



Making Resilience Happen through Youth-Adult-Partnership

Moving from observation of natural resilience to intentionally supporting resilience in community-based youth health promotion and prevention initiatives

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Valley Youth Partnership
for Engagement and Respect

Resilience is what happens when individuals, groups, and even entire communities continue to function well when coping with stress, disasters, and other extreme challenges (*Afifi & Macmillan, 2011; Herrman Stewart, Diaz-Granados, Berger, Jackson, & Yuen, 2011*). For those with resilience, adversity can even lead to psychological and emotional growth (*Bonanno, Galea, Bucciarelli & Vlahov, 2007; Moon, Jackson, & Hecht, 2000*). With this definition, it is not surprising that it has gathered a lot of interest and therefore is not a new topic of inquiry when it comes to health outcomes for people in general, and for young people specifically.

What has remained somewhat elusive in this process of inquiry has been the identification of specific, actionable interventions or initiatives with clear outcome measures that can be implemented to improve resiliency at the population level—and particularly with “at risk” populations. This should come as no surprise, since resilience is a complex and fluid quality that is highly dependent on contextual/environmental factors (covered in the full report).

VYPER’s approach to enhance youth mental health services and outcomes in BC

Valley Youth Partnership for Engagement and Respect (VYPER) is a Health Canada Drug Strategy Community Initiatives Fund (DSCIF) supported project operating in the Fraser Health region of British Columbia. Rather than, as many other health promotion and prevention projects do, focusing primarily on individuals and their behaviours, VYPER’s focus is on systems and their behaviours (using an Outcome Mapping change management framework). Its initial efforts, then, have been to support changes in the environment in which “at risk” young people reside in ways that improve the number, quality and sustainability of resiliency-building opportunities available to these young people (based on the deep and credible body of naturalistic/non-intervention-based resilience research—covered in the full report).

VYPER’s main objective is supporting, within existing or developing systems, opportunities for meaningful youth-adult-partnership in program design, development, delivery and evaluation. It does this by adhering to a foundational Commitment, Belief and Hope.

- **Commitment:** To a capabilities approach, which asks, “What are young people capable of doing or being in this environment?”
- **Belief:** That young people will be the most effective proponents and stewards of an evidence-informed approach to youth-related health promotion and prevention in their communities.
- **Hope:** That communities, with intentional supports from VYPER (staff and funding), will bring forward opportunities for young people to discover, explore and demonstrate their capabilities in ways that compellingly embolden and sustain community commitment to the capabilities approach to youth engagement and prevention.

And it identifies three evidence-informed goals within this process:

1. **Strengthening and expanding health-promoting and preventative social connectedness** to offset or replace detrimental influences.
2. **Building skills, capacity and supportive environments** that encourage adjustment of self-concepts that may be causing youth to identify with these detrimental agents or deficits—moving from socially-assigned identities (based on disadvantages) to self-assigned preferred identities (based on personal strengths and capabilities).
3. **Providing a range of mechanisms, roles and responsibilities** (especially the opportunity and responsibility to diffuse leadership throughout the cohort of VYPER participants—adults and youth alike) that support the development of a sense of self-efficacy (gaining more control over the decisions that affect their lives) and reduce fatalism (creating opportunities to discover a more positive outlook for the future).

The youth of VYPER have developed the following three statements defining the project from their perspective:

- **Who we are:** We are a diverse group of youth and young adults who are passionate about redefining mental health and substance use services based on first-hand experience with positive and negative effects of the system.
- **Our vision:** A Fraser Valley where youth and young adult voices guide, inspire and connect service providers, the community and the next generation of youth.
- **Our mission:** Creating pathways for youth and young adults to move from isolation to a sense of belonging in their communities.

What makes VYPER successful

We have identified four guiding principles upon which VYPER is based (summarized below and explored in more detail in the full report).

1. Building on what already exists

As our review of the literature on resilience will suggest—in most cases, resilience triumphs, and this is not simply because “most people are resilient,” but because of a complex constellation of factors that exist in individuals, in families, in communities, and in societies that already (one could say, naturally) support resilience. Just because many of these factors may not have been intentionally put in place to support resilience does not mean that they cannot be capitalized upon to do just that.

2. Clarifying specific opportunities and available supports

Through experience, we have learned that there is an art to determining when and how to start bringing youth into projects.

If there is nothing specific to work toward, the risk is that youth gatherings become simply social in nature. While this may support developing caring and connected relationships, it can also result in the opposite—an environment ripe for cliques that may contribute to isolation. Without something tangible to invite youth to participate in and contribute to—nothing hangs in the balance and there can be no rationale for ensuring everyone has the opportunity to be included (i.e. “This is something that may affect everyone here, so we want to make sure everyone has the opportunity to contribute any ideas or thoughts they may have—now and in the future.”)

Without feeling that they have contributed and participated in a way that represents some level of personal investment in or ownership of the results, it will be very hard for youth to develop high expectations about the way in which they engage.

By the same token, if youth are brought in too late in the game—when the ball is already rolling in a specific direction (based on adult decisions)—while there is again the potential for the development of caring and connected relationships, there is also the risk of an opposite result. Without feeling that they have contributed and participated in a way that represents some level of personal investment in or ownership of the results, it will be very hard for youth to develop high expectations about the way in which they engage. They may disengage or fail to follow through with the things they have committed to (or, in this case, that may have been more-or-less assigned to them). In this way, both the way young people think of themselves and the way adults think of them can actually be degraded.

To be empowered and to act responsibly with that power, youth must actually have power—and this relies heavily on when and how adults engage them.

3. Working with an anti-oppression/allyship lens

The lived experience of many young people is that adults neither listen nor learn (*Tiet, Huizinga, & Byrnes, 2010*). The adults in their lives are interested in demanding compliance, taking them away from their peer group and culture, and assimilating them into the mainstream adult culture. When historians or anthropologists encounter a process where systems function to support one group to dominate and assimilate another—at a minimum, they call it oppression, a phenomena that limits connection and learning opportunities for everyone, and has negative correlations with a wide range of health and quality of life outcomes.

An alliance relationship is focused on the needs of the youth, and, in general, those needs have to do with identity development, building self-efficacy, creating realistic efficacy expectations, and sustaining supportive relationships.

A different relational process is possible. When adults make themselves available to be informed by and responsive to the lived experiences of young people, they engage in an anti-oppressive process that makes space for youth to explore, develop and articulate their perspectives—and for adults and adult systems to benefit from exposure to this inherently novel youth lens. At the core of this process is that allyship values not only what the young people do and think and feel, it also values the presence of young people and sees any level of connection as a contribution (*Wong, 2008*).

An alliance relationship is focused on the needs of the youth, and, in general, those needs have to do with identity development, building self-efficacy, creating realistic efficacy expectations, and sustaining supportive relationships. These are all core features of social and emotional development, they are cornerstones of resilience, and they underlie creativity and the enjoyment of life.

4. Get ready to hit the ground running!

While it is technically a stereotype that adolescence is filled with energy and idealism, we have found—once the conditions above are in place—that stereotype roughly describes our experience of working in partnership with young people. Not only have we found that, from the perspective of an adolescent, a week is a very long time, during which a lot of great work can get done—they have also shown us, from what they have been able to accomplish in the span of a week, how accurate that perspective can be.

We have seen adult committees that had been meeting to discuss certain issues for years—with little to no progress—suddenly spring into action the moment a young person who has personally experienced the consequences of the issue being mulled over has the opportunity to ask the committee, more-or-less, “What’s the hold up?” And especially when, as we have seen them almost unfailingly do, young people follow that up by asking, “What can I do to help?”



How we measure VYPER's success

In his 2011 book, *Developmental evaluation: Applying complexity concepts to enhance innovation and use*, Michael Quinn Patton provides a definition of what he calls a “Learning Organization” that is particularly applicable to a project like VYPER, which is driven by belief (“That young people will be the most effective proponents and stewards of an evidence-informed approach to youth-related health promotion and prevention in their communities.”):

“Becoming a learning organization involves moving more of the basis for action from beliefs to knowledge” (Patton, 2011, p. 235).

There is an obvious dissonance between evidence-based practice (which looks for lessons in the past), and innovation (which looks for new approaches to the future). The “learning organization” concept helps to harmonize this dissonance. Perhaps more importantly, it allows projects/organizations to operate simultaneously out of passion (belief) and critical thinking (evidence)—thus avoiding the pitfalls that a project based on belief alone can encounter (continuing with an approach that doesn’t actually work, that could work better, or that even causes harm) and the pitfalls that a project based on knowledge alone can encounter (lack of uptake or interest).

Patton identifies various sources of information that can be used (singly, but ideally in tandem) by learning organizations to identify “high-quality lessons learned” or “knowledge for action”:

1. Evaluation findings—patterns across programs;
2. Basic and applied research;
3. Practice wisdom and experience of practitioners;
4. Experiences reported by program participants/clients/intended beneficiaries;
5. Expert opinion;
6. Cross-disciplinary connections and patterns;
7. Assessment of the importance of the lesson learned; and
8. Strength of the connection to outcomes attainment.

The idea is that the greater the number of supporting sources for a “lesson learned,” the more rigorous the supporting evidence, and the greater the triangulation of supporting sources, the more confidence one has in the significance and meaningfulness of a lesson learned (Patton, 2011, p. 236).

VYPER engages in regular collection and analysis (both internally and through third-party evaluation and consultancy) of well-articulated quantitative and qualitative data (covered in the Logic Model section of the full report).

Outcome mapping provides a process whereby, rather than evaluating only outcomes in specific individuals (which becomes unwieldy at the population level), it is possible to evaluate outcomes that indicate the systems in which individuals live have changed in ways that provide increased availability of factors that improve the health (and, more specifically, in our case—resiliency) of most people.

What it would take to expand our approach on a wider basis

VYPER is already a regional (Fraser Health Authority) project with five articulated areas (Hope-Boston Bar, Chilliwack-Agassiz-Harrison, Abbotsford-Mission, Fraser South, Fraser North), but its funding with Health Canada is scheduled to end in September 2016 (with the final 3 months reserved for consolidation and knowledge exchange activities).

VYPER operates across a huge and diverse urban-to-rural/remote region—and, as such, has been able to successfully leverage ideas and resources across this area.

The annual operational budget for the project is roughly \$515,000. This does not include the roughly \$288,000 in direct in-kind support the project received in the 2014-2015 fiscal year, nor does it include significant resources that partner organizations have indirectly put toward new and enhanced youth-adult-partnership projects they have undertaken and sustained in the course of their involvement with VYPER.

VYPER operates across a huge and diverse urban-to-rural/remote region—and, as such, has been able to successfully leverage ideas and resources across this area. We believe that expanding this network of collective action, knowledge exchange and rigorous, multimodal evaluation, rather than diluting it, will only further strengthen it. Benefits of economies of scale (particularly in management resources), we feel, will be possible upon expansion, but particular distance, density and risk profile factors in different geographic regions will play a role in estimating additional costs.

Additional resources required to maximize the impact of the approach

VYPER operates as a “Backbone Organization” in a “Collective Impact” approach.

The need for “collective impact” can be summed up in the following way:

“No single organization alone has the ability to solve the world’s most challenging problems. Collective Impact occurs when actors from different sectors commit to a common agenda for solving a specific social or environmental problem” (*Turner, et al, 2012, p. ii*).

The specific social or environmental problem VYPER seeks to address, through its funding from Health Canada’s Drug Strategies Community Initiative Fund, is illicit and non-prescribed drug use and related harm among youth (age 12-24). Since VYPER approaches youth substance use through the lens of the social determinants of health, it can be conceptualized as a universal prevention project—addressing the complex interplay between environmental conditions, cultural and historical contexts, and personal and interpersonal factors that influence risk profiles not just for substance use, but also mental health, crime, suicidality, etc.

Turner, et al. identifies the roles of a “backbone organization” within collective impact as such (examples of VYPER activities in brackets):

Backbone organizations essentially pursue six common activities to support and facilitate collective impact which distinguish this work from other types of collaborative efforts. Over the lifecycle of an initiative, they:

1. Guide vision and strategy [vision and mission statements developed by young people, strategic planning developed collaboratively with young people and existing community entities]
2. Support aligned activities [grants, reports and events]
3. Establish shared measurement practices [develop strategic plan, outcome indicators, grant reporting tools, and select key validated measurement tools]
4. Build public will [collect, analyze and share outcomes through newsletters, reports, meetings and events]
5. Advance policy [develop and distribute this document]
6. Mobilize funding [convene collaborative entities and develop funding applications, collecting and synthesizing existing and new supporting data] (*Turner, et al, 2012, p. 1*)

Various preconditions (covered in the full report) were in place in the Fraser Health region, upon which the VYPER project was built. All the same, the management team of VYPER is already well networked into many bodies and initiatives at the provincial level and within other health authority regions. Additionally, in its short life, the VYPER project has received significant province-wide and national notice, so a good argument could be made that preconditions already exist for expanded uptake readiness.

VYPER’s outcome mapping basis is aimed at rendering itself superfluous—as existing community entities make VYPER’s resiliency-supporting youth-adult-partnership mission their own. However, by supporting and monitoring the system-level uptake of new and enhanced alliance strategies, it becomes possible to correlate these changes with the incidence and prevalence of mental health problems, health care usage, employment, school attendance, and avoidance of criminal justice involvement—all things that are quantifiable and can be “costed”. We would suggest that funding of the backbone organization to continue its efforts to expand and monitor uptake of youth-adult-partnership community behaviours would also allow it to coordinate data correlation and analysis with respect to the long-term population-level effects that VYPER’s theory of change predicts.

How VYPER reduces stigma around mental health issues

One of the core concepts that VYPER aims to support and demonstrate is trauma-informed practice. The basic concept behind trauma-informed practice is that people who have experienced situations that were unsafe and beyond their control may be more-sensitive to signs of danger—and that this sensitivity is not purely cognitive, but physiological—triggering the flight, fight or freeze response. Once this response is triggered (by conditions that may not convey safety and choice), the executive functions of the prefrontal cortex, which govern cognitive processes and decision making, are essentially turned off (*Brendtro & Longhurst, 2005*).

What this suggests is two core approaches:

1. Act in a way that is consistent with the assumption that people are looking for signs—not of what you might be able to do to help them—but rather of how you might hurt them.
2. When there are reactions consistent with symptoms of trauma (such as the fight or flight response), attend to those symptoms through providing clear pathways to safety and choice, and, if invited, grounding exercises.

... a society that doesn't prioritize developing explicit "clear pathways to safety and choice" should expect heavy economic burdens in healthcare, policing, corrections, absenteeism and lost productivity.

How this ties into stigma around mental health is that where an understanding of trauma-informed practice is lacking, an approach can prevail where it is thought that people must make themselves ready to deal with the "real world." However, if we accept what research on neural physiology is consistently telling us in more and more robust ways (*van der Kolk, 1996; Allen, 2001, Briere, 2006; Savage, et al, 2007; Representative for Children and Youth, 2012*), then we have to accept that there may be no way *other* than trauma-informed practice to prepare people for the so-called "real world." We may even conclude that preparing people for the "real world" may be putting the cart before the horse, and instead we should be preparing the world for "real people."

"Self-regulation," where individuals develop insight about their emotional states and then respond appropriately to reduce the likelihood of crisis states (that may end in mental illness, school drop-outs, hospitals, courtrooms, jails, substance misuse, and lost productivity and quality of life) relies on individuals having access to a wide range of responses. A student, patient, or employee who does not have the viable option to take a "time out" when triggered, cannot really be expected to succeed at "self-regulation." And a society that doesn't prioritize developing explicit "clear pathways to safety and choice" should expect heavy economic burdens in healthcare, policing, corrections, absenteeism and lost productivity.

Resilience is dependent on a wide range of contextual factors (from interpersonal to societal), which has made operationalizing the implications of resilience research in a measurable manner challenging. Health promotion and prevention initiatives have typically focused on outcomes in individuals in order to validate their efficacy. Generally, interventions (mostly education and skill building) have been carried out, and then outcomes have been compared with a control group of youth who didn't receive the intervention.

The results of some approaches carried out in this manner have been mixed (*Gandhi et al., 2007; Gorman, 1994, 1996*) and even harmful (*Clayton, Catarello, & Johnstone, 1996; Gandhi et al., 2007; Rosenbaum & Hanson, 1998; Sloboda et al., 2009*). For this reason, while it is generally accepted that “an ounce of prevention is worth a pound of cure,” it may not be surprising that resources, particularly in periods of financial austerity, have tended to flow more easily toward acute conditions that can be very concretely addressed with measurable results (even if not always with remarkable effect sizes for morbidity and mortality) than toward preventing acute conditions—where many questions remain.

Rather than, as many other health promotion and prevention projects do, focusing primarily on individuals and their behaviours, VYPER's focus is on systems and their behaviours. This approach has not only allowed VYPER to identify outcome indicators that are concrete, measurable and credible, but it has also allowed a program that has been operating for just over a year (in a two-and-a-half year funding period) to already collect a number of promising early indicators about the efficacy and efficiency of its efforts and approaches—not only in reaching its systems-based objectives, but also in terms of early reports on outcomes from those young people who have been directly engaged in the project.

VYPER's main objective is supporting, within existing or developing systems, opportunities for meaningful youth-adult-partnership in youth-related (and, not-insignificantly, general population-related) program design, development, delivery and evaluation. For good reason, the term “youth engagement” has become a staple in the strategic plans and priorities of youth-serving organizations and systems (as has more-general “client engagement” in less youth-centric systems). However, though the *what* in these strategic plans and priorities is clear, the *how* has remained mostly ill-defined. Because VYPER's short-term efforts have already resulted in numerous new and greatly-enhanced demonstrations of robust community-initiated-and-supported youth engagement (in the form of youth-adult-partnership) in program design, development, delivery and evaluation, a significant amount of interest has been generated in understanding how these outcomes have been achieved.

This project is administered by Abbotsford Community Services and managed by Impact Youth and Family Substance Use Services.

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