

A Symposium on Resilience
March 1, 2004

17th Annual Research Conference
A System of Care for
Children's Mental Health:
Expanding the Research Base
February 29- March 3, 2004
Tampa, Florida

**Promoting Resilience for
Children in the Mental Health
System**

Richard Shepler, Ph.D.
Center for Innovative
Practices

Center for Innovative Practices

- One of the Ohio Department of Mental Health's Coordinating Centers of Excellence (CCOE)
- The CCOE initiative is designed to promote the dissemination of evidence based and best practices in the field of Mental Health
- CIP's focus is those services and interventions specific to youth and family populations
- Connecting Evidence-based Practices with Systems of Care

**Resilience:
A Complementary Construct**

- Resilience is a complementary construct to current evidenced-based practices
- Resilience can be integrated into and inform other best practice models, serving to enhance them

Examples of evidenced-based and promising practices that employ elements of resilience

- Multisystemic Therapy
- Wraparound
- Functional Family Therapy
- The DECA program
- The Incredible Years

Elements of resilience common to many of these services

- Strength-based; Hope generating;
- Skill development and competency-enhancement;
- Development of parenting relationships that are high in nurturance, supervision and monitoring;
- Linkage to pro-social activities, peers, and mentors;
- Development of positive connections in schools and in the community.

Facilitated Resilience

“Care must focus on increasing consumer’s ability to successfully cope with life’s challenges, on **facilitating recovery, and on building resilience**, not just on managing symptoms”.

President’s New Freedom Commission on Mental Health

Facilitated Resilience

- Youth with Serious Emotional Disturbances (SED) present with unique challenges and often need additional assistance in the form of services and supports to facilitate their achieving resilience and well-being

Facilitated Resilience

- Service adaptations may be necessary to achieve resilience for youth with SED

Facilitated Resilience

- Increased intensity and availability of services
- Multiple resources and supports may be needed
- Supported connections (mentors)
- Advocacy that builds positive system relationships

Proposed Components for a Resilience-Based Mental Health System

- Addresses both prevention and intervention across developmental ages and stages
- Family and youth driven at all levels (Including policy)
- Access to a complete continuum of care

Proposed Components for a Resilience-Based Mental Health System

- Resilience fostered at multiple levels: youth, family, community
- Encourages community ownership, responsibility, and participation

Proposed Components for a Resilience-Based Mental Health System (Con.)

- Cross-system collaboration and support at all levels (top down and bottom up)
- Opportunities for contributions, connections, and positive involvement are created

Proposed Components for a Resilience-Based Mental Health System (Con.)

- Environments that encourage high expectations and standards for its youth are promoted (schools, families, and communities)
- Positive learning environments that enhance abilities, skills, and talents are created

Proposed Components for a Resilience-Based Mental Health System (Con.)

- Elements of resilience are integrated into practice, with a balanced focus on asset building and risk reduction
- Services are hope-based with a motivational focus

Proposed Components for a Resilience-Based Mental Health System (Con.)

- A resilient mental health system promotes extreme persistence and creative adaptations in the delivery of services, “changing the plan instead of rejecting the child and family from services and support” (VanDenBerg, 2002).

Vision

- Local mental health systems that are grounded in evidence-based practices, which foster resilience at both the prevention and intervention levels, with the ultimate outcome of resilient individuals, families, and communities

Mission

- Develop and disseminate to local systems and communities the tools, skills, and incentives to assess, prepare for, and build, (to fully realize) resilience-based mental health systems

Definition of Resilience-Based-System

A Resilient-Based-System is child/family driven and community-based. It is one whose administration, services, supports, policies, and financing promote hope and facilitate the ability of children to learn, cope, change, and thrive.

Community Mental Health and Recovery Board (CMHRB) of Licking and Knox Counties

Implementation Factors

- Identify stakeholders and supports
- Dissemination
- Practice
- Research
- Policy

Implementation Factors

- Obtain support from local community and state leaders
- Create a diverse partnership of key stakeholders including youth, families, youth and family advocates
- Collaborate with other related statewide initiatives and programs

Implementation Dissemination Factors

- Review past experiences from implementation of adult recovery model
- Develop training materials based on the most recent research and disseminate
- Utilize Coordinated Centers of Excellence, in collaboration with ODMH, for technical assistance and training

Implementation Practice Factors

- Establish principles for resilience-based practices and integrate into local systems of care across both both prevention and intervention

Implementation Factors Research

- Recommendation: "Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses"

President's New Freedom Commission on Mental Health

Implementation Factors Research

- Develop research and evaluation plan
- Continuous Quality Improvement
- Conduct regional focus groups to gain family and youth perspective on resilience. (Ohio Federation for Children's Mental Health)

Implementation Factors Research (con.)

- Identify instruments to measure key components of resilience
- Outcome measurements include elements of positive change (assets, resources, hopefulness, functioning; Masten, 2002)

Implementation Policy Factors

- Underpin the values of resilience to policy and programs decisions
- Develop plan of sustainability: Resilience efforts need to be imbedded in a community structure that supports them and sustains their effects

Bibliography/Resources

- Davis, N. (1999). Resilience: Status of the Research and Research-Based Programs, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Washington, D.C..
- Friedman, R. (2003). All-Ohio Institute on Community Psychiatry. Systems of Care and Evidence-based Practices: Creating Bridges. Cleveland, Ohio

Bibliography/Resources

- Masten, A. (2002, October). Ordinary Magic: A Resilience Framework for Policy, Practice, and Prevention. Proceedings of Risk and Resilience: Protective Mechanisms and School-based Prevention Programs. Cambridge, Massachusetts. Available: www.riskandresilience.org
- Masten, A. (2003) Resilience in Development. In Snyder and Lopez ed. The handbook of Positive Psychology. Oxford University Press
- The President's New Freedom Commission on Mental Health

Acknowledgements

- Terre Garner, Ohio Federation of Children's Mental Health
- Robin Gilbert, ODMH
- Carrol Hernandez, ODMH
- Patrick Canary, CIP
- The Licking/Knox Resiliency Team

Contact Information

Rick Shepler, Ph.D.
The Center for Innovative Practices
ricks@cipohio.org

The Center for Innovative Practices
www.cipohio.org