Community Planning to Foster Resilience in Children

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Chapter 1

Introduction
Advancing Community Involvement and Planning to Promote Resilience in Youth from Diverse Communities

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Based on increasing awareness about the importance of preventing problems before they become crises, practitioners and educators are moving toward early intervention focused on children's strengths rather than weaknesses. At the heart of mental health promotion is the belief that exposure to factors that promote resilience ultimately helps children to cope with problems and succeed in life. The emphasis on strengths and the ability to overcome adversity is in direct contrast to traditional mental health approaches that seek to determine the nature of disease and the ensuing diagnosis. A focus on individual pathology too often locates the problem in the child alone rather than examining contextual stressors in families, schools, and the community at large. In addition, this practice risks overlooking community buffers that help children and their families cope with disabling situations.

Increasingly, resilience-based interventions are expanding how we view mental health intervention by considering the internal strengths youth bring to a variety of situations, community and family resources that help children, and implications of cultural values for relevant care, all of which introduce a strengths-based framework to help children cope with stressors and succeed in life (Clauss-Ehlers & Lopez Levi, 2002). The overarching idea in the resilience approach is that while youth encounter a combination of stress and protective factors in their lives, more protective factors available to youth (both internal and external), will bring more skills and resources into their lives, making adversity more likely to be overcome.

Traditional psychological paradigms have placed an excessive emphasis on pathology and disease. The search to classify, categorize, and otherwise "know" the individual's problem dates back to 1833 with the publication of Emil Kraepelin's adult psychopathology classification, the first of its kind. Kraepelin (1833) assumed an organic etiology for each disease classification. Thus, from its initial beginnings, mental health began to conceptualize illness as an organic problem *located in the individual*. This *medical model* of psychotherapy was the dominant framework for mental health intervention through the 20th century, underpinning the works of leading psychodynamic practitioners and writers (e.g., Freud, Adler, Jung) and behavioral scientists (e.g., Pavlov, Jacobson, Wolpe; see Wampold, 2001). Indeed this medical model persists today, as shown in the relatively passive efforts of responding to problems of people with disorders seen in traditional outpatient mental health settings (see Weare, 2000; Weist, 2002).

While we are not arguing with the reality that mental illnesses do exist, or with the importance of understanding their etiology, the medical model will ultimately support the development of only a small number of the range of approaches and interventions that will reduce problems and help children and adolescents succeed in life. In this respect, a focus on resilience opens up horizons for assisting youth that go far beyond the focus on problems that "reside" within them. If we understand factors that promote resilience for children and adolescents, we can begin to look at how to construct, create, and otherwise cultivate environments that incorporate factors that help them thrive (Clauss-Ehlers, 2003).

This volume explores the question of health in the context of child and adolescent resilience. The chapters that follow attempt to broaden our approach by moving beyond risk, organicity, and pathology to examine both community and individual self-righting capacities (Werner & Smith, 1982). These self-righting capacities include processes that promote health and healing, processes that have a "profound impact on the life course of children who grow up under adverse conditions" (Werner & Smith, 1982, p. 202). It is an examination of these health-promoting behaviors, and the systems that support them, towards which this book is committed.

INCREMENTAL CONTRIBUTION OF THIS BOOK

Given that resilience has become an increasing focus of research and writing, we need to address the question, Why this book? To answer this question, we provide a brief review of books on resilience that have been written, then review incremental contributions the current volume makes to the resilience literature. This brief review is only on books that had resilience as the main concept being discussed and does not include those books that mention resilience in select chapters only (e.g., Csikszentmihalyi & Schmidt, 1998; James, Liem, & O'Toole, 1998; Eales, 1994; Grotberg, 2002; Masten & Reed, 2002). In addition, our review focuses on books published in the last 10 years (we apologize for any unintended omissions). The review reveals four general areas in which resilience is being written about. These areas include: 1) resilience in families, which explores how buffers and sources of resilience might have an impact on the lives of families (Brooks & Goldstein, 2001; Hetherington & Blechman, 1996; Walsh, 1998; Reynolds & Walberg, 1999); 2) resilience as an individual trait (Reivich & Shatte, 2002; Grotberg, 1999); 3) educational resilience (Brown, D'Emidio-Caston, & Bernard, 2001; Wang & Gordon, 1994); and 4) developmental/contextual aspects of resilience (Frydenberg, 1999; Glantz & Johnson, 1999; Cicchetti & Cohen, 1995; Taylor & Wang, 2000; Haggerty, Sherrod, Garmezy, & Rutter, 1996; Comunian & Gielen, 2000).

Each of the books referenced in these categories makes an excellent contribution to the resilience literature. The literature that focuses on families reviews implications of risk and resilience for family research (Cowan, Cowan, & Schulz, 1996), presents frameworks for therapeutic and preventive work for families in distress (Walsh, 1998), and explores how buffers and sources of resilience might have an impact on the lives of families (Brooks & Goldstein, 2001; Cowan, Cowan, & Schulz, 1996).

In the individual realm, one book outlines skills people can develop to overcome adversity, deal with self-criticism, cope with crisis and grief, and be resilient (Reivich & Shatte, 2002). Other work focuses on person-centered characteristics that can promote coping in difficult conditions (Frydenberg, 1999) and how to develop inner strength to combat obstacles (Grotberg, 1999). Still other books are specifically devoted to educational aspects of resilience. Foci here include: resilience education as a process that supports young people's ability to become knowledgeable and get involved in lifelong learning (Brown, D'Emidio, & Benard, 2001), and forging educational resilience in urban school settings (Freiberg, 1994).

Finally, a number of books on resilience emphasize a developmental/contextual approach, examining areas of resilience across contexts such as in families and schools (Taylor & Wang, 2000), and exploring social, cultural, and psychological adaptation (Haggerty, Sherrod, Garmezy & Rutter, 1996; Rumbaut,

2000). Other contributions locate the concepts of risk and resilience within a broader social context of war, racism, and poverty (e.g., Benard, 1999).

Important contributions from the above literatures are included in this volume, and we add to these literatures in a number of ways. The book is divided into four sections: Foundations, Promoting Resilience in Diverse Communities, Areas of Special Need, and Promising Resilience-Promoting Developments. In the following, we highlight the central theme in each section, and briefly describe each chapter.

The first section of the book, "Foundations," reviews fundamental concepts from resilience research and suggests key future directions. In addition to this introductory chapter, R. Fox Vernon's chapter, *A Brief History of Resilience: From Early Beginnings to Current Constructions*, traces the roots of resilience research from child psychiatry and developmental psychology, reviewing definitional confusion, methodological issues, and public policy concerns. In the third chapter, *Re-Inventing Resilience: A Model of Culturally-Focused Resilient Adaptation*, the lead editor (CSCE) reviews culturally-focused resilience research and advocates for an inclusive understanding of resilience that incorporates diversity.

The second section of the book, "Promoting Resilience in Diverse Communities," responds to the reality that children and adolescents of color are the fastest growing group in the United States (U.S.), comprising 30 percent of the population in the year 2000 (Porter, 2000; U.S. Census Bureau, 2000). Moreover, a decade ago Martin and Midgeley (1994) estimated that almost 3,000 immigrants arrive in the United States each day, with immigration adding an estimated one million individuals to the population annually. These demographic changes have had a profound impact on life in the United States. Ours is a culturally pluralistic nation made up of diverse communities of children. While our multicultural society dictates the need for programs and services sensitive to the needs of diverse communities and cultures, research indicates that we fall short in this area. In the landmark publication entitled *Race, Culture and Ethnicity*, the Surgeon General found that people of color receive poorer quality mental health care and are less likely than Whites to use mental health services (U.S. Department of Health & Human Services, 2001). Hence, a primary purpose of this section is to provide an overview of stressors and supports that are of concern to youth from a range of diverse racial/ethnic backgrounds, with a view toward mental health promotion in the broadest sense.

The chapters presented in this section present unique resilience issues for youth from diverse backgrounds that include American Indians, Latinos, Asian and Asian Americans, African Americans, adolescents of color, and a global perspective of stressors that some youth face worldwide. We regret that we were not able to include a chapter for all racial/ethnic groups of children. This omission reflects some of the practical limitations in writing a book and is not meant to suggest a lack of interest or importance. To balance out this omission, we have encouraged

all our contributors to incorporate aspects of resilience work with children across racial/ethnic groups in their chapters.

In *Sacred Spaces: The Role of Context in American Indian Youth Development*, Teresa LaFromboise and Lisa Medoff discuss particular stressors and strengths that American Indian youth face. The chapter highlights key elements of resilience for American Indian youth that include spirituality, family, traditional involvement, and economic development. In the next chapter, *Risk and Resilience in Latino Youth*, Rafael Art. Javier and Alina Camacho-Gingerich review the commonality of experience among Latinos as well as the great diversity in their experience that depends on factors such as immigration and acculturation, and present important strategies for promoting resilience among Latino youth.

Chapter 6, *Building on Strengths in Inner City African-American Children: The Task and Promise of Schools*, focuses on some of the unique stressors and strengths that inner city African-American children face. R. Dwayne LaGrange discusses the "double jeopardy" that exposes African-American youth to even greater risks and fewer resilience-promoting conditions, and reviews how schools can "harness the resources of the family and community to create an educational environment that supports student success." Grace Wong's chapter, *Resilience in the Asian Context*, describes how codes of behavior taught by Confucius promote skills that contribute to resilience such as self-discipline and interpersonal harmony as well as looking at stressors such as immigration that Asian children and their families face when they encounter American culture.

In Chapter 8, *Risk and Resilience During the Teenage Years for Diverse Youth*, Edith G. Arrington and Melvin N. Wilson review developmental trajectories that lead to unhealthy outcomes for youth, and how these may not always arise because of behavior youth engage in. Rather, these authors encourage us to look at larger contextual issues such as the educational and health disparities that youth of color experience. In the next chapter, *A Global Perspective on Youth Outreach*, Hawthorne E. Smith and Adeyinka M. Akinsulure-Smith review the severe stressors children face in the global climate that includes children in conflict areas exposed to violence, HIV/AIDS, war, death, torture, separation from family, and personal losses. Social-interpersonal engagement by caretakers with youth experiencing these stressors can assist them in making sense of their worlds and the hostile environments they experience.

The third section of this volume, "Areas of Special Need," addresses special problems and situations that call for an emphasis on resilience that so far has been limited. In Chapter 10, *Responses to Terrorism: The Voices of Two Communities Speak Out*, Caroline S. Clauss-Ehlers and colleagues document the experience of children living in New York City and Washington DC on September 11th, 2001 and review school and community-based approaches to prepare for these events and assist affected youth, families and community members. In the next chapter in this section, *Environmental Factors that Foster Resilience for Medically Handicapped*

Children, Jeannette M. Maluf discusses the interplay between the child's medical condition with pharmacological, behavioral, cognitive, educational, and family interventions that promote resilience.

In Chapter 12, *Fostering Resilience Among Youth in the Juvenile Justice System*, Kimberly T. Kendziora and David M. Osher review the high prevalence of mental health disorders among juvenile offenders that more often than not, do not get treated. They present insights in developing resilience focused treatment directions for diverse youth in the juvenile justice system. In the next chapter, *Clinical and Institutional Interventions and Children's Resilience and Recovery from Sexual Abuse*, Carolyn Moore Newberger, and Isabelle M. Gremy present a study that examines what interventions children receive after reporting sexual abuse, which children receive them, and how they influence children's resilience and recovery.

Chapter 14, *School Strategies to Prevent and Address Youth Gang Involvement*, by Sharon Hoover Stephan and colleagues reviews existing literature on gangs in schools such as predictors of gang membership, gang culture, and the impact on schools, and reviews school-based strategies to prevent and address youth gang involvement. Next, Michael Faran and colleagues discuss the unique challenges to resilience that youth of military personnel face in their chapter, entitled *Promoting Resilience in Military Children and Adolescents*. Stressors including deployments, family separation and moves, and financial difficulties combined with the critical role of the military in today's society call for resilience-promoting approaches for these families.

Section Four, "Promoting Resilience-Promoting Developments" reviews programs, educational strategies, and innovative partnerships that provide real life illustrations of resilience building in action. In Chapter 16, *Applying Research on Resilience to Enhance School-Based Prevention: The Promoting Resilient Children Initiative*, Peter Wyman and colleagues discuss how they applied core research findings into creating and implementing the Promoting Resilient Children Initiative (PRCI) using a sustainable school-based intervention delivery system, the Primary Mental Health Project (PMHP) model, an internationally renowned approach to promoting positive behavior and school success for elementary children. Next, Richard De Lisi in *Educational Resilience In Life's Second Decade: The Centrality Of Student Engagement* reviews the literature on educational resilience beginning with the reality that those who fall behind in school tend to stay behind the rest of their academic lives. This reality calls for a resilience-promoting approach and De Lisi provides key ideas for moving in this direction.

In Chapter 18, *Enhancing Child and Adolescent Resilience through Faith-Community Connections*, Celeste Owens and colleagues review literature that underscores the many protective influences of religious faith and involvement. In spite of the historical separation between faith-based and child serving organizations,

Owens et al. present how these partnerships can in fact develop, and review a range of promising outcomes from them. The next chapter, *A Whole-School Approach to Mental Health Promotion: The Australian MindMatters Program* by Elizabeth Mullett and colleagues provides an example of the paradigm change toward school-based mental health promotion that is occurring around the world. Lessons learned from this Australian program can help to escalate the pace of this paradigmatic change in the U.S.

In Chapter 20, *Home, School, and Community: Catalysts to Resilience*, Mickey C. Melendez and Saundra Tomlinson-Clarke discuss a proactive intervention model for youth who face stress that examines at-risk behavior within a cultural context. The authors illustrate the development of true systemic approaches, challenges in moving toward them and ideas for overcoming challenges. Next, in *Enhancing Student Resilience Through Innovative Partnerships*, Jennifer Axelrod and colleagues present national, state and local examples of child serving agencies (especially education and mental health) coming together to promote a full continuum of effective school-based programs and services, in ways that are driven by families and youth.

We close the book with an important chapter, *Resilience-Building Prevention Programs that Work: A Federal Perspective*, by Charles G. Curie and other leaders from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) who present a comprehensive public health approach to the issue of risk and protection that attempts to "span the divide" between mental health problems and substance use disorders.

In 2004, there are major developments in the United States and globally that are transforming the way we approach child and adolescent health and learning. These include major reforms in U.S. systems of education (see www.ed.gov/nclb), mental health (as in the President's New Freedom Initiative; see www.mentalhealthcommission.gov) and juvenile justice (see http://ojjdp.ncjrs.org); and the development of international alliances focusing on the promotion of student, family and school success (see www.intercamhs.org) and the broader promotion of mental health and prevention of behavioral disorders (see www.charity.demon.co.uk). And this is just a sampling of the many activities occurring that reflect the reform and enhancement of public systems, especially those focusing on children and adolescents. At the core of these major initiatives is a focus on the promotion of strengths and resilience in youth and families. For these major initiatives to truly influence systems and powerfully shape the positive outcomes they aspire to, the most important action will occur at the level of the community, in ways that are responsive to diverse community members and their diverse strengths and needs. Our hope is that this book provides some assistance to local efforts to transform systems, programs, teaching and research agendas toward the promotion of resilience in children and adolescents.

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