RESILIENCE IN OUR SCHOOLS: DISCOVERING MENTAL HEALTH AND HOPE FROM THE INSIDE-OUT

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Kathy Marshall, National Resilience Resource Center, [1] University of Minnesota, Minneapolis

Abstract

The National Resilience Resource Center (NRRC) joins resilience research and practice using Resilience/Health Realization to increase protective factors in school and community systems by enhancing the *health of the helper*. Resilience theory and practice are discussed in the context of prevention science and persistently safe schools. Principles of Resilience/ Health Realization employed by NRRC to systemically enhance student and staff mental health and well-being are summarized.

Violence is an outcome. Substance abuse is an outcome. Academic failure and a host of other youth risk behaviors are outcomes. Successful prevention requires understanding and then addressing root causes—going upstream to the headwaters, not preventing problems, but discovering natural well-being. Persistently safe schools emanate from persistent student and staff well-being.

For the last 30 years education, prevention and youth development professionals have focused on *fixing* youth *problems* with external remedies—reducing environmental risk factors and enhancing protective factors. For example, the utility of such a "dual strategy" for youth violence prevention is documented by Resnick, Ireland and Borowsky (2004).

In general, nationwide prevention practice assumed "at risk students are *missing* some essential factor . . . which if supplied from the *outside-in* would prevent or control their dysfunctional tendencies" (Kelly 2003 p. 48). These *outside-in* strategies, to name just a few, included adventure programs, cooperative learning, social life skills, drug education and insight classes, youth support groups, peer helper programs, assertiveness and conflict resolution training, restorative justice circles, youth service, scores of therapies, functional cognitions, behavioral contracts, and evidence-based model programs that show behavioral change documented in narrowly-focused, short-term, program-specific studies. Characteristics of prevention *programming* that works are offered by Weissberg, Kumpfer and Seligman (2003).

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[1] Author's Note: Kathy Marshall is Executive Director of the National Resilience Resource Center (NRRC) located at the University of Minnesota in the College of Continuing Education at 202 Wesbrook, 77 Pleasant Street S. E., Minneapolis, Minnesota, 55455-0216. Contact kmarshal@cce.umn.edu or www.cce.umn.edu/nrrc. 612-624-1693

NRRC offers ongoing resilience research-based training and technical assistance customized to meet the needs of school systems, community-based organizations, collaboratives, and individuals. Facilitated systems change usually spans multiple years. NRRC also provides presentations, keynotes, consultation, product development and selected evaluation services.

A University of Minnesota graduate/undergraduate credit course, "Introduction to Resilience/Health Realization," allows NRRC training participants to elect academic credit. Another course, "Spirituality and Resilience," is offered by the University of Minnesota's College of Continuing Education and the Center for Spirituality and Healing.

NRRC collaborated with the U. S. Center for Substance Abuse Prevention's (CSAP) Central Center for the Application of Prevention Technology (CAPT) to produce a series of practitioner-friendly summaries of seminal resilience research available at www.cce.umn.edu/nrrc. NRRC assists the U. S. Office of Juvenile Justice and Delinquency Prevention, and the U. S. Public Health Service Substance Abuse Mental Health Services Administration on two Drug Free Communities Support Program grants in St. Cloud, Minnesota, and Menomonie, Wisconsin.

Longitudinal resilience research spanning decades paints a much bigger and far less programmatic picture. Emmy Werner (2004), with more than half a century of pristine resilience research experience, conducted a meta analysis of longitudinal studies revealing common factors that made a difference in kids' lives: maternal competence in the first two years of a child's life, number of people giving emotional support (two to ten persons), reading and school success by age ten, and good health from birth to two for girls, and from birth to age ten for boys. Werner and Johnson (2004) report children's dispositions and caring adult "buffers" make a more profound impact on the life course of children than specific imputed risk factors or stresses (p. 715). Bonnie Benard (2004) summarizes lessons from multidisciplinary resilience research.

The $25 million National Longitudinal Study of Adolescent Health funded by the National Institute of Child Health and Human Development and 17 other federal agencies offers perhaps the most convincing evidence that a paradigm shift of the highest order will promote positive and healthy behaviors by our children. In contrast to well publicized risk-factor prevention research, Resnick *et al.* (1997) report teens who feel they are understood and paid attention to by parents and teachers are less likely to use drugs, drink alcohol, smoke or have sex:

> Specifically, we find consistent evidence that perceived caring and connectedness to others is important in understanding the health of young people today. While these findings are confirmatory of other studies, they are also unique because they represent the first time certain protective factors have been shown to apply across the major risk domains. (p. 830)

Additionally, according to Masten and Coatsworth (1998), the three most important human adaptive systems in fostering and protecting child development in all environments are the quality of regulation of attention, emotion and behavior; parent-child attachment relationships; and good cognitive development. More recently Masten (2004) stresses the potential for future brain development and adolescent behavior research to explain regulatory processes and resilience. Parents and other adults in children's lives must be capable of bringing out the best in youngsters using healthy relationships and regulation support.

Discovering the Inner Landscape of Prevention

The message comes from critical sectors: there is much more to prevention than packages and programs. We must turn our attention to deeper matters. The *catch 22* is that programs—interventions themselves—are not the answer. Don Crary, with one of the Annie E. Casey Foundation New Futures community-based youth projects, reports the inner health of helpers is critical:

> When there's improvement, it usually isn't that the services per se were different; it's about a change in the person who delivered the service, and the way they delivered it. It became clear systems change meant changing the interactions between people in all the systems . . . a very different and difficult agenda. (Walsh 2000 p. 2)

Kids know this truth. Young people assisting Stanford University's McLaughlin and Langman (1994) in studying community based youth centers—urban sanctuaries—insightfully name such effective adult service providers *wizards*.

Palmer focuses on the spirit of education (1998, 2004) and argues educators who have the courage to teach effectively navigate their own and their student's *inner landscape;* they learn to mentally and spiritually *dance* with their students. Systems change of this kind involves an *inside-out process.* Palmer (1998) notes, the "most practical thing we can achieve in any . . . work is insight into what is happening inside us as we do it. The more familiar we are with our inner terrain, the more surefooted our teaching—and living—becomes" (p. 5).

Fullan (1998) warns successful school change must happen from the *inside-out* individual-by-individual. The resilience mindset begins with personal change. "Many reformers still have to learn that teachers will not commit to change if they cannot see the point." Fullan says, "going deeper means getting clear and coming clean about purposes . . . to love and care, to serve, to empower, and of course, to learn" (pp. 29-30). The personal health and well-being of staff members governs how educators see and serve students, parents and colleagues.

Naturally effective prevention involves both the environment and the individual in dynamic interaction—p*rotective processes*. Masten and Coatsworth (1998) suggest the newest, least understood but most promising prevention initiatives yet to be explored are process-focused. "We still lack data on specific effects . . . . We have little understanding of the process by which change and protection occur" (p. 215). Although the research team presents characteristics of resilient children and adolescents gleaned from the literature, Masten and Coatsworth say these qualities "are only known to be associated with resilience and are not necessarily causal influences. These attributes, in fact, could be consequences of success rather than causes of it" (p. 213).

Getting to Root Causes

Evolving resilience research can profoundly inform prevention efforts and move us beyond an *outside-in* perspective to an *inside-out* approach to student well-being. A guiding light shines brightly from more than forty years of resilience research by Werner and Smith. Their person-focused Kauai longitudinal study (Werner and Smith, 2001) indicates extraordinary resilience and a capacity to recover from and overcome problems shaped the journey to midlife for most of the study's 489 participants born in 1955.

> What lessons did we learn? Most of all . . . they were lessons that taught us a great deal of respect for the *self-righting* [italics added] tendencies in human nature and for the capacity of most individuals who grew up in adverse circumstances to make a successful adaptation in adulthood. (p. 166)

After decades of exploration, resilience researcher Masten (2001) states:

> The great surprise of resilience research is the ordinariness of the phenomena . . . . Resilience does not come from rare and special qualities, but from ordinary everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities. This has profound implications for promoting competence and human capital in individuals and society. (pp. 227, 235)

Nearly two decades ago, Rutter (1987) cautioned mental health professionals that there is more to resilience than *protective factors*; and pointed to *protective mechanisms*. Without a doubt societal supports and services are essential and policy makers are not off the hook (Davis p. 13), but Rutter said most researchers assumed vulnerability or protection "lies in the variable [factor] rather than the process. It does not and cannot . . . . It makes no sense to label variables . . . . It is the process or mechanism, not the variable, that determines function" (p. 317). Michael Rutter, in effect, directs attention to the fundamental role of personal thinking—the *inside-out* nature of life. "Most risk factors are not absolutes . . . independent of the person's appraisal and cognitive processing" (p. 325) and protection resides "in the ways in which people deal with life changes and in what they do about their stressful or disadvantageous circumstances" (p. 329).

Rutter offered a critical bridge between resilience research and practice that warrants deeper exploration today. If it is true these *inside-out* systems are vital, then as U. S. Center for Mental Health Services' (CMHS) Nancy Davis (2002) says, surely the time is right to focus on the promotion of mental health and the prevention of mental and behavioral disorders across the *full* mental health care continuum.

Certainly schools can play a vital role in promoting optimum mental health and natural resilience. CMHS School Violence Prevention website includes a working draft paper by Davis (1999) summarizing the status of resilience research and research-based programs, including Health Realization, to address school safety.

Looking Through the Lens of Natural Well-Being

Mental health has been overshadowed by mental illness in most helping professions. For too long the emphasis has been on preparing professionals to diagnose and manage problems rather than discover health. "We might consider what the opposite of the DSMs would look like" (Gillham and Seligman 1999, p. 169). Romano (1996, 1997, 2001) at the University of Minnesota may have been the first to coin the term *student well-being.* Much emphasis has been given to personal strengths associated with healthy development and successful learning (Benard 2004). An *outside-in* approach to identifying and enhancing strengths is commonly suggested. However, Frankl (1959) acknowledged the *inside-out* nature of an individual's experience of well-being:

> We who lived in the concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: The last of his freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way. (p. 104)

In essence Frankl taught us what a person thinks determines experience. Logotherapy, an *outside-in* practice, however, put the focus on therapists assisting clients in arriving at new views or thoughts to ease distress. Likewise, while the current positive psychology movement is a breath of fresh air and aims to move youth development and prevention in an exciting and hopeful direction, to date even it is primarily focused on *outside-in* therapies and strategies. These include learned optimism, Positive Behavioral Support, identifying and building individual strengths, continually balancing skills and challenges in order to experience *flow,* and more (Gillham and Seligman 1999, Seligman and Csikszentmihalyi 2000; Weissberg, Kumpfer and Seligman 2003, Snyder 2002).

Discovering Well-Being Within

By looking more deeply to root causes, realizing that human beings create experience of anything in the moment with their thinking, the National Resilience Resource Center at the University of Minnesota teaches individuals how they operate from the *inside-out*. We call this approach Resilience/Health Realization.

The focus is not on *what* we think, but *that* we think. This is the fundamental process by which human beings engage with life regardless of circumstances, behaviors, habits or events. These principles underlie all behavior and outcomes and therefore suggest a *problem* or *risk* focus to prevention at worst misses the mark, and, at best is short-sighted and superficial. Having young people functionally—not intellectually—learn and experience healthy psychological functioning addresses the root cause of successful youth outcomes. Our business is not *problem prevention* but *discovery of natural resilience and well-being*. Problem prevention is simply a logical outcome of healthy functioning.

Our goal, in schools for example, is to achieve the best possible learning experience for students by assuring that the principles of Resilience/Health Realization are functionally understood by staff members, presented to and employed with students, and integrated into the school climate with conceptual integrity. In this way student learning can be successful and life-changing.

The National Resilience Resource Center approach to reculturing school systems with Resilience/Health Realization was published by The Carter Center (Marshall 1998). Impact on individuals and organizations is described at *Making a Difference* at http://www.cce.umn.edu/nrrc/difference.shtml. For improvements in school climate and outcomes for both staff and students see *Educational Resiliency: Student, Teacher, and School Perspectives* (Marshall 2004).

In general, it is essential that educators have a sufficiently deep personal, lived experience and understanding of the principles to teach *from* the principles with simplicity and clarity. Such understanding allows school staff members to point students to the operation of the principles in students' lives, in-the-moment, at any time. This *informal infusion* of the principles is ongoing and compliments essential *formal lessons*. Healthy functioning is an essential way of life for both educators and students.

NRRC aims to increase the *health of helpers* so they naturally extend essential protective factors—caring and support, encouraging high expectations, and meaningful opportunities for participation (Benard 2004)—to children, youth and others. NRRC evaluation of 39 measures with an *n* of 259 to date indicates trained adults show statistically significant improvement at .01 or 001 probability for 30 items, and .05 probability for an additional four items. Briefly summarized, these changes reveal adults learn to tap their natural resilience by learning the principles of Resilience/Health Realization. They become more reflective, experience an enhanced sense of personal well-being (physical to emotional), have improved relationships with children, partners, colleagues, and others; and realize greater workplace satisfaction. Training participants' quality of life improves as they tap natural resilience and experience a more secure state of mind. From this healthy vantage point improved school climate and better student outcomes are natural byproducts (Marshall 2004). Changes for educators and students positively impact a school environment. For example, at one NRRC project site in St. Cloud, Minnesota, North Junior High Principal Dr. Pat Welter reported:

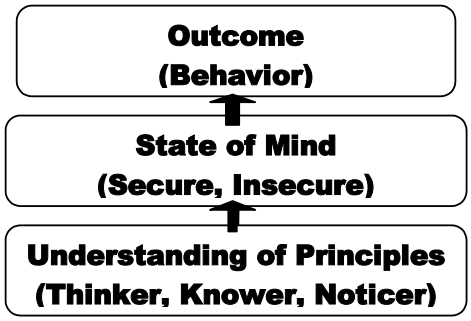
> Staff members began telling stories of students who were able to "quiet their minds" and calm down with just a gentle reminder. Staff claimed, too, that being aware that their reality was "just thought" and they could "let thoughts go" made a significant difference in how well they could deal with the behaviors of middle-school students. We arrived at February before we knew it and staff members were still feeling that the peace in the building was real! A cafeteria monitor exclaimed that even the lunch periods (of 150 students for 22-minute lunches) were the best in five years. A substitute custodian remarked that he could tell something was different in this building and he wanted us to be aware of it if we weren't. He said, "You're getting at something pretty powerful here!" Discipline data, too, reveals significant change. Student behavior incidents have improved measurably at North Junior High. From one year to the next suspensions were 70 percent lower; fights were reduced by 63.8 percent; and incidents of violence dropped 65.1 percent. (Marshall 2004, p. 73)

Gaining Perspective: Understanding the Foundation of Healthy Functioning

Kids, and for that matter, all human beings, do what they do because of the thoughts they notice and hold on to. No one changes his or her own thinking; once we notice a thought, it is already a past fact. We do, however, notice another thought and in a relaxed frame of mind even experience major shifts or turnarounds in our thinking. We might call these *ah ha!* moments. For example, for students, the *light bulb goes on* and it no longer makes sense to consistently end up in a resource room, skip school, pick a fight, bully someone, ignore homework, believe math is impossible, or use drugs.

Outcomes happen because of our state of mind. Life is an *inside-out* process. When we are in a secure state of mind—at our best—we do well; when we are in an insecure state of mind—we do poorly. Understanding how state of mind happens is critical to student success.

Figure 1. Cycle of behavior from understanding through state of mind



Each one of us is a *thinker* with more than 60,000 thoughts a day; most are helpful, some are bizarre, some can lead to harmful behavior. The key is knowing that we do not need to act on every thought. "It is just a thought!" Luckily we have the natural ability to notice our thinking and feelings . . . to *recognize our state of mind.* When we pay attention and know we are just having a *thought attack* it is much easier to trust our common sense and wisdom will return. From this more secure vantage point, kids and adults are able to navigate life successfully. These basic principles are the foundation behind all student outcomes. When kids understand the principles, natural resilience—every person's birthright—emerges and good things happen.

Successfully teaching Resilience/Health Realization—in and out of the classroom—begins and ends with three principles. The principles are simple. They can be taught at any age or grade level. We all operate the same way as *thinker, noticer* and *knower*. This message frees every student; they are not the victim of life events. Experience of every life event is created from the *inside-out*. We must be especially diligent to teach these essential principles rather than getting sidetracked on related, but far less important concepts. As educators we can teach students of all ages how they operate and thus prepare them to tap their natural resilience. We can do this only by teaching the principles. Concepts such as *two modes of thought*, *separate realities*, *mood*s and *feelings* simply amplify or further explain how the principles apply to certain potentially problematic areas of life. Teaching subordinate concepts and sidestepping the principles would leave students *unprepared for life*. For more detailed discussion see related publications (Marshall 2004, *Resilience/Health Realization Applications for School Counselors* 2005, Mills and Spittle 2001, Pransky 2003).

Teaching Health Realization principles involves both *what* educators teach, and *how* they teach—i.e., teaching *about* the principles and teaching *from* the principles. A specific list of references, which is available at http://www.cce.umn.edu/nrrc, may be helpful in preparing to do both.

Teaching the principles is not grade-bound. It is possible to teach very young children and also very old people how they operate from the *inside-out*. Professional's own thinking about their ability to teach the basic principles may be the biggest obstacle they face. With clear understanding and simple, insightful, age-appropriate language the principles can easily be taught because they describe how all persons, young and old, function. Furthermore, all persons have a natural *knowing* of how they operate, and with educators pointing kids to what they *already know* students can spring back and have what Herbert Benson (1996) calls *remembered wellness.* Bringing out the best in students does not need to be a major task. There is no need to

fix students; the goal is to *point* them to their natural resilience and common sense. When entire school community systems do so, every young person benefits and no adult stands alone in meeting student needs.

Systems Change Language: Resilience/Health Realization Terms

In a systems approach, agreed upon common language formally adopted and used across the entire K-12 system in curriculum, student services, policy documents, and discipline handbooks with students, staff, parents and community members is essential. This glossary of terms may only need to be one or two pages long. It is the shorthand language for the district and the larger community. Such a guide to terminology is disseminated broadly. There are fun, creative ways to produce such a glossary . . . pocket cards, screen savers and more. The point is to make this common language visible system wide and encourage staff to institutionalize Resilience/Health Realization—*walk the talk*. Sample terms are mutually exclusive including:

Principles: Current simple terms for the three principles of Health Realization are: *thinker*, *knower*, *noticer*. More formal terms are *thought, mind* and *consciousness*. The principles are simply an explanation of how we operate from the *inside-out* to create our experience of life in the moment. The principles are like an operating manual; they help us understand how we function psychologically. The three principles may be explained this way.

- Thinker – We create our experience of life with our thinking.
- Knower – Every person has wisdom within.
- Noticer – Human beings have awareness, the ability to bring thought to life.

This means every human being is a *thinker, knower* and *noticer* all at once. It is critical to teach students not *what* we think, but *that* we think. The minute we focus on content of thought, we miss the essence of the principles…the process by which human beings create their own experiences moment to moment.

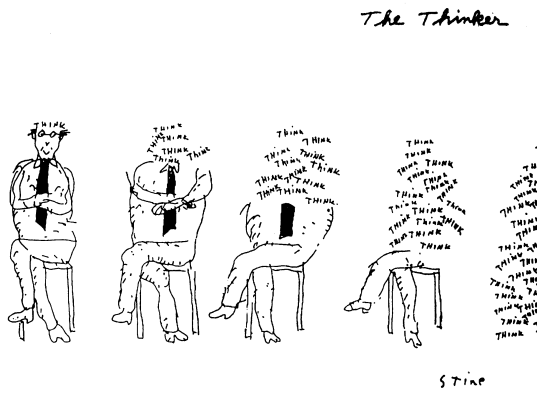
Resilience/Health Realization refers to two things: the resilience *research base* which provides the theoretical framework for tapping natural resilience and the *strategy* for tapping resilience known as Health Realization.

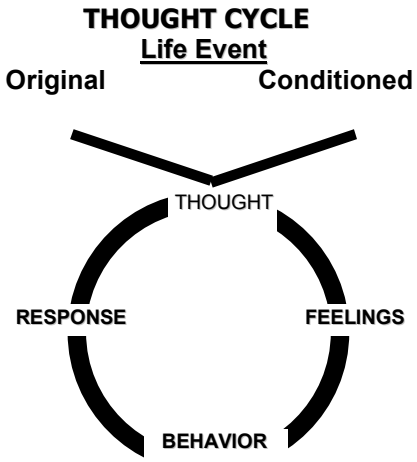
Resilience in this context may be called *wisdom within, common sense, innate mental health*. Natural resilience involves the human capacity for navigating life well—self-righting—which is the birthright of every human being.

State of Mind is a person's recognizable level of well-being at any moment in time.

State of mind changes. For example, we may be *secure* or *insecure*; *busy* or *calm*. *Flow* and *process* thinking also describe states of mind. State of mind merits significant attention in the curriculum. It is larger and more encompassing than *two modes of thought, moods or feelings* described below.

Which chair are you sitting in today? Every adult and student at any time can notice his or her own state of mind and describe it.





Subordinate Amplifying Concepts

Two *Modes of Thought*: We all have two kinds of thought: *insight* and *memory*. These are also called *original* and *conditioned* thinking. Both modes of thought are equally valuable. Getting stuck in inappropriate or negative conditioned thinking, however, is problematic and causes an insecure state of mind. The visual thought cycle is useful in explaining two modes of thought.

Feelings are simply sensations caused by thought. They are helpful guides to our thinking moment-to-moment. It is important to learn to notice a good feeling; the principles explain how good feelings happen naturally.

Moods are caused by fluctuations in thought. These shifts in states of mind last for a period of time. Mood shifts are natural.

Separate Realities are each person's thought-based view of specific things—events, life, circumstances. The important point is to understand people's views are different because they don't think about things in exactly the same way. Understanding how the principles create separate realities is a vital resource in working with other people and having successful relationships.

Healthy Psychological Functioning is a standard for how we live our lives. Healthy functioning—quality of life—depends on understanding the principles and natural resilience.

Level of Understanding is simply the degree to which we understand how the principles operate to create our experience of life from the *inside-out* (i.e., inside our own heads moment-to-moment). Level of understanding determines our quality of life or degree of healthy psychological functioning.

Sample Slogans and Shorthand Words

These quick reminders help NRRC training participants remember what they know about resilience and the three principles. These buzz words streamline communication with others who also understand the principles.

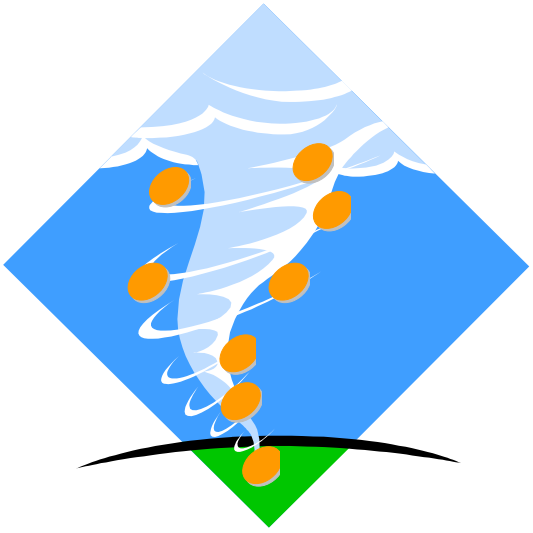
Identify your state of mind:
- *Lily's loose!*
- *Tornado*
- *What chair are you sitting in?*
- *Blind spot*
- *Thought recognition (feeling, behavior recognition)*
- *Static in the attack*

Remind yourself or others to not get wrapped up in thought, stay calm:

- *Don't go there!*
- *Put it on the back burner.*
- *Let it go!*
- *Listen in clear channel. (Listen in neutral, listen softly,*
- *listen beyond the words, listen with impact, listen with nothing on your mind. Have a heart-to-heart.)*

Ease up, let your natural resilience emerge:

- *Trust the unknown.*
- *Wait. The wisdom will come.*
- *Trust the process.*
- *Notice a good feeling.*
- *Find your blue dot.*
- *Inside-out*
- *Ah ha!*
- *Poof!!*



A *thought tornado* spells disaster!

Essential Ongoing Learning: Professional Development

Teaching and living the Resilience/Health Realization principles requires adequate time devoted to individual and small group professional development. This involves a *personal commitment* to reading, reflection and dialogue on an ongoing basis just as one would prepare for any new professional undertaking. There just is nothing to replace individual time spent reading, grasping, and operationalizing the principles. This in-depth learning will become apparent as educators and youth-serving professionals begin to formally and informally teach young people the principles and teach *from* what they themselves *know.*

In addition, advanced formal training for staff is essential to allow a recognized, organizational *learning community* to develop and mature. This *learning community* must be clearly endorsed and fully supported by the district leadership and School Board. A clear strategic district plan goes a long way in that direction. Seminal educational research indicates strong *learning communities*—groups within buildings and across programs—are what successfully change school systems and improve student outcomes (Kruse and Louis1993; Louis, Marks, and Kruse 1996; Marks and Louis 1999). NRRC's facilitated systems change process entails both formal training and ongoing small groups focused specifically on mutual support, sharing experiences learning and teaching Resilience/Health Realization, discovering new perspectives and identifying new resources.

System Change Components

NRRC Resilience/Health Realization efforts are most productive if placed in a larger context of a system-wide early childhood and K-12 implementation plan. It would be a mistake to view any one endeavor as the primary place where all students learn about Resilience/Health Realization. A broader plan involves such key components as:

- *K-12 Resilience/Health Realization curriculum in every grade, every class, every building, with every teacher, for every student in an agreed upon specific way*. In some cases the initial teaching plan may be as simple as using common terms. In other instances a complete course or service program may be undertaken. What does it look like to infuse the principles in language arts, math, journalism, civics, physical education, music or create a responsive classroom grounded in the principles? These are just the tip of the *possibility* iceberg.

- *Student Assistance Teams functioning fully at every building*. SAT is an essential district-wide building level process for *identification, screening, referral* and *follow-up* of students for whom adults have concerns about behavior, performance or appearance. This is an early system-wide step to catch problems before they get out of control—to, among other things, find ways to have a student learn the principles early and make a timely turnaround.

- *Health Realization Groups for SAT-referred high-need students*. These are educational groups, not therapy sessions, designed to teach the principles. They do not go on for months and are not *problem* focused. They are usually weekly 50-90 minute emersion sessions spread over five to ten weeks. In some cases academic credit may be arranged. This is one student referral option for SAT to recommend and arrange for individual students. Any authorized school or community staff member experienced with Health Realization may facilitate these groups in or outside of the school. This can be a meaningful way for community agencies to collaborate with schools.

- P*arent Resilience/Health Realization classes*. These outreach components enhance SAT resources for supporting youth. The goal is for parents, staff and students to have a common, working understanding of the principles. Qualified school or community agency staff member may facilitate these classes in the school or community.

- *Ongoing introductory and advanced NRRC Resilience/Health Realization training for all staff*. The building principal and individual staff members have a clear plan of who attends when, with what specific professional implementation goal. Professional agreements define these commitments and expectations. A cadre of in-district trainers is developed over time.

- *Special initiatives reinforce teaching Resilience/Health Realization*. These include pupil services (counseling, social work, nursing), special education, homeroom or pod groups, help programs, discipline procedures and policies, various extracurricular programs, community agency services for youth and/or families, an outreach and media program and more.

Looking to the Future and School Safety

Persistently safe schools seem like a pipe dream to those who see the reality of teens killing teens in our schools. Minnesota, like too many states, knows this horror first hand. Today, as this paper is written a mother here asks why her son's mental illness could not be discussed in court until his guilt or innocence was decided. Under the law this is a matter of fairness and it allows jurors to consider one issue at a time. However, in real life, beginning when children are very young and continuing for a lifetime, it is imperative

that family, school and community systems make sure teaching each and every child how they operate from the *inside-out*—realizing healthy functioning—comes first. We must not be diverted into to teaching *how not to be violent*, but must focus much more deeply on *discovering well-being*. Becoming peaceful (the healthy form of non-violence) is a natural outcome when we learn to tap our common sense and wisdom within. Unsafe behaviors, including extreme school violence, are preventable outcomes. We must address the root cause of safe schools. Surely persistent, lasting school safety depends on students and adults realizing natural mental health—the deep essence of our drive to self-right and tap natural resilience. This teaching begins not with the intellect, but with a lived experience of well-being, then understanding how that occurs, and finally, having simple, clear language to point another human being in this hopeful, natural direction.

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