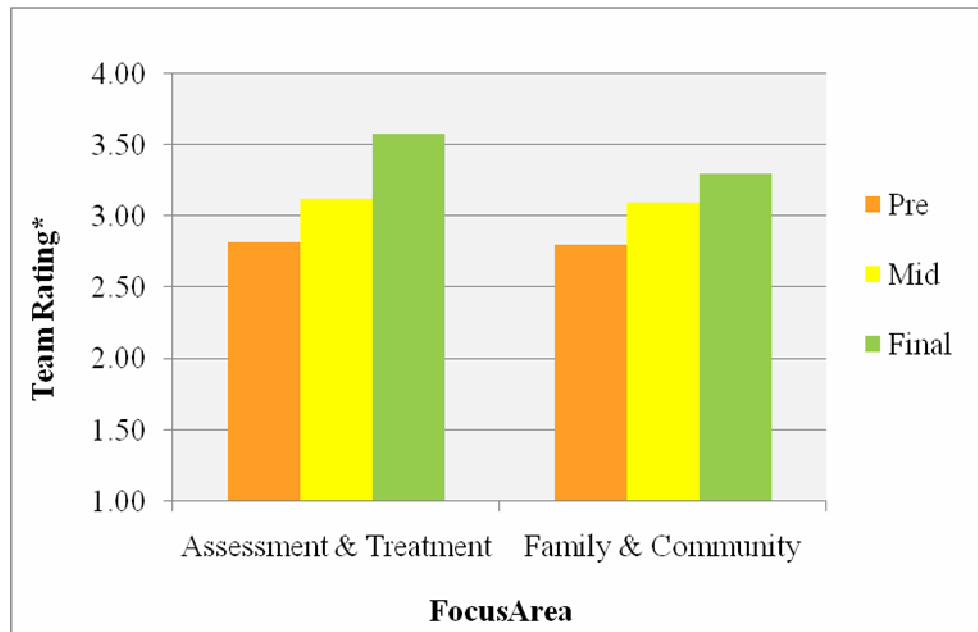


**Figure 1.**

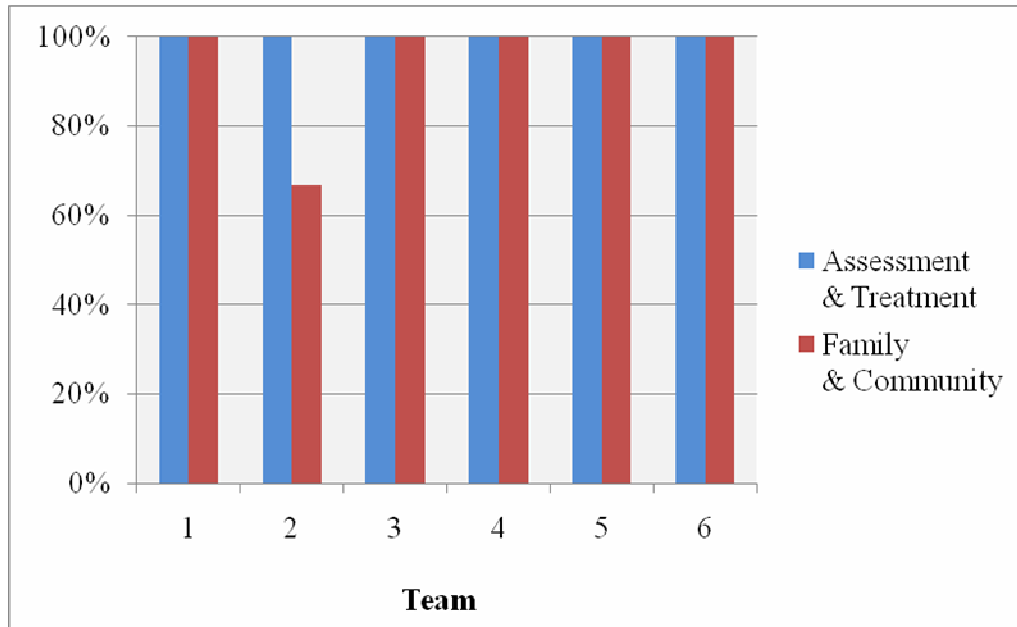
Self-Assessment Data in Two Focus Areas



Notes: \*Team Rating Key: 1 = No practice improvements planned; 2 = Practice improvements planned but not yet actively tested; 3 = Practice improvements actively tested; 4 = Objective fully met. Pre-assessment occurred before Learning Session 1, in early February; Mid-assessment occurred before Learning Session 2, in early April; Final assessment occurred before Learning Session 3, in late June. Scores were averaged across teams to show overall Collaborative progress. Focus area scores were obtained by averaging scores on all objectives in each area. See appendix A for the objectives corresponding to each focus area.

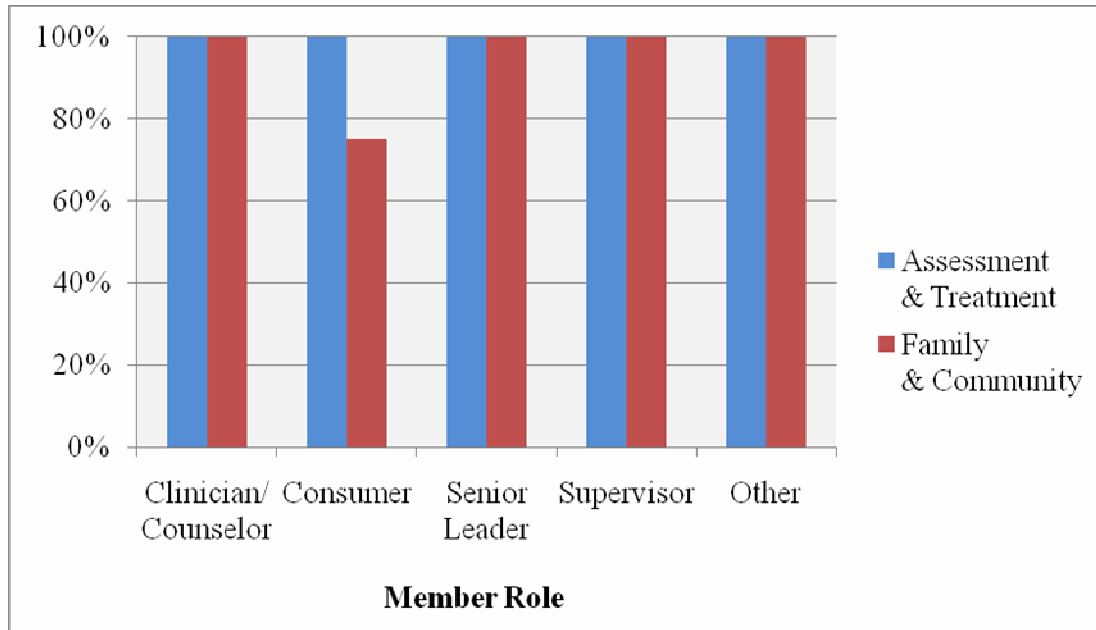
**Figure 2.**

Participants per Team Reporting Sustained Improvements at Follow-up



**Figure 3.**

Participants per Role Reporting Sustained Improvements at Follow-up



Appendix A

Resilience Core Concepts Poster

# Resilience: A Strength-Based Approach to Good Mental Health

*Resilience is an innate capacity to rebound from adversity and change through a process of positive adaptation. In youth, resilience is a fluid, dynamic process that is influenced over time by life events, temperament, insight, skill sets, and the primary ability of care givers and the social environment to nurture and provide them a sense of safety, competency and secure attachments.*

## Core Concepts:

0 to 5 years

6 to 12 years

13 to 18 years

What can Families & Communities do to Promote Resilience?

Sponsored by: Maryland Mental Hygiene Administration;  
Department of Health and Mental Hygiene;  
Maryland Coalition of Families;  
Youth M.O.V.E. of Maryland Wicomico County;  
Lower Shore Early Intervention Program

## Related Topics & Models

Resiliency Theory Pioneer – Norman Gramezy  
Attachment Theory – John Bowlby  
Erickson’s Developmental Stages  
Neuroplasticity – Neuroscience – through Mindfulness and Repetition  
Social and Emotional Competency – Daniel Goleman  
Positive Psychology – Martin Seligmann  
Positive Youth Development  
Positive Behavioral Interventions and Supports (PBIS)  
Post Traumatic Growth (PTG) – Richard Tedeschi  
Strength Based Practice / Systems of Care (SOC)  
Transformational Coping  
Primary Mental Health Project – Emory Cowen  
Public Health Approach to Children’s Mental Health – Georgetown Univ., Center for Child and Human Development  
Salutogenic Model of Health – Sense of Coherence (comprehensibility, manageability, meaningfulness) – Aaron Antonovsky  
International Resilience Project – Resilience Research Center (across cultures)  
Reaching In...Reaching Out – Penn Resilience Program  
*Resiliency: What We Have Learned*, by Bonnie Benard  
Stress Hardiness – Susan Kobasa

Family & Community Models that Support Resilience  
Building Bridges to Support Families and Schools Together (FAST)  
Nurse Family Partnerships  
Safe Schools / Healthy Children  
Healthy Communities / Healthy Youth  
Asset Based Community Development Center  
The Incredible Years  
Resiliency Ohio

Longitudinal Studies  
Project Competence – University of Minnesota – Ann Masten  
Kaui Study – Emmy Werner and Ruth Smith  
Project Human Development Chicago Neighborhoods

Some Assessment Tools  
Devereux Early Childhood Assessment (DECA)  
40 Developmental Assets – Search Institute  
Connor – Davidson Resilience Scale  
CANS (Child & Adolescents Needs & Strengths)  
Post Traumatic Growth Inventory  
The Stress Vulnerability Scale – Sheehan  
Resilience Scale  
Center on the Social and Emotional Foundations for Early Learning (CSEFEL)  
Infant/Toddler, Early Childhood Environment Rating Scales

Compiled 2010 by Joan Smith, M.A. and West Ethna, M.A.

### Sense of Competency

- Determination & persistence
- Takes pride in activities
- Develops/evaluates alternative solutions
- Task completion

- Engages in make-believe play
- Interested in new things
- Imitates behavior of others
- Tries to do things for him/herself
- Tries out new words / builds vocabulary

- Can begin to generalize learned skills
- Shows patience in meeting a goal
- Desires to be the best one can be
- Self-Efficacy; "I Can!" attitude
- Begins to be able to organize time

- Self motivated / sense of autonomy
- Has initiative; sees things through to completion
- Has integrity, high standards
- Incorporates new knowledge
- Forming coherent sense of self

- Gather and unite around priority issues
- Value diversified leadership
- Cooperate in achieving goals
- Have high, but realistic expectations for youth

### Caring & Respect of Self & Others

- Empathy
- Giving back; helping out
- Ability to compromise
- Giving others the benefit of the doubt

- Listens to others; shows patience
- Enjoys interacting with others
- Seeks comfort from familiar adults
- Tries to comfort others
- Acts happy when praised

- Beginning capacity for self sacrifice
- Can accept that life is not always fair
- Shows concern for a bullied classmates
- Completes chores for the benefit of the family
- Can recognize their own strengths

- Values win-win solutions
- Can show forgiveness
- Cares about what happens to others
- Has capacity for intimacy
- Shows gratitude for successes

- Have the ability to work with diversity
- Offer ample volunteer opportunities
- Treat all youth with consistency & fairness
- Promotion of Wellness and Prevention efforts

### Problem Solving & Coping Skills

- Seeks help when needed
- Ability to self soothe or self regulate
- Willingness to admit and learn from mistakes
- Can accept instruction and constructive criticism

- Willing to accept redirection
- Keeps trying when unsuccessful
- Early development of self control
- Can easily go from one activity to another
- Tries different ways to solve a problem

- Not afraid to ask for help with an assignment or task
- Can use positive self talk to feel better
- Healthy risk taking
- Can make change based on other's input
- Acts persistent; tries other ways to solve problems

- Seeks others' expertise
- Has self-management skills
- Takes ownership and responsibility
- Ability for abstract thinking
- Understands cause and effect

- Promote open communication around community satisfaction
- Seeks external resources for problems
- Law enforcement is a vital part of the community
- Resilience is modeled in homes/communities

### Optimism and Hope for the Future

- Sense of humor
- Belief that things can get better
- Playful; Creativity; Exploration
- Joy in accomplishments

- Enjoys social play
- Accepts alternative choices
- Shows interest in his/her surroundings
- Says positive things about the future
- Trusts familiar adults and believes what they say

- Laughs and shares jokes with a friend
- Can give examples of positive outcomes
- Involved in clubs / sports / hobbies
- Likes to explore environment / nature
- Enjoys school and learning

- Able to laugh at oneself
- Future and goal oriented
- Has creative outlets for self expression
- Seeks out and can enjoy times of peace and quiet
- Sees life as basically good and positive

- Opportunities for modeling/peer mentoring
- Recreational outlets available for families
- Youth are integrated into the community
- There is a belief that all children can be successful

### Ability to Reframe Stress

- Tolerates frustration
- Understands how perception influences outcomes
- Flexibility; able to adapt to change
- Can improvise

- Uses imagination to build skills
- Cooperates with others
- Begins to accept rules for behavior
- Begins to identify patterns and routines
- Can calm self down when upset

- Open to new ideas
- Begins to learn to manage stress
- Able to identify alternative solutions
- Demonstrates ability to adapt to changing situations
- Doesn't give up even when disappointed

- Can accept ambiguity / uncertainty
- Connects attitude with behavior
- Deals with adversity and the unexpected
- Has positive outlets to reduce stress
- Puts things in perspective

- Able to provide comfort in times of distress
- Open communication without blaming
- Families encourage self reliance
- Communities engage in creative problem solving

### Sense of Purpose & Meaning

- Spirituality; higher purpose
- Feeling that you are loveable
- Self improvement
- Cultural heritage and traditions

- Enjoys imitating people in play
- Begins to show willful behavior
- Asks questions; tells stories
- Wants to please others and be with friends
- Displays joy and curiosity

- Shows understanding of the life cycle
- Feels loved and has secure relationships
- Wants to challenge self to do better
- Participates in and values family rituals
- Can decide between right and wrong

- Explores different belief systems
- Has a belief that one's life matters
- Wants to plan for a rewarding career
- Has a sense of belonging to a community
- Tries to live by their core values

- Local ownership and community pride
- Safe, healthy outdoor activities available
- Diverse opportunities for spiritual and cultural enrichment
- Families and communities support quality education

Appendix B

Organizational Self-Assessment

Key: 1 = No practice improvements planned; 2 = Practice improvements planned but not yet actively tested; 3 = Practice improvements actively tested; 4 = Objective fully met.

Areas of Practice		1	2	3	4
<b>1. Enhanced Resilience-Informed Clinical Assessment and Practice</b>					
a.	All staff participate in an ongoing training process to ensure knowledge of the resilience core concepts as related to all interactions with children, youth, and families.				
b.	All treatment team staff receive ongoing education, training, supervision, and competency assessments necessary to apply a resilience framework to their practice.				
c.	Treatment team utilizes resilience core concepts in initial and ongoing assessment, treatment planning, evaluation, and outcome monitoring.				
d.	Treatment team members implement interventions that identify and utilize the strengths of children, youth, and families to work on areas of need.				
<b>2. Family and Community Resilience</b>					
a.	Children and youth are able to identify their personal strengths, develop new ones, and use them when faced with adversity, stress, and change.				
b.	Families feel the agency acknowledges and incorporates their individual and cultural experiences, values, hopes, and aspirations into the engagement, goal planning, and treatment processes.				
c.	Families receive education to raise awareness of resilience, wellness, and prevention; families are able to apply this education in identifying and utilizing their own strengths.				
d.	Families, children, and youth are supported in connecting with natural and community resources that encourage their resilience.				
e.	Communities are engaged in the process of raising awareness of resilience concepts. Community resources are assessed and community based efforts to foster resilience are supported.				

Appendix C

Six Month Follow-Up Survey: Sustain and Spread Excerpt

Note: Data was collected at the individual rather than team level to capture the unique perspectives of participants serving different organizational roles.

	Don't know	No	Yes
1. <b>To the best of your knowledge, has your team <u>sustained</u> practice improvements <u>initiated during the BSC</u>?</b>			
a. <u>Assessment and treatment</u> practice improvements (for example, strengths-based assessments, goal planning, activities, and documentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Family and community resilience</u> practice improvements (for example, family education, communication with families, community trainings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. If yes, please specify those improvements.**

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	Don't know	No	Yes
2. <b>To the best of your knowledge, has your team initiated <u>new</u> resilience practice improvements <u>since the end of the BSC</u>?</b>			
a. <u>Assessment and treatment</u> practice improvements (for example, strengths-based assessments, goal planning, activities, and documentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Family and community resilience</u> practice improvements (for example, family education, communication with families, community trainings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. If yes, please specify those improvements.**

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	Don't know	No	Yes
3. <b>To the best of your knowledge, has your team <u>spread</u> resilience practice improvements to <u>new settings</u> in your organization?</b>			
a. <u>Assessment and treatment</u> practice improvements (for example, strengths-based assessments, goal planning, activities, and documentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Family and community resilience</u> practice improvements (for example, family education, communication with families, community trainings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. If yes, please specify the settings and improvements.**

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