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ABSTRACT

A challenge for the 1990s is the implementation of prevention strategies that strengthen protective factors in families, schools, and communities. Protective factors refer to positive action strategies that build resiliency in youth. After a brief overview of protection factor research, the major protective factors that contribute to the development of resiliency in youth and the implications for building effective prevention programs are discussed. Support, high expectations, and encouragement of youth participation are family, school, and community protective factors. A conclusion is that the increasing numbers of students experiencing risk due to economic deprivation necessitate a systems perspective in prevention strategies. From this perspective, a major underlying factor of social problems is the gradual destruction of naturally occurring social networks in the community. Strategies based on power sharing and reciprocity, such as mentoring and cooperative learning, are advocated to strengthen these social bonds and to promote the protective factors of support, high expectations, and participation. School community linkages and communitywide collaboration are also crucial. (138 references) (LMI)

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Western Regional Center
DRUG -FREE SCHOOLS AND COMMUNITIES

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FOSTERING RESILIENCY IN KIDS: PROTECTIVE FACTORS IN THE FAMILY, SCHOOL, AND COMMUNITY

August 1991

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FOSTERING RESILIENCY IN KIDS:

Protective Factors in the Family, School, and Community

by Bonnie Benard

The field of prevention, both research and practice, came a long way in the 1980s: from short-term, even one-shot, individual-focused interventions in the school classroom to a growing awareness and beginning implementation of long-term, comprehensive, environmental-focused interventions expanding beyond the school to include the community. Furthermore, in the mid-1980s we finally started to hear preventionists talking about prevention strategies and programs based on research identifying the underlying risk factors for problems such as alcohol and other drug abuse, teen pregnancy, delinquency and gangs, and dropping out (Hawkins, Lishner, and Catalano, 1985). While certainly a giant step in the right direction, the identification of risks does not necessarily provide us with a clear sense of just what strategies we need to implement to reduce the risks. More recently, we are hearing preventionists talk about "protective factors," about building "resiliency" in youth, about basing our strategies on what research has told us about the environmental factors that facilitate the development of youth who do not get involved in life-compromising problems (Benard, March 1987). What clearly becomes the challenge for the 1990s is the implementation of prevention strategies that strengthen protective factors in our families, schools, and communities. As Gibbs and Bennett (1990) conceptualize the process, we must "turn the situation around...by translating negative risk factors into positive action strategies" which are, in essence, protective factors. After a brief overview of the protective factor research phenomenon, this paper will discuss the major protective factors that research has identified as contributing to the development of resiliency in youth and the implications of this for building effective prevention programs.

PROTECTIVE FACTORS: A RESEARCH BASE FOR THE PREVENTION FIELD

Historically, the social and behavioral sciences have followed a problem-focused approach to studying human and social development. This "pathology" model of research traditionally examines problems, disease, illness, maladaptation, incompetence, deviance, etc. The emphasis has been placed on identifying the risk factors of various disorders like alcoholism, schizophrenia and other mental illnesses, criminality, delinquency, etc. These studies have been retrospective in design, that is, they do a onetime historical assessment of adults with these existing identified problems, a research design that can only perpetuate a problem perspective and implicate an inevitability of negative outcomes. Furthermore, the data yielded from such research studies have ultimately been of only limited value to the prevention field, concerned as it is with building health-promoting, not health-compromising, behaviors and with facilitating the development of social competence in children and youth. According to Garmezy, this pathology model of research has "provided us with a false sense of security in erecting prevention models that are founded more on values than facts" (in Werner, 1982).

This retrospective research approach even became problematic for investigators focused on studying risks for the development of "problem behaviors," for they were stymied by the issue of whether abnormalities in people already diagnosed as schizophrenic, criminal, or alcoholic were the causes or consequences of schizophrenia or alcoholism (for example, is the lack of problem-solving skills usually

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found in adult alcoholics a cause or a result of drinking?). Consequently, with the exception of a couple of earlier studies, beginning in the late 1950s and on into the 1960s and 1970s, a few researchers decided to circumvent this dilemma by studying individuals postulated to be at high risk for developing certain disorders—children growing up under conditions of great stress and adversity such as neonatal stress, poverty, neglect, abuse, physical handicaps, war, and parental schizophrenia, depression, alcoholism and criminality. This risk research, therefore, used a prospective research design which is developmental and longitudinal, assessing children at various times during the course of their development in order to better understand the nature of the risk factors that result in the development of a disorder.

As the children studied in these various longitudinal projects grew into adolescence and adulthood, a consistent—and amazing—finding emerged: While a certain percentage of these high-risk children developed various problems (a percentage higher than in the normal population), a greater percentage of the children became healthy, competent young adults. For example, Manfred Bleuler found that only 9 percent of children of schizophrenic parents became schizophrenic, while 75 percent developed into healthy adults. He found "remarkable evidence of strength, courage, and health in the midst of disaster and adversity" (in Watt, 1984). Similarly, Michael Rutter's research on children growing up in poverty found "that half of the children living under conditions of disadvantage do not repeat that pattern in their own adult lives" (Garmezy, 1991). And, according to the often quoted statistic, while one out of four children of alcoholic parents develops alcohol problems, three out of four do not. And in the 1980s, researchers in the collaborative, international, interdisciplinary Risk Reduction Consortium reported the same phenomenon in their ongoing prospective, longitudinal research—children who somehow are "invulnerable," "stress-resistant," "hardy," "ego-resilient," "invincible," and, the most current popularly used term, "resilient," in spite of severe stress and adversity.

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The above finding, along with the increasing theoretical acceptance in the child development field of the transactional-ecological model of human development in which the human personality is viewed as a self-righting mechanism that is engaged in active, ongoing adaptation to its environment (see Bronfenbrenner, 1974), has resulted in a growing research interest in moving beyond the identification of risk factors for the development of a problem behavior to an examination of the "protective" factors, those "traits, conditions, situations, and episodes, that appear to alter—or even reverse—predictions of [negative outcome] and enable individuals to circumvent life stressors" (Segal,1986; Garmezy, 1991). The importance of this research to the prevention field is obvious: If we can determine the personal and environmental sources of social competence and wellness, we can better plan preventive interventions focused on creating and enhancing the personal and environmental attributes that serve as the key to healthy development. "Ultimately, the potential for prevention surely lies in increasing our knowledge and understanding of reasons why some children are not damaged by deprivation" (Garmezy and Rutter, 1983).

While researchers have commonly categorized protective factors according to those falling within the domains of individual personality attributes or dispositions, family characteristics, and environmental

influences (i.e., peers, school, and community), the discussion here will begin with a profile of the resilient child (as opposed to the "protective factors within the personality system") and then will examine the protective factors consistently found in the family, the school, and the community arenas. In order to avoid falling into the pathology paradigm and "blaming the victim" syndrome with its concomitant focus on "fixing kids," our perspective is that personality and individual outcomes are the result of a transactional process with one's environment. To be successful, prevention interventions must focus on enhancing and creating positive environmental contexts—families, schools, and communities that, in turn, reinforce positive behaviors.

PROFILE OF THE RESILIENT CHILD

A phrase occurring often in the literature sums up the resilient child as one who "works well, plays well, loves well, and expects well" (Garmezy, 1974; Werner and Smith, 1982). Since this is a little too abstract for most researchers, the following more specific attributes have been consistently identified as describing the resilient child.

'Resilient children are considerably more responsive (and can elicit more positive responses from others), more active, and more flexible and adaptable even in infancy.'

Social Competence

This commonly identified attribute of resilient children usually includes the qualities of responsiveness, flexibility, empathy and caring, communication skills, a sense of humor, and any other prosocial behavior. Resilient children are considerably more responsive (and can elicit more positive responses from others), more active, and more flexible and adaptable even in infancy (Werner and Smith, 1982; Demos, 1989). Furthermore, a great number of resilient children have a sense of humor, that is, they have the ability to generate comic relief and find alternative ways of looking at things as well as the ability to laugh at themselves and ridiculous situations (Masten, 1986). As a result, resilient children—from early childhood on—tend to establish more positive relationships with others, including friendships with their peers (Berndt and Ladd, 1989; Werner and Smith, 1982).

Not only do most studies on resiliency document these attributes, but studies done on individuals already experiencing problems with crime, delinquency, alcohol and other drug abuse, and mental illness consistently identify the lack of these qualities. According to Trower, "One of the few facts that emerges clearly in the beleaguered field of mental health is the extent of poor social skills in psychiatric patients. The studies and surveys show skills problems to be a major component in schizophrenia, mental handicap, depression, social anxiety, addiction disorders, psychopathology, childhood and adolescent problems....There is evidence, too, that individuals with the poorest social competence have the worst prognoses and highest relapse rate, and childhood competence level is predictive of severity of adult psychiatric problems" (1984; also see Kellam, 1982; Hawkins et al, 1985; Austin, 1991; Lerner, 1984).

Problem-Solving Skills

These skills include the ability to think abstractly, reflectively, and flexibly and to be able to attempt alternate solutions for both cognitive and social problems. As with social competence, studies on adults experiencing psychosocial problems have also consistently identified

'Research on resilient children has discovered that these problem-solving skills are identifiable in early childhood.'

their lack of problem-solving skills (Shure and Spivack, 1982). And conversely, studies on resilient children repeatedly find the presence of problem-solving skills. For example, Rutter found especially prevalent in the population of abused and neglected girls who later became healthy adults the presence of planning skills that resulted in their planning marriages to non-deviant men (1984). The literature on "street" children growing up in the slums of the United States and other countries provides an extreme example of the role these skills play in the development of resiliency since these children must continually successfully negotiate the demands of their environment or not survive (Felsman, 1989).

Furthermore, as with social competence, research on resilient children has discovered that these problem-solving skills are identifiable in early childhood. According to Halverson and Waldrup's research on pre-schoolers, "A child who can demonstrate at an early age that he or she is an agent capable of producing change in a frustrating situation tends to be active and competent in grade school as well" (1974).

Autonomy

Different researchers have used different terms to refer to autonomy. For example, Anthony refers to a "strong sense of independence" (1987); Garmezy and Werner and Smith to an "internal locus of control" and "sense of power" (1974 and 1991; 1982); Rutter and Garmezy to "self-esteem" and "self-efficacy" (1984; 1983); and others to "self-discipline" and "impulse control." Essentially, the protective factor researchers are talking about is a sense of one's own identity and an ability to act independently and exert some control over one's environment.

Several researchers have also identified the ability to separate oneself from a dysfunctional family environment—"to stand away psychologically from the sick parent"— as the major characteristic of resilient children growing up in families with alcoholism and mental illness (Anthony, 1974). According to Berlin and Davis, "In our work with children and families of alcoholics we have begun to view the crucial task that they must master, if they are to cope successfully with the dilemmas of alcoholism, as the task of adaptive distancing," the process of breaking away from the family focus on the dysfunctional behavior (1989; also see Chess, 1989). Similarly, Beardslee and Podorefsky found that the resilient children they studied "were able to distinguish clearly between themselves and their own experiences and their parents' illness" and, thus, realized they were not the cause and that their future would be different (1988).

The task of adaptive distancing, according to Wallerstein's study of children successfully dealing with their parents' conflict and divorce, involves two challenges: (1) to disengage enough from the centrifugal pull of parental distress to maintain pursuits and satisfactions in the outside world of peers, school, and community and (2) to "remove the family crisis from its commanding position in [the child's] inner world" (1983). Chess states: "Such distancing provided a buffer that was protective of developmental course, of self-esteem, and of ability to acquire constructive goals" (1989).

Sense of Purpose and Future

Related to a sense of autonomy and self-efficacy and the belief that one can have some degree of control over one's environment is another characteristic of resilient children—a sense of purpose and future. Within this category fall several related attributes invariably identified in the protective factor literature: healthy expectancies, goal-directedness, success orientation, achievement motivation, educational aspirations, persistence, hopefulness, hardiness, belief in a bright future, a sense of anticipation, a sense of a compelling future, and a sense of coherence. This factor appears to be a most powerful predictor of positive outcome.

According to Brook et al's research on risk and protective factors for adolescent alcohol and drug use, high achievement orientation appeared to have a protective influence which even offset the effects of alcohol consumption by peers, the most commonly identified influential risk factor (1989). Furthermore, Newcomb and Bentler found that "educational aspirations" were an even more powerful predictor of high school graduation than actual academic achievement (1986).

Cameron-Bandler's research into why some children of alcoholics developed into healthy, successful adults identifies the critical variable as their "sense of a compelling future." As she explains, "When a compelling future is generated, we are easily persuaded to subordinate immediate gratification for a more fulfilling later gratification, or to save ourselves from some intensely unpleasant future experience" (1986). Similarly, Marian Wright Edelman concludes, from the Children's Defense Fund's ongoing adolescent pregnancy prevention initiative, that "a bright future is the best contraceptive!"

Werner and Smith also validate the power of this attribute in summarizing their 35-year study of resiliency in childhood: "The central component of effective coping with the multiplicity of inevitable life stresses appears to be a sense of coherence, a feeling of confidence that one's internal and external environment is predictable and that things will probably work out as well as can be reasonably expected" (1982). According to these researchers, this sense of coherence, of purpose and meaning and hopefulness, lies in direct contrast to the "learned helplessness" that Seligman and others have consistently found present in individuals experiencing mental and social problems (1982). Furthermore, a Club of Rome study of several years ago identified that a sense of anticipation, the taking "responsibility for our ability to influence—and in some cases, determine—the future" is one of the traits that not only is essential to individual success but will be a trait essential for human survival in the increasingly complex world of the future (Botkin et al, 1979).

While research also ascribes a few other characteristics to resilient children (i.e., good health or being female), the above attributes of social competence, problem-solving skills, autonomy, and sense of purpose appear to be the common threads running through the personalities of resilient children, those who "work well, play well, love well, and expect well"—no matter their health or sex status. Now let's look at the environments of resilient children, at the protective characteristics within the family, the school, and the community systems that appear to facilitate the development of resiliency in youth.

'The attributes of social competence, problem-solving skills, autonomy, and sense of purpose appear to be the common threads running through the personalities of resilient children.'

'The incredible power of this attribute of caring, support, and affection to protect children is clear.'

What must be kept in mind in this discussion is that resiliency or protective factor research, by definition, is studying children and youth that experience major stress, adversity, and risk in one or more of these environmental systems. Therefore, if a child's major risks lie in the family system, such as growing up in an alcoholic, abusive, or schizophrenic home, many of the factors identified as protective will derive from the school or community environments. Likewise, when a child's major risks come from the community system—usually the condition of living in poverty as over one-fourth of the children in the United States now do—protective factor research has usually examined the role that the family and school systems play in the development of resiliency. Of course, given the self-righting nature of human systems, researchers have also identified strengths and protective attributes even within environments characterized overall by great risks. Unfortunately, according to Werner, "Most studies of vulnerable children have defined risk at only one level of organization [i.e., system]. Data analyses that explore the interplay among multiple risks and protective factors at all three levels—the individual organism, the immediate family, and the larger social context—are still rare" (1990).

PROTECTIVE FACTORS WITHIN THE FAMILY

What clearly emerges as a powerful predictor of the outcome for children and youth is the quality of the immediate caregiving environment, which is determined by the following characteristics.

Caring and Support

What is evident from nearly all the research into the family environments of resilient children is that, "despite the burden of parental psychopathology, family discord, or chronic poverty, most children identified as resilient have had the opportunity to establish a close bond with at least one person [not necessarily the mother or father] who provided them with stable care and from whom they received adequate and appropriate attention during the first year of life" (quote from Werner, 1990; Watt, 1984; Anthony, 1974 and 1987; Garmezy, 1983; Demos, 1989; Werner and Smith, 1982). While Werner and Smith identified caregiving during the first year of a child's life as the most powerful predictor of resiliency in children, other reseachers have also found that a caring and supportive relationship remains the most critical variable throughout childhood and adolescence (Rutter, 1979; Demos, 1989; Feldman, Stiffman, and Jung, 1987). A just-published longitudinal study that looked at parents' child-rearing practices when the child was five, at other childhood experiences, and at social accomplishment at age 41 found that "having a warm and affectionate father or mother was significantly associated with adult social accomplishment" and contentment (Franz, McClelland, and Weinberger, 1991).

According to Feldman, Stiffman, and Jung, "The social relationships among family members are by far the best predictors of children's behavioral outcomes" (1987). Furthermore, Rutter's research found that even in cases of an extremely troubled home environment, "a good relationship with one parent" (defined in terms of the presence of "high warmth and absence of severe criticism") provides a substantial protective effect (also see Baumrind, 1985). Only one-fourth of the children

in the troubled families studied by Rutter showed signs of conduct disorder if they had a single good relationship with a parent, compared to three-fourths of the children who lacked such a relationship (1979). Similarly, Berlin and Davis's study of children growing up in alcoholic families found that the supportiveness of the nonalcoholic spouse was the most crucial variable in the degree of impact of alcoholism on the family (1989). And, recently, the research of Brook et al has clearly identified that "a nonconflictual and affectionate parent-adolescent relationship insulates the adolescent from drug use...and [results] in less alcohol use" (1989).

The incredible power of this attribute of caring, support, and affection to protect children is clear. As Werner and Smith explain this dynamic, "Constant feedback from a few adults early in life—not necessarily a parent—gave the resilient infants a basic trust and sense of coherence" (1982). This "sense of basic trust," identified long ago by Erik Erickson (1963), appears to be the critical foundation for human development and bonding, and, thus, human resiliency. As philosopher-psychologist Sam Keen explains this phenomenon: "To the degree that we are not held and bonded, we will have to find something to hold on to—some substitute for that holding we didn't get. The nature of addiction is all in the way that we hold on, that we grasp, in order to make up for the way in which we were not held," and, therefore, did not develop this basic trust in the world (Keen, 1990).

While we don't have the time or space here to discuss the issue of family "structure" in terms of family composition (see Benard, January 1989), one point that must be emphasized is that nowhere in the literature is there support for either divorce as a risk factor or family intactness as a protective factor in the development of later problem behaviors like alcohol and other drug abuse. While divorce is certainly a stressful life event for children and families, research has found that the availability of social support—from family members or from friends, relatives, or others in the community—is the critical factor in the outcome for that child (Werner and Smith, 1982; Werner, 1989; Cowen et al, 1990; Felner et al, 1985; Eggert and Herting, 1991; Wolchik et al, 1989). What is evident is that to mitigate the effects of other risks and stressful life events and to develop healthily, a child needs the "enduring loving involvement of one or more adults in care and joint activity with that child" (Bronfenbrenner, 1983).

High Expectations

Research into why some children growing up in poverty still manage to be successful in school and in young adulthood has consistently identified high parental expectations as the contributing factor (Williams and Komblum, 1985; Clark, 1983). Similarly, the work of Roger Mills with parents living in an impoverished housing project in Miami demonstrated the power of a parental attitude that "sees clearly the potential for maturity, common sense, for learning and well-being in their children." According to Mills, an attitude expressed to a youth that, "You have everything you need to be successful—and you can do it!" played a major role in the reduction of several problem behaviors, including substance abuse, in this disadvantaged community (Mills, 1990).

'Families that establish high expectations for their children's behavior from an early age play a role in developing resiliency in their children.'

Furthermore, families that establish high expectations for their children's behavior from an early age play a role in developing resiliency in their children. Norma Haan, whose research on the development of morality in young children clearly challenges prior assumptions of Freud, Piaget, and Kohlberg that young children are morally deficient, i.e., self-serving, writes, "Young children have the same basic moral understandings and concerns as adolescents and young adults" (1989). Moreover, she found that "childhood resiliency and vulnerability have specific relationships to the moral climate of families that build children's expectancies about the nature of moral interchanges. Resilient children will have reason to be optimistic that moral difficulties can usually be worked out." Their family environment validates them as worthwhile human beings: "They will be heard; they will usually be able to protect their legitimate self-interests; they will understand that no human is faultless, that even adults morally violate, so they will 'speak truth to power' and be able to forgive themselves."

Concomitant with high expectations are other family characteristics such as structure, discipline, and clear rules and regulations. Bennett, Wolin, and Reiss have found that even in alcoholic families, children tended to have better outcomes if the family was able to maintain some order and clear expectations for behavior (1988). Similarly, Baumrind found that families she labeled "authoritative," characterized by warmth, support, and clear rules and expectations (as opposed to those that were "authoritarian" or "permissive"), had low rates of adolescent alcohol and drug use (1985).

Another related aspect of high expectations is that of faith. According to Werner, "A number of studies of resilient children from a wide variety of socioeconomic and ethnic backgrounds have noted that their families have held religious beliefs that provided stability and meaning to their lives, especially in times of hardship and adversity" (1990; also see Anthony, 1987). Werner hypothesizes that, "Such faith appears to give resilient children and their caregivers a sense of rootedness and coherence, a conviction that their lives have meaning, and a belief that things will work out in the end, despite unfavorable odds" (1990). Moskovitz concludes from his study of child survivors of the Nazi Holocaust that this sense of hope and expectation for the future enabled these children to learn to love and to behave compassionately toward others in spite of the atrocities they had experienced (1983).

Encourage Children's Participation

A natural outgrowth of having high expectations for children is that they are acknowledged as valued participants in the life and work of their family. Research has borne out that the family background of resilient children is usually characterized by many opportunities for the children to participate and contribute in meaningful ways. For example, Werner and Smith found that assigned chores, domestic responsibilities (including care of siblings), and even part-time work to help support the family proved to be sources of strength and competence for resilient children (1982). In her recent review of protective factor research, Werner cites several studies of children growing up in psychotic or alcoholic families, in war-torn countries, and in poverty during the Great Depression, as well as now, that demonstrate "that such productive roles of responsibility, when associated with close

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family ties, are important protective factors during times of adversity" (1990).

When children are given responsibilities, the message is clearly communicated that they are worthy and capable of being contributing members of the family. Some of the family attributes of resilient children identified by various other researchers, such as "respect for the child's autonomy" (Hauser et al, 1989; Anthony, 1974) or "encouragement of the child's independence" (Clair and Genest, 1987), are also getting at this sense of family acknowledgment of the child as a valued person in his or her own right. The positive outcomes for children of family environments that value their contributions are supported by a wealth of anthropological studies that find children in other cultures "as young as age three typically assuming duties such as carrying wood and water, cleaning and other household chores, gathering and preparing food, gardening, and caring for younger siblings and animals" (Kurth-Schai, 1988). According to Kurth-Schai, "All of these tasks, even from a child's perspective, clearly contribute to the welfare of the family" (1988). Thus, to the child, there is no question that he or she is a bonded, integral, contributing member of the family and community.

While various researchers have identified other family factors that appear to be protective of children (for example, small family size, mother over age 17, or children spaced at least two years apart), the factors critical to the positive development of children are those that provide a caring, supportive family life in which the adult caregivers have high and clear expectations for the child's behavior and also provide the child with lots of opportunities to participate meaningfully in the life and work of the family. Obviously, family environments with these characteristics provide the fertile soil for the growth and nurturing of that sense of basic trust and coherence essential for human development and, therefore, for the development of the traits of resiliency: social competence, problem-solving skills, autonomy, and a sense of purpose. Yet, as we'll discuss shortly, the family, like the individual, is a system that also exists in the larger context of the community. For families to create environments characterized by the qualities of caring, high expectations, and opportunities for participation, they, in turn, must exist in communities which also provide support and opportunities.

'For families to create environments characterized by the qualities of caring, high expectations, and opportunities for participation, they, in turn, must exist in communities which also provide support and opportunities.'

PROTECTIVE FACTORS WITHIN THE SCHOOL

In the last decade the literature on the power of the school to influence the outcome for children from high-risk environments has burgeoned (Austin, 1991; Brook et al, 1989; Cauce and Srebnik, 1990; Rutter, 1984; Rutter, 1979; Berrueta-Clement et al, 1984; Coleman and Hoffer, 1987; Comer, 1984; Nelson, 1984; Offord, 1991; Felner et al, 1985; Ziegler et al, 1989; Edmunds, 1986—to name a few!). The evidence demonstrating that a school can serve as a "protective shield to help children withstand the multiple vicissitudes that they can expect of a stressful world" abounds, whether it is coming from a family environment devastated by alcoholism or mental illness or from a poverty-stricken community environment, or both (Garmezy, 1991). Furthermore, both protective factor research and research on effective schools clearly identifies the characteristics of schools that provide this source of protection for youth. And, lo and behold, they parallel the protective factors found in the family environments of resilient youth!

Caring and Support

Just as in the family arena, the level of caring and support within the school is a powerful predictor of positive outcome for youth. While, according to Werner, "Only a few studies have explored the role of teachers as protective buffers in the lives of children who overcome great adversity," these few do provide moving evidence of this phenomenon (1990). For example, in her own research Werner found that "among the most frequently encountered positive role models in the lives of the children of Kauai, outside of the family circle, was a favorite teacher. For the resilient youngster a special teacher was not just an instructor for academic skills, but also a confidant and positive model for personal identification" (1990).

Moskovitz' 30- to 40-year follow-up study of childhood survivors of the Nazi Holocaust who were sent from concentration camps and orphanages to a therapeutic nursery school in England at the end of World War II further documents the power of a caring teacher: all of the resilient survivors "considered one woman to be among the most potent influences in their lives—the nursery school teacher who provided warmth and caring, and taught them to behave compassionately" (cited by Werner, 1990). Reinforcing these findings, Nel Noddings concludes the following from her research into the power of caring relationships at school to effect positive outcomes for children: "At a time when the traditional structures of caring have deteriorated, schools must become places where teachers and students live together, talk with each other, take delight in each other's company. My guess is that when schools focus on what really matters in life, the cognitive ends we now pursue so painfully and artificially will be achieved somewhat more naturally....It is obvious that children will work harder and do things—even odd things like adding fractions—for people they love and trust" (1988). Based on his research into effective schools, James Coleman similarly speculates that if we were to "reinstitute the school as an agent of families," with the primary emphasis on caring for the child—on providing the "attention, personal interest, and intensity of involvement, some persistence and continuity over time, and a certain degree of intimacy—children would develop the necessary "attitudes, effort, and conception of self that they need to succeed in school and as adults" (1987).

While the importance of the teacher as caregiver cannot be overemphasized, a factor often overlooked that has definitely emerged from protective factor research is the role of caring peers and friends in the school and community environments. Research into the resiliency of "street gamins" clearly identifies peer support as critical to the survival of these youth (Felsman, 1989). Similarly, Emmy Werner found caring friends a major factor in the development of resiliency in her disadvantaged population (Werner and Smith, 1982). James Coleman also cites the positive outcomes for youth who have lived with their peers in boarding schools when their families were no longer able to be supportive (1987). And, convincing evidence for the role of peers in reducing alcohol and drug use are the findings of two meta-analyses (comparing the effects of more than 200 studies) that concluded peer programs (including cooperative learning strategies) are the single most effective school-based approach for reducing alcohol and drug use in youth (Tobler, 1986; Bangert-Drowns, 1988).

'A factor often overlooked is the role of caring peers and friends in the school and community environments.'

Obviously, resilient youth are those youth who have and take the opportunity to fulfill the basic human need for social support, caring, and love. If this is unavailable to them in their immediate family environments, it is imperative that the school provide the opportunities to develop caring relationships with both adults and other youth. The positive outcomes of prevention programs—including reduced levels of alcohol and drug use—which have focused on increasing the amount of social support available to youth in their schools by facilitating the development of teacher and peer relationships (Felner et al, 1985; Eggert and Herting, 1991) or the numerous forms of peer helping programs which exponentially increase the caregiving resources available to a youth (Benard, December 1990) unequivocably demonstrate that a caregiving environment in the school serves as that "protective shield" (Felner et al, 1985; Benard, December 1990).

High Expectations

As with the family environment, research has identified that schools that establish high expectations for all kids—and give them the support necessary to achieve them—have incredibly high rates of academic success (Rutter, 1979; Brook et al, 1989; Edmonds, 1986; O'Neil, 1991; Levin, 1988; Slavin, Karweit, and Madden, 1989). Probably the most powerful research supporting a school "ethos" of high expectations as a protective shield is that reported by Michael Rutter in his book *Fifteen Thousand Hours* (1979). According to Garmezy, this work "stands forth as a possible beacon for illuminating the role of schools as a strategic force in fostering the well-being of disadvantaged children" (1991). Rutter found that even within the same poverty-stricken areas of London, some schools showed considerable differences in rates of delinquency, behavioral disturbance, attendance, and academic attainment (even after controlling for family risk factors). The successful schools, moreover, appeared to share certain characteristics: an academic emphasis, teachers' clear expectations and regulations, high level of student participation, and many, varied alternative resources—library facilities, vocational work opportunities, art, music, and extracurricular activities. A major critical finding was that the relationships between a school's characteristics and student behavior increased over time; that is, the number of problem behaviors experienced by a youth decreased over time in the successful schools and increased in the unsuccessful schools. Rutter concluded that "schools that foster high self-esteem and that promote social and scholastic success reduce the likelihood of emotional and behavioral disturbance" (1979). The incredible power of a schoolwide ethos of high expectations has also been borne out in the protective factor research of Judith Brook and her colleagues, who found that this factor, in conjunction with a school value of student participation and autonomy, was even able to mitigate against the most powerful risk factor for adolescent alcohol and drug use—using peers (1989).

During the last several years, research on successful programs for youth at risk of academic failure has clearly demonstrated that a schoolwide climate of high expectations is a critical factor in reducing academic failure and increasing the number of college-bound youth. For example, according to Phyllis Hart of the Achievement Council, a California-based advocacy group, the establishment of a "college core curriculum" in an inner-city, disadvantaged community resulted in over

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65 percent of its graduates going on to higher education (up from 15 percent before the program began). Several students participating in this program stated a major factor in their decision to attend college was "having one person who believed I could do it!" (California Department of Education, 1990). Similarly, Henry Levin's Accelerated Schools Program and Robert Slavin's Success for All project have clearly demonstrated that engaging students at risk for school failure in a challenging, speeded-up as opposed to a slowed-down curriculum has positive academic and social outcomes. These findings are in direct contrast to the dismal outcomes of children who are labeled as slow learners and tracked into low-ability classes (Oakes, 1985). Hart claims, "Even students in the worst of circumstances can excel, given appropriate support, and watering down academic content or having low standards doesn't help anyone" (O'Neil, 1991).

'When the message one consistently hears is, "You are a bright and capable person," one naturally sees oneself as a bright and capable person.'

Furthermore, the research of Burk and Sher found that children from alcoholic families who were functioning successfully were still perceived more negatively and ascribed lower expectations by mental health professionals and peers once they were labeled "children of alcoholics" (1990). They conclude, "To the extent that it makes services available for those who are currently in distress, labeling can be a beneficial process. However,...the benefits of labeling are lost when those who are identified suffer negative consequences as a result of the labeling process." Similarly, Richard Barth warns from his research on services provided to prenatally drug-exposed children that "labels can create powerful expectations. There is no better example of this than the label 'crack baby'." According to Barth, "The outcomes from perinatally drug-exposed children are determined,...as are those of other children at risk of developmental problems,...by the extent of perinatal insult and subsequent environmental protective factors" (1991).

A powerful illustration of this high expectation model is described by Jonathon Kozol as follows: "On any given day in Massachusetts, 200 Black children from the Boston slums ride the bus to go to school in the suburban town of Lexington. They begin in kindergarten and, although they are provided with a lot of counseling, their education is the same as that which is afforded to their affluent White classmates. Virtually every non-White child bused to Lexington from Boston finishes 12 years of school and graduates; most go to four-year colleges. Low-income Black children of the same abilities, consigned to public school in Boston, have at best a 24 percent chance of the same success" (1990). While other factors may be operating in this scenario, the one factor that clearly stands out in this and other successful programs is "the expectation among staff, parents, and the students themselves that they are capable of high achievement" (O'Neil, 1991).

What appears to be the dynamic here is the internalization of high expectations for oneself. When the message one consistently hears—from family members, from teachers, from significant others in one's environment—is, "You are a bright and capable person," one naturally sees oneself as a bright and capable person, a person with that resilient trait, a sense of purpose and a bright future.

Youth Participation and Involvement

A natural outcome in schools, as in families, of having high expectations for youth is providing them with the opportunities to participate and be meaningfully involved and have roles of responsibility within

the school environment. Carta's primary finding from her research analyzing instructional factors in inner-city classrooms was that "students in these classrooms simply were not actively engaged by their teachers and with their instructional materials." Furthermore, Carta identified the "opportunity to respond" as the key variable for differentiating classrooms that were effective or not effective (1991).

Turning once again to Michael Rutter's research on successful schools, we find unequivocal documentation of the protective nature of youth participation (1979; 1984). According to Rutter, in the schools with low levels of problems like delinquency, children "were given a lot of responsibility. They participated very actively in all sorts of things that went on in the school; they were treated as responsible people and they reacted accordingly" (1984). These schools created a variety of opportunities to ensure that all kids found something they were interested in and could succeed in. Rutter concluded, "If you bring children in for a variety of things and give them multiple opportunities for success, then I think it's less likely that you get this anti-academic atmosphere" and alienation so often found in inner-city schools (1984). Brook et al's research, as well as that of Roger Mills, further validates Rutter's findings as protective against alcohol and drug use as well (1989; 1990).

The reverse process of participation is alienation, the lack of bonding to social institutions like the family, the school, and the community, a process that has consistently been identified in study after study as a major risk factor for involvement in alcohol and other drugs, delinquency, teen pregnancy, school failure, and depression and suicide. The challenge clearly for these social institutions—and especially for the schools—is to engage youth by providing them opportunities to participate in meaningful, valued activities and roles—those involving problem-solving, decision-making, planning, goal-setting, helping others (Wehlage,1989). Maton's research with older adolescents and at-risk urban teenagers found that engagement in "meaningful instrumental activity" was significantly related to their life satisfaction, well-being, and overall self-esteem—and was as powerful a factor as that of social support (1990).

The power of creating these opportunities from an early age was vividly demonstrated in the High/Scope Educational Research Foundation's 15-year follow-up study, the Perry Preschool Project. This study discovered that when children from an impoverished inner-city environment were given the opportunities to plan and make decisions in their preschool environment, they were at the age of 19 significantly less (as much as 50 percent less!) involved in drug use, delinquency, teen pregnancy, school failure, etc. (Berrueta-Clement et al, 1984; Schweinhart et al, 1986).

Once again, the operating dynamic reflects the fundamental human need to bond—to participate, to belong, to have some power or control over one's life. According to several educational reformers, when schools ignore these basic human needs—of kids and adults—they become ineffective, alienating places (Sarason, 1990; Glasser, 1990; Wehlage, 1989). Seymour Sarason says it well: "When one has no stake in the way things are, when one's needs or opinions are provided no forum, when one sees oneself as the object of unilateral actions, it takes no particular wisdom to suggest that one would rather be elsewhere" (1990).

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The Club of Rome's report on human learning also claims that, in addition to that quality of anticipation discussed earlier, opportunities for active participation are critical to creating learning environments that will effectively prepare youth to live in an increasingly complex world. Moreover, "participation is more than the formal sharing of decisions; it is an attitude characterized by cooperation, dialogue, and empathy," an attitude essential not only to "human dignity" but to "human survival" as well (Botkin et al, 1979).

Clearly, a preponderance of evidence demonstrates that schools have the power to overcome incredible risk factors in the lives of youth—including those for alcohol and drug abuse. Brook et al conclude that "evidently there are drug-mitigating aspects to the school environment which are unrelated to the drug problem as such" (1989). In his classic study on school effectiveness, Ron Edmonds concluded that a school can create a "coherent" environment, a climate, more potent than any single influence—teachers, class, family, neighborhood—"so potent that for at least six hours a day it can override almost everything else in the lives of children" (1986).

And Garmezy also reiterates from his review of protective factors in the school environment that "the presence of a school in a high-delinquency area was not the determiner of behavioral or scholastic deviance. Schools exercised their effects over and above any area effects [i.e., risk factors] that existed" (1991). The value of focusing on enhancing protection, as opposed to focusing on risk, is clear. According to Garmezy, "What is apparently needed by school personnel is the proud awareness that by putting forth the best effort in their classrooms and schools they are engaged in the most worthy of societal enterprises—the enhancement of competence in their children and their tailoring, in part, of a protective shield to help children withstand the multiple vicissitudes that they can expect of a stressful world" (1991).

PROTECTIVE FACTORS WITHIN THE COMMUNITY

As with the other two arenas in which children are socialized, the family and the school, the community which supports the positive development of youth is promoting the building of the traits of resiliency—social competence, problem-solving skills, autonomy, and a sense of purpose and future. Community psychologists refer to the capacity of a community to build resiliency as "community competence" (Iscoe, 1974). And, once again, as with the family and the school systems, competent communities are characterized by the triad of protective factors: caring and support, high expectations, and participation. Moreover, communities exert not only a direct influence on the lives of youth but, perhaps even more importantly, exert a profound influence on the "lives" of the families and schools within their domain and, thus, indirectly powerfully affect the outcome for children and youth (Brook et al, 1989; Kelly, 1988). A competent community, therefore, must support its families and schools, have high expectations and clear norms for its families and schools, and encourage the active participation and collaboration of its families and schools in the life and work of the community.

Caring and Support

According to Kelly, "The long-term development of the 'competent community' depends upon the availability of social networks within the community that can promote and sustain social cohesion within the community....That is, the formal and informal networks in which individuals develop their competencies and which provide links within the community are a source of strength [i.e., health and resiliency] for the community and the individuals comprising it" (1988). This characteristic of "social cohesiveness" or "community organization" has probably been the most frequently examined community factor affecting the outcome for children and families. The clear finding from years of research into crime, delinquency, child abuse, etc. is that communities and neighborhoods rich in social networks—both peer groups and intergenerational relationships—have lower rates of these problems (Garbarino, 1980; Miller and Ohlin, 1985). Similarly, Coleman and Hoffer found the intensity of the intergenerational social networks surrounding private, religious schools created a "functional community" that built social capital for youth and, consequently, higher achievement and lower dropout rates (1987).

Furthermore, the protective nature of social support across the lifespan—be it from friends, neighbors, caring helpgivers—is documented by volumes of studies from the field of community psychology, community health, and community mental health as well as by the overwhelming success of community-based family support programs (Schorr, 1988). These latter programs, for example, based on longitudinal research such as Kellam et al's, who found that the "social isolation" that often evolved from teenage motherhood was the critical variable determining an adverse outcome for the mother and child—including the child's later alcohol and drug abuse—have clearly shown the protective effects of linking young families into a network of peer-helping and other informal systems of social supports (1982). Similarly, Feldman, Stiffman, and Jung found a significant positive relationship between the total amount of help received by families from both informal and formal sources and the child's behavior in school (1987).

Perhaps the most obvious manifestation of caring and support at the community level is the availability of resources necessary for healthy human development: health care, child care, housing, education, job training, employment, and recreation. According to most researchers, the greatest protection we could give children is ensuring them and their families access to these basic necessities (Garmezy, 1991; Sameroff et al, 1984; Long and Vaillant, 1989; Wilson, 1987; Coleman, 1987; Hodgkinson, 1989). Conversely, the greatest risk factor for the development of nearly all problem behaviors is poverty, a condition characterized by the lack of these basic resources. That over one-fourth of the children in communities across our nation live in poverty, in the absence of these basic necessities, clearly testifies to the lack of a national political will to provide the opportunities for all children to succeed. In light of our national neglect of children and families, the imperative falls to local communities to fill the gap. And, the only way communities can, and have, succeeded in this endeavor is through the building of social networks that link not only families and schools but agencies and organizations throughout the community with the common purpose of collaborating to address the needs of children and

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families (Coleman, 1987; Schorr, 1988; Hodgkinson, 1989; Mills, 1990; Benard, October 1989). Thus, while community competence depends upon the availability of social networks within the community, it also depends on the "ability of [these networks] to respond to differential needs of the varied populations they serve, and the ability of citizens or groups to use existing resources or develop alternatives for the purpose of solving problems of living" (Barbarin, quoted in Fellini, 1987).

High Expectations

In the context of community, discussions around the issue of high expectations are usually referenced in terms of "cultural norms." Two cultural norms appear especially salient to our discussion of protective factors in the community. The first is that in cultures that have as a norm the valuing of youth as resources (as opposed to problems), youth tend to be less involved in all problem behaviors (Kurth-Schai, 1988). As discussed earlier, from research in social and educational psychology it is clear that adult expectations influence in a major—and all too often negative—way the subsequent thoughts and behaviors of children. As we'll discuss shortly, the usual outcome of these low expectations is the systemic denial to youth of the opportunities to be meaningful participants and contributors in community life (Kurth-Schai, 1988). According to Diane Hedin, our society tells children and youth that "they have no real place in the scheme of things, that their only responsibility is to go to school and learn and grow up. When they have learned and grown up, which is supposed to occur miraculously at age 18, they can perhaps make some modest contribution as a citizen. The young people, therefore, view themselves as strictly consumers, not as contributors" (1987). And, speaking of consumption...

A second relevant cultural norm is that of our expectancies surrounding alcohol use. According to the longitudinal research of Long and Vaillant (1989) as well as the community work of Peter Bell (1987), "Cultures that teach children how, when, and where to drink tend to have lower rates of alcoholism than do those that forbid children to drink" (Vaillant, 1986). Furthermore, "how a society socializes drunkenness is as important as how it socializes drinking" (Vaillant, 1986). In other words, countries in which drunkenness is more socially acceptable tend to have higher rates of alcohol abuse.

Obviously, in terms of national policies, our culture measures up poorly in terms of providing protection for youth through the teaching of low-risk choice-making around alcohol use and especially through our condoning of alcohol advertising, much of which glamorizes abusive drinking and even drunkenness (Room, 1990). Similarly, we have a long way to go in terms of changing local community norms, which, of course, are strongly influenced by the big monies the alcohol industry spends on advertising and promotion at the local level. The majority of researchers who have evaluated the consistent failure of most school-based prevention programs have concluded the following: "Current social norms about chemical use are a reflection of the community. The community is a fertile, powerful, and necessary environment for changing norms. If chemical use problems of young people are to be reduced, community-based prevention programs also must challenge adults to reflect on their patterns of chemical use....Prevention cannot be a task assigned by the community to the school and

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focused only on youth. It is a shared responsibility" (Griffin, 1986) Certainly, the message and expectation that speaks loudest and clearest to youth is not the one explicitly presented in substance abuse prevention programs in the school but the one implicitly communicated through the values and actions of the larger community in which they live.

Opportunities for Participation

The natural outcome of having high expectations for youth, for viewing youth as resources and not problems, is the creation of opportunities for them to be contributing members of their community. Just as healthy human development involves the process of bonding to the family and school through the provision of opportunities to be involved in meaningful and valued ways in family and school life, developing a sense of belonging and attachment to one's community also requires the opportunities to participate in the life of the community. According to Kurth-Schai, several cross-cultural studies have clearly indicated that "youth participation in socially and/or economically useful tasks is associated with heightened self-esteem, enhanced moral development, increased political activism, and the ability to create and maintain complex social relationships" (1988). On the other hand, "related studies demonstrate the lack of participation is associated with rigid and simplistic relational strategies, psychological dependence on external sources for personal validation, and the expression of self-destructive and antisocial behaviors including drug abuse, depression, promiscuity, premature parenthood, suicide, and delinquency" (Kurth-Schai, 1988). Similarly, Richardson et al concluded from their research on the heavier alcohol and drug use patterns of latchkey youth that "traditional societies had clearly defined roles for young adolescents in the life of the community. These contributory roles have largely been replaced by autonomy and leisure and frequently accompanied by no adult supervision. This time could be put to good use both in the home and in the community. The family or community that learns to direct the energy, general good will, and potential of these young adolescents into community or individual improvement projects may find that they benefit the community as well as the individual" (1989).

The challenge, then, for communities as well as for families and schools, is to find ways "to harness that force, to turn on our youth, to capture their inherent need for an ideology and group," to meet their basic human needs of connecting to other people and to a larger meaning or purpose (Levine, 1983). Stated eloquently by James Coleman, our most fundamental task is "to look at the whole fabric of our society and say, 'Where and how can children be lodged in this society? Where can we find a stable psychological home for children where people will pay attention to them?'" (quoted in Olson, 1987).

One approach many communities are incorporating to begin providing this "home" for youth is youth service. While no evaluated studies as yet exist on communities that have provided youth the opportunities to "serve," that is, to provide needed human services (i.e., academic tutoring, literacy training, child care, elder care, etc.) within their communities, anecdotal evidence from the hundreds of youth service programs operating in communities across the country bear witness to

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the power of this approach to engage youth as community resources (National Crime Prevention Council, 1988; Benard, January 1990).

Just as research from the field of community psychology and community development has documented the positive effects of "citizen participation"—improvements in the neighborhood and community; stronger interpersonal relationships and social fabric; feelings of personal and political efficacy; etc.—we can expect that civic participation on the part of youth will have even more powerful effects (Florin and Wandersman, 1990; Chavis and Wandersman, 1990; Zimmerman and Rappaport, 1988). Furthermore, as the Club of Rome warned many years ago, society needs the full participation and creativity of youth to address the social and environmental problems of the present and future. In many ways, nourishing the potential of our youth is society's protective shield for the future. Citing anthropological research, Kurth-Schai states, "The imaginative experiences of childhood represent humanity's primary source of personal and cultural evolutionary potential." Furthermore, youth possess the capacity "to create images of the future powerful enough to guide and motivate positive social change...[as well as] to provide leadership, nurturance, and economic assistance. In a world characterized by widespread feelings of purposelessness and powerlessness, the social contributions of childhood represent a primary source of humanity's hope for the future" (Kurth-Schai, 1988).

PROTECTIVE FACTORS: A PERSPECTIVE

Just as Zucker concluded that "severe drug involvement is a human act, involving a bio-psycho-social process over long spans of developmental time" (1989), the development of human resiliency is none other than the process of healthy human development—a dynamic process in which personality and environmental influences interact in a reciprocal, transactional relationship. The range of outcomes, according to Werner, is determined by the balance between risk factors, stressful life events, and protective factors (Werner and Smith, 1982). Furthermore, this balance is not determined only on the basis of the number of risk and protective factors present in the life of an individual but on their respective frequency, duration, and severity, as well as the developmental stage at which they occur. According to Werner, "As long as [this] balance between stressful life events and protective factors is favorable, successful adaptation is possible. However, when stressful life events outweigh the protective factors, even the most resilient child can develop problems" (1990).

No one is invulnerable; every person has a "threshold" beyond which he or she can "succumb" (Rutter, 1979). Thus, "intervention may be conceived as an attempt to shift the balance from vulnerability to resilience, either by decreasing exposure to risk factors and stressful life events, or by increasing the number of available protective factors...in the lives of vulnerable children" (Werner, 1990).

Shifting the balance or tipping the scales from vulnerability to resilience may happen as a result of one person or one opportunity. As we have seen in this review, individuals who have succeeded in spite of adverse environmental conditions in their families, schools, and/or communities have often done so because of the presence of environmental support in the form of one family member, one teacher, one school, one community person that encouraged their success and wel-

comed their participation. As protective factor researcher David Offord concludes, "A compensating good experience, good programs in the schools, or one good relationship can make a difference in the child's life" (1991). As one street gamin reflected on his resiliency: "You're right, the gamins are smart and strong; they survive. But it still depends on where you go, what you find, who you meet" (Felsman, 1989).

While tipping the scales toward resiliency through individual, serendipitous relationships or events is certainly important, the increasing number of children and families that are experiencing growing numbers of risks in their lives due to environmental deprivation necessitate that as preventionists we take a systems perspective and intervene with planned environmental strategies to build protection into the lives of all children and families. From this perspective, a major underlying cause of the development of social problems like school failure, alcohol and drug abuse, teen pregnancy, child abuse, etc. can be traced back to the gradual destruction of naturally occurring social networks in the community. The social, economic, and technological changes since the late 1940s have created a fragmentation of community life, resulting in breaks in the naturally occurring networks and linkages between individuals, families, schools, and other social systems within a community that traditionally have provided the protection, the "social capital," that is, the social supports and opportunities for participation and involvement, necessary for healthy human development (Comer, 1984; Coleman, 1987). What has become clear, from not only the failure of alcohol and drug abuse programs and other prevention programs that do not address this root cause, but from the positive findings of protective factor research into why some kids succeed, is the need for prevention efforts to build these networks and intersystem linkages. Emmy Werner says it all in the following statement: The key to effective prevention efforts is reinforcing, within every arena, these "natural social bonds...between young and old, between siblings, between friends...that give meaning to one's life and a reason for commitment and caring." To neglect these bonds is to "risk the survival of a culture" (Werner and Smith, 1982).

We must work within our families, schools, and community environments to build these social bonds by providing all individuals within these systems with caring and support, relating to them with high expectations, and giving them opportunities to be active participants in their family, school, and community life. While volumes can be written (and have!) on just how to go about this, the strategies are fairly simple and reflect not a need for behavioral interventions as much as for an attitude change—a willingness to share power within a system, to create a system based on reciprocity and sharing rather than control. For example, research on resiliency clearly implicates peer helping and cooperative learning, as well as mentoring, as strategies of reciprocity that work in all systems throughout the lifespan to achieve all three of the protective characteristics—support, high expectations, and participation.

Furthermore, to ensure that all children have the opportunities to build resiliency—to develop social competencies (like caring and responsiveness), problem-solving skills, autonomy, and a sense of purpose and future, we must also work to build linkages between families and schools and between schools and communities. It is only at this intersystem level—and only through intersystem collaboration within our

'A major underlying cause of the development of social problems can be traced back to the gradual destruction of naturally occurring social networks in the community.'

communities—that we can build a broad enough, intense enough network of protection for all children and families. While it's certainly true that as a society America does not value nor invest in children, even when community resources do exist, they are often so fragmented they become ineffectual at dealing with the root causes of risk and, thus, with the building of a protective shield or "safety net" for children. As Sid Gardner, a national expert in children's policy, states, "In fact, we are ultimately failing our children, not only because we haven't invested in them, but also because as communities we have failed to work together to hold ourselves accountable for the substantial resources we do invest—and for the outcomes of our most vulnerable residents" (1989).

As preventionists we must encourage the development of communitywide collaborative efforts that focus on "turning the situation around," on translating negative risk factors for alcohol and other drug abuse and other problem behaviors into positive community action strategies that support and nurture the development of children and youth. Ultimately, as Stanton Peele states, "The mission of those concerned with adolescent drug abuse is to create a cultural climate that encourages children to value and to achieve independence, adventure, intimacy, consciousness, activity, fun, self-reliance, health, problem-solving capacities, and a commitment to the community. There is no better antidote for drug abuse than adolescents' beliefs that the world is a positive place, that they can accomplish what they want, and that they can gain satisfaction from life" (1986).

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NOTES