

Enhancing Resilience: Families and Communities as Agents for Change

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In this article, the Linking Human Systems (LINC) Community Resilience model, a theoretical framework for initiating and sustaining change in communities that have undergone rapid and untimely transition or loss, is presented. The model assumes that individuals, families, and communities are inherently competent and resilient, and that with appropriate support and encouragement, they can access individual and collective strengths that will allow them to transcend their loss. This competence can be nurtured by helping people regain a sense of connectedness with one another; with those who came before them; with their daily patterns, rituals, and stories that impart spiritual meaning; and with tangible resources within their community. Rather than imposing artificial support infrastructures, LINC interventions engage respected community members to act as natural agents for change. These “community links” provide a bridge between outside professionals, families, and communities, particularly in circumstances in which outside intervention may not be welcomed. The article illustrates how LINC interventions successfully have been used in communities around the world.

Keywords: Community Resilience; Community Intervention; Transitional Family Therapy; Family and Community Links; LINC Community Resilience; Trauma and Loss

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The inherent resilience in individuals, families, and communities allows them to overcome tragedy and ensure that future generations survive and are strengthened by the hardships they endure. The Linking Human Systems (LINC) Community Resilience model draws on this capacity to heal (Landau, 2004). I define

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*community*¹ resilience as the community's inherent capacity, hope, and faith to withstand major trauma, overcome adversity, and to prevail, with increased resources, competence, and connectedness. In line with this principle, the LINC model provides the tools to identify and coach people from within the community, called "community links," to act as natural agents for change, relying on the family as the foundation of community.

LINC is intended for intervention in communities that have experienced rapid, untimely, and unpredictable transition or loss. Such upheaval may arise from a wide variety of natural and human-made disaster; widespread drug abuse; AIDS and other pandemics; urbanization and isolation of the nuclear family; and poverty. We tally the number of people killed or injured, number of homes lost, and dollars spent on emergency aid, but seldom do we measure the more subtle costs, such as increases in depression and anxiety, substance abuse and addiction, risky sexual behavior, or domestic abuse. And rarely do we talk about the impact of these across extended family, neighborhoods, generations, and time. We are also relatively unaware of the daily traumas occurring in our own communities. For example, Weingarten (2003) drew our attention to the frequent episodes of violence that we witness in our daily lives that are often so subtle as not to be noticed but nonetheless serve as "shocks . . . regardless of our response . . . [Because] . . . it affects our mind, body and spirit" (pp. 3-4). Helping families and communities to harness their inherent resilience and optimize the use of their resources minimizes the scope of damage in the immediate wake of the trauma and in the years to follow (Landau, 2004; Landau & Weaver, 2006).

THE MODEL'S FOUNDATIONS

The principles underlying this approach arose from a few personal sources. The first is my childhood, spent in South African communities that endured severe deprivation and political oppression. Through their tribal stories and healing rituals, they instilled in me a deep conviction in the inherent resilience of people and in the essential worth of community connectedness. As I have previously shared (Landau, 1997), when I was 3 years old, a diphtheria epidemic struck my village; scores of people died, and I was very ill. In later years, I realized that my approach to therapy had been profoundly influenced both by my illness and the behavior of our family physician. The ordeal taught me that professionals should respect families' knowledge, competence, and values, reinforce their natural support systems, and avoid secrecy and isolation while helping them to address unresolved losses.

My work over the years has taken me far, geographically, from where I began. But the fundamental concept of my working philosophy is one that I learned as a child at the feet of the African storytellers: that communities' capacity to heal depends on their connectedness with one another and with their family and cultural histories.

The Impact of Transition on Communities

More than a century ago, Emile Durkheim (1897) showed that crisis throws society into disequilibrium, rendering it temporarily incapable of exercising its usual regulatory function. This leads to a sense of hopelessness and despair, which Durkheim

¹The term *community* includes the natural support system: extended family, friends, neighbors, health care providers, clergy, employers, coworkers, and so on.

labeled “anomie.” Contemporary science has confirmed that in times of stress, our response at every level, from molecular to interpersonal to societal, is to disconnect. During such times, the psychological sense of connection between past, present, and future—what I term the *transitional pathway*—can easily become disrupted (Landau, 1982). Experiencing multiple transitions, whether normal, predictable life cycle events or unexpected trauma, within a short period can create stress (Boss, 2001; Figley & McCubbin, 1983; Garmezy & Rutter, 1983). There may be asynchrony—what I have termed *transitional conflict* (Landau-Stanton, 1982)—between the rate with which and direction in which individual family members adjust to the stress of these changes. Left unaddressed, transitional conflict leads to a variety of dysfunctions, including depression and suicidality, addiction, violence, posttraumatic stress, and risk-taking behaviors that can lead to HIV/AIDS (Landau, 2004). The more intense, unpredictable, or traumatic the stressors, the more likely they will lead to major dysfunction.

- In Taiwan, a series of major earthquakes and floods since 1999 spurred a 60% increase in rates of depression and suicidality (M. B. Lee, personal communication, June 23, 2002).
- Terrorism and other violence have especially pervasive consequences, primarily because of the suddenness, unpredictability, and magnitude of loss. The uncertainty about whether those missing are alive or dead creates its own stress—what Boss termed *ambiguous loss* (Boss, 1999). In the months after the terrorist attacks in New York City on September 11, 2001, almost one third of respondents reported increased rates of cigarettes, alcohol, or marijuana use (National Center on Addiction and Substance Abuse [CASA], 2001/2003; Vlahov, Galea, Ahern, Resnick, & Kilpatrick, 2004), posttraumatic stress disorder, and depression (Galea et al., 2002). Sixty days after the attacks, acute cases of myocardial infarction increased by 35%, and cardiac arrhythmias increased by 40% (Feng, Karri, & Reddy, 2003).
- The AIDS pandemic provides a vivid illustration of how disease can devastate communities, extending far beyond those who are actually infected with the illness (Landau-Stanton & Clements, 1993).

Reconnecting the Transitional Pathway

Communities across time have found ways to share their stories of resilience, enabling subsequent generations to survive traumas such as those described above, often with increased strengths and resources. This resilience is demonstrated by the family’s ability to resolve transitional conflict caused by the multiple stressors that they have endured, and their successful navigation of subsequent transitions. Further, they have learned from past experiences, understand their impact on the present, and integrate these lessons into their choices for their future.

Observing this phenomenon led my colleagues and me to question the role of connectedness in protecting people from the risk-taking associated with many of the stress-related illnesses that follow major trauma. We studied the relationship between connectedness to family and culture of origin, and level of sexual risk-taking in two samples of women—women in an STD (sexually transmitted disease) clinic and women in an inner-city Hispanic community organization. The results showed that knowledge of stories about grandparents or great-grandparents was a robust predictor

of lower sexual risk-taking. We also found that having at least monthly contact with extended family members was strongly associated with lower levels of sexual risk-taking (Landau, Cole, Tuttle, Clements, & Stanton, 2000).

In a subsequent study involving adolescent girls attending a mental health clinic (diagnoses included depression, anxiety, and sexual abuse), we analyzed intergenerational family stories, identifying themes of resilience (i.e., ancestors overcoming adversity) versus vulnerability (i.e., depression, family violence, addiction). The results indicated that knowing a story with a theme of resilience was most protective. However, knowing any family story, even if it contained themes of vulnerability, was more protective than knowing no story at all (Tuttle, Landau, Stanton, King, & Frodi, 2004). These findings suggest that being able to draw on the rituals, strengths, stories, scripts, and themes of past generations helps people reconnect their transitional pathways. This enables families to reunite their communities, enhancing their collective resilience.

Finding that the actual stories of families who interpreted themes as vulnerable or resilient were not that different from each other, we piloted an intervention to enhance positive connectedness. Link Individual Family Empowerment (LIFE) focuses on helping families work together to revise their themes of vulnerability to themes of resilience (Landau, Mittal, & Wieling, in press). Bohanek, Marin, Fivush, and Duke's (2006) study of family narrative interaction and children's sense of self offers a possible explanation of why adolescents from families with themes of resilience are more likely to have high self-worth and are less likely to be involved in sexual risk-taking. It would be interesting to explore whether children from families whose narrative style allows them to create a coordinated perspective on the past event and to work through negative and positive events also take fewer risks. Bohanek et al. suggested that determining narrative style might be applicable as a diagnostic tool in family assessment and treatment. It might be also be helpful to analyze family themes for resilience versus vulnerability.

Fostering Resilience

Resilience was first understood as an innate characteristic that resided within individuals, with scant attention paid to families or communities. The growing emphasis on family and community resilience not only acknowledges that the family can be a resource for individuals in times of stress but also recognizes the family as a functional unit in itself and the essential unit of community resilience (Bell, 2001; Boss, 1999, 2001; Falicov, 1991; Figley & McCubbin, 1983; Garbarino & Kostelny, 1996; Johnson, 2002; Karpel, 1986; Landau, 1982; Landau, 2004; Landau & Saul, 2004; Rolland, 1994; Walsh, 1998, 2003; Walsh & McGoldrick, 1991; Wolin & Wolin, 1996; Wynne, 1991; Wynne, Weber, & McDaniel, 1986).

Building On Transitional Family Therapy

The LINC Community Resilience model evolved from transitional family therapy (TFT; Horwitz, 1997; Landau-Stanton, 1982; Landau & Garrett, 2006; Landau-Stanton & Clements, 1993; Seaburn, Landau-Stanton, & Horwitz, 1995; Watson & McDaniel, 1998). This approach to therapy, which I began to develop in my research and practice in South Africa in the 1970s, was further honed with colleagues in the early days of the University of Rochester's Division of Family Programs.²

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TFT takes a systems perspective, recognizing that to address families' concerns effectively, therapists must understand their social network and the historic, geographic, economic, and cultural context. Network or ecosystemic approaches have been widely used in family therapy since the 1970s, following the seminal 1973 work of Speck and Attneave (see also Anderson & Goolishian, 1988; Auerswald, 1968; Imber-Black, 1988; McDaniel, Hepworth, & Doherty, 1992; Mirkin, 1990; Rueveni, 1979; Wynne et al., 1986). TFT employs an integrative "here and now" transgenerational and ecosystemic approach that mobilizes the extended social system from the outset of therapy, highlighting past and present sources of resilience (Seaburn et al., 1995).

THE LINKING HUMAN SYSTEMS (LINC) COMMUNITY RESILIENCE MODEL

For the human spirit to prevail and be perpetuated across generations, we need to be able to draw on our mutual biological, psychological, social, and spiritual resources. The LINC Community Resilience model extends the concept of resilience to the level of community (Landau, 2004; Landau & Saul, 2004).

For professionals called upon to aid communities during times of trauma, one of the essential steps in nurturing competence is to help them find naturally available resources (Hobfoll, 1998; Klingman & Cohen, 2004; Kretzmann & McKnight, 1993; Laor, 2004; Papadopoulos, 2002; Rojano, 2004). This process includes identifying tangible assets (e.g., community members who can contribute time, materials, skills, knowledge, or money; space for activities) for community-strengthening projects. It also involves helping community members regain a sense of connectedness with one another and with those who came before them (Boszormenyi-Nagy & Spark, 1973; Bowen, 1976; Framo, 1976; Reilly, McDermott, & Coulter, 2003; Sluzki, 2003) and with the daily patterns, rituals, and scripts that allow families and communities to function through time despite adversity (Byng-Hall, 1991; Imber-Black & Roberts, 1992). Myerhoff's epic work showed how Eastern European immigrants used ritual and life stories to make every day meaningful and to help them survive amidst extreme hardship (Myerhoff, 1982).

Weingarten (2003) taught us that we can transform violence by drawing on our resources to become compassionate witnesses, thereby changing the behavior and reactions of families and communities. White and Epston (1990), in their narrative therapy approach, described how individuals and families could revise their dominant stories. Similarly, communities can be helped to view the prevalent themes in their history as themes of resilience rather than vulnerability, thus increasing family and community connectedness (Landau et al., 2000; Suddaby & Landau, 1998).

LINC interventions employ existing community resources rather than installing artificial support infrastructures or imposing generic prescriptions for community health. They leave the ultimate decision-making to the people whose lives will be most affected by the changes that are instituted. As professionals, we are responsible for providing the context and skills that will allow communities to access the resilience of their ancestors and of their cultural and spiritual histories. This approach allows us to be effective interveners while not becoming embedded in communities or intruding into their privacy. As a result, the solutions that emerge are culturally appropriate and sustainable.

Assessment: What Resources Are Available?

To assess the practical aspects of resilience in the community, we need to determine what resources are available, whether people are aware of them, and how they are being used. We also need to determine the balance between stressors and resources (Hobfoll, 1998). In addition, we need to assess whether continuity of the transitional pathway has been disrupted and whether themes of resilience are being mobilized (Landau, 2004; Watson & McDaniel, 1998).

LINC interventions draw on a variety of assessment techniques, including a number of maps: geographic and sociological maps, and maps that elucidate important transitions within the community. In the course of completing the maps, stories emerge that shed light on current events and transitions and on communities' ways of confronting their problems. Often, constructing maps helps diffuse blame and anger, making room for more constructive interactions that draw on a full range of resources and strengths.

The transitional genogram (Landau, 1982), an expansion of McGoldrick's original genogram (McGoldrick, Gerson, & Shellenberger, 1999), is the first of these maps. It depicts, across time and over as many generations as possible, important community themes and scripts, events, relationships, conflicts, and strengths. It also maps the community's belief systems and position within its geographic, social, and cultural context (Landau, 2004; Watson & McDaniel, 1998). This information is used to identify key transitions and highlight times when multiple transitions coincided. In this way, the origin of transitional conflicts can be identified and traced horizontally and vertically. Constructing a transitional genogram helps individuals, families, and their communities to understand their intergenerational patterns and how they influence current problems. This allows them to develop strategies for resolution.

The transitional field map, used in both family therapy and community interventions (Landau, 2004; Landau & Saul, 2004; Landau-Stanton & Clements, 1993), is another useful tool. It developed from field theory (Lewin, 1935), the depiction of the biopsychosocial system (Engel, 1980), and transitional family theory. This map is a schematic representation of a community's members, problems, resources, events, themes, and histories that exist within every level of the network, including biological, cultural, and individual psychosocial systems; natural and artificial support systems; and ecosystems. Further, the transitional field map underscores that each level within a system (family and/or community) affects the others. It provides a template for designing interventions, including selecting links and other participants in the intervention; setting goals; identifying concrete, easily attainable tasks; determining a timeline for change; and establishing who will be responsible for which tasks. Figure 1 illustrates how this map was used as part of a major disaster relief effort in New York City in the immediate aftermath of the September 11, 2001, terrorist attacks (Landau-Stanton & Clements).

The multisystemic levels map, used in community interventions (Landau & Saul, 2004), examines in further detail the community events, sources of resilience, and other features of the community's response to loss or trauma. It takes into account the impact of trauma and resources that are available at each level. As such, the map is a valuable additional tool for understanding problematic past or current events in the community and provides an opportunity for brainstorming solutions. Figure 2, from the same September 11 relief effort as the Figure 1 map, is an example of a multisystemic level map (Landau & Saul).

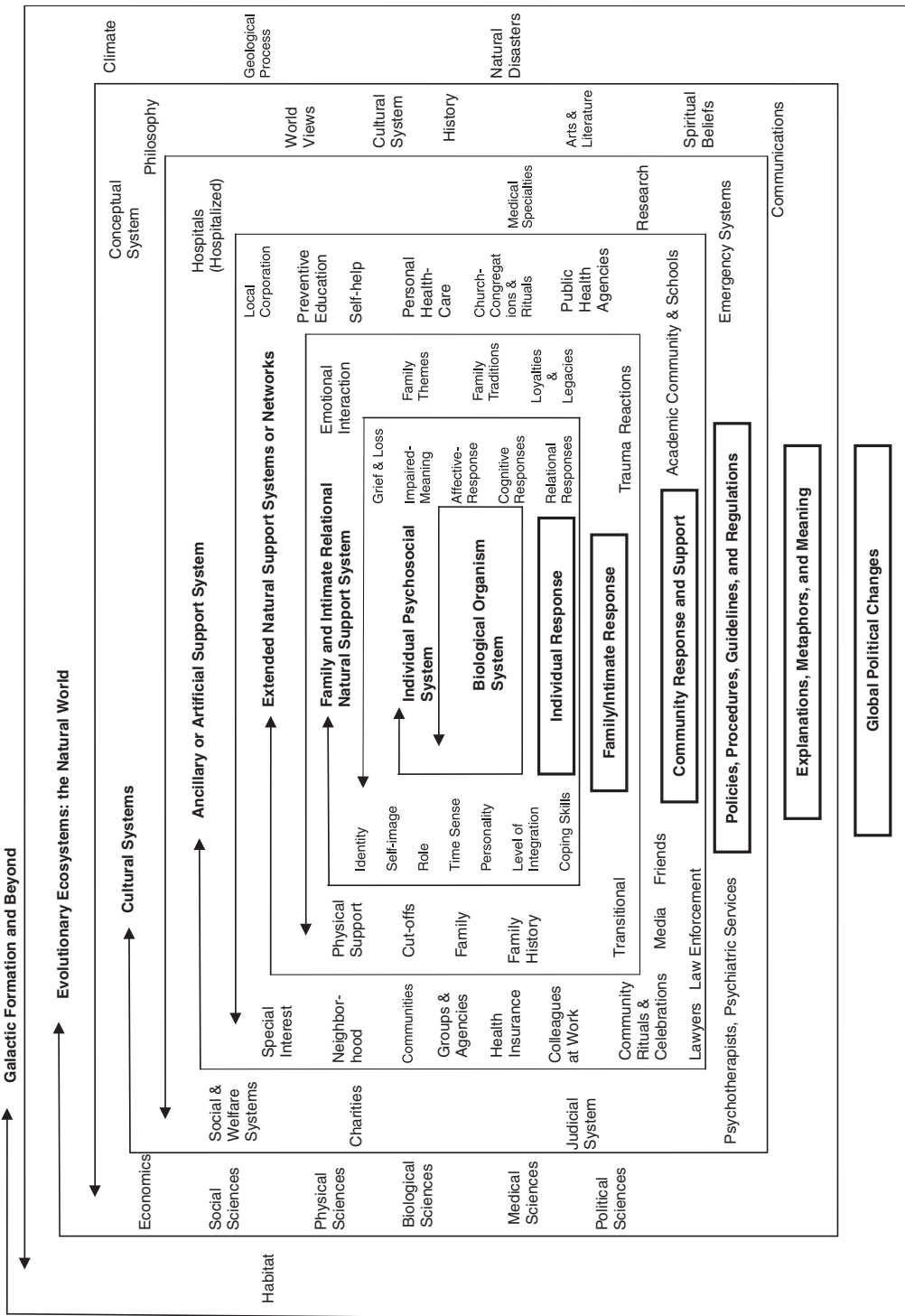


FIGURE 1 Transitional Field Map, Terrorist Attacks, NYC, Sept. 11, 2001

Multisystemic Levels Map: Terrorist Attacks, New York City, 9/11/2001						
Systemic Level	Tr-automtic Event(s) Impact (Severity and Duration)	Protective Factors Resources and Resiliency	Symbolization and Narrative System	Problematic Reactions to Event(s) and Long-Term Sequelae	Interventions and Prevention	
Biological System <ul style="list-style-type: none"> Physical Nervous system Endocrine 	Death, injury, CNS response Respiratory problems from debris Loss, insecurity, disruption of routine & role, fear and anxiety Dissociation, altered time	Levels of physical fitness and health, youth, stress inoculation, mind-body-spirit practices Personality and coping skills, identity, self-image, cognitive skills, relational behavior, affect regulation	Somatic expression, dreams Recall and constructions of dreams and intrusive memories, and multiple personal meanings	Somatic symptoms, respiratory and health problems Anxiety, depression, acute stress symptoms, PTSD, grief reactions Aggression and suicidality, alcohol and substance abuse	Pharmacological agents, mind-body-spirit regulatory practices and intervention, physical self-care Individual counseling and therapy, stress-relieving interventions, psychoeducation, enhancing intrinsic strengths, facilitation of posttraumatic growth Psychological and emotional self-care Recreational, physical, and artistic activities	
Individual Psychological System <ul style="list-style-type: none"> Cognition Emotions Behavior Relations 	Separation and loss, change in relational behavior and bonding, stress on family and other social groups, displacement, disruption of role and routine Increased connectedness & bonding Communication breakdown, media response Activation of ancillary support system	Family support, competence of natural supports, community organization and support, history of family and community Community self-mobilization, organization and support. National and international support Ancillary support	Collective narration with family, friends, neighborhood, and community National and global narratives	Disruption of family life cycle, neighborhood relations Flight from city and severing of social attachments Displacement of families and work organizations Stress due to loss of income, housing, employment Intrusion of ancillary support systems	Family, group, and network counseling and therapy Mobilization and facilitation of natural support systems by ancillary support systems. Peer support networks Building on long-term preventive groups and methods Organizing community forums; enhancing social connectedness for communication, problem-solving, and resource-accessing Changing cultural belief systems from vulnerability to resilience Facilitation of new rituals and practices focused on communal grieving, revitalization, and reconciliation, cultural legacy, and mission	
Social Systems <ul style="list-style-type: none"> Family and intimate relations Natural support system: local community—church, neighborhood, school, work, other groups Ethnic/national/global Ancillary support system—emergency, hospital, welfare 	Shattered world assumptions, sense of invulnerability and safety Rituals and practices	Creation of rituals Religious and spiritual solace, patriotism, sources of coherent world view, arts and literature, communication	Interpretation of collective narration, of old and new rituals, contextualizing and memorializing, creation of new symbols, 9/11 as a temporal marker	Increasing rigidity and resort to primitive belief systems, discriminatory responses to Arab & Muslim minorities	Organizing community forums; enhancing social connectedness for communication, problem-solving, and resource-accessing Building on long-term preventive groups and methods Organizing community forums; enhancing social connectedness for communication, problem-solving, and resource-accessing Changing cultural belief systems from vulnerability to resilience Facilitation of new rituals and practices focused on communal grieving, revitalization, and reconciliation, cultural legacy, and mission	
Cultural Systems <ul style="list-style-type: none"> Meaning systems Knowledge systems Language and symbols Identity Rituals and practices 	Environmental destruction and hazard Mobilization of rhetoric	Economic and political resources, physical	Impact of environmental, economic, and political change on symbolic systems	Disruption of utilities, transportation, and communication Exaggerated political responses (Patriot Act and curtailment of civil rights)	Clean-up of environment, plan for reconstruction War on terrorism, preemptive strikes	
Ecosystemic Environment <ul style="list-style-type: none"> Physical and natural world Economic & political context 						

FIGURE 2 Multisystemic Levels Map

Community Links

LINC community interventions recruit community members to serve as community links (Landau, 2004; Landau et al., 2004). These links provide a bridge between outside professionals and communities. They serve in all communities but are especially effective in those that are highly educated, sophisticated, or composed of traditional extended families and clans, where outside intervention is neither invited nor welcomed. Although such communities might solicit some form of intervention in a crisis, they tend to drop out as soon as the immediate crisis is resolved. Groups that work with a community link stay connected long after the crisis has passed and do not drop out.

Coaching natural change agents as community links allows the tradition, strength, pride, and privacy of the group to remain intact. The community links initiate, maintain, and sustain change long after the outside “experts” have departed.

Ideally, community links should be respected members of their communities who can communicate effectively with community leaders and with grass roots community members, their families, and their natural support systems. They should be flexible around community issues, not be allied with any particular coalition, and they should be effective without engendering resentment or opposition from others. Because the community links’ ability to convene representatives from all levels of the community is critical to the success of LINC interventions, it is important to avoid selecting leaders who cannot garner broad support or who might derail the process for their own aggrandizement. Spurious leaders do not empower the community, encouraging a sense of competence and confidence, but rather sustain their efforts only to the point of personal gain. They are frequently given the position because of their convincing and forceful presence, inevitably resulting in failure of the intervention— if not immediately, then in the longer term. The major factor in sustainability of community interventions and supporting community resilience is the selection of the community link.

To select community links, the outside professional first works with community members to develop and prioritize a comprehensive list of important goals. The group is then asked to nominate several community members who might successfully lead them toward achieving their overall goals. They are then guided in a process of using the link selection chart to choose one or two community links from among those nominated.

The link selection chart comprises five columns—one for names and two main columns, each divided into two sections. The extreme right represents strong support for the goal, and the extreme left indicates strong opposition. The midline represents indecision or a transitional viewpoint. Once each member of the group has been placed on the grid, he or she is asked how far in either direction he or she is comfortable traversing. The person(s) who demonstrates the most overlap with the others is likely to be close to the center of the grid and therefore to be the most flexible.

This mapping technique makes it possible for the whole group to see who is most and least polarized, who will push for his or her own view rather than seeking consensus, and who connects with the most people. If the original nominees do not meet the criteria, then new links need to be selected.

THE LINC MODEL IN PRACTICE

LINC interventions have been used successfully in communities around the world, including in Argentina, Kosovo, South Africa, Taiwan, and the United States (Landau, 2004).

Romania

A primary care physician in Romania mobilized the community to deal with major problems in a village on the border of Romania and Hungary. Children were being injured or killed as they tried to cross a railway line to get to their school. Gang warfare and drug dealing had increased dramatically.

In a community meeting, the villagers realized that their new railway line divided the wealthy from the poor, leaving all the resources on one side of the tracks, creating enmity across the new boundary. The community links worked with a task force to petition the government for a bridge. Other community groups took responsibility for bringing the two disparate communities together for the safety and future of all their children.

Buffalo, New York

The impact of economic stress on community is illustrated by the events occurring in “1983, Bethlehem Steel Company closes its Lackawanna steel making facility . . . plant employment had declined from almost 20,000 in 1965 to 8,500 in 1977 before further declining to a skeleton crew in 1982. The loss of these jobs results in a major fiscal crisis for the City of Lackawanna and a crisis for Buffalo and towns in Erie County. The effect on the local economy is significant. 1984, Republic Steel Corporation Buffalo plant closes during the late 1970s and early 1980s in Buffalo, New York” (<http://ah.bfn.org/h/1985.html>).

The paraprofessional caseworkers employed by Catholic Charities of Buffalo, a large social services organization in western New York State, were overwhelmed by the results of this economic disaster. They felt that they were receiving insufficient support and training for their work “in the trenches.” My colleague Pieter le Roux³ and I were invited to train them to work with community links who could mobilize the resources in the community, increase their competence and empowerment, and decrease their sense of burden.

Initially the caseworkers were reluctant to talk, making it impossible to begin. Nearly desperate to find some way to connect with them, I suggested that there must be *something* that they enjoyed. “Music and dance,” they said, so we spent the next few hours dancing. After that, the caseworkers started to open up about how burned out they were and how they resented having to spend time at the training without getting any relief on their caseloads. We learned that their work left them terribly stressed. They worked in isolation, several in very dangerous neighborhoods. Some, for their own safety, had to work in offices where the reception area was secured behind bars and the workers had to be escorted to their cars by armed guards. They worked extraordinarily hard and had minimal contact with their supervisors or each other.

Starting with mapping and goals, we had the caseworkers bring in geographic maps of each neighborhood and share whatever historical, economic, and sociological information they possessed. We created a transitional field map and began to identify resources. Through this process, they could plainly see how the loss of steel mill jobs had devastated the community and rendered people vulnerable to a wide array of problems.

³ He is now Director of Family Therapy Training in the University of Rochester’s Department of Psychiatry.

For example, Lackawanna experienced extremely high rates of suicidality, became a stronghold for drug lords and crime, and suffered abject poverty and violence, its streets marred by burned-out houses. The closing of the mill had left residents feeling disempowered. Yet, the long-established African American, Irish, and Italian communities maintained a strong presence. Some of the caseworkers were an integral part of these communities and were perceived as natural community leaders and potential community links.

The next step was to visit the communities as a group to learn more about them and to work with the community links to foster a sense of connectedness, hope, and resilience. While planning these neighborhood visits, we learned that some of the workers worked and lived within the same neighborhood, whereas others worked within neighborhoods in which their colleagues lived. This created natural partnerships among the caseworkers.

As a group, all 32 of us walked the streets of the different neighborhoods together so that we could learn what held them together and what troubled them. With the caseworkers who lived there as our community links, we met storekeepers, ministers, restaurateurs, launderers, activists, family doctors, and more. Our neighborhood visits took place one morning every month for a year, our visits serving as ad hoc community meetings.

After our third monthly meeting, a major shift occurred. The caseworkers who lived in the same blighted neighborhoods that they served had often expressed that they were eager to get out of their own communities. However, as they came to understand their communities better, they began to believe that by staying, they could make a positive difference. They also began to appreciate that communities that once had seemed hopeless possessed multiple resources. They realized that, with the links' respectful support, community members could play an active role in their own healing. They were astonished as other community members started to join our group, taking on specific roles and initiating change.

Adding further information to the transitional field map, community members identified why certain neighborhoods were constantly engaged in drug wars, and why in others houses kept burning down. They discovered a host of factors contributing to the neighborhood problems. With this information, they developed ways to bring community members closer to one another, to capitalize on the resources that were available, and to stress positive themes of resilience.

Many concrete community projects, initially supported by the community links, developed. For example, residents of one neighborhood gathered with community leaders and police (whom they had previously reviled) to develop a neighborhood watch to evict drug dealers and gangs from the streets. In one community, a group of grandmothers came together to take care of some of the neighborhood's "latchkey" children while their working parents could not. Another group helped community members assemble a neighborhood watch group to deter the arsonists who had been destroying the neighborhood.

A major problem arose with the neighborhood watch against drug dealing. A community link and key member of the neighborhood watch was fatally shot through the church window during a Sunday service. The community faced an enormous crisis of faith: Should they abandon the intervention, the watch, their town? We called a meeting, and after considerable deliberation, the community decided that they would reclaim the town from the drug dealers. Knowing the dreams of their link for his

children to grow up safe, they were determined to make concrete plans to involve the necessary authorities when previously many crimes had gone unreported.

At the end of the year, when it was time for the caseworkers to present their communities' work, a transformation had occurred. As a group, the community links had created a living transitional map that filled an entire room. Suspended from the ceiling on hangers, meticulously arranged in a pattern of streets and alleys, were neighborhood maps, photographs of families and shops: a colorful, twirling representation of the city that they had come to embrace. They walked through this map telling stories about developments in particular neighborhoods. They focused on recalling positive stories that had helped the community discover its resilience and connectedness.

According to Catholic Charities of Buffalo director (D. Greenaway, personal communication, August 17, 2006), the program's success has continued. More than 20 years later, the communities thrive. Because of the Links, these communities did not "drop out" once the outside professionals retreated.

CONCLUSION

The challenge in designing and comparing LINC interventions is that each community's population, history, troubles, resources, goals, and expectations are unique. Accordingly, a "successful" intervention in one community may look very different from what is deemed successful in another. Like the strategies for transitional family therapy from which it grew, the LINC Community Resilience model emphasizes the inherent competence of communities and their members. Nonetheless, several core components have proved to be essential in developing effective community-wide interventions. These form the core of training in the LINC Community Resilience model (Landau & Garrett, 2006):

LINC interventions:

- Take a systems, or ecosystemic, perspective, recognizing that communities comprise many interlocking social networks and that it is crucial to bridge all hierarchies and involve as many networks as possible.
- Use a variety of maps, including genograms, geographic and sociological maps, to assess community structure, resources, and histories.
- Rely on respected people within the community, community links, to bridge the various levels (from grassroots to official levels) and serve as natural agents for change.
- Employ links who are responsible for facilitating and sustaining change within their communities, ensuring that the community "owns" its solutions and gets credit for change, maximizing the possibility that change will be sustained over time.

The LINC Community Resilience model is a powerful tool for propagating and sustaining change in communities that have undergone rapid and untimely transition, whatever its cause. The model grew from early personal and professional experiences that cemented my belief in the inherent strength, competence, and resilience of individuals, families, and communities. The LINC model eschews the notion that only

professional “experts” can rescue a community that is in dire straits; instead, we facilitate its members in achieving their long-term goals and independence, empowering them to embrace healing, pride, and connectedness.

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