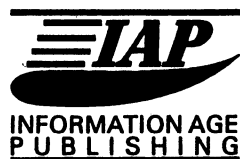


Educational Resiliency

Student, Teacher, and School Perspectives

Edited by

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CHAPTER 4

RESILIENCE RESEARCH AND PRACTICE

National Resilience Resource Center Bridging the Gap

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The notion of resilience has brought infectious hope to practitioners whom 10 years ago were experiencing tremendous professional burnout and frustration. This enthusiasm to some degree has dismayed classical resilience researchers who originally aimed to understand prevention of psychopathology.

As grassroots practitioners from multiple professions—youth development, substance abuse prevention, health and human services, and education—began to disseminate the hope of resilience, they created what they needed, drew on what they could find, and used published research as they understood it. Today, many practitioners widely promote the paradigm shift from risk to resilience.

In some ways, this burgeoning interest may seem to articulate a notion of resilience that disgraces the history of resilience research. In the classic resilience research designs, there is no resilience in the absence of risk. Resilience is defined in terms of adaptation or development (Masten,

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2002). Seminal classical studies examined how subjects responded to substantial risk and trauma. Researchers like Norm Garmezy, Emmy Werner, Michael Rutter, Ann Masten, and others pioneered the prospective developmental longitudinal studies. These are exactly the studies that captured the keen interest of both community-based prevention practitioners and research scientists.

Resilience legitimately became a popular term, a buzzword, and almost a movement in education, youth development, and prevention circles. Simply put, practitioners said it made common sense, felt better, and brought more positive outcomes to point youth to their health rather than to their weaknesses and problems. The research touched a chord. The draw of resilience has energized practice in many professional fields. Resilience is popular today partly because of enthusiastic practitioners.

Similarly, resilience research is growing and expanding in multiple arenas well beyond the traditional focus on psychopathology prevention. Researchers from youth development, family social science, community development, social work, medicine, and many other disciplines are making significant contributions. New terms like "strengths-based," "positive youth development," "health promotion," "brain-based learning," "mind-body," and more characterize rapidly growing explorations.

SEA CHANGE IN RESILIENCE RESEARCH

Our knowledge of resilience is evolving (Masten, 2002; Zimmerman & Arunkumar, 1994). In 1987, Michael Rutter distinguished *protective factors* and *protective mechanisms*. He said most researchers assumed vulnerability or protection "lies in the variable rather than the process. It does not and cannot.... It makes no sense to label variables.... It is the process or mechanism, not the variable, that determines the function" (p. 317). Rutter offered a critical bridge between resilience research and practice that warrants deeper exploration today. Prevention involves both the environment and the individual in dynamic interaction—*protective processes*.

Masten and Coatsworth (1998) suggest the newest, least understood but most promising prevention initiatives yet to be explored are process-focused. "We still lack data on specific effects.... We have little understanding of the process by which change and protection occur" (p. 215). Although the research team presents characteristics of resilient children and adolescents gleaned from the literature, Masten and Coatsworth say these qualities "are only known to be associated with resilience and are not necessarily causal influences. These attributes, in fact, could be consequences of success rather than causes of it" (p. 213).

Martin Seligman, past president of the American Psychological Association, articulates a sea change (Seligman & Csikszentmihalyi, 2000).

What psychologists have learned over 50 years is that the disease model does not move psychology closer to the prevention of...serious problems.... Prevention researchers have discovered that there are human strengths that act as buffers against mental illness: courage, future mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, and the capacity for flow and insight, to name several. Much of the science of this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people.... Psychologists need now to call for massive research on human strengths and virtues.... The major psychological theories have changed to undergird a new science of strength and resilience. (pp. 7–8)

Emmy Werner and Ruth Smith's 40-year, person-focused Kauai longitudinal study (2001) indicates extraordinary resilience and a capacity to recover from and overcome problems shaped the journey to midlife for most of the study's 489 participants.

What lessons did we learn? Most of all...they were lessons that taught us a great deal of respect for the self-righting tendencies in human nature and for the capacity of most individuals who grew up in adverse circumstances to make a successful adaptation in adulthood. (p. 166)

Does this suggest that over time the capacity for resilience in every person, regardless of circumstances or degree of risk, may emerge? How can education and prevention efforts invite, support, and speed the process for most young people?

HOPEFUL DIRECTIONS FOR PRACTICE

The question emerging from the unfolding research is not "Nature or nurture?" or even "Who is resilient and who is not?" Practitioners need to ask, "Do I believe every child is innately 'at promise' rather than 'at risk'?" If we agree, then our work is cut out for us. "How can I help the young person learn to access natural common sense and capacity for health and well-being, for optimal outcomes, and positive behaviors?" There is something fundamental behind manifested "resilient" behaviors. "At promise" means children are just that—filled with capacity, realized or unrealized, for healthy transformation and change. This natural capacity for resilience is like a self-righting magnet that draws a person to health. What ignites the self-righting process?

It would be wrong and misleading to conclude that pronouncing children "at promise" is enough. Emmy Werner warns, "We don't accomplish this by fiat." Seeing the potential and positive capacity of every child is, however, essential. "I hope this comes shining through my research" (E. E. Werner, personal communication, June 6, 2002).

Prevention becomes a multifaceted initiative in light of these perspectives. Substance abuse prevention professionals have been historically advised by the U.S. Center for Substance Abuse Prevention (CSAP) to work with six essential external or phenomenological domains—information dissemination, education, alternative activities, identification and referral, community-based processes, and environmental strategies.

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

Effective practices must involve the *protective processes* of caring relationships, high expectations, and opportunities for meaningful participation and contribution well documented in resilience research summarized by Bonnie Benard (1991). These are transactional processes of person-in-environment. When we are engaged in this kind of work, we may choose to no longer think of our work as preventing difficulties, but rather as fostering individual human development in the context of community. "Moving to a resiliency approach requires a personal transformation of vision ... the lens through which we see our world. To make systemic changes ... depends on changing hearts and minds" (Benard, 1993, pp. 4–5).

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

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

We have needed a functional bridge between the two worlds of research and practice for so long. The current interest in resilience invites us to build the bridge.

FRAMEWORK FOR TAPPING NATURAL RESILIENCE

After nearly a decade working in more than 20 states, Bonnie Benard and I recognized the need to assist practitioners in building a functional bridge between resilience research and practice. Work with the federally funded Western and Midwestern Regional Centers for Drug Free Schools and the North Central and Northwest Regional Educational Research Laboratories, as well as intermediate schools districts, individual school systems, and community agencies, clearly exposed the gap between research and practice. Interest in resilience was keen in almost every sector. Therefore, we conceptualized a simple framework to guide community-based youth prevention planning (Benard & Marshall, 1997; Marshall, 1998).

The lights went on for us one November morning in 1995. We knew the issue was deeper than prevention strategies. It involved what we knew intuitively about the capacity of kids and adults for healthy functioning, and what we learned scientifically from the evolving, broadly multidisciplinary resilience research. We needed a conceptual framework to link these *two ways of knowing* what works in order to bring out the best in kids. Thus the resilience operating philosophy emerged.

As illustrated in Figure 4.1, the essential planning steps examine individual and systemic beliefs, conditions of empowerment, program strategies, and evaluation of both individual and societal outcomes. There are key questions for each phase in the planning framework:

- **Belief:** Are all children, youth, and adults at promise even if they do not realize it?
- **Conditions of Empowerment:** What are the conditions of empowerment revealed by research and best practice?
- **Program Strategies:** What program strategies and approaches will create conditions that tap resilience?
- **Evaluation, Individual Outcomes:** What results can we realistically expect for children, youth, and adults when we tap resilience?
- **Evaluation, Societal Outcomes:** What happens at family, organizational, community, or societal levels?

Unlike most planning frameworks, which are based on problem-focused needs assessment and external strategies or solutions, the foundation for systems-change tapping resilience rests first on leaders' belief about human functioning and natural capacity for resilience. This framework **empha-**

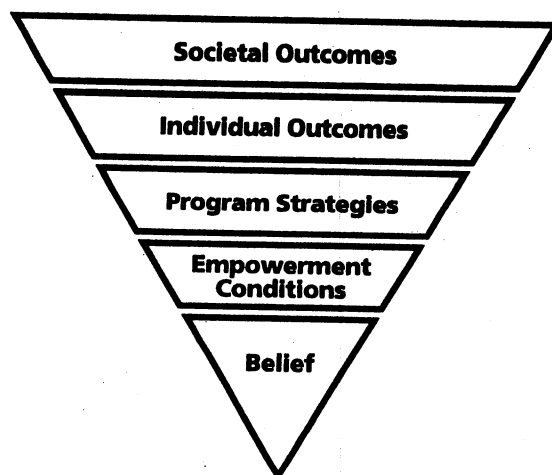


Figure 4.1. Framework for tapping natural resilience (Benard & Marshall, 1995).

sizes the ordinary human capacity for healthy transformation and change. It forces planners to decide if there are "throw-away" children, or if there is hope for all regardless of risk factors. This innate capacity for resilience, when realized and tapped with effective evidence-based strategies, restores hope for healthy human development and societal progress across the board, including prevention of substance abuse and related high-risk behaviors, improved performance, relationships, and mental health. After decades of exploration, resilience researcher Ann Masten (2001) states:

The great surprise of resilience research is the ordinariness of the phenomena.... Resilience does not come from rare and special qualities, but from ordinary everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities. This has profound implications for promoting competence and human capital in individuals and society. (pp. 227, 235)

NATIONAL RESILIENCE RESOURCE CENTER: OPERATIONALIZING RESILIENCE

NRRC assists school, community, and organizational leaders in enhancing their capacity to tap natural, innate health or resilience of youth, families, communities, and systems. Belief in innate human capacity for well-being and the evidence from resilience research are the linchpins in this NRRC systems-change approach. (See Marshall, 1998, "Reculturing Systems with Resilience/Health" in a 1998 publication of The Carter Center, *Promoting*

Positive and Healthy Behaviors in Children. Call (404) 420-5165 for a free single copy.)

Tapping Resilience with Resilience/Health Realization

The primary NRRC strategy for tapping resilience has been developed from a best practice known as Health Realization. NRRC training programs and technical assistance promote full human development, enhance individual well-being, and improve program outcomes.

At the Center, we refer to a *resilience operating philosophy* grounded in more than 50 years of multidisciplinary international resilience research. This body of scientific study establishes the hopeful fact that people can and do *self-right*. Traditionally, this research focused on identifying people who overcame or adapted to severe stress and trauma. These studies, as summarized by Bonnie Benard (1991), point to three phenomenological *protective factors* that foster resilience: *caring and supportive relationships*, *encouraging high expectations*, and *meaningful opportunities for participation*. The research, however, does not tell us how to teach adults to become caring, encouraging, or inviting.

We looked for strategies that would increase the *health of the helper*. Michael Rutter (1987) indicates, "the protective function does not simply reside within the individual. Intrinsic qualities ... also influence other people's reactions. Because the protective mechanism lies in the interaction rather than in the individual attribute ... it can be used in interventions" (p. 327). Similarly, Don Crary, with one of the Annie E. Casey Foundation New Futures projects, reports:

When there's improvement, it usually isn't that the services per se were different, it's about a change in the person who delivered the service, and the way they delivered it. It became clear systems change meant changing the interactions between people in all the systems....a very different and difficult agenda. (Walsh, 2000, p. 2)

Therefore, in planning services NRRC aimed to strengthen individual practitioner's well-being.

When adults are at their best, they extend protective factors naturally. Resilience/Health Realization, developed in both clinical and community settings in the last 25 years, teaches people how to tap their resilience or realize their natural innate mental health. This is an educational process (Mills & Spittle, 2001; Pransky, 1998; Stewart, 1993).

Health Realization is a principle-based understanding of how human beings function. Learning how they operate psychologically frees people of

all ages and circumstances to tap their resilience—realize their innate mental health, common sense, wisdom, and well-being. In many ways, Health Realization develops the “‘steeling’ qualities that derive from successful coping” Rutter (1987, p. 320) believes “warrant further investigation.” In simple terms, the principles of Health Realization might be described below.

1. **We create our experience of life with our thinking.** Thought is the human ability to create meaning. There are two modes of thought: fresh insight and analytical, conditioned, memory-based thought. When we learn to use both insight and memory in a healthy, effective manner, *thought is a protective mechanism*. Wisdom traditions across cultures have recognized the importance and spiritual nature of calm, clear, reflective, present-moment thinking. Knowing we create life from the inside out with our thinking brings hope. It means the circumstances of our lives do not have control of us. In a clear-headed frame of reference, we can navigate life successfully. Every person is the *thinker* creating his own illusory experience moment-to-moment. Think of a juicy lemon and you will salivate. Shift your attention to blue whales and your feelings, mood, behavior, and experience changes. We create our personal reality with our own thinking. We often innocently and needlessly terrorize ourselves with our thinking! “What if? If only! I should have....” The result of this inside-out process for both youth and adults can create an insecure state of mind characterized by bad feelings and undesirable behaviors. With healthy functioning, the result is a secure state of mind. Without a doubt, this understanding holds promise for all practitioners attempting to bring out the best—tap resilience—in self or others.
2. **Every person has wisdom within.** At the very core, every person is whole. This inner spirit is every person’s birthright. A Native American worldview, for example, acknowledges that we can live in balance—realize our inner spirit—if we attend carefully to the mental, emotional, physical, and spiritual aspects of our being. A person may or may not discover this secure state of mind (HeavyRunner & Morris, 1997). The healthy self is never destroyed and it can always be realized. We are part of something greater than we are. As reflective humans, we ponder the meaning of life, our place and purpose in this world. Fostering resilience addresses these questions. It is human nature to long for connection with others. This inner spirituality has many names across cultures—universal intelligence, life force, source, energy, God, Chi, Qi, and more. It is important to distinguish spirituality from religion. Religion is a private matter of

belief, worship, and affiliation. Spirituality is neutral, formless, an inner aspect of life common to all human beings.

The necessity of acknowledging the role of spirit and inner reflection in education is well documented in a recent issue of *Education Leadership* edited by Parker Palmer (1998–1999), by child psychiatrist Robert Coles in *The Spiritual Life of Children* (1990), and in *Paths of Learning* edited by Richard Prystowsky (2002). At the University of Minnesota, the National Resilience Resource Center, in collaboration with faculty from the School of Nursing, has offered the first course on Spirituality and Resilience for graduate credit through the Center for Spirituality and Healing. Emmy Werner notes psychologists and researchers have avoided this important subject for too long (E. E. Werner, personal communication, June 6, 2001).

Health Realization points to this spiritual nature and builds confidence in trusting the unknown, waiting and noticing fresh insights—out-of-the-blue “ahas.” Each person is the *knower*. Everyone can learn to notice and tap this common sense. *The wisdom within every person is a protective mechanism and source of natural resilience*.

3. **Human beings have awareness, the ability to bring thought to life.** The third principle explaining human functioning is consciousness—the human ability to be aware. We recognize our thoughts and how thinking creates our individual experiences of life. We are more than our thinking, feelings, and behaviors. We are the “observer” who stands at “second attention” recognizing our thinking. Our five senses bring thought to life. You are the *noticer*.

These three principles explain how experience happens from the inside out. The principles, always in operation, make a life event or circumstance seem hopeful or hopeless, healthy or unhealthy, stressful or productive. The degree to which a young person or adult understands these three principles at work in their lives can be called *level of understanding*. *People tap natural resilience to the degree they understand the three principles of how they function psychologically*. These universal principles apply regardless of age, condition, circumstance, race, gender, or other defining characteristics. NRRC trainings amplify the principles by exploring related topics such as impact listening, rapport, insight, and memory-based thinking, separate realities, moods and feelings, standards of healthy functioning, and more.

According to Masten and Coatsworth (1998), the three most important human adaptive systems in fostering and protecting development in all environments are the quality of self-regulation of attention, emotion, and behavior; parent-child attachment relationships, and good cognitive devel-

opment. Learning Health Realization principles directly enhance these adaptive systems.

Michael Rutter (1987) pointed to the fundamental role of personal thinking. "Most risk factors are not absolutes that are independent of the person's appraisal and cognitive processing" (p. 325) and protection resides "in the ways in which people deal with life changes and in what they do about their stressful or disadvantageous circumstances" (p. 329).

The NRRC process of tapping resilience is deeper than prevention strategies, wellness programs, community empowerment, collaboratives, youth development initiatives, innovative educational models or interventions such as traditional therapy. Tapping resilience is an undergirding inside-out process.

National Resilience Resource Center Outcomes

It has been NRRC's experience that when people increase understanding of how they function, their quality of life improves. These changes often include *increased personal reflection or spiritual development, enhanced personal well-being, better relationships with others, and greater work satisfaction*. A natural outgrowth is that adults are genuinely and naturally more caring for students and others. It is also easier to see students or colleagues as "at promise." Encouraging high expectations are a by-product. Finally, this improved vantage point is a catalyst to creating and offering meaningful opportunities for participation to others. By strengthening the *health of the helper*, the odds of an organization or individual extending protective factors to others are increased in a natural, effortless way.

NRRC's primary work has been with large-scale, ongoing systems change efforts in public school communities. These initiatives generally start modestly and grow to scale in a natural way. The following discussion of NRRC work in both St. Cloud, Minnesota, and Menomonie, Wisconsin, is based on NRRC semi-structured interviews, focus groups, school district records, and other information (Marshall, 2000).

What began as a simple interest in evaluating the St. Cloud, Minnesota, Safe and Drug Free Schools program in 1994 led to district-wide Student Assistance Team training, and a Resilience/Health Realization pilot training program with 35 team members from one junior high and the early childhood program. By 2003, initiative reached more than 2,500 persons from the full spectrum of public agencies and small nonprofits serving children, youth, and families. The same is true in rural Menomonie, Wisconsin, where more than 350 persons have participated since 1996. In both sites, the National Resilience Resource Center (NRRC) works on multiple fronts with a combination of training and technical assistance.

SCHOOL IMPROVEMENT: NORTH JUNIOR HIGH, ST. CLOUD, MINNESOTA

The NRRC resilience work with adults began at North Junior High in 1996. Instruction of 800 seventh- and eighth-grade students began in 1998–99. The preliminary results are impressive. The school climate changed in remarkable ways. By the third year, leaders at North believed they achieved a critical mass of faculty members whose insights into their innate health and resilience made a significant difference in the life of the school. It is also important to note that solid, effective school administration and a variety of sound activities contributed greatly to this success. Principal Pat Welter reported the school's experience (Marshall, 2000).

"Something is different this year!"

"The staff is calmer—more relaxed."

"The kids are respectful."

"Our mood is lighter—things aren't as hectic."

"Even the cafeteria is a fun place to be."

It did not take more than 3 weeks into the school year for staff members to make comments such as, "This was the smoothest start to the school year that we have had." By October and November, a time when the staff is usually beginning to show signs of frustration and stress, teachers were still exclaiming, "We are having such a nice year." Staff members began telling stories of students who were able to "quiet their minds" and calm down with just a gentle reminder. Staff claimed, too, that being aware that their reality was "just thought" and they could "let thoughts go" made a significant difference in how well they could deal with the behaviors of middle-school students.

We arrived at February before we knew it, staff members were still feeling that the peace in the building was real! A cafeteria monitor exclaimed that even the lunch periods (of 150 students for 22-minute lunches) were the best in 5 years. A substitute custodian remarked that he could tell something was different in this building and he wanted us to be aware of it if we weren't. He said, "You're getting at something pretty powerful here!"

Discipline data, too, reveals significant change. Student behavior incidents had improved measurably at North Junior High. From school year 1997–98 to school year 1998–99, suspensions were 70% lower; fights were reduced by 63.8%; and incidents of violence dropped 65.1%.

Student Voices

North Junior High students in St. Cloud, Minnesota, learning Resilience/Health Realization, reported in District 742 focus groups what this has meant in their lives:

"Me and my dad fight like cats and dogs. I'll start talking to him and he'll start yelling at me so I yell at him...I think our parents need to learn it the most...especially my dad 'cause he needs to learn how to cool down when he gets that way."

"I got suspended before I found out some of this.... I actually punched a kid.... But then I found out it was a separate reality thing and it could've been stopped."

"I used quiet mind because I didn't do any of my homework and I had a ton to do the next day. So I did it all in school. Just kind of calmed myself down at the end of the day and did a bunch. Got it all done. I was proud of myself."

"[I used it in] dealing with anger with classmates...like to tell them to calm down. You get between them and try to calm them both down before you try to say anything or get them more mad at you."

Student and Teacher Survey Data

School improvement surveys of students and teachers at North also show that something important was happening. While annual comparative student data is not as meaningful as the staff data because the population of students changes, it is nevertheless interesting to note the trends:

- 13% increase in students who say students are generally respectful to each other
- 21% increase in students who say students are generally respectful to adults
- 9% increase in students who say the school is a friendly place
- 10% increase in students who say adults in this school are helpful

North faculty survey data documents these perceptual changes about North at that time:

- 21% increase in faculty believing there is good communication
- 27% increase in faculty believing they can participate in school-level decisions
- 19% increase in faculty believing North is a good place to work
- 24% increase in faculty believing students of different races get along well
- 34% increase in faculty believing students respect each other
- 44% increase in faculty believing students respect adults

- 40% increase in faculty believing positive interactions among students have increased
- 33.9% increase in faculty believing positive student-to-adult interactions increased

While this data is by no means conclusive, it does correspond to the anecdotal information North leaders received for the entire year. While it may be too soon to make definitive statements about the eventual impact of Resilience/Health Realization on students, it is not too soon to report that virtually all staff members who have been involved report significant change in their personal lives. Principle Pat Welter says, "For this we have a great deal of gratitude" (Marshall, 2000, p. 2). She goes on to say,

The high-risk students we are most interested in reaching are those students whose support systems outside of school are virtually nonexistent. While these students are performing poorly academically, they have average or above-average intelligence. They tend to be impulsive, aggressive, and acting out, but they also have some internal emotional issues. Most of them have flirted with drugs, alcohol, sex, and gang activity; some have court involvement. They are seeking excitement, stimulation, and "highs" in their lives, but they also seem to be seeking safety, comfort, and security. While they may have some attendance problems, they keep coming to school; we believe this is partially due to their friends, but also because they know that there are adults here who do care and who provide some sense of safety and security.

The most frustrating thing for adults who work with these students is to see the overwhelming potential they possess and to feel so helpless in our seeming inability to assist them to significantly change their lives. Our hope was that Resilience/Health Realization strategies might be a way to help them tap their own innate strength—resilience—and release their potential in spite of their external reality. Without some additional intervention, we believe that many of these students will end up in and out of the court. (Marshall, 2000, p. 4)

While serious budget cuts coupled with ongoing staff turn over have limited the St. Cloud school district's ability to maintain systemic efforts like those described at North Junior High, community agency progress with more than 34 organizations is documented. In 2003 NRRC reports Resilience/Health Realization training participants show improvements in the following areas after four days of training spread over three months:

- Statistical significance at .01
 - Decreased perception of "life is stressful"
 - Decreased feeling "I feel the way I do because things happen to me"
 - Decreased worrying
 - Increased contentment

- Statistical significance at .05
 - Decreased feeling that "I've got a lot on my mind"
 - Decreased frustration with failures
 - Increased sense of being "a happy person"
 - Increased "experience of well-being"
 - Decreased "arguments with others"

This enhanced "health of helpers" makes it easier and natural for trained adults to extend essential protective factors of caring and support, encouraging high expectations and meaningful opportunities for participation to students, families, clients, and other professionals. NRRC evaluation currently in progress continues to document this trend.

SYSTEMS CHANGE: MENOMONIE, WISCONSIN

A similar story unfolded in rural Wisconsin (Marshall, 2000). In October 1996, school social worker Gary Johnson invited staff of the School District of the Menomonie Area Pupil Services team to consider a paradigm shift from seeing students as "at risk" to "at promise." "We are aiming to look at what is right with kids rather than what is wrong. We know it makes a huge difference to see natural resilience—innate health—in everyone," Johnson says (p. 5).

Today, a system-wide change is underway with stakeholders from the school district, county public health and human services, treatment agencies, law enforcement, domestic abuse programs, and other organizations. More than 350 adults have begun a long-term training process facilitated by NRRC. Menomonie has a population of about 13,000 and 10% of the student body is Hmong.

A focus group conducted by Joan Patterson from the University of Minnesota Maternal and Child Health program, with school district staff trained in Resilience/Health Realization, documented personal progress. Changes were observed in three primary domains: the individual's relationship to him/herself, the individual's relationship to others, and the individual's outlook on life. In summary, these changes in the self could be described as:

- changed attitudes (especially related to a reduced need for personal control)
- new coping behaviors, particularly an appraisal coping strategy of thinking differently about a situation, which resulted in
- reduced feelings of distress and greater calmness

Changes observed in participants' relationships with others included:

- improved listening skills
- greater acceptance of others' divergent views
- belief in the ability of others to realize their own health
- increased support and cohesiveness among colleagues

Staff members also seemed to reflect a new way of looking at life, which could be characterized as a greater trust that things would work out in their own way and in their own time. This view is consistent with what Antonovsky (1979, 1987) has referred to as a "sense of coherence."

Educators' Improved Well-Being

Findings from the School District of the Menomonie Area's focus groups included these comments from a variety of school professionals with NRRC Resilience/Health Realization training:

"I don't go to bed and think about things that happened or might happen. I just go to sleep more quickly."

"It makes me smile a lot more. What changes have occurred as a result of this training—my entire life! I just say that I feel like life is lighter now and [I notice] the peace that comes from just kind of trusting that things will be okay."

"This can apply to absolutely every single, solitary person."

"One of the biggest things for me is...if I just listen to them [my children] they will solve their problems.... It's seeing their resilience, knowing that they have it. It's the intuitive knowing that they have it."

"It's just very clear with me, how well I am doing at home, how well I am relating to everyone."

"Overall school improvement through this initiative and the commitment of the individuals trained over a long-term basis—this just doesn't happen in districts. It's incredible."

"I work with a lot of kids I have thought of as victims...but I also believe that I see the strengths they have in them and I find myself going at that angle more."

"With the staff.... It makes us feel like we are in this journey together. I just see it in the feel of the building."

"No one can ever take this away from us. We have it within us—we really do."

"When our team started training we drew a picture of ourselves squished under a rock. I wouldn't feel that way anymore. I think we are getting healthier and are better able to balance things. Maybe the rock will still be there, but we don't feel as squashed by it as we have been. We aren't taking it personally. We're recognizing what is not healthy much more quickly."

In school-reform terms, these "voices of change" evidence what Michael Fullan (1998) describes as school reculturing from the inside out. He argues that systems change most easily when teachers communicate to students:

"You've got it within you to succeed in life, to be happy and to be proud of yourself. No matter what anyone has told you, no matter what you believe right now, you've got it." When an individual teacher believes this, she can improve a life. When large numbers of teachers can come to believe it, they can do a whole world of good. Hope, optimism and self-belief among teachers are the vital wellsprings of successful learning and positive education change.... It is individuals who must hope, but it is institutions that create the climate and conditions which make people feel more hopeful—or less so. (pp. 1–2)

Fullan (1993) is known for probing the depths of educational reform: "When you go deeper you go different. What appears linear becomes a new world...by raising our consciousness and insights about the totality of educational change...we can do something about it.... We need a new mindset to go deeper" (pp. vii–ix).

The resilience mindset begins with personal change. "Many reformers still have to learn that teachers will not commit to change if they cannot see the point." Fullan (1998) says, "going deeper means getting clear and coming clean about purposes...to love and care, to serve, to empower, and of course, to learn" (pp. 29–30). The personal health and well-being of staff members governs how they see and serve students, parents, and colleagues.

Teachers from the Menomonie, Wisconsin, school system focus group at Downsview Elementary indicate both deep *intrapersonal* and *interpersonal* change is happening:

"I think I am just easier on myself. [Before] I would really take things to heart. Now I just think, 'Well, that's a thought. I'm going to go past that.'"

"Knowing separate realities has really helped me with parents. I used to just get red and hot when some of the parents would come in the attack mode. I talked to a parent the other day and she was very confrontational. I just stayed as calm as I could be, and by the end of the conversation she had turned around and was agreeing with me without me having to say much."

"We've gotten much closer as a staff. People listen to one another; they feel like they can go to one another. You can say, 'I don't know what to do. What should I say? How should I handle this?' You get support and get help and you get ideas."

"Everybody here knows this is a long-haul thing, this is a life-long thing. This is not going to be done next year. I like that!"

A FINAL WORD

These stories offer part of the promising evidence inviting educational leaders to initiate school change as an inside-out process. This process of tapping and fostering resilience with Health Realization brings hope and restores energy. Findings from NRRC school community focus groups show individuals with one year of training experience these benefits:

- Increased personal reflection
- Enhanced sense of personal well-being (mental to physical) and reduced stress
- Improved relationships with others (partners, children, family, friends, colleagues)
- Increased satisfaction in the workplace

As understanding is deepened and the circle of trained persons grows, systems begin to shift toward common sense, health, and well-being—natural systemic resilience. There is a simpler way for organizations to be and it begins with the inside-out process of resilience-based systems change called Resilience/Health Realization. Protective factors—caring, encouraging high expectations, and meaningful opportunities for participation—are extended naturally as the *health of the helper* blossoms. Improved school climate and student outcomes are inevitable by-products. What was difficult and overwhelming becomes effortless and gratifying. As Parker Palmer (1998) notes, "The most practical thing we can achieve in any...work is insight into what is happening inside us as we do it. The more familiar we are with our inner terrain, the more surefooted our teaching—and living—becomes" (p. 5).

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APPENDIX

National Resilience Resource Center: Guide to Application in Student Services

NRRC helps professionals discover the efficacy of moving from “risk” to “resilience,” of seeing youth as “at promise” rather than “at risk.” This profound shift is discussed in nearly every major profession – education, social work, health care, and more. George Pransky refers to a “renaissance in psychology” (Pransky, 1998) and Darlene Stewart (1993) describes “creating the teachable moment.”

For educators and other helping professionals the philosophical shift ushers in a new kind of practice for working with youths one-on-one, in small groups and in classrooms. School and human service professionals—counselors, social workers, psychologists, support group facilitators, nurses, assistant principals responsible for discipline, and others make this shift to get better student outcomes. With the advent of Resilience/Health Realization, professional practice has been reinvented with a focus on the innate health of those we serve rather than on deficits, problems, and dysfunction. Richard Carlson (1995) calls it a “shortcut through therapy.” Where there has been systemic application, general school climate and student behaviors improve greatly (Marshall, 2000).

Resilience/Health Realization can strengthen professional development programs, curriculum and instruction redesign, school policies and procedures, parent programming, and other aspects of school improvement. A sample discussion of the resilience operating philosophy applied to school-based student services follows because Emmy Werner indicates in the 40-year Kauai longitudinal study (Werner & Smith, 2001) there is room for improving counseling and social work practice:

The men and women in this cohort consistently ranked mental health professionals (whether psychiatrists, psychologists, or social workers) much lower than the counsel and advice given by spouses, friends, members of the extended family, teachers, mentors, co-workers, members of church groups, or ministers. Their low opinion of the professional's help did not improve from the second to the third and fourth decade of life. This finding taught us a lesson in humility! (p. 169)

Student Services: Sample Application of Resilience/Health Realization

When we approach students for whom there are concerns—academic, behavioral, social, medical—consider the following Resilience/Health Realization guidelines when working with young people individually or in small groups:

Every student regardless of the presenting concern has innate mental health.

Your job as a helping professional is to remember that at all times and to not be dissuaded by the student's behavior, feelings, appearance, or life circumstances. The student's innate health may be only briefly visible, persistently elusive, or cleverly disguised. You must be alert moment-to-moment. Seeing that health is an act of faith. You are on a treasure hunt. The certainty you have of the student's health is what brings the young person hope.

Your own "health as a helper"—grounding—is necessary if you are to reach the student.

Health is contagious. Your own mental health speeds the helping process. If you are in a good feeling, the student will notice and be drawn to you. If you are insecure, uncertain of what to say or do, overwhelmed, unsure of your ability to meet student needs, the student will know and lose hope.

Your own level of understanding about Resilience/Health Realization is critical.

Articulate what you know about resilience and healthy psychological functioning in a way that fits the student you are sitting across from. The teachable moment is fleeting. Once you are confident that you understand the three principles in operation, you will be naturally prepared for the turning points in individual and group sessions. You will trust your insights to guide you in an effortless way.

You may need to go beyond what you have learned.

These guidelines may be in conflict with what you learned in graduate school. For starters, these may be obvious differences:

- *Delving into the full details of a student's past unacceptable behaviors, circumstances, incidents, diagnoses, labels, and problems will lower your mood and his. A low mood is no place to solve a problem. George Pransky (1993) recommends getting just a "specimen," a taste of the situation, and spending most of your time building rapport, listening, and*

relying on your own insights to guide the student to a greater state of well-being. From that vantage point it is more likely that difficult situations can be addressed with fresh ideas and progress made by the student himself.

- *Listen for the feeling, not the content.* "Active listening," analyzing content, and identifying all the problems and options, takes you, the helper, off track, keeps you from hearing the student, and fills your head with busy analytical thoughts that block fresh, needed insights.
- *There are no problems except overly analytical thought.* It doesn't matter how you analyze a student's situation; the solution will always require common sense and well-being. Without those no amount of planning and services will fill the bill. A secure state of mind for both you and the student invites common sense answers and solutions to surface.
- *Educate; don't do therapy.* Notice what the student does not yet know about healthy human functioning. What can you teach about the Health Realization principles that relates directly to the student's current situation? Your job is relating and teaching, not fixing or labeling. Don't get swept away in the surface issues. Concentrate on teaching the student healthy psychological functioning. Stay with the student; teach what he needs to know, not everything you know.
- *Expect the student to do well, improve, and return to healthy functioning.* Understanding the principles in operation brings life-long improvement and impacts the student's quality of life. Give up the notion that 20% of the students in your system will always require 80% of your time. Why create an uphill battle for the students who need your encouragement the most? Focus on releasing their health rather than containing their behavior. Special education, alternative schools, labels, and diagnoses are not automatically permanent conditions.
- *Lighten up.* Humor is the sign of a light heart and common sense is not far behind. Nobody does well in an overly serious environment. Students learn better and you teach more effectively when you are relaxed.
- *Drop the past; forget the future; concentrate on being in the moment with the student.* This increases your chances of creating rapport, listening with impact, and inviting your own health and the student's to operate. What happened, why, future goals, and options all will be addressed by the student when he is in a healthy state. Until the student experiences increased well-being, nothing can change. The moments of good feeling, rapport, and health you create during direct contact with the student will be intriguing to the student. When he is curious, you can explain how this healthy functioning occurs. Such understanding will serve the student life-long in all situations.

Try as teachers or administrators might, a student will not be “fixed” by being sent from the classroom to the counselor. The total school building team approach with Resilience/Health Realization—everybody doing something in classrooms, halls, extracurriculars, the office, the PTA, the school board, and the community—is what makes the deep, lasting systemic difference. It does take healthy professionals in a healthy system to foster the resilience of a child.

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