

**Program Name:** Resiliency Programs

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Program Evaluation Template - This template is to be used as an evaluation tool during our program investigation. The questions are designed to assist in determining what elements of each program we want to consider for incorporation into our programs. Feel free to add additional notes as you use the template. This template is the foundation for your presentation about the program you have researched. (Version #4)

**Program or Concept Purpose or Mission Statement:** There is "a body of international cross cultural, lifespan developmental studies" that followed children born into seriously high-risk conditions. Examples include families in which parents were mentally ill, alcoholic, abusive, or criminal, or in communities that were poverty-stricken or war-torn. The astounding finding from these long term studies was that at least 50% -- and often closer to 70% -- of youth growing up in these "high risk" conditions did develop social competence despite exposure to severe stress and did overcome the odds to lead successful lives. Furthermore, these studies not only identified the characteristics of these "resilient" youth, but several also documented the characteristics of the environments - the families, schools, and communities - that facilitated the manifestation of resilience. (*Resiliency in Action, From Research to Practice* by Bonnie Benard, p.5)

The "characteristics of family, school, and community environments" that appear to "foster natural resiliency in children and allow individuals to transform adversity and develop resilience despite risks" are:

- **Caring relationships**, which convey compassion, understanding, respect, and interest, are grounded in listening, and establish safety and basic trust.
- **High expectation messages**, which communicate not only firm guidance, structure, and challenge but, and most importantly, convey a belief in the youth's innate resilience and look for strengths and assets as opposed to problems and deficits.
- **Opportunities for meaningful participation and contribution**, which include having opportunities for valued responsibilities, for making decisions, for giving voice and being heard, and for contributing one's talents to the community. (*Resiliency in Action*, P.6)

**Principles or Values:** (implicit or expressed) Resiliency programs are a shift in focus from a "risk, deficit, and pathology to an examination of the strengths youths, their families, their schools, and their communities have brought to bear in promoting healing and health." We are asked to "move beyond our obsession with risk identification, ... (a) practice that has harmfully labeled and stigmatized youth, their families, and their communities as at risk and high risk." Resilience is an inside out process. "Only when people feel a sense of their own efficacy and a sense of community belonging - whether as students, parents, or citizens - will they transform and change their 'risk' conditions." (*Resiliency in Action*, p.6.)

There is an excellent article on Promoting Resilience in Families by Joan Patterson, PhD that will be distributed at our meeting. The following are some quotes from the section on brief Strategies for Promoting Resilience in Families. Families have been conditioned to approaching helping systems with the belief that "someone else knows or has what they don't have and often feel they are incompetent, inadequate, or have failed." Promoting resilience calls for a focus on each family's strengths, competencies, and successes. Many times the family is not aware of them.

The job of responsible professional helpers is to facilitate the discovery and conscious awareness of these ...capabilities. Empowerment is a process through which individuals or families increase their abilities to meet needs and goals and, at the same time, maintain their autonomy and integrity. The outcome of this process would, of course, be empowered individuals. Not only are those seeking help empowered, but also the professional can and should be empowered as well. Openness on the part of professionals to being "changed" by those who seek our help is the best possible antidote to professional burnout. This process of working together, of being open to transformation, is the essence of the new paradigm in service delivery that emphasizes resilience.

Service providers are more likely to use empowering, resiliency-promoting behaviors if they (a) have self-awareness and self-respect, (b) are curious about what they can learn from families, (c) are genuine and accepting of the child and family, and (d) are equalitarian in their approach (versus hierarchical or paternalistic).

Promoting family resilience is first and foremost a set of attitudes and beliefs and a way of seeing others and believing in their inherent competence potential. The specific behaviors and skills flow from that. Just as there is a diverse array of latent strengths among families, so, too, there is a diverse array of resiliency-promoting helping skills embodied in professionals that will manifest themselves when the above philosophy of practice is embraced. The following are additional ideas of how an empowered and empowering professional might work."

They are as follows: Listen to the family's story, use the family's language and words as you interact, acknowledge and validate emotions, ask questions versus providing answers, provide information in a clear, timely, and sensitive manner, co-create solutions with the family, and advocate for social policies that support families. (In the article there is a paragraph after each idea.)

Balance is the underlying principle associated with successful adaptation to the challenges of life. Families can become resilient if they are encouraged to develop, maintain, and acquire resources and coping behaviors for managing demands.

Given the diversity in family structure and functioning apparent in society today, helping professionals need to become more skilled in empowering families to discover and use their unique capabilities to find solutions congruent with their values, beliefs, and lifestyle. Professionals can communicate confidence and trust in families' diverse capabilities and support them in finding new ways to achieve balance. In the process, professionals will also achieve greater personal balance and perhaps improve their personal health and well-being.

**Program Structure or Key Points:** Traditional approaches to prevention first study problems and identify the risk factors. Then, attempts are made about the way to alleviate these risks. The limitations of a "risk factor" approach are that it does not address what to do to help these problems, and it "encourages the practice of labeling based on problems. Human behavior tends to rise or fall to the expectations communicated by significant others.

The following are key points in considering resilience processes: " 1) Most "high risk" youth make it. 2) All individuals have innate resilience. 3) There is power in one - one person, one message, one opportunity - to change the course of a life. 4) It is how you do what you do that counts. 5) It all starts with your belief in innate capacity."

**How does the program define or measure success?** (What evidence does the program provide to show success?)

Success is defined through the acquisition of resources and coping behaviors for managing demands.

**Describe a successful participant. A resilient individual has the following traits:**

- ***Social competence*** (responsiveness, cultural flexibility, empathy, caring, communication skills, and a sense of humor)
- ***Problem-solving*** (planning, help-seeking, critical and creative thinking)
- ***Autonomy*** (sense of identity, self-efficacy, self-awareness, task-mastery, and adaptive distancing from negative messages and conditions)
- ***Sense of purpose and belief in a bright future*** (goal direction, educational aspirations, optimism, faith, and spiritual connectedness)

(*Resiliency in Action*, P.6)

**At what level would a participant enter the program?** At any point.

Complete the table below.

<b>Program Approach</b> (Application)	<b>Method</b> (How it's used?)	<b>Outcome</b> (What would it look at COTS?)	<b>Measurement</b> (How do we measure success?)
<b>Human Growth &amp; Transformation</b>	<b>The concept of innate resilience brings the same human growth and transformation as Health Realization, which is one of the resources for the development of Resilience Programs</b>		
<b>Staff Interaction with Clients</b>	<b>"Families need to be empowered to discover and develop their own capabilities" Nan Anderson et.al. p.157. Families often do not know their own strengths because of the frequent focus on what they don't have. Section in the article quoted above addresses staff interaction in considerable detail.</b>		

<p><b>Client-to-Client Interaction</b></p>	<p><b>Promote the same paradigm of strength and potential innate resilience.</b></p>		
<p><b>Client Self-Help</b></p>			

**Does this promote a responsible and accountable lifestyle? How?**

Yes:

We've learned from resilient youngsters that competence and confidence and caring can flourish, even under adverse circumstances. If children encounter persons who provide them with a secure basis for the development of trust, autonomy, initiative, and competence they can successfully overcome the odds. That success brings hope. And that is a gift each of us can share. You can share that gift with a child at home, in a classroom on the playground, or in the neighborhood. The rediscovery of the healing powers of hope may be the most precious harvest you can glean in the work you do - for yourself and for the youngsters whose lives you touch. (*Emmy Werner, 1966*) This quote can also apply to families.

**What are the client decision points in this program? (Are they clear and identifiable?)**

Resilience is a process rather than a program. It is an innate condition that is fostered by caring relationships with high expectations of an individual and coupled with the opportunity for a person to give back/to serve their community. It almost feels that the decision points would be more ones that staff would make on how to treat an individual at COTS.

**What would you change to make the program or concept more useful in our setting?**

**Additional Issues:**

- **Staffing Requirements (Any additional staff? Any staff training requirements?):** I expect that staff would have to be trained in using this process and be committed to the philosophy.
- **Aftercare:** Reinforcement of caring relationships, high expectations, and ways to give back to others. Support groups may be very helpful for this.
- **Costs:** Training. Some training and technical assistance can be provided without cost by The EMT Group, Inc for the California Department of Alcohol and Drug Programs.

**Additional Comments** (Tell us what you really think.)

What makes you like this program or concept? What makes it appealing or motivating to the clients? How would you sell this to the clients?

How would community support be generated for this program?

The concept of innate resilience is closely tied to the concept of innate wisdom brought forth in Health Realization. According to Roger Mills, "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/her 'risk factors' ." Roger Mills believes that resilience is not only innate in all human beings, he believes that it is directly accessible." Resiliency Programs present a way of looking at innate wisdom that is more easily understood by the public.

I also find the concept of resiliency very appealing. It ties together many different programs and possibilities that are very useful in providing a protective environment for individuals.

**What makes you feel uneasy about this program or concept?**

It is a huge field and I don't know enough about it.

Don't forget to email a copy of this completed form out to team members prior to your presentation? Please include sources for your research.

**Resources:**

**From Risk to Resilience, Inside-Out Prevention, Prevention Training workshop Series, developed by Bonnie Benard, Produced by The EMT Group, Inc for the California Department of Alcohol and Drug Programs**

**Numerous articles by Bonnie Benard**

**Prevention Tactics, a prevention publication put out by EMT Group, Inc.**

**Resiliency In Action, Practical Ideas for Overcoming Risks and Building Strengths in Youth, Families, and Communities, Nan Henderson et. al.**