

**Adolescent Health Task Force Minutes**  
**Cross-Cutting Issues**  
**May 8, 2009**

*Task Force Members in attendance:* Barb Bowsher, Donna Breitenstein, Tania Connaughton-Espino, Tamera Coyne-Beasley, Carol Ford, Laura Gerald, Michelle Hughes, Dan Krowchuk, Peter Leone, Sharon Mangun, Steve North, Joel Rosch, Carol Tant.

*Interested Persons and Staff:* Heidi Carter, Dave Gardner, Dale Galloway, Mark Holmes, Sarah Langer, Jim Martin, Tamera Norris, Deborah Pickett, Rebecca Reeve, Pam Silberman, Ilene Speizer, Tara Strigo, Carol Tyson, Berkeley Yorkery

**Healthy Youth Development: From Concept to Application**

*Judith A. Kahn, MSW*

*CEO, Kahn and Associates*

Foundational research on the topic of youth development was pioneered in the '60s and early 70s by Garnezy, Werner, Smith and Rutter. Out of this research came the concept of "resilience", ie positive outcomes for youth despite adverse experiences. Resilience refers to a pattern of behavior, not an individual attribute. It is grounded in the ecological model and is a dynamic process, being one that is not fixed but rather can be changed. From resiliency research emerged the concepts of risk and protective factors.

Risk factors include elements of experiences in a child's life that increase the likelihood of poor outcomes and decrease the likelihood of positive outcomes. There can be family, school, community, and individual risk factors, and the effects of risk are cumulative. Protective factors include events or experiences that reduce the likelihood of negative outcomes and increase the likelihood of positive outcomes. While protective factors do not remove the risks, they can mediate the impact of risk factors and can buffer youth against involvement in risky behaviors. Protective factors also exist within families, schools, communities, and individuals. Both risk and protective factors tend to occur in clusters.

Research has provided empirical support for the power of protective factors in youth development. Although resiliency research focused on populations who were at-risk, researchers learned that nearly all youth benefit from protective factors. Studies using data from the National Longitudinal Study of Adolescent Health (Add Health) have shown that connectedness to family, other adults, school and community are strong protective factors across all groups. School connectedness seems to be the most powerful protective factor, followed by connectedness to the home.

Gisela Konopka, a pioneer in youth development research, found that youth need the opportunity to participate as citizens of a household, as workers, and as responsible members of society. Youth need to gain experience in making decisions; they need to interact with peers and have a sense of belonging, as well as to reflect on and discover self in relation to others. Youth need to formulate their own value system, experiment with their own identity, develop accountability in relationships among equals, and cultivate a capacity to enjoy life.

Three inter-related definitions of youth development have come out of this and other research: youth development is the natural developmental process whereby youth learn to understand and act on their environment; a set of principles or a philosophy that actively supports this process; a set of practices whereby the principles are applied to support the developmental process.

According to Michael Resnick, University of Minnesota, "...the youth development framework assumes that young people have fundamental, underlying needs for healthy development. When these needs are met, these kids are more likely to develop as caring, compassionate individuals with lots of sparkle and zest for life." Since 1973, there have been many youth development paradigms. One example is the "5 Cs" of desirable youth outcomes, developed by developmental psychologists: competence, confidence, connection, character, and contribution. All of these paradigms agree that increased attention should be paid to the vision of what society wants for its young people, not just what we do not want, and we need to measure outcomes that indicate the vision is being achieved.

These approaches require a shift from "prevention" to "development" where young people are being taught to think about and prepare for the future rather than being merely taught resistance skills. Programs must reinvent themselves so that they shift their focus to youth's capacities, strengths and developmental needs, while incorporating protective factors and emphasizing ways to tap young people's passion and energy.

Developmentally supportive places and programs have certain features: physical and psychological safety, appropriate structure, supportive adult relationships, feelings of belonging and being valued, opportunities to develop positive social values and norms, support for efficacy and mattering, and opportunities for skill-building and mastery (National Academies of Sciences/National Research Council's Panel on Community Youth Development Programs). Examples of effective healthy youth development programs include Quantum Opportunities, Teen Outreach Program, and Big Brothers/Big Sisters.

Whereas much of the focus for youth development tends to be on eliminating risk behaviors, all youth need support, relationships, experiences, resources, and opportunities to become successful and competent adults. The key element is relationships with caring, competent adults. We must match adolescents' strengths and needs with developmentally supportive

resources in the various settings in which they live and interact, not merely in youth development programs.

Healthy youth development in families involves connectedness, monitoring and parental expectations for their youth. The most effective style of parenting for positive youth development seems to be an authoritative style. Healthy youth development in schools involves means to increase school connectedness, as well as positive ways to manage behavior (such as Consistency Management, Cooperative Discipline) which take into consideration prevention, caring, cooperation, organization and community. Educators must create a social environment that is conducive to learning. Healthy youth development in communities involves access to role models, informal support for caregivers, and access to resources/services via programs or activities such as Supports, Opportunities, Services (SOS), youth resource mapping, and youth councils that involve youth in authentic decision-making.

There are also steps that policymakers and funders can take in order to better promote youth development. State strategies should focus on youth strengths and assets, build program quality and supply, build a comprehensive, coordinated effort across departments and committee lines, and bring youth perspectives to the table. Funders must begin to integrate youth development frameworks and research on risk and protective factors into grant guidance, and funding must be flexible, long-term, and should support the creation of youth development assessment and evaluation tools, and training to build the capacity of youth workers. Ultimately, healthy youth development is not an individual process, but rather a community affair.

*Discussion:* There was discussion among task force members on the topics of operationalizing youth councils in communities, the Harlem Children's Zone model of youth development and social change, program quality control and evaluation, use of System of Care as an organizing framework for youth development, and strategies for implementing youth development frameworks in schools. The Task Force also discussed ways to better measure youth protective factors and whether programs and schools provide environments that foster positive youth development.

### **Family Strengthening Programs**

*Michelle Hughes, MSW*

*Vice President of Programs, Prevent Child Abuse North Carolina*

Families are important to healthy adolescent development. Family protective factors, such as connectedness, love and care, organization, routines, traditions, supervision, guidance, good communication, high expectations for school and overall success, and family fun are a major reason youth do not engage in unhealthy behaviors.

There are several types of family strengthening programs:

- Behavioral parent training;
- Family skills training;
- Family therapy; and
- In-home family support.

Family strengthening programs can be universal (general population), selective (targeted at certain high risk populations), or indicated (for those in crisis or already experiencing problems). Family-based prevention programs are nine times more effective than others for the prevention of substance abuse and may also be more effective in strengthening families.

Implementation of programs is critical for successful outcomes. This means that proven practice plus fidelity/quality yields better results. Key ingredients for successful implementation include:

- Assistance with community and agency planning;
- Staff selection;
- Pre-service and in-service trainings;
- Ongoing consultation and coaching;
- Program evaluation technical assistance; and
- Quality assurance technical assistance.

Important questions for North Carolina are what programs are being delivered to children and families, how are they being delivered with key ingredients for effectiveness, and how are community-based agencies being supported by funders and advocates. The Alliance for Evidence-Based Family Strengthening Programs is a collaborative group of public and private organizations/agencies that fund family strengthening programs to improve a range of outcomes for children and families. The goal is to collaboratively support successful implementation of evidence-based programs. The key premises of the Alliance are to select and invest in programs wisely and to provide ongoing training, coaching/technical assistance and program evaluation (scaffolding) to deliver the programs successfully. If this is done well, programs can result in better outcomes across multiple domains, and funders can better promote the replication of proven programs by working together across funding streams.

In summary, families are important for youth development, there are only a few evidence-based family strengthening programs for adolescents, quality program implementation is crucial, and community-based agencies need ongoing support in implementing these programs.

*Discussion:* There is now evidence that empirically-supported prevention, youth development, and family strengthening programs can lead to very large financial returns on investment in these programs in terms of reduced corrections costs, welfare and social services burdens, drug and mental health treatment, and increased employment and tax revenue.

### **Parent/Family Interventions that Target Adolescents Ages 10-20**

*Carol A. Ford, MD*

*Adolescent Medicine, Program Director, NC MARCH*

*Associate Professor, School of Medicine and School of Public Health*

*University of North Carolina at Chapel Hill*

This presentation highlighted three main points:

1. Parent-skills programs that target parents of adolescents exist, work, and should be considered as evidence-based strategies to improve adolescent health.
2. Parent-focused programs and parent components of multi-component interventions should be considered as evidence-based strategies to improve adolescent health.
3. The majority of parents in NC (73% according to the preliminary 2008 CHAMP data) would like to learn more about adolescent health topics, and advocacy for funding to more fully elucidate parents' educational needs may help provide the information that parents are seeking.

There are parent/family interventions that work for specific health topics discussed at previous task force meetings, such as injury, chronic illness, sexual health, etc.

### **Review of draft recommendations from the task force meetings on sexual health, violence and mental health:**

The task force reviewed these recommendations, and comments and edits are being incorporated. Task force members raised some new issues, including the need for a definition of "evidence-based", the use of positive youth development outcomes as well as avoidance of risk outcomes, the need to incorporate youth development framework ideas into school-based recommendations, potential challenges of the Healthy Youth Act now in the senate, and ensuring that H3 covers topics that were eliminated from SH4 (STDs, pregnancy, HIV, etc).