YOUTHRIVE

Advancing Healthy Adolescent Development and Well-Being

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Center for the Study of Social Policy

Ideas into Action

Youth Thrive: Advancing Healthy Adolescent Development and Well-Being
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The Center for the Study of Social Policy (CSSP) works to secure equal opportunities and better futures for all children and families, especially those most often left behind. Underlying all of the work is a vision of child, family, and community well-being. It's a unifying framework for the many policy, systems reform, and community change activities in which CSSP engages.

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This report and other documents about the Youth Thrive framework are available at www.cssp.org/reform/child-welfare/youth-thrive.

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Youth Thrive: Advancing Healthy Adolescent Development and Well-Being

CHARLYN HARPER BROWNE, PhD

Background

Adolescence is considered by many scientists to be the second most critical and the second most vulnerable developmental period in the lifespan, surpassed in importance by early childhood (see, e.g., Dahl, 2004; Moretti & Peled, 2004). Adolescence is a period of significant biological, neurological, psychological, social, emotional, and cognitive change; it is also a period associated with risk for many behavioral, social, and health-related problems. Recent advances in the biological and social sciences have yielded much new knowledge about adolescence as a unique developmental period (Dahl, 2004). "However, we still know a lot more about what goes wrong in adolescence and why, and a lot less about how to prevent problems and how to get young people back on track" (Richter, 2006, p. 7). A report from the United Nations Children's Fund (2011) emphasized that adolescence was not only a period of great vulnerability but also "an age of opportunity for children, and a pivotal time for us to build on their development in the first decade of life, to help them navigate risks and vulnerabilities, and to set them on the path to fulfilling their potential" (p. 2).

The Center for the Study of Social Policy (CSSP) introduced its Youth Thrive Protective and Promotive Factors Framework™ in 2011 as a strengths-based initiative to examine how *all* youth and young adults, ages 9-26 years old, can be supported to advance healthy development and well-being and reduce the likelihood or impact of negative life experiences. The overall focus on all youth is consistent with Pittman's notion that "problem-free does not mean fully prepared" (Pittman, Irby, Tolman, Yohalem, & Ferber, 2003, p. 6). "Pittman led the charge to shift the paradigm in youth work from preventing and 'fixing' behavior deficits to building and nurturing all the beliefs, behaviors, knowledge, attributes, and skills that result in a healthy and productive adolescence and adulthood (Act for Youth Center of Excellence, 2014, para. 1).

> The Youth Thrive framework is a strengths-based initiative to examine how all youth can be supported in ways that advance healthy development and well-being and reduce the likelihood or impact of negative life experiences.

According to Resnick (2005), advancing healthy adolescent development and well-being is "an intentional, deliberate process of providing support, relationships, experiences, and opportunities that promote positive outcomes for young people, most broadly viewed as enhancing the capacity to be happy, healthy, and successful" (p. 398). Although the Youth Thrive initiative is concerned with promoting positive outcomes for all youth, CSSP is committed to improving the lives of the most vulnerable children, youth, and families. Thus, Youth Thrive's initial efforts focused on youth receiving child welfare services, in particular youth in or emancipated from the foster care system.

Status of Youth In and Aging Out of Foster Care

> CSSP believes that by integrating the Youth Thrive framework into policy and practice "the developmental needs of young people involved in the child welfare system 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" (Notkin, 2011, p. 2).

According to the Adoption and Foster Care Analysis and Reporting System, approximately 50% of the foster care population in fiscal year 2012 (191,277) were youth ages 9-20 (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2013). These youth must cope with the physical and psychological trauma associated with maltreatment, abandonment, or other circumstances that resulted in their out-of-home placement, and the consequent separation from their family. It is not surprising, then, that youth in foster care are included within the population of children considered to have "special health care needs" (Lopez & Allen, 2007), defined by the federal Maternal and Child Health Bureau as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (Child and Adolescent Health Measurement Initiative, 2012, p. 1).

> "Youth [in and] transitioning from foster care need and deserve the same opportunities, experiences, and high expectations as all other youth in the community" (Langford & Badeau, 2013, p. 10).

Several studies have found youth who age-out[1] of the foster care system are more likely than their peers with no foster care history to experience homelessness; substance use and abuse; compromised physical and mental health; pregnancy and parenting; educational and formal training deficits; underemployment, unemployment, or dependence on public assistance; involvement with the criminal justice system; and sexual and physical victimization (see, e.g., Casey Family Programs, 2008; Courtney, 2009; Courtney & Dworsky, 2006; Courtney et al., 2007; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Daining & DePanfilis, 2007; Gardner, 2008; Jonson-Reid & Barth, 2000; Langford & Badeau, 2013; Lenz-Rashid, 2004; Longitudinal Study on Child Abuse and Neglect, n.d.; Lopez & Allen, 2007; Massinga & Pecora, 2004; National Data Archive on Child Abuse and Neglect, 1996-2014; Pecora et al., 2003; Reilly, 2003; Rowland, 2011; Unrau & Grinnell, 2005).

Research also shows that adolescence is a period of unique developmental needs and learning opportunities during which "much can be done to better serve older children while they are in care and to provide them with better opportunities as they transition out of the system" (Massinga & Pecora, 2004, p. 151). While CSSP acknowledges youth in and transitioning out of care have unique challenges and needs, at the same time CSSP supports a "normalcy" perspective put forth by Langford and Badeau (2013): "Youth [in and] transitioning from foster care need and deserve the same opportunities, experiences, and high expectations as all other youth in the community" (p. 10).

Establishing the Youth Thrive Framework

CSSP established three goals in response to the very troubling findings about the status of youth in and emancipated from the foster care system: (a) to synthesize research on positive youth development, resilience, brain development, and the impact of trauma—as well as seek advice from experts in child welfare, neuroscience, and youth development, advocacy, and policy; (b) to gain an understanding about pathways to healthy adolescent development and well-being; and (c) "to establish a unifying set of principles that will in turn translate into recommendations to guide policy makers and practitioners in their work with vulnerable youth" (Notkin, 2011, p. 1).

[1] Youth who "age out" are those who exit care at the age of majority (18-21 depending on the state), without the support of a legally recognized permanent connection.

Key Terms

- ***Cognitive and Social-Emotional Competence:*** Acquiring skills and attitudes that are essential for forming an independent identity and having a productive, responsible, and satisfying adulthood
- ***Concrete Support in Times of Need:*** Understanding the importance of asking for help and advocating for oneself; receiving a quality of service designed to preserve youths' dignity, provide opportunities for skill development, and promote healthy development
- ***Knowledge of Adolescent Development:*** Understanding the unique aspects of adolescent development; implementing developmentally and contextually appropriate best practices
- ***Social Connections:*** Having healthy, sustained relationships with people, institutions, the community, and a force greater than oneself
- ***Youth Resilience:*** Managing stress and functioning well when faced with stressors, challenges, or adversity; the outcome is personal growth and positive change

The Youth Thrive framework is based on five interrelated protective and promotive factors that studies show are related to a decreased likelihood of negative outcomes and an increased likelihood of positive outcomes as adolescents transition to adulthood. The five factors are (a) youth resilience, (b) social connections, (c) knowledge of adolescent development, (d) cognitive and social-emotional competence, and (e) concrete support in times of need. In addition to delineating and disseminating the evidence that informed the Youth Thrive framework, strategies, policies, and tools for supporting the building of the protective and promotive factors in day-to-day practice with youth are currently being developed.

Purpose of This Report

The Youth Thrive initiative began at a time when advances in the fields of neuroscience, developmental psychology, and trauma burgeoned. These advances in knowledge have contributed to a paradigm shift in understanding adolescent development and behavior, the developmental impacts of trauma, and the pathways to healthy growth and development. Around the same time, there was a growing emphasis at the federal level for child welfare agencies to elevate their attention to the well-being needs of children and youth in foster care.

The purpose of this report is to provide a synthesis of the ideas and research from the neurobiological, behavioral, and social sciences that inform the Youth Thrive Protective and Promotive Factors Framework. This synthesis reflects CSSP's theory of change, which affirms the necessity of working in all domains of the social ecology—individual, family and relational, community, societal, and policy—in order to make a difference in the lives of families and children (see Figure 1).

> CSSP's theory of change puts families and children in the center of a multifaceted model that includes building protective factors for families, reducing risk factors for children, strengthening local communities, and connecting all of this to systems change and policy—and infusing it with a fierce commitment to equity across lines of race, ethnicity, and culture. (Center for the Study of Social Policy, 2013a, para. 3)

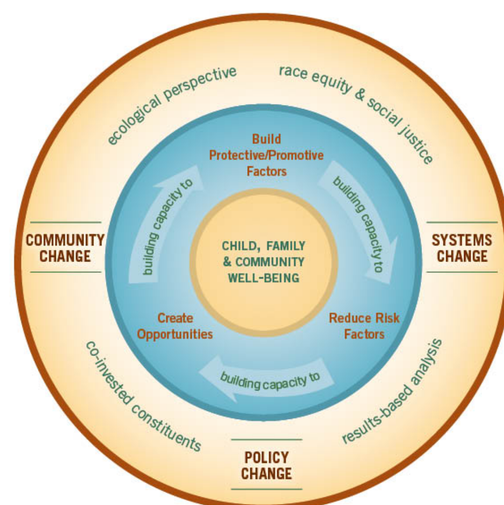

FIGURE 1. CSSP's Theory of Change

The next section of this report examines the ideas and research that serve as the foundation of the Youth Thrive framework. This discussion is followed by a synthesis of the research that provides the evidence base for the theoretical articulation of the Youth Thrive protective and promotive factors. The report concludes with the current applications of this framework through Youth Thrive's work.

The Foundational Ideas of the Youth Thrive Framework

The Youth Thrive framework is grounded in six foundational ideas: (a) the strengths-based perspective, (b) the biology of stress, (c) resilience theory, (d) the Positive Youth Development perspective, (e) a focus on well-being, and (f) the nature of risk, protective, and promotive factors.

Foundational Idea 1: The Strengths-Based Perspective

Youth Thrive is a strengths-based framework. That is, Youth Thrive is grounded in the belief that all youth possess and have the ability to use "strengths." Epstein (2004) conceived youths' strengths as "emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social, and academic development" (p. 4). Thus, identifying and building upon a youth's strengths is regarded as essential for healthy adolescent development and well-being.

For more than 40 years, social science researchers and helping professions practitioners have promoted the idea of a strengths-based approach to thinking about and working with children, youth, and families as an alternative to a deficits-based model (Blundo, 2001; Brun & Rapp, 2001; Cox, 2006; Leadbeater, Schellenbach, Maton, & Dodgen, 2004; Manthey, Knowles, Asher, & Wahab, 2011; Saleebey, 2000). A deficit perspective defines individuals, families, and communities in negative terms by primarily focusing on problems that need to be "fixed" by experts (Centre for Child Well-Being, 2011; Maton et al., 2004). This emphasis implicitly communicates low expectations of the identified individuals, families, and communities and a high probability of helplessness or failure (Abrams & Ceballos, 2012; Centre for Child Well-Being, 2011). "Looking at children and families through a deficit lens obscures a recognition of their capacities and strengths, as well as their individuality and uniqueness" (Benard, 1996, p. 1) and "cripples the individual's ability to transcend life challenges" (Brun & Rapp, 2001, p. 279).

Grant and Cadell (2009) asserted, "This focus on the negative. . . further influences [helping professionals'] attitudes toward those who receive services, so that we see [them] as somehow very different from us, and we interpret [their] actions, feelings, experiences, and beliefs from a pathological framework" (p. 425). Furthermore, a deficit approach tends to result in practices, programs, policies, and systems that are punitive and stigmatizing (National Technical Assistance and Evaluation Center for Systems of Care, 2008; Waldfogel, 2000). "Deficits-based social policies often disempower individuals, families, and communities facing truly difficult situations and seek solutions by diagnosing, fixing, punishing, or simply ignoring those affected. . . . Beyond that, they are framed as the objects of policies, rather than the active participants in the creation of solutions" (Maton et al., 2004, p. 5).

The meaning of "strengths-based" seems intuitive so the phrase could easily become a slogan without substance. Manthey and colleagues (2011) stated:

YOUTHS' STRENGTHS

"Emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social, and academic development" (Epstein, 2004, p. 4).

"There has been recent concern that social work agencies, programs, practices, and therapies that claim to be strength-based often misperceive what it means. . . . [It] does not mean someone is merely being nice or ignoring problems" (p. 126). Rather, a strengths-based approach is an overall philosophical view that requires a different way of thinking about children, families, and communities in order to effectively implement strengths-based practice, research, and policy (Grant & Cadell; 2009; Saleebey, 2000, 2006).

Numerous researchers have challenged the criticism that a strengths-based way of thinking and working minimizes the real or perceived adversities individuals, families, or communities may be experiencing (see, e.g., Grant & Cadell, 2009; Maton et al., 2004; Sandler, Ayers, Suter, Schultz, & Twohey-Jacobs, 2004). O'Connell (2006) asserted, "the [strengths-based] paradigm does not eliminate the need to address barriers such as poverty, abuse, neglect, and other hardships that are very real and devastating for too many children and youth" (p. 6). Similarly, Grant and Cadell (2009) stated: "In contrast to the notion that the strengths perspective glosses over problems, we consider that it challenges practitioners to combine an understanding of the potentials of individuals with an acute sensitivity to the barriers they may face" (p. 426). Sandler and colleagues (2004) argued, "the goals of building strengths and preventing problems are synergistic: A policy that promotes strengths may also provide the most sustainable and effective approach to reducing problem outcomes" (p. 31).

Foundational Idea 2: The Biology of Stress

The Youth Thrive framework is also informed by the research on the biology of stress in that understanding the biology of the stress response is critically important in forging relationships and creating environments that support the development of resilience in youth. Key to this understanding is that adverse childhood experiences can have consequences for physical, social, emotional, and cognitive development through adolescence and into adulthood; adverse childhood experiences also can have long-term effects on physical and mental health (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, 2014a; Felitti, 2002; Gunnar, Herrera, & Hostinar, 2009; National Scientific Council on the Developing Child, 2005/2014; Shonkoff & Garner, 2012). "Children exposed to consistent, predictable, nurturing, and enriched experiences develop neurobiological capabilities that increase their chances for health, happiness, productivity, and creativity, while children exposed to neglectful, chaotic, and terrorizing environments have an increased risk of significant problems in all domains of functioning" (Perry & Hambrick, 2008, p. 40).

The word "stress" is used in everyday conversations to refer to feeling overwhelmed, worried, tense, or sad; it is also used to refer to the challenging life experiences that trigger these feelings. Many health psychologists refer to the *experiences* that are perceived to be challenging or threatening as "stressors" and to the biological and emotional *responses* to such events as "stress" (Baron, 2001). Across the lifespan, young children, adolescents, and adults are faced with stressors that can be perceived as mild, moderate, or traumatic. When faced with a challenge or threat, the brain automatically triggers a series of bodily changes such as increased heart rate, blood pressure, and production of stress hormones. These changes are called the stress response system. The National Scientific Council on the Developing Child (2005/2014) classified three types of stress responses in young children: positive, tolerable, and toxic. Positive, tolerable, and toxic stress responses are differentiated by the frequency, intensity, and duration of the stressor, as well as the availability of a caring, supportive adult (Middlebrooks & Audage, 2008; Shonkoff & Garner, 2012). The National Scientific Council on the Developing Child's classification of stress responses is regarded in this report as applicable across the lifespan and as relevant for the development of resilience (see Table 1).

Positive Stress. Positive stress is experienced when youth are faced with challenging life events that result in brief stress reactions such as increased heart rate and mild changes in hormone levels (National Scientific Council on the Developing Child 2005/2014). Positive stress is beneficial to young children and adolescents (Easterbrooks, Ginsberg, & Lerner, 2013; Middlebrooks & Audage, 2008; Shonkoff & Garner, 2012) for two reasons. First, learning how to cope with positive stress is necessary for the development of a healthy stress response system. Citing the National Scientific

TABLE 1. Classification of Stress Responses (Adapted from the National Scientific Council on the Developing Child, 2005/2014)

Type of Stress Response	Examples of Stressors	Stress Response System
Positive	Being frustrated; getting immunized; first day of a new job; meeting new people; failing a test	Brief increases in heart rate, blood pressure, or mild changes in stress hormone levels
Tolerable	Death of a loved one; frightening accident; serious illness; prejudice and discrimination	Level and duration of activation of the stress response system is based on the presence of supportive relationships and environments
Toxic	Child abuse and neglect; family violence; maternal depression; parental addiction; persistent poverty; racism	Strong, frequent, prolonged activation of the stress response system in the absence of supportive relationships and environments disrupts early brain development and can result in health, emotional, and behavioral problems later in life

Council on the Developing Child, Easterbrooks and colleagues (2013) stated positive stress "'occurs in the context of stable and supportive relationships.' Such relationships help 'bring. . . stress hormones back within a normal range' so that children can 'develop a sense of mastery and self-control'" (p. 102). Second, exposure to experiences that create positive stress is considered to be necessary for healthy development because youth have "the opportunity to learn how to effectively manage stress, regulate emotions, and develop the social, behavioral, and cognitive coping resources needed to overcome these obstacles" (Gunnar et al., 2009, p. 4). Youth who have never had to address challenges, including never experiencing failure, are not fully prepared for adulthood.

Tolerable Stress. Tolerable stress is experienced when youth are faced with more severe challenges or adversity that result in bodily changes that are

Key Terms

- ***Positive Stress:*** Biological and emotional responses that result from brief negative experiences (e.g., first day at new school; failing a test); necessary for the development of a healthy stress response system
- ***Stress:*** Biological and emotional responses to challenging, threatening, or traumatic experiences
- ***Stress Response System:*** The series of bodily changes, triggered automatically by the brain (e.g., increased heart rate, blood pressure, production of stress hormones) that occur when faced with a challenge or threat
- ***Stressor:*** An experience that is perceived to be challenging, threatening, or traumatic
- ***Tolerable Stress:*** Biological and emotional responses that result from more intense negative experiences (e.g., death of a loved one; frightening accident); may become toxic if not buffered by supportive relationships and environments
- ***Toxic Stress:*** Biological and emotional responses that result from strong, frequent, prolonged adversity (e.g., child abuse and neglect, family violence)

stronger, longer-lasting, and have the potential to become toxic if not experienced in the context of supportive relationships and environments (Easterbrooks et al., 2013; Middlebrooks & Audage, 2008; National Scientific Council on the Developing Child, 2005/2014). "The essential characteristic that makes this form of stress response tolerable is the extent to which protective adult relationships facilitate the child's adaptive coping and a sense of control, thereby reducing the physiologic stress response and promoting a return to baseline status" (Shonkoff & Garner, 2012, p. 236).

Toxic Stress. Toxic stress is experienced when there is intense and sustained activation of the stress response system due to exposure to horrific, uncontrollable events or conditions—such as sexual abuse, neglect, or exposure to violence—and supportive relationships and environments are not available (Middlebrooks & Audage, 2008; Shonkoff & Garner, 2012). "Extensive research on the biology of stress now shows that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and the brain, with damaging effects on learning, behavior, and health across the lifespan" (National Scientific Council on the Developing Child, 2005/2014, p. 1). The National Scientific Council on the Developing Child identified several damaging effects of toxic stress on early brain development that, without intervention, may compromise adolescent and adult functioning (see text box below).

Damaging Effects of Toxic Stress on Early Brain Development

- Development of a smaller brain
- Low threshold for stress that results in being overly reactive to upsetting, challenging, or adverse experiences
- Heightened fear, anxiety, and impulsive responses
- Impaired reasoning, planning, and behavior control
- Cognitive deficits
- Suppressed immune system causing vulnerability to chronic health problems

Although advances in neuroscience and toxic stress studies have increased understanding about "how the reverberations of childhood trauma may compromise adult functioning" (Pynoos, Steinberg, & Goenjian, 2007, p. 331), research has also shown, "even when stress is toxic, supportive parenting, positive peer relationships, and the availability and use of community resources can foster positive adaptation" (Easterbrooks et al., 2013, p. 102). Thus, "appropriate support and intervention can help in returning the stress response system back to its normal baseline" (Middlebrooks & Audage, 2008, p. 4).

Foundational Idea 3: Resilience Theory

The Youth Thrive framework grows out of resilience theory. "Resilience theory provides researchers and practitioners with a conceptual model that can help them understand how youth overcome adversity and how we can use that knowledge to enhance strengths and build the positive aspects of their lives" (Fergus & Zimmerman, 2005, p. 413). Research on resilience has paralleled and been a derivative of strengths-based research (Leadbeater et al., 2004). The early studies of children who manifested healthy rather than pathological adaptation in the presence of multiple risk factors conceived this phenomena as a personality trait possessed by some individuals and not by others (Benard, 2004; Fraser, Kirby, & Smokowski, 2004; Wright & Masten, 2006). Further, early researchers assumed there was something extraordinary about these children (Masten, 2001) and labeled them "invulnerable," "invincible," or "stress-resistant" (see, e.g., Anthony, 1974; Anthony & Cohler, 1987; Garmezy, 1987; Garmezy & Neuchterlein, 1972; Pines, 1975; Wyman et al., 1999). But these characterizations were misleading. "There is little evidence to support the implication that some children are simply not vulnerable to the effects of risk factors. . . . On balance, the term invulnerability has been superseded by the broader concept of resilience" (Fraser et al., 2004, p. 22).

Luthar (2003) defined resilience as "the manifestation of positive adaptation despite significant life adversity. Resilience is not a child attribute that can be directly measured; rather it is a process or phenomenon that is inferred from the dual coexisting conditions of high adversity and relatively positive

adaptation in spite of this" (p. xxix). There are four ideas that are fundamental to the way numerous leading researchers conceive resilience, and that guide this report (see, e.g., Luthar, 2003; Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Masten, Best, & Garmezy, 1990; Masten & Powell, 2003; Rutter, 2007; Wright & Masten, 2006), specifically:

- Resilience is a process and an outcome; it is not a personality trait
- Resilience is contextual with respect to setting, point in time, culture, and social factors
- Resilience reflects a person's pattern of positive adaptive behavior in response to current or past risk factors or adversity
- Resilience results in personal growth and positive change

In conceptualizing resilience as "contextual," researchers acknowledge that individuals may demonstrate adaptive behavior in response to negative experiences at one point in time or in one setting, but not at other times or in all settings; thus, resilience is not absolute (Masten & Powell, 2003). The contextual aspect of resilience also means that it is necessary "to extend concepts of resilience and strengths-building to family, institutional, neighborhood, and community levels of analysis (Maton et al., 2004, p. 15). In this regard, it is important to investigate cultural, social, political, and ideological factors (e.g., both privilege and inequities based on race, ethnicity, class, gender, and sexual orientation) in the context of a resilience framework (Fraser et al., 2004; Luthar & Cicchetti, 2000, Maton et al., 2004; Ungar, 2005; Wright & Masten, 2006).

> "As our society is increasingly becoming multicultural, it has become essential to discover the processes contributing to resilient adaptation in individuals from diverse cultural, ethnic, and racial backgrounds. Knowledge of these divergent developmental pathways can enable scientists to implement more culturally sensitive preventive intervention strategies to foster the development of resilient adaptation within diverse exosystemic contexts" (Luthar & Cicchetti, 2000, p. 857).

Foundational Idea 4: The Positive Youth Development Perspective

The Youth Thrive framework reflects the core ideas of the Positive Youth Development (PYD) perspective. The PYD perspective is a strengths-based philosophy and an approach to policies and programs designed to promote and enhance adolescent development and well-being (Benson & Saito, 2001; Benson et al., 2006; Lerner, 2009; Whitlock, 2004; Zarrett & Lerner, 2008). Whitlock emphasized that the PYD perspective is "a community strategy, not just a program strategy. . . . It is important to create developmentally attentive *communities* not just developmentally attentive programs [p. 2]. . . . Young people thrive when they are developmentally supported across all sectors of the community—school, youth serving agencies, faith organizations, community governance, business, juvenile justice system and more" (p. 1).

The PYD philosophy and approach acknowledges that many youth are faced with challenges and trauma that may result in problem behaviors and adverse outcomes. Central to the PYD perspective is the idea that it applies to youth in general and not singularly to troubled or at-risk youth. The PYD perspective "reaffirms the need to invest fully in all youth. It urges us not to ignore the need to support those not in obvious trouble, while challenging us not to limit the expectations and range of supports offered to those who are" (Pittman et al., 2003, p. 6). The PYD perspective does not conceive efforts to support adolescents as primarily helping them to overcome deficits and risk. Instead, it "recognizes that all adolescents have strengths and that children and youth will develop in positive ways when these strengths are aligned with resources for healthy development in the various settings in which adolescents live and interact" (Zarrett & Lerner, 2008, p. 1).

Various PYD approaches are said to share several essential characteristics (see, e.g., Hamilton, Hamillton, & Pittman, 2003; Lerner & Lerner, 2011; National Research Council and Institute of Medicine, 2002; Roth & Brooks-Gunn, 2003a, 2003b; Sesma, Mannes, & Scales, 2006; Whitlock, 2004), specifically:

TABLE 2. The Five Cs of Positive Youth Development (Zarrett & Lerner, 2008, p. 2)

The Five Cs of Positive Youth Development, Plus the Sixth C	
Cs	**Definitions**
Competence	A positive view of one's actions in specific areas, including social, academic, cognitive, health, and vocational
Confidence	An internal sense of overall positive self-worth and self-efficacy
Connection	Positive bonds with people and institutions in which both parties contribute to the relationship
Character	Respect for societal and cultural norms, possession of standards for correct behaviors, a sense of morality and integrity
Caring/Compassion	A sense of sympathy and empathy for others and a sense of social justice
Contribution (Sixth C)	Giving of oneself to family, school, community, and society

- Identify and build on youths' strengths
- Support all youth in their development, even though needs may differ
- Provide access to caring people and physically and psychologically safe places that (a) are supportive and empowering; (b) provide explicit rules, responsibilities, and expectations for success; and (c) cultivate a sense of hope
- Provide "SOS"—services that enhance adolescent development, opportunities to build skills and engage in meaningful and challenging roles and activities, and supports that promote a positive climate for healthy development and well-being
- Encourage youth to make informed decisions, select their experiences, and engage as active agents in their own development
- Build meaningful, respectful, sustained relationships between youth and adults

"A child or adolescent who develops each of these Five Cs is considered to be thriving" (Zarrett & Lerner, 2008, p. 1).

- Collaborate across community youth-serving and non-youth-serving sectors

Three important contributions to the PYD perspective are the *Five Cs* approach, the delineation of *40 developmental assets* for healthy adolescent development, and the *Circle of Courage* model. The Five Cs—competence, confidence, connection, character, and caring/compassion (see Table 2)—are psychological, behavioral, and social outcomes for youth that are regarded as vital for their successful transition to adulthood (Bowers et al., 2010; Hamilton et al., 2003; Lerner, 2004; Lerner, Fisher, & Weinberg, 2000; Roth & Brooks-Gunn, 2003a; Zarrett & Lerner, 2008). "Researchers theorized that young people whose lives incorporated these Five Cs would be on a developmental path that results in the development of a Sixth C: Contribution" (Lerner & Lerner, 2011, p. 6).

The Search Institute (2007) delineated "a set of interrelated experiences, relationships, skills, and values that are known to enhance a broad range of youth outcomes" (Sesma et al., 2006, p. 282). These 40 external and internal "developmental assets" (see Table 3) are regarded as the building blocks

TABLE 3. The 40 Development Assets (Search Institute, 2007)

External			
1. Family support	11. Family boundaries	1. Achievement motivation	11. Restraint
2. Positive family communication	12. School boundaries	2. School engagement	12. Planning and decision-making
3. Other adult relationships	13. Neighborhood boundaries	3. Homework	13. Interpersonal competence
4. Caring neighborhood	14. Adult role models	4. Bonding to school	14. Cultural competence
5. Caring school climate	15. Positive peer influence	5. Reading for pleasure	15. Resistance skills
6. Parent involvement in schooling	16. High expectations	6. Caring	16. Peaceful conflict resolution
7. Community values youth	17. Creative activities	7. Equality and social justice	17. Personal power
8. Youth as resources	18. Youth programs	8. Integrity	18. Self-esteem
9. Service to others	19. Religious community	9. Honesty	19. Sense of purpose
10. Safety	20. Time at home	10. Responsibility	20. Positive view of personal future

for healthy youth development and as necessary for adolescents to become caring, responsible, successful, and contributing adults (Benson, Leffert, Scales, & Blyth, 1998; Roth & Brooks-Gunn, 2003a). "[The 20] external assets describe the necessary ingredients in youths' environment (home, school, community) for positive development. The 20 internal assets serve to nurture, within individuals, positive commitments, values and identities, as well as social competencies" (Roth & Brooks-Gunn, 2003a, p. 97).

The Circle of Courage model of positive youth development grows out of the cultural wisdom of Native American and First Nations[2] peoples. The Circle of Courage model is "based on the universal principle that to be emotionally healthy all youth need a sense of belonging, mastery, independence, and generosity. This unique model integrates the cultural wisdom of tribal peoples, the practice wisdom of professional pioneers with troubled youth, and findings of modern youth development research" (Reclaiming Youth International, n.d., para. 1). The four universal human needs are regarded as the foundation for resilience and positive youth development (see Table 4).

Foundational Idea 5: Focus on Well-Being

The Youth Thrive framework focuses on healthy adolescent development and well-being for all youth, with particular attention on youth receiving child welfare services. Achieving social, emotional, and physical well-being may be severely compromised for youth receiving child welfare services due to their experiences both before and while in out-of-home care (Bruskas, 2008; Frerer, Sosenko, & Henke, 2013; Hieger, 2012; Langford & Badeau, 2013). Thus, intentional, systematic, and coordinated efforts are needed for these youth that promote and support their healthy development and well-being. Langford and Badeau (2013) listed the following criteria as

[2] "First Nations peoples" are the indigenous peoples of Canada.

TABLE 4. Core Principles of the Circle of Courage Model (Reclaiming Youth International, n.d.)

Human Need	Description
Belonging	"In Native American and First Nations cultures, significance was nurtured in communities of belonging. . . . 'Be related, somehow, to everyone you know.' Treating others as kin forges powerful social bonds that draw all into relationships of respect" (para. 4).
Mastery	"Competence in traditional cultures is ensured by guaranteed opportunity for mastery. Children were taught to carefully observe and listen to those with more experience. A person with greater ability was seen as a model for learning, not as a rival. Each person strives for mastery for personal growth, but not to be superior to someone else. Humans have an innate drive to become competent and solve problems. With success in surmounting challenges, the desire to achieve is strengthened. To lead by example and be responsible" (para. 5).
Independence	"Power in Western culture was based on dominance, but in tribal traditions it meant respecting the right for independence. In contrast to obedience models of discipline, Native teaching was designed to build respect and teach inner discipline. From earliest childhood, children were encouraged to make decisions, solve problems, and show personal responsibility. Adults modeled, nurtured, taught values, and gave feedback, but children were given abundant opportunities to make choices without coercion. It means that people can rely on you and trust you at all times" (para. 6).
Generosity	"Virtue was reflected in the preeminent value of generosity. The central goal in Native American child-rearing is to teach the importance of being generous and unselfish. . . . 'You should be able to give away your most cherished possession without your heart beating faster.' In helping others, youth create their own proof of worthiness: they make a positive contribution to another human life" (para. 7).

important for positive social, emotional, and physical well-being for all youth:

- develop and maintain relationships and social networks
- successfully interact within their community
- recognize, understand, and express emotions
- channel emotions into healthy behaviors
- be physically healthy and fit
- make safe and constructive life choices

The goals of safety and permanency have historically been of primary focus in child welfare systems, research, policy, and practice; focusing on well-being has been a significant gap in the field (Langford & Badeau, 2013; Lou, Anthony, Stone, Vu, & Austin, 2008; Wulczyn, Barth, Yuan, Harden, & Landsberk, 2005).

> However, there is a growing body of evidence indicating that while ensuring safety and achieving permanency are necessary to well-being, they are not sufficient. Research that has emerged in recent years has suggested that most of the adverse effects of maltreatment are concentrated in behavioral, social, and emotional domains. . . . Integrating these findings into policies, programs, and practices is the logical next step for child welfare systems to increase the sophistication of their approach to improving outcomes for children and their families. (Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services, 2012, p. 2)

The Administration for Children and Families adapted the well-being framework proposed by Lou and colleagues (2008) that identifies four domains of well-being that contribute to healthy functioning and success throughout childhood, adolescence, and into adulthood: cognitive functioning, physical health and development, emotional/behavioral

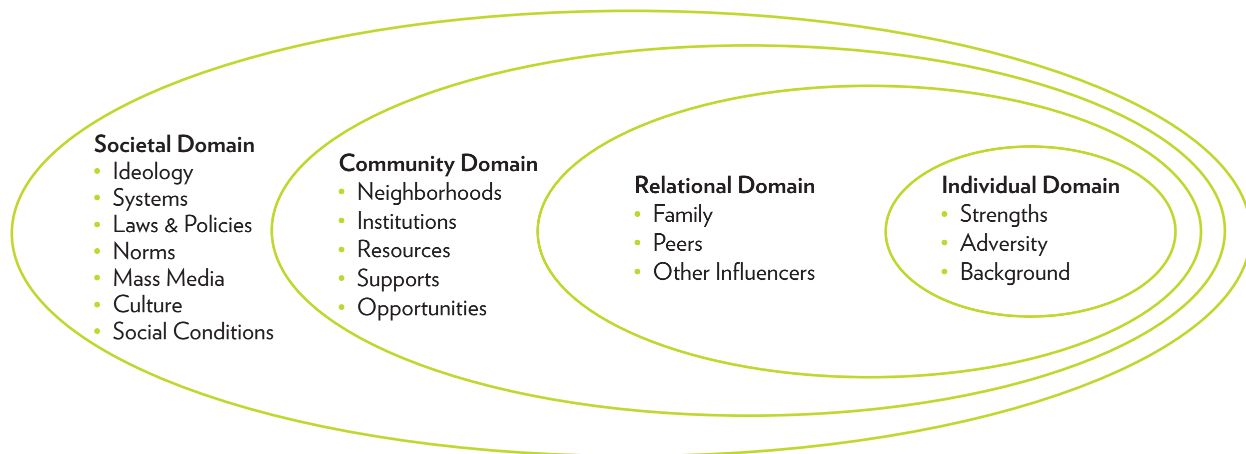

FIGURE 2. Risk, Protective, and Promotive Factors Across the Social Ecology

Adapted from the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (2013)

functioning, and social functioning (Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services, 2012).

> While these four domains are clearly central to well-being. . . CSSP's definition goes beyond these domains and explicitly takes into account the interplay between a child's well-being and the parenting or caregiving environment around them. The well-being of families and caregivers is a defining pathway to a child's well-being; thus, healthy family relationships and attachment to a caring and reliable adult must also be included as part of the concept and recommended actions to promote well-being. (Center for the Study of Social Policy, 2013b, pp. 1-2)

Foundational Idea 6: The Nature of Risk, Protective, and Promotive Factors

Risk, protective, and promotive factors exist in all domains of the social ecology (Substance Abuse and Mental Health Services Administration, 2013). A combination of individual, relational, community, and societal factors contribute to the promotion of healthy adolescent development and well-being or to the risk of negative outcomes (see Figure 2). For example, Seccombe (2002) concluded: "Resiliency cannot be understood or improved in significant ways by merely focusing on. . . individual-level factors. Instead careful attention must be paid to the structural deficiencies in our society and to the social policies that families need in order to become stronger, more competent, and better in adverse situations" (p. 385).

Risk Factors. The Youth Thrive framework addresses risk factors that threaten healthy adolescent development and well-being. Youth considered to be "vulnerable" are often targeted for programs and services on the basis of risk factors, that is, "influences that increase the probability of onset, digression to a more serious state, or maintenance of a problem condition" (Fraser et al., 2004, p. 14). Using a social-ecological perspective, the National Research Council and Institute of Medicine (2009) defined a risk factor as "a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes" (p. xxviii).

CSSP acknowledges a social-ecological conception of risk factors should also address characteristics, circumstances, or conditions in the societal domain that are associated with a higher likelihood of poor outcomes, such as structural racism and policies that limit access to quality health care. CSSP's perspective is consistent with the mission of addressing the social determinants of health articulated by the Centers for Disease Control and Prevention and the World Health Organization (see Centers for Disease Control and Prevention, 2012).

Key Terms

- ***Cumulative Protective Factors:*** The presence of multiple protective factors; associated with a decreased likelihood of involvement in problem behaviors
- ***Cumulative Risk Factors:*** The presence of multiple risk factors; associated with an increased likelihood of multiple problem outcomes
- ***Promotive Factors:*** Conditions or attributes of individuals, families, communities, or the larger society that actively enhance well-being
- ***Protective Factors:*** Conditions or attributes of individuals, families, communities, or the larger society that mitigate or eliminate risk
- ***Risk Factors:*** Conditions or attributes of individuals, families, communities, or the larger society that increase the probability of poor outcomes
- ***Social Determinants of Health:*** The integrated social structures and economic systems that contribute to health disparities
- ***Social Ecology:*** The interplay among individual, family and relational, community, and societal factors

> Social determinants of health are economic and social conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. Social determinants of health affect factors that are related to health outcomes. . . . CDC is committed to achieving improvements in people's lives by reducing health inequities. Health organizations, institutions, and education programs are encouraged to look beyond behavioral factors and address underlying factors related to social determinants of health. (para. 1 & 3)

Focusing on a single risk factor when addressing adolescent outcomes is not consistent with the reality of life for many youth in vulnerable circumstances (Bernat & Resnick, 2006; Carr & Vandiver, 2001; National Research Council and Institute of Medicine, 2009; Sameroff, Gutman, & Peck, 2003; Sandler et al., 2004; Turner, Hartman, Exum, & Cullen, 2007; Wright & Masten, 2006). "Risk factors rarely occur in isolation. . . . Outcomes generally worsen as risk factors pile up. . . . Thus, it has become critical to examine *cumulative risk factors* in order to more accurately predict and understand developmental outcomes" (Wright & Masten, 2006, p. 20). Cumulative risk factors are defined as "increased risk due to (a) the presence of multiple risk factors; (b) multiple occurrences of the same risk factor; or (c) the accumulating effects of ongoing adversity" (Wright & Masten, 2006, p. 19). Sameroff and colleagues (2003) examined the results of various cumulative risk studies. "In one analysis. . . although no single risk factor had a strong relation to disorder or positive development, the accumulation of risk factors across family, parent, peers, and community had a substantial effect in predicting multiple problem outcomes" (National Research Council and Institute of Medicine, 2009, p. 86).

Numerous studies have found adolescent adverse outcomes and problem behaviors—such as dropping out of school, substance abuse, delinquency, early sexual behavior, repeat pregnancies, and violence—to be correlated with various risk factors such as poverty, community violence, family conflict, lack of parental supervision, academic failure, feelings of alienation, and early antisocial behaviors (see, e.g., Boonstra, 2011; Dion et al., 2013; Fagan, Van Horn, Hawkins, & Arthur, 2007; Franklin, Corcoran, & Harris, 2004; Hawkins, Catalano, & Miller, 1992; Herrenkohl et al.,

2007; Macgowan, 2004; National Research Council and Institute of Medicine, 2009; Office of the Surgeon General, 2001; Wasserman et al., 2003). Although correlated, Bell asserted (as cited in Griffin et al., 2011), "risk factors are not predictive factors because of protective factors" (p. 185).

Singularly focusing on risk factors to identify youth may be sufficient if the only goal is to provide services to the youth most in need. While that is a necessary goal, alone it is not sufficient to achieve the critical goal of increasing the likelihood that vulnerable youth are on a trajectory of healthy, productive outcomes. Addressing protective factors, as well, is vital.

> Efforts to improve child and adolescent health have typically addressed specific health risk behaviors. . . . However, results from a growing number of studies suggest that greater health impact might be achieved by also enhancing protective factors that help children and adolescents avoid multiple behaviors that place them at risk for adverse health and educational outcomes. (Centers for Disease Control and Prevention, 2009, p. 3)

Protective Factors. The Youth Thrive framework emphasizes the importance of addressing protective factors that contribute to healthy adolescent development and well-being for all youth. Much of the research on protective factors for youth has focused on vulnerable youth populations. However, "it has become clear that most youth benefit from. . . [protective] factors, whether they are at heightened risk for negative outcomes or not. Thus, recent research has begun to focus on the effects of protective factors not only in high-risk populations but also in the lives of adolescents in general" (Bernat & Resnick, 2006, p. S12).

Interest in protective factors emerged from the early strengths-based and resilience research (see, e.g., Garmezy, 1985; Rutter, 1987; Werner, 1989) as investigators sought to identify characteristics or conditions that might explain why children and youth who were exposed to the same multiple risk factors were affected differently (Bernat & Resnick, 2006; Cicchetti, 2003; Hanewald, 2011; Office of the Surgeon General, 2001; Resnick, 2005). Werner (2000) analyzed several longitudinal studies that focused on resilience and protective factors in individual development across the lifespan. In speaking about protective factors, Werner (2000) concluded, "they make a more profound impact on the life course of children who grow up under adverse conditions than do specific risk factors or stressful life events" (p. 117).

Protective factors have been conceived in two different ways in the literature (Bernat & Resnick, 2006; Office of the Surgeon General, 2001). One view conceives protective factors and risk factors as opposite ends of a continuum. For example, parental monitoring might be considered a protective factor because it is the opposite of lack of parental supervision, an identified risk factor for many problem behaviors in adolescence. "But a simple linear relationship of this sort. . . blurs the distinction between risk and protection, making them essentially the same thing" (Office of the Surgeon General, 2001, para. 26).

Another view conceives protective factors as conceptually distinct from risk factors; that is, as characteristics, circumstances, or conditions that mediate or moderate the effect of exposure to risk factors and stressful life events resulting in a decreased likelihood of negative outcomes (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2014; Luthar et al., 2000). Using a social-ecological perspective, the National Research Council and Institute of Medicine (2009) stated a protective factor is "a characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes" (p. xxvii).

As with its perspective about risk factors, CSSP acknowledges a social-ecological conception of protective factors should also address characteristics, circumstances, or conditions in the societal domain that are associated with a lower likelihood of problem outcomes or that mitigate the impact of risk factors, for example "anti-hate laws defending marginalized populations, such as LGBTQ[3] youth" (Substance Abuse and Mental Health Services Administration, 2013, p. 6).

> Promoting the health and well-being of children. . . requires extending interventions beyond the family or individual levels. . . . In other words, risk and protective factors have to be considered beyond the four walls of parenting to embrace the social, economic,

[3] LGBTQ is the acronym for lesbian, gay, bisexual, transgender, and questioning.

TABLE 5. How Protective Factors Interact with Risk Factors to Influence Positive Outcomes

(Arnstrong, Stroul, & Boothroyd, 2005; Barter, 2005; Fergus & Zimmerman, 2005)

	Role of Protective Factors	Example
1.	Mitigate the negative effects of risk factors	School connectedness is the strongest protective factor to decrease substance use, early sexual initiation, and other problem behaviors (Centers for Disease Control and Prevention, 2009).
2.	Interrupt the cumulative effects of risk factors	Parental nurturance and involvement mediates the effects of cumulative risk factors like child maltreatment, family violence, and poverty (Trentacosta et al., 2008).
3.	Help to avoid the negative effects of risk factors	Presence of an adult mentor helps youth in negative contexts avoid negative outcomes like youth violence and poor academic achievement (Fergus & Zimmerman, 2005).

> and political forces that affect families and communities. (Barter, 2005, p. 348)

Studies have identified independent protective factors that buffer the effect of exposure to risk or modify the response to various risk factors (see, e.g., Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002; Duncan, Duncan, & Strycker, 2000). For example, "in many studies of the impact of traumatic experiences on children, it has been found that the presence of at least one stable and supportive caregiver can 'protect' or 'buffer' the child, thereby reducing the risk that the child develops serious problems later in life" (Cook & Du Toit, 2005, p. 250). Studies have also shown the presence of multiple protective factors in an individual's life has cumulative effects (see, e.g., Carr & Vandiver, 2001; Fraser et al., 2004; Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995; Turner et al., 2007; Wright & Masten, 2006). "Jessor and his colleagues (1995) have documented the positive effects that multiple protective factors have within high-risk environments. . . . In short, this research generally suggests that as protection accumulates individuals are more likely to refrain from involvement in problem behaviors (Turner et al., 2007, p. 91).

Researchers described three ways in which protective factors interact with risk factors to influence outcomes (see, e.g., Armstrong et al., 2005; Barter, 2005; Fergus & Zimmerman, 2005) (see Table 5). Irrespective of the way in which they serve as buffers, the core element regarding protective factors is their positive influence on developmental outcomes *in the presence of risk factors* (Sesma et al., 2006).

Promotive Factors. Promotive factors, on the other hand, are defined by some researchers as variables that influence positive developmental outcomes and exert positive effects on behavior—*independent of risk factors* (Fraser et al., 2004; Jenson & Fraser, 2011; Lou et al., 2008). Farrington and Ttofi (2011) noted other researchers have used the term "promotive factors" to refer to the opposite end of a risk factor continuum—that is, to refer to variables that predict a low probability of negative youth outcomes. As previously indicated, this definition is one of the ways that the term "protective factors" has been defined in the literature. Thus, consistent with the definition initially cited above, CSSP conceives promotive factors as characteristics, circumstances, or conditions in all domains of the social ecology that "actively enhance positive psychological well-being" (Patel & Goodman, 2007, p. 703), independent of risk factors.

The term "promotive factors" is not as widely used as the term "protective factors" (Fraser et al., 2004). However, within the Youth Thrive framework it is considered useful to make the distinction between promotive and protective factors to explicitly underscore the understanding that healthy development and well-being cannot be explained simply as preventing, mitigating, coping with, or eliminating risk.

The Youth Thrive Protective and Promotive Factors Framework

> The Youth Thrive framework describes five interrelated attributes and conditions that are simultaneously protective factors—which prevent or mitigate the effect of exposure to risk factors and stressful life events—and promotive factors—which foster healthy adolescent development and well-being.

Youth Thrive is a research-informed framework that reflects the idea that all youth have the potential for successful, healthy development and well-being. The framework describes five interrelated attributes and conditions that are simultaneously *protective factors*—which prevent or mitigate the effect of exposure to risk factors and stressful life events—and *promotive factors*—which foster healthy adolescent development and well-being.

The Youth Thrive theory of change is conceptualized as follows: *Youth in general, as well as those at heightened risk for negative outcomes, have a greater likelihood of achieving healthy outcomes as a result of experiences that support the building of the Youth Thrive protective and promotive factors and the reduction of risk factors.* Figure 3 depicts the Youth Thrive theory of change, which identifies the specific risk factors, protective and promotive factors, and individual outcomes of focus in this framework.

For youth who have been removed from their home, having an opportunity to cultivate and sustain a trusting, supportive, and dependable relationship with an adult is paramount. Langford and Badeau (2013) provided a vision for youth currently in and

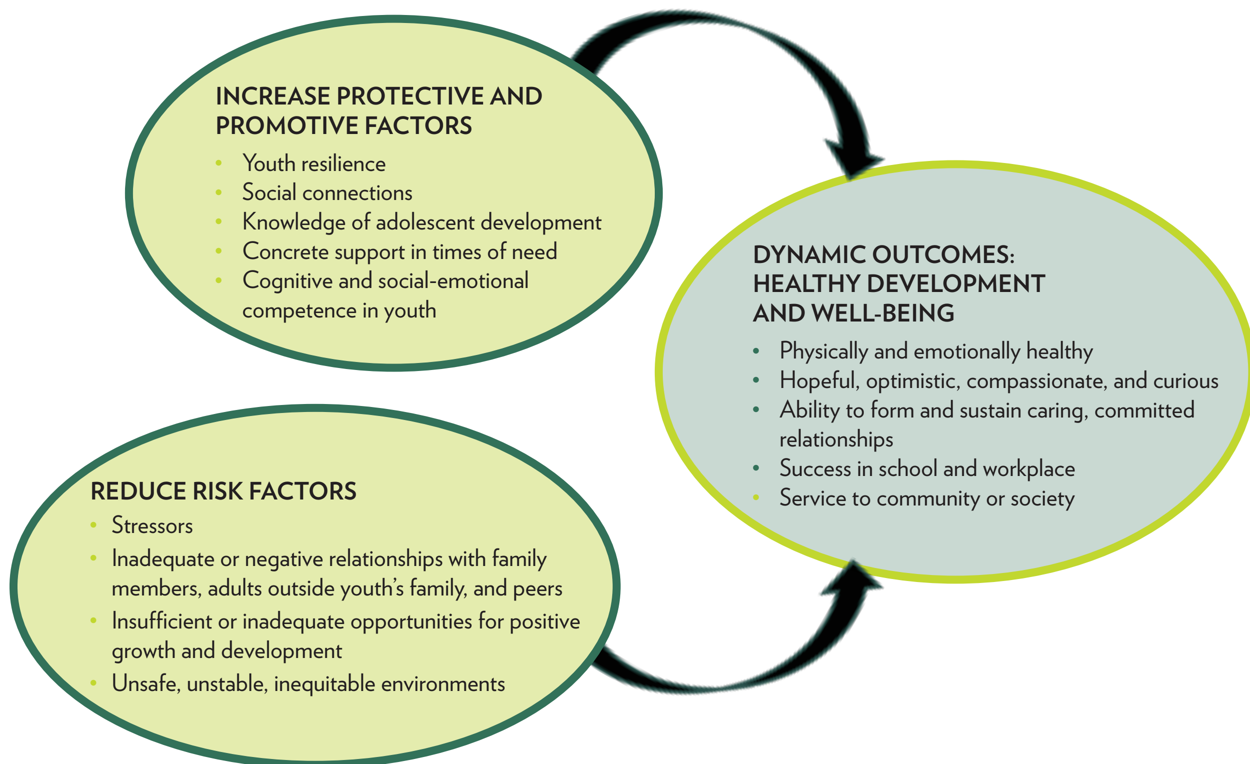

FIGURE 3. The Youth Thrive Theory of Change

transitioning from foster care that is consistent with the outcomes descriptive of healthy adolescent development and well-being articulated in the Youth Thrive framework (see text box below).

> "Youth and young adults who have experienced foster care have lifelong personal, family, and community connections that help them to navigate life's ups and downs in a healthy and effective way, to deal with problems, to meet their needs, to see opportunity in the future and to realize success. This vision acknowledges the critical importance of healthy and lifelong relationships. It also recognizes that young people will inevitably encounter challenges and problems along the path to adulthood and that they need support to develop the knowledge, skills, and connections essential for meeting their physical, social, and emotional goals. Importantly, this vision also includes an explicit statement regarding feeling a sense of hopefulness, seeing opportunity in the future, and realizing success—all key aspects of wellness" (Langford & Badeau, 2013, p. 18).

The next section of this report will include an examination of the construct "thriving" followed by a detailed description of each protective and promotive factor and a synthesis of research that informs and supports each factor. Although each factor will be addressed independently, CSSP considers Youth Thrive to be a holistic framework and emphasizes the interrelationship among the five protective and promotive factors. For example, adults who have accurate *knowledge of adolescent development* are better able to form trusting, caring, non-judgmental social connections with youth. Strong, positive social connections—people and institutions—provide support for the development of *cognitive and social and emotional competence*. Strong, positive social connections also serve as buffers against many types of problem behaviors and help youth to learn how to effectively manage stressors—both of which are aspects of *youth resilience*. Youth resilience helps adolescents to have a greater sense of self-efficacy, which enables them to make productive decisions, including when and how to seek *concrete support in times of need*.

Understanding how the Youth Thrive protective and promotive factors influence one another is important because research findings suggest (a) youth with multiple protective factors are at decreased risk for negative outcomes and increased likelihood of positive development, and (b) interventions with youth should target multiple risk, protective, and promotive factors rather than focusing on single factors in isolation (Fraser et al., 2004; Jessor et al., 1995; National Research Council and Institute of Medicine, 2009; Substance Abuse and Mental Health Services Administration, 2013; Turner et al., 2007).

Thriving

Numerous PYD scholars have conceptualized, operationalized, and attempted to measure "thriving" (see, e.g., Benson, 1990; Benson et al., 1998; Benson & Scales, 2009; Dowling, Gestsdottir, Anderson, von Eye, & Lerner, 2003; Lerner et al., 2000; Scales, Benson, Leffert, & Blyth, 2000; Search Institute, n.d.). "Benson (1990) first used the term. . . to refer to a set of positive 'vital signs' in adolescence (e.g., academic success, caring for others and their communities, the affirmation of cultural and ethnic diversity, commitment to healthy lifestyles)" (Bundick, Yeager, King, & Damon, 2010, p. 884). More recently, in their study of resilience among military youth, Easterbrooks and colleagues (2013) conceived thriving as "positive and healthy functioning [that] occurs when a young person's strengths as an individual are coupled with the resources in his or her environment" (p. 103).

Based on a review of the theoretical and empirical literature about the construct of thriving, Bundick and

colleagues (2010, pp. 891-892) delineated five core principles of thriving viewed as applicable to any stage in the lifespan.

1. Thriving is an essentially *developmental* construct, which entails a general orientation toward and, over time, the realization of relatively stable movement along an upward (though perhaps nonlinear) life trajectory.
2. Thriving focuses on aspects of development beyond merely the absence of the negative, and beyond mere competence or simple achievement of developmental tasks—in this way, we might think of thriving as a *theory of optimal development* (not just adequate development).
3. Thriving refers to the functioning of the *integrated, whole person across all life domains*; thus, the term implies personal balance, such that one is not considered to be thriving if he or she is functioning and developing positively in one aspect or area of his or her life but having serious developmental problems in others.
4. Thriving recognizes the multidirectional nature of relations between person and context, through which both *the individual and his or her contexts are mutually enhanced*. This notion of mutual enhancement implies a moral component of thriving—when thriving individuals act on (and thus help create) their environments, they seek to in some way contribute to others and/or the multiple ecologies in which they are embedded.
5. Thriving entails the *engagement of one's unique talents, interests, and/or aspirations*. In this lies the assumption of one's self-awareness of his or her uniquenesses, and the opportunities to purposefully manifest them. Through such engagement, one might be thought of as actively working toward fulfilling his or her full potential.

These core principles are embedded within the Youth Thrive framework and highlight the necessity of all domains of the social ecology—individual, relational, community, and societal—working in an interactive and reciprocal manner to enable youth to thrive.

Youth Resilience

Within the Youth Thrive framework, resilience is conceived as both a process and an outcome. That is, resilience is defined as *the process of managing stress and functioning well in a particular context when faced with adversity. Resilience is learned through exposure to increasingly challenging life events facilitated by supportive relationships and environments (e.g., people, culture, institutions, conditions, policies). The outcome of resilience is positive change and growth*. This definition reflects leading researchers' ideas that (a) resilience is demonstrated when an individual is able to successfully adapt despite current or past trauma; (b) in addition to coping, resilience involves growth from the adaptive experience; (c) resilience is a function of the interaction between individuals and their environments; (d) resilience is contextual with respect to settings, situations, and time; (e) variables that promote or impede resilient functioning operate within all domains of the social ecology; and (f) resilience is not a personal trait (Easterbrooks et al., 2013; Luthar, 2003; Luthar & Cicchetti, 2000; Luthar et al., 2000; Masten, 2001; Rutter, 2007; Seccombe, 2002; Ungar, 2008, 2011; Walsh, 2006; Wright & Masten, 2006). Resilience, by definition, means to adapt positively to adversity. Thus, it is important to examine the relationships among stress, trauma, and resilience during the period of adolescence.

Adolescence and Stress

Adolescence can be a very happy and exciting period in the lifespan, but it can also be a time filled with sadness or adversity. Irrespective of whether one's transition from childhood to adolescence and adolescence to adulthood is smooth or difficult, most American youth have various "normative" experiences characteristic of this developmental period that may be a source of stress (Suldo, Shaunessy, & Hardesty, 2008), such as (a) changes caused by puberty, (b) concerns about body image, (c) changing relationships with parents, (d) increasing demands of school work, (e) concerns about one's future, (f) feelings of loneliness or isolation, (g) problems with friends, (h) desire for romantic relationships, (i) concerns about sexual

Key Terms

- ***Chronic Environmental Stressors:*** A constant background level of threat based in the environmental physical and social structure (e.g., racism, economic inequity)
- ***Complex Trauma:*** Exposure to multiple traumatic events and the impact of this exposure on immediate and long-term development
- ***Daily Hassles:*** Relatively minor events that occur in the course of day-to-day living (e.g., missing the school bus, deleting a homework assignment by mistake)
- ***Non-Normative Stressors:*** Atypical, unexpected unpleasant events or experiences (e.g., parental divorce, serious illness)
- ***Normative Stressors:*** Unpleasant events or experiences that are expected to occur during a particular developmental period (e.g., concerns about body image, grade anxiety, relationship concerns)

orientation or gender identity, and (j) pressure from peers to engage in risky behavior that could result in negative consequences.

Youths' "non-normative" sources of stress are regarded as experiences affecting one person (e.g., parents divorcing) or a subset of the adolescent population (e.g., youth receiving child welfare services), and are not regarded as predictable experiences characteristic of this developmental period (Grant et al., 2003). An often overlooked non-normative source of stress is the chronic environmental stress experienced by ethnic minority youth (Anderson, 1991; Tolan, Sherrod, Gorman-Smith, & Henry, 2004).

> *Chronic environmental stress* is defined as a constant background level of threat based in the environmental physical and social structure. It includes racism and economic inequity, but also heightened danger and the intrusion of social problems into everyday life. Chronic environmental stress impinges on optimism, sense of control, and goal-directed behavior. (Tolan et al., 2004, pp. 195-196)

Exposure to the daily hassles of youth life, normative stressors, non-normative stressors, or traumatic stressors are all potentially harmful to youth because they can interfere with healthy development and well-being; but this does not mean negative outcomes are inevitable, even when youth have experienced complex trauma (Cook et al., 2005).

Although LGBTQ youth were not considered in the original conceptualization of chronic environmental stress, CSSP considers heterosexism a component of this type of stress as well. Like racism, heterosexism is an ideological system that operates at all levels of the social ecology, from legislative to individual action (Smith, Oades, & McCarthy, 2012). Heterosexism "denies, denigrates, and stigmatizes any non-heterosexual form of behavior, relationship, or community" (Herek, 1990, cited in Smith et al., 2012, p. 6).

Whether youth experience normative stressors, non-normative stressors, or the "daily hassles" (Suldo et al., 2008) of adolescent life (e.g., being late for class), stressors are potential threats to their healthy development and well-being (Grant et al., 2003). The report of the findings from the annual *Stress in America* survey commissioned by the American Psychological Association (2014) stated, "While the news about American stress levels is not new, what's troubling is the stress outlook for teens in the U.S." (p. 4). Findings from the 1,018 youth surveyed (ages 13-17), revealed:

- Youth report experiences with stress that mirror adults' high-stress lives.
- Stress levels during school months are much higher than what youth believe is healthy.

- Stress has an impact on youths' performance at home, school, and work (e.g., causes them to neglect their responsibilities).
- Youth are less aware than adults of the impact that stress can have on their physical and mental health, although they report physical and emotional experiences that are regarded as symptoms of stress (e.g., irritability, anger, fatigue).
- Youth often do not know what to do to manage their stress.
- Youth tend to engage in sedentary activities (e.g., playing video games, going online, watching television, taking a nap) to manage high levels of stress.
- More teen girls than boys report symptoms of stress, are more likely to report their stress impacts their happiness, and report they engage in unhealthy behaviors as a result of stress (e.g., eating too much, too little, or unhealthy foods).
- Youth report being open to receiving help from professionals to learn how to manage stress, yet only 5% report having seen a mental health professional for stress management.

Adolescence and Trauma

Although all children and youth will have stressful experiences from time to time, it is estimated that 26% of American children will witness or experience a traumatic event before the age of four (Briggs-Gowan, Ford, Fraleigh, McCarthy, & Carter, 2010). "Children who suffer from child traumatic stress are those children who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the traumatic events have ended" (National Child Traumatic Stress Network, 2003, p. 1). Adolescence is the developmental period during which the effects of earlier traumatic experiences become most evident (Lupien, McEwen, Gunnar, & Heim, 2009), such as having difficulty regulating emotions, forming healthy relationships, controlling thoughts and actions, managing stressful situations, and planning for the future (Langford & Badeau, 2013). Pynoos and colleagues (2007) believed a critical outcome of traumatic experiences is the formation of trauma-related expectations. "By their very nature and degree of personal impact, traumatic experiences can skew [youths'] expectations about the world. . . . These expectations. . . shape concepts of self and others and lead to forecasts about the future that can have a profound influence on current and future behavior" (Pynoos et al., 2007, p. 332).

These effects are exacerbated when youth have complex trauma histories. Complex trauma refers to "the dual problem of exposure to multiple traumatic events and the impact of this exposure on immediate and long-term development" (Jim Casey Youth Opportunities Initiative, 2011, p. 13). For example, many youth in out-of-home care must endure the trauma that led to the removal from their home, the trauma of being separated from their families, and the potential trauma of multiple removals and placements (Bruskas, 2008; Frerer et al., 2013; Hieger, 2012). "Children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment (e.g., psychiatric and addictive disorders; chronic medical illness; legal, vocational, and family problems)" (Cook et al., 2005, p. 390).

Facilitating Youth Resilience

Exposure to the daily hassles of youth life, normative stressors, non-normative stressors, or traumatic stressors are all potentially harmful to youth because they can interfere with healthy development and well-being; but this does not mean negative outcomes are inevitable, even when youth have experienced complex trauma (Cook et al., 2005). Youth are more likely to achieve healthy, favorable outcomes and to thrive when they demonstrate resilience. CSSP conceives youth resilience as *the process of managing stress and functioning well when faced with stressors, challenges, or adversity*. Youth demonstrate resilience when they are able to call forth their inner strength to positively meet challenges, manage adversities, heal the effects of trauma, and thrive given their unique characteristics, goals, and circumstances (Seccombe, 2002). Numerous researchers (see, e.g., American Psychological Association, 2014; Cook et al., 2005; Dion et al., 2013; Easterbrooks et al., 2013) have suggested youths' resilience is facilitated by experiences that

1. Foster a secure attachment to at least one trusting, caring, competent, and supportive adult who provides positive guidance
2. Teach healthy ways to manage currently stressful events and identify new patterns of responding to future stressful situations
3. Promote high, achievable expectations and self-improvement
4. Enhance a youth's positive self-appraisal and sense of self-worth
5. Encourage a productive future orientation
6. Provide opportunities for productive decision making and constructive engagement in their family, community, school, and other social institutions
7. Encourage adolescent voice, choice, and personal responsibility
8. Promote the development of self-regulation, self-reflection, self-confidence, self-compassion, and character

Demonstrating resilience increases youths' self-efficacy because they are able to see evidence of their ability to face challenges competently, take control over their lives in healthy ways, be accountable for their actions and the consequences of their actions, and influence their development and well-being in a positive direction. Furthermore, demonstrating resilience helps youth to internalize the belief that their lives are important and meaningful. Thus, they can envision and conscientiously work with purpose and optimism toward future possibilities for themselves.

Social Connections

Within the Youth Thrive framework, social connections are conceived as youths' *healthy, sustained relationships with people, institutions, the community, and a force greater than oneself that promote a sense of trust, belonging, and that one matters*. The Youth Thrive framework emphasizes that all youth need adults, inside and outside of their family, who care about them; who can be non-judgmental listeners; who they can turn to for well-informed guidance and advice; who they can call on in times of stress and for help in solving problems; who encourage them and promote high expectations; who help them identify and nurture their interests; and who set developmentally appropriate limits, rules, and monitoring.

The Youth Thrive framework also acknowledges the importance of close, positive peer relationships for healthy development and well-being during adolescence. Positive peer networks provide a critical context for youth in the development of autonomy, intimacy, sexuality, academic achievement,

Key Terms

- ***Adolescent Attachment Security:*** Valuing and maintaining a strong sense of attachment to one's parents or other significant adults while simultaneously pursuing one's own autonomy
- ***Disconnected Youth:*** Youth who are disengaged from the worlds of school and work for a lengthy period of time
- ***Sense of Connectedness:*** A sense of belonging, attachment, reciprocal positive regard, and that one matters that develops as a result of the protective relationship between youth and their social contexts (people, institutions, and higher power)
- ***Social Buffering:*** A decrease in the intensity of the stress response due to the presence of supporting, caring, and comforting significant others
- ***Stereotype Threat:*** A situational predicament in which a person feels at risk of confirming a negative stereotype about one's group

and an identity differentiated from their family (Bagwell, Newcomb, & Bukowski, 1998; Brown & Larson, 2009; Steinberg, 2011). Conversely, studies have shown that negative, rejecting, or the lack of peer networks may play a role in the development of a range of problematic outcomes, including poor academic engagement and performance, delinquency, substance use, and various mental health problems (see, e.g., Bagwell et al., 1998; Buhs, Ladd, & Herald, 2006; Ellis & Zarbatany, 2007; Woodward & Ferguson, 1999).

According to Collins and Steinberg (2006), the nature of youths' peer social connections changes in influence and complexity during the course of adolescent development. For example, although friendships begin to emerge in early childhood, the influence and importance of peers seems to increase in early adolescence, peak in middle adolescence, then begins a gradual decline into later adolescence (Collins & Steinberg, 2006; Rubin, Bukowski, & Parker, 2006). Changes in regard to the influence of peer networks on identity development have also been hypothesized in that peer networks help youth transition from an identity tied to their family, to one that is defined by friends, and finally, to an individualized identity (Collins & Steinberg, 2006).

Youth also need to be constructively engaged in social institutions and environments (e.g., schools, religious communities, recreational facilities) that are safe, stable, and equitable. Social institutions provide support for youths' intellectual, social, emotional, moral, spiritual, and physical development. Social institutions also provide opportunities for youth to participate in organized activities and to "give back" to their community and to the larger society. Researchers in PYD stress the importance of youth becoming agents both in their own healthy development and in the positive enhancement of others and of society (Lerner, 2004). Giving of oneself to family, school, community, and society implicitly assigns value to the giver and positively contributes to one's sense of self-worth.

In addition, the Youth Thrive framework acknowledges the importance of spiritual connectedness or spirituality in the lives of youth. Spirituality is operationalized as "viewing life in new and better ways, adopting some conception as transcendent or of great value, and defining oneself and one's relation to others in a manner that goes beyond provincialism [i.e., narrowness of outlook] or materialism to express authentic concerns about others" (Reich, Oser, & Scarlett, 1999, cited in Lerner, Alberts, Anderson, & Dowling, 2005, p. 60). Spiritual connectedness can promote an optimistic future perspective and help youth to find meaning and a positive purpose in their lives.

> A sense of connectedness engenders in youth feelings of trust and belonging and a belief that one matters.

Sense of Connectedness

Providing opportunities for youth to forge sustainable, positive social connections is critically important, but alone is not sufficient. What is essential is that social connections must engender within youth a sense of connectedness that results in feelings of trust, belonging, and that one matters (Bernat & Resnick, 2009; Burd-Sharps & Lewis, 2012; Hair, Moore, Ling, McPhee-Baker, & Brown, 2009; Monahan, Oesterle, & Hawkins, 2010; Osterman, 2000; Resnick et al., 1997; Whitlock, 2004). "Connectedness" is used in the literature to describe the protective relationship between individuals and their social contexts (e.g., between youth and adults inside and outside of their family, peers, school, and other institutions) that promotes well-being and decreases vulnerability to negative outcomes (Bernat & Resnick, 2009; Commission on Children at Risk, 2003; Jim Casey Youth Opportunities Initiative, 2011; Whitlock, 2004). While healthy relationships are central to a sense of connectedness, Whitlock (2004) stated:

> Connectedness. . . also encompasses ideas related to belonging, attachment, and reciprocal positive regard for not only individual adults but the institutions, policies, and practices associated with the adult world. It also implies a sense of place, respect, and belonging that comes from feeling like you and others like you are valued members of school and/or community. (p. 5)

Research during the past 20 years (see Sidebar 1) has confirmed that youth need to feel connected to someone or something in order to thrive, and that a sense of connectedness is protective against many health risk behaviors (e.g., violence, alcohol and drug use). For example:

> [Researchers] have demonstrated the protective impact of extra-familial adult relationships for young people, including other adult relatives, friends' parents, teachers, or adults in health and social service settings. This sense of connectedness to adults is salient as a protective factor against an array of health-jeopardizing behaviors of adolescents (Resnick et al., 1993; Sieving et al., 2001) and has protective effects for both girls and boys across various ethnic, racial, and social class groups (Resnick et al., 1997). Such connectedness is enhanced by opportunities for social skill development and other competencies (such as those developed through service-learning and other extracurricular activities) that provide a substantive basis for the nurturance of self-confidence and a sense of well-being in young people (Dinges & Duong-Tran, 1993; Dryfoos, 1990). (Resnick, 2008, p. 140)

The components of a sense of connectedness—healthy relationships, positive regard, and a sense of belonging and that one matters—"represent the opposite of social isolation and disconnection, which is now described as a threat equal to that of tobacco use in terms of contribution to mortality" (Bernat & Resnick, 2009, p. 376). "For older youth and young adults in foster care, being connected. . . may be particularly challenging because they have often experienced disconnections from supportive networks that are readily available for their non–foster care peers" (Jim Casey Youth Opportunities Initiative, 2011, p. 7). Disconnected youth tend to have poor outcomes because they often fall through the gaps between the nation's social systems: education, employment, child welfare, juvenile justice, health, and mental health (Hair et al., 2009).

> Disconnected youth are more likely to be poor, to have academic difficulties, to suffer from mental health problems and/or substance abuse, to be involved in violence, and to be teen parents. Moreover, youth who are

SIDEBAR 1

Findings from the National Longitudinal Study on Adolescent Health

The National Longitudinal Study on Adolescent Health (called the Add Health study) yielded some of the most comprehensive survey data on adolescent health and well-being in the United States that further highlighted the importance of youths' social connections. Findings from the Add Health study "revealed the importance of feeling a strong sense of connectedness: to parents, to family, to other pro-social, supportive adults, as well as the protective effects of feeling connected to school and experiencing a sense of spirituality—a sense of connectedness to a creative life force in the universe" (Resnick, 2005, p. 398). In reporting these findings, Resnick and colleagues (1997) concluded "a sense of connectedness to others and key institutions in [youths'] lives is protective against an array of health risk behaviors and is associated with better mental health outcomes" (Bernat & Resnick, 2009, p. 376).

Several secondary data analyses using Add Health data have demonstrated that youths' sense of connectedness is a protective factor against various health-risk behaviors across racial, ethnic, and gender groups (Bernat & Resnick, 2006); however, how youth experience connectedness may vary across these variables. For example, Mello, Mallett, Andretta, and Worrell (2012) investigated the relationship between stereotype threat and school belonging among adolescents from diverse racial and ethnic groups. Osterman (2000) reported that a sense of connectedness to one's school or classroom predicted academic motivation and achievement, positive attitude toward peers and teachers, and involvement in school activities. Stereotype threat—the fear that one's behavior will confirm a negative stereotype about one's group (Mello et al., 2012)—has been shown to have a negative impact on sense of belonging and academic performance among youth in stigmatized groups. "Simply bringing up one's membership in a group that is marginalized was associated with feeling excluded from one's school. . . . Stereotype threat can have an effect on school belonging, an attitudinal variable with a consistent positive relationship to academic outcomes" (Mello et al., 2012, p. 12).

> disconnected for three or more years suffer long-term consequences such as lower incomes, lack of health insurance, and difficulty getting and keeping a job. (Hair et al., 2009, p. 1)

Another body of research regarding the importance of youths' social connections focuses on adolescent attachment security. Researchers conceive adolescent attachment security as valuing and maintaining a strong connectedness to parents and other significant adults while pursuing one's own sense of autonomy (Allen, Porter, McFarland, McElhaney, & Marsh, 2007; Laible, Carlo, & Raffaelli, 2000; Moretti & Peled, 2004), specifically:

- Emotional autonomy—relinquishing primary dependence on parents
- Cognitive autonomy—developing one's own values, opinions, and beliefs
- Behavioral autonomy—making and being responsible for one's decisions

In this regard, parents and other significant adults are perceived as youths' secure base from which they can establish new social roles outside of the family and form attachment relationships with peers. Thus, in contrast to the commonly held belief that parents' and other significant adults' influence is overshadowed by the adolescent peer group, there is increasing evidence that "the successful transition of adolescence is not achieved through detachment from parents. In fact, healthy transition to autonomy and adulthood is facilitated by secure attachment and emotional connectedness with parents" (Moretti & Peled, 2004, p. 553), or other significant adults.

Importance of a Sense of Connectedness

All youth need healthy, sustained relationships with people and institutions. Social connections can provide "social buffering" for youth in the face of stressors, adversity, or trauma (Bronfenbrenner Center for Translational Research, 2013). Research on social buffering has found "the presence of supporting and comforting others can help to decrease the intensity of the stress response and its associated negative feelings. These studies find that social buffering effects are amplified during adolescence, so that teens more readily absorb the positive effects of social support in the face of stress" (Bronfenbrenner Center for Translational Research, 2013, para. 8).

When youth are able to forge a sense of connectedness, they:

- feel loved and valued
- have people who care about them as individuals now and who care what happens to them in the future
- feel secure and confident that they can share the joy, pain, and uncertainties that come with being an adolescent and young adult
- tend to seek timely assistance and resources from people and institutions they have learned to count on when faced with challenges
- find meaning, a positive purpose in their lives, and have an optimistic view of the future

Knowledge of Adolescent Development

Adolescence is a unique developmental period. It is essential to understand the science of adolescent development and to apply this knowledge when developing programs and policies that are designed to help youth acquire the competencies that set them on a path toward healthy outcomes in adulthood. The Youth Thrive framework emphasizes the importance of parents and adults who work with youth to have accurate knowledge about the unique aspects of adolescent development because beliefs about youth influence how they are perceived and treated. For example, some adults believe all risk-taking is bad and will lead to undesirable, dangerous, or deadly outcomes. Adults who hold this belief may discourage or try to prevent youth from taking any risks. However, some studies distinguish between negative/unhealthy risk-taking—such as drinking and driving or having unprotected sex—and positive/healthy risk-taking—such as running for student council president or playing team sports (American Psychological Association, 2002; Roth & Brooks-Gunn, 2000). Experiences that are regarded as positive risk-taking are seen as "risky" because they involve the possibility of failure. Research suggests positive risk-taking and learning from one's mistakes are essential components in becoming a responsible and productive adult (Jim Casey Youth Opportunities Initiative, 2011).

The Youth Thrive framework also emphasizes that young people themselves can benefit from increasing their understanding about adolescent development because this helps to "normalize" their individual experiences as developmentally typical, and even healthy, as they prepare for adulthood. As youth prepare for the transition to adulthood, researchers suggest (see e.g., Bundick et al., 2010; Roth & Brooks-Gunn, 2002) they need guidance about and experiences that enable them to achieve the developmental tasks of adolescence.

While it is important to stay abreast of research in all domains of adolescent development, knowledge of recent advances in the fields of neuroscience and developmental psychology are of particular relevance. Scientists in these fields "have begun to recast old portraits of adolescent behavior in the light of new knowledge about brain development" (Steinberg, 2005, p. 69). An awareness of the unique aspects of adolescent brain development can help parents and adults who work with youth to interact more effectively with them and to provide experiences that promote the development of competencies necessary for healthy development and well-being along the pathway to becoming responsible adults. Also, an awareness of their own brain development can encourage youth to intentionally engage in activities that contribute to more mature cognitive and social-emotional competence. "Teens who 'exercise' their brains by learning to order their thoughts, understand abstract concepts, and control their impulses are laying the neural foundations that will serve them for the rest of their lives" (Giedd, 1999, cited in Act for Youth Upstate Center of Excellence, 2002, p. 1).

Youth Need Guidance About and Experiences That Enable Them to:

- Adjust to and accept their changing body
- Make decisions about sexual behavior
- Engage in healthy behaviors such as exercising within one's physical means
- Engage in positive risk-taking and avoid negative risk-taking
- Build and sustain healthy relationships with peers and adults
- Develop abstract thinking and improved problem-solving skills
- Forge a personally satisfying identity, including what and who one would like to become
- Gain independence from parents and other adults while maintaining strong connections with them
- Engage in socially responsible behavior such as volunteerism and community service
- Identify productive interests, develop realistic goals, and seek to excel
- Develop mature values and behavioral controls used to assess acceptable and unacceptable behaviors
- Understand one's personal developmental history and needs
- Learn to manage stress, including learning from failure
- Deepen cultural knowledge
- Explore spirituality
- Learn essential life skills such as financial management and conflict resolution

Adolescent Brain Development

New brain imaging technologies have enabled scientists to state conclusively that (a) brain maturation continues throughout adolescence and into adulthood, in contrast to older beliefs that the brain was fixed in childhood, and (b) the adolescent's brain is different in structure and function from both the young child's brain and the adult's brain (Bronfenbrenner Center for Translational Research, 2013; Casey, Jones, & Hare, 2008; Jim Casey Youth Opportunities Initiative, 2011; Moretti & Peled, 2004; National Institute of Mental Health, 2011; National Juvenile Justice Network, 2012; Steinberg, 2005, 2010, 2011; Weinberger, Elvevåg, & Giedd, 2005). Several of the key findings about adolescent brain development are summarized in this report, specifically: (a) different developmental timetables in critical regions of the brain, (b) changes in dopamine levels, (c) decision-making and risk-taking, (d) synaptic connections and pruning, and (e) myelination. Summaries of some of the key findings related to adolescent brain development are delineated in Sidebar 2. A summary of the findings

SIDEBAR 2

Some Key Findings About Adolescent Brain Development

The following is a synthesis of findings from the following reports: Bronfenbrenner Center for Translational Research, 2013; Casey et al., 2008; Jim Casey Youth Opportunities Initiative, 2011; Moretti & Peled, 2004; National Institute of Mental Health, 2011; National Juvenile Justice Network, 2012; Steinberg, 2005, 2010, 2011; Weinberger et al., 2005.

Changes in Dopamine Levels

Dopamine is a chemical produced by the brain that influences how humans experience pleasure/reward-seeking. During early adolescence, there are excessive levels of dopamine in the limbic system. As a result, activities that once were pleasurable and exciting may no longer be so; thus, youth are likely to engage in increased sensation-seeking and reward-seeking behavior.

Decision-Making and Risk-Taking

Early hypotheses about why many adolescents engaged in risky or dangerous activities were based on two assumptions: youth did not have sufficient information about the consequences of the particular risky activity and/or they had immature or poor cognitive skills. Current research suggests that engaging in sensation-seeking, risky, or reckless behaviors in emotionally charged situations is not simply due to an underdeveloped prefrontal cortex but also to the more mature limbic system taking precedence over the prefrontal cortex controls.

Synaptic Connections and Pruning

The ability of the human brain to transmit and process information is a function of neurons (nerve cells) communicating with each other. In this process, neurons do not actually touch each other but come close together at tiny gaps called synapses. A synapse is the critical communication link between neurons; a key process in brain development is the formation of synaptic connections. Although some synaptic connections are genetically programmed, others are formed through experiences. "The development of new synapses continues throughout life as we learn new skills, build memories, acquire knowledge, and adapt to changing circumstances" (Steinberg, 2011, p. 69). It may seem that having a proliferation of synapses is essential for efficient brain functioning, but this not the case. Synaptic pruning—eliminating unused or underused synapses—is a normal and necessary process that enhances and refines the brain's functioning.

Myelination

During the course of development another critical process occurs that contributes to the efficiency and refinement of brain functioning. Occurring in waves beginning in the prenatal period and continuing through young adulthood, white fatty tissue called myelin encases the projections (axons) of neurons. Myelination increases the speed and improves the efficiency of information processing between and within regions of the brain. "During adolescence and young adulthood, pruning and myelination [work] together to establish and strengthen the higher-order neural networks that we use for planning and regulating what we do" (Bronfenbrenner Center for Translational Research, 2013, para. 3).

related to different developmental timetables in critical regions of the adolescent brain follows the Sidebar.

Different Brain Regions, Different Developmental Timetables

Research has shown that key regions of the adolescent brain develop unevenly. The limbic system develops in early adolescence. This region plays an important role in experiencing rewards and punishments, and in processing social information, motivation, and emotions such as fear, anger, and pleasure. In contrast, the prefrontal cortex is the last part of the human brain to develop and may not be fully mature until early adulthood. Weinberger and colleagues (2005, p. 11) listed 13 executive functions governed by the prefrontal cortex:

1. Controlling impulses
2. Inhibiting inappropriate behavior
3. Initiating appropriate behavior
4. Stopping an activity upon completion
5. Adjusting behavior when situations change
6. Providing mental space for working memory
7. Organizing things
8. Forming strategies and planning behavior
9. Setting priorities among tasks and goals
10. Making decisions
11. Showing empathy
12. Being sensitive to feedback (reward and punishment)
13. Demonstrating insight

Although the rational prefrontal cortex develops later than the

emotional limbic system, this does not mean that adolescents are not able to make rational decisions, plan, or understand risks. Rather, an implication of the developmental timing gap between the limbic system and the prefrontal cortex is that

> When faced with an immediate personal decision, adolescents will rely less on intellectual capabilities and more on feelings. Nevertheless, when reasoning about a hypothetical, moral dilemma, the adolescent will rely more on logical information (Steinberg, 2005). In other words, when a poor decision is made in the heat of the moment, the adolescent may know better, but the salience of the emotional context biases his or her behavior in opposite direction of the optimal action. (Casey et al., 2008, p. 122)

Environments and Experiences Matter

Neurobiological changes do not operate in isolation. "The process of brain maturation in adolescence (or during any period) unfolds within an environmental context that influences the course of neural development and moderates its expression in emotion, behavior, and cognition" (Steinberg, 2010, p. 161). Some youth have developmental histories marked by poor relationships, environments that create toxic stress, involvement in institutions that are not aligned with their developmental needs, or personal trauma. These circumstances and experiences negatively impact youths' innate developmental transitions and, therefore, impede the course of healthy development.

But the adolescent brain is adaptable and shaped by experience, which suggests "adolescence is a time of great opportunity to help youth become responsible adults and to lay a foundation for youth that will help them make informed decisions" (National Juvenile Justice Network, 2012, p. 4). When youth have support and guidance from caring, encouraging adults these experiences can help youth to acquire the competencies needed for a healthy transition to adulthood, regardless of their past trauma (Bronfenbrenner Center for Translational Research, 2013; Jim Casey Youth Opportunities Initiative, 2011; Weinberger et al., 2005).

Cognitive and Social-Emotional Competence

Adolescence is a period marked by significant neurological, physical, psychological, cognitive, social, and emotional developmental transitions. Youths' preparation for and success at navigating these transitions is influenced by their earlier developmental histories, experiences, and perceptions as well as

Key Terms

- ***Dopamine:*** A chemical produced by the brain that influences the experience of pleasure/reward-seeking
- ***Limbic System:*** An area of the brain that plays a role in the processing of emotional experience, social information, and reward and punishment
- ***Myelination:*** The process through which neurons (nerve cells) are insulated, which improves the efficiency of neuronal functioning
- ***Prefrontal Cortex:*** The region of the brain most responsible for executive functions (e.g., planning, thinking ahead, controlling impulses)
- ***Synaptic Pruning:*** The process through which unused or underused connections between neurons (nerve cells) are eliminated, which improves the efficiency of neuronal functioning

the nature and impact of their current relationships, contexts, and circumstances. Youth need nurturing adult support, positive peer relationships, and wholesome experiences in order to develop the cognitive and social-emotional competence that will help them navigate these transitions.

Within the Youth Thrive framework, the focus on cognitive competence does not refer to an emphasis on increasing how much youth know. Rather, the focus is on the interrelated components of cognitive and social-emotional competence that have been found to be linked to the structural and functional changes in brain development that occur during adolescence (see, e.g., Choudhury, Blakemore, & Charman, 2006; Crone, 2009; Keating, 2004; Steinberg, 2005). The components of cognitive and social-emotional competence highlighted in the Youth Thrive framework are (a) self-regulation and executive functions, (b) social cognition, (c) possible selves, and (d) character strengths.

Self-Regulation and Executive Functions

Recent investigations into the nature of adolescent cognitive development have resulted in findings about the interconnectedness of the cognitive, social, and emotional systems in the brain; the strengthening of metacognition in adolescence; and the central role of the self-regulation and executive functions (Keating, 2004; Weil et al., 2013). Metacognition—thinking about thinking—begins to develop in middle childhood. As the capacity for abstract thinking begins to emerge during adolescence, the ability to be more self-aware and to analyze and evaluate one's own thoughts, beliefs, and behaviors is strengthened (Weil et al., 2013). Self-regulation and executive functions—two central competencies of focus within the Youth Thrive framework—are considered to be metacognitive processes and are commonly defined in the research literature as follows (see, e.g., Blakemore & Choudhury, 2006; Carlson, 2005; Choudhury et al., 2006; Crone, 2009):

- **Self-regulation:** the effortful control and coordination of one's thoughts, emotions, and behaviors, as well as the ability to adapt and alter one's behavior in order to achieve a desired outcome.
- **Executive functions:** a broad number of interrelated cognitive processes that contribute to self-regulation and that influence both cognitive processes (e.g., learning new subject matter) and social-emotional behaviors (e.g., delaying gratification).

Although self-regulation and some executive functions begin to emerge in early childhood, there is

Key Terms

- ***Character Strengths:*** The psychological ingredients for displaying a life of virtue and success (e.g., self-control, curiosity, persistence, conscientiousness, grit, and self-confidence)
- ***Executive Functions:*** A broad number of interrelated processes that contribute to self-regulation and influence both cognitive processes and social-emotional behaviors
- ***Metacognition:*** Awareness and understanding of one's own thought processes
- ***Possible Selves:*** Near and distal possibilities for oneself; should include both positive images of the selves one desires to become and negative images of the selves one wishes to avoid becoming, as well as specified action plans to achieve the possible selves
- ***Self-Regulation:*** The effortful control and coordination of one's thoughts, emotions, and behaviors, as well as the ability to adapt one's behavior in order to achieve a desired outcome
- ***Social Cognition:*** The cognitive processes involved in the perception of others, the norms of the social world, and the self

TABLE 6. Executive Functions

Executive Function	Definition
Behavioral self-regulation	Staying on task even in the face of distractions
Cognitive flexibility	Seeing alternate solutions to problems; shifting perspective; moving from one situation to another
Cognitive self-regulation	Exercising control over thinking; planning and thinking ahead; making adjustments as necessary; identifying and challenging unhealthy thinking
Consequential thinking	Considering the outcomes of one's thoughts, feelings, and actions before acting
Emotional control	Modulating emotional responses by bringing rational thought to bear on feelings
Inhibition	Stopping one's own behavior at the appropriate time, including stopping actions and thoughts
Initiation	Beginning a task or activity and independently generating ideas, responses, or problem-solving strategies
Planning and organization	Having a goal and using reasoning to achieve it; the ability to manage current and future-oriented task demands; imposing order
Problem solving	Understanding what is needed to solve the problem; developing and executing a plan; evaluating the adequacy of the attempted solution
Prospective memory	Holding in mind an intention to carry out an action at a future time
Selective attention	Focusing on a particular object, while simultaneously ignoring irrelevant information that is also occurring
Self-monitoring	Monitoring one's own performance and measuring it against some standard of what is needed or expected
Self-talk	Reflecting; instructing oneself; self-questioning
Social-emotional self-regulation	Exercising control over reactions to positive and negative situations; delaying gratification; labeling one's and others' emotions accurately; expressing emotions in healthy ways; taking ownership of emotions
Visual imagery	Imagining the image of attaining one's goal
Working memory	Following instructions sequentially and holding information in mind while engaging in another activity

growing evidence (see, e.g., Blakemore & Choudhury, 2006; Choudhury et al., 2006; Keating, 2004; Steinberg, 2005) that these processes (a) continue to develop through adolescence and into adulthood, (b) are a function of the maturation of the prefrontal cortex and other regions of the brain, and (c) are related to the refinement of brain functioning due to synaptic pruning and the rapid connectivity between neurons caused by myelination. For example, "although pruning takes place throughout infancy, childhood and adolescence, different regions of the brain are pruned at different points in development. As a rule, the brain regions in which pruning is taking place. . . are the regions associated with the greatest changes in cognitive functioning during that stage" (Steinberg, 2011, p. 70). Table 6 provides a list and definitions of executive functions extrapolated from numerous sources.

TABLE 7. Cognitive Processes in Social Cognition

Cognitive Process	Definition
Personal agency	Taking responsibility for one's self and one's decisions and having confidence to overcome obstacles
Perspective taking	Taking the viewpoint—thoughts, beliefs, or feelings—of another person
Self-awareness	Understanding one's developmental history and current needs
Self-compassion	Being kind to oneself when confronted with personal failings and suffering
Self-concept	Having stable ideas about oneself
Self-efficacy	Having realistic beliefs about one's capabilities
Self-esteem	Feelings about oneself
Self-improvement and mastery	Committing to and preparing to achieve productive goals
Theory of mind	Thinking about the minds and mental states of others; that is, their beliefs, desires, and intentions

Social Cognition

A third important competence of focus is social cognition, broadly defined as the cognitive processes involved in the perception of others, the norms of the social world, and the self (Beer & Ochsner, 2006; Blakemore & Choudhury, 2006; Choudhury et al., 2006). The perception of self is considered an important component of social cognition because adolescents' self-beliefs are influenced by social feedback from peers, parents, other adults, and the media (Oyserman, Bybee, Terry, & Hart-Johnson, 2004). In addition, "the self may serve as a cognitive filter through which other people are perceived. . . [or] as a reference to organize representations of other people" (Beer & Ochsner, 2006, p. 99). The cognitive processes involved in social cognition are described in Table 7.

Possible Selves

The sense of self begins to develop during early childhood. During childhood, self-beliefs tend to be present-oriented, representing the child's current sense of self, self-worth, and capabilities. As abstract reasoning begins to unfold during adolescence, youth are able to envision near and more distal future possibilities for themselves ("possible selves") in addition to their current sense of who they are (Frazier & Hooker, 2006; Markus & Nurius, 1986; Oyserman et al., 2004; Oyserman & Fryberg, 2006); see Sidebar 3. Having a clear sense of a possible self is regarded as an essential competence within the Youth Thrive framework. "Possible selves represent individuals' ideas of what they might become, what they would like to become, and what they are afraid of becoming, and thus provide a conceptual link between cognition and motivation [affect]. Possible selves are the cognitive components of hopes, fears, goals, and threats" (Markus & Nurius, 1986, p. 954).

Oyserman and Fryberg (2006) identified two ideas that are central to possible selves theory and research. First, an explication of youths' positive selves should include both positive images of the selves they desire to become and negative images of the selves they wish to avoid becoming. For example, a youth with balanced possible selves may have a goal of becoming a college professor and is aware of how becoming an adolescent parent could impede that goal. If the selves that youth want to strive for are not balanced by selves they are afraid of becoming, this "may mean that youth are more likely to act without taking into account possible negative consequences

for a possible self. This oversight is likely to result in surprise and bewilderment when attempts to attain a positive possible self results in unforeseen negative consequences for the self" (Oyserman & Fryberg, 2006, p. 4).

Second, it is important for youths' envisioned possible selves to be accompanied by specified action plans to achieve their expected selves and avoid becoming like their feared selves (Frazier & Hooker, 2006; Markus & Nurius, 1986; Oyserman et al., 2004; Oyserman & Fryberg, 2006). In this regard, possible selves can serve youths' ability to self-regulate by focusing on goals, linking future aspirations with responsible present behaviors, and lessening the influence of distractions that could prevent reaching one's goals (Oyserman & Fryberg, 2006). Also, by focusing on the future, possible selves contribute to well-being and optimism about the future (Markus & Nurius, 1986). Barton (2005) noted, "the link to resilience is apparent—opportunities for individuals to imagine positive end states, with or without the presence of risk or adversity, can elicit motivation to behave in ways that make achievement of these end states more likely" (p. 144).

Character Strengths

Character strengths are a family of positive traits that are regarded as essential competencies within the Youth Thrive framework. Character strengths can be cultivated; they manifest in an individual's thoughts, feelings, and behaviors (Park, Peterson, & Seligman, 2004). Concerns that many bright, well-educated youth may be lacking the inner strength to face challenges, succeed in the long term, and experience life satisfaction have resulted in a growing body of scholars in diverse fields re-visiting long-held ideas that success in life is dependent on how much one knows (Peterson & Seligman, 2004; Tough, 2011). Researchers are producing new evidence that "what matters, instead, is whether we are able to help [children and youth] develop a very different set of qualities, a list that includes persistence, self-control, curiosity, conscientiousness, grit, and self-confidence. Economists refer to these as non-cognitive skills, psychologists call them personality traits, and the rest of us think of them as character" (Tough, 2011, p. xv).

SIDEBAR 3

Factors That Influence Possible Selves

Positive and negative possible selves are influenced by both individual and contextual factors (Oyserman & Fryberg, 2006). Individual factors include youths' own values and aspirations, as well as their perceived strengths, weaknesses, failures, successes, and sense of control over their future. Possible selves are also shaped by social contexts and experiences, such as: (a) family environment, including privileged or adverse circumstances; (b) what significant others believe one should be; (c) whether a possible self is positively or negatively valued by significant others; (d) peer group norms and expectations; (e) educational and training experiences; (f) role models; (g) media images; (h) culture; (i) socioeconomic circumstances; (j) consensual stereotypes (i.e., attributes believed by many to be characteristic of a particular group) and messages about what it means to be a member of a particular group (e.g., racial, ethnic, gender, socioeconomic status, sexual orientation, or family status); and (k) socio-political ideologies (e.g., racism, sexism, heterosexism).

For example, in studying possible selves among diverse populations, Oyserman and Fryberg (2006) concluded, for racial and ethnic minority youth, what they hope to become, what they perceive is possible for themselves, and what is not, is influenced by the larger society. They asserted, "What it means to be American Indian, African American, Asian American, or Mexican American is particularized by culture of origin, and its interface with both mainstream American culture, and mainstream America's views of one's group" (p. 8). In regard to youth in care, the work of Cabrera, Auslande, and Polgar (2009) indicated that while some foster youth in their study did not have a strong future orientation, a high number articulated future possibilities for themselves despite their histories of abuse and neglect.

> While teens in care have aspirations, too often they do not have realistic or concrete plans for achieving those aspirations. We ask young people . . . what they will be doing after foster care, and they say vaguely, "I'm going to college," or "I'll get an apartment." When we ask follow-up questions, they don't know where, they haven't applied, they don't know the difference between a two-year and four-year college, how much rent might be, or how they will pay it. . . . We have found that teens in care have little concrete information about careers, education, housing, and budgeting—whether or not they have participated in "independent living" programs. (Youth Advocacy Center, 2001, p. 15)

Character strengths do not prevent challenges or trauma but support the ability to demonstrate resilience and thrive in the midst of adversity.

Several studies have focused on identifying and measuring important character strengths (see, e.g., Bromley, Johnson, & Cohen, 2006; Park, 2004; Park & Peterson, 2009; Park et al., 2004; Peterson & Seligman, 2004; Proctor, Linley, & Maltby, 2010; Tough, 2011). For example, Peterson and Seligman (2004) examined characteristics valued by culturally diverse moral philosophers and religious thinkers from different eras. This resulted in a comprehensive typology that delineated six virtues and 24 character strengths regarded as pathways to achieving the virtues (Bromley et al., 2006; Park & Peterson. 2009; Peterson & Seligman, 2004; Proctor et al., 2010; Tough, 2011). From this list, "Peterson identified a set of [seven] strengths that were, according to his research, especially likely to predict life satisfaction and high achievement" (Tough, 2012, pp. 75-76) (see Table 8).

"Character strengths, when exercised, not only prevent undesirable life outcomes (Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995) but are important in their own right as markers and indeed causes of healthy life-long development (Colby & Damon, 1992; Weissberg & Greenberg, 1997). Growing evidence shows that specific strengths of character—for example, hope, kindness, social intelligence, self-control, and perspective—buffer against the negative effects of stress and trauma, preventing or limiting problems in their wake. In addition, character strengths help young people to thrive and are associated with desired outcomes like school success, leadership, tolerance and valuing of diversity, ability to delay gratification, kindness, and altruism" (Park & Peterson, 2009, pp. 1-2).

In addition, several researchers have investigated the relationship between character strengths and youth life satisfaction (see, e.g., Bromley et al., 2006; Park, 2004; Proctor et al., 2010). These studies focused on youth life satisfaction because it is regarded as an indicator of positive youth development and as a mitigating factor for the effects of stress and negative experiences (Park, 2004). These studies demonstrated that character strengths are (a) related to both a current sense of well-being and a future orientation, (b) influenced by social contexts and experiences, (c) malleable, (d) can be cultivated over time during childhood and adolescence, and (e) emerge as a result of developmental processes (e.g., brain maturation) and interactions with the environment—not through merely being told how to behave (Park, 2004; Park & Peterson, 2009).

Facilitating Cognitive and Social-Emotional Competence

Within the Youth Thrive framework, development of self-regulation and executive functions, social cognition, possible selves, and character strengths are viewed as the essential components of cognitive and social-emotional competence that lay the foundation for more mature learning and problem solving, forming an independent identity, and having a productive, responsible, and satisfying adulthood. Ideally, within nurturing and responsive family, school, and community contexts youth are afforded opportunities to tap into their interests; explore and come to grips with their personal, gender, and cultural identity; seek more independence and responsibility; think more about values and morals; try new experiences; and strive to reach their full potential.

However, when youth have a history of early trauma or are in families, communities, or schools that are unstable, dangerous, or persistently under-resourced they may not have these opportunities and may be at greater risk for poor school performance; impaired or negative social relations; anger, acting-out, and aggressive behaviors; and mental health problems. But, experiencing challenges and adversity does not necessarily predict poor outcomes for youth. Having experiences that promote cognitive and social-emotional competence helps to reduce the likelihood of youth developing problems and increases the likelihood of good outcomes despite threats to healthy development.

TABLE 8. Seven Character Strengths (Tough, 2012)

Character Strength	Definition
Curiosity	Taking an interest in ongoing experience for its own sake; exploring and discovering
Gratitude	Being aware of and thankful for the good things that happen; taking time to express thanks
Grit	A passionate commitment to a single mission and dedication to achieve it
Optimism	Expecting the best in the future and working to achieve it
Self-control	Restraint of one's thoughts, feelings, and actions
Social intelligence	Being aware of the motives and feelings of other people and oneself
Zest	Approaching life with excitement and energy; feeling alive and activated

Concrete Support in Times of Need

All youth need help sometimes, whether they are working on challenging homework, trying to figure out the dynamics of interpersonal relationships, considering their next steps after high school, or facing trying circumstances over and above those faced by young people generally. "Even those adolescents who have no significant personal problems or acute health-care needs have normative stresses and needs for help, support, and orientation associated with making the transition from childhood to adulthood" (Barker, 2007, p. 1). Within the Youth Thrive framework, concrete support in times of need focuses on two interactive components: youths' positive help-seeking behavior and high-quality service delivery.

Help-Seeking

Given both the normative experiences (e.g., concerns about body image, increasing demands of school work) and non-normative experiences (e.g., homelessness, death of a parent) that may occur during adolescence, youth will need informal or formal sources of help (Srebnik, Cauce, & Baydar, 1996; Unrau, Conrady-Brown, Zosky, & Grinnell, 2006). Informal sources include friends, family members, and other significant adults outside of the family. Formal sources include youth program leaders, teachers, school counselors, psychologists, social workers, psychiatrists, clinic service providers, medical staff, religious leaders, and traditional healers. But needing help does not automatically result in seeking help. Barker (2007) provided a comprehensive definition of adolescent help-seeking.

> "Any action or activity carried out by an adolescent who perceives herself/himself as needing personal, psychological, affective assistance, or health or social services, with the purpose of meeting this need in a positive way. This includes seeking help from formal services. . . as well as informal sources. . . . We emphasize addressing the need in a positive way to distinguish help-seeking behavior from behaviors such as association with anti-social peers, or substance use in a group setting, which a young person might define as help-seeking or coping, but which would not be considered positive from a health and well-being perspective" (Barker, 2007, p. 2).

Help-seeking is a form of self-advocacy. A frequently cited definition of self-advocacy is "the ability of an individual to effectively communicate, convey, negotiate, or assert one's own interests, desires, needs, and rights. [The term] assumes the ability to make informed decisions. It also means taking responsibility for those decisions" (Van Reusen, Bos, Schumaker, & Deshler, 2002, p. 1). When youth learn self-advocacy skills they are able to appropriately and realistically assess and describe their strengths and needs, as well as the desired supports and accommodations that address their needs (Youth Advocacy Center, 2001).

Some youth are reluctant to seek help because they perceive it as a sign of personal inadequacy or find it embarrassing because the services needed have a stigma associated with them, such as special education programs, domestic violence shelters, homeless shelters, or mental health clinics (Barker, 2007). Some studies (see, e.g., Gould, Munkfah, Lubell, Kleinman, & Parker, 2003; Schonert-Reichl, 2003) examined adolescent help-seeking from a developmental perspective and found several reasons for youths' reluctance to seek help that relate to characteristics of this period:

- The need to maintain a sense of independence and autonomy
- Feeling that they could handle the problem on their own
- Limited emotional self-regulation that leads to emotion-focused rather than problem-focused strategies when faced with challenges
- A deep concern for what others may think of them
- Believing that no person or helping service could actually help
- The need for privacy and concerns about confidentiality

In response to concerns about privacy when seeking help, Gould and colleagues (2003) found that many youth turned to the Internet as a source of help because it provides anonymity. "Teenagers were as likely to access the Internet for help as they were to see a school counselor or mental health professional" (p. 15).

Unrau and colleagues (2006) examined the relationship between demographics and help-seeking behavior and found:

- Female adolescents are more likely than males to seek help and to rely on a wider range of resources for acquiring information
- Being a member of an ethnic minority group "tends to suppress the effect of seeking help from professional sources" (Unrau et al., 2006, p. 97)
- The network of helping sources broadens as youth become older
- When seeking help from parents, youth tend to prefer the same-gender parent

It is important for adults and youth-serving programs to communicate to youth that "help-seeking behavior is a necessary life skill for all adolescents to learn so that they may become self-sufficient at acquiring necessary information to access appropriate services to get help when needed" (Unrau et al., 2006, p. 96). When youth ask for help and receive guidance about navigating the complex web of medical, mental health, and social service systems, these are steps toward building resilience.

Key Terms

- ***Formal Help:*** Help provided by individuals in their professional role (e.g., teachers, school counselors, psychologists, social workers, psychiatrists, religious leaders, traditional healers)
- ***Help-Seeking:*** Actions that are intended to meet one's needs in a positive way
- ***Informal Help:*** Help provided by family members, friends, and other significant people who are not acting in a professional role
- ***Self-Advocacy:*** Effectively communicating, conveying, negotiating, or asserting one's own interests, desires, needs, and rights
- ***Self-Determination:*** Acting as the primary causal agent in one's life and making choices regarding one's actions

> “Seeking help and advice is one problem-focused coping strategy that has been associated with better adjustment. Indeed, one of the factors that may be critical in distinguishing between those individuals who successfully navigate adolescence from those who do not may be the extent to which the former are able to utilize different sources of informal. . . and formal. . . support. Such support networks have been shown to buffer the effects of stress and lead adolescents along a path toward positive development” (Schonert-Reichl, 2003, p. 3).

The Nature of Service Delivery

The manner in which concrete support in times of need is provided is a critical factor in influencing whether youth will seek help in the first place or benefit from help when it is provided. The Youth Thrive framework emphasizes that it is essential to provide concrete supports that are strengths-based and trauma-informed.

Strengths-Based Practice with Youth. The principles of strengths-based practice with youth can be summarized as follows (Dion et al., 2013; Grant & Cadell, 2009; Nissen, 2009; Saint-Jacques, Turcotte, & Pouliot, 2009):

1. It is essential to forge a trusting relationship between youth and service providers.
2. Strengths-based practice must focus on youths' unique strengths and needs.
3. Youth have unrealized resources and competencies that must be identified, mobilized, and appreciated, regardless of the number or level of adverse conditions they are experiencing.
4. Youth also have resources within their family or community that can be called upon to help mitigate the impact of stressful conditions and to create needed change.
5. In addition to addressing each youth's individual difficulties, strengths-based practitioners must understand the structural inequities and conditions within the community and larger society that contribute to the young person's difficulties.
6. Youth must be active participants in the change process and not passive recipients of services; they must be allowed to engage in self-determination.

While all of the components of strengths-based practice with youth are essential, the Youth Thrive framework emphasizes the importance of the often overlooked component of self-determination in youth work. Wehmeyer (1992) defined self-determination as “the attitudes and abilities required to act as the primary causal agent in one's life and to make choices regarding one's actions” (p. 305). Skill development alone is not sufficient to achieve self-determination; it is also important that key people and institutions in youths' lives provide a context conducive to self-determination (Bremer, Kachgal, & Schoeller, 2003, p. 1). “Even when youth have excellent self-determination skills, they can be thwarted in their efforts to become self-determined by people and institutions that present barriers or fail to provide needed supports” (Bremer et al., 2003, p. 1). For example, in a study about the experiences of youth transitioning out of foster care into adulthood, Geenen and Powers (2007) reported: “Foster youth and alumni described a frustrating paradox where they have little or no opportunity to practice skills of self-determination while in care, but are expected to suddenly be able to control and direct their own lives once they are emancipated. . . . The need to let young people have some say about choices that impact their lives was a common theme among the youth participants” (p. 1090).

Trauma-Informed Care with Youth. Given the recent advances in the fields of neuroscience and developmental psychology, service providers must be knowledgeable about and take into account the neurological, biological, social, emotional, and psychological transitions that take place during adolescence, as well as the developmental impacts of trauma. Thus, another important aspect regarding the manner in which concrete support in times of need is provided is whether the workforce is providing help through a trauma-informed lens. That is, is the workforce cognizant of the youth's trauma history, the connection between that history and the youth's current functioning and behavior, and knowledgeable about and skilled in evidence-based, trauma-informed

care and trauma-focused services (Chaffin & Friedrich, 2004; Klain & White, 2013; Taylor & Siegfried, 2005). Based on a recommendation of the National Center for Trauma-Informed Care (2012), a trauma aware and trauma-informed workforce changes the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" "Trauma-informed care is an approach to engaging individuals with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives" (National Center for Trauma-Informed Care, 2012, para. 10).

Youth who receive child welfare services can certainly benefit from trauma-informed care and services because having experienced traumatic experiences most often is what caused them to be in care.

> Trauma-informed services for young people in foster care can enable young people to move beyond functioning that is largely the result of unconscious processes focused on basic survival. In addition, trauma-informed services free young people to learn, develop, and build relationships with supportive and caring adults. These relationships serve as conduits for healing and growth and build a foundation for young people's social capital that supports them throughout their adult lives. (Jim Casey Youth Opportunities Initiative, 2012, p. 6).

Building on recommendations from the National Child Traumatic Stress Network, Jim Casey Youth Opportunities Initiative (2012, pp. 6-7) proposed five essential elements of trauma-informed child welfare services:

1. An understanding of trauma that includes an appreciation of its prevalence among young people in foster care and its common consequences.
2. Individualizing the young person.
3. Maximizing the young person's sense of trust and safety.
4. Assisting the young person in reducing overwhelming emotion.
5. Strengths-based services.

> A trauma-aware and trauma-informed workforce changes the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"
> (National Center for Trauma-Informed Care, 2012)

Providing Appropriate Concrete Support

Overall, the provision of concrete support in times of need must be designed to ensure youth receive the basic necessities everyone deserves in order to grow and thrive (e.g., healthy food, a safe and protective environment), as well as specialized academic, psychoeducational, health, mental health, social, legal, or employment services. These services must be provided in a manner that preserves youths' dignity; provides opportunities for skill development; promotes healthy development, resilience, and the ability to advocate for and receive strengths-based, trauma-informed services and resources; and helps to minimize the stress caused by challenges, adversity, and traumatic experiences. "Being able to seek and find help—from formal or informal sources—is a protective factor for adolescent health and development and overall satisfaction with life" (Barker, 2007, p. 3).

Integrating the Youth Thrive Framework in Policy and Practice

Interest in the Youth Thrive framework has flourished in the three years since its introduction. Most notably, two jurisdictions—New Jersey and Brevard County, Florida—have integrated the Youth Thrive framework in their work. In 2012, the New Jersey Department of Children and Families (DCF) convened a Task Force on Helping Youth Thrive in Placement. The Task Force "introduced CSSP's Youth Thrive framework as the foundational underpinning to help define, change, and improve the areas of work where systemic and cultural change was needed. The belief was that the Youth Thrive Framework would

offer the necessary research, knowledge, and tools for creating such change" (New Jersey Department of Children and Families, 2012, p. 2). Through the lens of the Youth Thrive framework, the Task Force recommended strategies for statewide change regarding, "ways to enhance and ensure that the well-being of youth in an out of home care placement are supported so they have the most normal childhood and adolescence possible, thrive as individuals, and successfully transition into adulthood" (New Jersey Department of Children and Families, 2012, p. 2).

Similarly, in 2013, the Brevard Family Partnership began integrating the Youth Thrive framework into its Trauma Informed Care – Positive Youth Development Program, "a recently developed, cross-system initiative designed to ensure foster youth exiting Brevard's system of care are afforded every opportunity to succeed as young adults" (Brevard Family Partnership, 2013, para. 2). The Brevard Family Partnership is a non-profit organization that manages the child welfare system in Brevard County, Florida. The primary results "Brevard Youth Thrive" seeks to achieve are that youth will feel supported, valued, nurtured, and protected and youth who age out of care will be prepared for independence.

Also, in fall 2013, CSSP initiated a national search to identify programs whose guiding principles, approach, and practices were judged to exemplify the Youth Thrive protective and promotive factors framework. CSSP recognized 15 local, state, and national youth and family serving programs that are "making a critical difference in the lives of youth who are in foster care or involved with child welfare systems" (Center for the Study of Social Policy, 2014, para. 1; see Kloberdanz, 2014, for an article about one of the exemplary programs). Using a wide range of implementation strategies, these programs are engaging and supporting youth in school and jobs, providing experiences that promote social and emotional development, and creating opportunities for youth to form and sustain positive, dependable relationships with caring adults and peers. The Youth Thrive protective and promotive factors framework provides the exemplary programs with a common language and supporting body of research with which to evaluate processes and outcomes, make program improvements, and advocate for policy and practice change within systems.

Over the next five years, CSSP will be working with new jurisdictions and engaging key stakeholders—judges, foster parents, and youth themselves—in implementing the Youth Thrive framework.

Conclusion

The Center for the Study of Social Policy works to create new ideas and promote public policies that produce equal opportunities and better futures for all children, youth, and families, especially those most often left behind. The foundation of all of CSSP's work is a child, family, and community well-being framework that includes a focus on protective and promotive factors. The Youth Thrive framework exemplifies CSSP's commitment to identify, communicate, and apply research-informed ideas that contribute to improved outcomes for children, youth, and families. Parents, system administrators, program developers, service providers, and policy makers can each benefit from learning about and using the Youth Thrive framework in their efforts to ensure youth are on a path that leads to healthy development and well-being.

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