Community Partners for Improving Science-Based Resilience

Felipe González Castro, Ph.D., M.S.W.
Edson College of Nursing and Health Innovation, Arizona State University

Presentation at the ASU Social Embeddedness Network Conference, Arizona State University, Tempe, AZ. March 24, 2020.
OUTLINE

1. INTRODUCTION

2. WHAT CONSTITUTES RESILIENCE?

3. ANALYZING STORIES OF RESILIENCE IN COPING

4. BUILDING A RESILIENCE EVALUATION TEAM
1. INTRODUCTION

- Over 15 years ago, in 2004 the most impactful article that I have written was an article on "The Cultural Adaptation of Prevention Interventions," published in the journal, Prevention Science.

- According to Google Scholar, as of now it has received over 1,000 citations, indicating that something about this article "struck a chord" with many scholars.

- One of the important messages in this article captured the sentiments of a Spanish-speaking community resident, who stated, "Para que sirve la ciencia, si no nos ayuda?" Translated, this states, "What good is science, if it doesn’t help us?"

- This sentiment expresses the concern that scientific findings must be transported to help communities, or else it is essentially useless to residents of these communities.
In about the year 2005, the area of **Dissemination and Implementation Science (D&I)** was emerging. This science was developed to, “*inform and improve the quality of health, delivery of service, and utilization and sustainability of evidence-based tools and approaches*” (NIH Funding Opportunity Announcement 19-274, p. 3).

**Dissemination Research:** this research area was developed to study how to take scientific findings to the community (going to scale), which aims to “*communicate and integrate knowledge for audiences including practitioners and other stakeholders, to improve health services.*” (NIH Funding Opportunity Announcement 19-274, p. 3)

• **Implementation Research:** this area was developed to create *new knowledge* on the implementation of an *evidence-based interventions (EBIs)* using, “scientific strategies to *adopt* and *integrate* evidence-based interventions (EBIs) into various *clinical* and *community settings*.”

• This also includes the *adaptation* of an EBI for *improving “function and fit,”* (integrability) for full implementation with *diverse community groups* and within *various service delivery settings*.
Needed: EBIs that “Fit” Community Needs and Preferences

- Important **D & I** issues for improving research and practice with various communities includes:

  - Developing **conceptual frameworks** having a **cultural focus**, to inform the design, planning, and moving “**to scale**” of various evidence-based interventions (EBIs)

- This aims to improve intervention:
  - **Engagement** - facilitating involvement,
  - **Acceptability** - intervention appeal,
  - **Practicability** - (convenience),
  - **Feasibility** - ease of implementation,
  - **Integrability** - (fit within a delivery setting) (Alvidrez et al., 2019), as well as
  - **Sustainability** - resources to sustain its delivery over time

2. WHAT CONSTITUTES RESILIENCE?

- In simple terms, resilience is, the ability to "bounce back from adversity."

- Under this **Stress-Coping-Resilience Paradigm**, resilience consists of effective **problem-solving coping** that **actively resolves** a difficult life problem.
  - This paradigm examines the individual’s:
    - **Cognitions**: their **thinking** during the most stressful period of this problem.
    - **Emotions**: the **emotions** experienced.
    - **Behaviors**: the **actions** that they took to resolve the problem, and
    - **Stress-Related Growth**: What they learned and how changed, their **personal growth** from grappling with this very stressful life event.
An Integrative Mixed Methods Approach

- Our use of the *Integrative Mixed Methods* methodology (Castro, Kellison, Boyd & Kopak, 2010) allowed an in-depth analysis of *complex ways of coping* based on the stories of diverse groups that responded to a very or extremely stressful life event.

- Needed now is the analysis of the stories of various individuals who exerted a proactive role in effectively solving a difficult and very stressful life problem.

- A *thematic analysis* of purposefully selected criterion groups (leaders, community residents, users of hard drugs) generated *thematic patterns of adaptive and maladaptive coping* and related *expressions of resilience*.

3. ANALYZING STORIES OF RESILIENCE IN COPING

- A **Social Participatory Research** approach can be used to establish a **Resilience Evaluation Team** that will examine and interpret the meaning of these **thoughts**, **feelings**, and **behaviors** as they **coped** in efforts to solve their **difficult life problem**.

- These analyses can inform the design of an improved Resilience Building EBI, by a process of:
  - **integrating “top-down,” scientific knowledge** from existing theory and research, with a
  - **“bottom up” data analysis** of the diverse life experiences of various individuals in **effectively resolving** a difficult life problem.
4. BUILDING A RESILIENCE EVALUATION TEAM

- A Resilience Evaluation Team would consist of community stakeholders serving as key informants from their own community to inform theory and practice towards developing a more effective resilience-building intervention, an "EBI," also designed for effective “fit and function” within local communities, by meeting the needs and preferences of community residents.

- The contributions of the Resilience Evaluation Team would involve:
  - Reviewing and rating cases on ways of coping with a very difficult and stressful life problem,
  - Advising on the design of an adapted EBI,
  - Advising on the development of a new resilience building study,
  - Advising on adapting and refining the EBI for optimization and increased effectiveness,
  - Participation as a member of a future resilience intervention development study.
We invite interested persons to contribute actively to this community-informed research implementation effort for:

- integrating science and community needs,
- rating coping effectiveness in resolving a difficult life event
- developing an enhanced resilience building EBI as also designed for implementation within local community-based agencies

The goal is to establish a team process for improving EBI development and implementation as optimized for greater effectiveness in building resilience among individuals and families.

If interested would love to hear from you. Contact me, Professor Felipe González Castro at the ASU Center for Health Promotion and Disease Prevention, within the Edson College of Nursing and Health Innovation at Felipe.Castro@asu.edu.

Thanks for listening.