
What Works in Prevention: An Interview with Bonnie Benard

by
Kathy Marshall

Kathy Marshall: Welcome to this program from the National Resilience Resource Center at the University of Minnesota. I'm delighted today to have as my guest Bonnie Benard. Welcome, Bonnie.

Bonnie Benard: Thank you, Kathy.

KM: I'm so curious. You've been working with resilience, prevention and youth development for almost two decades now. You have a tremendous impact. What would you say are the most important findings that you've discovered? What works in prevention?

BB: Well, I think since I've worked on that question all these years, what really makes sense and what we know works is really simple. It is so simple that it's almost too simple and that is that no matter where we are, no matter where we work with kids, whether it's our families, whether it's our schools, whether it's our communities, after-school programs, what really matters are the relationships we have with kids. Part of that relationship is having people working with kids, care-taking kids, that believe in their innate capacities, their innate health.

Innate resilience is the term I've always used. When we have adults who care, who believe in our kids they almost give them opportunities to be active members of our family, of our school, of our community. That means they have responsibilities in the family. It means they have a voice in the school and that means some decision-making voice. It means having opportunities to choose some of the things they do. It means they actually end up feeling like they're part of a community, part of their family, like part of their school. The word we use now is connected. They really feel connected. *So it's really those three things that we need to do: the caring relationship, that positive, high-expectation message and belief, and that opportunity.*

KM: It's almost become commonplace for people who are dedicated to improving conditions and outcomes for young people, to be able to say those three protective factors of caring, high expectations and opportunities for participation. When you started this work in 1987, was that easy for people to hear you

say? Were you safe to even talk about what works? Tell me about that period.

BB: When I first started with an article in a national publication, prevention people, absolutely, [said it] turned the paradigm for them. It influenced work of a lot of people who are doing resilience work now; it flipped it for them. That created this core group of people that are out there with this message. I have to say, it was still a probably pretty marginalized message in terms of federal policies and funders. It still wasn't a very well-known message or well-accepted message. Over the years while there's been growing momentum around the positive. There are so many names that we call it...resilience, positive psychology, health realization, youth development, strengths practice, health promotion and probably other terms. Those are still not the dominant message but they're coming from the real grassroots, from people who are out there doing programs, teaching in schools, parents in families. The pressure has really come from the people and because of that I think we've started to see a little more acceptance in policies and certainly, I think, in federal role. I've been part of a resilience working group through the Center for Mental Health Services and they're very actively promoting resilience.

KM: Is it enough for people to intellectually know that the three protective factors, the categories of activities that engender protective factors, are important? How does intellectual knowledge connect with a deep knowing? It involves the personal versus the professional understanding.

BB: It's very interesting. For over ten years I've been doing workshops. Most of the people who gravitate towards resilience and the power of these three protective factors realize that you have to take this in personally before you can do it professionally. It's not enough; you can't say caring relationships matter and not be a caring person. You can't say we need to have high-expectation beliefs and not have them yourself. It doesn't work. It's like you have to walk the talk.

KM: So there's an alignment between what you believe, know and do.

BB: Absolutely. I also think that most people who would want to do programs grounded in promoting these protective factors would be the kind of people that live it. I don't see a disconnect so much between accepting these intellectually and then who you are. I don't think that disconnect is there. It [just] doesn't explain how we get there.

KM: What struck you about that first collection of early resilience studies you examined and summarized?

BB: What struck me first of all is that so much of the early research, probably comes out of medical and public health research, focused on looking at individual characteristics of resilience. That included naming. What did resilient kids look like? There was a lot of attention to those individual attributes. There's an explanation because research really does focus on studying individuals. There is still a challenge to do research that would be more ecological, that sees the person embedded in their family/school community. Certainly people like Emmy Werner totally have that understanding. But some of the earlier studies almost perpetuated the idea that resilient young people had overcome a lot of stress-challenge, adversity in their lives. Somehow they were super-kids. In fact, there was a newspaper article in the late '80s on "Super Kids". There was idea that somehow these were special kids, very different from, you or me or the children we have and work with.

KM: If I remember correctly, you were a young mother when you were first looking at this research. You were working part-time so you could be home with your son. Was the research that you looked at in that first month or two hopeful or discouraging to you?

BB: I have always found it hopeful because, to me, if you just start with the one fact that for the most part (and this is probably a paraphrase of a Michael Rutter who did so much of the early research), at the very worst, *at least half of the kids that people have given up hope for are going to make it.* That's half of the kids labeled children of alcoholics, survivors of sexual abuse, children in foster care, children in poverty, and even children having all of those risk factors. For the most part at least half of them will make it and the figures really go up to be more like two-thirds, 70 percent, some 80 percent. We know a lot of risk makes a difference, creates a larger threshold. We also know kids having experienced the absolute worst of the worst and being victims of torture can

have turn-around people, turn-around experiences and change their life.

KM: You brought to our prevention field an unusual question that seemed apparently natural to you. Instead of looking at why things were going wrong you tended to really be asking the question, "What works?" Why does that large percentage of studied young people have a better outcome? Were you aware of at the time that you were so different?

BB: Oh, maybe I was because in some ways I was different. I have always been interested in research, but, you know, my background is in education. I have a Masters in Social Work and while I love reading research (I almost was a librarian) I always had my ear open towards social policy and practice. What does that mean for what we do in our work with kids? It took me a while to realize the question I was asking, "What works?" If we study things that aren't working... children that end up in prison, adults that are in prison, adults that are abusers... how is it that we're going to learn what we need to do in our programs? That's the absolute gift of resilience research ...to study people that have given up hope ...those we were ready were ready to build prisons for ...and to look at how people in similar circumstances have absolutely transformed their lives.

KM: Is this transformation something that's possible for every person or is it only those who are fortunate to have certain external circumstances? How do you handle that debate?

BB: From the very beginning, when I wrote an article a lot of people know me for in 1991, it was very clear that resilience is really about human development and it is a process of human development. I think people like Emmy Werner and Ann Masten certainly say that. Certainly Ann Masten is writing about the importance of having supports and opportunities and caring relationships.

But it isn't about having fewer risks. That's an interesting thing. How is it that somebody fairly well-off with two parents in the home somehow ends up with depression, alcoholism? It happens all the time. How do we account for that? How we account for the fact that somebody in a public housing project, somebody whose husband was shot, somebody who is poor, and hasn't had the breaks, is somehow able to look at life in positive way? It seems you cannot account for that just externally.

KM: Here at the University of Minnesota School of Social Work Michael Bazerman has been so helpful to me in just putting simple terminology into our discussions. He talks about there being two ways of thinking about resilience. He notes the *existential*, internal part of being and becoming and the *phenomenological*, which has more to do with what's going on in the world, what is supporting the individual from the outside-in. You've coined a phrase that resilience involves an *inside-out process*. In a community or school what do adults need to do or know in order to bring out the best or foster the resilience of a young person? What does that inside-out process look like?

BB: Basically, when we're saying resilience is inside-out, it is a process that starts with adults in the family, adults in the school and it starts from their belief in the young person's capacities. If we don't have that belief we really can't provide the caring. We certainly can't provide the strengths messages and positive challenge messages that our kids need. We certainly aren't going to give them opportunities to be a partner with us or be leader or a peer helper if we don't deep in our hearts believe in their capacity. *So by inside-out I mean it starts with our hearts and our minds, how we're feeling how we're thinking about these kids.*

KM: With that belief, what is opportunity that either exists or doesn't exist if we include the voice of youth?

BB: I think giving young people that chance to have a voice is where the rubber hits the road. Do we care about our kids and believe in them? Those are just words, really, unless we also give them the chance to be active contributors, to give their gift back to other kids, other people. Do we want them to move from seeing themselves as a recipient of our care to be an actual caregiver themselves?

KM: What are the most important things you have learned from listening to young people? What stands out if only the adults would listen?

BB: Well actually, you just said it. "If only adults would listen." It is almost that simple. When people say "What does it mean to have somebody who cares for you?" they always say, "It's having somebody who listens." It's kind of giving a voice; someone can really listen to you. It's really a basis for developing some trust. In the act of listening you provide the three protective factors.

KM: So what does it look like in a school or a community or even a family when that kind of engagement is happening? How do you know when you're in such a place?

BB: You know. There's this good feeling in the place I've had researchers say "You know, we think probably what really matters is that good feeling but we just don't know how to capture it." But if you look around and you listen to the kids, they do... they give us some language. You see adults making eye contact, listening to the student, even if it's for a few minutes. You see adults who notice. Teachers notice that Suzy got a haircut or Johnny has new shoes. It's also teachers who take a little time to learn a bit about what's going on outside of school. That can happen through writing, stories or whatever. But it's that personal attention we're talking about here.

KM: So, what does that mean for a local school board when they're making budget decisions about youth programming or adult professional development or community based programs?

BB: If we want good reductions in health-risk behaviors, and if we also want our kids to grow up to be compassionate and to be respectful of other people and to be good citizens, it, it really means that we have to give them opportunities in the classroom to experience that. That means we create that kind of climate where relationships matter. Albert Bandura found 90 percent of what we learn is from the modeling. There's an incredible power every classroom teacher has, every parent has, and every youth worker in an after-school program has, to create a climate that focuses on relationships. But you need to say this is what matters in our program. Teachers in their heart know that. Youth workers that are engaged with kids see good things happening. We could do more educating for program planners and policy makers that the number one thing is to have people that care and love kids in our programs. That's probably the very most important thing that we need to do.

KM: So, I trained in Milwaukee with a hundred-thousand students, a hundred and sixty or more buildings. What advice do you have for increasing the capacity of the adults in the system to be naturally more caring? What would you do if you had an unlimited budget and could do the ideal?

BB: *The number one thing that we need is for adults who work with kids to realize their own health. That's where it starts. That's that inside-out process.*

So, what is it we can do to support teachers to be the natural caregivers they really are? We accept that all kids have an innate [capacity] for resilience. So do all teachers. The most important thing we can do is to support them to be their very best caring selves. How do we do that? I mean the best process that I've seen happening anywhere is really around the work that you're doing helping teachers recognize their own innate health. Unless we believe WE have it, we can't believe someone else has it. It becomes words.

KM: There are many programs, many efforts across this country aiming to support professionals in becoming healthy, staying healthy. The dilemma in a lot of districts is whether it's economically feasible. Is it wise? We have pressures of classroom size and, and the need to contain taxes. I've seen districts that have passed policies that will literally end all opportunities for professional development for two years. It's a very real dilemma.

If you had the opportunity to speak one-on-one with another parent, it would be manageable. If parents want to load the dice and increase the likelihood of a student experiencing the best possible level of well-being, what would you advise?

BB: It's still the same three protective factors. An advantage you have as a parent is you're there and you don't have thirty kids to relate to. It's really listening, once again. It's harder as a parent in some ways because maybe this is the same for teachers too. You feel like you have to be in control, you have to be in charge, you have to protect this child. But it still comes down to listening and parents can get very busy attending to the details of daily life. "I'm busy cooking dinner. I can't listen to what happened at school today." If we could set aside all the busyness just even for five minutes to come home and sit down and talk to our kids and listen to how their day went probably a lot of stress at dinner might not even happen.

KM: If I can be a bit personal, I know you're the parent of young adult children now. In my own situation I know sometimes that is more challenging than when they were very little. Can you talk about what it is like to actually notice when you are busy-minded? How does that show up for you?

BB: Oh my goodness, I can be very busy-minded, It shows up like [when I] called to make sure [my son] registered for school. I begin to think if he doesn't register then all of this is going to happen. It creates stress and there's a little more resistance. "No, I

don't feel like registering for school." and I wish he'd lighten up here. This is the lesson I'm just learning in dealing with young adult children and it's harder at this age to really do more of that letting go and realize the best thing is that they know that I would be there to listen to them, that they could always call me and talk about things. The lesson is having to let go. They're living on their own anyway...make it or break it. There's a lesson they need to learn on their own. For me it's that kind of stepping back.

KM: It is so important to be able to recognize when I'm going there and to pause, not open my mouth, not put out that piece of advice from a place of busyness and to let myself center. Just get calm. Let those kind of thoughts pass by and then there seems to be a moment when some clear common sense response comes forth. In a sense that's what we're talking about needing within a system.

I think of some of the middle school buildings we have been privileged to work with. When an entire staff can notice if they are busy minded and be able to calm just enough so they can be at their best when they do respond to crises or individual student needs. It's a very delicate and important part of reaching the health, of tapping the resilience of both individuals and systems.

In the work that you've done for so many years, how did you have to think about these important things and has it changed?

BB: Most research, describes what kids look like, and if we're really lucky it describes environments help kids get good outcomes. But I got more curious about how does that happen? What is the process? People talk about the black box of resilience and "What what is that process?"

I know Emmy Werner calls it a *transactional process between person and environments* so there's influences going both ways from the person, [and environmental supports]. There is a young person who's able to reach out and get good [support] but, good [support] needs to be there. But that connection has to be made and there is some *inside-out* happening from a young person.

I got more interested in what that black box looked like when I discovered an article that Roger Mills wrote on health realization way before it was called that. I felt it was one of the first beginnings where that black box was starting to be explained.

You can have good things out there but if a person can't see them [there is no change]. I think of Roger's work with the Modello project. Across the street from Modello was a place that helped people get housing and social services but the residents didn't go there. A lot of the reason they didn't go there was they didn't believe anything they did mattered and helping professions held the belief that these were kind of "loser" people. So, both of those thoughts prevented that connection [to resources] from being made. In his Health Realization work, Roger was able help people realize that they were strong and they had innate health. He really helped them realize what I think other researchers like Albert Bender called their self-efficacy. Residents started to realize they were people capable of action, capable of health. It helped them cross that street and make that connection happen.

KM: So over time as a professional you've gone deeper and deeper into the back of that black box. Where does spirituality fit in that box?

BB: In the black box when you ultimately have to answer the question, "Why is it that people tortured in concentration camps, where there weren't good things happening, could still be capable, could still love, could forgive? The transforming of pain even into joy and oppression into forgiveness is a process that happens internally. That is a spiritual process. It is a spiritual process of really giving a different meaning to the experiences you have in life.

KM: Yesterday in our workshop we talked about changes and losses in our own lives. You made an incredible, simple statement asking, "Can I begin to live as though in this moment is [all is well]?" That's a spiritual question. My question here is so what does the research agenda of the future need to do in order to address that area in the black box? Are we prepared to measure and work with it?

BB: I think it's a challenge. I found from working on a resilience survey for California Department of Education, a lot of things make up spirituality. It's about having a sense of your own meaning and a sense of your own identity. It's about feeling part of something bigger than you. It's hard to talk about in one question. and the best shot I could have [in that survey] is probably just one question. That sense of faith, that sense of spiritual connectedness that Emmy Werner found so strong in all of her research.... I don't have the one question yet.

KM: Spirituality is formless and it will take some careful attention in many fields to be able to attend to this.

Bonnie, I want to thank you very much for spending time with us today. Thank you for talking to us about emerging trends, your interests and your history in this important area of resilience and youth development. Thank you, Bonnie.

BB: Thank you, Kathy.

**Kathy Marshall and Bonnie Benard
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