friendly by viewing the clients with high expectations and respect, by making it more accessible, credible, culturally sensitive, and more attentive to the concerns of the clients; linking treatment with harm reduction measures such as needle exchange programs; making aftercare a priority; and linking treatment to job training and employment. All of these strategies are grounded in the social realities of addiction, for "when we fail to deal with the underlying *social* issues of inadequate work, poor housing, abusive families, and poor health care that shape most addict's lives, we virtually ensure that drug treatment will become a revolving door" (p. 279).

Ultimately, as we preventionists are aware (often painfully!). the solution to social problems like drug abuse and violence lies in addressing underlying, systemic causes. While a humane criminal justice system and a comprehensive, client-centered treatment system would certainly help transform the lives of those already involved in drugs or crime, it is neither sensical, cost-effective, nor humane to keep pulling bodies out downriver when we could prevent their ever falling in upriver. According to Currie: "We are reluctant to come to grips with the causes, in part because the task is both long-term and enormously challenging. It entails nothing less than altering an entire process of social development – one that has excluded millions of Americans from a productive and respected role in our common life, eroded the strengths of families and communities, and blighted the prospects of an entire generation." As a society, we have been in "massive denial" about poverty and racism: "Like addicts, we have trouble looking reality in the face, and our first task on the road to recovery is to acknowledge that we have a much more serious problem than we have been willing to recognize." Our next step is to acknowledge "that the drug crisis reflects a deeper crisis of culture and spirit; of family and community, as well as of material well-being." From a resiliency perspective, it is a crisis created by the failure of our society to provide the critical protective factors of caring and support, high expectations and respect,

and, most importantly, opportunities for social and economic participation to all people, especially people of color in our nation. Therefore, according to Currie, any comprehensive plan to prevent drug abuse and violence must "strive to recreate a sense of purpose and participation, of contribution to a common enterprise, of membership in a sustaining society." This means, then, that "we must provide greatly expanded opportunities for stable and respected work. We must restore and enhance critical public institutions in communities savaged by economic deadline and fiscal retreat. And we must provide a new array of supports for families, children, and youth." And it is just such a comprehensive, long-term, economically sustainable, prevention effort that Currie carefully outlines.

Five critical elements form the foundation of his blueprint: expanding the opportunity structure, revitalizing public health care, supporting families, assuring shelter, and rebuilding infrastructure. Because it is the "long-term decline of opportunities for stable and rewarding work that most powerfully drives the syndrome of multiple deprivation that breeds endemic drug abuse," expanding the opportunity structure is the major focus of Currie's plan. This is not a task that can "be left up to the private decisions of private employers" any longer. Reversing the decline of good work and the concomitant growth of poverty in the United States will require an "active labor-market policy which consciously uses the power of government to create opportunities beyond those the market can provide on its own" and is grounded on the principle of investing in people, on seeing "employees as opportunities for investment rather than as costs to be minimized" (p. 285, 287). Specific strategies include raising the quality and skill levels of jobs available in private industry because "our workforce in generally over-educated for most of the increasingly poor jobs available in the economy."

Creating school-to-work transition programs connects education to real jobs and careers, new peer groups, and role models and mentors. The federal minimum wag should be steadily increased because "rock-bottom minimum wages are…a marvelous recruiting device for illegal occupations, including drug dealing and predatory street crime," (p. 290). A "solidaristic" wage policy which attempts to narrow the inequalities in wages within occupations and

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between them "helps to reduce glaring and alienating divisions between haves and have-nots, and to foster a broader sense of common participation in economic and social life" (p.291). Private employers must train and retrain workers for "despite much lip service, such efforts are all too rare today" (p. 292). We also need "disincentives for employer to replace good jobs in the United States with low-wage ones in other countries" (p.292).

And, finally, expanding the opportunity structure means the United States must publicly invest in employment and training efforts. As Currie points out, not only do we now have the smallest public employment and training investment in the industrialized world, but more than half of what we do spend on job programs is devoted to *unemployment*, to support people out of work! A national employment and training system is not only a necessity in order to have enough jobs for everyone but also can place "young people in challenging jobs that directly address pressing national and community needs…and would provide a continuum of work and training environments for youth with different capacities and different needs." And, most importantly, "It would encourage their participation – and reduce their sense of powerlessness, alienation, and lack of respect – by enlisting them in every phase of program design and operation, including the highest levels of decision making" (p. 299).

Furthermore, this employment and training effort forms the foundation of the four other national strategies for "social reconstruction." Youth can be given job opportunities to work in health care revitalization efforts, in family support programs, in building desperately needed shelter and housing, and in rebuilding America's crumbling physical infrastructure – its roads, bridges, streets, waterways, and transportation systems. These four strategies are not only highly labor intensive but represent critical, unmet survival needs for our society. By creating a comprehensive prevention effort based on meeting these needs through a proactive labor market policy, we would "dramatically expand the structure of opportunities for those now denied the chance to contribute to their society"; we would achieve "primary prevention by reducing the enormous social deficits that lead to endemic drug use"; we would "deliver critical health and social services to those most at risk; and [we] would do so in ways that mesh

with our most fundamental social values"; we would "strengthen families and stabilize local communities"; and we would "improve the functioning of the economy by making better use of our human resources" (p. 322).

In sum, we would replace our "strategy of inequality" and exclusion with one of inclusion, one that the Kerner Commission more than a quarter-century ago called for: the "massive, compassionate, and sustained" public investment in jobs to rebuild our cities. Sadly, we can't go back to the future, and 20 years later the problems are more extensive, entrenched, and compelling. In fact, the social and economic problems of our urban communities have become problems for our society as a whole. "Choosing the strategy of inclusion involves much more than compassion for the unfortunate: It now carries our best hope of survival as a First World economy" (p. 322). As Lusane concludes: "We must fashion the new war on drugs with a renewed war on poverty, a war on illiteracy, a war on racism and economic exploitation. When we can make serious progress towards ending these scourges on our society, then we will not only solve the drug crisis, but we will also save our nation from an even greater threat: self-destruction" (p. 224). According to Currie, "We approach the 21st century lagging farther and farther behind the rest of the industrialized world – hobbled by a resistance to using public investment for public purposes which our more successful competitors have long since abandoned" (p. 322).

Ensuring bright futures for all of our children means we must be willing to make this investment, we must be willing to leave behind a world view of competition and greed, a "crippling mentality" of exclusion that hurts all of us and all of our children. Most urgently, we as preventionists and advocates for children and youth must educate not only ourselves, but our institutions and communities – and especially our political leaders, whom we must hold accountable for policies like the proposed anticrime bill which, as one child advocate stated, "postures and panders to the public fear." From protective factor research, we know what kids need to lead healthy lives; it's time to invest in our people, to provide them the relationships of caring and support, high expectations, and opportunities for meaningful participation. As Currie concludes, we must "take up the long-postponed challenge to relieve the human

misery that lies at the heart of our continuing drug crisis. We have, after all, been trying the alternatives for 40 years. We have tried moral exhortation. We have tried neglect. We have tried punishment. We have even, more grudgingly, tried treatment. We have tried everything but improving lives" (p. 332).

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Neighborhood Organizations As
"Places of Hope"

By BONNIE BENARD

"Kids can walk around trouble, if there is
someplace to walk to, and someone to walk with"
- Tito in *Urban Sanctuaries*

One reason that I (and lots of you too!) find the
resiliency paradigm so compelling is that it grows out
of the voices of real people who have defied others'
prognoses of doom. Protective factor research not
only sheds light on the incredible potential within
each human being to survive - and even thrive – in
spite of adversity but also illuminates the powerful
role that both relationships and opportunities play in
this transformation. While I have yet to come across
any research that legitimately challenges this
perspective, and in spite of the fact that study after
study supports it, I am always elated when I discover
a new body of research evidence that so vigorously
supports the resiliency approach. Thus, it is a joy to
share and discuss in this column the just-published
work of Milbey McLaghlin, Merita Irby and Juliet
Langman, *Urban Sanctuaries: Neighborhood
Organizations in the Lives and Futures of Inner-City
Youth*. Says John Gardner in the forward, "This book
is [truly] a beam of light in the dark world of inner-
city youth, and as beams of light often do, it shows
the way."

Urban Sanctuaries lends powerful support to the
argument presented in the Carnegie Corporation's
document *A Matter of Time: Risk and Opportunity in
the Nonschool Hours* and in other recent studies (se
my column in the *Western Center News*, December
1993) that community-based organizations can
provide a critical arena for promoting positive youth
development, especially in the transition from
adolescence to young adulthood. Furthermore, this
study found that for inner-city youth, whose lives
were often characterized by pain, neglect, violence,
and despair, involvement in a neighborhood
organization "that engaged their time, attention, and
commitment" was the determining factor in the lives
of youth – even gang-affiliated youth – who became
contributing community members. In essence, these
organizations became "urban sanctuaries," safe and
nurturing havens for the unfolding of adolescence
and the bridging to a hopeful future.

Urban Sanctuaries is one product of a five-year
research project that studied the role of over 60
neighborhood-based organizations (serving more
than 24,000 youth) in three urban areas in the United
States. Operating from the resiliency perspective that
youth are resources, these researchers hired 40 inner-
city youth to be "junior ethnographers" who
conducted interviews with several hundred other 12-
to 19- year olds as well as adults in their
neighborhoods.

Furthermore, McLaughlin and her colleagues place
youth at the center of analysis (in contrast to most
researchers who situate the program at the center) in
order to answer the question, "What works?" They
state: "We questioned the assumption that what
works has to be a particular program. Our research
shows that a variety of neighborhood-based programs
work as long as there is an interaction between the
program and its youth that results in those youth's
treating the program as a personal resource and a
bridge to a hopeful future" (p. 5).

Let's look now at the nature of these interactions:
as the characteristics of the youth, the leaders of these
organizations, and the organizations themselves that
make them protective shields and sanctuaries for
urban youth.

The "Hopefuls"

McLaughlin and her colleagues refer to the youth
who successfully overcome the threats of drugs,
violence, crime, pregnancy, abuse, and neglect as the
"hopefuls." The researchers note: "The hopefuls
presented in this book are not especially gifted or
otherwise advantaged…They are African American,
European American, Latino. All are poor. Some are
academically talented as conventionally conceived;
most are not…None have the 'normal' nuclear
families of this country's idealized past. They live
with mothers, with grandparents, in foster homes,
with friends, or nowhere in particular. A few are
effectively heads of households. Every one of the

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hopefuls has lost a sibling, a friend, or a relative to the brutality of the inner city" (p. 12). What set them apart from their peers who were not successfully negotiating the adversity of their environments was that powerful protective factor, their sense of a bright future. "They are special in their expectation of a viable future, their belief that they can be and do something other than succumb to the desperate and dead-end prospects of their neighborhoods…What enabled the hopefuls to duck the bullets and choose a responsible and fulfilling future was their participation in an organization that provided the values, the support, the safety, and the competencies they needed before they could believe in their own futures" (p. 34-35).

The "Wizards"

McLachlin's study unequivocally identified the "energy, passion, and mission of the program leader" as the most critical component of youth organizations that nurture hopeful youth. She and her colleagues refer to them as "wizards" because they have accomplished "what conventional wisdom has often held impossible," succeeding with "adolescents many in society dismiss as unreachable or irredeemable" (p. 37). While the six wizards described as representatives in this book differ on almost all dimensions, all share fundamental characteristics these researchers deem essential to creating programs that work for youth. Anyone familiar with resiliency research will not be surprised at the common attributes identified by these researchers nor at the fact that they "found that insiders and outsiders can be equally effective; [that] ethnicity and gender do not determine the ability of an adult to work with urban youth" (p. 95).

The first and most elemental attribute is that wizards see the potential and not the pathology of disadvantaged youth. They operate from a resiliency perspective of having high expectations for and working from and playing to the strengths of their youth. "Our wizards avoid negative labels, especially those that mark youngsters as deficient or deviant and concentrate instead on raising expectations and providing settings where youth can gain the attitudes, confidence, and measure of expertise necessary to remove themselves from the inner city's despair" (p. 98). Furthermore, "Successful leaders locate 'the

problem' of inner-city youth and the dysfunctional behaviors and attitudes associated with them primarily in the larger society and the general failure of social institutions to understand, support, or care for these teenagers" (p. 97).

Youth-Centered

Wizards place the needs and concerns of their youth as their Number One priority; they "focus on youth before organization, program, or activity." According to the researchers, "[This] focus matters enormously in the barren, harsh neighborhoods of the inner city, where youth test leaders' commitment and caring at every turn and where what is normal is often unpredictable and brutal. For inner-city youth, a leader's being always available and responsive to daily realities supersedes the content of any program" (p. 99). According to one of the wizards, focus is one of the biggest problems for youth organizations because "too many people try to develop a program that fits the kids into the program, instead of looking at the kids and developing a program for the kids" (p. 100).

The wizards' belief in the youth and their keeping youth the central focus of their programs is under-girded by their own strong sense of personal efficiency, their belief that not only is it "never too late" to make a difference in a kid's life but also their belief in their own ability to facilitate this process, to change a life trajectory from despair to hope and success. As one wizard passionately states, "[If] these kids…find someone they can relate to, a role model, and there's options for them, [they] have at lease a 90 percent chance of coming out of [the gangs]" (p. 101).

The wizards all share a sense of wanting to give back to youth what others gave them as they grew up. All of them see their work as a mission and vocation, not simply a job or even a career in the traditional sense- a theme that harkens back to the days of Jane Addams and community service work before the days of professionalism" (p. 101). Furthermore, they want youth to develop this commitment to providing opportunities and brighter futures to others.

Just as wizards avoid the "one-size-fits-all" programming, "Wizards, too, need to do their own thing, and so they mesh their personal talents with their work." This personal authenticity is also

demonstrated through their participation in the life of the community they serve, especially in advocacy work for youth. And ultimatley, "The Wizards' authenticity what bonds sometimes ordinary features into an extraordinary organization that, as [one youth leader] puts it, 'smells good' to cynical, suspicious inner-city teenagers. 'You can't be phony,' she says. 'These kids can see through you if you are really not genuine and really don't care about them,' " (p. 103).

The Programs

The "places of hope" created by the wizards are diverse in program focus and content, organizational structure, and physical environment; yet they, like their successful leaders, share critical commonalities.

Not surprisingly, safety is one of the first organizational attributes identified by both youth and leaders. Successful youth organizations truly become urban sanctuaries and protective shields for youth – both physically and psychologically. "Thus 'keepin' 'em off the streets' means more than physical safety from gangbangers or street violence…It also means protection from the psychic harm dealt daily to many youth by police, the school, and the family." One youth leader describes how, "It sometimes takes us two hours in the afternoon after school to undo the damage done to these kids. All they hear all day is how bad they are. We can't even begin [our work] until we can make then feel okay, [feel] good about themselves" (p. 104).

Listening to youth, as well as allowing them to have a major say in determining what goes on in the program, serves as "the keystone in building youths' trust." As one youth leader states, "Trust is impossible in a situation where someone is trying to change you, to dictate to you." These opportunities for meaningful participation, for voice and choice, are a basic protective factor that not only give youth the chance to develop responsibility but create a sense of ownership and belonging.

Not only do successful youth organizations offer safety, belonging, and fun, they provide chances to learn concrete, relevant skills like word processing, editing, tutoring, and mainstream social behavior, as well as "to glimpse alternatives to the hopelessness found on inner-city streets."

Youth are attracted to opportunities and activities that are grounded in real responsibility and real work.

Such responsibilities and work give youth "the opportunity for achievement and accomplishment and the structural learning environment that mainstream youth usually find in school, family, or community" (p. 108).

Inner-city youth want the consistency and predictability the clear rules and discipline provide – provided the rules are seen as fair and they have a role in their creation and enforcement. According to the researchers, "All successful programs we saw operate on the basis of a few rules that are based in the cultural authority of the groups" (p. 109).

All of the successful programs encourage the value of education and offer educational support and activities, although not necessarily through school-based learning since the researchers not only found every young person interviewed for the book "highly critical" of schools but they could not find "a single example of positive institutional collaboration between schools and local youth activities in their five years of research (Portner, 1994). Rather, the focus of all these organizations is on giving inner-city youth the "tools for their own future, not just skills, but the pride and discipline to work hard to achieve goals" (p. 110). In essence, these organizations are "places of hope," fostering in youth that powerful resiliency characteristic, a sense of a bright future.

Urban sanctuaries provides the prevention field with more compelling research evidence validating the power of the three protective processes of caring relationships, high expectations, and opportunities for meaningful participation. Like other resiliency research, McLachlin and her colleagues found that the significant factor in successful programs was the nature of the relationship and opportunities – the "how" not the "what" – that engaged adolescents and created a sense of belonging. As these researchers conclude: "Most of all, the youth organizations that change inner-city youths' lives are families and communities. The skills of wizards and their assistants are skills of community building, constructing places that engage adults and youth together in hopeful, concrete, productive purposes" (p. 217).

These researchers also emphasize that the key to these successful programs lies in the hearts and minds and paradigms of the adult leader who sees youth as resources and not problems. In fact, McLachlin states in a recent interview: "The major

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message we want to get across is that perspective really matters. If adults were to stop viewing young people as something to be fixed and controlled and instead, helped enable their development, there would be phenomenal change in their lives and society in general" (Portner, 1994). We wouldn't be creating fear-driven, control-oriented policies at the state and national levels that lock up more and more kids at younger and younger ages; we'd be creating, from a perspective of caring concern, more and more urban sanctuaries for the two-thirds of inner-city youth these researchers found "eager to join youth organizations" but who will never be given the chance. We must ask ourselves, our neighbors, our policymakers the question McLachlin and her colleagues pose, "Where is the soul in a society that allows so many of its youth to be without hope? The despair expressed by youth of the U.S. inner cities bespeaks the collapse of this nation's social compact with its youth."

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Guides for the Journey
from Risk to Resilience

By BONNIE BENARD

I am joyfully devoting this column to discussing two hot-off-the-press books grounded in the resiliency perspective: *Tribes: A New Way of Learning Together* by Jeanne Gibbs and *From Risk to Resilience: A Journey with Heart for Our Children, Our Future* by Tim Burnes. It is especially rewarding to see my conceptual framework of resiliency used and applied by two such renowned and gifted preventionists and two such kindred spirits. While different in focus, each of these books challenges all of us who live and work with children and youth to create environments rich in the protective factors of caring, positive expectations, and participation so that not only will each child's innate potential for healthy development and learning, i.e. resiliency, be realized but will be put in service for meeting the incredible environmental, political, social, and personal challenges of the quickly approaching 21st century.

From Risk to Resilience draws on and integrates several fields of research that supports the movement from a risk to a resiliency focus in education and human services. The first part of the book describes the societal changes that have impacted the care giving functions of the family, the school, the peer group, and the community, resulting in a growing number of youth being placed in the category "at-risk." Grounding his discussion in Urie Bronfenbrenner's transactional, ecological framework of human development and drawing on the work of H. Stephen Glenn, Burns notes: "Less time spent in the presence of positive role models, more time in the negative influences, fewer opportunities to be involved and challenged in meaningful ways, fewer opportunities to contribute to the well-being of others, less bonding and connectedness, and greater access to alcohol and other drugs – all… add up to our present-day crisis" (p. 31-32).

The crisis Burns discusses is basically a crisis of unmet developmental needs, charting how the work of Jean Piaget on cognitive development, Eric Erickson on social and emotional development, Abraham Maslow on the hierarchy of human needs, Lawrence Kohlberg on moral development, and Rudolph Steiner on spiritual development in children all interrelate and support recent research on brain growth and the development of intelligence. The emerging conclusion, paraphrasing the brilliant human development theorist, Joseph Chilton Pierce, is that "Human intelligence, which is related to the biological development of the brain, can only unfold in an atmosphere of unconditional love and acceptance" (p. 42).

Burns' synthesis of Pierce's work on human learning lends powerful support to the perspective that the potential for learning and for resilience is inherently in every child. However, he says, "If there is too much threat in the environment, the structure of intelligence becomes defensive, controlling, and closed. It cannot unfold" (p. 42). According to Burns, Pierce operationalizes the three characteristics of a caring, loving environment where learning can unfold as consisting of the following. First, learning is a result of modeling: "Ninety to 95 percent of all human learning is based on relationships to and involvement with a person." This being the case, he says: "If we want to build resiliency in our children, we are challenged by the awareness that it is who we are, so much more than what we say, that makes the difference in providing that essential life ingredient. What children never miss and never fail to learn from is what they see in the environment – the actions and attitudes of the people who are, for better or worse, models" (p. 48). In other words, we must walk our talk!"

A second characteristic of the caring environment that promotes learning is mirroring, providing a child with time, attention, and feedback, interacting and participating with a child. This means "watching and listening, then reflecting children's experiences back to them" (p. 50). The third characteristic of all learning environments is caring and love expressed as support and encouragement. It is the high-expectation message of "You can do it!" backed up with the message, "I'll be there is support you." With this

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message, Burns says, "Children can overcome almost any adversity and obstacle to development. Without support and encouragement, their ability to learn, grow in intelligence and bounce back from adversity is curtailed" (p. 50).

Along with his application of new research on the context of human learning to resiliency perspective, I find Tim Burns' discussion on the neurophysiology of learning, that is, on an individual's internal brain changes that occur as a result of learning, and the implications of these changes for human resilience, especially fascinating and a valuable contribution, validation, and extension of the resiliency model of human development. According to Burns: "Benefits can be derived from examining brain functioning as it relates to learning, since the nature of one's experience greatly alters the way one's brain functions and responds to the world" (p. 53). Looking first at what is actually occurring in the brain when learning takes place, Burns does a great job of explaining the brain's information processing system of dendrites and synapses, which "provide an almost unlimited potential for learning…especially true in early childhood when the brain may contain as many as six times more connections (in a five-year-old) than exist in the brain of an adult" (p. 55). Furthermore, "Depending on how enriched (or impoverished) the environment of learning, we know that there will be not only different amounts of dendrite branching, but that the synaptic junctions will…[either] become larger, and therefore, more responsive and efficient" or smaller and weaker (p. 56). The brain also periodically "prunes" unused and overly redundant dendrites and axons, reducing the unlimited possibilities for imagination and learning (with the largest pruning occurring around age 11). The implications? "From all that we currently know and are learning about the brain's development, we can better understand the immense importance of providing our children with the greatest possible exposure to non-threatening and supportive environments, positive stimulating models, and varied opportunities to become actively involved in age-appropriate learning experiences. This, in effect, becomes a simple formula for fostering the limitless potential in each human being" (p. 58). Furthermore, according to Burns, "Herein lies the preservation of creative potential and the foundation of intelligence

on which our future civilization and culture depends" (p. 59).

That it's never too late to improve brain functioning, however, is borne out in brain chemistry research, summarized by Burns in one principle: "Long-term, consistent behavior alters the baseline function of the brain" – in either a positive or negative direction (p. 61). Thus, "We can say that any positive alteration in the environment of a young person, done in an ongoing or consistent manner, ought to improve the overall well-being of the affected person" (p. 62). That we all have self-agency, the internal power to use our brain to control our health and well-being in spite of adversity, is being borne out in research in the new field of psychoneuroimmunology, a synthesis of the fields of psychology, brain science, and immunology. Writes Burns, "This field is beginning to validate and centralize the role of the mind – our thoughts, attitudes, beliefs – in human health, formerly though to have no bearing whatever on the body, at least according to the bias of traditional medical science" (p. 63). Much of the research on stress, which has found that 90 percent of all stress is perceptual and thus within our control to change, emanates from this field of inquiry. As Burns points out, this body of research lends further validation to the resiliency approach through its findings on the power of love, caring, sense of control, sense of meaning, optimism, hope, hardiness, persistence, and other protective factors to overcome adversity and achieve psychological well-being.

While a large part of *From Risk to Resilience* focuses on the several contributors to the emerging paradigm of resiliency in the prevention and education fields, Burns' closing discussion on "the resilient care provider" strikes at the heart of how we can move from risk to resilience. "As care-givers intent on fostering resiliency in children and young people, it is essential that we recognize, affirm, and foster our own resiliency" (p. 132). This means not only learning to control and offset the effects of the stresses and daily hassles of our lives, but also living our lives with that powerful protective factor – a sense of purpose and bright future. As Burns so beautifully states, to live with purpose and hope requires that we, just as children who have potentiated their resiliency have done, tackle three tasks: We must "find our way to God, heal our

wounds, and express our gifts" (p. 123). Only through this process can we "use the most important learning tool children and young people can ever have – ourselves" (p. 132).

Creating educational systems that promote and support – instead of hinder and suppress – this threefold process is the focus of Jeanne Gibb's updated edition of her earlier work, *Tribes: A Process for Social Development and Cooperative Learning*. In *Tribes: A New Way of Learning Together* Gibbs not only incorporates the newest research on cooperative learning and social development into brain-compatible learning, multiple intelligences, thematic instruction, and the systems and skills necessary for the 21st century, but she grounds it all in the resiliency framework of human development. Educators wanting a guide to fostering resiliency in their school and classroom – one that answers the question, "So just exactly what do you do and how do you do it?" – will not be disappointed. In fact, no better path than the Tribes process exists for creating the environment that supports learning – providing the modeling, the mirroring, and the support and encouragement discussed by Burns and Pierce, and providing the caring and support, positive expectations, and opportunities for participation that we know are the protective factors sustaining healthy learning and development.

Tribes is a "democratic group process…that develops a positive environment that promotes human growth and learning" (p. 21). While it's a process that can be used for any group in any setting, in the classroom a tribe consists of three to six students who remain together for a long period (often the school year). A tribe is formed sociometrically to distribute boys and girls, students of high and low peer acceptance, and youth of differing abilities. The mission of the Tribes process is "to assure the healthy development of every child so that each has the knowledge, skills, and resiliency to be successful in a rapidly changing world." The rationale for using the Tribes approach to achieve this mission, validated by the extensive research on cooperative learning, is that learning is first and foremost a social process: "The power of being included and valued by peers motivates students to active participation in their own learning" (p. 22).

Furthermore, the Tribes approach is premised on the power of a cooperative approach to connect, to

heal, and to give voice to the disempowered: "We doubt that the many problems of youth – alienation, violence, drug abuse, gangs, school dropouts, suicide, delinquency, and despair – will ever lessen unless school, family, and community systems teach and model cooperation rather than competition. The isolated and alienated must be included, not excluded" (p. 49). The goal for a Tribes school, therefore, is "to engage all teachers, administrators, students, and families in working together as a learning community that is dedicated to caring and support, active participation, and positive expectations for all students" (p. 22).

Tribes is a community-building process consisting of three stages of group development that the adult caretaker or facilitator must create: inclusion, influence, and community (Gibbs equates these to the three protective factors of caring, participation, and positive expectations). In the inclusion stage, people must have the opportunity to introduce and give a short description of themselves; express their hopes or expectations for the group's time together; "be acknowledged by the group as having been heard, appreciated, and welcomed" (p. 79).

Part of creating inclusion for everyone is learning and practicing the set of positive Tribes agreements: attentive listening, appreciation/no put-downs, right to pass, and mutual respect. Before any group can attempt to work on a task together, these inclusions need to be met. According to Gibbs: "Time spent up front, building inclusion and trust is the most valuable commitment a group can make. Although it takes a bit longer at first, the pay-off in achievement makes all the difference!" (p. 80).

During the next stage of influence, the facilitator provides a selection of strategies that help people to express diverse attitudes, opinions, and feelings; respect individual differences; use participatory methods for decision-making; and help members share leadership responsibility. "To feel 'of influence,'" Gibbs writes, "is to feel of value (worth, power, individual resource) to the group. To the extent that each person does not feel important in a classroom or organization, commitment and motivation decrease" (p. 81).

Finally, the stage of community results when people have been included and mutual respect exists. Creating community requires, Gibbs states, "a dedication to resolving rather then avoiding

uncomfortable problems and conflicts,…learning and practicing…collaboration skills, agreements about how we will treat each other, and time to reflect on how well we are doing. Once a group has gone through adversity together, its members become filled with confidence that they can handle whatever comes their way. This is the path to resilient relationships, creativity and outstanding results!" (p. 84).

Gibbs' latest book not only gives specific suggestions and strategies for facilitating each of the stages of group development – including almost 200 pages of activities – but incorporates these with the research on multiple intelligence and integrated thematic instruction into how one designs, implements, and assesses these powerful learning experiences. Furthermore, throughout the book are the voices of the teachers and administrators who have been, as one assistant superintendent states, "working, playing, learning, and living together" in tribes.

A message ringing loud and clear through Gibbs' book, as well as through Burns', is that the adult caregiver must create the conditions that foster her own resiliency. As a principal in T*ribes* states, "Whatever we want to have happen for kids first has to happen for teachers of a school, so that teachers can model the skills and behaviors they want students to learn" (p. 200). Teachers, too, need their tribes!

Creating a community is a process of systemic change, a reculturing process that, according to educational change expert Michael Fullan, must precede efforts to restructure. Creating a culture of caring, positive expectations, and participation must be the framework around which all school or organizational restructuring efforts are initiated, for this is the only way we will build environments that support human learning and resilience, the only way we will create the future we want to live in. Thanks to Jeanne Gibbs and Tim Burns for moving us forward on this journey.

EDITOR'S NOTE: Tribes: A New Way of Learning Together *by Jeanne Gibbs is available from Center Source Publications, Santa Rosa, California, (800) 743-7015*. From Risk to Resilience: A Journey with Heart for Our Children, Our Future *by Tim Burns is available from Marco Polo Publishers, Dallas Texas, (707) 577-8233.*

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The Health Realization
Approach to Resiliency

By BONNIE BENARD

In his chronicle of the lives of people struggling during the Great Depression, *Let Us Now Praise Famous Men*, James Agee 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." No words better summarize the belief system inherent in the resiliency paradigm. It is a belief system that manifests itself in the following words to a child or youth: "You can be who you want to be; you can achieve your dream; I believe in you."

These words communicate that powerful protective factor, high expectations, which the child then internalizes as self-efficacy. The result is not only motivation but a sense of purpose and bright future – another attribute of the resilient person. However, many youth hear the opposite message in their families, schools, or communities: "You're not good enough; your family's 'at risk'; your sex, race, culture, or ethnicity are not good enough; you'll never amount to anything." These negative words create internalized thoughts of impotence, such as: "I'm not good enough; there's no reason to try; things will never change" – words reflecting not only loss of motivation but loss of hope.

Unfortunately, the number of youth growing up with no sense of a bright future is increasing at an alarming rate. As one journalist states: "Youthful America's vision of its own future has never been more dire, particularly in the cities. As one 17-year-old African American put it on his way into court: 'I been dead since I was 12, so I'm not afraid of dying. I'm just waiting to get kicked into the grave'"(Vogel, 1994).

I'd like to share with you an approach that has demonstrated effectiveness at facilitating the development within youth or adults of the belief that they are innately resilient – that they have the capacity to develop caring relationships, to solve their own problems, to feel good about who they are, and to be optimistic about their future. While I've written previously about the Health Realization model developed by Roger Mills (see Benard and Lorio, 1991; Linquanti, 1992), I am continually impressed by the growing number of practitioners – in the fields of addiction, education, community organization, community policing, organizational development, therapy, and counseling – using this approach across the country in schools, communities-based organizations, housing projects, treatment centers, hospitals, businesses, and communitywide collaborations.

I'd like to discuss Health Realization as applied resiliency, that is, how this approach integrates and illustrates our resiliency model, which is grounded in developing environments rich in the protective factors of caring, high expectations, and opportunities for participation in order to foster the individual traits of resilience: social competence, problem-solving, autonomy, and sense of bright future. Finally, we'll discuss what the Health Realization approach offers the field of prevention and early intervention.

The Health Realization approach evolved from the application of the principles of a new wellness paradigm in psychology, Psychology of Mind, to the prevention, early intervention, and community development arenas. Health Realization began in the late 1980's, with a demonstration project in a Dade County, Florida housing project beset with the effects of poverty and racism: violence, drug-dealing, domestic violence, teen pregnancy, and school failure. Today, Health Realization is demonstrating its effectiveness not only in dramatically reducing the rates of all these problems but also in building a sense of community pride and well-being in communities across the nation. Some of the findings from pre- and post-evaluations of the 142 families and 604 youth involved in the three-year Dade county project include significantly improved parent-child relationships in 87 percent of the families, a 75 percent reduction in delinquency and school-related problem behaviors, a 65 percent decrease in drug trafficking, an eighty percent decrease in teen pregnancy, and a 60 percent decrease in substance abuse. Recent findings from the one-and-a-half year Coliseum Gardens Project in Oakland, California, include a cessation of all gang warfare and ethnic clashes between Cambodian and African American

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youth, a 45 percent reduction in violent crimes (and no homicides since the project began), and a 110 percent increase in youth involvement in the Boys and Girls Club. A more massive effort in the South Bronx – the Comprehensive Community Revitalization Project involving six large community development corporations that jointly own and manage 8,000 units of housing – is reporting significant increases in collaboration among the participating organizations, significant increase in resident participation and involvement in youth leadership activities, and high levels of participation in job training or employment.

While Mills did all the "right stuff" as a highly competent community psychologist, especially getting community ownership early on and promoting collaboration across several systems, what makes Health Realization unique and, I hypothesize, so successful is that it is not only grounded in the principle that resiliency (the capacity for mental health despite exposure to severe risk) is i*nnate* in all human beings, but that resiliency is *directly accessible*. The capacity for mental health, wisdom, intelligence, common sense, and positive motivation – no matter what language one chooses to use – is in everyone despite his or her "risk factors," is potentially available at all times, and can be realized without reliving or working through the past. The goal of Health Realization is to "reconnect people to the health in themselves and then direct them in ways to bring forth the health in others." The result is a change in people and communities that builds up from within rather than being imposed from without (Mills, 1993). Health Realization's basic strategy for effecting this reconnection is educational, not therapeutic and consists of teaching the basic understanding of the nature of our innate resiliency, how to access it, and what gets in the way.

According to this approach, thought is the basic common denominator undergirding all human experience. Like breathing, thinking is a natural life function that we are always doing. Even our perceptions, feelings, and behavior are the effects of thought; what we think determines how we feel, act and believe. According to this principle, whatever we experience as 'our life' is determined by how we think. It is our thought system that creates what seems real to us and accounts for our separate realities – our differing perceptions of what seems

real. As Mills explains: "This is why two people can be in the same situation and perceive it totally differently from each other. For example, someone can live in a subsidized housing development and be grateful for the opportunity to have low-cost shelter, be able to stop worrying about where they will live, and get on with meeting other needs in their lives, such as education, job training, and day care. Another person in the same situation might perceive that they are sinking downward, that they will never get out, or that they don't like the kinds of people they must live around" (1993, p. 7).

Thought is the vehicle through which we can either access our innate wisdom and resiliency, as in the former example, or through which we access, in the latter example, our conditioned thinking: the messages or expectations of our past that we have internalized from others, from our environments, that create our assumptions, beliefs, memories, judgments, biases, attitudes, and expectations for ourselves and for other people. As discussed earlier, too much of what we learn from our parents, our schools, and our society communicates a message of oppression – that we are not good enough (because we're female, black, young, poor, disabled), that we "will never get out," that we cannot change. When we accept this conditioned thinking about ourselves, when we see ourselves as *victims*, we also begin to see other people through this negative filter of blame and low expectations. This results in feelings of depression, anger, hostility, fear, and despair that often manifest themselves in further victimizing behaviors toward oneself and others, such as alcohol and other drug abuse and violence. The work of Health Realization is to help people learn to recognize and let go of this negative, self-defeating thinking and free their minds to access their innate well-being and resilience.

Health Realization does this "teaching" only after and through creating a positive context for change grounded in a caring and supportive relationship. As Mills states: "As helpful as the Health Realization Model is in bringing about positive change, it will fail if the proper steps are not taken when introducing it to individuals or communities…Perhaps the most vital ingredient is the establishment of empowering relationships" (1993, p. 29). And foremost in relationship-building is the *helpers'* ability to take care of themselves, to keep themselves in a state of

well-being and mental health, and to view their clients with high expectations. Mills refers to "being in a state of service" in which "we have no personal agenda other than what is in our client's best interest" (1993, p. 30).

In this state of mind, the helper sees all people as "doing the best they can given how things appear to them"; listens with compassion and without blame; and welcomes clients' active participation and ownership, being merely a guide and a coach in their quest to access their innate wisdom. "Walking your talk" is at the corner of the Health Realization approach. "The teaching of the [Health Realization] Model requires that you grasp and live its principles in your life," Mills notes. "The greater your understanding, the more powerful your impact on others because you will know how to nurture relationships and foster a climate for change" (Mills, 1993, p. 36).

Once this foundational relationships is in place, the Health Realization approach uses plain old community organizing principles: enlisting a core group of people, creating a forum for them to meet regularly in small groups, and facilitating the establishment of collaborative relationships with government, private agencies, and other service providers.

While several successful community change efforts are grounded in the protective factors, Health realization makes several major contributions to resiliency theory and practice. First, Health Realization directly demonstrates the process of *inside-out change* that is advocated by change "gurus" like Michael Fullan, Stephen Covey, and Peter Senge. Through realizing one's innate health, one experiences a sense of self-efficacy, a sense of personal empowerment and motivation to work with others to build a critical mass which, in turn, can create community change. It is a grass-roots process that is not dependent on waiting for benevolent social policies to be in place before people can get their lives together. Health Realization is building at the grass-roots level the critical mass that will, community by community, create change and put pressure on governmental leaders and institutions to move toward social policy changes that support human well-being. The Health Realization model has clearly demonstrated the dictum of anthropologist Margaret Mead: "Never doubt that a small group of committed people can change the world; indeed, it's the only think that ever has."

Health Realization also validates that *resiliency is innate to all human beings*, that we all have an inborn capacity for social competence, autonomy, problem solving, and optimism. In spite of powerful risk factors in their lives, participants in various Health Realization projects have been able to overcome severe odds when they've come to understand how their conditioned thinking gets in the way of accessing their inner core of mental health and well-being.

Psychology of Mind, the clinical precursor to Health Realization, has even produced greatly improved well-being in schizophrenic, autistic, abusive, depressive, and Alzheimer's patients. More support for our innate self-righting nature and common sense comes from the field of cognitive science, which has discovered that all individuals have the capacity to and do *construct* their own meaning and knowledge (referred to in education as constructivism). And neurophysiologists have established the almost infinite capacity of the human brain's information and processing capabilities.

Health Realization also demonstrates the dynamic relationship between environmental protective factors and individual resilience. Just as cognitive science and brain research have found in terms of learning, Health Realization has found that a caring, nurturing, environment is necessary for accessing innate resiliency. Yes, we all have the innate capacity for learning and for mental health; however, *to potentate what is innate, we need a conducive environment.* Because all individuals are different in terms of their needs and experiences, just how much environmental stimulus is needed to engage their internal self-righting mechanisms varies not only among individuals but also within a person and over the course of a lifetime (Werner and Smith, 1989).

A most intriguing contribution is that the Health Realization approach demonstrates one explanation for what some people refer to as the "black box" of resiliency – the internal process of health realization. *Thought recognition*, the essence of this approach, appears to provide and answer.

According to George Pransky, one of the founders along with Mills: "Thought recognition is power – for you can change them – and protection – for it allows you to distance yourself from your behavior"

(1994). We may not be able to change our external circumstances, but we can change what we think about them.

This meta-cognitive ability probably explains that potent resiliency attribute, "adaptive distancing," in which a person not only resists being drawn into the negative dynamics of a dysfunctional system (be it a family, a classroom, or a relationship), but is also "reflective" – able to withdraw, relax, get perspective, and thus tell herself that she is OK, that she is not the cause of the problem, and that she can change her life. Thus, thought recognition is a mediating process in the development of yet another powerful trait of resiliency: a sense of a bright future.

Thought recognition is certainly reinforced in Martin Seligman's research on "learned helplessness" and "learned optimism," which attributes the key to either depression or psychological well-being (and, ultimately, physical health) to our "explanatory styles," the way we explain the things that happen to us. While changing the way one thinks about experience is what all cognitive therapies are about, Health Realization differs in that it assumes that innate wisdom (which includes optimism) will rise to the surface when we feel in a relaxed state. It assumes that we don't have to learn self-talk skills but rather we need only be aware when our conditioned thinking is getting the better of us, stop, and get quiet.

Findings from the new field of psychoneuroimmunology – which explores the interactive relationships between our thoughts, attitudes, and beliefs, the chemistry of our central nervous system, and our mental and physical health – further validate that "states of mind, such as hope, have corresponding brain states that reflect the psychology of the person" (Seligman, 1992, p. 176).

Health Realization also offers us a *practical* approach to applying resiliency: Thought recognition can be taught anytime, anywhere, as long as it's done in the context of a caring, respectful, reciprocal relationship, i.e., the three protective factors. It is not an add-on program but a process of deep, cultural belief-system change that requires practitioners to "Think on you feet and relate!" (Mills, 1994).

Finally, Health Realization demonstrates the power of the resiliency paradigm to effect successful change at both the individual and community levels. The belief that one *can* change evolves from a focus on strengths, from a belief in one's human potential for resilience, not from a focus on deficits, risks, and problems.

As one participant in the Oakland Coliseum Garden's project states: "I'll tell you something that's different about this program, different from anything else you've done. In most programs you learn to identify the illness. We're not going to do that now. We're looking for the health" (Slate, 1994, p.12). Health Realization gives the prevention, early intervention, and treatment fields a way to move beyond the experts "fixing" people (or even fixing systems). When people feel a sense of their own efficacy, *they* will collectively transform their own families, schools and communities.

Ultimately, as a resiliency paradigm, Health Realization is also a process of community-building facilitated by the belief that thinking is our common human denominator – we are connected at a level deeper than our respective cultures, ethnicities, genders, or ages.

As another great organizer, Si Kahn, states: "The power of organizing is the power of community…It's about meeting heart-to-heart…It's about seeing ourselves, about being recognized, about escaping from invisibility, about being seen – and not just as individuals but as part of a community. And this is how we achieve power and how we break through fear, how we break through the boundaries and the barriers that separate us from each other and us collectively from power" (Rocawich, 1994, p. 34).

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Interview with Emmy Werner, 'Mother Resilience'

By BONNIE BENARD

In October 1993, my colleagues Carol Burgoa and Kathy Whealdon and I experienced one of the highlights of our careers by spending the morning with Emmy Werner, a professor at the University of California, Davis, who is known to all of us in prevention as the seminal researcher in the resilience field or, in Norman Garmezy's words, as "Mother Resilience." Her longitudinal study of the children of Kauai provides us with a solid research base on which to ground a new paradigm for prevention and education, early intervention, and treatment.

That resilience is a perspective emanating from one's heart is clearly reflected in the person of Emmy Werner. The following are excerpts from a lengthy conversation which will be available in a longer form in April from the Western Regional Center.

Q: Your research is getting lots of attention now. Do you have any comments about this?

Emmy Werner: Whether something gets a lot of attention is often due to what Germans call "zeitgeist," which means the spirit of the time. I've been quietly doing what I've been doing for quite a while, but what happens when you do a longitudinal study is that you get periodically rediscovered. So I just accept the fact that this too, will pass.

I think there are always cycles in any concept in research and when it gets translated and publicized. Now, it's fine if people get interested in what you are doing; whenever you publish a book, you wonder if you can even recoup the advance or if you'll have to buy up to all the unsold copies! On the other hand, since of course I have a real concern and care for this type of research, I do think that resilience has become somewhat of a bandwagon affair. It is just fascinating to me to get invited to conferences on resilience in learning-disabled children, resilience in children of alcoholics, resilience among Native Americans, etcetera. It seems that almost everyone now is cutting a piece of the intervention pie and putting that label on it. I'm not saying that's negative, but if one continues to make smaller and smaller slices of pie, one may lost the overall focus on the positive aspects of the concept.

Q: We are trying to put the "pie pieces" together in our training so that people can start seeing the whole. So even though there isn't a wholistic child-centered approach in funding schools or even programs, when we share with them the research that supports their relationship with youth in helping to foster resiliency, teachers and youth workers seem relieved to have a unifying framework for their work and validated that these relationships make such a difference.

EW: You hit the nail on the head! Maybe this term has become so reassuring and popular since it seems to say to almost everyone of goodwill, "What you are doing in your program is OK." I think one reason the concept of resilience has caught on is that it resonates with the American optimism about life, the belief that if we find enough money and enough training programs, suffering, death, and pain will disappear! We have found a new word that is a little less mechanical sounding than intervention.

I would say, sure, fostering resilience is, hopefully, the essence of any intervention program. But we need to be careful about the difference between what research has and has not found, since most research has been based on children in their naturalistic state, who have never had any intervention programs to "foster resilience." What we really don't know yet and what absolutely needs to be established is whether if you do these organized programs with other children, you will get similar results. Any program that uses this concept and then says, "If you do this, this, and this, you will enhance resilience," needs to establish over time that it really did that job. I have seen very few evaluations of longitudinal preventive interventions.

One of the issues in both research and program development is replication. I do think that the research of Garmezy, Rutter, and myself on the risk and resilience shows that in any high-risk context, there are enormous individual differences in the way children or grown-ups respond. So if you then manipulate this risk condition – and perhaps try to eliminate it – you may get a change for the positive on the average, but on the other hand, we also always see an increase in the standard deviation in the group of children who have been exposed to early childhood intervention, which means that some people are going to respond much more than others to the positive educational stimulation. We still may have to face the reality that there will be perhaps 10 to 15 percent – with all the emphasis on the positive – who will have a hard time in difficult circumstances. That fact needs to be addressed, and I think it hasn't been addressed.

I think any intervention program is doomed that doesn't pay attention to individual differences in outcomes. You can see a program on the basis of previous research and say, "Oh, what you are doing is fine," but then you have to show that the program you are running has similar results. It means you have to look after a couple of years at whether your group in the intervention program is still ahead of a control group that did not have the benefit of the program.

I have a wonderful Israeli friend with whom I was working in Nepal, who, in wanting to solve the problems of his country, has this theory about prevention: "As long as it doesn't cost much and it doesn't hurt anyone, it's OK." But of course, whether is doesn't hurt anyone, one still doesn't quite know until one looks at aftereffects over time.

Q: One of the messages we give people in our work is that since we don't know the outcome for individual children, we must believe in every child, instead of having expectations that certain kids are not going to make it and then fixing negative labels on them.

EW: I think that is certainly a safe think to say. When we talk about risk, we talk about probabilities, not certainties. So we call children "at risk" because

they have alcoholic parents, for instance. As a whole, kids who are offspring of alcoholic families have a higher percentage of problems later on. But not everyone. The risk concept is always applied to groups of people: groups of people growing up in poverty, being born weighing less than 2,500 grams, having a psychopathological environment, having mentally ill parents. When you look at those groups on the average, they have a higher percentage of problems than those who haven't got these risks.

When the concept "risk" became fashionable, people looked at the outcomes such as delinquents or ax murderers and then they looked back, and lo and behold, they found that they had been abused, they were poorer, and they had alcoholic parents. If you do a retrospective approach, you conclude that there is a one-to-one relationship between that negative outcome and risk conditions.

Resiliency, on the other hand, focuses on the individual difference within these groups. And we know now from the research on resilience that a negative outcome is not inevitable. There is not a one-to-one relationship that means being born poor or being the offspring of an alcoholic means inevitable problems later on!

Resilience research has shown that you need to look beyond the casualties at the end. You need to start with a whole cohort of people and then look at the survivors. When you do this, you see that almost every research study has shown that up to half or more of the children, even in the most extreme risk conditions, don't turn out to have problems.

In terms of the issue of labeling, the minute you say "high-risk kid," you are attaching a negative label to the child. I'm sure that a lot of these kids in these programs must know somehow they have been "set aside." Labels are inappropriate, bit I know that schools are stuck with labels and you are stuck with labels because your grant-writing depends on "problems." I suppose the art is to live with labels but then to circumvent them. I would say, if you want a program, call it "for children living in high-risk contexts." Please don't call them high-risk children! It's a small difference, but very important!

Q: The message of resilience research is a message of hope and optimism. Have you always been an optimistic person?

EW: Yes, hope is the essence of resiliency. I had to be [hopeful] in order to survive. I was a child under Hitler. During my first 15 years, I spent five of them in a cellar during saturation bombing. I was on the starvation diets for many years. I lost my brother and every male member of my family. So, after a while you think "Well, you are still here. What next?"

If you ask me what made me optimistic, I would say my family, especially on my mother's side, had a wonderful sense of humor. Every time I go back to my mother's grave, I sit and say, "Mom, glad you gave that because it helps!" I also had a grandfather who was just a wonderful treat. He was a wonderful, warm guy and a great storyteller. And I've always kept my friends from way back in kindergarten. I guess all of these people were my protective buffers.

I also grew up in a wine-growing area – I take it in moderation as a protective factor!

I do think people pay a price for overcoming an enormous amount of adversity. There is this sense that you are a little different – I don't mean different in the sense that you have leprosy, but that you kind of look at life from a different vantage point. I think a sense of detachment or distance is the price you pay for your resilience. While I just love life and the world, there is always this kind of knowing that things can be awful; you know that there is evil. I believe in it, having seen it. I know there is pain in this world; there is suffering. There are things that you can't solve and there is even evil. But there is also joy in life as well.

I was nominally a Catholic, and the catechism answers the question, "What are we here for?" with the answer: "To know, to love, to serve"… and to make a difference.

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Statewide Evaluation Finds Need for New Focus

By BONNIE BENARD

The just-published study, In Their Own Voices: Students and Educators Evaluate California School-Based Drug, Alcohol, and Tobacco Education (DATE) Programs, may be the largest state-mandated evaluation of one of the largest school-based alcohol and drug education programs in the United States to assess effectiveness from the perspective of school district personnel and students. Combining rich qualitative with extensive quantitative data, this rigorous two-year study by the Pacific Institute for Research and Evaluation provides compelling evidence for shifting our focus in prevention and early intervention from risk factors to protective factors.

"DATE stands as one of the largest scale attempts to implement [a risk factor] model" (p. 51)," according to authors Joel Brown and his colleagues. Based on their research, they issue caveats to researchers, policymakers, and practitioners. "This study has shown the relationship between risk-based substance abuse policy, practice, and its consequent effects," they note. "The results force researchers to call into question the utility of both the policy and practice of risk factor 'prevention science' " (Brown and Caston, p. 34).

Furthermore, they continue, "When considering the student perspective as a set, it is difficult to escape the conclusion that the school districts' use of the risk-based model of substance use and abuse does not help many students…As a consequence, the use of this model should be discontinued" (pp. 46, 51).

I'll attempt to summarize this distinctive, invaluable study, especially focusing on the conclusions and recommendations. Not only does this research reinforce earlier evaluations of school-based prevention programming, but it provides clear evidence to state and federal policymakers that continuing to go for the quick-fix, highly visible, seemingly politically expedient programming has not worked and will continue to prove ineffective in preventing alcohol and other drug abuse.

This DATE evaluation builds on another quantitative evaluation that from 1991 to 1994 examined cost, program implementation, and self-reported student substance use knowledge, attitudes, beliefs, and behaviors. However, in order to understand the social processes of program development and implementation – that is, how DATE services were developed and delivered, as well as the meaning of student survey results around substance use decision making – this large-scale qualitative evaluation does what few efforts have done before: It is grounded in the voices of the people affected, especially those of youth. It examines the perceptions of school district personnel about DATE program development and implementation, students' perceptions about program implementation and effectiveness, and "the extent to which these programs had similar and/or different effects on perceived 'at-risk' versus 'thriving' students" (Brown and Caston, p. 6).

Researchers conducted in-depth interviews with 388 school district personnel at more than 50 school districts. They developed survey items based on these interviews that were administered to more than 5,000 students in grades seven through 12. And they conducted focus groups, interviewing 250 students perceived to be either at risk or thriving in their schools. Their major conclusion follows: "With the student's voice as the centerpiece of this presentation, the data strongly suggest that many student substance use decisions are either neutrally and/or negatively influenced by their school-based drug education…Researchers identified a mismatch between how education services were developed/implemented compared with how students perceive such issues and want these services to be delivered." (p.4).

Research Findings

While DATE services were widely implemented, 43 percent of surveys showed that DATE services had no impact on student substance use decisions. In fact, as grade level increased, so did student dissatisfaction regarding drug education.

The absolute "no use" message in DATE services resulted in dissonance with students' personal knowledge. Students consistently reported feeling judged rather than helped by individuals delivering services. Students did not feel a sense of trust in or credibility for these school personnel, with nearly 41 percent of surveys showing that DATE service deliverers had no impact on student substance use decisions.

The risk orientation is the predominant rationale for DATE services (36 risk factors and only four protective factors were identified in the state's DATE application). As a result, most school district personnel (1) view most students as being at risk for becoming substance abusers; (2) use the terms substance "use" and "abuse" interchangeably; (3) equate the terms "at risk" and "high risk"; and (4) do not discuss protective factors as a prevention strategy.

In spite of the underlying risk philosophy, the most at-risk youth were not involved with specialized assistance. In fact, 90 percent of student responses stated that their school district's drug policy (a clear drug policy being one DATE program goal) was detention, suspension, or expulsion for students caught using a substance. Thus, these "at-risk" youth were the first to be physically removed from school.

"This is important because, in the DATE program, at-risk youth have been specially targeted for primary services, and our evidence suggests they are receiving services that are no different from other students," the researchers say. "Results show that students at risk for substance abuse are identified, but they do not report receiving targeted prevention services" (p. 24).

According to Brown and his colleagues, this risk-focused model has failed for two reasons: "First, in California schools, the risk factor model is misused as an individual diagnostic tool." As Emmy Werner articulated in her interview in the March 1995 issue of Western Center News, risk is a concept applicable to groups – it does not predict individual problem behaviors such as substance abuse, "Second, " they note, "the [risk] model is inherently difficult to implement. Our evidence suggests that, while the practice to identify such students occurred, it seemed for those designated as 'at' or 'high' risk is not forthcoming, then the process of identification in and of itself has negative repercussions" (p. 51).

The most widely discussed services provided through DATE programming were DARE (mentioned by 52.5 percent of focus group students), health courses (42.5 percent), anti-drug assemblies (30.0 percent), Red Ribbon Week (27.5 percent), and counseling (22.5 percent). Of note is that "at-risk" students did not generally discuss participating in counseling; in fact, the "thriving" students participated more in that they often were peer counselors.

The instructional strategies (which the researchers define as the methods of influence that DATE service delivers employ to deter students from using substances) underlying these services fall into three categories: (1) harmful consequences of use, which include graphic portrayals of the consequences of substance use (often referred to as scare tactics); (2) rewards, such as T-shirts or certificates, for a commitment not to use substances and for poster and writing contests; and (3) self-esteem building, often referred to as decision making (but because the majority of school personnel discussed only the no-use option, the emphasis was usually on refusal skills).

In terms of the students' perspectives of the effectiveness of these policies, services, and instructional strategies, "There is virtually no difference between risk and thriving groups on this dimension" (p. 27). As mentioned earlier, students at all grade levels distinguish between use and abuse, "Similar to other research findings, this evidence shows that students make use/abuse distinctions based on elements found in their social world…family members, friends, and personal experience" (p. 31). Furthermore, "our evidence suggests that as students become older, the difference between their drug education and personal knowledge becomes a significant source of dissatisfaction regarding DATE services" (p. 32).

A majority of both at-risk and thriving school drug policies were not supportive of students needing help for substance use problems. Said one youth, "I don't think the schools are for like helping; it's just for getting the bad kids out." Said another, "Well, maybe if you could get them to care more then they would do that" (help, that is).

When asked what they would like to have in terms of drug education, a majority of both at-risk thriving youth at the high school level agreed that they would

like to have more complete drug information presented in an informal, experiential, interactive, frank, and confidential format. They would also like more panels and talks by those who have been through substance use and abuse. Students repeatedly expressed the desire for honest and open dialogue and authenticity, humor, and trust on the part of service providers (echoes of the protective factor of caring, respect, and participation). A couple of representative responses follow:

- " I think the problem with…this kind of education is that you're constantly being shoved down your throat it's so wrong, if you do it you're a terrible, evil person, instead of just educating, saying, 'I know some of you people do it, why do you do it, let's try to help you so you don't do it any more.' "

- "I just want to say that I guess the best education would be the education that would allow you to evaluate yourself, and allow you to evaluate your own personal beliefs and your morals and your values and take a strong look at what you're feeling, and how you might have the possibility to be a substance abuser."

In summing up, the researchers conclude that, "Given current results, research literature, and historical context, the changes requested by students must be construed as the only remaining, legitimate way to improve school-based drug education" (p. 7). Their formal recommendations for future school-based drug education are based on the voices of youth: (1) Provide a developmentally appropriate set of prevention programs at all grade levels; (2) discontinue primarily harmful-consequences education services; (3) shift to a harm-reduction approach similar to that used when delivering AIDS education without condoning substance use (this approach has strong research support in the longitudinal studies of Jessor and Jessor, Newcomb and Bentler, and Shedler and Block); (4) recruit outside drug educators to provide confidential education services; (5) either fully assist at-risk and high-risk youth, or discontinue use of the model; (6) refrain from purging students in need of help from the educational system; and (7) bolster counseling

services (including support groups and student assistance programs).

Discussion and Challenges

This evaluation raises several issues and poses ongoing challenges to the substance abuse prevention and intervention fields. First of all, I want to commend the state of California for commissioning this extensive qualitative study and for attempting to uncover the "hows" – the processes surrounding implementation and the actual effectiveness of the DATE program from the usually ignored perspective of practitioners and recipients. Secondly, I commend the researchers for boldly presenting their data, which, of course, have many political ramifications and will not be received warmly in many quarters, and for honoring, according to Joel Brown, "our word to the kids of California that they would be heard." I also want to commend those DATE programs and coordinators who do operate from a resiliency perspective in spite of a risk-focused system!

As I see it, the vital issue addressed in this study is the critical importance of welcoming to the table as planners, developers, and implementers the recipients of services – in this case, youth and educators. Ancient words of wisdom from Lao Tsu in 700 B.C. echo throughout history, usually providing the pivotal ingredient determining success or failure for any intervention efforts: "Start with what they know; build with what they have."

In this society, with billions of dollars spent glamorizing alcohol use and abuse, substance use remains the major rite of passage into adulthood for many youth. We must begin where they are, acknowledging use where it exists but also creating resources and alternative rites of passage. It is not coincidental that the recommendations the students make for creating effective drug education are supported in longitudinal developmental research (Jessor and Jessor, 1977, Newcomb and Bentler, 1988; and Shedler and Black, 1990) as well as in a recent meta-analysis evaluating effectiveness in school-based drug education (Tobler, 1993).

Youth are clearly aware of their developmental needs and how to best meet them. This invitation to participate, which is still in exception rather than the rule, necessitates – you guessed it! – the old

paradigm shift from seeing recipients of services as problems to seeing them as resources.

The researchers attribute the DATE program's failure, ultimately, to its grounding in a risk-orientation, "youth-as-problem" perspective that perpetuates three myths that must be dispelled before we can go forward in prevention programming: (1) Adolescents are naïve and incapable of making sophisticated decisions; (2) any adolescent substance use is deviant; thus, given that experimental use is developmentally normative, adolescents are inherently deviant; (3) most adolescents go on to become substance abusers.

We have plenty of research, especially protective factor research, to dispel each of these myths. If we are to meet the challenge of truly moving from a risk focus to a resiliency focus in drug education, it is imperative that we open ourselves to the voices of youth, that we ask them what they need and want and that we welcome their participation in developing programs and policies. Without making this fundamental paradigm shift, all the new strategies we come up with will be the proverbial "pouring new wine into old bottles." And when we do build on the energies, strengths, and resources of our youth, we are dispelling these myths one by one.

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Musings I:
A Brief History of Prevention

By BONNIE BENARD

As the Drug-Free Schools and Communities centers prepare for their demise and the future of the Center for Substance Abuse Prevention is uncertain, I find myself reflecting on the past of prevention as well as its future. While the field of prevention will persist-albeit in a different form for all of us employed under these institutions – it is certainly an ending deserving reflection. In fact, I remembered a story this morning that one of my darling and insightful Sixties friends relayed when during a skydiving venture his parachute chord didn't open: "I realized it may not be the end of the world, but it was the end of me!" (although, clearly, the chord came through…) I plan in these last two issues of the Western Center News to do a brief history of prevention (this issue) and my thoughts and hopes for its future (next issue).

The field of prevention research and practice has come a long way since it's beginnings in the late 1970's; yet, in many ways, a growing number of preventionists are learning that where we started from was probably where we need to return to. As T.S. Eliot so insightfully wrote, "We shall not cease from exploration/ And the end of all our exploring/ Will be to arrive where we started/ And know the place for the first time…" This brief paper will summarize where we've been, what we've learned, and where we need to be going in prevention research and practice if we hope to impact the inter-related problems of adolescent substance abuse, pregnancy, school failure, and delinquency.

Prevention as a field really began in the 1970s as the drug revolution of the 1960s migrated from college campuses down to younger students. In the late Sixties and early Seventies what we now refer to as "scare tactics," the presentation of the exaggerated (and often untrue) effects of drug-use, was the common approach to alcohol, tobacco, and other drug (ATOD) education where it existed.

Researchers soon found that drug use often increased in the wake of these efforts, resulting in a swing from education focused on the drug to the person who might take the drug. These mid- to late-

1970s efforts were not concerned with use but rather with what we now refer to as harm reduction, with helping youth develop the problem-solving and decision-making skills to make responsible choices about alcohol and drug use – whether and when to use and what to do if one or one's friends develop alcohol or drug-related problems. These programs were grounded in the philosophical perspective that personal competencies such as decision-making, communication and coping skills as well as personal attributes like self-esteem and clear values were critical to preventing individuals from becoming ATOD abusers. During this era, experimentation, while not being promoted, was seen as a normative process of adolescent development (Jessor and Jessor, 1977), a perspective that has recently been born out in several longitudinal studies (Newcomb and Bentler, 1988; Shedler and Block, 1990). Reviewing NIDA's 1975 guidelines for school-based drug education, prevention researcher Joel Brown found, "An attempt to understand each student, and in delivering drug education, helping them to construct their own understanding of drug education, and more implicitly what constitutes experimental vs. problem use…[with] the role of the teacher seen as a facilitator of learning, rather than an importer of knowledge" (1995, p.7). In essence, this "affective" approach focused on meeting the "drug education needs of the students, rather than…satisfying the perceptions and biases of different adult groups" (NIDA publication, quoted in Brown, p. 7). As we shall see, in many ways, discarding this approach constituted the proverbial throwing the baby-out-with-the-bathwater.

Several developments in the 1980s laid the foundation for where we are today in prevention and where we need to move from in the mid-1990s – a "univocal preoccupation with risk," according to Jessor (1993, p. 121) on the part of federal and state ATOD agencies. First, several evaluations were findings the existing prevention programs were not effective at reducing involvement with substances (Goodstadt, 1986; Klitner, 1987). Secondly, according to prevention researcher Michael Klitzner (who kindly agreed to be interviewed since his

forthcoming paper reviewing the development of risk-focused prevention is not yet available from the National Center for the Advancement of Prevention), this created a void that the vastly growing number of etiological studies identifying the correlates of ATOD use filled. The dissemination of research in the mid-Eighties on cardiovascular risk reduction further propelled this risk-focused approach to ATOD prevention. Referred to as the "social psychological" or "social influence" model of ATOD prevention, this approach emphasized attitudinal "inoculation" to the pressures – especially those exerted by peers – to use substances by practicing refusal behaviors through role-playing, thus creating peer "resistance" to these substances. According to Klitzner, while risk-focused prevention was admirable in intention in that it was one of the first attempts to use empirical research to guide prevention interventions, most of the risk factors were focused on the individual – not the environmental context – and were grounded in the pathology assumption – that ATOD use was due to deficiencies in youth and families.

Another development, which Klitzner identifies as pivotal in propelling the risk concept into the central guiding policy for funding prevention efforts, was the concerned parent movement and the placement of parent movement advocates in the highest government drug policy positions. This group rejected the harm reduction, human potential and developmental approach to prevention as well as the idea of responsible use: any use equals abuse and use is pathological, not normative. Furthermore, the "simple and easy to articulate" lists of risk factors which "can be put in a single chart," provided an easy-to-use "formulaic and intuitively-appealing "approach that lent itself to widespread dissemination (Klitzner, 1995).

In summary, by the late 1980s, a conceptual structure for ATOD prevention had been established that was grounded in the disease or pathology model. This medical model thus provided an etiological orientation (risk factors), a focus (the individual), and a research base, shaky though it was, by which to support the risk-focused approach (Brown and Horowitz, 1993). This approach has been incorporated into most of the widely disseminated curricula such as "Project DARE" and "Here's Looking At You 2000." However, while long-term

studies have found some reductions in the onset of tobacco and marijuana, they typically have found no effect on the level of alcohol use, alcohol being the drug of choice of most youth (Ellickson and Bell, 1990; Ennett et al, 1994; Hopkins et al, 1988).

Where these efforts have been more promising, such as in the Minnesota Heart Health Program, Project STAR, and Botvin's Life Skills, they have had to move away from the exclusive focus on the individual to involving family, school, and community systems. As Moskozitz's comprehensive review of alcohol prevention programs concluded, "The failure of primary prevention programs is not surprising given the widespread availability of alcohol and the important role it plays within our society…If one could create a social environment where positive social influences regarding alcohol use predominated, then there would be little need to attempt the difficult task of trying to train the ultimate social animal to resist social influences as is currently in vogue in many 'just say no' – type prevention programs" (1989, p. 78). Moreover, they have had to move from their exclusive risk focus, to examining the processes of interaction, the *how* of their program implementation and operation, especially in terms of meeting the developmental needs for support, respect, and belonging (Tobler, 1993).

Ironically, program evaluation research is directing us full circle back to a path that was rejected a decade ago – the human developmental approach. What is different this time around is that we now have a scientific knowledge base in protective factors research – in the inter-disciplinary, cross-cultural, lifespan developmental studies of youth growing up in high-risk environments – that documents not only how close to two-thirds of these youth succeed despite trauma and adversity but also examine how they developed resilience (Benard, 1991). The best of this research has examined the transactional process between the personal attributes and the environmental characteristics that resulted in their overcoming the risks of growing up in families where parents were mentally ill, alcoholic, abusive, or criminal, or in communities that were poverty-stricken or torn by war, and becoming "competent, confident, and caring" adults (Werner and Smith, 1992; Rutter, 1985; and Garmezy, 1974).

Resilience research provides the prevention field with nothing less than a fundamentally different knowledge base, one offering the promise of transforming interventions in the human arena. It creates a new paradigm for both research and practice, one based on entirely different assumptions and that asks entirely different questions. It situates risk in the broader social context of racism, war, and poverty – not in individuals, families, and communities – and asks how it is that youth successfully develop in the face of such stressors. It also forces us, according to Klitzner, "to think about changing the structures of our social institutions in order to support youth and families, which would, in turn, lead to a reduction not only in ATOD but in a whole host of social problems" (Klitnzer, 1995). According to researchers Brown and Horowitz, "This change in perspective represents a fundamentally different way of viewing adolescent substance use and supports the development of new approaches to preventing substance abuse" (1993, p. 547).

Resilience research offers the field solid research evidence for grounding these "new" approaches in a human development framework, the perspective crowded out by the 1980's obsession with risk. The development of resilience is none other than the process of healthy human development. "The major implication from resilience research for practice is that if we hope to create socially competent people who have a sense of their own identity and autonomy, who are able to make decisions, set goals, and believe in their own future, then meeting their basic human needs for caring and connectedness; for respect, challenge, and structure; and for meaningful involvement, belonging, and power must become the primary focus of any prevention or education intervention with children and youth" (Benard, 1994, p. 6). And, according to Klitzner, to achieve this vision, "We must ask ourselves two questions: (1) Are we really serious? And (2) Are we willing to pay the price: in terms of courage to go after the alcohol, tobacco, and weapons industries and in terms of dollars to provide basic developmental supports for families and youth? On both counts the answer must be 'Yes!'"

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Musings II: Rethinking Prevention

By BONNIE BENARD

As promised in my last column, "*Musings I: A Brief Look at Prevention History*" (December 1995), in this final issue of the *Western Center News* I want to share with you my thoughts and hopes for the future of prevention (as well as where you can find this column in the future!). For all of us working in prevention, it is a time of uncertainty and crisis. However, as the often-cited Chinese character for crisis tells us, it is a time of both danger and opportunity. The danger, of course, in losing Drug-Free Schools and Communities or the Center for Substance Abuse Prevention funding is that thousands of support services for youth will disappear, programs that have provided a safety net and offered turn-around experiences. The opportunity in this fearful time is that we can also rethink how we do prevention. We can begin again, learning from our years of experience as to what does **not** work and with a knowledge base grounded in research about what **does** work (see "Musings I," *Western Center News*, December 1995). In the short space of this column I offer my "hopes" in the form of the five following points critical to this rethinking process .

Prevention is positive youth development.

We must convince policymakers and funders that preventing the inter-related problems of adolescent substance abuse, teen pregnancy, school failure, delinquency, and violence is dependent on creating the positive relationships, beliefs, and opportunities that promote healthy youth development (Carnegie Council on Adolescent Development, 1995). Long term developmental studies have clearly documented that when youth--even youth experiencing extreme adversity-- get their developmental needs for safety, belonging, respect, accomplishment, power, and meaning met in some way, they are able to successfully negotiate stress and adversity in their lives without engaging in these problem behaviors.

Many youth development advocates make the valid argument that by focusing on **problem** prevention we lose sight of youth development --and end up with ineffective programs and policies, including prisons. However, given the lack of concern with meeting human needs on the part of policymakers in this nation, politically (i.e., financially) it may be unwise to drop the term, "prevention" in favor of "youth development." While I lean towards this approach, I still retain some hope that a youth development paradigm grounded in resilience research is a possibility for the prevention field...

Prevention is a process--not a program.

Resilience research has clearly shown that promoting youth development is a process, not a program (Rutter, 1987; Werner and Smith, 1992). Prevention program planners and evaluators must move beyond seeing prevention as specific programs (i.e., DARE, Just Say No, Project ALERT, etc.) and specific content (information, alternatives, life skills, etc.) to the understanding that prevention is a developmental process of making connections to healthy people, places, ideas, and interests **that give one's life meaning and hope**. While most program evaluation research --including CSAP's recent National Structured Evaluation of hundreds of programs--has focused on content and not process, enough studies have been done to implicate that changes at the deeper systemic level of relationships, beliefs, and opportunities for participation and power are the keys to successful interventions in every arena--drug education, gang redirection, support groups, education in general, healing from trauma, etc. (Battistich et al, 1989; Berruta-Clement, 1984; Comer, 1984; Felner et al, 1993; Herman, 1992; Levin, 1988; McLaughlin et al, 1994; Meir, 1995; Rutter et al 1979; Schorr, 1988; Tobler, 1993; Werner and Smith, 1992).

Prevention must focus on building community.

Because healthy development is a process of connectedness, as Michael Rutter states, "...of linkages that happen within you as a person and also

in the environment in which you live" (in Pines, 1984), prevention must be about creating communities--wherever we are with youth--that support human development, that are rich in the protective factors of caring relationships that communicate high expectations and respect and of ongoing opportunities for participation--to be heard and to "give back" one's gift . As James Comer implores, "I am more convinced than ever of the importance of reinventing community, both within our schools and within our neighborhoods. This sense of place, of belonging, is a crucial building block for the healthy development of children and adolescents" (Carnegie Council on Adolescent Development, 1992).

No matter whether we work in education, prevention, early intervention, or treatment, our first task is to meet youths' basic need to belong. Contrary to many existing prevention programs, a human/youth developmental approach believes, as Jeanne Gibbs states, that, "The isolated and alienated must be included, not excluded" (1994). Furthermore, "If school and family [and community] systems can learn how to help all kids feel included and of value to significant others in their lives, one of this country's main concerns, anti-social youth behavior, will be turned around" (Gibbs, 1994).

Creating opportunities for reflection, dialogue, and action is the key to prevention.

Inherent in community - building is creating a safe place for **honest** and open reflection and dialogue around all issues salient to youth -- especially those related to sexuality, drug use and abuse, and family communication. As both the California DATE evaluation and that of Englander-Golden's **Say It Straight** program discovered, youth are hungry for straightforward, honest information about these issues (Brown et al, 1995; Englander-Golden et al, 1986). In the former study they stated they would like this information presented in an informal, experiential, interactive, frank, and confidential format with authenticity, humor, and a caring, respectful, nonjudgmental, trusting attitude on the part of service providers. The latter study testifies to the efficacy of this approach in reduced levels of drug use among adolescents. Furthermore,

Nan Tobler's meta-analyses of effective school-based prevention programs found that *interactive* programs were far more effective than non-interactive ones (in progress).

When youth are given the opportunity to give voice to their realities--to discuss their experiences, beliefs, attitudes, and feelings --and encouraged to critically question societal messages, especially those from the media and their own conditioned thinking around these issues, we're really empowering them to be critical thinkers and decision-makers around the important issues in their lives. This approach, referred to as **harm reduction** or minimization, while not condoning it, acknowledges the reality of adolescent substance use, differentiates between normative use and abuse, and tries to help those experiencing substance abuse problems. The staying power of the Prevention Research Institute's **Talking to Your Kids /Students about Alcohol** programs is due in a large part to using just such an empowering format (Thompson et al, 1984). Furthermore, through a critical inquiry process that starts with the reality of their lives and a constructivist perspective that acknowledges youth are meaning-makers and construct their own realities, youth are given the opportunity to develop their innate capacities for problem-solving and self-awareness, traits consistently identified with healthy development, including the "emotional intelligence" (Goleman, 1995), and the "spiritual connectedness" that allows them to transform stress and adversity (Werner and Smith, 1992) in positive ways.

The service provider's belief in every youth's innate resilience is the foundation for effective prevention.

The starting point and key to effective prevention is the deep-seated belief on the part of adults who work with youth that every youth has innate resilience, defined so well by Robert J. Lifton as "the human capacity for transformation and change" (1993). Furthermore, we must believe that this resilience is **directly accessible**. According to Roger Mills, whose Health Realization approach is the most powerful prevention model I've witnessed, the capacity for mental health, resilience, wisdom, intelligence, common sense, and positive motivation--no matter what language one chooses to use--is in

everyone despite their "risk factors," is potentially available at all times, and can be realized without reliving and working through the past and without direct teaching of life skills (1995). The following comments about what effective drug education would be by an "at-risk" youth in The California DATE evaluation testify to this common sense: "I think the goal of education should be you're going to be in the situation, you're going to see this, that and the other thing, it's not evil if you've got a good enough sense of self-worth, if you know what your boundaries are, if you know what you feel comfortable with, and if you know what it's going to do to you and you know what the consequences may be" (Brown et al, 1995).

No scholar could better summarize the harm reduction approach than this youth who had never heard the concept but was using his common sense and innate intelligence.

It is time for the prevention and education fields to acknowledge the important findings from cognitive science, psychoneuroimmunology, and brain research as to how human beings learn as well as the power of our thoughts, attitudes, and beliefs to affect our mental and physical health (Sylwester, 1995; Seligman, 1990). All of this research, as well as that of the longitudinal developmental studies of "high-risk" youth clearly document human beings' innate self-righting mechanism, the developmental homeostasis that is genetically encoded in all of us and propels us towards healthy development, what learning theorist Joseph Chilton Pearce refers to as that "uncanny wisdom of the body clearly programmed into the child as unbending intent" (1977). Furthermore, these multiple fields of research concur on the environmental conditions that tap this innate capacity: a nurturing climate in which youth feel safe and cared for, respected, and listened to . In this atmosphere youth are far more likely to be in what Mills refers to as a "receiver mode, "the relaxed, secure frame-of-mind that taps and draws forth their innate resilience--their social competence and compassion, problem-solving and critical consciousness, sense of self-awareness and -efficacy, and belief in possibilities and optimism.

Creating this nurturing environment for youth is dependent on adults who work with youth believing in the youths' capacity for transformation and change. We must believe that, "Human potential, though not always apparent, is always there--waiting to be discovered and invited forth" (Purkey and Stanley, 1995). We must believe, as James Agee so eloquently wrote that, "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).

However, in order to hold this belief about youth, we must also believe in our own innate resilience; we must "get it for ourselves." We must see how our own conditioned thoughts about "high-risk" kids, "dysfunctional" or "broken" families, "welfare" mothers, "public housing," or "slum" communities, etc. get in the way of accessing our own capacities for caring, critical thinking and insight, self-efficacy, and, most importantly, for hope. Only when we can let go of these conditioned thoughts are we able to truly listen and connect with a youth's inner core of resilience and well-being. Only then are we modeling the traits we want youth to express.

Prevention is inside-out social change to create a compassionate society.

By accessing our own innate well-being we have the power to become, in Norman Garmezy's words, "a protective shield" for youth by providing them with the caring relationships, high expectations, and invitations for participation and contribution that will, in turn, engage their own sense of motivation and well-being. Prevention, thus, becomes an inside-out process of systemic change, beginning with the service provider's belief in what community developer John McKnight refers to as the "giftedness of every individual" and emanating outward to transform whole families, classrooms, schools, and communities (Kretzmann and McKnight, 1993). When people feel a sense of their own efficacy and a sense of community belonging--no matter whether as students, parents, or citizens-- only then will they transform and change their "risk" conditions-- especially the racism and poverty that have destroyed their access to supportive relationships and opportunities.

The real risks we face as a nation don't emanate from drug-addicted, violent adolescents--or their "dysfunctional" families and communities but from social policies at the local, state, and national level that reveal a society that has abdicated its responsibilities to its children and families, a society

that has broken its social covenant to care for its people. And, as several researchers have warned, it is just this social irresponsibility that the language of risk which has so permeated the prevention and education fields has obfuscated. As Valerie Polakow states, "It is clear that the construction of an at-risk language serves to maintain stratification and the segregation of 'difference' among children in our schools, forming part of an all-encompassing web of privilege and power **at risk** of unraveling if the politics of distribution and the poverty discourse were to be reframed...[Furthermore], poverty in a wealthy industrialized society such as ours can hardly be seen as a product of national scarcity and dwindling resources; rather, it is a product of acquisition, of the politics and priorities of distribution. It has been made by public policy and it can be unmade by public policy" (in Swadener and Lubeck, 1995).

We, as human service professionals, have a role to play in the remaking of public policy. We have the power to reject the discourse of risk and undergird our prevention efforts with a paradigm based on youth development and the discourse of resilience. We have the power to change our ways of seeing--to see health, to see strengths, to see with respect and compassion, and to engage our youth in critical reflection and dialogue and give them the opportunities to work in communities that honor their gifts. When we do this, we are indeed creating the future compassionate citizenry that will know how to build and live in a democracy.

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