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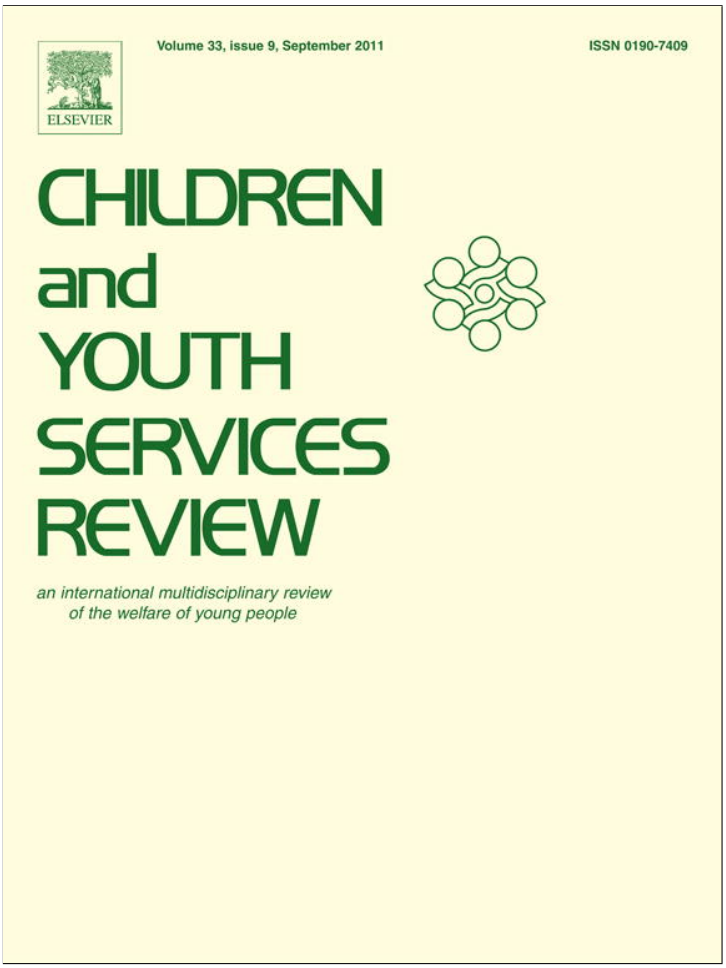

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Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity

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ABSTRACT

Studies that focus on community-level factors associated with the resilience of youth and families reflect a shift in perspective from community deficits to the potential of communities to facilitate the mobilization of human and physical resources. Physical and social capital (both informal relationships and formal service provision) give communities the potential to recover from dramatic change, sustain their adaptability, and support new growth. This paper reviews key concepts such as these as they relate to how young people access informal supports and formal services that promote resilience. A discussion of the relevant research highlights the way protective processes function when children, youth and families are exposed to catastrophic human-made and natural events. Five principles are suggested to help promote community resilience. Implications for the design and implementation of interventions are discussed with a focus on making informal supports more available and formal services coordinated, continuous, co-located, negotiated, culturally relevant and effective.

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1. Introduction

A growing concern with the resilience of communities as a whole is widening our perspective of the genetic, personality, and family interaction factors that are related to positive adaptation in adverse environments. Studies of community resilience are refocusing attention on the social ecological processes that predict that a person will do well despite exposure to natural and human-made catastrophic events (Smokowski, Mann, Reynolds, & Fraser, 2004; Zautra, Hall, & Murray, 2008). In this paper, I will review what we know about community resilience in general and, more specifically, how formal social services and informal social supports can facilitate the growth of youth and families before, during, and after population-wide exposure to risk. Building the physical and social resources available and accessible to young people makes it more likely they will cope well with severe stressors such as those related to an environmental disaster (e.g., the Gulf oil spill), a health pandemic (e.g., HIV/AIDS), a natural but cataclysmic event (e.g., severe flooding), economic challenge (e.g., the closing down of a community's major employer) or violence and the resulting mass relocation of people (e.g., Sudanese refugees resettled in the West). To further narrow the focus of this discussion, I will review what we know are effective interventions and supports that help young people cope when facing a significant stress. I am particularly concerned with how services can be designed to enhance the capacity of youth and families to recover, sustain, and grow from adversity by building alliances with people's natural supports over time (Ungar, 2002).

2. What is community resilience?

A community's resilience is its social capital, physical infrastructure, and culturally embedded patterns of interdependence that give it the potential to recover from dramatic change, sustain its adaptability, and support new growth that integrates the lessons learned during a time of crisis. By community, I am referring to any group of individuals that share common interests, identify with one another, have a common culture, and participate in shared activities (Fellin, 1995). Among a community's many functions is its ability to support the growth of individual members, to regulate the distribution of goods and services, to socialize its members and facilitate inclusion. Catastrophic or cataclysmic events impair a community's capacity to fulfill its functions (Eggerman & Panter-Brick, 2010; Landau & Saul, 2004). Recovery, sustainability and growth are possible (Zautra, Hall, & Murray, 2010) but highly dependent on the resources available to the community and the strengths that are nurtured *before a negative event occurs.* A review of the research on community resilience suggests that *most* individuals are only as successful as their communities as a whole and that this success depends on the resources a community has (Obrist, Pfeiffer, & Henley, 2010; Ungar, 2011). Among these resources are both an individual's informal social supports and the formal social service systems such as those of child welfare, education, corrections, and health care.

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Obrist et al. (2010) suggest that society plays a key role in structuring the world around individuals so that resilience is made possible by their taking advantage of the opportunities provided. Thought of this way, there are five different types of capital that play a role in ensuring opportunities for growth are possible in challenging contexts: "human capital (the ability to work, health and knowledge), social capital (networks, groups and trust), natural capital (land, water and wildlife), physical capital (transport, shelter and energy) and financial capital (savings, credits)" (p.287). While the focus of this paper is on social and physical capital, the other three are just as important to the successful coping of individuals and families when their community's well-being is threatened.

Knowing which resources are most likely to predict later resilience is a complex challenge for community developers. There appears to be a relationship between the nature of the stressor a community experiences, it's meaning to those burdened with disruption to their daily lives, and the capacity of the community to reestablish a new state of homeostasis. For example, Kimhi and Shamai (2004) studied 741 Israeli adults aged 18–85 and their perceptions of the resilience of their communities. They found that prolonged exposure to the threat of war led to lower levels of perceived community resilience. The more prolonged the exposure to stressors like violence, the greater the likelihood that social support deteriorates as people perceive their community as unresponsive (Shamai, Kimhi, & Enosh, 2007). In other words, a community's resilience is in part the result of both collective experience and meaning making. The nature of people's exposure to risk and their attributions of causality interact with the resources available. Individuals may perceive their communities as either full or depleted of capacity to help them during a collective crisis. These assessments, however, are malleable. When resources are built carefully, people are likely to get what they need to recover, sustain, and grow (Dodge & Coleman, 2009; Ungar, 2011; Zautra et al., 2010). Therefore, community resilience is intricately linked to the opportunity structures available to people to access the social determinants of health like public safety, housing, employment, healthcare, and education (Commission on Social Determinants of Health, 2008; Raphael, 2004).

For this reason, resilience is best understood not as an individual's capacity to withstand adversity, but instead as the capacity of individuals to access the resources they need to sustain well-being *and* the capacity of their communities and governments to provide them with what they need in ways that are meaningful (Ungar, 2011). The process is one of both navigation and negotiation (Ungar, 2008) with the individual's resilience being the result of how well his or her community provides much needed resources when risk factors are present. For example, when trauma counselors descended on New York City in the weeks after the terrorist attacks of 9/11, there were many families who felt that they did not need the professional help that was offered. They would have preferred, instead, the time and resources to share their experiences among themselves. As detailed in his first person account of life in lower Manhattan after 9/11, Jack Saul (2007) explains how financial support was made available for therapy but not for community capacity building as requested by those affected by the event. Arguably, a resource is only useful to a community if it is perceived as congruent with their needs and is offered in a way that they value.

3. Identifying youth and families as a priority for intervention

When it comes to providing meaningful resources for youth and families before, during, and after crises, it is important to understand the impact a weakened community has on young people and their families as a unit. Research suggests that well-conceived interventions that affect individual family members have the potential to promote the well-being of everyone in the family system (Dodge, Murphy, O'Donnell, & Christopoulos, 2009). Likewise, families are nested within the wider systems of their communities and nations. In very practical terms, a community's capacity to provide resources will predict far more the success of individual community members than any singular Herculean effort by one hardy young person. For example, Stephen Lewis (2005) notes in his review of UNICEF's 1989 *State of the World's Children Report* that the problem for marginalized youth globally is that they live in communities where the resources needed to provide them with formal and informal services (e.g., education and recreation) are depleted because of mismanagement and macro-systemic factors like world trade policies that have disadvantaged their caregivers. When there are severe shortages of human capital because of disease, cultural genocide, natural destruction or war, Lewis reminds us that it is not enough to talk about growing people's capacity to care for one another. We must also consider how we will replace and replenish that which is no longer available.

Narrowly focused tertiary level interventions like psychotherapy for trauma or grief counseling have been shown to be inadequate responses to systemic problems (Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010; Weine et al., 2005). Arguably, we need to think about community resilience in ways that are overtly political. Which resources are available and accessible to which young people is a decision made by service providers and governments who exert more influence on social policy than those being served. Ill-conceived interventions may actually do more harm than good (Burns & Hoagwood, 2002; Shram, 2007). Negotiations for scarce health resources take place in a context of privilege. Individual children and their families may tell us what they need, but they are at a disadvantage when negotiating the worthiness of their definition of well-being and their solutions to everyday challenges. To illustrate, the 16-year-old "delinquent" discharged from custody may want independent housing (his own home being violent or unstable) and accessible education (his last school ill-equipped to cope with his learning challenges). Those planning his discharge may prefer that he reside in a group home and that he remain in mainstream schooling. Both the youth and his caregivers privilege their solutions to the youth's problems, but only one group, the adults, have the power to resource the solutions they prefer (Bottrell, 2009; Ungar, 2005).

4. Promoting community resilience by mobilizing collective resources

Community resilience reflects a shift in perspective from community deficits to the potential of communities to facilitate the mobilization of resources when there are resources to mobilize. Individual resilience is "intertwined" with the coping capacity of others within a context of a multi-layered "social resilience" (Henley, 2010, p.296). This is more than an argument for the advantages of building community-wide assets (Kretzman & McKnight, 1993). Assets in environments of normative stress protect individuals in predictable ways. Assets are population wide strengths that benefit everyone regardless of the problems they experience (Martin & Marsh, 2008). Populations that face significant challenges, however, need and use assets in ways that are unique to the contexts of adversity in which they live. For example, we know that universal access to education delays the age at which young women have their first child. The group that benefits most, however, is young women with the fewest social and economic supports. The greater the deprivation, the more likely education is to account for delayed parenthood (Gupta & Mahy, 2003; Weiss & Fine, 1993). Likewise, early diagnosis of children's mental health challenges can result in decreased delinquency later in life for children with the most disordered attachments (Sroufe, Egeland, Carlson, & Collins, 2005).

As both examples show, assets are population-wide strengths that promote well-being, while a strength under stress will contribute to well-being in ways unique to that context of disadvantage. To further

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illustrate using an example from research on service design and delivery, consider work being done on the use of GIS mapping technology to deepen our understanding of how marginalized families access community resources (Skinner, Matthews, & Burton, 2005). In one study, families living in poverty and caring for a child with a physical or intellectual disability were asked to record the amount of travel they did to find services. Results, illustrated as a map with distances plotted between where people live and where services are available, show "in a single image, the intense effort it takes for families to create and maintain a network of services aimed at promoting their children's health, well-being, and development" (p.235). While proximity to a health center is important for all families, families that have the financial means to own their own vehicle and those living in communities that have invested heavily in public transit can access health services even if they are inconveniently located. This is not the case for those who are more economically disadvantaged. It seems reasonable to suspect that investing in services like public transit for those who need them the most will interrupt patterns of cumulative disadvantage that make it likely children with disabilities develop poorly over time. A community asset like "close proximity to a health center" exerts a disproportionately greater amount of influence on families with the fewest resources. In other words, the factors that predict a community's resilience are those most relevant to the individuals with the greatest need.

5. Community resilience and disaster relief

Within the context of disaster relief specifically, the resilience of individuals is inextricably linked to the resilience of the community in which they live. The more sources of capital a community has, the better young people will do under stress. Governance, access to clean water and education, family structures that are culturally supported, security of attachments, continuity of care providers and a host of other ecological conditions interact to help people "bounce back" after a catastrophic event (International Federation of Red Cross and Red Crescent Societies, 2004; World Health Organization, 2010). What's more, looked at across cultures and contexts, the nature of the processes that predict resilience must be meaningful to those involved. The nature of one's attachments, the kind of education provided, the family structure one inhabits, all need to match a complex set of socially determined criteria which lead people to construct some resources as more functionally congruent (and therefore more nurturing) than others. There is a need, therefore, to evaluate at least five broad dimensions of populations under stress in order to assess the resources they need to sustain themselves during a crisis:

1. The individual characteristics of members.
2. The quality of the environment and the opportunity structures it offers to secure the social determinants of health.
3. The processes by which people access or are denied access to resources that support their well-being (navigation).
4. The processes that individuals and groups use to convince institutional and government gatekeepers to provide resources that are meaningful to community members (negotiation).
5. The cultural lens through which individuals express themselves that influence the values they hold with regard to the resources they need.

As this list shows, an individual's choices with regard to how he or she prepares for the future cannot be predicted entirely on the basis of individual factors. Structural constraints (Schoon, 2006) shape individual preparedness for future calamity.

Thus, which risk and protective factors are most salient is a function of an individual's strengths and challenges interacting with aspects of his or her culture and context (Sameroff & Rosenblum, 2006; Ungar, 2011). Resources like external family supports, living conditions, parenting practices and attitudes towards child-rearing may be far more important to a child's development during periods of stress than characteristics like temperament and neurophysiology that are typically associated with competence and adaptation (see Folkman & Moskowitz, 2004; Peterson, Park, Pole, D'Adrea, & Seligman, 2008). In other words, the types of capital that matter most during times of crisis are difficult to determine without accounting for a myriad of individual and community factors.

To summarize, a community's resilience is its capacity to care for its most vulnerable members. Five principles can be drawn from the literature concerning effective ways communities' help individuals cope with adversity:

1. *An ecological perspective:* Aspects of a community's social and physical ecology are more important to the resilience of its members than the qualities of individuals alone.
2. *Facilitated navigation:* The more a community helps individuals navigate to resources, the more resilient individuals, their families and communities as a whole will be.
3. *Facilitated negotiation:* The more a community helps individuals negotiate for the resources they need, the more resilient individuals, their families and communities as a whole will be.
4. *Differential impact:* The more disadvantaged an individual is, the greater positive impact resources will have on his or her psychosocial development.
5. *Complexity:* Nurturing resilience requires that a complex, interrelated set of processes be engaged in to make many different resources available over time.

The five types of capital (human, social, natural, physical and financial) that communities need work together to make it more likely these five principles are realized and young people thrive despite adversity. To support this argument, I will discuss in the remainder of this paper two of these types of capital, social and physical, subdividing social capital into formal and informal sources of support. I will explore the advantages that community infrastructure provides vulnerable children and families, focusing on the built environment. I will also explore the social capital embedded in a community's collective commons and the informal social interactions therein. I will call this Social Capital A. Lastly, I will discuss the design and delivery of the formal social services that surround children and families. This form of social capital, Social Capital B, mimics through formal relationships what communities strive to do informally.

6. Physical capital: community infrastructure and the built environment

Once we perceive community resilience as the result of a tangled web of services, supports, and social policies, it is useful to try and organize different types of resources into nested layers. The model, of course, imposes order on chaotic relationships. Distal factors like municipal infrastructure (e.g., public transit and the availability of social services) and proximal factors (e.g., the social support experienced when families interact) are co-dependent. As one becomes better resourced in one area, others are likely to improve as well. Better public transit, for example, makes employment more accessible to those living on the outskirts of urban centers. Improved commute times mean parents, especially those from economically depressed households, have more time to liaison with their children's schools or supervise homework (Yoshikawa & Kalil, forthcoming). A better educated and cohesive community is more likely to be an effective advocate for improved public services.

To illustrate this complexity and how physical capital can help improve the lives of children and families collectively, one can examine how cities either promote resilience or puts vulnerable residents at greater risk. Jeb Brugmann (2009) describes cities as organic, adhoc development, with necessity determining form and

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function. A city can reach incredible heights of urban density without any overall design. While the result may be a satisfying interdependency for some, for many others a lack of urban design can result in those who have the least economic resources being forced to cope with the inhumanity of overcrowding and unhealthy buildings. Brugmann notes that we have reached a point technologically where we can, at least in the economically developed west, build city systems that we co-design, co-build and co-govern. Ways of production and living can be created to everyone's shared advantage, enhancing a community's resilience through built capital. Richard Florida (2002) suggests that cityscapes can also be places that facilitate creativity and the arts in ways that bolster collective well-being. Jane Jacobs (1992), the voice of urban renewal that privileged the needs of people over businesses and bureaucrats, showed that the safest, most viable urban landscapes are those that encourage diversity in housing and integration of work, play, and living spaces. New urbanists (Alexiou, 2006) strive to create these kinds of developments without them becoming anachronisms. When successful, urban communities become vibrant places that support the functions of communities and make it possible for them to serve the needs of vulnerable children and families well.

An urban community that is more likely to be resilient has characteristics such as integrated work, play and living spaces. There is also a collective commons where people can interact and services (or informal supports where services are underfunded or unavailable) are accessible because of their proximity. Studies of neighborhoods suggest a pattern whereby even parents in poor environments can experience their communities as stable and nurturing places. Ghate and Hazel (2002) show that poor families don't necessarily find their more transient communities to be a disadvantage. In fact, in one survey, they found that 78% of respondents described the people in their neighborhood as "generally friendly" and more than half knew "a lot" of them well enough to stop and talk with them. Such closeness gave residents the impression that people stayed for a long time, when in fact the population was very mobile.

Elliott et al. (2006) found the same pattern in a survey of American neighborhoods. Poorer communities do better than middle income ones with regard to health outcomes, but not as well as higher income communities when it comes to children's development. Poverty alone is not a good predictor of children's outcomes when aspects of social capital are accounted for: "Better neighborhoods do have better developmental success rates, but living in an ecologically poor or disadvantaged neighborhood does not preclude high-quality parenting, good schools, supportive peer networks, and good individual development outcomes" (p.8). These unexpected results can be explained by the fact that even in poorer neighborhoods there can still be sustainable (albeit less extravagant) physical capital that provides recreational and social gathering spaces for residents, as well as normative cultures (social capital) that promote collective well-being.

Interestingly, while some of the differences between poor communities that work well and those that do not can be accounted for by the behavior of children and parents themselves, or the physical condition of the neighborhood, actions by authorities that shape the availability and accessibility of needed resources contribute a great deal to a community's resilience. To illustrate a contentious point, there is a perception that people living in poor communities are more likely to break the law, which results in police forces providing those communities with greater surveillance. And yet, in studies of delinquency among girls, findings suggest that the rates of recidivism among females in poor and middle-class communities is about the same, though girls from lower-SES communities are far more likely to be arrested and charged (Hannon, 2003). Police seek and find more delinquency where they choose to look, meaning they are involved in an activity of co-construction in which neighborhood strengths are overlooked or devalued. Girls from poorer communities have far less power to influence the social discourse that defines them as delinquent because of their place of residence.

Therefore, by itself, where children live does not predict children's success or failure. "The explanation for any individual child being successful or unsuccessful depends on the *combined* influences of their neighborhood, family, school, and peer group, together with their own personal attributes, characteristics, and personal choices" (Elliott et al., 2006, p.276). Reflecting this perspective, an emerging discourse of contextualization is taking place in the field of community resilience. Karen Seccombe (2002), for example, shows that resilience relies on those who control resources to change the odds stacked against marginalized children rather than expecting them to beat those odds on their own. Countering the responsibilization of individuals within neo-liberal societies to change their circumstances themselves, Seccombe and others (Bottrell, 2009; Ungar, 2011; Zautra et al., 2010) argue that it is preferable to resource individuals in ways that give them what they need to cope under stress than to leave them to "pull themselves up by their own bootstraps." Child support by government, parental leave benefits, a living wage for caregivers, health insurance and tax credits for the working poor, would all go further to helping children grow up well than program solutions aimed at remediation of the consequences of poverty. In the context of catastrophic events, the better prepared children are in terms of health, education, and family attachment, the better they will cope during a crisis (International Federation of Red Cross and Red Crescent Societies, 2004). How these services are provided, though, will make a difference to their effectiveness.

7. Social capital A: the community's collective commons and informal resources

The community's collective commons is a repository for a broad spectrum of the cultural and contextual resources necessary to sustain individual members during a crisis. Social support, shared values, and instrumental support for daily tasks like child care, public safety and food distribution, combine to create social capital that predicts recovery following devastating events. In this sense, social capital is closely related to infrastructure. Putnam and Feldstein (2003) characterize social capital as "social networks, norms of reciprocity, mutual assistance, and trustworthiness" (p.2). These factors have value for both those inside and outside the networks, though all social capital is not positive. Social relationships that bond people together can be used as easily to exclude as to entwine. Bridging activities can lead to open conflict between social groups. Nevertheless, social capital is generally thought necessary for community sustainability (Bourdieu, 1985). Even online, social networks are sustained by a sense of common purpose. The resources to build social capital may require nothing more than a common space in which to gather or more formal investment in programming that helps connect isolated individuals who share common challenges (e.g., clubhouses for persons with mental illnesses). Even workplaces can become sources of resilience when organized to meet the needs of employees. Wyche et al. (2011) showed that the collective resilience of workforce teams of first responders serving Hurricane Katrina survivors coped better with the demands of their jobs the more they were able to act intentionally to enhance their collective capacity to deliver services. Their resilience as individuals reflected the resilience of their overall team and its functioning under stress. A similar pattern has been noted in Military units where the social resilience of the group prevents long term trauma following periods of difficult service by providing a forum in which adversity is transformed into personal and collective growth that mobilizes resources for collective action (Cacioppo, Reis, & Zautra, 2011).

A similar pattern can be found in a very different context, suggesting that this collective commons can be a source of resilience across cultures. A study by Cortes and Buchanan (2007) gathered

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detailed narratives from six ex-child soldiers among a group of 23 in a reintegration residency program. Integration strategies that were found to work best involved both family contact and engaging the youth with supports from their communities. Thus, the youth who were most likely to survive the experience of being a child soldier were those who exercised personal and social efficacy, had an external locus of control, and experienced social capital both among their peers as well as with their family and community. The fact that many of these qualities predated the child's engagement as a soldier suggests the need to anticipate children's recovery before exposure to violence or other trauma occurs.

8. Social capital B: resilience and institutional services

Building the capacity of children and families to withstand catastrophic events is not only the result of the serendipity of social support or the efforts of trained professionals to link people to one another. It is also the consequence of coordinated services that set the stage for capacity building. Formal programs can help ensure young people and their families to sustain themselves when less formal networks have broken down because of mass migration, violence, or a natural disaster (Wieling & Mittal, 2008). In most cases, however, the formal system is a weak substitute for a well-resourced community with the social capital and collective commons to look after itself (Landau & Saul, 2004; Skovdal & Campbell, 2010). Nevertheless, when programs that promote social capital are evaluated the results tend to show positive outcomes (Copp, Bordnick, Traylor, & Thyer, 2007).

When services are provided, it is important to consider *how* services are delivered and *what* they do. With regard to how services are delivered, research suggests they should promote and sustain resilience in ways relevant to communities and the politically complex nature in which resources are shared. Reflecting the five principles of community resilience discussed earlier, services should be:

- *Coordinated:* Services that engage multiple service providers and informal supports (e.g., Wraparound, Multisystemic Therapy, Family Group Conferencing) tend to increase the capacity of marginalized youth and engage them better with a wide spectrum of social capital (Copp et al., 2007; O'Shaughnessy, Collins, & Fatimilehin, 2010; Swenson, Henggeler, Taylor, & Addison, 2009).
- *Continuous:* Services that are sustained over time, allowing youth to cycle through as they deal episodically with challenges, provide formal and informal supports that are accessible as needed (e.g., guidance counselors at schools are more easily accessed than hospital based therapists) (Mitchell, 2011; Schram, 2007).
- *Co-located:* While coordinated services communicate with one another, co-location of services ensures resources are more easily accessible (e.g., Teen Health Centers in schools; mental health counselors that accompany after hours services for homeless youth) (Abrams, Shannon, & Sangalang, 2008; Farmer, 2000; Garland, Hough, Landsverk, & Brown, 2001).

These three qualities of how services should be structured make them more available and accessible to young people and their families when confronting overwhelming challenges. They also reflect a tiered framework approach to providing services and a “no door is the wrong door” philosophy that ensure people get the services they need. A tiered framework delineates five interwoven levels of intervention: Tier 1 provides population-based health promotion and prevention for the general population; Tier 2 comprises early interventions and self-management functions of people who are at risk of developing significant health problems; Tier 3 includes the short term risk and crisis management programming for individuals who have been assessed as facing challenges requiring focused intervention; Tier 4 are the specialized care services typical of formal mental health care systems like residential services or intensive therapy; and Tier 5 are services for individuals with particularly complex needs where very costly and prolonged intervention is required (Rush, 2010). A comprehensive support system to a community would have some capacity for all five tiers of service, though a community's resilience resides in its capacity to prevent individuals from needing more costly and specialized services by intervening early.

These services should also be designed so that they are:

- *Negotiated:* The more services reflect processes of reciprocity with children, youth and families who help to define what services are needed, the more likely services are to be used (e.g., addiction programs that are tailored to the different needs of different age groups report better results than ones that provide too much information too early) (Nunn, 2006; Poulin & Nicholson, 2005).
- *Culturally relevant:* Services that match cultural values and are offered in ways congruent with how children and families view problems will tend to be more effective (Aboriginal counselors in detention centers work with Aboriginal youth in ways that reflect culturally-embedded understandings of healing) (Zahradnik et al., 2007).
- *Effective:* Services that are likely to produce sustainable well-being after disaster are those with an evidence base, whether that evidence reflects indigenous knowledge, practice-based evidence, or evidence-based practice (Boyden & Mann, 2005; Woodhead, 2004).

To illustrate how services can provide support to vulnerable populations to buffer future exposure to stress at a community level, one can look to Rowe and Liddle's (2008) examination of Multidimensional Family Therapy (MDFT) with adolescents struggling with substance addictions post-Hurricane Katrina. Rowe and Liddle demonstrate the need for family and community level interventions in addition to attention focused on individual levels stressors like grief. An evidence-based therapeutic intervention that emphasizes community service and contextual sensitivity was shown to be effective after a catastrophic event. Its success is in large part due to its attention to both horizontal (normal developmental challenges all adolescents face) and vertical (the exceptional circumstance of the Hurricane) stressors. Working together, both types of stressors converge to accentuate the impact of proximal and distal risk factors like a parent's mental illness, school relocation, family separation, and loss of property or a loved one.

The MDFT post-Katrina model shares some elements in common with Landau, Mittal, and Wieling's (2008) work on linking human systems after mass trauma, such as what occurred in New York after the terrorist attacks of 2001. Their model provides vulnerable individuals with an advocate from their own community trained to help those experiencing trauma or illness engage the services and supports they need to cope. Whereas the MDFT model relies on professionals to help families that are badly depleted of resources, Landau et al.'s program uses non-professionals as advocates for families with some capacity to help themselves. In keeping with the principle that resources associated with resilience function differently than strengths, each of these interventions tends to be most effective with youth and families who have experienced the greatest amount of trauma.

9. Conclusion

Turkish scholar Cigdem Kagitçibasi (2007) has argued that we need to turn psychology into a policy relevant science in the service of well-being. Her work, and that of her colleagues (Georgas, Berry, van de Vijver, Kagitçibasi, & Poortinga, 2006), has been a search for a model of optimal human development that is contextually relevant and universally valid. That model is explicit that context and culture are important components affecting how people secure the resources

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they need for well-being. Kagitçibasi's Turkish Early Enrichment Project creates the conditions for working mothers to be more effective parents, contributing to children's successful development years later (more consistent school attendance, better jobs, and participation in the knowledge economy). Examples such as this reflect the complexity of community resilience. Earlier interventions are always best when they can anticipate future stressors. However, enhancing access to infrastructure, supports and services at any stage in the pre- and post-catastrophic event cycle are more effective when they are tailored to the needs of those who are most vulnerable. In this regard, it is important to understand that racial, ethnic and socioeconomic context are critical elements to consider when designing interventions that will not only prevent vulnerability but also promote the processes associated with community-wide resilience in situations where there is cumulative disadvantage.

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