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Project Resilience:
A Community-Based Resilience Initiative to Engage Rural Adolescents Towards Healthy Functioning

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Project Resilience, a community-based resilience initiative, was developed to address public concern. In the first part of the year of 2012 in a rural Mid-Atlantic state, eight adolescents and young adults died by suicide. Concerned public officials asked the Centers for Disease Control and Prevention (CDC) to assist with the epidemiologic investigation of these deaths. Mental health problems were found to be a significant contributing factor to the fatal suicide attempts. The scope of this paper will explore the potential influence of rural stress, trauma and violence among adolescents, and the lack of access to care and mental health services as being relevant factors. Project Resilience will be introduced in exploring how this community resilience model can help prepare youth and young adults to utilize inner strengths and mobilize family, community, and cultural resources when faced with adversity. Grounded in an ecological perspective, Project Resilience is a strengths-based initiative which incorporates traditional counseling and psychotherapy techniques. Project Resilience also can minimize barriers associated with seeking mental health services in rural communities, including stigma and limited access to mental health services. Relevant implications and recommendations will be offered on how Project Resilience can be one effective intervention tool in working with this population.

Keywords: Adolescents | Cognitive-Behavior | Mental Health | Resilience | Rural Communities

Ahmed and Walker (2018) report there have been 17 school shootings (grades K through college level) where someone was hurt or killed in the first three months of 2018. Families, educators, and the larger community are often ill-prepared to help youth and young adults return to a level of normalcy after experiencing a traumatic event like a school shooting. There is much agreement among scholars that exposure to a traumatic event can have a significant impact on the psychological well-being of youth and young adults. Such exposure can result in a myriad of problems including drug use initiation (Sullivan, Kung, & Farrell, 2004), juvenile delinquency, anxiety, depression (Murg & Windle, 2010), and Posttraumatic Stress Disorder (Gelinas, 2001). Researchers have demonstrated a connecting witnessing school violence, such as school shootings, with suicidal ideation

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(Voisin, Salazar, Crosby, DiClemente, Yarber, & Staples-Horne, 2007). The factors contributing to suicide attempts are feelings of helplessness and hopelessness (Asarnow et al., 2015) leading to isolation, and may also include alienation and being misunderstood by others (Tsirigotis, Gruszczynski, & Tsirigotis, 2011). Some of the potential reactions that may manifest after suicide attempts include anger, and aggression (Chan, 2010).

In the light of the recent school shootings, understanding how to minimize the effects of exposure to a traumatic event and helping youth and young adults make healthy responses to a traumatic event have taken on a new urgency. Many youth and young adults who are impacted by a traumatic event can regain a sense of normalcy in their daily lives. Others, however, may need mental health services to process the impact of the trauma and regain psychological well-being. Traditional counseling and psychotherapy are effective in treating the symptoms of exposure to a traumatic event. For example, Erford et al. (2015) concluded from their meta-analysis that youth with anxiety disorders who participated in counseling had positive outcomes.

Similarly, Erford et al. (2011) found positive outcomes for school-aged youth with depression who participated in counseling and psychotherapy treatment. Although the effectiveness of traditional counseling and psychotherapy is well documented, there are barriers which limit the widespread access to these services, including stigma to seeking mental health services (Bathje & Pryor, 2011; Mann & Himelein, 2008), poor access to services (Pugach & Goodman, 2015), and limited provider cultural competency (Bhui, 2016). Services for youth and young adults who experience school shootings and other traumatic events must address these barriers to have optimal impact.

In 2012, the most rural counties in the state of Delaware experienced an unprecedented number of suicides among adolescents and young adults aged (13 – 21). At the request of state officials, the CDC conducted an epidemiologic investigation and concluded mental health problems to be a leading cause of the suicides (Fowler, Crosby, Parks, Ivey, & Silverman, 2013). The CDC epidemiologic investigation's findings confirm that mental health issues can culminate with suicide (Placidi, Oquendo, Malone, Brodsky, Ellis, & Mann, 2000; Smith, Buzi, & Weinman, 2000; Smith, Buzi, & Weinman, 2001). There is much agreement that mental health issues manifest from exposure to traumatic events such as a school shooting (Black, Woodworth, Tremblay, and Carpenter, 2012; Cerdá et al., 2013; Cheever & Hardin, 1999).

Concerned by the shocking number of suicides, a licensed clinical social worker developed Project Resilience to help youth and young adults in the communities where the suicides occurred. Project Resilience is a community-based resilience initiative designed to help build the capacity of youth and young adults to make healthy responses to traumatic or adverse events and to minimize the impact of exposure to those events. Secondarily, Project Resilience is designed to help minimize the barriers which are associated with seeking traditional mental health services (Hill, 2016). Unger (2008) notes, resilience is "both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways" (p. 225). Moreover, resilient youth are better equipped to make healthy responses to stressful or traumatic events and to regain a sense of normalcy after exposure to them.

In 2001, the Department of Behavioral Health for the District of Columbia received funding from the Federal Emergency Management Agency (FEMA) to develop community-based mental health services for residents of the District of Columbia who were impacted by the events of 9/11, anthrax, and community violence. An advisory panel of social workers, psychologists, other mental health professionals, clergy, and laypersons developed Project DC. The purpose of Project DC was to provide community-based resilience training for the citizens of the District of Columbia. Teams of outreach workers partnered with community-based agencies, recreation centers, schools, and faith communities to offer the training. The lead social worker on Project Resilience was a member of development team for Project DC and wanted to provide a similar program for youth and young adults who resided in the communities where the youth suicides occurred in rural Delaware in 2012. Project Resilience teams engage youth in young adults in six one-hour sessions which are structured to bolster understanding of their inner strengths, family, community, and cultural resources that can be tapped into after exposure to a traumatic event, including witnessing violence.

Impact of Witnessing Violence

Living in rural communities can pose challenges when there is a need for resources and services. Also, mental health marker patterns can be linked to social statuses like socioeconomic status (SES) and rural residency, as it relates to the social contexts of people's lives (Pearlin & Bierman 2013; Van Gundy, Mills, Tucker, Rebellon, Sharp, & Stracuzzi, 2015). Often, disadvantaged groups show poorer physical, emotional, and behavioral health and at higher risk of violence, in part, because they encounter higher levels of stress or possess fewer social or personal resources to reduce or buffer stress than do their advantaged counterparts (Turner, Brown & Hale, 2017; Van Gundy et al., 2015).

It can be devastating witnessing violence inflicted on someone with whom you are acquainted. Many times when this occurs intense emotions can surface such as anger, anxiety, depression, and helplessness leading to bewilderment, confusion, and what caused it to happen. The exposure to violence as a child creates a heightened risk of dysfunction and negative health development (Appleyard et al., 2005). Children can be introduced to violence across multiple socio-ecological contexts including in the neighborhood, school, and home (Turner, Shattuck, Finkelhor, & Hamby, 2016). When these traditional systems, which are supposed to be safe and nurturing, become violent and unstable traumatic responses and mental health issues occur (DeCamp & Ferguson, 2017). Unfortunately, it is a common occurrence that youth living in the United States are exposed annually to violence that can lead to poor mental health stability and coping (Van Gundy et al., 2015). Also, concerning neighborhood adversity conditions, poverty and limited access to careare overrepresented among families who experience physical violence (Kang, Mellins, Dolezal, Elkington, & Abrams, 2011) and poverty accounts for some of the links between violent victimization, and youth's acting out behaviors (Schreier & Chen, 2013).

Adding to complexity to this issue is if you live in a rural area with limited access to care; a common example of what is termed "place matters." Continued experiences of violence or *exposure to community violence* (ECV) in perceived safe havens further exacerbates the issue leading to a need for an available community health response. Repeated ECV heightens the risk of injury and death, and 78% of male youth of color have

been physically attacked during adolescence, often more than once (Gaylord-Harden, Cunningham, & Zelencik, 2011).

Adolescence research literature that emphasizes primary prevention is sensitive to psychosocial development and in managing violence risk for depression (Kang et al., 2011). Youth and young adult depression are often underdiagnosed and untreated until later in life (Thapar, Collishaw, Pine, & Thapar, 2012; Patel, Flisher, Hetrick, & McGorry, 2007). If a longitudinal association between adolescent depression and violence is identified, prevention efforts should further be shifted to youth and young adult treatments because there is clear evidence of the effectiveness of treatment in this developmental period (Nolen-Hoeksema, & Hilt, 2013).

Barriers to Mental Health Services

Residents of rural communities are exposed to unique stressors absent in urban environments such as geographic isolation, restricted social networks, and limited community resources. These stressors are associated with increased rates of risky adolescent behavior and, compared to urban and suburban youth; rural youth are more likely to use substances (i.e., alcohol, drugs, tobacco), bring weapons to school, have sexual intercourse, and experience suicidal ideation (Story, Kirkwood, Parker, & Weller, 2016). These risky behaviors undoubtedly add stress to family dynamics and impact parenting, especially given that in rural areas there is limited access to support in the form of mental health care providers (Edwards, 2015; (Edwards, 2015; Polaha, Williams, Heflinger, & Studts, 2015). Further, the stress of rural living is compounded when poverty levels are high, and low-income parents in rural areas are at risk of providing inadequate support to adolescents, and often use over controlling discipline techniques, such as responding to problem behaviors in an abusive or neglectful manner (Smokowski, Evans, Wing, Bower, Bacallao, & Barbee, 2018).

There is an underutilization of mental health services in rural areas that exceed that of metropolitan areas (Smokowski et al., 2018; Story et al., 2016; Hauenstein, Glick, Kane, Kulbok, Barbero, & Cox, 2014). This lack of psychological help-seeking resources has the same detrimental consequences as many urban areas but suffers further challenges due to accessibility (Halsall, Garinger, & Forneris, 2014). Barriers to psychological help-seeking in rural areas include the cost of services, lack of knowledge about mental health, and stigma associated with seeking-help (Kang et al., 2011; Polaha et al., 2015). There is a lack of mental health providers in rural areas which affects psychological help-seeking in rural areas to the point of becoming a mental health crisis, especially for adolescents (DeCamp & Ferguson, 2017; Turner et al., 2016).

Assessing the interplay of mental illness stigma and mental health literacy with psychological help-seeking is thus a critical need in research and practice (Schreier & Chen, 2013). To impact rural attitudes, the relationship between mental illness stigma, mental health literacy and psychological help-seeking attitudes and intentions must be assessed for a rural population (Smokowski et al., 2015). An understanding of the dynamics between mental illness stigma, mental health literacy and attitudes will shed light on factors that can be the subject of community interventions. Mental health literacy may have the potential to lower mental illness stigma which could then increase help-seeking

behavior. It is also possible that an increase in mental health literacy will change attitudes and intentions to seek psychological help, without affecting stigma.

Project Resilience

The Delaware Community Trust funded the development and implementation of Project Resilience. Project Resilience endeavors to help youth (aged 7-21) utilize their inner strengths and mobilize family, community, and cultural resources to make healthy responses to adversity (Hill, 2016). Additionally, Project Resilience minimizes some of the barriers associated with seeking traditional mental health services. As a community-based initiative, Project Resilience is based on an ecological perspective. Resilience stands on an ecological-systems conceptual base which explains how persons adapt to stress and maintain their daily functioning (Greene, 2014). Demonstrating inner-strengths for validation can further enhance worldview, outlook, motivation, and a sense of purpose (Kirven, 2014). Additionally, Project Resilience incorporates techniques used in traditional counseling and psychotherapy and utilizes a strengths-based approach (Hill, 2016).

Project Resilience employs a train-the-trainer model. Individuals who work or volunteer with youth-serving organizations in local communities, including recreation centers, Boys and Girls Clubs, and youth ministries, are invited to participate in the train-the-trainer sessions. Community members attend day-long training to learn to deliver the program in their communities. They also learn how to refer participants who may benefit from services which are outside the scope of the program. It is a didactic and experiential program built on four principles: Community, Creativity, Self-Righting, and Vision (Hill, 2016). The principle of *Community* highlights the importance of social networks that provide comfort and support when faced with trauma or adversity. The principle of *Creativity* encourages healthy problem-solving in responding to exposure to trauma or adversity. The principle of *Self-Righting* underscores how individuals use their personal strengths to bounce back from exposure to trauma or adversity. The principle of *Vision* guides a sense of purpose (Hill, 2016). The full Project Resilience program consists of six one-hour sessions with homework activities. The six-session program highlights each principle. There is also an introductory session, which introduces the concept of resilience. The closing session, which gives the participants an opportunity to discuss how they can make healthy responses to traumatic events by incorporating the principles of Project Resilience.

Project Resilience facilitators receive a training manual which outlines in-session and homework activities designed to bolster understanding of the program's principles. For example, the learning objective for the *Community* session is to understand the role of community in fostering resilience. The goal of the session is to help participants understand that resilience is a process which happens in a social context called community. Community is described as a social network comprised of family, friends, neighbors, civic organizations, schools, centers of faith, and more. An in-session activity might be to ask participants to identify a *superhero* from their community and explain what makes that person a *superhero*. An example of a homework activity is to ask participants to make a collage that represents the *good* in their community. These activities help participants learn that community is a broad base of strength to lean on when challenges arise.

The learning objectives for the *Self-Righting* session include identifying individual strengths, understanding how to apply personal strengths to overcome challenges, and understanding how to regain a sense of balance after personal or community trauma. An example of an in-session activity is to ask participants to identify and list their personal strengths. A homework activity might include asking participants to use photographs, small objects, or clippings from magazines or newspapers that reflect their strengths. The facilitators ask the participants to bring those items to the next session and explain the significance of the items and how they relate to their personal strengths. Participants learn they can adjust, recover, and move on from adversity when they discover how to use their personal strengths to gain meaning from painful experiences, to adapt productively, and, ultimately, grow from the experience.

Understanding the power of creative problem-solving to identify new solutions to challenges is the learning objective for the Creativity of session.. The in-session activity might include facilitators dividing participants into teams and then tell a story about a traumatic event and how people who were affected reacted to the event. Then the facilitator challenges the teams to think about alternative ways of responding to the event. Teams must show how their alternative responses exemplify resilience. Ask participants to question a family or community member about how to positively react to a flat tire or some other stress event is an example of a homework activity for the *Creativity* session. Participants learn that creative problem-solving can be useful when responding to challenges and enhance their ability to bounce back and move forward after experiencing a stressful and traumatic event.

For the *Vision* session, the learning objective is connecting the present to a hopeful future grounded in the lessons of the past. An example of an in-session activity is to ask the group to report out what their goals are and how they plan to achieve them. An associated homework activity could be to ask participants to represent their future goals creatively. The creativity could include drawing a picture, writing a poem or crafting a rap. During this session, facilitators help participants learn that having a vision helps individuals to learn and grow from challenges, even to find meaning in traumatic events.

The final session is called *Celebration.* The goal of this session is to celebrate participants' accomplishments. Participants draw a personal resilience shield which symbolizes each of the program's elements: *Community*, *Self-Righting*, *Creativity*, and *Vision.* The session ends with participants sharing their completed personal resilience shields. Collectively, the program's principles equip participants to recognize individual strengths and relational, communal and cultural resources which can be tapped into during times of violence, trauma or adversity, including witnessing violence.

Discussion

The recent school shootings have elucidated the need for services for those who may not regain a level of functional psychological well-being after exposure to violence, trauma or adversity. For maximum impact, these services must be available and accessible to all segments of the community and reduce the barriers which often impede seeking traditional mental health services. Services for youth and young adults who experience trauma are extremely lacking, particularly in rural communities. Community-based initiatives can be an effective and valuable tool to help youth and young adults from rural communities

regain pre-traumatic event functioning. Making these resources relevant and accessible is just as important as their effectiveness in these types of communities. Community-based resilience programming helps to lessen the impact of exposure to trauma and adversity and empowers individuals to respond in healthy and productive ways (Burns, Fayra, Strong, Ruiz, Arellano, Ilcicin, Dong, Schulle. Gil, Franklin, Agelson, Cruz, Crespi, & Vaccaro, 2015; McArt, Shulman, and Gajary, 1999). As a community-based initiative, Project Resilience directly addresses barriers associated with seeking traditional mental health services. For example, community members are trained to deliver the program in community centers, places of worship, and schools. This strategy opens up access to segments of the population who may not normally seek traditional mental health services.

Additionally, the stigma that is associated with seeking traditional mental health services is not problematic. Project Resilience is not promoted as a mental health service, but rather a community-based resilience initiative. A residual benefit of Project Resilience for future implications is community-based agencies can easily incorporate the Project Resilience content model into their existing programming at no extra cost.

There is anecdotal support for the efficacy of Project Resilience. Youth and young adults who have completed the program can describe positive coping strategies that they can use when faced with a traumatic event, including witnessing violence. Participants identify the importance of Participants identify the importance of social capital; how to tap into the networks of relationships among people who live in their community. One participant stated, "it is okay to reach out to Minister Williams when I'm scared." Another participant stated, "I know the people in my neighborhood who got my back." Participants also identify their religion or spirituality as a strength that can tap into during stressful times. The power of prayer was a common theme, especially among the older participants. Participants also talked about the importance of creative problem-solving. One participated commented "it is okay to walk away from a fight. I used to fight because I don't want to look like a punk." Participants discussed how their goals motivated them. For example, an older participant spoke about "not wanting to be another statistic." He stated, "I like fish. I want to be a marine biologist."

Not all participants attended every section; often participants were younger than the target age for the program; a few community partners did not allow the Project Resilience team to collect demographic or data on participants; and, at times, the sessions ended early because of competing programming at the host site. All of these circumstances created barriers to collecting quantitative data to substantiate the efficacy of the program. Further research is needed to validate the effectiveness of Project Resilience empirically. However, the qualitative data shed light on the efficacy of the program and show promise.

Conclusion

Witnessing a traumatic event, including a school shooting, can have a devastating impact on the psychological well-being of youth and young adults. Some youth can bounce back and return to their normal lives after experiencing trauma. Others may require mental health services to aid in their recovery. There are often barriers to providing youth with mental health services, including limited access to service providers. Rural youth who experience trauma are especially impacted. Community-based resilience initiatives can be effective in helping youth and young adults who experience trauma return to pre-trauma

functioning. Project Resilience was developed to address the mental health needs of youth and young adults who were impacted by an alarming number of teen suicides in their community. Project Resilience assists youth and young adults with developing healthy coping strategies when faced with a traumatic event and serves as a buffer in addressing barriers associated with receiving traditional mental health services (Hill, 2016). The youth and young adults who participated in Project Resilience demonstrated an understanding of how to make healthy responses to trauma – a positive program outcome. However, to establish the efficacy of the program, the authors will utilize rigorous scientific methods as they move forward.

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