Protective Factors, Resiliency, and Healthy Youth Development

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Innovations in scientific inquiry may eventually achieve the status of common sense understanding in everyday practice. In the field of adolescent health, the latter half of the 1990s has witnessed a tremendous acceleration of interest in the concepts of resiliency, protective factors, and healthy adolescent development. Fueled by a common interest in the question: "What works?" the idea of protecting young people from harm through a combination of risk reduction and the promotion of protective factors has gained currency across multiple health disciplines, among educators, social service providers, youth workers—in short, among a variety of adults working with and on behalf of young people.[13,36,45] Conference presentations and scientific publications on protective factors have become increasingly common across adolescent health disciplines in the past several years. Yet, the quest to understand the interplay between risk and protective factors within the significant social systems in young peoples' lives became a central component of scientific investigation more than 25 years ago.[35] It has subsequently become essential to identifying themes and issues important to clinical practice, the further development of prevention research, and health promotion programming.[36,46]

The seminal works on child and adolescent resiliency from the 1970s and 1980s focused on young people who lived in contexts predictive of poor social and psychological outcomes.[1,26,39,62] Due to a variety of stressful circumstances such as poverty, familial conflict, parental mental illness, children and adolescents reared in such settings were considered to be at heightened risk for a variety of adverse outcomes familiar to adolescent-focused practitioners:

substance use, interpersonal and self-directed violence, emotional distress, and/or school failure. While the starting point of investigations into resiliency was the examination of adolescent populations at high risk, i.e., with a heightened probability of multiple adverse outcomes, primary interest was in the identification of variables that enabled some not merely to survive but thrive under conditions of seeming adversity. Hence, questions for research and practice focused on the identification of protective factors: the circumstances, the experiences, the factors that buffered young people from involvement in behaviors and outcomes damaging to themselves and/or to others.[28,51]

Research into protective factors against the major threats to adolescent health and well-being has evolved from basic identification of those factors among young people to the disentangling of complex, interactive processes over time.[34,37] Theoretical and empirical work has focused on the multiple processes that affect the overall well-being of young people and their capacity to function effectively in everyday life.[24,52] From a developmental perspective, effective functioning means achievement of the developmental tasks associated with an era of life. Some of these developmental tasks may be succinctly summarized for middle childhood as: school adjustment and achievement, establishing and maintaining friendships, following the rules for prosocial conduct within school, within the family, and in community settings. In adolescence, these tasks include ongoing adjustment in school and academic achievement, participation in extracurricular activities, development of close friendships, and crystallization of a cohesive sense of self.[36]

In developmental psychology,[20] nursing,[12,48] social work,[14,57] and medicine,[6,61] different definitions and categorizations are used to express similar understandings as to the kinds of experiences, assets, and resources that are protective among high-risk young people, and among adolescents in general. In one such characterization,[15] protective factors are characterized as emanating from the complex interplay of extrafamilial environmental processes (neighborhood, school, peer group, community groups, community institutions), familial processes (family resources, parental characteristics, parental behavior/parenting), self-system processes (competence, nurturing, connectedness, social responsibility), and individual characteristics (self-beliefs, health, development, cognition). Individual characteristics reflect both genetic predisposition and social developmental variables.[44,64] Self-system processes repeatedly identified in studies of resilient young people include the development of a close relationship with at least one caring, competent, reliable adult who recognizes, values, and rewards prosocial behavior.[25,40,62] Numerous researchers[46,47,50] have demonstrated the protective impact of extrafamilial adult relationships for young people, including other adult relatives, friends' parents, teachers, or adults in health and social service settings, among others. This sense of connectedness to adults is salient as a protective factor against both the 'quietly disturbed' and 'acting out' behaviors of adolescents[46] and has protective effects for both girls and boys across various ethnic, racial and social class groups.[45] Such connectedness is enhanced by opportunities for social skill development and other competencies (such as those developed through extracurricular activities) that provide a substantive basis for the development of self-confidence and a sense of well-being in young people.[16,17] The development of self-system processes has received increasing attention from such diverse perspectives as adolescent work, program evaluation, juvenile justice, education, and social legislation, seeking to improve adolescent well-being through the use of adult mentorship programs, social skills training, volunteerism and community service.[55,56,58-60]

Probably of greatest interest to practitioners and program-based adolescent-serving professionals is the accumulating body of evidence that suggests that individual attributes,

while important, coexist with other factors that are amenable to intervention, that can reduce the likelihood of adverse outcomes for adolescents. To be sure, as summarized by several investigators[3,10,57] individual characteristics such as strong verbal and communication skills, an easy temperament, problem solving capacities, humor, empathy, perspective-taking skills, and spirituality are critical components of resiliency and resistance to involvement in health-jeopardizing behaviors. But a synthesis of 'lessons learned' from a generation of research on successful, high-functioning children and adolescents also underscores the role of deliberate interventions at the familial and extrafamilial levels, designed to boost protective factors in the lives of young people. Numerous recent reports indicate successes in enhancing young people's well-being and diminishing involvement in risky behaviors by strengthening family functioning and family communication.[4,21,27,53] Many of these interventions have adopted the dual approach of reducing risks in the environments of young people whenever possible, while also enhancing multiple protective factors at the individual, familial and extrafamilial levels such as social skills, academic competence, family relationships, and relationships with adults and institutions outside of the family.[27,36]

In sum, the resiliency paradigm seeks to identify protective, nurturing factors in the lives of those who would otherwise be expected to be characterized by a variety of adverse outcomes.[1,51,52,63] It explores positive prospects for "adolescents at risk," a term used to describe a segment of the population that under current conditions has a low probability of growing into responsible, high-functioning adulthood. This explication of protective factors in the lives of young people draws from a research perspective that has turned the traditional pursuit of pathology in the social and behavioral sciences into a quest for understanding successes, resistance and resilience. It now frames the preeminent health and human services delivery questions for the ensuing decade: To what extent and under what circumstances can protective factors be transplanted into the lives of young people who have been socialized in a stressful climate of uncertainty and fear? For adolescents whose lives have been bereft of protective, resiliency promoting factors, at what point in the life trajectory is it simply too late to remedy serious threats to well-being?[40,47] This urgent agenda underscores the central role of clinical and programmatic research in identifying modifiable factors and the interventions that are able to successfully nurture resilience in populations of high-risk adolescents. It also demands the effective translation of that research into best programs, policies and practices that benefit young people.[48]

Very significant for practice, research, and the dissemination of best practices with ethnic and racial minorities, the resiliency paradigm is grounded in a perspective that repudiates the traditional focus on problems that has characterized much of the research on communities of color.[2,7] By emphasizing strengths, resources, and assets rather than the restatement of pathology,[65] this theory-guided, solution-oriented approach finds increasing acceptance among minority constituents precisely because it emphasizes hope and potential.[41]

While much of the earlier literature examined resilience and social competence in at-risk populations, much of the recent adolescent research guided by a resiliency perspective has sought to understand how to prevent or minimize adolescents' involvement in the major health-risk behaviors. Particular attention has been directed at prevention or reduction of adolescent substance use,[5,31,43,54] interpersonal violence perpetration and the effects of exposure to violence[19,22,23,29] and self-directed violence.[8] Common to these studies is a focus on factors amenable to intervention at the individual, family, school, and community levels. Of greatest interest is the fact that across an array of adverse outcomes, researchers have identified recurring, crosscutting protective factors that

show promise for application across varied populations of adolescents. In antithesis to narrow, focused categorical programming which directs specific interventions at very specific groups of adolescents, the results of these studies suggest that across gender, racial, and ethnic groups, certain protective factors have great potential for reductions or prevention of many kinds of health-jeopardizing behaviors. Building upon factors emanating from a resiliency framework, some of these most commonly cited cross-cutting protective factors include a strong sense of connectedness to parents, family, school, community institutions, adults outside of the family, the development and enhancement of academic and social competence, and involvement in extracurricular activities that create multiple friendship networks.[45]

THE INTERWEAVE WITH YOUTH DEVELOPMENT

Some of the most interesting and innovative applications of resiliency-based programmatic and clinical research are evident in programs that are grounded in a youth development perspective. Paralleling the burgeoning interest in resiliency and protective factors, the adolescent development framework assumes that young people have fundamental, underlying needs for healthy development, some of which are unique to adolescence as a time of life. These building blocks for healthy development are not necessarily synonymous with what is described as the developmental tasks of adolescence. Many of these building blocks constitute experiences or circumstances that permit the achievement of developmental tasks. They are also highly congruent with the list of key protective factors identified by resiliency researchers.

What, then, are these building blocks for healthy adolescent development? One of the most fascinating explorations of fundamental requirements for healthy human development is found in the work of Stephen Boyden, professor of human ecology at the Australian National University.[9] In his book *Western Civilization in Biological Perspective* he described the universal, underlying psychosocial needs of human beings that are conducive to happiness and good health. He used as evidence everything that had been learned about hunter-gatherer societies, the social form in which human beings have spent the greatest amount of time in evolutionary history. He suggested that this set of needs for healthy development provides clues as to the universal health needs of the human species. These universal health needs include an environment and lifestyle that provide a sense of personal involvement, belonging, responsibility; a sense of challenge, satisfaction, comradeship, love, pleasure, confidence, and security. The absence of these elements in the lives of many young people is viewed as an enormous threat to adolescents' health, well-being, and life opportunities.[18]

While expressing the broader view of essential needs for human development, what Boyden's list lacks is an orientation to adolescence as a unique developmental period in the human experience. Perhaps the most elegant articulation of this comes from a paper commissioned over 25 years ago by the Federal Department of Health, Education and Welfare, which requested a position paper articulating the fundamental requirements for healthy adolescent development.[33] These were expressed as eight elements, including the need for young people to:
- participate as citizens, as household members, as workers, as responsible members of society;
- gain experience in decision making;
- interact with peers, and acquire a sense of belonging;
- reflect on self, in relation to others, and to discover self by looking outward as well as inward;

- discuss conflicting values and formulate one's own value system;
- experiment with one's own identity, with relationships to other people, with ideas; to try out various roles without having to commit oneself irrevocably;
- develop a feeling of accountability in the context of a relationship among equals; and
- cultivate a capacity to enjoy life.

In local, regional and national studies, a growing body of evaluation evidence points to the successes of programs that are grounded in a youth development perspective.[30,32,42] Integral to their successes is the incorporation of many elements articulated by Konopka above. These are experiences that build social competencies, reinforce conventional, prosocial attitudes and values, set high expectations of the individual while providing pathways to experiences of success, mastery, and achievement. Critical to these efforts is the sustained involvement of caring adults in the context of individual and group-based relationships.[49] Critical reviews and syntheses by Kirby,[32] Roth et al.,[49] Dryfoos,[17] and McLaughlin and colleagues[38] demonstrate that using a variety of programmatic formats, a youth development perspective and strategy holds great promise for prevention and reductions of specific risk behaviors, such as adolescent pregnancy, substance use, violence, as well as the longer-term outcome of helping young people to move forward in life on a positive and effective developmental trajectory.

This interest in adolescent development as a fundamental principle of adolescent-serving programs is evident in numerous developed and developing nations throughout the world. Some of these programs feature serious involvement of adolescents in both the design and control of such programs. As described in recent reviews by Blum[6] and Burt,[11] these programs in Latin America, Africa, Asia, and Europe often blend educational and social services, health services, food and nutrition, health education, and activities specifically designed to boost adolescent empowerment, decision making, and control within the program. Some combine educational programs with job training, life skills development, sports and recreation, community service, and skills in entrepreneurship.

Integral to these efforts is a philosophical commitment that young people are resources to be developed, not problems to be solved.[38] There is a view that developing capacities and competencies in young people, through the involvement of caring, compassionate adults, is essential. This is a very different view than only providing services to adolescents since the role of adults in this context is to expand capacities and open doors of possibility.

THE NEED FOR ADVOCACY

In a political climate of skepticism and antipathy toward adolescents, the appeal of a youth development framework is neither automatic nor universal. Advocates for healthy adolescent development must be prepared to use evidence-based research to demonstrate the utility of this framework and strategies that simultaneously seek to reduce risk factors while enhancing protective factors. Toward this end, Martha Burt and colleagues at the Urban Institute emphasize the consequences of failing to make investments in healthy adolescent development.[11] Citing data from the Carnegie Council on Adolescent Development, they note that each year's class of high-school dropouts, over the course of their lifetime, will cost the nation $260 billion dollars in lost earnings and foregone taxes, and that each additional year of secondary education reduces the probability of public welfare dependency in adulthood by 35%, with associated

reductions in public costs. Burt notes that when all direct and indirect costs to society are factored in, ranging from criminal justice costs to foregone earnings, the monetary value of saving one high-risk adolescent ranges from $1.5–2.0 million. As emphasized by Burt, even if the underlying economic assumptions underpinning this analysis inflated the estimate by a factor of 10, these savings still justify considerable investment in high-risk adolescents.

CONCLUSION

From ongoing as well as new program evaluation efforts, the empirical evidence that documents the effectiveness of enhancing protective factors and actively nurturing healthy youth development will continue to accumulate. This information will provide guidelines for best practices when the weight of evidence is sufficiently developed, and ideas about 'best bets' when strategies show particular promise. Advocates will need to translate this research into formats that are readily accessible across disciplines, with particular emphasis on those in positions to make resource allocation decisions affecting young people in schools, in community settings, and within health care systems. Without question, the health and social indicators on adolescents will continue to present a mixed picture of the status of young people in society.[45] Critical to the advancement of adolescent health and well-being is the assurance that those who would persuasively argue that nothing can be done to reverse the prospects of high-risk adolescents are superceded by practitioners, researchers, and advocates who can demonstrate, at multiple points of intervention, that there is an ambitious and effective agenda for young people ahead.

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