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**Putting Resilience Theory into Action:
Five Principles for Intervention¹**

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This volume owes a debt to Kurt Lewin (1890-1947). A social psychologist, Lewin's prolific work stressed the importance of linking personal characteristics and the environments in which we live. That work preceded studies of resilience by several decades, and yet would find a comfortable place among the growing body of literature seeking to understand children's successful development when growing up exposed to chronic and acute problems. By the very nature of its perspective, the field of resilience research has positioned individuals in their environments. It is hard to believe that we could think of concepts like resilience isolated from the context in which such positive development takes place. And yet, though this point is now taken for granted in the fields of social psychology, social work, child and youth care, nursing and other allied professions, it was a novel idea in its time. Lewin, and later his students such as Urie Bronfenbrenner (1979), helped us to develop a more ecological understanding of people and problems. Their work was a response to the increasingly intrapsychic Freudian-inspired perspective of well-being that de-emphasized social interventions which were so evidently at the root of dysfunction. It would take time, but with the advent of research on resilience, we came to understand that people's physical and social ecologies were also responsible for their capacity to overcome the same adversity that predisposed them to breakdown and disorder (Seccombe, 2002; Wolkow & Ferguson, 2001).

As indebted as I am to Lewin for his contribution to theory, it was his practicality that guides me. Lewin is famous for saying, 'There is nothing so practical as a good theory' (Stivers & Wheelan, 1986). Unfortunately, that injunction to use theory to inform practice has often been overlooked by those who build theory. The grunt work of bringing about change is left to lay community members, front-line professionals, policy developers, or worse, politicians. Busy schedules and client

demands often prevent them from delving deep into the academic literature of outcome studies and theory driven discussions of what should work and why. As ideal as it would be to ensure that robust theories inform interventions and policies, more often they remain disconnected. That is unfortunate as Lewin also tells us, 'If you want truly to understand something, try to change it' (Stivers & Wheelan, 1986). There is much to be said for putting theory into action.

In this chapter I will discuss the theory of resilience as it relates to interventions with child populations under stress. These may be children in families experiencing divorce, homeless youth, youth who have grown up exposed to war or recent immigrants coping with their displacement. Though the study of resilience has produced many insights into the ontogeny, or step-by-step progression, of positive development among at-risk populations, this chapter, like others in this volume, will demonstrate the synergy between how resilience is understood and the principles of intervention it informs. Specifically, I will discuss five aspects of the study of resilience as they relate to practice: (1) the emphasis in studies of resilience on the generation of ecological, multi-level theory; (2) the focus of resilience researchers on processes that build upon strengths; (3) the multi-finality, or many routes to many good ends, of processes associated with resilience; (4) the focus on movement towards social justice as foundational to successful development; and (5) culturally- and contextually-sensitive appreciation for heterogeneity in how resilience is understood. To demonstrate these five aspects of resilience as they relate to what we actually do as professionals, I will discuss Phoenix Youth Programs, a multi-service non-profit organization that provides primary prevention services, secondary interventions and tertiary level long-term support for at-risk and homeless youth in Halifax, Nova Scotia, Canada. This example, like the practice examples in the

chapters that follow, heeds Lewin's injunction to make theory practical.

Thriving Dangerously?

It is easy to be afraid of Cyndi and her friends. They have the piercings and tattoos of the urban street youth. Their clothes and attitude invoke fear. Warm afternoons, Cyndi sits with her friends on the grass next to a busy intersection. She doesn't like to squeegee car windows, or beg, but values the feeling of comfort she finds on the street where she doesn't feel herself threatened. This public space is so much better than the conflict ridden home from which she comes. Her mother and younger sister live in a subsidized housing development. Her mother has always told Cyndi to keep to herself and made arrangements for her to attend school away from the other Project kids. She wanted her daughter to do more than just get by. She wanted her to make something of herself. Unfortunately, her mother also refused to let her daughter grow up. The life preserver she strapped to her when they arrived in the city eight years ago was meant to keep Cyndi safe. It did for a time, until the girl in the jacket outgrew the protection her mother could provide. Halfway through Grade 10, Cyndi dropped out of school. She began to smoke and experiment a little with drinking and drugs. She is sexually active, though says she doesn't like to talk much about it. She hesitates when asked if she practices safe sex. "You mean always?" is the way she answers.

Since she turned fifteen, Cyndi has been drifting more and more to the street, couch surfing the basement rooms of friends who are still at home with their parents. However, when her friends are themselves on the street, and its too cold to camp outdoors, Cyndi goes to the emergency youth shelter run by Phoenix. The shelter gives her and her mother a respite. Cyndi keeps hoping her relationship with her

mother will improve but each time Cyndi returns home the arguments start again, and with them the locked doors shutting the girl back out onto the street.

Phoenix Youth Programs, Halifax, Canada

By 1984, a group of concerned professionals and volunteers had recognized the need in the Halifax region for a coordinated response to youth between the ages of 16 and 24 who lived on the street and were in need of shelter and support. In 1987 Phoenix opened its first group living facility. It was at the time the only residential service available for youth in this age group in a community of over three hundred thousand people.

The youth served by Phoenix come from family and community contexts where they are commonly exposed to a number of risks. Many show signs of stress related to physical and sexual abuse. Many have been witnesses to, or participated in, patterns of family conflict. They also bring with them to programming problems with addictions, truancy and school conflict, learning difficulties and threatened self concepts resulting from their living situations. These also tend to be youth who have experienced high amounts of racism, homophobia and other forms of discrimination related to poverty and violence. Youth frequently report experiences of being bullied, depression, and self-harming behaviours that include suicidality and eating disorders.

In response to the growing community intolerance for having these youth on the streets of Halifax and under-served, Phoenix grew rapidly starting in the late 1990s. In the new millennium, Phoenix initiated: a follow-up care program for youth who had been in conflict with their families; a supervised apartment program for youth ready to transition to independent living; and a drop-in centre staffed with a

nurse and youth workers, that also provides laundry facilities, showers, and advocacy to secure financial and educational resources. Furthermore, in collaboration with its federal funder, the Phoenix Learning and Employment Centre supports youth with academic upgrading and life skills training. The Centre also provides career counselling and employment related services to youth, helping them become independent financially. To these core services have been added other Special Initiatives that promote youth development through creative expression such as art and music. The Phoenix Prevention Program provides community outreach services in schools, a youth speakers bureau to sensitize the community to youth issues, and individual and family therapeutic services for youth served by Phoenix and those at risk of becoming homeless in the greater Halifax region. In 2003 a major expansion to Phoenix programs included the addition of a 20-bed emergency shelter.

Phoenix is now staffed by over 70 child and youth care workers, social workers, case managers, psychologists, educators, health care professionals and therapists. The target population has grown from youth on the street to those at risk of becoming homeless, providing service to those aged 12-24. The youth using the service are most often those who fall beyond the mandate of Child Protection Services, which rarely deal with youth at risk beyond their sixteenth birthday. Recently, Phoenix management have sought to create greater integration and improve case management functions across the organization in order to facilitate the seamless delivery of services to youth. This has also meant creating a service network with other community care providers such as Child Welfare, the local Children's Health Centre, and the Regional School Board. Funding for the programs now includes both private donations solicited through a diversity of fundraising

activities and government core funding.

Resilience as Applied Theory

Resilience is a theory that can inform action. It is a concept that changes our focus from the breakdown and disorder attributed to exposure to stressful environments, to the individual characteristics and social processes associated with either normal, or unexpectedly positive psychosocial development. By way of illustration, we can look at Greene et al.'s (Greene, Anderson, Hetherington, Forgatch, & DeGarmo, 2003) meta-analysis of studies of children's experiences of the divorce of their parents. Findings show that only 20% of children from divorced families demonstrate signs of mental health problems. In families where there has not been a divorce, only 10% of children will show overt signs of mental illness. While a child in a family where a divorce has occurred is twice as likely to require a mental health intervention, we often overlook the fact that 80% of children in these families remain healthy. While this doubling of the incidence of disorder is certainly worrisome and cause for intervention, we should not ignore the fact that, metaphorically speaking, the glass is far from empty. Greene et al. show through their meta-analysis of the research that four-fifths of children will navigate through a divorce without breakdown. It is the capacities and environmental resources that sustain these 80% of children that are the focus of those who study resilience.

As Crawford, Wright and Masten (2006) explain, the study of resilience is "a search for knowledge about the processes that could account for positive adaptation and development in the context of adversity and disadvantage" (p. 355). Clearly, then, a child's resilience is dependent upon the environment in which he or she grows up. That environment must necessarily include services that seek to meet the

needs of children and families at-risk (see for related discussions, Barber, 2006; Boyden & Mann, 2005; Leadbeater, Dodgen, & Solarz, 2005; Wyman, 2003). As a contextually relevant field of research, the study of resilience is becoming increasingly focused on understanding what resilience looks like in many profoundly different cultures and contexts. Arguably, there are highly specific protective processes in each community and culture that contribute to positive development. While we know many of these processes are shared, there remains a tension in the resilience literature accounting for *both* homogeneity and heterogeneity in the way resilience is manifested among different populations. This is to be expected if resilience is a function of a child or family's interaction with their physical and social ecologies. One's physical ecology includes tangible aspects of our environment such as the quality of the water we drink, our housing, the safety of our streets and the level of pollutants in the air. Social ecologies can range from informal personal attachments and opportunities to experience rites of passage, to structural supports like schools, transportation and medical care, many of which are culturally determined (i.e. whether both boys and girls have equal educational opportunities, and how medical care is provided). Combined, these dual ecologies provide a context in which individuals can realize resilience. It is this emphasis on person in environment which reminds us of Lewin's point that a how a people behave is a function of their interaction with their environments. Change those environments and it would be expected that strategies for survival will also need to change.

Those studying resilience and resilience related concepts like Positive Youth Development are looking at these constructs as clusters of assets, both individual and environmental (Benson, 2003; Lerner, Brentano, Dowling, & Anderson, 2002). This dual focus is important. A more individualized understanding of resilience is less

informing of practical solutions. An individualized understanding quietly places the burden of growth solely on the child to adapt. A more ecological perspective implicates those mandated to help (social workers, child and youth care workers, nurses, psychologists, and others) in the process of intervening to provide an opportunity structure for a child to realize his or her potential. It is with this broad perspective in mind that I define resilience as follows:

1. First, resilience is the capacity of individuals to navigate their way to resources that sustain well-being;
2. Second, resilience is the capacity of individuals' physical and social ecologies to provide these resources; and
3. Third, resilience is the capacity of individuals, their families and communities to negotiate culturally meaningful ways for resources to be shared.

This broad definition of resilience emphasizes the need for individuals to exercise enough personal agency to make their way (navigate) to the many resources they require to meet their developmental needs. These resources must be both available, and accessible. They range from psychological resources like feelings of self-esteem and a sense of attachment, to accessing health care, schooling and opportunities to display their talents to others. Combined, individual, family, community and cultural resources need to be there for children if they are to succeed following exposure to adversity. Organizations like Phoenix Youth Programs concretely address this need for resources on the front-lines of service.

The definition also makes clear that resilience only exists to the extent that a child's physical and social ecology are within reach of the child. Those ecologies include the vast matrix of care providers and community resources that support well-being. The phrase, "he is resilient" is inaccurate because it individualizes what is a

condition of both individuals and their contexts (Rutter, 2005). One need only think of the person with a disability who succeeds because of some technological innovation (a prosthesis, medications, or Brail) to realize that our capacity to achieve success is dependent on resources to activate opportunities for us to show ourselves as competent. Studies of lives lived well frequently point to special relationships with educators or other extra-familial adults that mentor at-risk children and shelter them from adversity (see for example Ungar & Teram, 2000; Werner & Smith, 2001).

Finally, the definition reminds us of the importance of culture and the meaning culture informs. Understanding which aspects of our physical and social ecologies will most influence resilience depends upon an appreciation for how these aspects of resilience are valued by our culture. In other words, a resource such as medical care, education, or a foster parent, may be perfectly adequate as a buffer against risk, but of little use to a particular child if what is offered is not understood as helpful. One need only think of Aboriginal youth offered non-Aboriginal foster placements as a case in point. Foster placements that are kin-based are far more likely to produce positive developmental gains even if they are with less stable families challenged by multiple risks (Blackstock & Trocmé, 2005). Similarly, studies of marginalized youth from cultural groups where post-secondary education is seen as unattainable or irrelevant (Dei, Massuca, Mclsaac, & Zine, 1997) have shown that in such cases, youth may drop out of school and put themselves at risk (at least in the judgement of cultural outsiders). This pattern of “resistance” is not a sign of disorder necessarily, but likely a message that the service being offered lacks cultural relevance.

Thus, the study of resilience can be reflexive. Research with resilient individuals about their physical and social ecologies helps to provide a depth of understanding of both the characteristics and processes that are associated

population-wide with successful development (Kirby & Fraser, 1997). If, for example, children who are the most successful despite exposure to risk show a particular constellation of factors that predict their positive development, then it would be reasonable to ensure these same resources are made available in culturally relevant ways for other children similarly at-risk. We might imagine having a million dollars to invest in our community, and a wish to efficaciously assist the most vulnerable. It would seem prudent to investigate factors most relevant and useful to those who are already successfully coping with adversity. It is this potential for reflexivity that makes resilience research well-positioned to inform practice.

Caution is, however, required when translating research into practice. Children, like Cyndi, have complex interactions with their physical and social ecologies. Findings from studies of resilience do not tend to be uniform across populations. For example, in a study of Positive Youth Development (PYD), a term synonymous with aspects of resilience, Phelps and her colleagues (Phelps, Balsano, Fay, Peltz, Zimmerman, Lerner, & Lerner, 2007) studied 1,122 children in Grades 5, 6, and 7 looking for patterns of change overtime associated with both PYD and risk/problem behaviours. Though it was reasonable to expect the coupling of increases in PYD with decreases in children's exposure to risks and manifestations of behaviour problems, this relationship held for only one sixth of the children studied. Others remained stable over time, showed increases in both PYD and the level of risk they experienced, or a decline in PYD from one grade to another regardless of their level of exposure to risk. The child's socio-economic status, gender and grade level all influenced the findings. What then are we to make of such multiplicity of patterns in the development of resilience for a population under stress? Furthermore, what does such complexity in the growth trajectories of children tell us

about the design of programs and interventions to keep them safe? Examining how we might help a youth like Cyndi through exemplary programming like Phoenix can help answer these questions.

Seeing Resilience Beneath Problem Behaviours

Though from the outside, it looks like Cyndi is a danger to herself and others, getting to know her, one discovers a different story. She may have left school but she is committed to completing her high school education. Only, she'd prefer to do this in the less structured environment of an alternative education setting, a place where she doesn't have to spend six hours a day listening to teachers tell her what she has to do. She's also happy to hold down a job. She'd worked as a cashier for almost a year, only being fired when her living situation changed and she found her life in too much chaos to make her shifts. Getting to know Cyndi, one quickly realizes the girl we see from our car window at rush hour sitting on the grass with her friends near a busy intersection is only a snapshot of life that is far more complex than what we might assume.

It's this multi-dimensional young woman who workers at Phoenix meet when they provide Cyndi with a seamless continuum of services. By integrating a number of programs, Phoenix has been able to meet Cyndi's needs in ways that have allowed her to nurture the building blocks for surviving. While many of the qualities that Cyndi builds upon were already latent in her prior to her attachment to service, it is the context that Phoenix provides which helps to facilitate Cyndi's development. Informing these interventions with a theory like resilience provides a basis for intentional practice. Phoenix provides a continuum of care that is theoretically sound and reflects the five principles that research on resilience teaches us.

Five Principles of Resilience Relevant to Practice

Resilience is nurtured by an ecological, multi-levelled approach to intervention

Large epidemiological studies that formed the basis for early studies of resilience demonstrated the cumulative effect of risk in a child's life and the constellation of factors and processes that protect them. Werner and Smith's (2001) study of a birth cohort on the island of Kuaii, for example, examined hundreds of factors over the 40-plus years of the study. Such efforts show that resilience, the capacity to overcome, was complex in its dimensions. Cyndi's efforts to thrive are similarly complex and multi-layered. Shelter workers have offered Cyndi not only the primary care of shelter and access to education. Phoenix staff have also married these instrumental resources with access to mentors and emotional supports, formal counselling (if requested) and plans for family reunification (when appropriate). If youth like Cyndi attach to service, it is most likely because the service is by design intentionally structured to be multi-dimensional. As Phoenix has grown, their challenge has been to continue to integrate case management functions. Like the disparate services in the community at large, there tends to be a silo mentality among service providers who are mandated to provide for youth like Cyndi. The schools may try to speak to social services about housing, but their role in these negotiations are vague and the linkages only informal. Phoenix, by bringing a number of services together, provide a seamless emergency response to youth at-risk. The problem, however, becomes reintegrating these youth back into mainstream services. Youth workers must create continuity with a youth's care providers by partnering with them and other agencies which will follow youth after Phoenix's involvement ends. Recent efforts at the level of local administrators to

coordinate services for the most vulnerable youth in the Halifax community are addressing this problem.

The study of resilience shifts our focus to the strengths of individuals and communities

The study of resilience helped to move researchers away from examining psychological distress and related problems among populations under stress. It opened the possibility of studying strengths, and to design programs that build capacity rather than addressed risk (Chazin, Kaplan, & Terio, 2000; Norman, 2000). However, this capacity to cope is contextually referent. What is taken to be adaptive in one context may be maladaptive in another, a fact that perplexes refugees, survivors of sexual abuse, and anyone else who has learned to cope under adverse circumstances. Patterns of violence, dissociation, mistrust and even suicidality may be symbolic of adaptive behaviours to survive when living under difficult circumstances. Seen in context, even problem behaviours may demonstrate the plasticity (Lerner, Alberts, Anderson, & Dowling, 2006) required of individuals who have few, if any options. For example, Jobin and Mandeville (2005), like other positive psychologists concerned with aspects of coping, argue that when we hit either a crisis or period of discontent, even suicide may be used as a problem-solving strategy. Taken out of context, and viewed only through the lens of psychopathology, such behaviour is seldom understood as a solution to a situation in which no other resolution appears possible. Frequently, when their lives are decontextualized, children and youth may be seen as maladaptive in their behaviour rather than well-adjusted to the demands placed upon them. The more disordered their environments, the more likely children are to accommodate themselves to that

disorder with antisocial behaviours. Research with youth in gangs, for example, has demonstrated this trend. Gang behaviour is not always emblematic of a desire to be bad, but is more often a response to threats from others. In the case of immigrant and other youth who experience systemic prejudice because of race, ethnicity or class, gang membership may actually resolve some of the tensions caused by their marginalization (Solis, 2003).

Resilience researchers, notably Rutter (1987), have named several clusters of protective processes evident in the actions of children who develop well. These include: processes that reduce the impact of risk on a child (as in when a perceived danger like foster placement is made to seem less frightening); reducing negative chain reactions such that one problem, like time spent on the street, doesn't lead to other problems like addiction or risky sexual behaviour; improving self-esteem and self-efficacy, or the ability to like one's self and change one's world; and, opening up opportunities as when the student who leaves school takes advantage of alternative educational pathways. If one thinks of making practice intentional (guided by theory), then promoting each of these four protective processes becomes crucial to positive development. Arguably, for Cyndi and others like her, experience with Phoenix provides opportunities for each of these four processes to occur.

Research on resilience shows that multi-finality, or many routes to many good ends, is characteristic of populations of children who succeed

Our tendency as those intervening with at-risk children and families might be to acknowledge many paths to the same ends. However, in practice, we tend to ignore the evidence that children demonstrate a great deal of difference in how they define and experience success. For example, programs may seek to re-integrate

youth who leave school through a variety of programs such as the provision of alternative educational settings, individualize education plans, one-on-one workers, streaming, or even the fining of parents and forced education of children who otherwise resist intervention. What these efforts share in common is the goal to educate children in the formal system with the belief that education leads to future employment security. It is a difficult argument to refute. But it is not the only argument. If we were to broaden our perspective to another context, such as Tanzania, or Nepal, we would find evidence that education may be valued almost universally, but that it is seen as less practical for some of the most vulnerable children to pursue. In Tanzania, for example, where fewer than 50% of girls advance past Grade six, families may emphasize entrepreneurship as an alternative (Gupta & Mahy, 2003). In Nepal, child labourers are more likely to attend school when they can continue to work half-days (International Union of Anthropological and Ethnological Sciences, 2002). Similarly, in Canada, we might explore the need for less academic solutions to children who leave school early. Vocational apprenticeships are thankfully gaining greater popularity, with some recognition that not every student needs to complete their formal education inside the school system. In all three cases, careful collection of children's own accounts of their experiences show that there are many manifestations of resilience, and many paths to achieving the well-being associated with resilience. To argue for a single set of outcomes is cultural naive.

Other research supports this same multi-finality. A study from Israel shows that when children are exposed to trauma associated with war and conflict they may increase their risk taking behaviour as a way to cope (Pat-Horenczyk, Koppelt, Melron, Baum, & Brom, 2004). The study's authors speculate that even though this

adaptive behaviour places children at greater risk of harm, it may in fact help them to confront the stress they experience, alleviating symptoms of distress. The children labelled clinically depressed following exposure to trauma were those who were the least likely to take risks. The question such findings raise is whether it is better to adapt to stress by taking risks or becoming depressed? The findings suggest that both are adaptive strategies. Both make use of the resources at hand to self-soothe and deal with the after-effects of exposure to the conditions of war. Can we, therefore, really say that one is any better than the other?

Though Phoenix holds to specific objectives, recent innovation in its programming has resulted in a more narrative approach to intervention in which greater emphasis is being placed on each youth's own construction of successful development (see Ungar, 2004). Dangerous and delinquent behaviours are discussed as part of adaptive stories of personal survival that may not have achieved conventional expressions of success, like attachment to school or employment. This approach fits well with harm-reduction models now gaining popularity in the fields of addictions and suicide prevention.

The study of resilience has shown that a focus on social justice is foundational to successful development

Each of the above three points emphasize the need for young people to participate in the design of interventions meant for them. Making complex multi-level interventions responsive, ensuring the strengths a child values are given space for expression, and respecting the divergent paths to well-being children may follow, are aspects of programming congruent with a concern for children's rights (Chan, Carlson, Trickett, & Earls, 2003). In a number of international contexts, the rights of

the child to supportive and healthy physical and social ecologies are understood as important contributors to children's well-being (McAdam-Crisp, 2004). At the level of individual service, such as that provided by Phoenix to youth like Cyndi, social justice means maintaining the young person's voice in the process of service. Interventions that help children achieve resilience are more likely to succeed when this voice is present. This is demonstrated well by Hjørne (2005) in regard to negotiations concerning a child's identity as a 'problem' child in a public school in Sweden. Hjørne spent two years examining the way in which parents and schools negotiate a child's identity as a child with Attention Deficit Hyperactivity Disorder (ADHD). She notes that the labelling process and negotiation for control of labels are not neutral: "A critical element in this process is that the institutional representatives determine the allocation of services and resources through their categorizing practices. And this has profound implications for the individual and the organization" (p. 490). In other words, the process of negotiating identity brings with it concretely the provision of resources necessary to ensure a child succeeds. This is more than a case of good or bad case management. There are fundamental issues of rights and 'voice' lurking within these negotiations, and their outcomes one of appropriate response to a child in need. What Hjørne shows is that within people-processing organizations "diverse arguments and accounts are used by the participants when negotiating meaning and providing explanations" (p. 492). In these negotiations, very different agendas can be represented. The schools will provide service that fits with their view of the child, in this case a boy named William. The diagnosis of ADHD is, however, a double-edged sword for educators. On the one hand it can be used to coerce parents into medicating the child to make him more manageable in the classroom. On the other hand, it can obligate the school to provide expensive services. Meanwhile, the child's

parents seek to maintain their child in the everyday world of their community and with a definition of normal, making it likely they resist the label of ADHD. Needless to say, the school wins, but only after making the rather vacuous promise to “still ‘see William as William’” (p. 503). In this example we can see that services shape outcomes for children, with the definition of both a child’s problem and strengths the result of negotiations that determine how a child’s behaviour is understood and responded to.

While the term social justice conjures up images of macro level interventions to address social inequities, a social justice perspective may also inform interventions that create opportunities for resilience to be realized. In William’s case, as in Cyndi’s, the provision of resources that fit the child and his or her family’s definition of the problem is an issue of equity and access to justice. Arguably, interventions that are top-down, unaccountable to those served, and inflexible are less likely to develop the conditions necessary for resilience to manifest.

Resilience research focuses on cultural and contextual heterogeneity related to children’s thriving

What we now know about resilience is beginning to inform a rich tapestry of interventions that must be tailored to the specific cultures and contexts in which they are used. Thus, the benchmarks associated with success are no longer fixed, but fluid (see McGoldrick, 2003; Ungar, in press). Culture and context (the community’s geographic location, the economic status of the child’s family, the level of safety in the child’s family, school or community) will influence the quality of the indicators of success the child and his or her family seek to attain.

For example, a street front coffee shop in Toronto, the Ground Level Café,

provides street youth with employment and training to help them migrate from the street. Such an initiative makes sense in a community populated with Starbucks and its competitors. It makes less sense in Digby Neck Nova Scotia or Hudson's Bay Saskatchewan where the coffee shop itself would become the one and only employer of barristas. In an edited volume of international examples of resilience promotion strategies, contributors from around the world showed how interventions need to be tailored to the requirements of local populations, helping individuals set personal development goals that are relevant to a community's definition of resilience (Ungar, 2005).

Such initiatives show that children and youth at-risk thrive in ways that make sense to them and their communities. Furthermore, the antecedents of that success are found across a community and reflect how well people's complex needs are met. An interesting illustration of this comes from Lalonde's (2006) study of 196 First Nations communities in British Columbia. Lalonde found that a small number of community factors, such as women in local government, a dedicated space for cultural events, and a fire hall, could distinguish communities who have experienced both high and low rates of youth suicide from those which have not had any episodes over a fourteen year period. In summarizing his findings Lalonde argues for an understanding of successful growth that takes into account the individual in context:

The surprising outcomes—the transcendence—is not found in the single 'hardy' or 'invulnerable' child who manages to rise above adversity, but in the existence of whole communities that demonstrate the power of culture as a protective factor. When communities succeed in promoting their cultural heritage and in securing control of their own collective future—in claiming

ownership over their past and future—the positive effects reverberate across many measures of youth health and well-being. Suicide rates fall, fewer children are taken into care, school completion rates rise, and rates of intentional and unintentional injury decrease. (p. 67)

Lalonde's work could, however, erroneously lead to the assumption that a single model of community organization (one that promotes cultural adherence and pride of place) always predicts better mental health outcomes for youth under stress.

However, culture will only affect youth if cultural adherence is meaningful to children in their particular context. It is doubtful, for example, that Cyndi, a white youth living in a predominantly white urban environment, considers her whiteness as a cultural force in her life. The presence of a fire hall or space for cultural events is far less likely to be significantly correlated with her negative or positive outcomes. It is not that Cyndi doesn't have a culture. It is that her culture, as the dominant culture, is invisible in its ubiquity. It would be just as problematic to assume that all individuals from cultural minorities would necessarily view cultural adherence as positive. While in the case of British Columbia's First Nations communities, the broad trend is to link resilience and culture, it is not always the case.

One can see this distinction among participants in a research project carried out by the Aspen Family and Community Network Society in Alberta. The Youth Matters Multicultural Project sought to examine issues of access to services for youth from different minority cultural backgrounds in Calgary (Taylor, 2005). Documenting the stories of youth, they found that young people are far from homogenous even if they are from the same ethnic or racial minority group: "It is important to note that immigrant youth do not place a common value on their cultural heritage. Some express a distance from what they consider their parents' culture,

while others have a great deal of pride in their diverse background and see it as a benefit in their lives. This challenges adults working with immigrant or visible minority youth to be sensitive to this variation” (p. 22). In understanding resilience as related to cultural adherence, we need also to be open to culture being resisted, or rejected, and an alternate culture being adopted as a pathway to successful development.

Interventions as Expressions of the Five Principles

Throughout this volume there are many examples of interventions that focus on one or more of these five principles. In the chapters that follow, the authors detail research relevant to practice and interventions with at-risk children and youth that helps them to find structural solutions leading to personal growth and healthy development. These interventions tend to exemplify the five principles in action. All show the promise of being ecological in their focus, affecting more than just the individual child. All appear by their design to be attuned to the complexity involved in nurturing and maintaining resilience. All are strengths-based, building on capacities of individuals and their communities. A great many focus on changing the meaning attached to the behaviours of youth, and in the process appreciating their definitions of successful development (the multi-finality of their ways of manifesting resilience). Many others seek, like Phoenix, to represent the concerns of youth and uphold principles of social justice. Finally, all are in one way or another sensitive to the culture and context in which they are implemented.

Bringing together such a diverse collection of papers, there is cause to be optimistic that a focus on successful outcomes is seeding a new generation of interventions. There was a time not long ago when interventions were exclusively focussed on combating disorder. The shift to building resilience at both the level of

individuals and communities is more than just semantic. When we study resilience and design interventions to build strengths we are challenging funders to finance interventions that reflect what we know is already helping children thrive. The five principles discussed in this chapter are meant to guide the design of these interventions. If they work, it is because they are grounded in the experiences of those young people already demonstrating resilience, even when that resilience is hidden behind problem behaviours that are chosen in resource-challenged environments.

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