

Youth Thrive™: Protective and Promotive Factors for Healthy Development

This multi-year initiative of the Center for the Study of Social Policy (CSSP) examines how foster youth can be supported in ways that advance healthy development and well-being and reduce the impact of negative life experiences. Not surprisingly, vulnerable youth encounter more challenges to reaching a healthy and satisfying adulthood than their more advantaged counterparts. Exposure to violence and maltreatment, lack of consistent or nurturing relationships and involvement in public systems such as foster care or juvenile justice all entail significant and potentially life-altering impacts on the positive transition to adulthood.

New research suggests that traumatic effects on brain development may play more of a role than previously understood in causing negative outcomes for youth. Established research on how to promote positive youth development and help youth grow into mature, successful adults; combined with insights from emerging research in neuroscience and brain development, provide an opportunity for fresh thinking on improved adult outcomes for at-risk youth. Over the last decade, there has been a growing conviction in communities, child welfare and other child-serving fields as to the importance for practitioners addressing not only risk factors that jeopardize a child's prospects for a secure life (for example, family violence) but also protective factors (for example, good pre-natal health) that round out the intervention picture. For more information about Youth Thrive™ visit www.cssp.org/reform/child-welfare/youth-thrive.

Youth Thrive™ has many goals this training will focus on two:

1. To give child welfare, juvenile justice, and other community-based, youth serving agencies and their partners a way to translate the federal mandate for child well-being into actions that will secure the healthy development of youth in care. CSSP has examined the research knowledge-base to identify protective and promotive factors that build healthy development and well-being for youth as they move through adolescence into adulthood. The synthesis of the research and the Youth Thrive™ Protective and Promotive Factors Framework will be shared with the field, and hopefully used to fashion policies, programs and interventions that promote health and well-being. CSSP anticipates creating tools and trainings for practitioners working with at-risk youth, parents, foster parents and relatives caring for youth, group homes and other facilities and child welfare agencies.
2. To disseminate this information to parents, caregivers, families and communities so that they will better understand how they — in their respective roles — can prioritize healthy development for young people to grow into successful, productive and caring members of

society. CSSP believes Youth Thrive will help yield a greater alignment of knowledge, principles of support and policy and practice in the field. Ultimately, the hope is that the developmental needs of young people receiving services from a variety of providers (child welfare, juvenile justice, community-based providers) will be better attended to, and that these youth will receive the supports and experiences necessary to ensure enhanced opportunities for productive and secure lives.

Purpose of the Training

This training is designed to help you:

1. Increase your knowledge regarding the Youth Thrive™ project, history, and goals;
2. Become familiar with a set of guiding premises that support our practice as we apply the Youth Thrive™ Framework;
3. Explore the Youth Thrive™ Protective and Promotive Framework and the research behind each of its five components:
 - a. Knowledge of adolescent development
 - b. Social connections
 - c. Cognitive and social/emotional competence
 - d. Social connections
 - e. Concrete support in times of need
 - f. Promoting youth resilience
4. Learn how these promotive and protective factors, important for ALL youth, work together to increase the likelihood that youth develop characteristics associated with healthy adolescent development and well-being;
5. Create a self-reflection plan to assess how you currently utilize the framework in your personal practices and how you plan to increase the use of the framework in future practice.

CSSP believes Youth Thrive™ will help better align knowledge, principles of support and policy and practice in the field. Ultimately, the hope is that the developmental needs of young people will be better attended to, and that these youth will receive the supports and experiences necessary to maximize their opportunities for productive and healthy lives.

Guiding Premises

Young people are best supported by those who understand and recognize the importance of self-awareness and self-care in their own professional practice.

The most powerful tool we have in our work with youth is our self. Stuart (2009) defines self as “a mediator of knowledge and skills as they are incorporated into the roles and functions of practice. As a practitioner, you must understand the factors that affected your development as a child and youth and the influence of those factors on your practice interventions” (p. 72). The self encompasses everything we bring to the work: our past relationships, experiences, beliefs and values, as well as our knowledge, training, and skill. It is through the lens of self that we balance all of what we bring in every interaction we have with young people.

We should be intentional about how our skills, knowledge, and personal well-being impact our work and those around us. One way we do this is through reflective practice. Our experiences, paired with self-reflection, define our learning. These experiences not only have a profound bearing on our understanding and perceptions, but on what we do as well. Reflective practice includes critically assessing our work, recognizing where we are in the continuum of our own professional development, as well as considering how our skills can be applied in a variety of situations to improve our practice and achieve better results with youth.

To be the best in our work we must pay attention to our physical and emotional health. Neglecting our own self-care, along with a negative organizational culture and climate, can lead to feelings of isolation and anger and can increase stress on both our personal and professional relationships. Self-care should be an intentional, on-going process that is not only used in times of high stress.

Stress is part of everyday life. When we choose to work with those who have experienced high levels of grief, loss, and trauma, there will be an increase in the stress we experience. This can create secondary traumatic stress which is normal and natural for those working with traumatized youth and their families. When secondary traumatic stress is not identified and addressed, practitioners can become callous, negative, and begin to have physical symptoms of stress (i.e., headaches, sleeplessness, and stomach problems). Further, these symptoms can be exacerbated if we have experienced trauma in our own history or if organizational support for practitioners is not available. The end result of unaddressed secondary traumatic stress and organizational stress is often burnout; which can seriously impede the quality of our work. This is a reality of the work and we must be prepared for it.

Young people are best supported by those who are aware of the impact of traumatic stress and understand the need to use trauma informed practice methods. Trauma informed practice is a paradigm shift that focuses on trauma resolution through building resiliency. It is most concerned with what has happened to the youth and the subsequent impact rather than their behavior (Bloom, 1997; Bloom, Farragher, 2013).

Research in the past fifteen years reveals that traumatic stress can have serious physiological, psychological, and relational consequences on overall development (DeBellis & Zisk, 2014; Ford & Courtois, 2012; Perry, 2006; Perry, & Szalavitz, 2007; Putnam, 2006; van der Kolk, 2005). Recognizing, identifying, and addressing the impact of traumatic stress on young people is essential for recovery and future resiliency.

Trauma is the unique individual experience of an event or enduring conditions in which the individual's ability to integrate their emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to their life, bodily integrity, or that of a caregiver or family member (Saakvitne, K. et al, 2000). Trauma has an ongoing impact on neurodevelopment, perception of self, and perception of others. There are multiple types of trauma including acute, chronic, and complex. Complex trauma (van der Kolk, 2005) develops from ongoing traumatic experiences within a family beginning early in life. These experiences of trauma can be common in youth who have been involved with child welfare or other systems of care. Unfortunately, child welfare systems often cause additional stress and trauma to families through interventions such as investigations, separating children from their parents when placed in foster care, and subsequent moves.

The effects of traumatic stress often extend well beyond the formal diagnosis of Post-traumatic Stress Disorder (intrusive thoughts, avoidance, and hyperarousal). Common symptoms are anxiety, affect dysregulation, depression, attention deficits, and aggression. For persons who have experienced complex trauma, the symptoms are often much more severe and include neurobiological changes, relational dysfunction, compromised neurodevelopmental functioning (deficits in language, memory, visual processing, attention), and poor self-esteem (Henry, Sloane, Black-Pond, 2007; van der Kolk, 2005). In children and youth, symptoms may include: problems with eating, sleeping, and learning; physical ailments; changes in mood and behavior; and self-harm. Many young people believe that they are responsible for the trauma they have experienced. Their perceptions of self, coupled with labeling, can seriously harm their ability to have healthy relationships and further isolates them from others.

Persons who have been traumatized may be impulsive and have difficulty regulating their own emotions. Historically, mental health providers and practitioners have

utilized intervention frameworks dependent on mental health diagnoses and behavior modification strategies. These methods are largely ineffective with traumatized individuals (Cohen, Mannirino, Dehlinger, 2006; Cohen, Mannirino, Kliethermes, Murray, 2012) as they treat symptomology but fail to address the underlying causes. Consequently, practitioners frequently become frustrated with young people who do not quickly change and view them as unmotivated and/or oppositional. This is why adult directed behavior modification interventions often are not successful in changing their behaviors. The focus on external control and the impulse to increase negative consequences to change behavior is likely to increase resistance to authority and produce power struggles.

Traumatized people often do not trust adults in authority and may lack psychological safety. They learn that survival is dependent on initiating action towards others first to ensure their own self-protection. It is not uncommon for young people to maintain their own safety by getting into verbal or physical altercations or running away to avoid situations that feel overwhelming. However, responses to traumatic events vary, depending on individual characteristics, prior experiences, context, and the presence of protective factors. Traumatic events do not necessarily result in the same biological stress response in all young people.

Larger political, economic, and social forces – such as poverty, racism, and other forms of discrimination – as well as the concept of historical trauma can play a role in individual experiences and development. Yellow Horse Brave Heart defines historical trauma as “cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma” (2000). We may often think of the experiences of Native Americans during European colonization, slavery, or the holocaust in relation to historical trauma, though we know these are not the only examples. The concept of historical trauma suggests that these types of trauma, experienced by groups of people because of their race, religion, or nationality can “result in cumulative emotional and psychological wounds that are carried across generations.” (Brave Heart, Y.H. M., 2000) For example, Dr. Joy DeGruy Leary (2005) wrote about the concept of “Post Traumatic Slave Syndrome” (PTSS). PTSS is described as an intergenerational syndrome impacting African American people as a result of slavery, systematic racism, discrimination, and oppression which prevents access to resources and opportunities (Leary, 2005). PTSS may then be expressed in young people through behaviors that are viewed as socially maladaptive but may have developed as defense mechanisms in response to the trauma of racism and the legacy of slavery (Ginwright & Cammarota, 2002; Leary, 2005).

While it is critically important to understand the impact of traumatic experiences and toxic stress, it is also critical to understand that people have the capacity to grow, change, and compensate in part because of brain plasticity. It is unfair and wrong to count people out or diminish their value and opportunities because of their past experiences or characteristics. Trauma symptoms can often be mitigated through the support of adults who are consistent, caring and well-informed regarding trauma-informed practice.

Trauma informed practices are premised on the belief that: a) behavior is brain-based and not intentionally manipulative; b) building psychological safety is the first step in relationship development; c) individuals should have opportunities to learn and practice the skills necessary to manage their emotions; d) people need to give voice to and process their trauma narrative; and e) building resilience extends well beyond clinical treatment to everyone in a young person's life engaging with them in a trauma sensitive manner (Center for the Study of Social Policy, n.d.). In fact, parents, relatives, workers, teachers, clergy, coaches, – the entire community can HELP build strengths of youth. Those who promote positive experiences, reduce sources of stress, and connect young people to relevant services and supports can build protective and promotive factors that help young people overcome past traumas.

Young people are best served by those who focus on assets and use strength-based approaches with an awareness of the current research regarding neuroscience and adolescent development.

The child and youth care field is moving from a problem and deficit orientation to an asset and strength-based approach. Practitioners are realizing the importance of prospecting for the assets that young people are using successfully in their lives. Focusing on assets creates a positive emphasis on resilience, protective factors, and strengths. It communicates a sense of hope, establishes expectations for success within an individual's capacities, promotes empowerment and independence, and sets in motion forces for improvement (*Best Practices Brief*, 1999). This change in focus is a major paradigm shift that significantly alters our interactions with young people and promotes positive youth development.

We recognize that the more we focus on something, the more we tend to get it. Constantly focusing on the negative; reminding young people about what they do not do well, what they have not achieved, and what they have failed to accomplish, is ultimately disempowering, disheartening, and fuels failure. Focusing on young people's strengths and the ways in which they are being successful, envisioning young people as capable, worthy and in charge, can go a long way in helping young people to under-

stand themselves positively and recognize the strengths they possess. It is important to view young people in a way that recognizes their strengths while taking into consideration the tremendous adversity (toxic stress and trauma) that they have experienced.

Over the past fifty years, advancements in our ability to study and understand brain development have led to significant changes in our understanding of how young people grow and the factors that influence their healthy development. Now, more than ever before, it is vital that practitioners stay abreast of current research findings about adolescent development and the implications for brain development. Current research has validated adolescence as a period of rapid brain development and reorganization where the potential for building new neural pathways is heightened. This knowledge can help us communicate and interact more effectively with the youth with whom we work.

Karen Pitman explained that, “Problem free is not fully prepared. Fully prepared is not fully engaged” (Pittman, Irby, & Ferber, 2000). It reminds us that health and well-being go beyond simply eliminating problems. The ideas of Karen Pitman challenged us to look beyond our current practices and imagine a better way. We must recognize that young people are the experts in their own development and have the capacity to create meaningful, successful lives. Focusing on assets, talents, strengths, and successes is now showing us another new horizon.

Remember that young people are engaged in a natural developmental process that will expand their capacities and capabilities and ultimately and ideally lead to the emergence of capable adults. Young people need many things from adults as they move through this process. Perhaps the most important is our ability to recognize their strengths and talents and help them remember their successes. It is important to listen and affirm the difficulties they may experience as a result of being involved in the child welfare, juvenile justice, or other community-based youth service systems. This may be exacerbated for youth with marginalized identities who are trying to make sense of often unjust and painful experiences or losses.

Young people are best supported by those who understand that attachments, connections, and relationships are a primary source of growth and learning. It is in relationships and through our use of relationships that we experience ourselves, learn, practice new skills, receive feedback, and grow as humans.

Relational child and youth work practice acknowledges that relationships are primary and the focus of attention is directed towards the “co-created space between us.” We often call this space the *relationship* and recognize that this involves more than just “having a relationship” with the other person. This focus on the co-created space

ensures that we remain attentive to the mutuality of relationship, recognizing that both parties to the relationship create and are influenced by it (Fewster, 1990, 2001).

Being in genuine relationships with young people offers the opportunity to model relationship skills, practice the give and take of mutuality, meet needs without being exploitive, maintain boundaries, create healthy connections, and express feelings safely. Stuart (2009) said that “the relationship is the intervention” (p. 222).

“Relational practice is a dynamic, rich, flexible, and continually evolving process of co-constructed inquiry” (Bellefeuille & Jamieson, 2008). Practitioners engaged in relational work acknowledge the struggle between being distant and maintaining objectivity or choosing connection and being truly present with the other person. Relational child and youth work is a central feature of effective CYC practice. This co-created space represents the ‘hub of the wheel’ around which all other characteristics of practice revolve. It is through relationships that people heal and thrive.

It is important to be aware and think of the role that race, discrimination, and biases based on race, gender, sexual orientation, or disability can play in the development of a healthy relationship with youth. Workers’ own understanding of these dynamics create and/or perpetuate power dynamics and other factors that contribute to racial anxiety and can impact intergroup contact.

Young people are best supported by those who understand the role of race, racism and bias, and the ways in which race, other identities, privilege, and power shape the young person’s life, as well as the practitioner’s own life.

Youth of color are disproportionately represented and experience disparate treatment within the child welfare and juvenile justice systems (Duarte & Summers, 2012). For these young people, racism shapes their daily reality; not just through individuals’ attitudes, but also in the ways that systems and society operate. Although many communities have worked toward the elimination of more overt forms of racism, implicit bias and institutional racism are still rampant (Holley, 2016). Implicit bias refers to the “attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner” (Staats, Capasoto, Wright & Contractor, 2015, p. 62). These biases are created by compounded mental associations that have formed as a result of the direct and indirect messaging we receive, including media coverage, political rhetoric, historical knowledge, and widespread stereotypes (Staats, Capasoto, Wright & Jackson, 2016, p. 14). Implicit bias matters because everyone possesses these unconscious associations that impact decision making, behavior, and interactions in both positive and negative ways.

It is key to understand the historical and current institutional forces that lead to disparate outcomes. It is also important to understand that biases reside deep in the subconscious and result in thoughts and behaviors driven by these subconscious biases (i.e., people are not always aware of biases) rather than facts and realities. Implicit biases have very real consequences and can be seen in the amount of encouragement students receive from teachers, hiring processes, access to housing, and even the quality of care some patients receive (Staats, Capasoto, Wright & Contractor, 2015). Researchers have demonstrated the efficacy of various intervention strategies to identify and reduce the impact of bias. One such strategy is perspective-taking; the active consideration of others' subjective experiences (Todd & Galinsky, 2014). Asking practitioners to actively consider the ways race, privilege, and power shape their lives, as well as the way they shape the experiences of the young people they are serving, is imperative.

The privileges one holds within identities such as race, gender, and socio-economic status have an impact on the practitioner-youth relationship. Privileges are unearned advantages accessible to one group of people simply because of membership in that group, which can include gender, race, socioeconomic status, and sexual orientation (Swigonski, 1996).

For members of groups that are marginalized, awareness of privilege, implicit bias, and structural racism is a mechanism of survival. This survival occurs through navigating the dominant culture to mitigate the impact of the prevailing systems of that culture (Swigonski, 1996). Practitioners should be aware of the ways in which they might perpetuate and reinforce privilege in their lives and practice because of their membership in a privileged group; because they are a helper rather than a person in need of help. Acknowledgment of the impact of race, class, and the realities of historical exclusion sets the stage for authentic dialogue about the barriers youth face and enables the practitioner to collaborate to help youth overcome these challenges (Holley, 2016). Taking the time to reflect on the way our world view and experiences depend on the privilege or power we hold creates opportunities to combat implicit bias and better support young people of color.

Young people are best supported by those who understand and provide culturally responsive services. Being culturally responsive means we take into account our culture, the culture of those individuals and families we serve, of the larger community, and the culture that is created within our programs and organizations.

We must be ever mindful of larger environmental or societal forces, such as poverty, gender inequity, homophobia, and racism, which have a negative effect on children, youth, and families. Given these issues, children and youth who come from environ-

ments that are marginalized, under-valued, and under-resourced are often disproportionately represented in systems like child welfare or juvenile justice.

Providing culturally responsive services requires we go beyond simply learning about differences between cultures and then working to become more tolerant of those differences. Rather, it means we work from a framework of cultural humility. Tervalon and Murray-Garcia (1998) found that “cultural humility incorporates a lifelong commitment to self-evaluation and critique.” In practicing cultural humility, we recognize the unique identity of each individual with whom we work and within ourselves; taking into account personal experiences as well as the role of race, ethnicity, nationality, class, religion, politics, gender identity, sexual orientation, or other defining differences. Cultural humility means we consider the power imbalance that is inherent in relationships between the practitioner and the youth we serve; and we seek to change that imbalance. We take the time to reflect on how these various identities influence the ways we interact with others, so we can consciously avoid relating to others from a place of bias or power as much as possible.

We are always learning and recognize those we serve are the experts in their own culture and therefore experts in how best to meet their own needs. For instance, a black youth may be at greater risk of police shootings than a white youth because of an officer’s implicit bias and assumptions about black young men. This may require different approaches and interventions from those working with young people. It includes educating law enforcement officers about the realities faced by people of color and the impacts of implicit bias and advocating for policy change.

We begin by first understanding our own culture and personal implicit biases and we accept that our assumptions are projected onto others. Without this self-awareness, one cannot truly understand and appreciate the “complexities of cross cultural experiences” (Cross, 1988). We are aware that culture goes beyond the differences we see: dress, traditions music, food, art, and celebrations. Culture is truly expressed in values, beliefs, and the way people make sense of their lived experience. (Those not familiar with the concept of implicit bias may want to investigate this topic further to understand how their lived experiences and perceptions are manifest in their work. Check out the Kirwan resources in the resource section of the trainer manual.)

Youth can be seen as a specific cultural group, and within the culture of youth many sub-cultures can be identified. Youth who: lived on the street; have been in foster care; have experienced trauma; identify as gay, lesbian, bisexual, transgender, or gender variant; or are into “cosplay” and gaming, for example. To support young people, prac-

tioners must possess the skills and knowledge to be culturally responsive regardless of how the young person defines their culture. This information is then integrated into all aspects of the work including communication, relationship building, and designing interventions.

Everyone, practitioner and youth alike, has a culture that is uniquely their own. We must find ways to tap into cultural assets to create an environment that is culturally and socially relevant and responsive. The culture we create within our programs and organizations must be safe, healthy, and accessible for all we serve in order to create an atmosphere that promotes healing, learning, and growth: essential elements in thriving!

For those not familiar with the concept of implicit bias and want to explore and investigate this topic further to understand how their lived experience and perceptions manifest in their work, check out:

Kirwan Institute for the Study of Race and Ethnicity

<http://kirwaninstitute.osu.edu>

Implicit Association Test (IAT):

<https://implicit.harvard.edu/implicit/takeatest.html>