The notion of resilience brought infectious hope to prevention specialists whom ten years ago told us they were experiencing tremendous professional burnout and frustration. This enthusiasm to some degree may have dismayed classical resilience researchers who aim to scientifically understand the prevention of psychopathology.

As grassroots practitioners from multiple professions 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. These seminal studies examined how subjects responded to substantial risk and trauma. Researchers like Norman 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 became a popular term, a buzzword, and almost a movement in 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 prevention practice.

Similarly, resilience research and use of it 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. Terms like strengths-based, positive youth development, health promotion, health realization and more characterize the rapidly growing explorations. Clearly, there is a move beyond, for example, trait theories of resilience to understanding resilience as a dynamic developmental process.
Perhaps most importantly, Michael Rutter led us to consider the difference between protective factors and protective mechanisms. In doing so, he offered a critical bridge between resilience research and practice. Prevention involves both the environment and the individual in dynamic interaction protective processes.

Our knowledge of resilience is evolving. In fact, Emmy Werner’s 40-year study indicates the journey to midlife for most of the cohorts was shaped by extraordinary resilience and their capacity to recover from and overcome problems. Does this suggest that over time the capacity for resilience in every person, regardless of circumstances or degree of risk, may emerge? How can prevention efforts speed the process of most youth?

The question is not, Nature or nurture? Rather we need to ask, Do I believe every child is innately at promise rather than at risk? If we agree, then our prevention work is cut out for us. How can I help the young person learn to access his or her 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?

Prevention becomes a multifaceted initiative in light of these questions. Prevention professionals have been historically advised by CSAP to work with six essential external or phenomenological domains information dissemination, education, alternative activities, identification and referral, community-based processes, and environmental strategies.

A phenomenological external approach to resilience alone is not enough. 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, prevention efforts will be successful.

Effective prevention must involve the protective processes of caring relationships, high expectations, and opportunities for meaningful participation and contribution. These are transactional processes of person-in-environment. When we are engaged in this kind of prevention, we may chose to no longer think of our work only as prevention, but also as promoting healthy individual human development within the context of community.

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 or perish. Prevention practitioners must make do with meager short-term funding, meet daily overwhelming youth needs, and specifically prevent chemical use to earn their keep.

We have needed a functional bridge between the two worlds of research and prevention practice for so long. The current interest in resilience invites us to build the bridge. We need practical, useful, common-sense and evidenced-based information to guide community-based youth chemical-use prevention.

After nearly a decade working in more than 20 states, my colleague Bonnie Benard and I recognized the need to
create a toolbox for those building the bridge. The toolbox began with a simple conceptual framework to guide community-based youth prevention planning.

We knew the issue was deeper than the 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 multi-disciplinary resilience research. We needed a conceptual framework to link these two ways of knowing what works in prevention. Thus the operating philosophy emerged. (Benard & Marshall 1997; Marshall 1998)

As briefly presented here, the essential planning steps examine individual and systemic beliefs, conditions of empowerment, strategies, and evaluation of both individual and societal outcomes. There are key questions for each planning phase. First, Are all kids (and adults) at promise? Is there a natural health and common sense to be tapped? If so, What are the conditions of empowerment that research and best practice support? Then, What program models and approaches will create these conditions? Finally, What results can we realistically expect for youth, adults and community when we tap resilience? Unlike most planning frameworks which are based on problem-focused needs assessment and external strategies or solutions, the foundation for systems change tapping resilience also hinges on what prevention planners believe. In this context we have found our own Resilience/Health Realization approach to systems change to be promising and productive.

The framework guides planners in discovering that resilience involves the natural, ordinary human capacity for healthy transformation and change. This capacity for resilience, when realized and tapped with effective evidence-based strategies, leads to healthy human development and societal progress across the board, including prevention of substance abuse and related high-risk behaviors.

We are delighted to collaborate with the U. S. Center for Substance Abuse Prevention’s (CSAP) Central CAPT (Center for the Application of Prevention Technology) in providing a series of practitioner-friendly resilience research summaries. These papers are part of the National Resilience Resource Centers (NRRC) effort to bring resilience research into everyday practice. They may be accessed on the Central CAPT and NRRC websites in the near future. Printed copies of this informational series will be available from CAPT.

We invite you to use these items and to contact CAPT and NRRC for additional resources, training and technical assistance as you close the gap between resilience research and prevention practice.

Kathy Marshall, Executive Director
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Framework for Tapping Resilience

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Reviewed Studies

**Adventure Education (Meta-analysis)**

**Adolescent Health Study**

**Big Brothers/Big Sisters**

**Competence**

**High/Scope (Perry Preschool Studies)**

**Meta-analyses of School-based Drug Prevention Programs**

**References**